

easydental[®]

Easy Dental 12.2

USER'S GUIDE

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EASY DENTAL AND MICROSOFT WORD FOR WINDOWS

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

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Chapter 1: Learning About and Getting Help with Easy Dental

Thank you for purchasing Easy Dental. Using Easy Dental, you can manage a wide range of practice information, including patient data, clinical information, and financial records. This user's guide will help you learn how to use Easy Dental effectively to manage your practice and perform day-to-day tasks in your office.

As you are learning to use Easy Dental, you may have questions about the software. Henry Schein One provides many resources that you can use to answer your questions and learn more about Easy Dental. These resources include:

- Documentation and Help
- Easy Dental Website
- Easy Dental Resource Center
- Easy Dental Training
- Easy Dental Customer Support
- Using the Easy Dental Tutor Database

These resources are introduced and described in the following sections.

Documentation and Help

The following guides and resources are available to help you install, learn, and use Easy Dental:

- ***Easy Dental System Requirements*** – The system requirements document describes minimum and recommended hardware and software requirements for using Easy Dental. Recommendations and notes about using Easy Dental with some third-party software and hardware are also included. This document is updated periodically to reflect changes in the market with supported software and hardware. The current version is available in the Easy Dental Resource Center (see Easy Dental Resource Center below).
- ***Easy Dental Release Guide*** – This guide explains what is included in the software release. The guide is for current Easy Dental users who are upgrading to a new version. It includes an overview of new features and enhancements, software changes and fixes, and important notes on installing and using the upgrade. The *Easy Dental Release Guide* is available in PDF format on the Windows desktop and is also available in the Easy Dental Resource Center (see “Easy Dental Resource Center” below).
- ***Easy Dental Installation Guide*** – The *Easy Dental Installation Guide* includes the information you need to know when installing Easy Dental. It includes information on how to prepare for installation, step-by-step instructions for installing the software, and information on registering and activating your Easy Dental

software. The *Easy Dental Installation Guide* is available in PDF format in the Easy Dental Resource Center (see “Easy Dental Resource Center” below).

- **Easy Dental User’s Guide** – The *Easy Dental User’s Guide* provides the most important information you need to know as you set up and begin learning to use Easy Dental. It includes information on performing the essential tasks in all of the major Easy Dental modules (Patients, Accounts, Treatment Plans, Chart, Reports, and more). The *Easy Dental User’s Guide* is available in PDF format on the Windows desktop and is also available in the Easy Dental Resource Center (see “Easy Dental Resource Center” below). For a printed copy, see “Ordering Printed Manuals” below. The *Easy Dental User’s Guide* does not provide detailed documentation on all Easy Dental features. For the most detailed and comprehensive information on Easy Dental features, refer to the Easy Dental Help.
- **Easy Dental Help** – The most comprehensive Easy Dental documentation is provided in the Easy Dental Help, which you can access by clicking the Help (?) icon on the toolbar in most Easy Dental modules. The Easy Dental Help includes detailed information on all Easy Dental modules and features. It provides answers to frequently asked questions and introduces the features that were added in recent Easy Dental software releases. It also provides a dictionary of common dental terms, helpful steps to follow for routine office procedures, and much more. The Help is fully indexed and includes advanced search capabilities using the **Search** tab. For more information, go to the Easy Dental Help and search for “Using Help.”

Ordering Printed Manuals

You can order a printed copy of the *Easy Dental User’s Guide* using our print-on-demand service. To learn more, view pricing information, or order a printed manual, visit www.easydental.com or visit the Easy Dental Resource Center (see “Easy Dental Resource Center” below).

Easy Dental Website

Henry Schein One maintains an extensive website with information about Easy Dental. You can find the latest information about Easy Dental software, customer training and support, and other information at www.easydental.com.

Easy Dental Resource Center

The Easy Dental Resource Center offers an online library of on-demand software tutorials, product manuals, and a technical support knowledgebase. The on-demand training page includes self-paced training on topics such as viewing and navigating the Easy Dental modules, charting and editing treatment, and generating key reports. The knowledgebase provides quick access to timely product information, troubleshooting tips, and answers to the most common Easy Dental questions. Knowledgebase articles are written by knowledgeable Support technicians. You can search the articles in the knowledgebase to find answers to your questions about Easy Dental. Access is free for dental practices on an Easy Dental Service Bundle. All you need is your Easy Dental Customer ID number and ZIP Code. To log in to the Easy Dental Resource Center, go to www.easydental.com/resourcecenter.

Easy Dental Training

Henry Schein One recommends that you take advantage of the many training options available, such as in-office training, training workshops, and on-demand training. In-office training is delivered personally to you and your staff by an Easy Dental Certified Trainer. Training workshops are designed for users who need

a good overview of the most important modules and features in Easy Dental. On-demand training tutorials are available in the Easy Dental Resource Center 24 hours a day, 7 days a week. Visit www.easydental.com/training to view current training options.

Easy Dental Customer Support

If you cannot find the information you are looking for in the available resources discussed on the previous pages, you can contact Easy Dental Customer Support. Before you call, we recommend that you have the following information available to help the technician diagnose your problem:

- Easy Dental customer ID #
- Computer specifications, such as processor type and speed, amount of memory, and hard drive size.
Tip: You may want to tape this information on each monitor for quick reference.
- Printer name
- The exact error message (if there is one)
- The Easy Dental version number.

To contact Easy Dental Customer Support

Call 1-800-824-6375

You can also use the Click to Chat option on www.easydental.com and start an online Chat session with a member of our Easy Dental Support Team.

If you have a question or comment that does not require immediate assistance, you may send an e-mail message to our Easy Dental Customer Support team at support@easydental.com.

For more information about Easy Dental Customer Support, hours, support plans, and pricing, visit the Easy Dental Customer Support web page (www.easydental.com/support). From this web page, you can use *Click to Chat* to begin an online chat session with a member of our Easy Dental Support Team.

Note: Support technicians have training and experience in supporting the Easy Dental software but are not authorized to answer questions or solve problems relating to your hardware, network, or operating system. Operating system questions can sometimes be answered by reading the Windows documentation. For help with computer or network maintenance, please contact Henry Schein One TechCentral (800-288-7691) or other qualified integration specialists who offer help with installation and ongoing service and support.

The Sample (Tutor) Database

While you are learning to use Easy Dental, you may want to gain hands-on experience by adding and editing sample information in Easy Dental. Easy Dental provides a sample or tutor database you can use for this purpose.

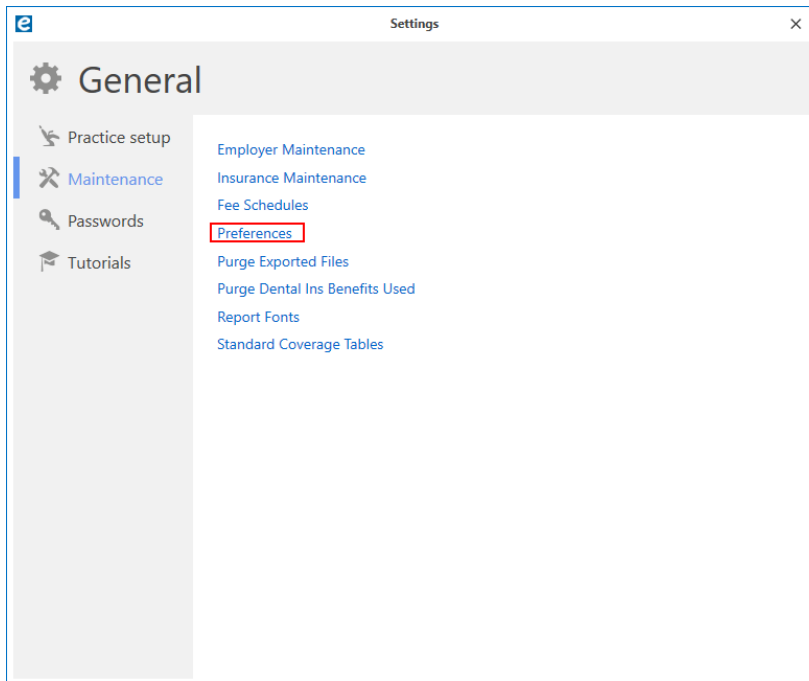
Important: As you are learning Easy Dental and experimenting with its features, never use your practice's actual patient database.

The Sample database contains sample data you can practice with such as patient information, chart information, appointment information, provider information, insurance information, and more. You can add your own data or edit the existing sample information as you experiment with the various Easy Dental features. You can switch to the Sample database at any time, make any changes you want, and then switch back to your practice's live patient database at the end of your practice session.

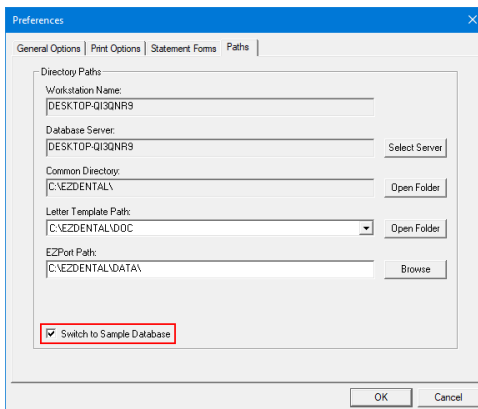
To switch to the sample database

1. In the Patient Banner, click the Settings button.

The **Settings** dialog box appears.



2. Click **Maintenance**, and then click **Preferences**.
2. In the **Preferences** dialog box, click the **Paths** tab.



3. Select **Switch to Sample Database**, and then click **OK**.

A message appears.

4. Do the following:
 - Click **OK** to close the message.
 - Close Easy Dental, and then re-open it.

You are now using the Sample database.

Important: Switching to the Sample database does not close eServices.

5. To close the Sample database and switch back to your practice's live database, close Easy Dental.

Note: Switching to the Sample database is computer specific; it will not affect other computers running Easy Dental.

Chapter 2: Introduction and Initial Setup

This chapter introduces the Easy Dental modules and the different ways you can open them. It also provides the basic steps to set up and begin using Easy Dental in your office. To save time setting up Easy Dental, many features come with pre-set defaults. If the defaults are sufficient to meet the needs of your office, then no customization is necessary. The time needed to complete the setup steps covered in this chapter will vary from office to office depending on the amount of customization you need.

Important: If your office will be receiving an electronically converted database, do not complete the setup steps in this chapter until after you receive and install the converted database. Any changes you make to the practice information are overridden when you install the converted database, and any customizations and patient data will be lost.

This chapter covers the following:

- Easy Dental Overview
- Transferring Patient Information
- Starting Easy Dental
- Setting up Practice Resources
- Setting up the Schedule Module
- Setting up the Accounts Module
- Setting up the Reports Module
- Verifying Information
- Backing up the Easy Dental Database

Easy Dental Overview

Easy Dental is a practice management software system that you can use to manage a variety of information, including patient demographics, clinical details, and production analysis. The Easy Dental software is divided into several modules, each of which helps you manage specific types of information.



Patients

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



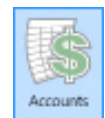
Schedule

The Schedule module is an appointment book that you can use to maximize a provider's valuable time by rapidly filling the work schedule weeks in advance. Schedule makes full use of the Easy Dental database to search for new appointment dates and find the best fit for the patient and provider.



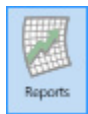
Chart

From the Chart module, you can enter and document existing, recommended, and completed treatments or conditions. Easy Dental uses standard textbook charting symbols that are familiar and easy to recognize. Treatment is color-coded so that you can tell at a glance if a procedure is complete, existing, a condition, or treatment-planned. You can attach clinical notes as general notes or to a single procedure code.



Accounts

You can use the Accounts module to manage patient accounts. From the Accounts module, you can add and edit payments, adjustments, and procedures; process insurance claims; calculate finance charges; and create payment plans.



Reports

Reports provides several tools to enhance the management processes of your practice including a report Batch Processor with print preview, a report and letter generator, a button that creates all insurance claims for a specified date range automatically, an accounting utility that can export production and collection totals into accounting software programs, such as QuickBooks, and the utilities to set up and maintain Easy Dental.

In addition to the five main modules, Easy Dental also includes the following modules:

- **Perio Chart** – From the Perio Chart, you can record mobility, furcation guides, plaque, calculus, bone loss, pocket depths, bleeding and suppuration points, gingival margins, CAL levels, and MGJ measurements. Note tools help you record diagnostic and summary information, including periodontal

case typing using the appropriate ADA diagnostic codes and descriptions. You can also print custom reports, charts, and letters for insurance consultants or referring dental professionals.

- **Treatment Plans** – From the Treatment Plan module, you can record work for patients that needs to be completed. Once you enter a treatment plan, you can order the treatment and give a copy of the plan, including fees and insurance estimates, to the patient. From the Treatment Plans module, you can also create and manage insurance pre-treatment estimates.
- **Documents** – You can scan, capture, or import documents, such as patient letters, EOBs, and referral letters or images, such as patient pictures and X-rays in the Documents module. You can then attach these documents to patients, employers, providers, insurance carriers, and referral sources. You can attach the forms to multiple sources for use as references as well as print or send them electronically.
- **Treatment Manager** – The Treatment Manager generates a list of patients with treatment plans that meet certain criteria that you specify. Using this list to contact patients can help you realize the potential revenue that often sits untapped in patient treatment plans.
- **Collections Manager** – You can use the Collections Manager to increase your practice's revenue by decreasing your account receivables. Based on criteria you specify, the Collections Manager displays a list of accounts that need to be contacted.
- **Lab Case Manager** – Lab Case Manager is directly linked to the Schedule and Chart modules. You can create a lab case for a patient, ship the case to the lab, and track the case's progress.
- **Contacts** – The Contacts module acts as a contact manager for your office. With this module, you can record and track all correspondence and contacts with your patients. The Contacts module has two main functions: to keep a record of past events and to log reminders of future events.

Note: For information about other components and features of Easy Dental, see Chapter 11: Other Features.

Transferring Patient Information

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

- Manual Data Entry
- Electronic Data Conversion

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

If you will be transferring patient information using manual data entry, there are two recommended options for entering current balances and charts. Review these options and then use the Easy Dental modules to enter your patients' information.

Note: Patients with existing account balances, existing appointments, or existing/incomplete treatment plans should be entered into Easy Dental first. You should decide which option to use before you begin entering patient information.

Manual Entry Option 1

Of the two options, option 1 is the easiest and most commonly used. There are a few disadvantages to using option 1 over option 2. One disadvantage is that, even though your account balances will be correct, the descriptions of how these balances came about will be missing.

- Enter the account's aged balance when you enter a new family. The Accounts module automatically posts an "Initial Balance" transaction for that patient. The "Initial Balance" prints as a balance forward on statements.
- When you begin entering information in the Chart module, enter all previously completed procedures as "Existing."
- From the Chart or Treatment Plans module, enter all treatment-planned procedures as "Recommended." A record of the current status of each patient's treatment plan is stored.
- Since many insurance claims might have been sent prior to installation and not yet received, some time after the installation, there will be insurance payments for claims that are not listed in any patient's account. You cannot enter these insurance payments in the normal way. You must enter each insurance payment as a guarantor payment with a note of explanation. Since there can be some confusion with a family account when an insurance payment is listed in the Accounts module as a guarantor payment, the note explains this discrepancy.

Note: Also, you might want to add a new payment type entitled "Insurance Payment - No Claim" to further distinguish the payment.

Manual Entry Option 2

Option 2 includes descriptions on outstanding balances and has more information available for you to use than with option 1. However, you may not have the time necessary to enter each existing and/or completed procedure for each patient.

- Do not enter the family's balance in the Patients module.
- When you begin entering information in the Chart module, enter all completed procedures as "Existing" if the charge has been paid off or "Completed" if the charge is still outstanding. Enter all recommended procedures as "Treatment Plan."
- For each completed procedure, be sure that the date is the date of the charge to properly age the account balance.
- For each recommended procedure, be sure that the date reflects when the procedure was recommended so that the Chart accurately depicts the treatment status of each patient and treatment plans can be processed accordingly.
- The dates and charges of completed procedures are used to create each account's aged balance. The balance displayed in the Patients or Accounts module should equal the account's balance at the time of installation. If the displayed account balance is incorrect, you can edit individual procedure charges or enter an adjustment if a procedure has been partially paid.
- When you begin working in the Accounts module, create a claim for each insurance claim or pre-treatment estimate claim that has been sent, but not received, as of the time of installation. Enter the date each claim was originally sent so the claim is accurately listed as "Sent." The claim does not need to be printed. By entering the claims that are outstanding as of the time of installation, the claims can be aged and tracked, insurance payments can be entered properly, pre-treatment estimates can be entered, and the payment table for estimates can be updated in a more timely fashion.
- You should enter important clinical notes in the Chart module.

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

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

Starting Easy Dental

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

- **The Windows Start Menu** – Click the **Windows Start** button to expand the programs menu. Click **Easy Dental**, and then click **Easy Dental**.
- **Desktop Icon** – Double-click the Easy Dental icon on the Windows Desktop to access Easy Dental.

Setting Up Practice Resources

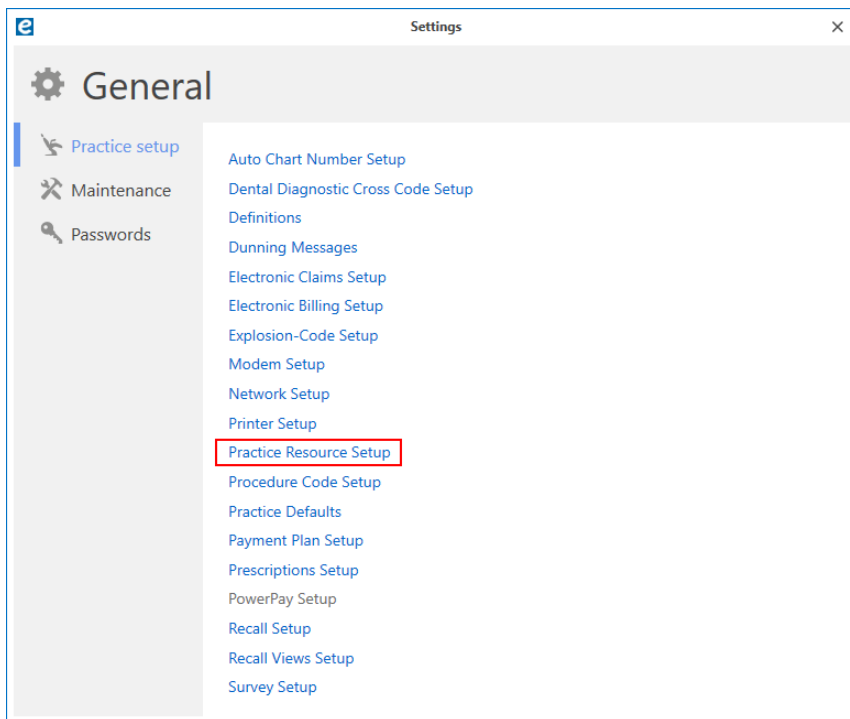
You can set up the following resources in Easy Dental: practice resources, operatory, provider, and staff information.

Note: When you configure the practice resources from one computer, they are configured for all Easy Dental workstations.

To set up practice resources

1. In the Patient Banner, click the Settings button.

The **Settings** dialog box appears.



2. Click **Practice Setup**, and then click **Practice Resource Setup**.

The **Practice Resources** dialog box appears.

Practice Resources

Practice Information
 Easy Dental Practice - Tutor Database
 1220 S 630 E
 American Fork, UT 84003
 (801)763-9300 ext:
 Administrative Contact: DDS1
 HIPAA Officer:
 Fiscal Year: January
 Bank #:
 Edit

Operatories

1	DP-1
2	DP-2
3	DP-3
4	DP-4
5	DP-5
6	DP-6
7	DP-7
8	DP-8

New
Edit
Delete

Provider(s)

ID	Name	Status
DDS1	Smith, Dennis	Primary
DDS2	Smith Junior, Dennis	Primary
DDS3	Cook, Maria	Primary
ENDO	Evans, Erica	Primary
HYG1	Hayes, Sally	Secondary
ORTH	Oliverson, Oscar	Primary
PEDO	Childs, Brenda	Primary
PERI	Pearson, Paula	Primary
SURG	Sorensen, Steve	Primary

New
Edit
Inactivate
 List Inactive

Staff

ID	Name	Status
MGR1	Taylor, Judy	Staff
DFC1	Jones, Susan	Staff

New
Edit
Inactivate
 List Inactive

Close

2. Enter the following practice resources:

- **Practice Information** – The practice name and address is used on claims, reports, statements, and other correspondence.
- **Operatory** – Operatories are used primarily when scheduling appointments.
- **Provider** – Every employee who provides billable treatment to patients is considered a provider in Easy Dental.
- **Staff** – All other employees who use Easy Dental, including those who assist with certain procedures, can be entered into Easy Dental as staff members (if they have not already been entered as providers).

To edit the practice information

1. In the **Practice Resources** dialog box, under **Practice Information**, click **Edit**.

The **Practice Information** dialog box appears.

2. Set up the following options:

- **Title** – Type the name of the practice.
- **Address** – Type the address and phone number of the practice.

Tip: If you have two providers in your practice, the first line of the street address can be used for a second provider's name.

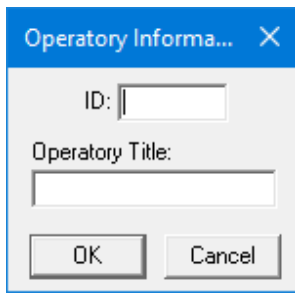
- **Administrative Contact** – Click the search button to select the provider or staff member you want to designate as the administrative contact for the office.
- **HIPAA Officer** – Click the search button to select the provider or staff member you want to designate as the HIPAA officer for the office.
- **Bank Deposit Number** – Type the bank account number you want to have appear on deposit slips.
- **Fiscal year's beginning month (1-12)** – Type the month that your office's fiscal year begins.
- **Information on statements** – Select whether you want the name and address of the practice or the name and address of a patient's primary provider to appear on billing statements. If you separate collections by provider, select **Use Provider Info on Statements**.

3. To save the changes, click **OK**.

To add or edit an operator

1. In the **Practice Resources** dialog box, under **Operatories**, click **New**.

The **Operator Information** dialog box appears.



The dialog box titled "Operator Informa..." has a close button (X) in the top right corner. It contains a text field for "ID:" with a cursor, a text field for "Operator Title:", and two buttons at the bottom: "OK" and "Cancel".

2. Type a unique **ID** for the operatory (for example, OP-1, HYG1, or SURG), keeping in mind that the Schedule module displays operatories alphabetically or numerically by ID.

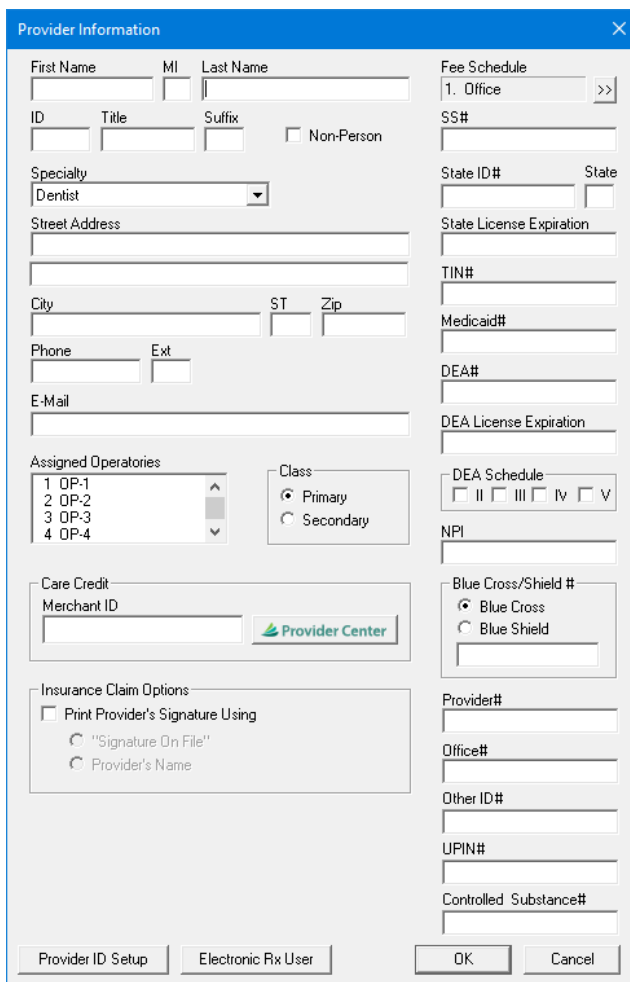
Important: Once you click **OK**, you cannot change the ID.

3. Type an **Operatory Title** as you want it to appear on the Operatory Appointment List.
4. To save the changes, click **OK**.

To add a provider

1. In the **Practice Resources** dialog box, under **Provider(s)**, click **New**.

The **Provider Information** dialog box appears.



The "Provider Information" dialog box is a complex form with multiple sections:

- Personal Information:** First Name, MI, Last Name, ID, Title, Suffix, Non-Person checkbox.
- Professional Information:** Specialty (dropdown menu with "Dentist" selected), State ID#, State, State License Expiration, TIN#, Medicaid#, DEA#, DEA License Expiration, DEA Schedule (checkboxes I-V).
- Address:** Street Address, City, ST, Zip, Phone, Ext, E-Mail.
- Assigned Operatories:** A list with items 1 OP-1, 2 OP-2, 3 OP-3, 4 OP-4 and a Class section with radio buttons for Primary and Secondary.
- Care Credit:** Merchant ID, a "Provider Center" button, and Blue Cross/Shield # section with radio buttons for Blue Cross and Blue Shield.
- Insurance Claim Options:** A checkbox for "Print Provider's Signature Using" with radio buttons for "Signature On File" and "Provider's Name".
- Other Identifiers:** NPI, Provider#, Office#, Other ID#, UPIN#, and Controlled Substance#.

At the bottom, there are buttons for "Provider ID Setup", "Electronic Rx User", "OK", and "Cancel".

2. Set up the following options:
 - **Name** – Type the provider's name.

- **ID** – Type a unique, four-character, alphanumeric ID for the provider (for example, DDS1, DOC1, or HYG1). Provider IDs appear throughout Easy Dental and on reports.

Wherever there is an option to select a provider, Easy Dental displays the providers alphabetically by ID. Also, certain reports allow you to filter results by a range of providers; be sure to alphabetize your providers so that you can use ranges effectively for these reports.

Important: Once you click **OK**, you cannot change the ID or delete the provider; however, you can inactivate the provider.

- **Title** – Type the provider’s title (for example, D.D.S., D.M.D., or R.D.H.).
- **Specialty** – Select the appropriate specialty for the provider.
- **Address and Phone** – Type the business address and phone number of the provider. Easy Dental uses this address on all correspondence.
- **E-mail** – Type the provider’s e-mail address. This field is required for ePrescribe.
- **Assigned Operatories** – Select the operatories that this provider most commonly uses.
- **Class** – If the provider is a dentist, click **Primary**. Or, if the provider is a hygienist or dental assistant, click **Secondary**.
- **Provider ID Setup** – Some insurance plans have specific ID numbers for providers which are needed for claims instead of, or in addition to, the State ID Number or Provider #. Click **Provider ID Setup** to set up multiple insurance IDs for the provider. For more information, refer to the Help topic about setting up provider IDs.
- **Print Provider’s Signature Using** – Select if you don’t want the provider to have to personally sign each printed insurance claim. Then, select whether you want the phrase “**Signature on File**” or the **Provider’s Name** to appear on those claims.
- **Fee Schedule** – If the provider uses a fee schedule other than the one with your normal fees, click the search button to select the fee schedule this provider uses.
- **SS #** – Type the provider’s Social Security number.
- **State ID #** – Type the provider’s state ID number. This field is required for ePrescribe.
- **State** – Type the two-digit postal code for the state the provider is licensed in. This field is required for ePrescribe.
- **State License Expiration** – Type the expiration date of the provider’s state license. This field is required for ePrescribe.
- **TIN #** – Type the provider’s Tax Identification Number.
- **Medicaid #** – Type the provider’s Medicaid number.
- **DEA #** – Type the provider’s Drug ID number. This field is required for ePrescribe.
- **DEA License Expiration** – Type the expiration date of the provider’s DEA license. This field is required for ePrescribe.
- **DEA Schedule** – Select the appropriate schedule. This field is required for ePrescribe.
- **NPI** – Type the provider’s National Provider Identifier number issued by the Centers for Medicare and Medicaid Services (CMS). This field is required for ePrescribe.
- **Specialized insurance claim IDs** – Type the appropriate claim IDs.
- **Provider #** – Type the provider’s provider number.
- **Office #** – Type the provider’s office number.
- **Medicare #** – Type the provider’s Medicare number.

- **Other ID #** – Type the provider’s other insurance ID.
- **UPIN #** – Type the provider’s unique physician identifier number.
- **Controlled Substance #** – Type the provider’s controlled substance number.

3. To save the changes, click **OK**.

Note: You cannot delete providers from Easy Dental. You can, however, inactivate a provider. When you inactivate a provider, you are prompted to choose a replacement provider. The replacement provider replaces the inactive provider as the affected patients’ primary provider, continuing care provider, provider for future appointments, provider for treatment plans, and so forth. All completed procedures and payments remain with the provider you have inactivated.

To add a staff member

1. In the **Practice Resources** dialog box, under **Staff**, click **New**.

The **Staff Information** dialog box appears.

2. Set up the following options:

- **Name** – Type the name of the staff member’s name.
- **ID** – Type a unique, four-character, alphanumeric ID for the staff member.

Important: Once you click **OK**, you cannot change the ID or delete the staff member; however, you can inactivate the staff member.

- **Title** – Type the staff member’s title (for example, *receptionist* or *office manager*).
- **Address and Phone** – Type the home or mailing address of the staff member.
- **E-mail** – Type the staff member’s e-mail address.
- **Social Security Number** – Type the staff member’s Social Security number.

3. To save the changes, click **OK**.

Note: To use the password and Time Clock features, you must enter staff members. Staff members cannot be deleted from Easy Dental. You can, however, inactivate a staff member. When a staff member is inactivated, you are prompted to choose a replacement staff member. The replacement staff member is assigned all future and unscheduled appointments that were assigned to the staff member you inactivate.

Setting Up the Schedule Module

This section covers the following setup topics for the Schedule module:

- Setting up Practice Defaults
- Setting up Provider Defaults
- Setting up Operatory Defaults

Setting Up Practice Schedule Defaults

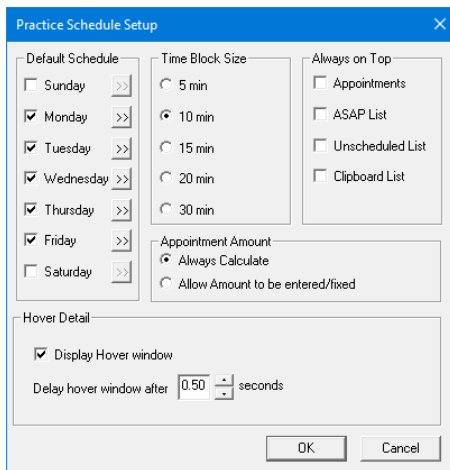
You can customize your practice hours, some appointment defaults, and the time block size used throughout Easy Dental.

Note: When you configure the practice defaults from one computer, they are configured for all Easy Dental workstations.

To set up practice defaults

1. In the Schedule toolbar, click the Setup button, and then click **Practice Setup**.

The **Practice Schedule Setup** dialog box appears.



2. Set up the following options for the practice:
 - **Default Schedule** – Select the days of the week the office is usually open. Clear the check boxes of the days the office is closed.

Next, for each selected day, click the corresponding search button to set the working hours.

Tip: If your entire practice takes a lunch at the same time, enter the hour you break for lunch as the first **End Time**. Then, enter the hour you return from lunch as your second **Start Time** and the hour you close as the second **End Time**. (For example: 8 A.M. – 12 P.M. and 1 P.M. – 5 P.M.).

- **Time Block Size** – Select the scheduling interval that fits the scheduling needs of your practice: 5-minute, 10-minute, 15-minute, 20-minute, or 30-minute.

Important:

- Changing the time block size after scheduling appointments may make the appointment times invalid until you edit or move each appointment manually.

- Procedures use the time block size (a time unit) to help determine how long procedures will take to complete. As a result, if you change the time block size, procedure lengths change also. For example, if a procedure uses six 10-minute time blocks (60 minutes), and you change the time block size to 15 minutes, the next time you schedule that procedure, it will still use six units but will set aside 90 minutes in the schedule by default.
- **Appointment Amount** – Select one of the following options:
 - **Always Calculate** – Select to have Easy Dental recalculate appointment amounts according to provider and fee changes. When this option is selected, the amount cannot be edited when you are making an appointment.
 - **Allow Amount to be entered/fixed** – Select if you want to enter an appointment amount when scheduling the appointment. Easy Dental still calculates and enters the amount for the appointment according to the procedures and provider selected, but you are able to edit the amount.
- **Hover Detail** – To disable the Hover window, clear the **Display Hover window** check box. To modify how quickly the Hover window appears when you place the mouse pointer over an appointment or event, select a time in the **Delay Hover window after** box.

Note: The time increments or decrements in .5 second intervals.

3. To save the changes, click **OK**.

Setting Up Provider Defaults

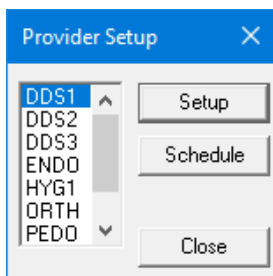
In the Schedule module, you can customize work hours, appointment block colors, aliases, and other settings for each provider in your office.

Note: When you configure the provider defaults from one computer, they are configured for all Easy Dental workstations.

To set up the provider hours

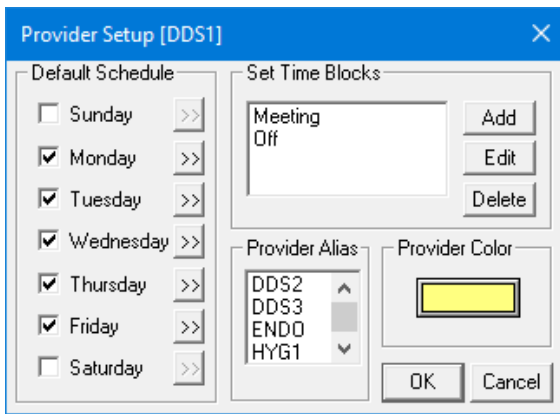
1. In the Schedule toolbar, click the Setup button, and then click **Provider Setup**.

The **Provider Setup** dialog box appears.



2. Select the provider you want to set up schedule defaults for.
3. Click **Setup**.

The **Provider Setup [Provider ID]** dialog box appears.



4. Set up the following options:
 - **Default Schedule** – Select the days of the week the provider usually works. Clear the check boxes of the days the provider does not usually work.
Next, for each selected day, click the corresponding search button to set the working hours. You can break each day into one to three time ranges (for example, 8 A.M. – 12 P.M. and 1 P.M. – 5 P.M.).
 - **Provider Color** – To change the color the Schedule module uses for appointments scheduled for this provider, click the color button and select the color you want.
5. To save the changes, click **OK**.

Note: For additional information on provider setup, see “Setting up providers” and related topics in the Easy Dental Help.

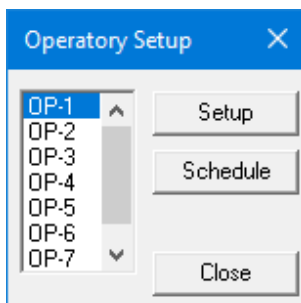
Setting Up Operatory Defaults

In the Schedule module, you can customize the days and hours that each operatory is open.

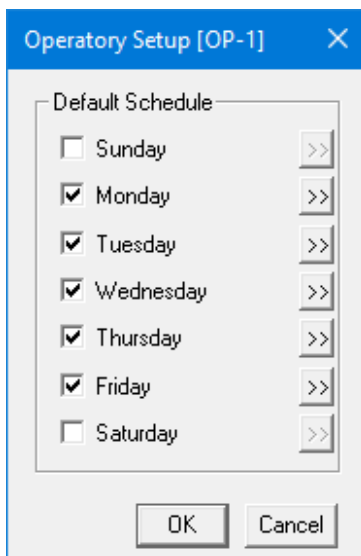
To set up an operatory

1. In the Schedule toolbar, click the Setup button, and then click **Operatory Setup**.

The **Operatory Setup** dialog box appears.

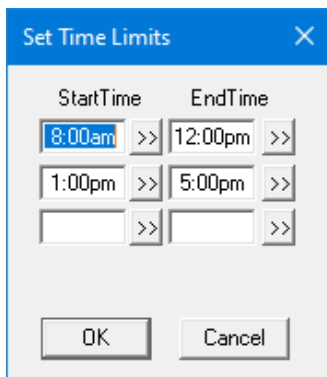


2. Select the operatory that you want to set up, and then click **Setup**.
The **Operatory Setup [OP - #]** dialog box appears.



3. Select the days that you want the operatory to be open.
4. To restrict the number of hours an operatory is open on a selected day, click the corresponding search button.

The **Set Time Limits** dialog box appears.



5. Set the hours you want the operatory to be open, and then click **OK**.

Easy Dental blocks out the time the operatory will be closed in the Schedule module.

Setting Up the Accounts Module

This section covers the following setup topics for the Accounts module:

- Adding Tax and Discount Types
- Setting up Easy Checkout Options

Adding Tax and Discount Types

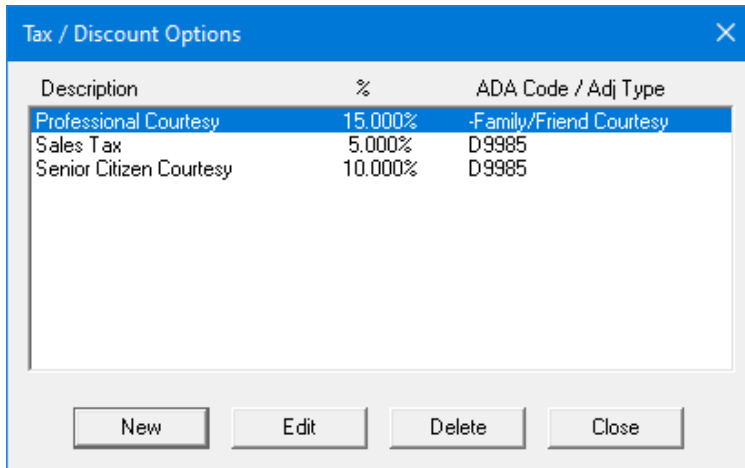
You can set up multiple tax and discount types that you can apply to individual patients or family accounts.

Note: When you add tax and discount types from one computer, they are available to all Easy Dental workstations.

To add a tax or discount type

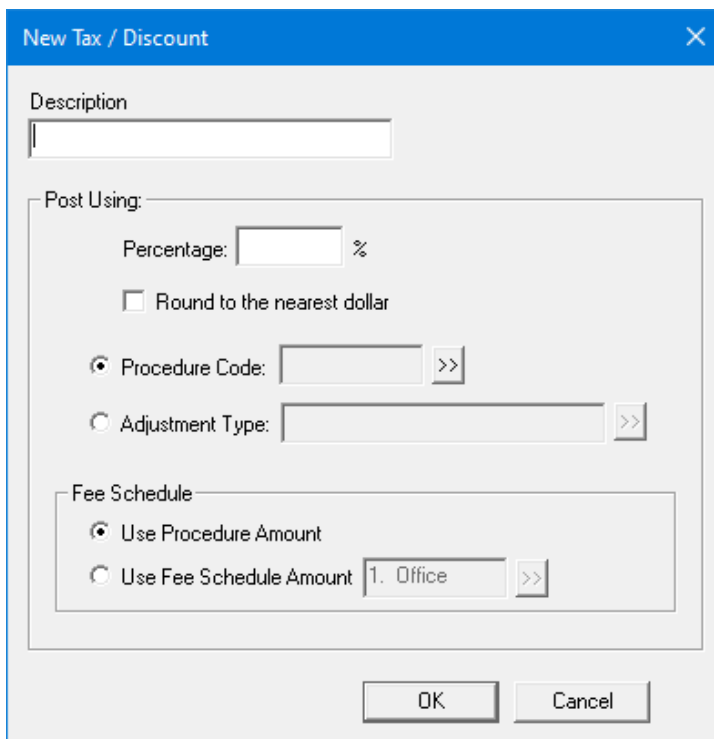
1. In the Accounts toolbar, click the Setup button, and then click **Set Tax/Discount Options**.

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



2. Click **New** to set up a new Tax/Discount type.

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



3. Set up the following options:

- **Description** – Type a description for the tax or discount.
- **Percentage** – Type the percentage of the amount charged to which you want to apply the tax or discount. Select **Round to the nearest dollar** if you want the tax or discount amount to be rounded to the nearest whole dollar.
- **Procedure Code** or **Adjustment Type** – Assign a tax type to a specific procedure code or a debit adjustment type. Assign discount types to a credit adjustment type so that the account balance will be decreased by the appropriate amount.

Select **Procedure Code**, and then click the search button to select the procedure code for which you want to apply the tax.

OR

Select **Adjustment Type**, and then click the search button to select the adjustment you want to assign to the discount or tax.

Tips:

- You may need to create a procedure code specifically for discount and tax purposes. For information on how to add procedure codes, refer to “Setting up procedure codes” in the Easy Dental Help.
 - Create a credit and a debit adjustment type in the practice definitions specifically for discount and tax purposes. For information on how to add practice definitions, refer to “Working with practice definitions” in the Easy Dental Help.
 - **Fee Schedule** – For a procedure posted to the Account, select whether you want to base the tax or discount on the procedure amount or on the amount in the fee schedule for that procedure.
4. To save the tax or discount type, click **OK**.

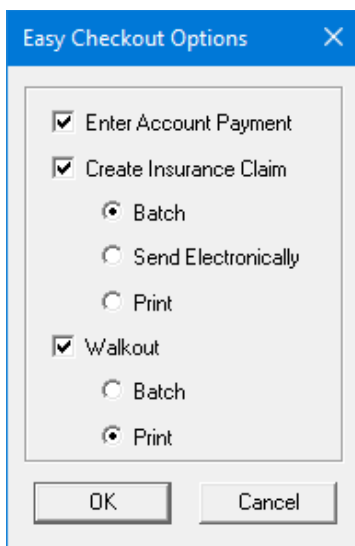
Setting Up Easy Checkout Options

Clicking Easy Checkout from the Accounts toolbar allows you to perform several tasks at once. You can choose which functions you want to perform.

To set up the Easy Checkout options

1. In the Accounts toolbar, click the Setup button, and then click **Easy Checkout Options**.

The **Easy Checkout Options** dialog box appears.



2. Set up the tasks you want performed when you click the Easy Checkout button:
 - **Enter Account Payment** – Select to enter a payment on the patient’s account.
 - **Create Insurance Claim** – Select to generate an insurance claim for the current day’s procedures. Then, select whether you want to send the claim to the Batch Processor, electronically (you must set up an eServices account to use this feature), or directly to your printer.

- **Walkout** – Select to generate a walkout statement or receipt. Then, select whether you want to send it to the Batch Processor or directly to your printer.
3. To save the changes, click **OK**.

Setting Up the Reports Module

This section covers the following setup topics for the Reports module:

- Setting up recall appointment types
- Setting up procedure codes
- Setting up dental diagnostic codes
- Setting up diagnostic cross codes
- Setting up explosion codes
- Customizing practice definitions
- Hiding Social Security numbers
- Setting up auto chart numbering
- Setting up printers
- Setting up passwords

Setting Up Recall Appointment Types

When procedures require a recall appointment, you can set up Easy Dental to place the patient on a recall list automatically. You can assign a particular recall type to each procedure.

Recall types can be user-defined. You can control the name of the type, with the exception of Prophylaxis, the interval, and the provider to whom the type is assigned.

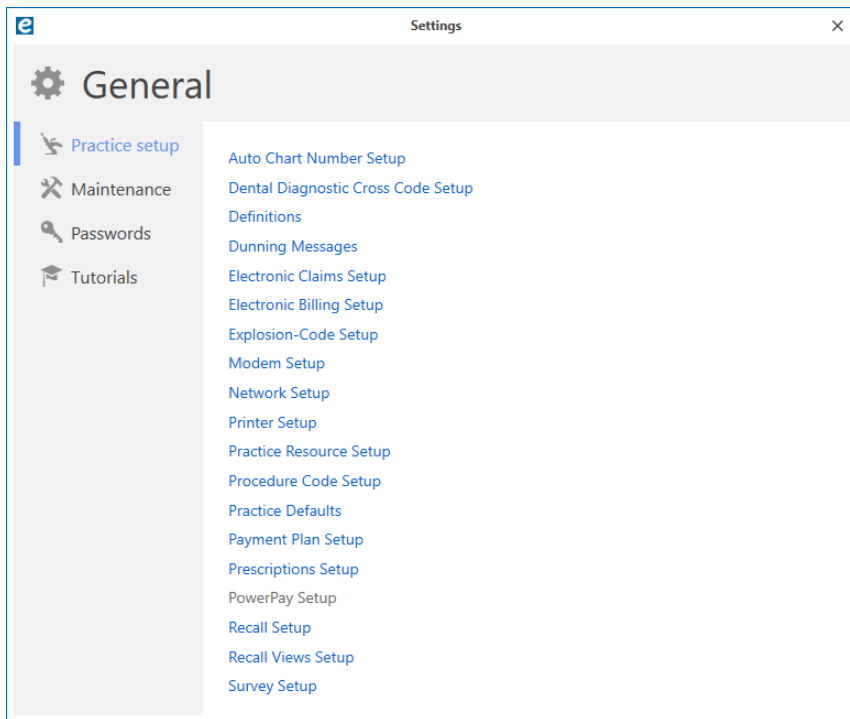
Easy Dental comes with five pre-defined types, you should review them to make sure they fit your practice's needs. You can only add five recall types to your database.

Note: When you set up recall types, they are available for all Easy Dental workstations.

To set up a recall type

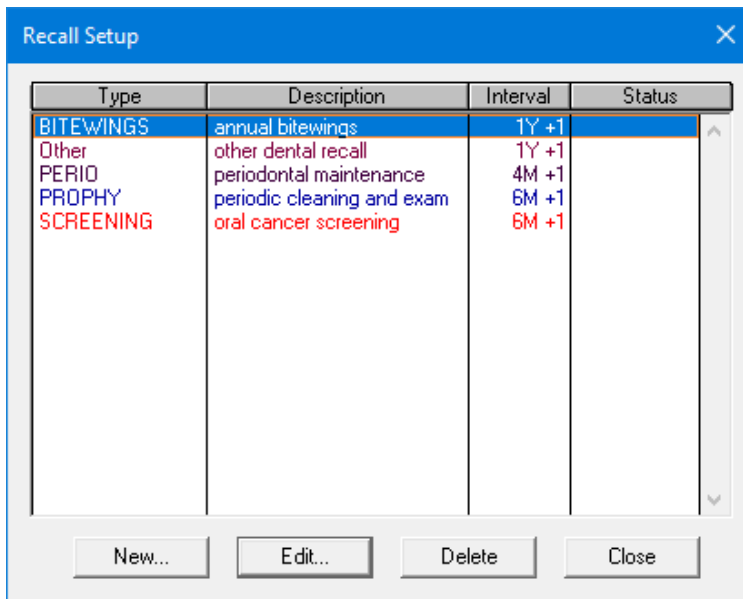
1. In the Patient Banner, click the Settings button.

The **Settings** dialog box appears.



3. Click **Recall Setup**.

The **Recall Setup** dialog box appears.



4. Do one of the following:

- Click **New** to add a recall type (if you have fewer than five recall types defined).
- Select an existing recall type, and then click **Edit** to edit that type.

The **New Recall Type** (or **Edit Recall Type**) dialog box appears.

5. Set up the following options:

- **Type** – Type an abbreviated name for the recall type in all capital letters.
- **Description** – Type a more complete description of the recall type. The description is used when creating recall cards.
- **Initial Status** – Refers to the state of the recall when it appears in the Recall list. To change the status, select a different one from the list.
- **Interval** – Indicate how often the patient should be recalled for treatment or follow-up. To specify the interval, enter the appropriate number, and select the frequency, in days, weeks, months, or years. Select **+1 Day** to allow for insured patients with strict interval requirements.
- **Provider** – Assign a provider for the recall type:
 - **Prov1** – Select to use the primary provider in a patient’s Patients record.
 - **Prov2** – Select to use the secondary provider in a patient’s Patients record.

For instance, if all prophylaxis appointments are handled by a hygienist in your practice, and a hygienist is always assigned as the Prov2 in the Patients module, select **Prov2** so that the hygienist is scheduled for prophylaxis appointments automatically.

 - **Spec.** – Select for cases where a certain provider is always appointed for a specific continuing care type, and then select a provider ID from the list. All appointments scheduled using a procedure with this recall type attached is assigned automatically to the provider selected.
- **Display Color** – Allows you to have each recall type display in different colors. To change the color, click **Set Color**.

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

6. To save the changes, click **OK**.

Setting up Procedure Codes

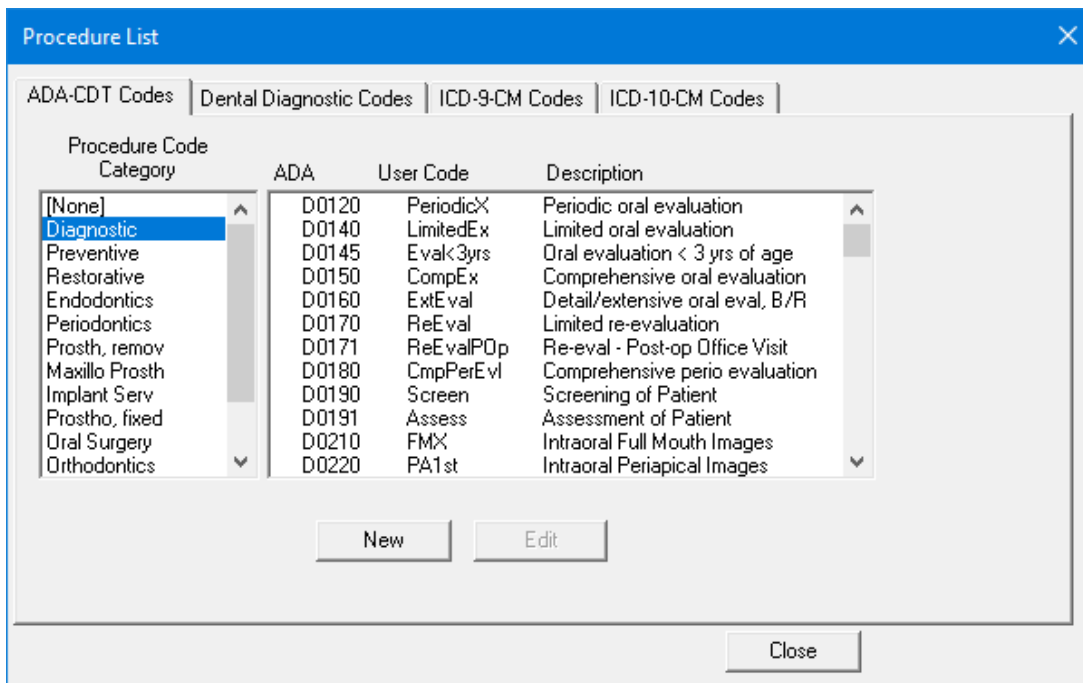
The procedures listed in the American Dental Association Code on Dental Procedures and Nomenclature are included with Easy Dental. They are referred to as “procedures” in this documentation.

You need to provide additional information for the procedures that you perform, such as fees and the approximate amount of time required to complete each procedure, for each procedure performed in your practice. Follow the steps for each procedure, by category, to add the required information. You only need to set up those categories and procedures that are applicable to your practice.

To set up procedure codes

1. In the Patient Banner, click the Settings button.
2. In the **Settings** dialog box, click **Procedure Code Setup**.

The **Procedure List** dialog box appears.



3. Under **Procedure Code Category**, select a category.
All of the procedure codes associated with that category appear in the opposing list.
4. Select the first procedure in the list, and then click **Edit**.
The **Procedure Code Editor - Existing** dialog box appears.

Procedure Code Editor - Existing

Description:

Code Names:

- ADA Code
- Abbrev Desc
- Code 3
- Code 4
- Code 5

Treatment Flags:

- Difficult Proc.
- Condition
- Remove Tooth
- Show in Chart

Auto Recall: >>

Procedure Time: >>

Procedure Category:

Appointment Type:

Treatment Area:

Paint Type:

Fee Schedule:

Fee Schedule	Fee
1. Office	46.00
2. Aetna	37.00
3. BC / BS	34.00
4. Cigna	32.00
5. OrISurg	55.00
6.	0.00
7.	0.00
8.	0.00
9.	0.00
10.	0.00
11.	0.00
12.	0.00
13.	0.00
14.	0.00
15.	0.00
16.	0.00
17.	0.00
18.	0.00
19.	0.00

Do Not Bill to Insurance

Require Start/Completion Dates

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

A practice can have up to 999 fee schedules for each procedure. If more than one fee schedule is used in the practice:

- Enter each fee by selecting the appropriate fee schedule and then clicking **Edit Fee**. A small edit box appears next to the fee schedule.
- Change the amount.
- Press Enter or click the green check box to save the change. (Click the red X to cancel the change.)

Notes:

- When you select a fee from the list box, you must press the Enter key or click the green check box in order to exit the **Fee** field, or press the Tab key to edit the next fee.
- Each provider is assigned a fee schedule. Be sure the provider's Fee Schedule number is entered in the **Provider Information** dialog box. When a procedure is entered in the Accounts window, the charge is assigned according to the selected provider's fee schedule.
- You may also override the provider's fee schedule by assigning a patient or an insurance carrier a fee schedule.

5. Under Treatment Flags, click Difficult Proc.

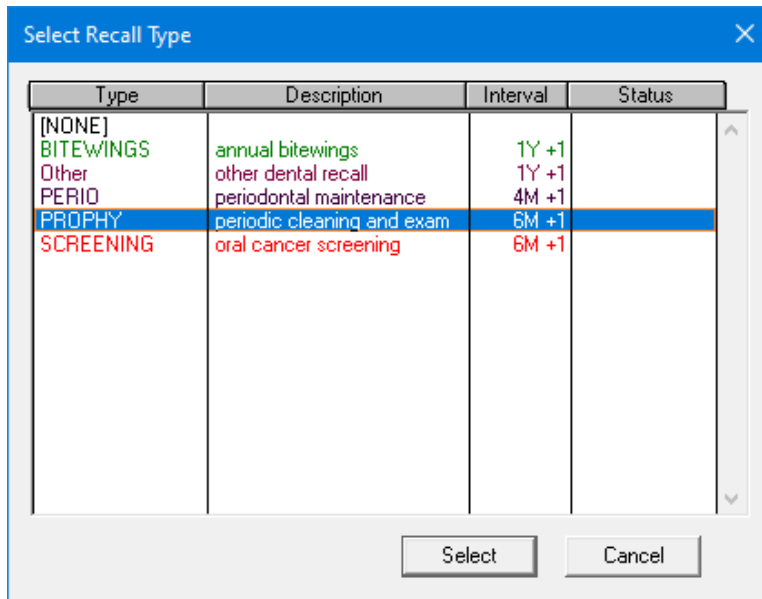
When you select **Difficult Proc.**, the procedure is marked with an asterisk (*) every time it is listed on the day sheet report. This notifies the provider of any patients who may need to be called at the end of the day to follow up on the patient's condition.

If you want a procedure to be marked on the day sheet, click **Difficult Proc.** None of the Easy Dental procedures are flagged Difficult Proc. by default.

6. When you attach a recall type to a procedure, Easy Dental automatically updates the patient's recall date by the interval assigned when the procedure is completed. And if the patient does not have recall, Easy Dental adds it.

- a. Click the search button under **Auto Recall**.

The **Select Recall Type** dialog box appears.

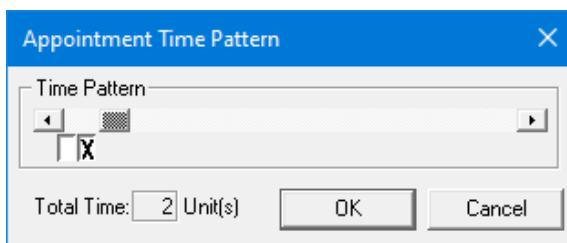


- b. Select the appropriate type, and then click **Select**.

A procedure code may be assigned only one recall type. The recall type, however, may be set on unlimited procedure codes.

7. Click the search button under **Procedure Time**.

The **Appointment Time Pattern** dialog box appears.



Note: From this dialog box, you can enter the number of time units that are usually scheduled for that procedure. The number of minutes assigned to each time unit was defined in the Schedule module.

Important: All Easy Dental procedures default to one time unit.

- a. As you review each procedure, if the procedure time exceeds one unit, click the search button under **Procedure Time**.
- Under **Time Pattern**, use the slider to increase or decrease the **Total Time** units. Click the right arrow to add or the left arrow to subtract a unit.
 - If you click a unit, a single slash, an X, or a blank box appears. Each face represents who is providing care to the patient during the procedure.
 - A single slash represents the assistant's time.
 - The X represents the provider's time.

- White/Clear represents chair time when neither the provider nor the assistant needs to be present.

These assignments appear while you are scheduling appointments and allow you to maximize productivity and use of all operatories.

- b. Click **OK** to save your assignment and definition of time required for the procedure.
8. Click **Do Not Bill to Insurance** if you do not want to include this procedure on insurance claims or on the Procedures Not Attached to Insurance report.
9. When you have entered the correct information for a procedure, click **Save**, and then click **Close**.
 - A message appears asking if you want to save your changes. Click **Yes** to save your changes and move automatically to the next procedure.
 - When you have finished setting up procedures, click **Close** from the **Procedure Code Editor** dialog box. Then click **Close** from the **Procedure List** dialog box. You're now ready to move on to the next step in the setup process.

Note: The preceding steps must be completed for each procedure that you perform in your practice.

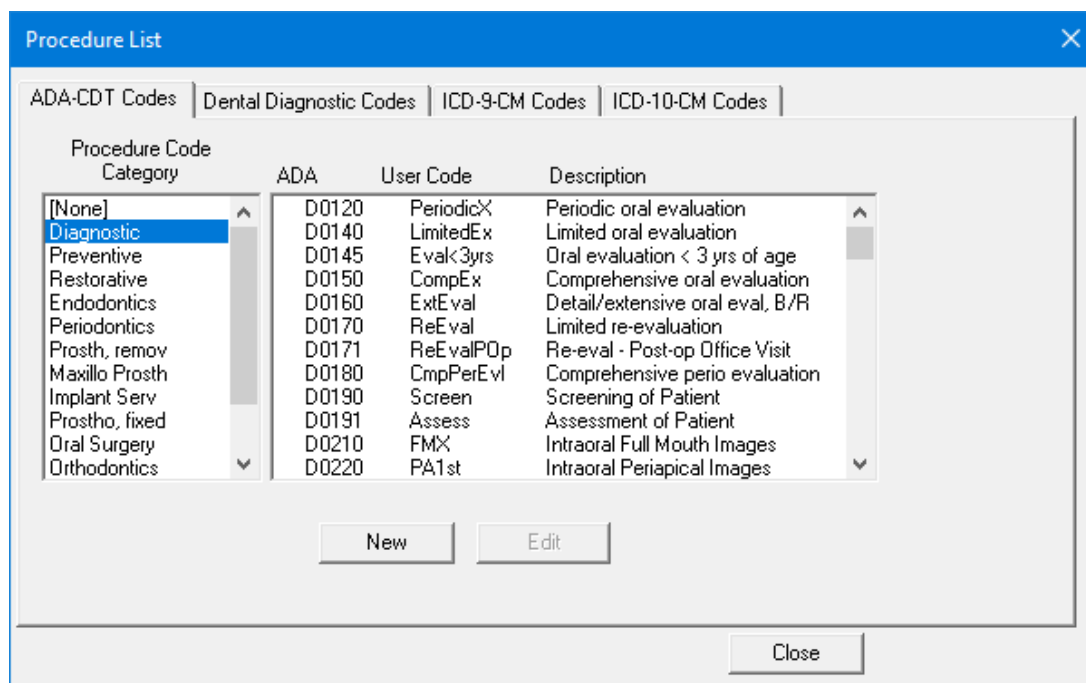
Setting Up Dental Diagnostic Codes

You can attach diagnostic codes to completed or treatment planned procedures, as well as cross coded to ADA codes. The diagnostic codes print on the 2000 ADA claim form (J590). To add and edit diagnostic codes, complete the following steps. For information on how to attach diagnostic codes to Completed or Treatment Planned work, see Chapter 7: Treatment Plans and Chapter 8: Accounts.

To add a diagnostic code

1. In the Patient Banner, click the Settings button, and then in the **Settings** dialog box, click **Procedure Code Setup**.

The **Procedure List** dialog box appears.



2. Click the **Dental Diagnostic Codes** tab.
A list of available diagnostic categories appears.
3. Click **New**.

The **Dental Diagnostic Code Editor - New** dialog box appears.

4. Do the following:
 - **Description** – Type a description of the diagnostic code.
 - **Diagnostic Code** – Type the diagnostic code. This code prints on ADA claim forms, such as J590.
 - **Diagnostic Category** – Select the appropriate category from the list.
 - **Treatment Area** – Select the appropriate treatment area from the list.

Note: To enter procedure codes for additional surfaces, select **Other**, and enter the appropriate codes.

 - **Paint Type** – Select the appropriate paint type from the list.
5. Click **Save** to save your changes, and then click **New Code** to enter additional codes or **Close** to return to the **Dental Diagnostic Codes** list.

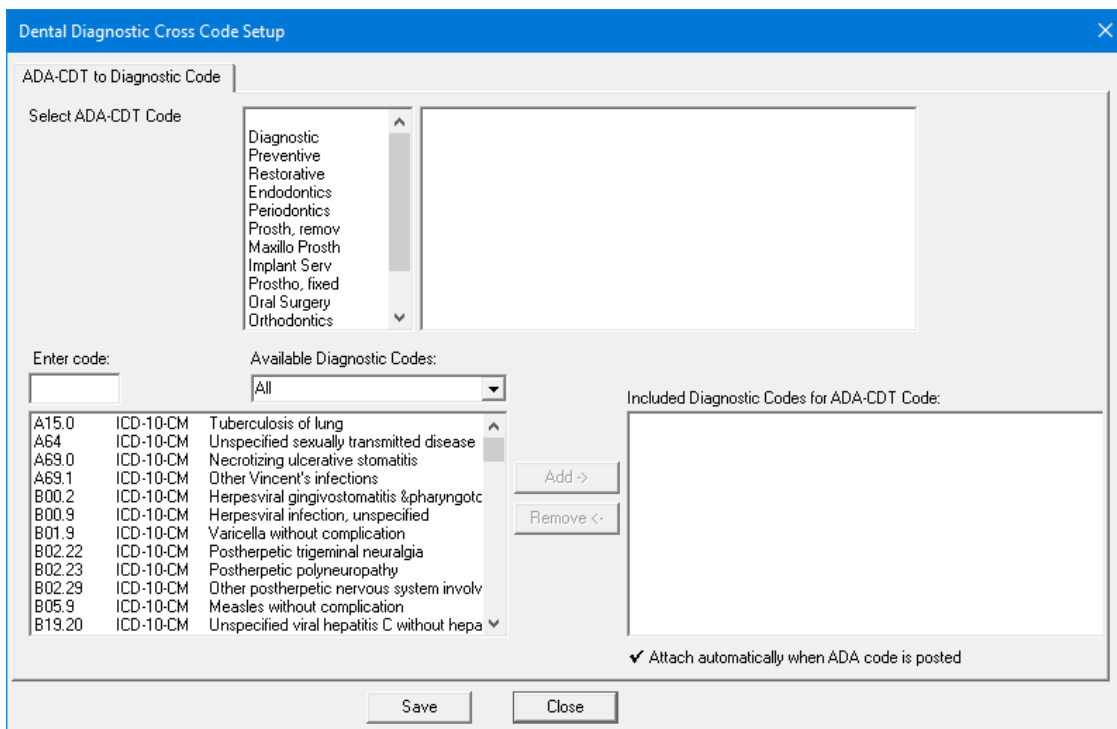
Setting Up Diagnostic Cross Codes

In Easy Dental you can cross code an ADA code with its associated diagnostic code.

To cross code an ADA code with its associated diagnostic codes

1. In the Patient Banner, click the Settings button, and then in the **Settings** dialog box, click **Dental Diagnostic Cross Code Setup**.

The **Dental Diagnostic Cross Code Setup** dialog box appears.



- From the **Select ADA-CDT Code** list, select the category of the ADA code you want to cross code. Once you select a category, Easy Dental lists all ADA procedures codes for that category.
- Select the code that you want to cross code.
- Enter the diagnostic code in the **Enter Code** field, or select the diagnostic category that you want from the **Available Diagnostic Codes** list. Easy Dental lists all diagnostic codes under that category.
- Select the diagnostic code that you want to use.
- To move the code to the list on the right, click **Add**. Easy Dental lists all cross-referenced diagnostic codes for the selected ADA code in this box. Repeat steps 4 through 6 to include up to 8 diagnostic codes for the selected ADA code.

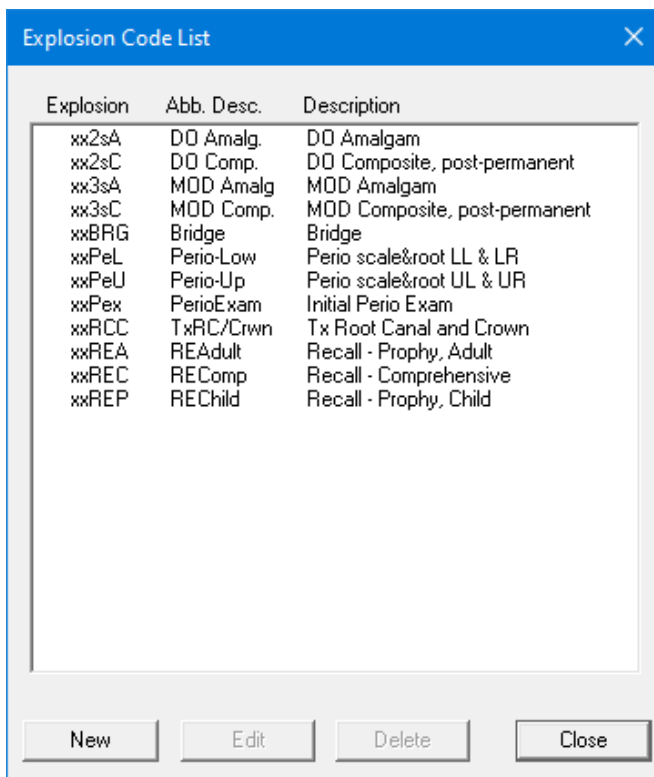
Setting Up Explosion Codes

An explosion code is a group of procedure codes that are usually scheduled, completed, or recommended at the same time. An explosion code allows you to post many procedures simultaneously. For example, a root canal appointment may consist of several procedures, each with its own procedure time and fee. Instead of having to post or schedule each of these procedures individually, an explosion code allows you to group them together, thus saving considerable time in posting and scheduling.

To add an explosion code

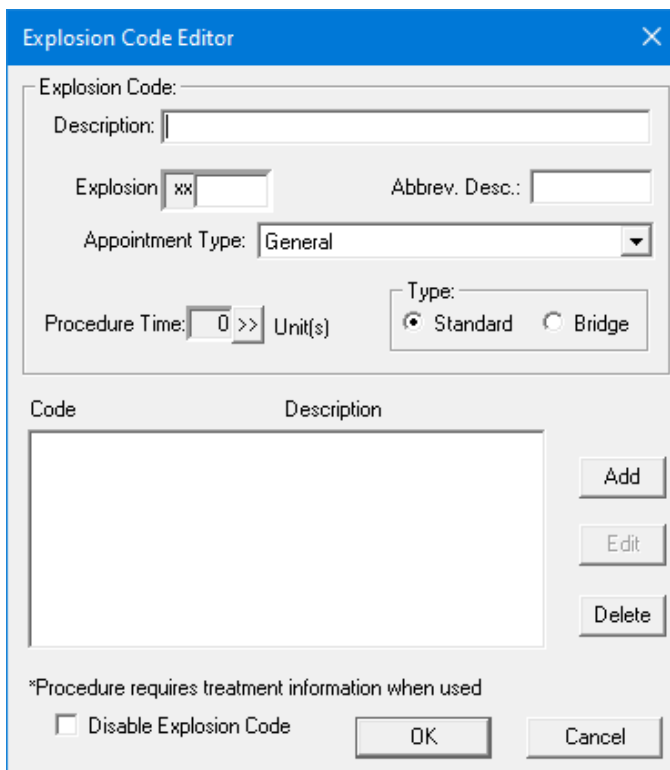
- In the Patient Banner, click the Settings button, and then in the **Settings** dialog box, click **Explosion-Code Setup**.

The **Explosion Code List** dialog box appears.



2. Click **New**.

The **Explosion Code Editor** dialog box appears.



3. Type a description of the explosion code (it can be up to 31 characters).
4. In the **Explosion** field, enter a three-digit alphanumeric code that represents the code.

5. Type a nine-digit abbreviated description of the explosion code.
6. From the **Appointment Type** list, select one of the following:
 - **General**
 - **High Production**
 - **Medium Production**
 - **Low Production**
7. Under **Type**, click **Bridge** if the explosion code represents a bridge; otherwise, click **Standard**.
8. In the **Procedure Time** field, set the length of time required to complete this group of procedures.
9. Click **Add**.

The **Add Procedure Code** dialog box appears.

- a. Select **ADA code** or **Dental Diagnostic Code**.
- b. Enter the procedure or diagnostic code in the edit box provided; otherwise, click the search button, select a category, and then the procedure or diagnostic code you want to add from the **Procedure Codes** dialog box.
- c. Click **OK**.
- d. Repeat this step to add additional procedure/diagnostic codes.

Note: An explosion code may consist of one or more procedures that require a tooth number or range to be entered. These procedures will be flagged with an (*) in the procedure code list. When the explosion code is used in the Accounts module, the procedure will also be flagged so that a tooth number range can be added. A procedure that requires a tooth number or range will not be posted with the explosion code from the Schedule when an appointment that schedules the explosion code is set complete.

10. If you plan to use this explosion code, leave **Disable Explosion Code** cleared. Disabling the explosion code removes it from the active explosion code lists without deleting it.
11. To save your changes, click **OK**.

Customizing Practice Definitions

Easy Dental provides several practice definitions and allows user-definable entries for each. These practice definitions, in addition to other features, customize Easy Dental for your specific practice. You can customize the following definitions:

<ul style="list-style-type: none"> • Adjustment Types* • Alternate Procedure Code Names • Appointment Reasons* • Appointment Types • Billing Types* • Claim Format • Fee Schedule Names 	<ul style="list-style-type: none"> • Medical Alerts • Payment Types* • Provider ID Codes • Provider Specialties • Recall Status* • Referral Specialties
--	---

Only those definitions with an asterisk * are necessary for this initial setup and are explained in the following sections. The other definitions have defaults.

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

- An entry for a definition is automatically assigned the first available ID number for that definition, each starting with ID number “1,” then “2,” and so on. For example, if ID 2 has been deleted, the next definition added of that type will have ID 2.
- Definitions are sorted according to ID number. (Medical alerts are listed in the Patients dialog box in alphabetical order.)
- The ID number is used when a definition is assigned. The description for a definition entry then becomes global with its ID number. For example, if several patients are given the medical alert of “Allergies,” and then the definition entry for “Allergies” is changed to “Pregnant,” all patients who previously had “Allergies” displayed as a medical alert will now have “Pregnant” displayed as a medical alert. For this and similar reasons, a definition entry should not be changed or deleted if the definition has been used previously anywhere in Easy Dental.

Editing Practice Definitions

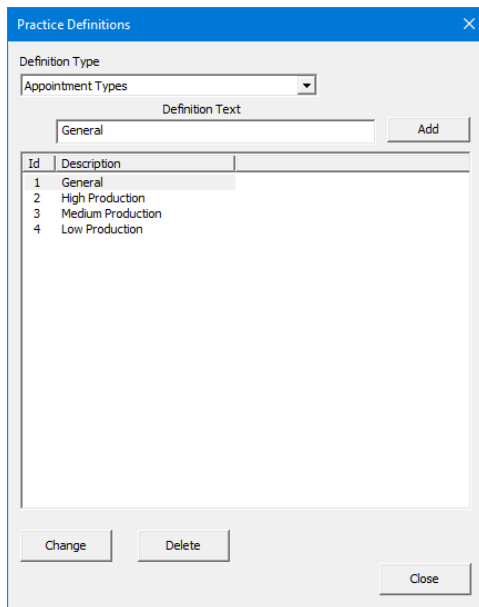
Easy Dental provides several practice definitions and allows user-definable entries for each. These practice definitions, in addition to other features, customize Easy Dental for your specific practice.

Important: Editing a practice definition affects every record in the database that the definition is attached to.

To edit a definition

1. In the Patient Banner, click Settings button, and then in the **Settings** dialog box, click **Definitions**.

The **Practice Definitions** dialog box appears.



2. Under **Definition Type**, select the practice definition you want to change from the list. The selected definition appears in the **Definition Text** field.
3. In the text field, make any necessary changes.
4. To save your changes, click **Change**, and then click **Yes**.

Adjustment Types

The Accounts module displays a list of adjustment types to select from whenever you enter an adjustment for a patient account. These types determine the description for each adjustment displayed in the Accounts module and printed on statements.

The first adjustment type should be the one most commonly used for patient accounts because it is the default when entering adjustments in the Accounts module.

Easy Dental provides the following 23 defaults:

- Professional Courtesy + Debit Adjustment - Senior Citizen Courtesy + Insurance Over-pmt Refund - In-office Write-off - Bankruptcy Write-off + Misc. Debit - Initial Credit Balance Forward	- Full Payment Courtesy - Patient Refund + NSF Check - Family/Friend Courtesy - Charitable Contribution + Transfer Balance Debit - Misc. Credit + Insurance Balance Forward	- Credit Adjustment - Write-Off + NSF Bank Fee - Staff Courtesy + Collected - Bad Debt - Transfer Balance Credit + Initial Balance Forward
---	--	--

If you are satisfied that these default definitions will work for your practice, then move on to the next section. Otherwise, follow the steps under “Editing Definitions” above.

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

Appointment Reasons

To simplify scheduling an appointment, you can create a list of the 20 most common initial appointment reasons for your office. Once the list has been customized, users can quickly select the procedure they want from a list rather than typing or writing a long appointment description.

Each of the 20 reasons must first be set up as a procedure or explosion code. None of the reasons should require additional treatment information, such as a tooth number or surface. The following 20 appointment reasons are installed as defaults with Easy Dental.

D0120 00120 Ex Per D0140 00140 Ex Lim D0150 00150 Ex Com D0160 00160 Ex Ext D0210 00210 FMX D0220 00220 PA 1st D0272 00272 2 BWX D0274 00274 4 BWX D0330 00330 Pano D0460 00460 PV Tst	D1110 01110 Adult D1120 01120 Child D1201 01201 Fld-Ch D9110 09110 Emerg D9310 09310 Consul D0999 00999 Misc xxREA REAdult (Exp xxREP REChild (Exp xxREC REComp (Exp xxPEX Perio X (Exp
---	--

Before an appointment reason displays in the schedule, the definition must meet the following criteria:

- The reason must reference an existing procedure code or explosion code.
- The reason should not reference a procedure or explosion code that requires a tooth number, surface, quadrant, or sextant.

Billing Types

Easy Dental has nine default billing types:

Standard Billing - finance charges Insurance Family - Dual Insurance Payment Plan - finance charges Bad Debt - at risk Bad Debt - to collections	Standard Billing - no finance charges Insurance Family - finance charges Payment Plan - no finance charges No Statement and No Finance Charges
--	---

Billing types identify and group the various family accounts for account processing, billing, and report printing. Billing types are a flag for the office staff indicating how a patient should be billed.

However, billing types do not dictate how the program treats an account. For example, if the practice does not apply finance charges to employees or relatives, each account in that category should be assigned a representative billing type (such as Standard Billing - No Finance Charges). This allows you to exclude this billing type when applying finance charges.

Billing types are assigned to a family account through the head-of-house in the **Accounts** dialog box. When a head-of-house is entered, the patient is automatically given the default billing type for his or her family account until another is selected.

Each billing type consists of a description (up to 50 characters) and an ID number. Specific billing types can be selected when applying finance charges, and billing type ranges can be used to send statements and to print various reports. The billing types should be entered logically to allow the selection of ranges to efficiently send billing statements and print analysis reports. Up to 99 billing types can be added as needed. To edit a billing type or to add a new one, follow the steps under “Editing Definitions” above.

Payment Types

The Accounts module displays a list of payment types to select from whenever a payment is entered. These types determine the description for each payment displayed in the Accounts module and printed on statements and other reports.

The first payment type should be the most common type of payment received by your practice. When entering guarantor payments in the Accounts module, the first payment type is the default.

Insurance payments do not require a payment type and are entered differently than guarantor payments. See Setting up pre-defined payment plan types.

Easy Dental provides the following defaults.

Check Payment - Thank You VISA/MC Payment - Thank You Discover Payment - Thank You Outside Payment - Thank You Collection Payment - Thank You	Cash Payment - Thank You Payment From Insurance AMEX Payment - Thank You Web Patient Payment - Thank You Pre-EZD Ins Pmt - Thank You
---	--

If these are sufficient for your practice, continue to the next section. Otherwise, follow the steps in “Editing Definitions” above.

Recall Status

Recall status is used in the **Recall** dialog box to indicate the last contact with a patient regarding his or her next recall visit. The status should be entered as an abbreviation in the first field and a description in the second field.

When Easy Dental is first installed, the following three recall types are available as default.

- **APPT** – Appointment Scheduled
- **NOTE** – See Note
- **XXXXX** – Don't Contact

Setting Up Practice Defaults

When you enter patient information or perform certain tasks, the process of having to choose a provider or operator that is more commonly used than others can be redundant. To save time, Easy Dental defaults to a particular provider, operator, billing type, or billing statement. You can choose which provider, operator, billing type, or billing statement that Easy Dental defaults to at each workstation.

Notes:

- Practice defaults are workstation-specific, so you can set up different defaults at each computer.
- You can change the practice defaults at any time.

To set up practice defaults

1. In the Patient Banner, click the Settings button, and then in the **Settings** dialog box, click **Practice Defaults**.

The **Practice Defaults** dialog box appears.

2. Set up the practice defaults you want to use:
 - **Default Provider** – The selected provider will be the primary provider assigned to each new head-of-house by default.

- **Default Operatory** – The selected operatory will be the operatory for each new appointment by default.
- **Default Billing Type** – The selected billing type will be the billing type given to each new head-of-house by default.
- **Default Billing Statement** – The selected form will be the form that is used when you print billing statements.

Tip: To use a printer-generated billing statement form, select “Full Form/Download.” If this form is selected, for printed statements, Easy Dental prints the lines of the form along with the information.

- **Default Insurance Claim Providers** – Select the default insurance claim providers for the **Billing Provider**, **Rendering Provider**, and **Pay-To Provider**:
 - **Provider of Procedures** – Select to use the treating provider. Only primary providers will be shown on the claim.
 - **Patient’s Prov1** – Select to use a patient’s primary provider, as indicated in that patient’s Patients record.
 - **Specific Provider** – Select to always have a specific provider listed. Click the search button to select the appropriate provider.
 - **Name to use for Claim Provider** – For the billing and/or pay-to provider, select to have a different name print on the claims, and then type the name in the field.
- **Override Billing Provider Info for eClaims** enables you to override which provider, address, and phone number appears on electronic insurance claims for the billing, rendering, and pay-to providers.

3. To save the changes, click **OK**.

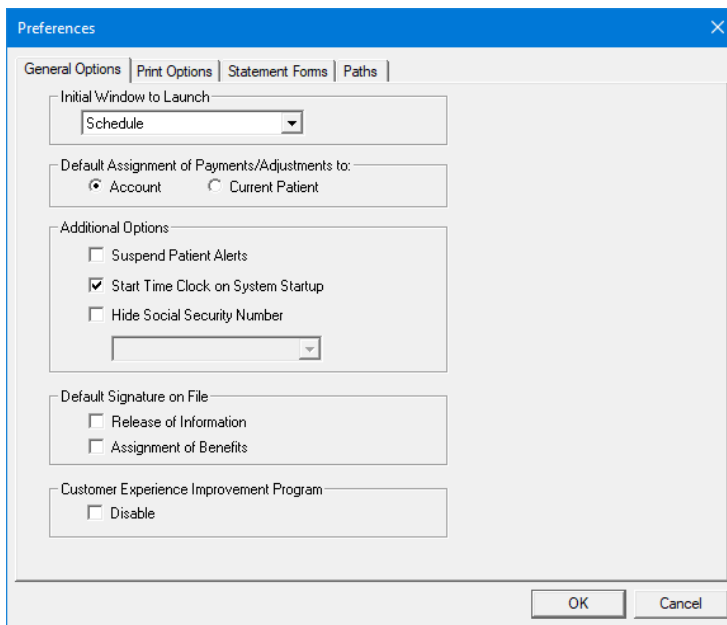
Hiding Social Security Numbers

In Easy Dental, you can protect your patients’ privacy by hiding their Social Security numbers so they don’t appear on printed documents such as payment plan coupons.

To hide Social Security numbers

1. In the Patient Banner, click the Settings button, and then in the **Settings** dialog box, click **Maintenance > Preferences**.

The **Preferences** dialog box appears with the **General Options** tab selected by default.



2. Under **Additional Options**, select **Hide Social Security Number**, and then select one of the following from the list:
 - **Hide Completely** – Removes the number from view (the Social Security number field appears blank)
 - **Mask Completely** – Replaces the digits of the Social Security number with the number symbol (#)
 - **Mask All but Last 4 Number** – Replaces the first five digits with the number symbol (#) but displays the last four digits.
3. To save the changes, click **OK**.

Note: For information on additional preferences options, see “Setting preferences” in the Easy Dental Help.

Setting Up Automatic Chart Numbering

In Easy Dental, you can assign chart numbers automatically to your patients. The advantages of this feature are:

- You never have to worry about duplicate chart numbers
- Auto entry speeds up the data entry process

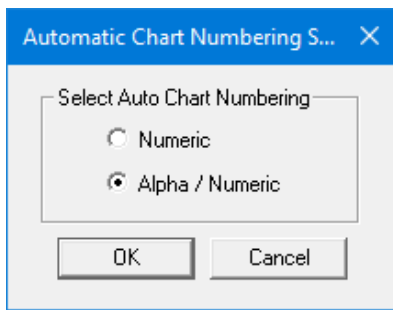
Easy Dental assigns numeric or alphanumeric chart numbers.

Note: When you set up automatic chart numbers, the settings affect all other Easy Dental workstations.

To set up automatic chart numbering

1. In the Patient Banner, click the Settings button, and then in the **Settings** dialog box, click **Auto Chart Number Setup**.

The **Automatic Chart Number Setup** dialog box appears.



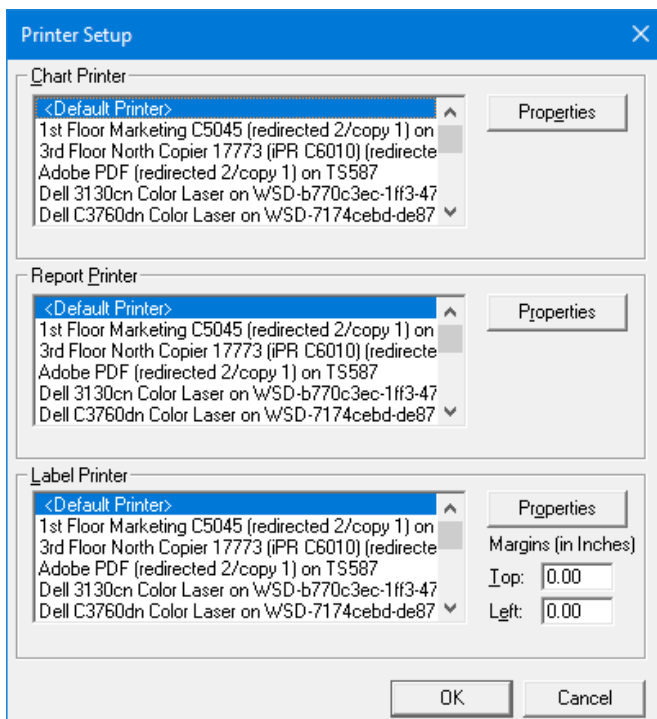
2. Select the chart numbering option you want to use:
 - **Numeric** – Assigns six-digit chart numbers to all new patients.
 - **Alpha/Numeric** – Assigns six-character chart numbers to all new patients by using the initial two characters of a patient’s last name and then a unique four-digit ID (for example, John Smith may be assigned the chart number SM0001).
 - **None** – No chart numbers will be assigned automatically to new patients; you will have to enter chart numbers manually for new patients and make sure that chart numbers aren’t duplicated.
3. To save the changes, click **OK**.

Setting Up Printers

In Easy Dental, you can print from the Chart and Reports modules, and you can print labels.

To set up a printer

1. In the Patient Banner, click the Settings button, and then in the **Settings** dialog box, click **Printer Setup**.
The **Printer Setup** dialog box appears.



3. Select the appropriate printer for the **Chart Printer**, **Report Printer**, and **Label Printer**.

4. For each printer selected, click **Properties** to view or set properties for the printer.
5. To save any changes, click **OK**.

Setting Up Passwords

Passwords serve many different functions in a dental office. First, passwords can be used to prevent an unauthorized person from performing certain sensitive tasks, such as changing information, deleting transactions, accessing financial information, and so on.

Second, the Easy Dental password feature gives the office the double security of flagging certain operations to verify that the logged on user is still the user who has access to the operation by requiring the password to be re-entered.

Third, passwords, in conjunction with the Audit Trail report, can be used to track who in your office made changes to information in Easy Dental.

Different offices have different security needs, so when Easy Dental is first installed passwords are not enabled. If security is not a concern for your office, you can skip this section.

Note: Back up your Easy Dental directory before setting up passwords.

Logging in and Assigning User Rights

Once passwords are enabled, users must log into the system each time Easy Dental opens. Passwords are assigned to users using their provider or staff IDs. If you have not added all providers and staff members to the Practice Resource section of Easy Dental, do so before attempting to set up passwords.

Additionally, you can assign “rights” to users to the specific tasks they need to complete. Easy Dental then allows access to each password-protected operation according to the security rights assigned to the logged on user. If a user does not have rights to a certain function, he or she will not be allowed to access that particular screen or task.

Changing or Clearing Passwords

Note: One of the main reasons for using passwords in your office is security. To ensure the integrity of your password system, Easy Dental cannot make any changes to passwords or clear passwords over the phone. Please ensure that you have recorded your passwords in a secure location.

If the password administrator’s password is lost, you must send your database to Easy Dental Systems to have all passwords cleared, along with a signed request for these services. Easy Dental Systems will compare the signature with the signature on record prior to providing these services. Please contact Easy Dental Customer Support and arrange for this service prior to sending your database. Your practice will be charged a \$150 fee to cover the costs of clearing the passwords.

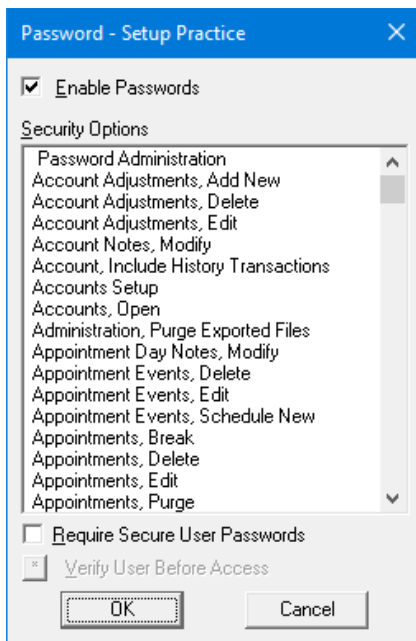
Enabling Passwords

When you enable passwords, Easy Dental requires passwords for certain tasks you specify.

To enable passwords and specify which tasks require passwords

1. In the Patient Banner, click the Settings button, and then in the **Settings** dialog box, click **Passwords > Setup Practice for Passwords**.

The **Password - Setup Practice** dialog box appears.



2. Click **Enable Passwords**.

A list of security options appears.

Notes:

- Once passwords have been enabled, Easy Dental protects all tasks listed under **Security Options**. To perform any of these tasks, users must be assigned rights to the security option. User rights are not assigned from this screen.
- When you select this option, a user's password must be at least seven characters long and contain at least one letter, one number, and one special character.
- Once users log into Easy Dental, they may perform all operations to which they have rights. However, certain security options may exist for which additional protection is needed. In this case, the security options can be flagged to "Verify User Before Access." When a security option is flagged, an additional password prompt appears asking users to re-enter their password.

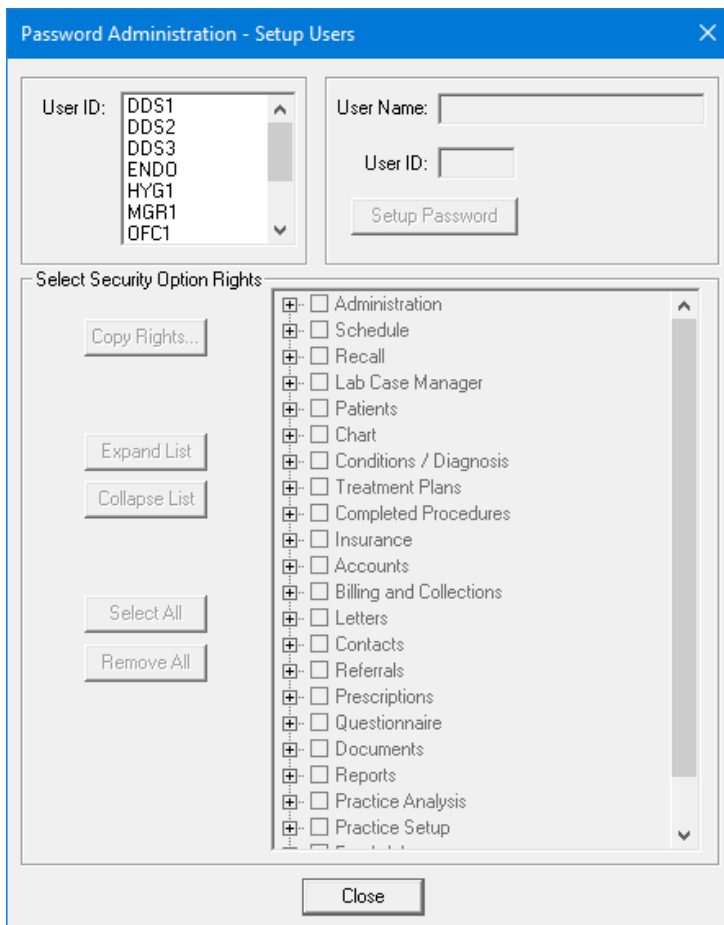
3. To flag these options, select the task and then click **Verify User Before Access**.

More than one security option can be selected at a time. The selected security options are moved to the bottom of the list, and an asterisk indicates its verification status.

Note: Consider how frequently the security option is used before assigning the "Verify User Before Access" flag. This option always prompts users to enter their passwords before continuing. Too many interruptions requiring a password entry may not be worth the added security.

4. Click **OK**.

The first time you enable passwords, the **Password Administration - Setup Users** dialog box appears.



Since there are no users with established passwords, you must set up at least one user with access to the **Password Administration** dialog box. You cannot continue until at least one user is given password administration rights.

Assigning User Security Rights

When you are assigning user rights, keep in mind which tasks each individual performs. Some rights are directly related to others. Assign rights only to those individuals who need to perform that operation.

For example, unless you have assigned a front desk person to analyze your production versus collection figures, do not give rights to the **Practice Analysis** dialog box to a front desk person.

We recommend giving the dentist or practice owners rights to all operations. Assign this user password administration rights.

To assign user rights

1. In the Patient Banner, click the Settings button, and then in the **Settings** dialog box, click **Passwords > Setup Users for Passwords**.

The **Password Administration - Setup Users** dialog box appears.

Note: The first time you enable passwords, the **Password Administration - Setup Users** dialog box appears automatically when you click **OK** in the **Password - Setup Practice** dialog box.

2. Select the **User ID** from the list of available providers and staff.

Once you select the User ID, the user name and ID appear on the right of the dialog box.

3. Type a password for the user.

The password must be 12 characters or less and should be easy to remember. Passwords are not case sensitive.

4. Retype the password in the **Confirm Password** box, and then click **OK**.

Note: A password is not required, but is recommended.

5. To expand the list and view all security options, click **Expand List**.

You may also click the plus (+) sign next to the desired category to see the detailed rights.

6. Select the security options that you want the user to have rights to.

- If the list is collapsed, clicking **Main** will select all of the detailed options that are not in view for that category.
- To select all security options for the user, click **Select All**.
- To deselect all security options for the user, click **Remove All**.

Note: You must set up at least one user with password administration rights. you cannot exit this screen until you give at least one user password administration rights. Assign a password that you will not forget. Write down the password for the password administrator and put it in a secure location.

7. When the rights are set up for the selected user, select the next user. You will be prompted to save the changes.

Note: If different users have the same security options selected, you may save time by clicking **Copy Rights**. This allows you to select a user that has already had the security options selected and copy the selections to the current user.

8. Save the changes for the selected users before exiting the **Setup Users** dialog box.

Note: When changes are saved for a user, Easy Dental warns you if a password was not assigned.

Verifying Information

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

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

To create one of these reference reports

1. In the Reports toolbar, click the Reference Reports button, and then from the menu, select the report that you want to create, such as **Procedure Code List**.

2. If a dialog box appears where you can specify options for the report, select the options that you want and click **OK** or **Yes** to send the report to the Batch Processor.

For more information on how to run these reports, refer to the Reports chapter or the Reports section of the Easy Dental Help.

Backing Up the Easy Dental Database

Backing up your Easy Dental data is an important part of protecting the information in your practice management system. The term “backing up” refers to the process of copying data to a media device specifically used for backup purposes, such as an external hard drive. We strongly recommend that you implement a secure and routine backup system to reduce the risk of data loss.

To back up the Easy Dental database, you will need to use backup software that is not provided with Easy Dental. We recommend that you use Henry Schein One’s eBackUp solution, but other backup software is also available from other vendors.

While there are no set rules for the frequency of your backups, we recommend that you back up your Easy Dental database in daily, weekly, monthly, and quarterly intervals. We generally recommend that you perform or schedule backups at the end of the day after all patient data has been recorded in Easy Dental for that day and employees have closed all Easy Dental modules.

For information on the reasons to back up, determining the correct location of your data, and guidelines for backing up, see “Backing up the Easy Dental database” in the Easy Dental Help and the *eBackUp for Easy Dental: Backup Recommendations* document available in the Easy Dental Resource Center at www.easydental.com/resourcecenter.

Note: Easy Dental Customer Support representatives are not trained on setting up third-party backup programs and are not able to assist you with these steps. Please contact your network support representative or the backup software’s technical support for assistance.

Chapter 3: Patients

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

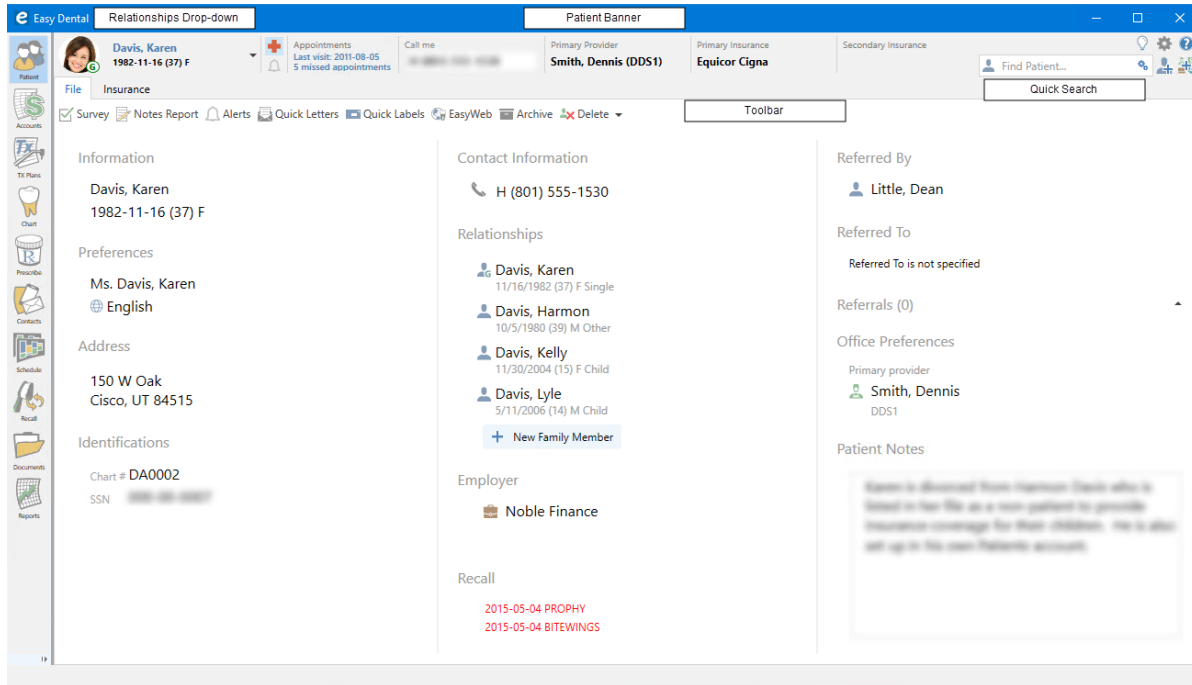
This chapter will show you how to add, edit, and archive patients and families in the Patients module. With the Patients module, you can maximize the organization of patients for your practice.

This chapter covers the following topics:

- The Patients Window
- Adding New Family Accounts
- Adding Family Members
- Managing Family Relationships
- Selecting Patients
- Assigning Medical Alerts
- Opening the Patient Picture Window
- Viewing Patient Notes
- Assigning Employers to Patients
- Working with Insurance
- Assigning Recall
- Assigning Referrals
- Archiving Patients

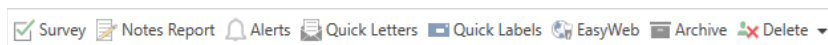
The Patients Window

The Patients window contains the Patient Banner, the **File** and **Insurance** tabs, a toolbar, and several panes that display patient information. You can also select or change patients using the Quick Search feature. Click the Help button to open the Help menu from which you can open the Easy Dental Help or check for, install, and learn about available updates and connect to the Resource Center.

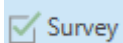


The Patients Toolbar

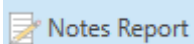
The Patients toolbar is a collection of command buttons located in the Patient Panel directly beneath the **File** tab.



- Survey – Click to create custom surveys for your patients.



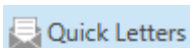
- Notes Report – Click to print a report of all notes entered for a patient in Easy Dental.



- Alerts – Click to flag certain conditions that you can attach to your patients.



- Quick Letters – Click to create custom letters for your patients.



- Quick Labels – Click to create custom labels.

Quick Labels

- Easy Web – Click to open the WebSync Wizard from which you can set up WebSync’s options and features. Using WebSync, you can synchronize Easy Dental information with eCentral.

EasyWeb

- Archive – Click to archive a patient.

Archive

- Delete – Click to delete a selected patient or family.

Delete

The File Tab

From the **File** tab in the Patients window, you view, enter, edit, or delete patient information.

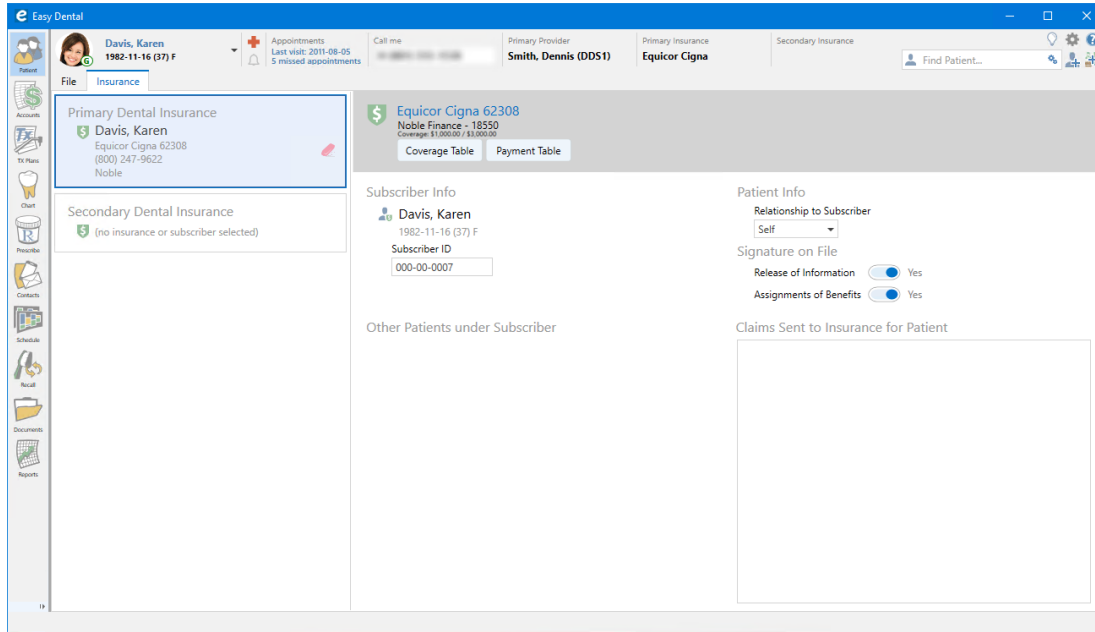
The screenshot displays the 'Easy Dental' software interface for a patient named Karen Davis. The 'File' tab is active, showing various patient information sections:

- Information:** Davis, Karen, 1982-11-16 (37) F
- Preferences:** Ms. Davis, Karen, English
- Address:** 150 W Oak, Cisco, UT 84515
- Identifications:** Chart # DA0002, SSN [REDACTED]
- Contact Information:** H (801) 555-1530
- Relationships:**
 - Davis, Karen (11/16/1982 (37) F Single)
 - Davis, Harmon (10/5/1980 (39) M Other)
 - Davis, Kelly (11/30/2004 (15) F Child)
 - Davis, Lyle (5/11/2006 (14) M Child)
 - + New Family Member
- Referred By:** Little, Dean
- Referred To:** Referred To is not specified
- Referrals (0):** No referrals listed.
- Office Preferences:** Primary provider: Smith, Dennis (DDS1)
- Employer:** Noble Finance
- Recall:** 2015-05-04 PROPHY, 2015-05-04 BITEWINGS

The Insurance Tab

From the **Insurance** tab in the Patients window, you can manage your patients’ primary and secondary insurance plans. You can also manage provider IDs, coverage and payment tables, and capitation and incentive plans. For more information on these topics, refer to the “Dental insurance overview” topic in the Easy Dental

Help.

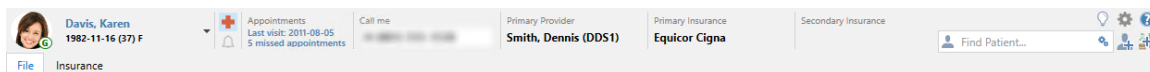


The Patient Banner

The Patient Banner indicates a selected patient's name, birthdate, age, and gender. The letter G in green indicates that the patient is the guarantor of the account. The banner also includes the patient's appointments, phone numbers, primary dental provider, primary and secondary insurance providers, the Submit New Ideas, Settings, Help, Create New Family, and Create New Entity buttons, the Quick Search text box, and the Patient Drop-down.

Click the Settings button to set up and maintain your practice or to set up passwords. Using Quick Search, you can quickly switch from patient to patient in Accounts, Chart, Patient, Treatment Plans, and other modules that require you to select a patient. You can use the Patient Drop-down to edit medical alerts and create appointments.

To learn more, refer to "Patient Banner" in Chapter 11 of this manual or the Patient Banner topics in the Easy Dental Help.



Adding New Family Accounts

Patient files are organized by family. To enter new patients, you must first enter the guarantor, even if that person is not a patient. After entering the guarantor, you can add additional family members.

To add a new family account

1. In the Patient Banner, click the Create New Family button.

The **Add New Patient** dialog box appears.

The screenshot shows a 'Add New Patient' dialog box with the following fields and controls:

- First Name ***: Text input field.
- MI**: Text input field.
- Last Name ***: Text input field.
- Birthdate**: Text input field with a calendar icon.
- Age**: Text input field showing '0'.
- Gender**: Dropdown menu showing 'Male'.
- Street Address**: Two stacked text input fields labeled 'Street Line 1' and 'Street Line 2'.
- City, State, Zip**: A combined dropdown menu with an add button (+).
- Mobile**: Text input field with a label 'Mobile phone'.
- Email**: Text input field with a label 'Email'.
- Office Relationship**: Dropdown menu showing 'Patient'.
- Primary provider ***: Text input field with a 'Find Provider...' button.
- Primary Provider must be selected**: A red error message below the primary provider field.
- Buttons**: 'Save & Create Appointment', 'Save', and 'Cancel' at the bottom.

2. You must add the following information for the new patient:
 - **First Name and Last Name** – Type the patient’s first and last names. If desired, you may also type the patient’s middle initial (**MI**).
 - **Primary provider** – Type the first few letters of the primary provider’s name, and then select the provider from the list.
3. (Optional) Type or select the following information in the appropriate text boxes or lists respectively:
 - **Birthdate** – Type the patient’s birth date or click the calendar button, and then select the birth date from the calendar. The patient’s age is computed automatically.
 - **Gender** – Select the patient’s gender from the list.
 - **Street Address** – Type the patient’s street address.
 - **City, State, ZIP** – Type the patient’s ZIP Code, and then select the City, State, and ZIP code from the list, or click the add button to add a new city and ZIP code.
 - **Mobile** – Type the patient’s mobile phone number.
 - **Email** – Type the patient’s email address.
 - **Office Relationship** – Select the patient’s relationship to your practice from the list (Patient, Non-Patient, or Inactive).
4. Do one of the following:
 - **Save** – Click to save the patient’s information.
 - **Save & Create Appointment** – Click to save the patient’s information and create an initial appointment.

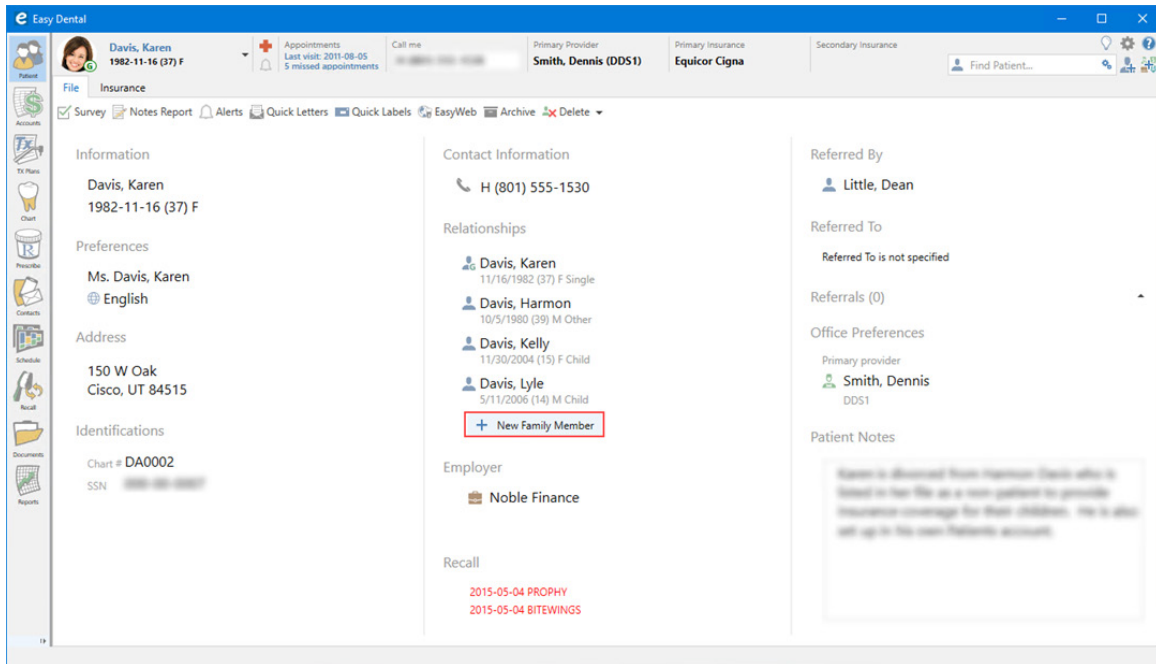
Adding Family Members

After you have entered all the information related to the guarantor, you can add family members. You cannot enter more than 18 family members per family.

Note: The last name, provider, and address default to the guarantor’s. If necessary, you can change this information.

To add a family member

1. In the Patients module, use Quick Search to select the patient you want to add a family member to. The selected patient's information appears in the Patients window.



2. Under **Relationships**, click **New Family Member**.

The **New Family Member** dialog box appears.

The 'New Family Member' dialog box is shown with the following fields and values:

- First Name: [Empty]
- MI: [Empty]
- Last Name: Jones
- Birthdate: [Empty]
- Age: 0
- Gender: Male
- Street Address: 234 Cherry Lane
- Street Line 2: [Empty]
- City, State, Zip: Cisco, UT 84515
- Also update to: Henry Jones (checked)
- Mobile: Mobile phone
- Email: Email
- Office Relationship: Patient
- Primary provider: Smith Junior, Dennis (DDS2)

Buttons at the bottom: Save & Create Appointment, Save, Cancel.

3. You must add the following information for the new family member:
 - **First Name** – Type the patient's first name.
 - **Primary provider** – If different from the guarantor's, type the first few letters of the primary provider's name, and then select the provider from the list.
4. (Optional) Type or select the following information in the appropriate text boxes or lists respectively:
 - **Birthdate** – Type the patient's birth date or click the calendar button, and then select the birth date from the calendar. The patient's age is computed automatically.

- **Gender** – Select the patient’s gender from the list.
 - **Street Address** – Type the patient’s street address.
 - **City, State, ZIP** – Type the patient’s ZIP Code, and then select the City, State, and ZIP code from the list, or click the add button to add a new city and ZIP code.
 - **Mobile** – Type the patient’s mobile phone number.
 - **Email** – Type the patient’s email address.
 - **Office Relationship** – Select the patient’s relationship to your practice from the list (**Patient**, **Non-Patient**, or **Inactive**).
5. Do one of the following:
- **Save** – Click to save the patient’s information.
 - **Save & Create Appointment** – Click to save the patient’s information and create an initial appointment.

Adding New Patients with Appointments

Using the Patient Banner, you can create a new patient and set an appointment for that patient without having to open the Schedule module.

To add a new patient with an appointment

1. In the Patient Banner, click the Create New Family button to create a new patient.

The **Add New Patient** dialog box appears.

The screenshot shows a dialog box titled "Add New Patient" with a close button (X) in the top right corner. The form is organized into several sections:

- Personal Information:** First Name (John), MI (MI), Last Name (Wheeler).
- Demographics:** Birthdate (6/6/1986), Age (33), Gender (Male).
- Address:** Street Address (734 Beech), Street Line 2 (empty), City, State, Zip (Cisco, UT 84515).
- Contact:** Mobile (Mobile phone), Email (Email).
- Office Information:** Office Relationship (Patient), Primary provider (Smith Junior, Dennis, DDS2).

At the bottom of the dialog box, there are three buttons: "Save & Create Appointment" (highlighted in blue), "Save", and "Cancel".

2. Type the patient’s first and last names, select a primary provider, and then click **Save & Create Appointment**.

The **New Appointment Information** dialog box appears.

3. Under **Reason**, click **Initial**.

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

Ex	2BWx	Consult
LimitEx	4BWx	RE-Propy
CompEx	DiagCast	RE-Comp
FMX	Propy	RE-Child
PA	Propy-Ch	PerioEx
+PA	PerMaint	
Pano	EmergTx	

4. Select one or more reasons for the appointment from the list, and then click **OK**.

Under **Reason** in the **New Appointment Reason** dialog box, the appointment reasons you selected appear, a short description appears in the **Desc:** text box, and the length and the amount associated with the appointment reasons appear in their respective boxes.

5. Do the following:

- **Op:** – Select an operator.
- **Date:** – Type or select a date.

6. Click **OK**.

Important: If another appointment is scheduled for the operator and time that you have selected, an error message appears, click **OK** to close the message, and then select another operator and/or time.

Managing Family Relationships

You can manage family relationships using the Patients module. For example, you can combine or separate families or delete patients and families. You can also change the guarantor.

For information on completing these tasks, refer to the Easy Dental Help.

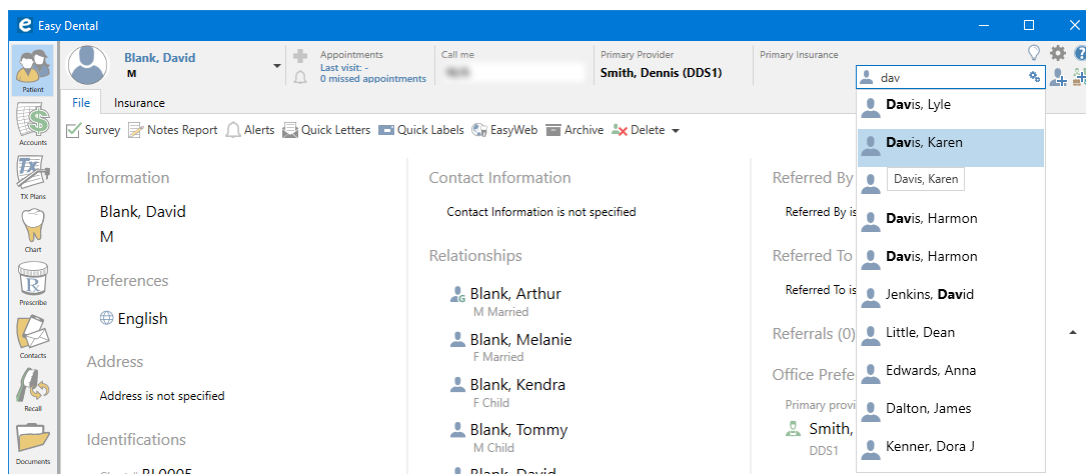
Selecting Patients

To view a patient's information in the Patients module, you must first select the patient. To initiate a patient search, type your search criteria in the Quick Search text box in the Patient Banner.

By default, your research results are more refined as you continue to type characters. For example, if you simply type the letter "a," your search results will include any patient records from any column in which the letter "a" appears. However, if you were to type the letters "dav," your search results would only include those patient records that contained those three letters.

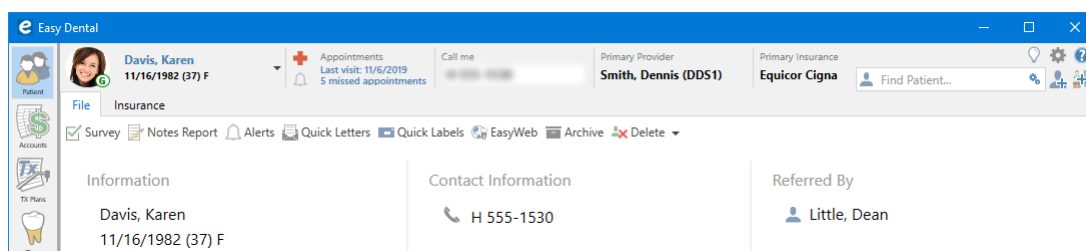
To select a patient

1. In the Quick Search text box in the Patient Banner, type the first few letters of a patient's name. A list of names appears below the Quick Search text box.



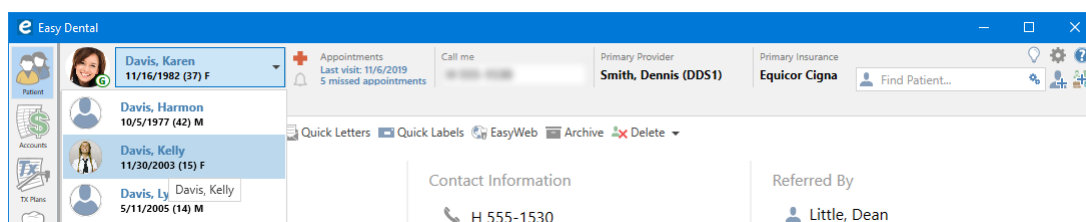
2. Click the desired patient's name.

The information for the selected patient appears in the Patient Banner.



3. To view another member of the family, click the down arrow in the patient name list, and click that family member's name.

The Patient Banner and the Easy Dental module you are using show the information for the selected family member.



Assigning Medical Alerts

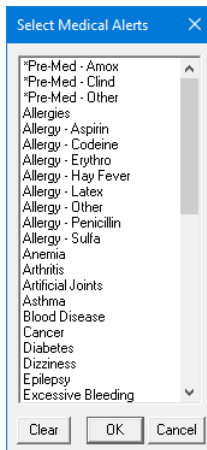
You can assign medical alerts from the Patient Banner.

Important: The HIPAA Privacy Rule established national standards to protect an individual's medical records and other personal health information. The rule applies to health care providers and requires appropriate safeguards to protect the privacy of personal health information and sets limits and conditions on the uses and disclosures that health care providers may make of such information without a patient's authorization.

To assign a medical alert

1. In the Patient Banner, click the Medical Alerts icon.

The **Select Medical Alerts** dialog box appears.



2. Select all applicable medical conditions for the selected patient, and then click **OK**.

If you haven't previously assigned a medical alert to the selected patient, the Medical Alerts icon turns red indicating that the patient has a medical alert.

Patient Picture

Patient Picture displays a full-color picture in the Patient Banner in all but the Recall and Reports modules.

You can take pictures using a webcam, digital camera, or other TWAIN device, or you can browse for and select images from local and network folders to import into patient picture. You can import image files with any of the following extensions:

- bmp
- jpg
- tif
- gif
- png
- jpeg

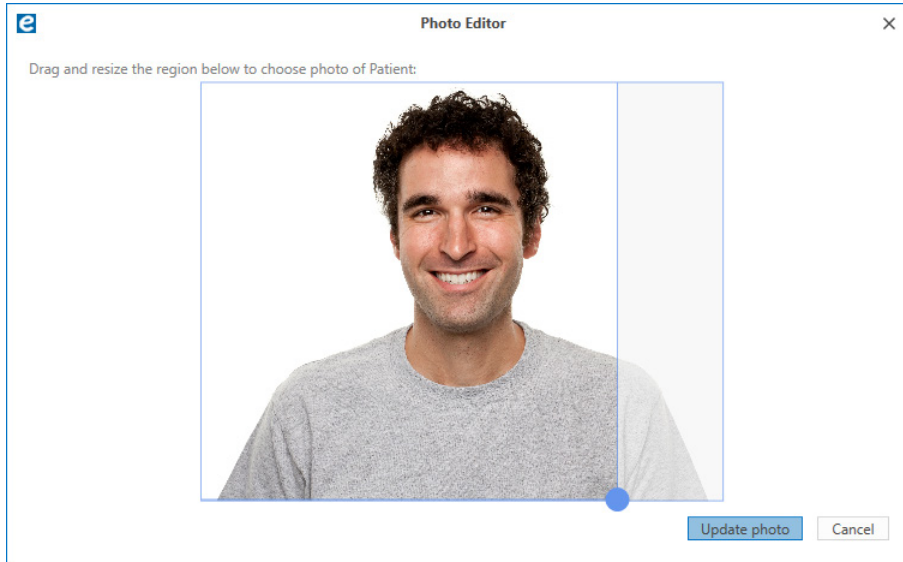
To learn more, see "Patient picture" in the Easy Dental Help.

Note: This list is not exhaustive. There are other, less popular, supported graphic file extensions.

To acquire a patient's picture from the Clipboard

1. Use Quick Search to select the patient whose picture you want to acquire.
2. Copy the patient's picture using the Microsoft Windows Copy command.
3. In the Patient Banner, click Edit Photo icon.
4. In the Edit Photo menu, click **Use from Clipboard**.

The **Photo Editor** dialog box appears.



5. Drag the blue dot to re-size the photo, and then click **Update photo**.

The patient's picture appears in the Patient Banner.

Viewing Patient Notes

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

This section covers the following topics:

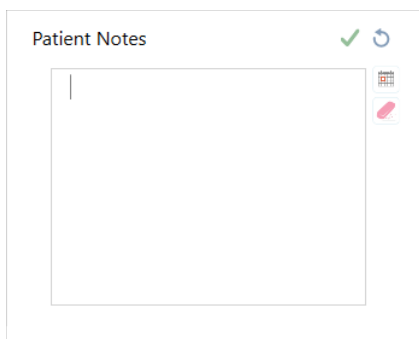
- Entering or Editing the Patient's Notes
- Printing the Patient Notes Report

Entering or Editing Patient Notes

You can create notes for all of your patients. For instance, you can use patient notes to record a patient's hobbies, interests, or financial arrangements.

To enter or edit patient note

1. In the Patients module, use Quick Search to select the patient you want to create a new note for.
The selected patient's file appears.
2. Click **Patient Notes**, and then click the Edit icon.
The **Patient Notes** text box and icons become active.



3. To insert the current date, click the Insert Date icon.
4. Type the patient's hobbies, interests, financial arrangements, or any other notes useful to your practice.

Note: Note size is limited to 4,000 characters.

5. To save the note, click the Save Changes icon.

Notes:

- To delete a patient's notes, click the Clear notes icon.
- To reverse any changes, click the Discard Changes icon.

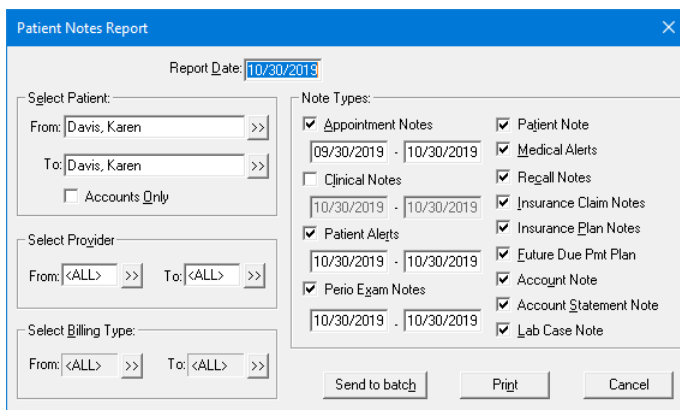
Printing the Patient Notes Report

You can print a report of all notes entered for the patient in Easy Dental from the Patients module.

To print the Patient Notes Report

1. In the Patients module, use Quick Search to select the patient you want to create a report for.
2. In the Patients toolbar, click Notes Report button.

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



3. If necessary, change the Patient, Provider, or Billing Type ranges in the report.
4. To print a range of patients and only include the guarantor for each account, select **Accounts Only**.
5. Select the types of notes that you want to include in the report:
 - **Appointment Notes** – Prints all notes attached to appointments scheduled within the date range you enter.
 - **Clinical Notes** – Prints all clinical notes entered in the Chart module within the date range you enter.

- **Patient Alert Notes** – Prints notes entered in the **Patient Alerts** dialog box for the selected patient within the date range you enter.
 - **Perio Exam Notes** – Prints all notes entered in the Diagnostics section in the Perio module within the date range you enter.
 - **Patient Notes** – Prints all notes entered in the **Patient Notes** field in the Patients module.
 - **Medical Alerts** – Prints all medical alerts for the patient.
 - **Recall Notes** – Prints the Recall Note added in the **Recall Information** dialog box.
 - **Insurance Claim Notes** – Prints all notes entered for insurance claims.
 - **Insurance Plan Notes** – Prints all notes attached to the patient’s insurance carrier.
 - **Future Due Payment Plan Notes** – Prints all notes attached to a Future Due Payment Plan set up for the patient.
 - **Account Note** – Prints the account note entered in the Accounts module.
 - **Account Statement Note** – Prints the Account Statement Note entered in the Accounts module.
 - **Lab Case Note** – Prints the note entered for the patient’s current lab case.
6. Do one of the following:
- Click **Print** to print the report now.
 - Click **Send to Batch** to send the report to the Batch Processor for printing or viewing at a later time.

Assigning Employers to Patients

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

You can also add employers using the Patient Banner. To learn more, see “Adding employers” in the Easy Dental Help.

This section covers the following topics:

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

To assign an employer to a patient

1. Use Quick Search to select the patient you want to assign an employer to.

The patient you selected appears in the Patients module.

2. Click the **Employer** pane, and then click the Edit icon.

The Employer Search text box appears.

3. Type the first few letters of the employer’s name, and then select the patient’s employer from the list.

Note: If the patient’s employer doesn’t appear in the list, add the employer. See “Adding employers” in the Dentrix Help.

4. To save your selection, click the Save Changes icon.

Changing Patients' Employers

When your patients change employers or a patient's current employer changes its name, address, or phone number, you can change that information. Any changes to the current employer information affects other patients who have the same employer.

To change a patient's employer

1. Use Quick Search to select the patient you want to change the employer for.

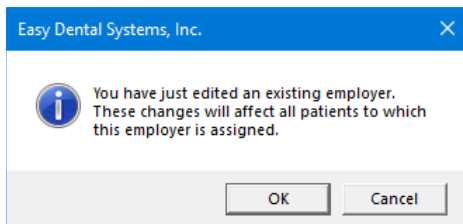
The patient you selected appears in the Patients module.

2. Click the **Employer** pane, and then click the Edit icon.
3. To edit the employer's name, address, and/or phone number, click the employer's name.

The **Employer Information** dialog box appears.

4. Click **OK**.

The following message appears.



6. To complete the changes, click **OK**.
7. To add or select a new employer, click the Clear Employer icon, and then select the patient's new employer or add a new employer.
8. To save your changes, click the Save Changes icon.

Dental Insurance Overview

Whenever you add a family member to an account, you must assign insurance coverage to that family member. To view a patient's insurance coverage, click the **Insurance** tab in the Patients module.

Note: You can enter, edit, and combine multiple insurance companies from a central location by clicking the Settings toolbar button in Patient Banner. For a complete explanation of working with dental insurance plans, refer to the Easy Dental Help.

This section is divided into the following topics:

- Entering New Insurance Plans

- Assigning Insurance to Subscribers
- Assigning Insurance to Non-Subscribers
- Changing Insurance Carrier Information
- Clearing Insurance Coverage

Entering New Insurance Plans

You can add new insurance plans to ensure that your database contains the most current information.

Note: With some patients, you may need to create a secondary dental insurance claim in addition to the primary claim. For information on how to do this, see “Creating secondary insurance claims” and related topics in the Easy Dental Help.

To enter a new insurance plan

1. Use Quick Search to select the patient you want to enter insurance plan information for.
2. In the Patient Banner, click the Create New Entity toolbar button, and then click **New Insurance**.

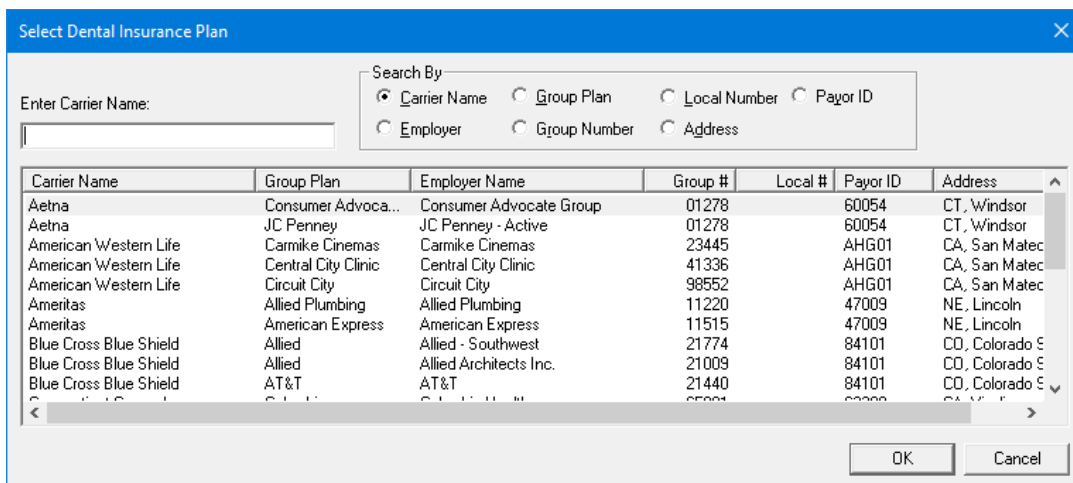
The **Dental Insurance Plan Information** dialog box appears.

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

- Carrier Name: [] >>
- Group Plan: [] >>
- Employer: [] >>
- Street Address: []
- City, ST Zip: [] [] []
- Phone: [] Ext: []
- Contact: []
- Group #: [] Local: []
- Last Update: 10/25/2019
- Benefit Renewal: January
- Claim Format: ECSFORM Alt Code: ADA
- Fee Schedule: <NONE> >>
- Payer ID: [] >> Provider ID Setup
- National Plan ID: []
- Source of Payment: [None]
- Insurance Claim Options:
 - Replace initial character of procedure code with:
 - Do Not Include Dental Diagnostic Codes
 - Do Not Include Group Plan Name
 - Do Not Bill to Dental Insurance
 - Print Name for Provider's Signature on Claims
- Buttons: Clear, OK, Cancel

3. Click the **Carrier Name** search button.

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



4. To avoid making a duplicate entry, under **Enter Carrier Name**, type the first few letters of the carrier name, and if the patient's carrier does not appear in the list, do one of the following:
 - Select the carrier from the list, and then click **OK**.
 - Click **Cancel** if the carrier does not appear in the list.
5. In the **Dental Insurance Plan Information** dialog box, complete the following tasks as necessary:
 - **Carrier Name** – Type the carrier's name.
 - **Group Plan** – Type the group plan's name. If you do not have a group plan name, type the employer's name.

Note: If you do not have a group plan name, use the employer name as the group plan name to help you when you are assigning previously entered insurance carriers to patients.

- **Employer** – Click the search button and select the appropriate employer. If the employer is not in the list, add it.
- **Street Address, City, ST, ZIP** – Type the mailing address for claims.
- **Phone and Ext** – Type the carrier's phone number and extension.
- **Contact** – Type the name of the carrier's contact person.
- **Group # and Local** – Type the group number for the plan. If this is a union plan, type the local's number too.
- **Last Update** – Type the date for the last time you updated the insurance information. Easy Dental does not update this field automatically.
- **Benefit Renewal** – Select the month that benefits renew from the list.
- **Claim Format** – If the carrier requires a claim form other than the standard ADA form, select an alternate from the list.

Notes:

- ECSFORM is the default claim format for new insurance plans and is the standard ADA form that you generate using a laser printer. When you select ECSFORM, you can print claim forms or send them electronically.
- If you print claim forms, the insurance claim form and the information for the claim are included. You can create most insurance forms using the ECSFORM form.

- Some insurance carriers do not accept standard ADA forms and require you to use their form. Easy Dental integrates with many carriers' forms. If you need to use a carrier specific form, contact Easy Dental Support for assistance in setting this up.
- For carrier specific forms, the correct information is printed in the correct location on the form, but the form does not print. You must purchase pre-printed forms for these carriers.
- **Alt Code** – If the carrier requires a code other than the ADA procedure codes, select an alternate from the list.
- **Fee Schedule** – Select a fee schedule from the list.

Note: If you attach a fee schedule to an insurance carrier, that fee schedule is used instead of the fee schedule attached to the patient's primary provider. However, if you select a fee schedule for the patient, that fee schedule is used instead of the one attached to the carrier. This depends on the claim form that you select, since some claim forms are designed to print a specific fee schedule.

- **Provider ID Setup** – If you subscribe to eClaims, click to specify an insurance ID or a provider. To learn how to set up multiple IDs for a provider, see “Adding provider IDs” in the Easy Dental Help.
 - **Payor ID** – If you subscribe to eClaims, type the ID or click the search button and select the ID from the list.
 - **National Plan ID** – If you subscribe to eClaims, type the plan ID for this carrier.
 - **Source of Payment** – If you subscribe to eClaims, select the appropriate payment source from the list.
6. Under **Insurance Claim Options**, do one or more of the following:
- **Replace initial character of procedure code with** – Select if the carrier requires the new ADA CDT-3, CDT-4, or CDT-5 codes, and you have not converted all of your codes to this format. Type the letter that replaces the initial character of each procedure code.
 - **Do Not Include Dental Diagnostic Codes** – Select if you do not want to include dental diagnostic codes on the insurance claims for this carrier. This option depends on the claim form that you selected, since some forms do not print diagnostic codes.
 - **Do Not Include Group Plan Name** – Select to prevent the group plan name from printing on the claim form or from being sent electronically.
 - **Do Not Bill to Dental Insurance** – Select to prevent creating batch insurance claim forms for the carrier and to exclude the procedures from the Procedures Not Attached to Insurance Report. To learn more, see “Creating procedures not attached to insurance reports” and “Creating batch insurance claims” in the Easy Dental Help.
7. Click **OK**.

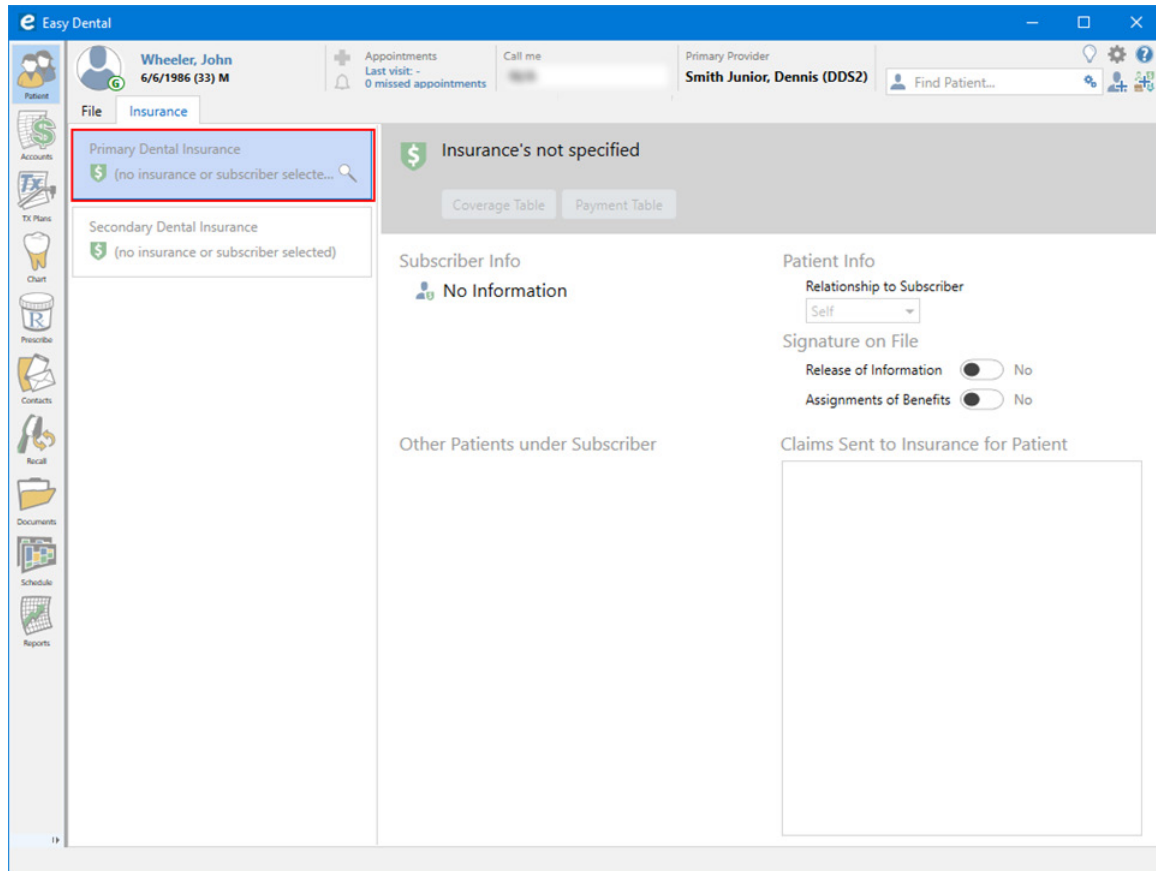
Assigning Insurance to Subscribers

To assign insurance to a patient, you must list the insurance subscriber as a family member in the Patients module. You must set the status of subscribers, who are not patients, to non-patient in the subscriber's patient information.

To assign insurance to a subscriber

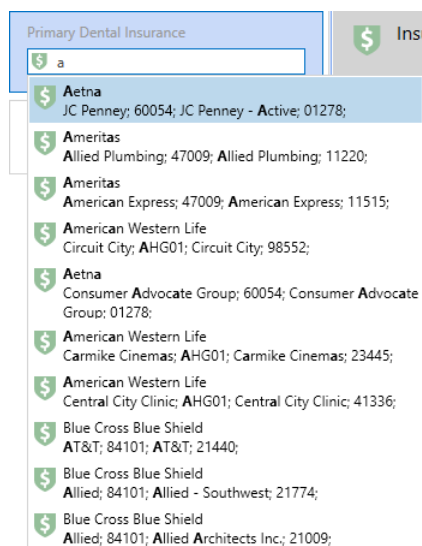
1. Use Quick Search to select the subscriber you want to assign insurance to.
2. Click the **Insurance** tab.

The insurance information for the subscriber appears.



3. Click the Select insurance or subscriber icon in the **Primary Dental Insurance** pane.

The **Primary Dental Insurance** search box appears.



4. Type the first few letters of the carrier's name, and then select the carrier from the list.
The selected patient's name and the carrier appear in the **Primary Dental Insurance** pane.
5. Do one or more of the following:
 - **Release of Information** – Set to **Yes** to print "Signature on File" on the insurance claims for the subscriber to authorize release of information.

Note: You can also set this option in the **Preferences** dialog box so that it will be selected by default.

- **Assignment of Benefits** – Set to **Yes** to authorize payments directly to the provider rather than the insurance subscriber.

Note: You can also set this option in the **Preferences** dialog box so that it will be selected by default.

6. Make sure that the **Subscriber ID** number is correct.

Note: The subscriber's Social Security number is automatically entered as the subscriber ID; however, HIPAA regulations allow you to use any unique number.

7. Under **Relationship to Subscriber**, make sure that the selected option is correct.

Note: This option is selected automatically.

8. To save your changes, click the Save Changes icon.

Assigning Insurance to Non-Subscribers

When you assign insurance to patients who are not insurance subscribers, remember the following:

- You must assign insurance to the subscriber before you can assign that insurance to another patient covered by the subscriber.
- Insurance subscribers must be part of the same family as the patient you are assigning the insurance to.

To assign insurance to a non-subscriber

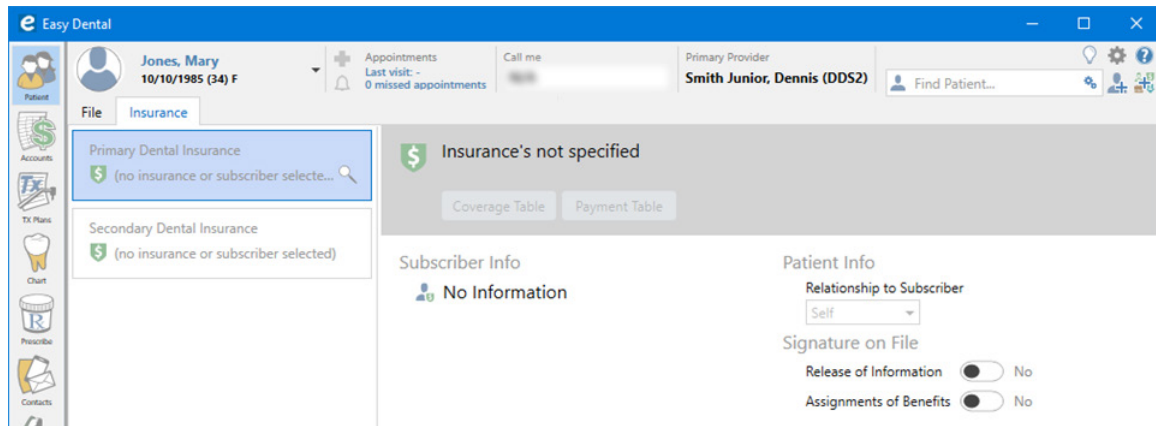
1. Use Quick Search to select the insurance subscriber.
2. Click the **Insurance** tab.

The insurance information for the subscriber appears.

The screenshot shows the 'Easy Dental' software interface. At the top, the patient 'Jones, Henry' (DOB: 12/16/1983, 35 M) is selected. The 'Insurance' tab is active, showing 'Primary Dental Insurance' for 'Jones, Henry' with Prudential - 90% 68241. Below this, 'Secondary Dental Insurance' is listed as '(no insurance or subscriber selected)'. The 'Subscriber Info' section shows 'Jones, Henry' with a 'Subscriber ID' field. The 'Patient Info' section shows 'Relationship to Subscriber' as 'Self'. The 'Signature on File' section has 'Release of Information' and 'Assignments of Benefits' both set to 'Yes'. The 'Other Patients under Subscriber' section lists 'Jones, Anne' (DOB: 10/7/2012, 7 F Child). A warning message states: 'Changes to the subscriber information will affect all covered patients'. The 'Claims Sent to Insurance for Patient' section is empty.

3. If you haven't done so already, add the non-subscriber patient to the subscriber's account.
4. In the Family Member List in the Patient Banner, select the non-subscriber, and then click the **Insurance** tab.

The Patients window displays the non-subscriber's insurance information.



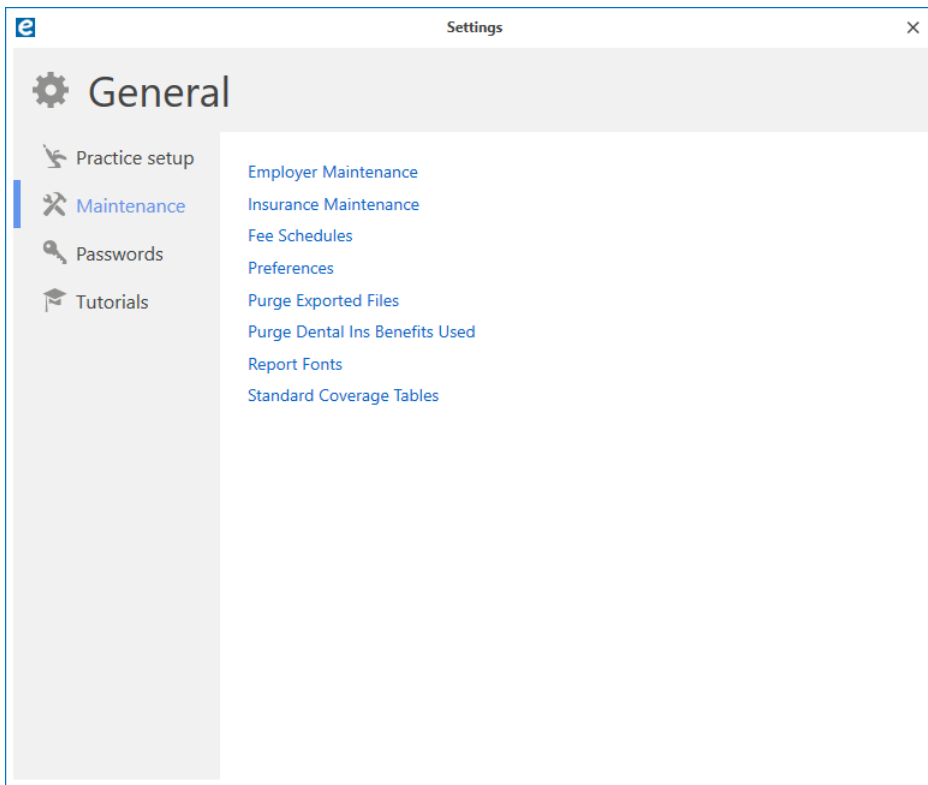
5. In the **Primary Dental Insurance** pane, click the Select insurance or subscriber icon, and then select the subscriber's insurance carrier.
6. Do one or more of the following:
 - **Release of Information** – Set to **Yes** to print “Signature on File” on the insurance claims for the subscriber to authorize the release of information.
Note: You can also set this option in the **Preferences** dialog box so that it will be selected by default.
 - **Assignment of Benefits** – Set to **Yes** to authorize payments directly to the provider rather than the insurance subscriber.
Note: You can also set this option in the **Preferences** dialog box so that it will be selected by default.
7. Under **Relationship to Subscriber**, make sure that the selected option is correct.
Note: This option is selected automatically.
8. To save your changes, click the Save Changes icon.

Changing Insurance Carrier Information

If a subscriber's insurance carrier changes its name and address, you can change this information, rather than clearing the information and adding the carrier again.

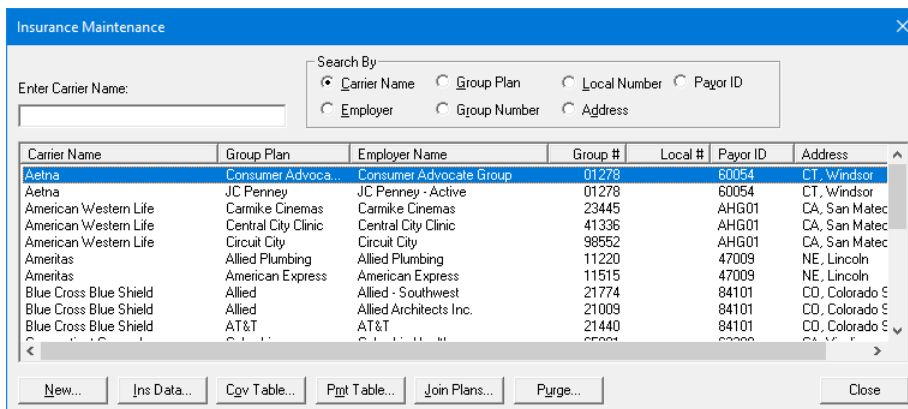
To change the information for an insurance carrier

1. Use Quick Search to select the patient you want to change insurance carrier information for, and then click the **Insurance** tab.
2. In the Patient Banner, click the Settings button.
 The **Settings** dialog box appears.



3. Click **Maintenance**, and then click **Insurance Maintenance**.

The **Insurance Maintenance** dialog box appears.



4. Select the carrier whose information you want to change, and then click **Ins Data**.

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

5. Make any necessary changes, and then click **OK**.
The **Insurance Plan Change** dialog box appears.

6. Select one of the following options:
 - **Change Plan for All** – To change the carrier information for all subscribers of the insurance plan.
 - **Add as New Plan** – To copy the insurance information for the current subscriber and add the changed insurance plan without changing the original plan.
7. Click **OK**.

Clearing Insurance Coverage

You can clear the insurance coverage from a patient's record.

To clear insurance coverage from a patient's record

1. Use Quick Search to select the patient you want to clear insurance carrier information for, and then click the **Insurance** tab.
2. In the **Primary** or **Secondary Dental Insurance** pane, click the Remove patient's insurance icon.
The patient's insurance is cleared.

Assigning Recall

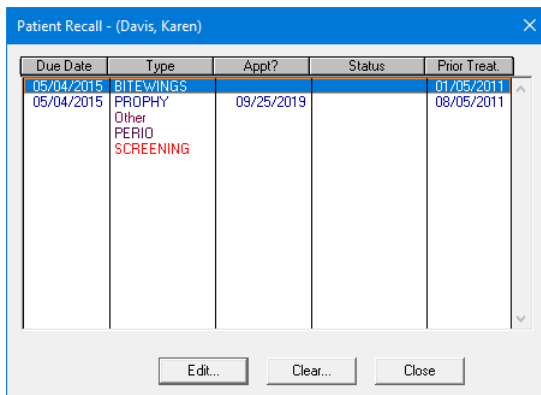
From the Patients module, you can set recall defaults and select the recall types that you want to attach to each patient. You can set up to five recall types in Easy Dental and customize them for your practice:

- Prophyl
- Lab Case
- Other
- Perio
- Screening

To assign recall to a patient

1. Use Quick Search to select the patient you want to assign a recall type to.
2. Click the **Recall** pane, and then click the Edit icon.

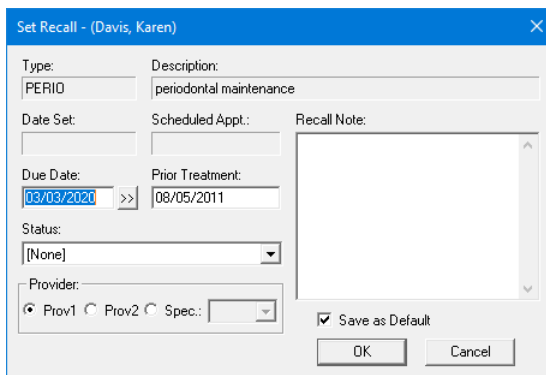
The **Patient Recall** dialog box appears.



Note: If a patient has a procedure entered as completed in the Accounts or the Chart module and that procedure already has a recall flag, such as prophyl, assigned to it, the recall type is automatically attached to the patient.

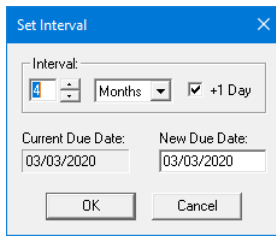
3. Double-click the recall type that you want to set.

The **Set Recall** dialog box appears.



4. To set the interval for the patient's recall, click the **Due Date** search button.

The **Set Interval** dialog box appears.



5. Do one or more of the following, and then click **OK**:
 - To change the interval between the patient's recall visits, under **Interval**, select the number of days, weeks, months, or years between the patient's recall visits. To extend the interval an extra day to prevent insurance billing problems, select **+1 Day**.
 - (Optional) To change the current due date, under **New Due Date**, type an alternate date.
6. From the **Set Recall** dialog box, do the following:
 - (Optional) Under **Prior Treatment**, type the date of the patient's last recall visit.
Note: This date is automatically updated once you have seen the patient for the recall reason.
 - From the **Status** list, select the recall status you want to assign to the patient.
Note: Statuses are used primarily to generate recall lists.
7. Under **Provider**, do one of the following:
 - **Prov1** – Click if you want recall appointments to default to the patient's primary provider.
 - **Prov2** – Click if you want recall appointments to default to the patient's assigned secondary provider.
 - **Spec** – Click if there is a specific provider you want this patient to see for recall appointments, and then select the provider from the list.
8. Type a note in the **Recall Note** field.
The note will print on recall cards for this patient.
Note: To hide a note, click at the front of the note, and then press Ctrl + Enter. A hidden symbol is inserted that appears as a blank line in the **Recall Note** field. Any text after the symbol will not print on your cards.
9. To set this recall type for the current patient, click **OK**.

Assigning Referrals

In the Patients module, you can indicate and view who referred a patient from the **Referred By** pane. Similarly, you can view to whom you referred a patient from the **Referred To** pane. You can enter, edit, and access information about the individual or source who referred a patient to your practice. To learn more, refer to the Easy Dental Help.

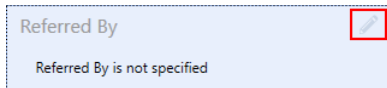
Entering Referred By Referrals

You can keep track of your patients who provide your practice with referrals.

To add a Referred By referral

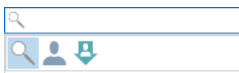
1. If you haven't done so already, add a new account for the referred patient.
2. In the Patients window, click the **Referred By** pane.

The **Referred By** pane becomes active.



3. Click the Edit icon.

The Search text box appears.



Note: By default, you can select the referral source with Quick Search. You can narrow your search parameters by clicking the Search in Patients only or the Search in Referred By only icons, and then typing the first few letters of the source's name in the search text box.

4. Select the referral source from the list resulting from your search.
5. To save the result of your search, click the Save Changes icon.

Referring Patients

Occasionally, you may need to refer a patient to another doctor or specialist. You can track the referrals that you have sent to other doctors and/or specialists.

To learn more, refer to the Easy Dental Help.

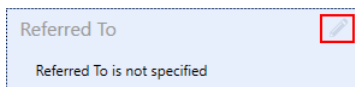
To refer a patient

1. In the Patients module, select the patient you want to refer to another provider.

The selected patient's file appears.

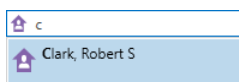
2. Click the **Referred To** pane.

The **Referred To** pane becomes active.



3. Click the Edit icon.

The Search text box appears.



4. Type the first few letters of the doctor's name, and then select the doctor you want to refer the patient to.

The doctor's name, address, phone number, and the number of referrals you've made to the doctor appear in the **Referred To** pane.

5. To save the result of your search, click the Save Changes icon.

Archiving Patients

You can archive patients who you consider inactive. Archiving patients simplifies your patient database and makes patient selection faster and easier. You can archive any patient with the following exceptions:

- You cannot archive patients with future due payment plans or outstanding insurance claims.
- You cannot archive guarantors until you have archived all other family members.
- You cannot archive guarantors if they have a payment agreement or a balance.

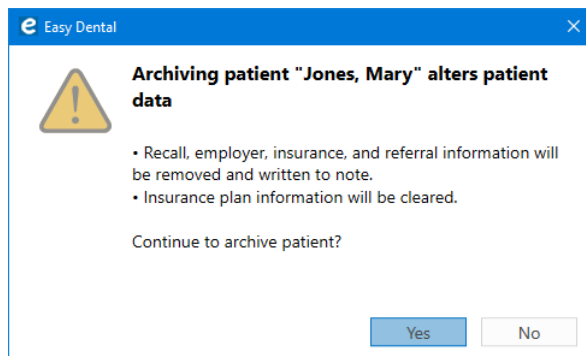
When you archive a patient, the following occurs:

- All appointments for the patient are deleted and an entry is added to the Contacts module.
- All recall, employer, insurance, and referral information is deleted and is added to Patient Note. You can view the note after the patient is archived.
- Addresses, procedures, insurance claims, payments, adjustments, medical alerts, prescriptions, and patient surveys are still stored in case you re-activate the patient.
- You cannot edit patient information while a patient is being archived.
- Archived patients only appear in the **Select Patient** dialog box if you select **Include Archived Patients**.
- Archived patients appear on a report or in a module with an "<Archived>" or "<A>" in front of the name.

To archive a patient

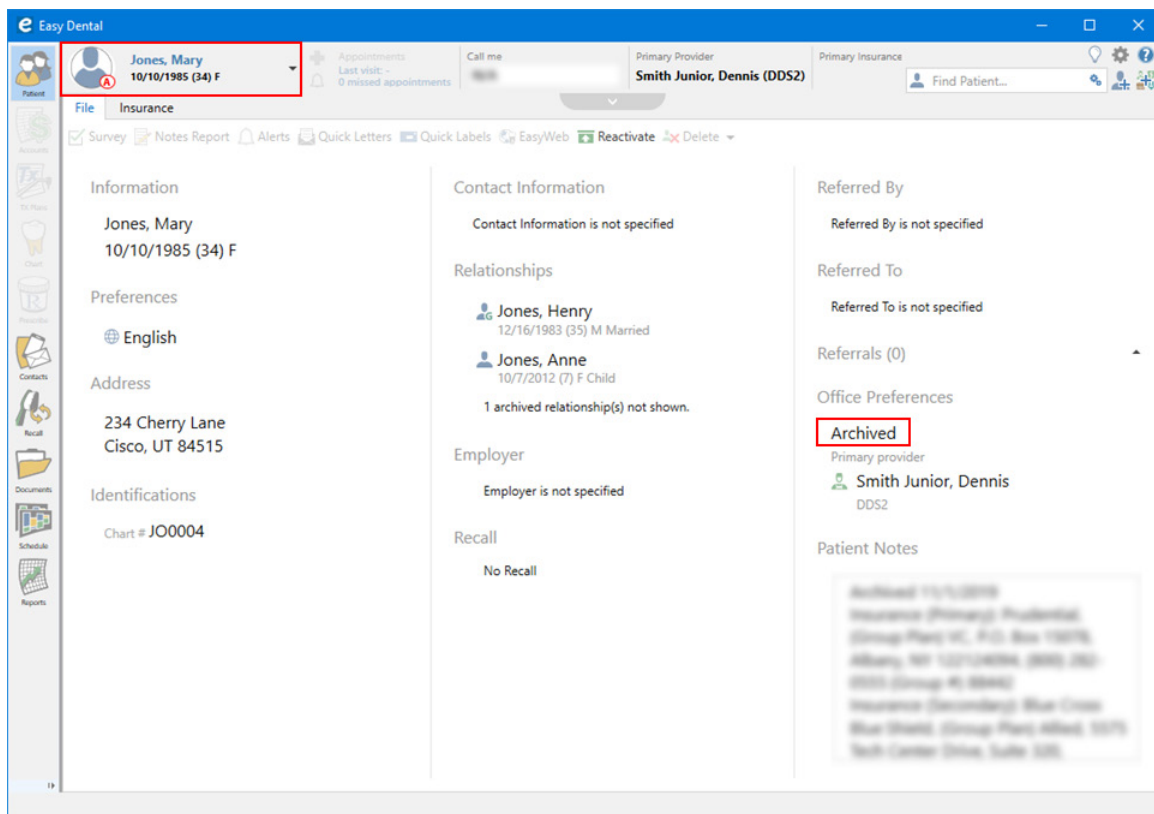
1. Use Quick Search to select the patient you want to archive.
2. In the Patients toolbar, click the Archive button.

The Continue to Archive Patient message appears.



3. To continue, click **Yes**.

The patient's status changes to Archived in the Patient Banner and the Patients window.



Reactivating Archived Patients

You can reactivate patients you have archived.

Important: Although you can reactivate archived patients, you should consider archiving a permanent action, since archiving significantly changes a patient's data, and you cannot easily restore some of that data later. We recommend that you only archive patients if you are fairly certain that they will not return to active status (for example, if they are deceased).

To reactivate an archived patient

1. In Quick Search, click the Set Search Parameters icon, and then click **Search in Archived Patients**.
A list of patients appears.
2. Do one of the following:
 - Select the patient you want to reactivate from the list.
 - Type the first few letters of the archived patient's name in the Quick Search text box.
The archived patient appears in the Patient Banner and the Patients window.
3. To reactivate the patient, click the Reactivate toolbar button.
The patient is reactivated.

Chapter 4: Schedule

The Easy Dental Schedule is an electronic scheduler that you can use to manage your patient appointments without paper. Toolbars help you navigate the book, search for available appointment times, schedule appointments, organize appointments and notes, and handle the common tasks that you need to perform throughout the day.

This chapter covers the following topics:

- The Schedule Module Window
- Setting Custom Views
- Finding Available Appointment Times
- Scheduling Appointments
- Scheduling Events
- The Schedule Lists
- Managing Appointments
- Printing from the Schedule
- Changing Practice Hours
- Notes and Alerts
- Easy Day Planning

The Schedule Module Window

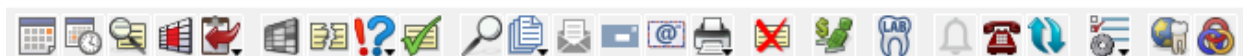
The Schedule module window consists of the following areas:

























- Patient Banner
- Toolbar
- Date bar
- Easy Provider Tracking Columns
- Day Search buttons
- Schedule of Appointments
- The Schedule Clipboard
- View buttons

The screenshot displays the 'Easy Dental' software interface. At the top, the patient banner shows 'Davis, Karen' with a photo and contact information. Below this is a toolbar with various icons for patient management, appointments, and communication. The main area is a schedule grid for 'Friday - November 8, 2019', organized into eight operator periods (OP-1 to OP-8). Each period contains appointment blocks for different providers, including 'Little, Brian', 'D'Connell, Sarah', 'Keller, Nina', 'Schow, Lawrence', and 'Jones, Henry'. The appointments are color-coded and include details like 'CompEx, FMX', 'PeriodicX, 48W', and 'DDS1'. The right side of the window features navigation and view controls.

The Schedule Toolbar




The Schedule toolbar is a collection of command buttons that allows you to initiate commands. The name and function of each button appears below.



Button	Name	Function
	Schedule Appointment	Click to schedule an appointment.
	Find Available Time	Click to search for available time blocks.
	Find Appointment	Click to search for appointments.
	Schedule Event	Click to schedule holidays and other events when your practice will be closed.
	Move to Clipboard	Click to open the Clipboard menu from which you can move appointments and events to the Clipboard.
	Easy Day Planning	Click to optimize scheduling.
	Break Appointment	Click to move broken or missed appointments to the Unscheduled list.
	Status	Click to select a status for appointments.
	Set Complete	Click to set an appointment to complete.
	View	Click to create custom views for the Schedule.
	Lists	Click to open the Lists menu.
	Quick Letters	Click to compose custom letters.
	Quick Labels	Click to print custom labels.
	Send Message	Click to send an e-mail message. You must install a MAPI-compliant electronic messaging system to use this feature.
	Print	Click to open the print menu from which you can print schedule views or route slips.
	Delete Appointment	Click to delete the selected appointment and remove it from all lists.
	Treatment Manager	Click to open the Treatment Manager module.
	Lab Case Manager	Click to open the Lab Case Manager.
	Patient Alerts	Click to know whether a patient has a medical or other alert.
	Auto Dial	Click to dial patients automatically.
	Refresh	Click to update the Schedule's calendar if you have made changes.
	Setup	Click to open the Setup menu.
	Easy Web	Click to open the WebSync Wizard from which you can set up WebSync's options and features. Using WebSync you can synchronize Easy Dental information with eCentral.
	easylink	Click to link Easy Dental with digital X-ray and imaging systems.

The View Toolbar

You can use the View toolbar to change your view of the schedule of appointments. The View toolbar consists of the following buttons.

Button	Name	Function
	Day View	Lets you view the schedule of appointments for a single day. This is the default view.
	Week View	Lets you view the schedule of appointments for a week at a time.
	Month View	Lets you view the schedule of appointments for a month at a time.

Date Bar

The Date Bar shows the dates of the appointments according to the day, week, or month view that you select.

Provider Tracking Columns

A color column is displayed for each provider selected for that view. A colored block in that column indicates that the provider is scheduled to work on a patient during the blocked time. If a provider has been double-booked, the color block displays white with stripes in the color assigned to that provider. If the provider column is dark blue, the provider is not available at the selected time.

Day Search Buttons

Click the right arrow to move the calendar forward one day. Click the left arrow to move the calendar back one day. Clicking the “T” between the arrows returns you to the current day.

Schedule of Appointments

The schedule of appointments area displays the basic, customizable appointment information. By default, a color is assigned to each provider to help you quickly determine which provider the patient is seeing. To open the **Appointment Information** dialog box, which shows more information about the appointment and patient, double-click the appointment from the schedule of appointments.


The Hover Window

Using the Hover window, you can view additional event, patient, and appointment information without double-clicking an event or an appointment. The Hover window combines information contained in the **Appointment Information** and the **Patient Information** dialog boxes.

To view patient information through the Hover window

In the Schedule, place the mouse pointer over a partial-day event or an appointment.

The Hover window appears.

Davis, Kelly	
	ExtEval 08/05/2010 8:00am - 9:00am DDS1 - Dennis Smith
11/30/1989 20 - Female	OP-1 - Amount: \$91.00 Type: General Schedule: FIXED Status: <none>
	Home Phone: 797-1530 Work Phone: Mobile Phone: E-Mail: Chart #: DA0003 Insurance Plan: Principal Financial Group Referred By: Account Balance: 0.00
Appt Notes:	

The Schedule Clipboard

From the Schedule Clipboard, you can reschedule an appointment to another day by dragging the appointment to the Schedule Clipboard and releasing it. The appointment stays there until you place it at another appointment location or until you close the Schedule module.

Note: You can also place an appointment on the Schedule Clipboard by clicking the Clipboard Button from the **Appointment Information** dialog box or from the Schedule toolbar.

To move a scheduled appointment to the Schedule Clipboard

1. From the schedule of appointments area, select the appointment that you want to move to the Schedule Clipboard.
2. In the Schedule toolbar, click Clipboard, and then from the menu, click **Selected Appointment**.

The appointment appears in the Clipboard List.

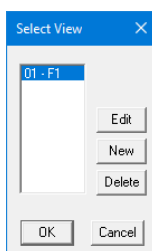
Note: For more information on the Schedule Clipboard, see “The Schedule Clipboard” in the Easy Dental Help.

Setting Custom Views

You can customize what you see in your Schedule window. You can even set up different views for each computer. For instance, you set up one computer to view hygiene appointments only in one operatory and a specific provider’s appointments in another. You can also choose what information appears on each line of an appointment in the schedule of appointments area.

1. In the Schedule toolbar, click the View button.

The **Select View** dialog box appears.



2. Do one of the following:
 - To create a new view, click **New**.
 - To edit a view, select it, and then click **Edit**.

- To delete a view, select it, and then click **Delete**.

The **View Setup** dialog box appears.

- Select the provider or providers that you want to assign to this view.

Note: Selecting a provider displays the provider tracking column along the left side of the Schedule for the selected provider. Appointments scheduled in a displayed operatory will always show regardless of the provider assigned to the appointment.

- Select the operatories that you want to view.

Note: You may view up to ten operatories at a time.

- Under **Select Days**, select the days that you want to view.

- Under **Appointment Display Info**, select the information that you want to display from the lists:

- | | |
|-------------------------|------------------|
| • No information [None] | • Work Phone |
| • Name | • Chart Number |
| • Appointment Reason | • Provider |
| • Home Phone | • Preferred Name |

Note: The blocks of time you set in practice setup allow you to view several lines of information depending on the length of the patient's appointment. You can choose the information that you want to display in the Schedule and prioritize up to eight lines of information. You can view Appointment Reason on two consecutive lines so that more ranges are displayed.

- The following view options are set by default:

- View Appt. Notes** – Places a note symbol in the upper-right corner of any appointment that has a note.
- View Patient Alerts** – Places a medical alert symbol in the upper-right corner of an appointment for patients with medical alerts.
- View Provider Columns** – Displays the Easy Provider Tracking Column along the left side of the Schedule.

Note: If you select work phone, preferred name, chart number, or patient alerts, the Schedule may become a little slower because more fields are read.

- Click **OK**.

Changing Views

From the View toolbar, you can switch between the following Schedule views:

- Day View** – The Day View is the default view when you first open the Schedule. Only appointments scheduled for the selected day appear in the schedule of appointments area. You may also press the Ctrl and D keys simultaneously to switch to this view.
- Week View** – You may view the entire week's appointments for the operatories by clicking Week View from the toolbar. You may also press the Ctrl and W keys simultaneously to switch to this view.
- Month View** – By clicking Month View from the toolbar, you can see scheduled production for each day of a month and quickly move between days. You may also press the Ctrl and M keys simultaneously to switch to this view.

Finding Available Appointment Times

Let the Schedule find open time blocks for you. All you have to do is enter a few items of information and the Schedule will generate a list of available time slots.

- In the Schedule toolbar, click the Schedule Appointment button.

The **Select Patient** dialog box appears.

Name	Birthday	Provider	Status
*Davis, Harmon	10/05/1960	DDS1	
*Davis, Karen	11/16/1982	DDS1	
Davis, Kelly	11/30/2003	DDS1	
Davis, Lyle	05/11/2005	DDS1	
Edwards, Anna	08/20/1967	ENDO	
*Edwards, John	07/14/1963	ENDO	
Edwards, John	03/20/1999	ENDO	

- Type the first few letters of the patient's last name, select the patient from the list, and then click **OK**.

The **New Appointment Information** dialog box appears.

3. Click **Find**.

The **Find New Appointment Time** dialog box appears.

4. Do the following:

- **Select Provider(s)** – From the list, select one or more providers.
- **Select Op(s)** – From the list, select one or more operatories.
- **Select Days** – Clear the days that you do not want to include in the search.

5. To select a starting date other than the current date, do one of the following:

- Type the date to start searching from in the **Start Date** text box.

- Click the **Start Date** search button and select a starting date from the calendar.

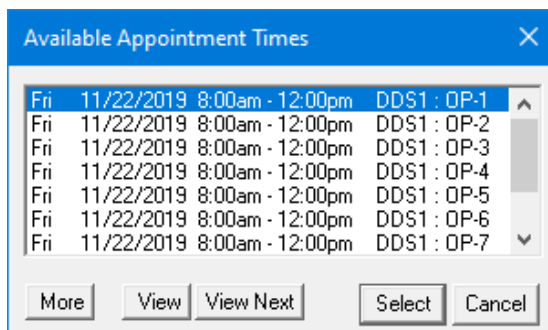
Note: To increase the start date by days, weeks, or months, select the corresponding option and then click the appropriate number of days, weeks or months that you want to jump ahead for the beginning of the search.

- Under **Time Range**, do the following:
 - Set the appointment length by clicking the arrow control buttons.
 - Select a time range to search for. For example, if the patient is only available for an appointment between 9:00 a.m. and 11:00 a.m., click the **Start** and **End** search buttons to set the appropriate range.
- Do one of the following:
 - Search By Time Block** – Select to search for an available time within a specific time block, and then select the appropriate time block.
 - Search By Appt Type** – Select to search for time blocks for a specific appointment type only.

Note: To learn more about implementing time blocks, see “Easy Day Planning” on page 77.

- Click **Search/View**.

The **Available Appointment Times** list box appears.



- Do the following:
 - Select a time range that meets the patient’s schedule, or click **More** to view additional ranges.
 - Click **Select** to set the appointment within the selected block of time.

Scheduling Appointments

Easy Dental includes a comprehensive set of tools for scheduling appointments. When you are scheduling appointments, you can see if a patient already has an unscheduled or broken appointment. You can view the patient’s appointment list to determine whether you want to reschedule an existing or schedule a new appointment.

To schedule an appointment

- In the Schedule toolbar, click the Schedule Appointment button.

The **Select Patient** dialog box appears.

Name	Birthday	Provider	Status
*Davis, Harmon	10/05/1960	DDS1	
*Davis, Karen	11/16/1982	DDS1	
Davis, Kelly	11/30/2003	DDS1	
Davis, Lyle	05/11/2005	DDS1	
Edwards, Anna	08/20/1967	ENDO	
*Edwards, John	07/14/1963	ENDO	
Edwards, John	03/20/1999	ENDO	

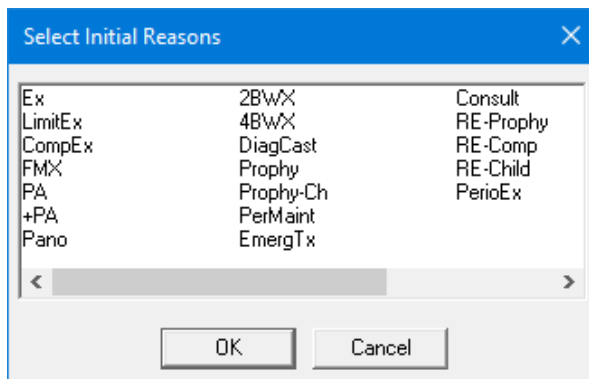
2. Type the first few letters of the patient's last name, select the appropriate patient from the list, and then click **OK**.

The **New Appointment Information** dialog box appears.

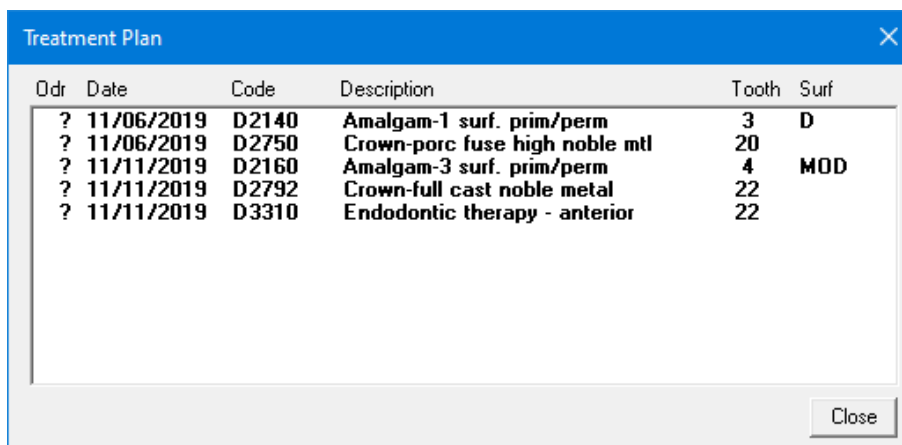
3. If necessary, click the **Provider** search button and change the patient's provider.
Note: By default, the provider is set to the patient's primary provider from the Patients module.
4. If necessary, change the recall type attached to the appointment.
Note: To learn more about changing a recall type, see "Managing recall" in the Easy Dental Help.

5. Under **Reason**, click one of the following:

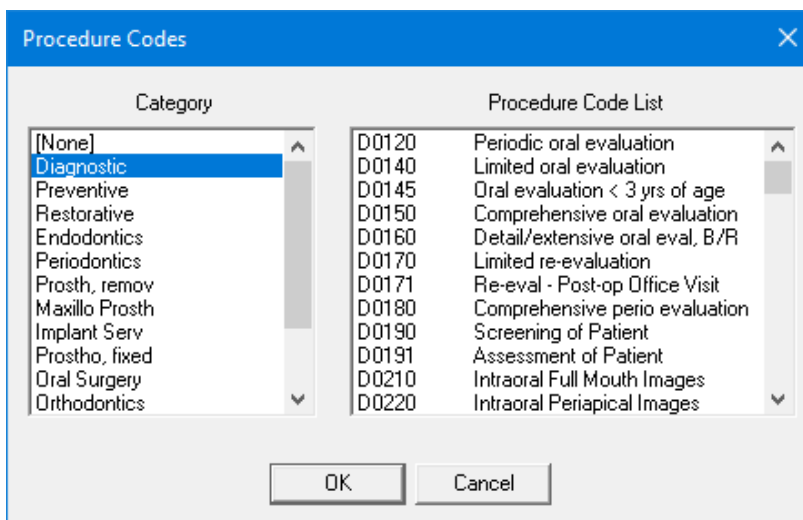
- **Initial** – From the **Select Initial Reasons** dialog box, select the reason for the appointment and click **OK**.



- **Tx** – From the **Treatment Plan** dialog box, select a treatment plan, and then click **Close**.



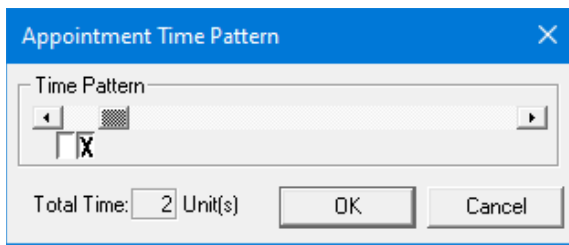
- **Misc** – From the **Procedure Codes** dialog box, select the appropriate procedure code or codes, and then click **OK**.



Note: If the procedure requires a tooth surface or quadrant, add it to the patient's treatment plan. To learn more, see "Entering treatment plans" in the Easy Dental Help.

6. To edit the length of time needed to complete the procedure, click the **Length** search button.

The **Appointment Time Pattern** dialog box appears.



7. Click the left arrow to decrease or the right arrow to increase the duration of the appointment.

Note: An “X” represents provider time. A slash (/) represents assistant time. A clear block represents chair time when neither the provider or assistant are present.

8. If necessary, do the following:
 - **Status** – Select the appropriate status from the list.
 - **Schedule** – Select the appropriate type from the list.
 - **Fixed** – You cannot change the patient’s appointment.
 - **Open** – You can change the patient’s appointment if necessary.
 - **ASAP** – Patient requested an appointment as soon as possible.
 - **Type** – Select the appropriate production type for this appointment from the list.
 - **Op** – Select the appropriate operatory from the **Select Operatory** dialog box.
 - **Date** – Type an appointment date to change it from the default.
 - **Time** – Type an appointment time to change it from the default.
9. Type a note about the appointment.
10. Click **OK**.

An appointment is set for the date and time you specified.

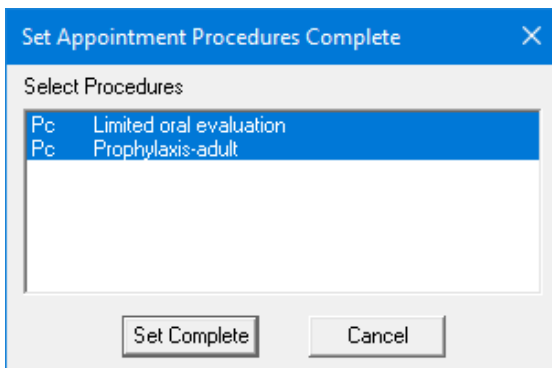
Setting Appointments Complete

When you set an appointment to complete, the procedures attached to the appointment are posted to the Chart and Accounts modules.

To set an appointment to complete

1. Select the appointment and then from the Schedule toolbar, click the Set Complete button.

The **Set Appointment Procedures Complete** dialog box appears.



2. Select the procedures that you want to set to complete, and then click **Set Complete**.

The appointment block turns gray indicating that the appointment has been completed.

Note: If the appointment is attached to Recall, you will be prompted to create a new Recall Appointment. The new appointment information will default according to the posted appointment.

Scheduling Events

You can schedule an event (a non-patient “appointment”) to block out time in the Schedule to close an operator for a day or up to four weeks. Events can include such items as staff meetings, vacation schedules, or holidays.

To schedule an event

1. In the Schedule toolbar, click Schedule Events.

The **Schedule Event** dialog box appears.

Schedule Event

Event Time
 Start: [] >> End: [] >>
 Close Operator (All Day Event)

Event Days
 Start: 11/08/2019 >> End: 11/08/2019 >>
 Select Days of the Week
 Sunday Monday Tuesday Wednesday
 Thursday Friday Saturday

Description
 Event
 Center Description on Scheduled Event

Operators:
 OP-1
 OP-2
 OP-3
 OP-4
 OP-5
 OP-6
 OP-7
 OP-8
 All

Event Color

Notes

NOTE: If multiple operators and/or days are specified for the Event, separate Events (one per day per operator) will be created/displayed in the Schedule. The Event creation process may take several minutes depending on the criteria specified.

2. Under **Event Time**, do one of the following:
 - If the event will only last part of the day, type a **Start** and an **End** time.
 - If the event will last the entire day, select **Close Operator (All Day Event)**.
3. Do the following:
 - **Operators:** Select the operator or operators that you want to schedule the event for.

Note: If you specify multiple operatories and/or days for the event, separate events (one per day per operatory) are created and displayed in the Schedule. The event creation process may take several minutes depending on the date range specified, days of the week selected, the number of operatories selected, and the number of future appointments scheduled. While multiple operatories and/or days are treated as separate events, they are linked.

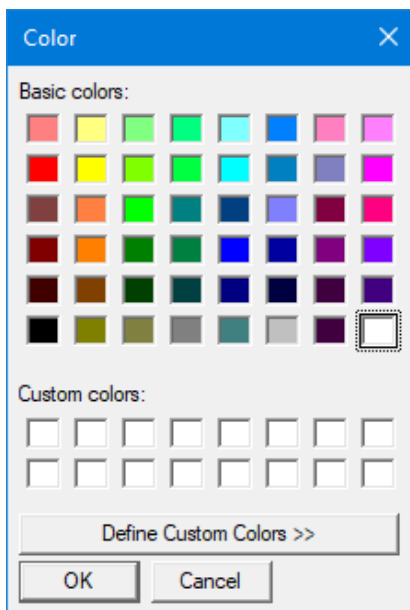
- **Event Days:** Select the day or days when the event will occur.

Note: You may schedule events as much as one year in advance. You may also select specific days within a range when you schedule an event.

- **Description:** Type a description of the event.
- **Center Description on Scheduled Event:** Select to center the description on the Event icon.

4. To select a background color for the event, click **Event Color**.

The **Color** palette appears.



5. Select a color from the palette and click **OK**.

Tip: Selecting a color that is too dark may obscure the black text of the event description and note. For example, black text will not be easily readable on a dark blue background.

6. In the **Notes** text box, type any notes that apply to the event.
7. To include a dateline, click **Insert Dateline**.
8. To schedule the event, click **OK**.
9. In the Schedule toolbar, click Refresh.

The event appears in the schedule.

The Schedule Lists

The following lists are available from the Schedule module:

- Appointments List

- ASAP List
- Unscheduled List

Opening the Appointments List

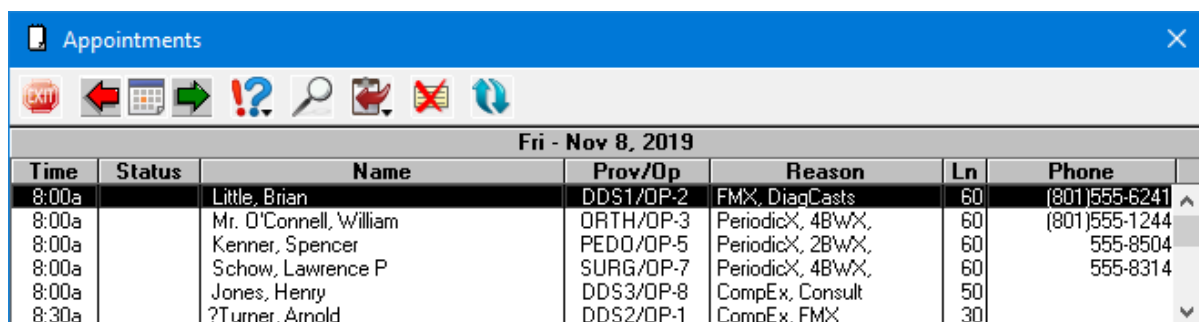
The Appointments List displays all scheduled appointments for a selected date in the Schedule. From the Appointments List, you can view the time, status, patient name, provider, operatory, reason, length, and patient phone number for the appointment.

Note: To learn more, see “The Appointments List” in the Easy Dental Help.

To open the Appointments List

1. In the Schedule toolbar, click Lists, and then click **Appointments**.

The Appointments window appears displaying all scheduled appointments for the current date.



Fri - Nov 8, 2019						
Time	Status	Name	Prov/Op	Reason	Ln	Phone
8:00a		Little, Brian	DDS1/OP-2	FMX, DiagCasts	60	(801)555-6241
8:00a		Mr. O'Connell, William	ORTH/OP-3	PeriodicX, 4BwX,	60	(801)555-1244
8:00a		Kenner, Spencer	PEDO/OP-5	PeriodicX, 2BwX,	60	555-8504
8:00a		Schow, Lawrence P	SURG/OP-7	PeriodicX, 4BwX,	60	555-8314
8:00a		Jones, Henry	DDS3/OP-8	CompEx, Consult	50	
8:30a		?Turner, Arnold	DDS2/OP-1	CompEx, FMX	30	

2. Double-click an appointment to open the **Appointment Information** dialog box for that appointment.

Opening the ASAP List

If a patient wants an appointment sooner than your next available time, you can flag scheduled appointments as ASAP (As Soon As Possible). Once you flag an appointment as ASAP, it appears on the ASAP List. This satisfies the patient’s request for an appointment sooner than the first available one and provides you with a list of patients you can fill holes with in an otherwise full schedule.

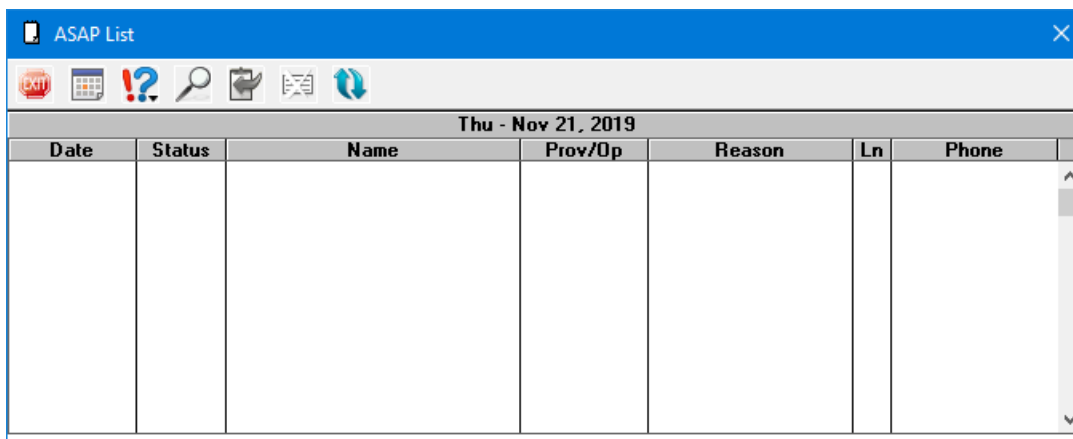
In addition to providing you with the names of patients who can fill open appointment times, the interactive nature of the ASAP List makes it simple to contact a patient and then create or move an appointment as needed.

Note: To learn more, see “The ASAP List” in the Easy Dental Help.

To open the ASAP List

1. In the Schedule toolbar, click Lists, and then click **ASAP**.

The ASAP List window appears.



Thu - Nov 21, 2019						
Date	Status	Name	Prov/Op	Reason	Ln	Phone

2. Double-click an appointment to open the **Appointment Information** dialog box for that appointment.

Opening the Unscheduled List

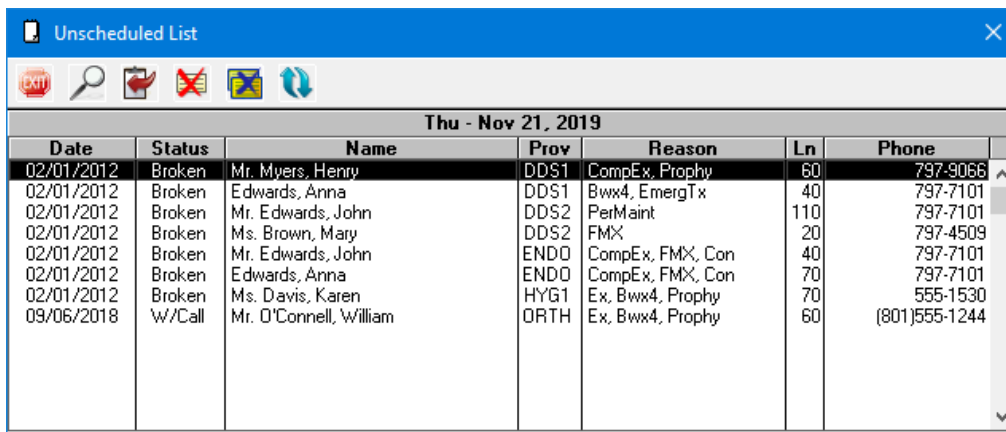
The Unscheduled List provides you with an easy way to view broken or wait/will call appointments.

Note: To learn more, see “The Unscheduled List” in the Easy Dental Help.

To open the Unscheduled List

1. In the Schedule toolbar, click Lists, and then click **Unscheduled**.

The Unscheduled List window appears.



Thu - Nov 21, 2019						
Date	Status	Name	Prov	Reason	Ln	Phone
02/01/2012	Broken	Mr. Myers, Henry	DDS1	CompEx, Prophy	60	797-9066
02/01/2012	Broken	Edwards, Anna	DDS1	Bwx4, EmergTx	40	797-7101
02/01/2012	Broken	Mr. Edwards, John	DDS2	PerMaint	110	797-7101
02/01/2012	Broken	Ms. Brown, Mary	DDS2	FMX	20	797-4509
02/01/2012	Broken	Mr. Edwards, John	ENDO	CompEx, FMX, Con	40	797-7101
02/01/2012	Broken	Edwards, Anna	ENDO	CompEx, FMX, Con	70	797-7101
02/01/2012	Broken	Ms. Davis, Karen	HYG1	Ex, Bwx4, Prophy	70	555-1530
09/06/2018	W/Call	Mr. O'Connell, William	ORTH	Ex, Bwx4, Prophy	60	(801)555-1244

2. Double-click an appointment to open the **Appointment Information** dialog box for that appointment.

Managing Appointments

Scheduling an appointment is only the first step in using an integrated electronic scheduling system. You can manage scheduling tasks, such as rescheduling, breaking, or confirming appointments and posting scheduled work once you complete it.

Finding Appointments

You can find appointments in Easy Dental from the Schedule toolbar or, if you know the date and time of the appointment, by clicking the Day Search buttons or switching views.

Note: To learn more, see “Finding Appointments” in the Easy Dental Help.

To find an appointment

1. In the Schedule toolbar, click Find Appointment.

The **Find Appointment** dialog box appears.

Appointment	Date	Day	Type
Davis, Karen	<Unscheduled>		
Davis, Karen	11/08/2019	Fri	DDS1
Davis, Karen	11/08/2019	Fri	DDS1
Davis, Kelly	11/07/2019	Thu	DDS1
Davis, Kelly	11/07/2019	Thu	DDS1
Davis, Karen	10/18/2019	Fri	DDS1
Davis, Karen	09/25/2019	Wed	DDS1
Davis, Kelly	07/19/2018	Thu	HYG1
Davis, Harmon	07/17/2018	Tue	HYG1
Davis, Karen	07/16/2018	Mon	HYG1
Davis, Lyle	07/16/2018	Mon	HYG1

2. Type the patient’s last name, press Tab, and then press Enter.
All appointments for patients with that last name appear.
3. Select the appointment that you are trying to find, and then click **View Appt.**
The Schedule resets to the day of the selected appointment.

Moving Appointments

Whether a patient needs to reschedule an appointment or the office needs to lighten the schedule, from time-to-time you will need to move an appointment to a new date or time. From the Schedule you can change appointment dates and times without ever having to re-enter information or delete broken appointments.

To move an appointment

1. Double-click the appointment.
The **Appointment Information** dialog box appears.

The screenshot shows a software dialog box titled "Appointment Information - (Davis, Karen)". It features several input fields and buttons. At the top, there are fields for "Provider" (containing "DDS1") and "Recall Attached". Below these is a checked checkbox "Use Reason to Auto Update Recall". The "Reason" section includes buttons for "Initial", "Tx", and "Misc.", and a list box containing "Pc Comprehensive oral evaluati" and "Pc Prophylaxis-adult". To the right of the Reason list are fields for "Length" (60 min), "Amount" (165.00), "Status" (<none>), "Schedule" (FIXED), "Type" (General), "Op" (OP-1), "Date" (11/08/2019), and "Time" (9:00am). Below the Reason list are "Delete" and "Delete All" buttons, and a "Desc:" field containing "CompEx, ProphyAd". At the bottom left is a "Note:" field with an "Attach Case" button. At the bottom right is a "Last Changed:" field. The bottom of the dialog contains a grid of buttons: "Find", "Sched. Next", "Clipboard", "OK", "Other Appt(s)", "Wait/Will Call", "Ins Claim Info", "Cancel", and "Dial".

2. Do one of the following:
 - Type a new date and time for the appointment in the **Date** and **Time** fields, and then click **OK**.
The appointment moves to the new date and time.
 - Click **Clipboard** and do one of the following:
 - Drag the appointment from the Clipboard to a new time and/or operator.
 - Click the Day Search buttons to find the appropriate day to move the appointment to, drag the appointment from the Clipboard to the new time and/or operator, and then click **Yes**.
The appointment moves to the new day and time.

Breaking Appointments

When a patient cancels an appointment, you don't want to forget and lose the appointment. To prevent losing broken appointments, appointments are not just removed from the Schedule. Instead, they are moved to the Unscheduled List where you can review them regularly. In addition, when you next try to schedule an appointment for a patient with a broken one, you receive a reminder that the patient has a broken appointment and are prompted to reschedule it.

To break an appointment

1. In the Schedule, find and select the appointment that you want to break.
2. In the toolbar, click Break Appointment.

A warning appears explaining that the appointment will be moved to the Unscheduled List.

3. Click **Yes**.

The appointment is broken and moved to the Unscheduled List.

Rescheduling Broken Appointments

When you are scheduling an appointment for a patient and if the patient already has an unscheduled or broken appointment, a reminder appears. A message appears asking if you want to view the patient's appointment list so that you can determine if you want to reschedule the appointment or schedule a new one.

To reschedule a broken appointment

1. In the Schedule toolbar, click Schedule Appointment.

The **Select Patient** dialog box appears.

Select Patient

By:

- Last Name
- First Name
- Preferred Name
- Home Phone #
- Chart #
- SS#

Enter Last Name (Last, First MI):

Name	Birthday	Provider	Status
*Davis, Harmon	10/05/1960	DDS1	
*Davis, Karen	11/16/1982	DDS1	
Davis, Kelly	11/30/2003	DDS1	
Davis, Lyle	05/11/2005	DDS1	
Edwards, Anna	08/20/1967	ENDO	
*Edwards, John	07/14/1963	ENDO	
Edwards, John	03/20/1999	ENDO	

Recent Patient Selections:

*Davis, Karen	11/16/1982	DDS1
---------------	------------	------

Buttons: New Patient, More Info..., OK, Cancel

2. Select a patient who has an unscheduled or broken appointment.

A message appears.

3. To view the patient's appointment list, click **Yes**.

The **Family Appointment List** dialog box appears.

Family Appointment List

Guar	Patient	Count	Reason
	Davis, Karen	37	RC:PROPHY 05/04/2015 +
Child	Davis, Kelly	15	RC:BITEWINGS 10/01/2015 +
Child	Davis, Lyle	14	RC:PROPHY 10/01/2015 +
-Other	Davis, Harmon	42	RC:<none>

Appointment	Recall	Lab Case
<Unscheduled Appt>	HYG1 BITEWINGS 05/04/2015	
*11/08/2019 Fri 9:00am	DDS1	
*11/08/2019 Fri 3:20pm	DDS1	
*10/18/2019 Fri 9:00am	DDS1	
*09/25/2019 Wed 9:00am	DDS1 RC:PROPHY 05/04/2015	

Treatment Plan

? 11/06/2019 D2140	Amalgam-1 surf. prim/perm	3
? 11/06/2019 D2750	Crown-porc fuse high noble mtl	20
? 11/11/2019 D2160	Amalgam-3 surf. prim/perm	4
? 11/11/2019 D2792	Crown-full cast noble metal	22
? 11/11/2019 D3310	Endodontic therapy - anterior	22

Buttons: View Appt., Create New Appt., Close

4. Select the unscheduled or broken appointment from the list, and then do one of the following:
 - To reschedule the appointment, click **View Appt.**
 - To create a new appointment, click **Create New Appt.**

The **New Appointment Information** dialog box appears.

5. Select an operatory, date, and time, and then click **OK**.

Note: To learn more about changing the other fields in the **Appointment Information** dialog box, see “Scheduling Appointments” on page 87.

Adding Appointments to the ASAP List

Occasionally, patients want appointments sooner than your next available time. You can flag scheduled appointments as ASAP and place them on the ASAP List. This provides you with a list of patients you can fill holes with in an otherwise full schedule.

To add an appointment to the ASAP List

1. In the Schedule, double-click the appointment that you want to add to the ASAP List.

The **Appointment Information** dialog box appears.

The screenshot shows a dialog box titled "Appointment Information - (Davis, Karen)". It contains several input fields and buttons. At the top, there are fields for "Provider" (DDS1) and "Recall Attached". Below that is a checkbox for "Use Reason to Auto Update Recall" which is checked. The "Reason" section has three tabs: "Initial", "Tx", and "Misc.". Under "Initial", there are two entries: "Pc Comprehensive oral evaluati" and "Pc Prophylaxis-adult". To the right of the Reason section are fields for "Length" (60 min), "Amount" (165.00), "Status" (<none>), "Schedule" (FIXED), "Type" (General), "Op" (OP-1), "Date" (11/08/2019), and "Time" (9:00am). Below the Reason section is a "Desc" field with "CompEx, ProphyAd" and buttons for "Delete" and "Delete All". At the bottom, there is a "Note" section with a checkbox for "Lab Case" and an "Attach Case" button, followed by a "Last Changed" field. The dialog ends with a grid of buttons: Find, Sched. Next, Clipboard, OK, Other Appt(s), Wait/Will Call, Ins Claim Info, Cancel, and Dial.

2. Select **ASAP** from the **Schedule** list.
3. Click **OK**.

The appointment's schedule type changes to ASAP, and the appointment is added to the ASAP List.

Printing from the Schedule

This section covers the following topics:

- Printing the Schedule View
- Printing Route Slips

Printing the Schedule View

You can print the Schedule view in case you do not have the Schedule information in your operatories. You can also set up, save, and select custom views. You can set a custom view as the default view and print a daily or weekly Schedule view.

To print the Schedule view

1. In the Schedule toolbar, click Print, and then click **Print Schedule View**.

The **Print Schedule View** dialog box appears.

Note: The providers, operatories, appointment display info, and time view default to the view currently selected for the Schedule.

2. Do the following:

- **Provider(s):** Select one or more from the list.

Note: Appointments scheduled in a selected operatory always print, regardless of the provider assigned to the appointment.

- **Operatories:** Select up to 10 from the list.
- **Date:** Select the date that you want to print.

3. Under **Appointment Display Info**, select the information you want to display for each patient.

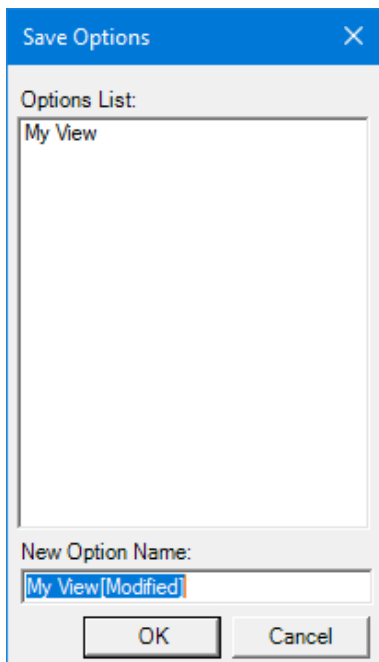
Note: Put the eight lines of information in priority order because shorter appointments will only show the first few lines.

4. Do the following:

- **Print Appt Colors:** Select to print the Schedule view on a color printer.
- **Print Schedule Note:** Select to print the Schedule note for the day.
- **Print Time at Right:** Select to print the time bar on the right and left sides of the report.
- **Exclude Closed Hrs:** Select to not print the hours your practice is closed.
- **Time View:** Type a range for the office hours that you want to print.

5. Select the type of report that you want to print.

- **Day View**
 - **Week View**
6. Select one or more of the following:
- **Display Print Window:** To open the **Print** dialog box.
 - **Do Not Close When Print/Batch:** To keep the **Print** dialog box open after you click **Print** or **Batch**.
- Note:** From the **Print** dialog box you can change printers, select a range of pages to print, and select the number of copies to print.
7. To save any changes you made to the default settings, click **Save Options**.
The **Save Options** dialog box appears.



8. Under **New Option Name**, type a name for the schedule view, and then click **OK**.
9. Do one of the following:
- **Print** – Click to print the document immediately.
 - **Batch** – Click to send the schedule view to the Batch Processor to be printed at a later time.

Note: To learn more, see “Printing the Schedule View” in the Easy Dental Help.

Printing Patient Route Slips

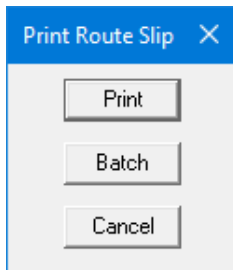
The Patient Route Slip provides the following information:

- Patient information, including much of the information available from the Patients and Schedule modules.
- Account information, including the guarantor’s name, phone numbers, and billing information.
- Insurance information, including the primary and secondary carriers, subscribers, group numbers and benefit information.
- Appointment information, including the date, time, provider, operatory, status and a list of all procedures scheduled for the appointment.

To print a patient route slip

1. In the Schedule, select the appointment that you want to print a route slip for.
2. In the toolbar, click Print, and then click **Print Route Slip**.

The **Print Route Slip** dialog box appears.



3. Do one of the following:
 - Click **Print** to print the Route slip immediately.
 - Click **Batch** to send the Route Slip to the Batch Processor to print at a later time.

Note: To print all route slips for a range of days, see “Creating Daily Appointment List Reports” in the Easy Dental Help.

Changing Practice Hours

Occasionally, you may need to change the hours that your office is open for a particular date or provider. You can change your working hours for a single day or to close the office completely on a single day. Similarly, you can change a single provider’s hours for a day or to schedule the provider out of the office for a day.

This section covers the following topics:

- Setting practice schedules
- Setting provider vacation days

Setting Practice Schedules

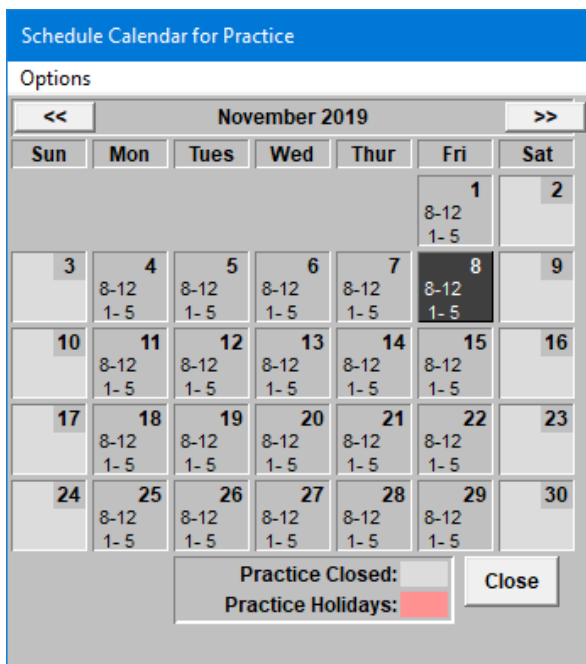
The Schedule makes it easy to close your practice for a single day, set yearly holidays, open on a day you had previously closed, and change office hours for a single day.

Note: Before changing your practice’s schedule, make sure that you reschedule any appointments scheduled for the days you are closing your practice.

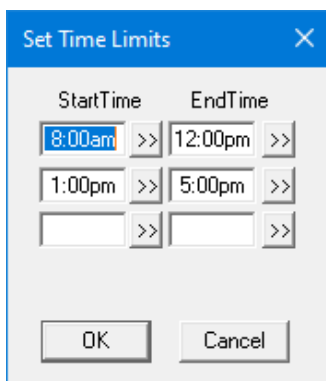
To close your practice for a holiday or a selected date and to change hours for a day

1. In the Schedule toolbar, click Setup, and then click **Practice Schedule**.

The Schedule Calendar for Practice window appears with the hours your practice will be open each day.



2. Select a date to set as a yearly holiday for or to close or re-open your practice.
3. Do one of the following:
 - To close the office for a day other than a yearly holiday, click **Office Closed**, and then click **Close Office on selected date**.
The day you selected is marked according to the legend at the bottom of the **Schedule Calendar for Practice** dialog box.
 - To re-open the office, click **Office Closed**, and then click **Open Office**.
 - To set a yearly holiday, such as Christmas, click **Office Closed**, and then click **Set Yearly Holiday**.
 - To delete a yearly holiday, click **Office Closed**, and then click **Delete Holiday**.
4. To change your practice's hours for a day, double-click the day.
The **Set Time Limits** dialog box appears.



5. Type the hours that you want to set for the selected day, and then click **OK**.
Your practice's hours reset for the day.
6. When you have finished changing your practice's schedule, click **Close**.

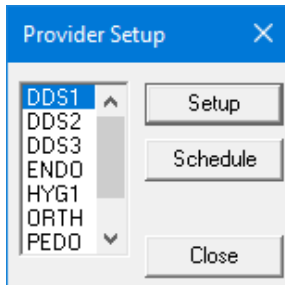
Setting Provider Vacation Days

You can set and modify each provider's schedule to accommodate patient visits, vacations, and other events.

To set a vacation day for a provider

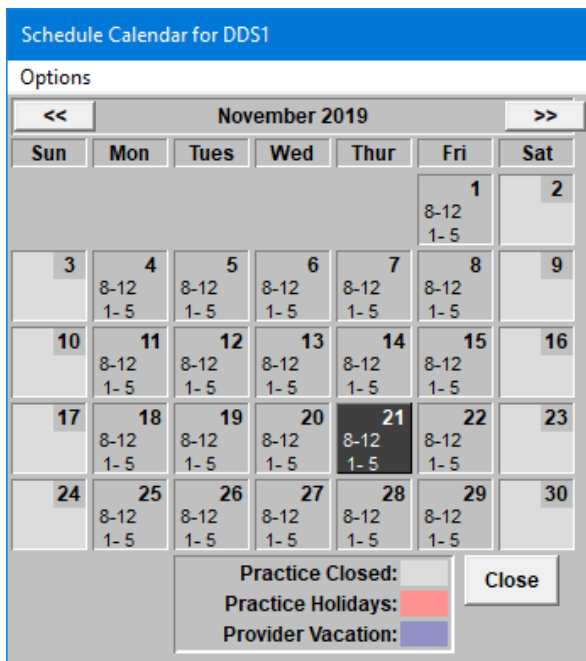
1. In the Schedule toolbar, click Setup, and then click **Provider Setup**.

The **Provider Setup** dialog box appears.



2. Select the provider you want to set a vacation for, and then click **Schedule**.

The **Schedule Calendar for [provider ID]** dialog box appears.






3. Select the day that you want to set as a vacation day. (To change months, click the search arrows on the date bar.
4. Click **Options**, and then click **Set Vacation on selected date**.
 - To delete a vacation day that you set previously, click **Delete Vacation day**.
 - To reset a provider's hours to the default, click **Reset Hours to default on selected date**.
5. Click **Close**.

Note: Be sure that vacation days do not have appointments scheduled.

Notes and Alerts

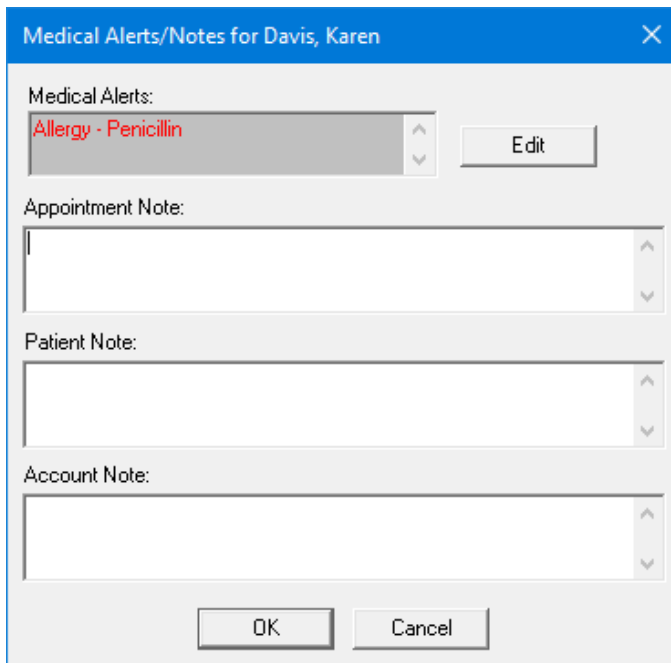
You can view notes, patient alerts, or medical alerts at any time for any patient by clicking the appropriate icon on an appointment:

- Medical alerts 
- Patient notes 
- Patient alerts 

To view a patient's notes and alerts

1. In the Schedule, select an appointment, and if the patient has a medical alert, click the Medical Alert icon.

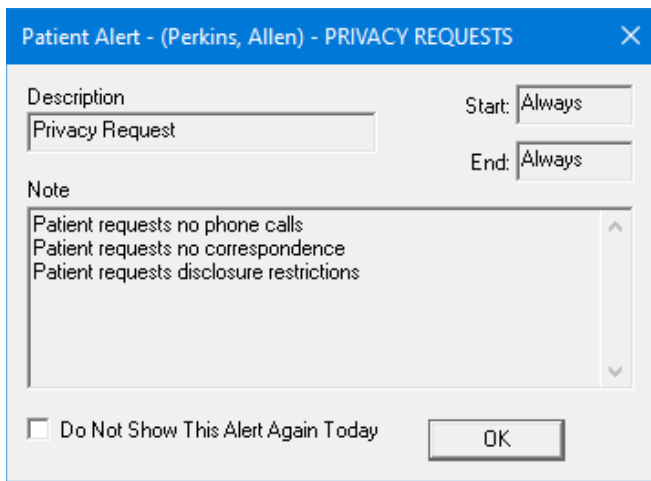
The **Medical Alerts/Notes** dialog box for the patient appears.



The screenshot shows a dialog box titled "Medical Alerts/Notes for Davis, Karen". It features a blue header bar with a close button (X). The main content area is divided into four sections: "Medical Alerts" (with a dropdown menu showing "Allergy - Penicillin" and an "Edit" button), "Appointment Note" (with a text area), "Patient Note" (with a text area), and "Account Note" (with a text area). At the bottom, there are "OK" and "Cancel" buttons.

2. Do one or more of the following:
 - Click **Edit** to add to, change, or clear the patient's medical alert.
 - Under **Appointment Note**, type or edit a note pertaining to the appointment.
 - Under **Patient Note**, type or edit a note pertaining to the patient.
 - Under **Account Note**, type or edit a note pertaining to the patient's account.
3. To view a patient alert, click the Patient Alert icon.

The **Patient Alert** dialog box for the patient appears.



4. Click **OK**.

Easy Day Planning

Many practice management consultants advocate a strategy of scheduling the “Perfect Day.” A “Perfect Day” consists of just the right balance of High Production, Medium Production, and Low Production procedures. You can achieve that “perfect” balance by reserving certain times during the day by blocking those times for the scheduling of specific procedure types (High Production, Low Production, and so forth).

This section will discuss how to set up and use the Easy Day Planning system. The following topics are covered:

- Customizing Appointment Types
- Customizing Procedure Codes
- Setting Up Time Blocks
- Activating Easy Day Planning
- Finding an Available Time Block

Customizing Appointment Types

To ensure that you do not accidentally schedule the wrong procedures in times reserved for specific types of procedures, an appointment type is assigned to each procedure. When you schedule an appointment in a reserved time block, Easy Dental verifies that the appointment’s type matches the type permitted for the reserved time block.

Easy Dental includes four appointment types with each installation:

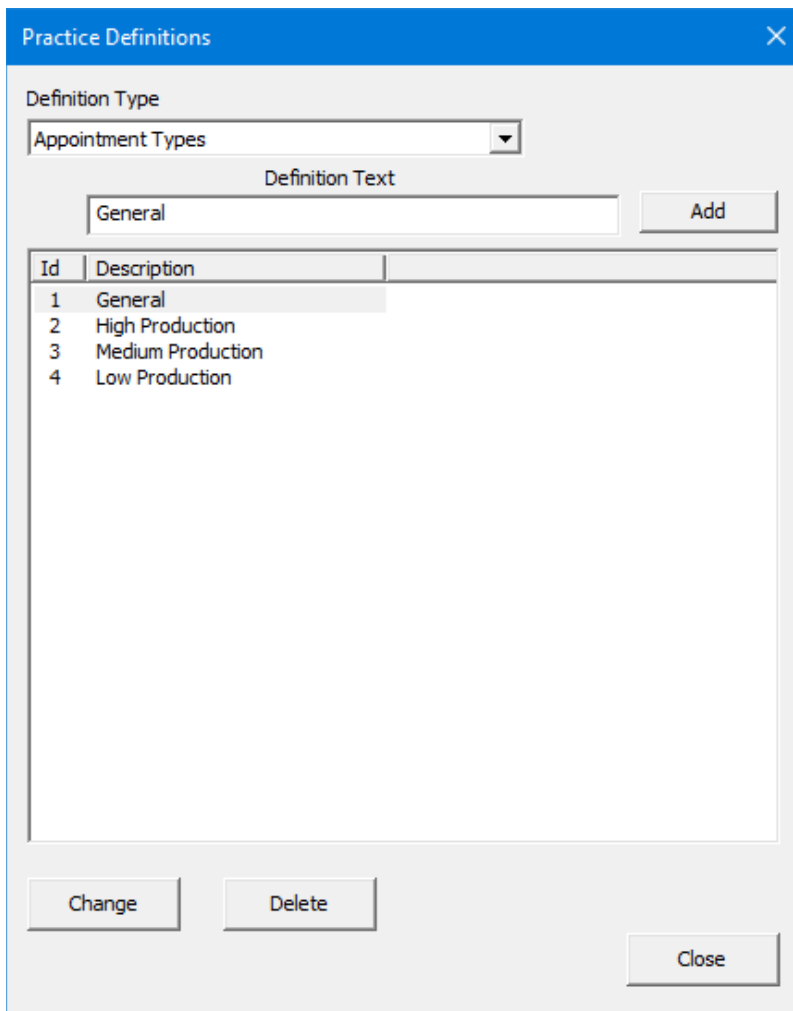
- General
- High Production
- Medium Production
- Low Production

If necessary, you can delete or change these types and add up to 10 more.

To customize an appointment type

1. In the Reports toolbar, click Practice Setup, and then click **Definitions**.

The **Practice Definitions** dialog box appears.



2. From the **Definition Type** list, click **Appointment Types**.
The appointment types appear in the **Definition Text** list.
3. Select the appointment type that you want to change, and then under **Definition Text**, type any changes that you want to make to the name.
4. To save your changes, click **Change**.
A warning appears.
5. To continue, click **Yes**.

Note: While you can customize definitions at any time, to avoid problems, we recommend that you only customize definitions that you have not yet assigned to a patient's appointment.

To add an appointment type

1. In the Reports toolbar, click Practice Setup, and then click **Definitions**.
2. In the **Definition Type** list, click **Appointment Types**.
3. Under **Definition Text**, type a new definition, and then click **Add**.
The new definition is added to the bottom of the list.
4. Click **Close**.

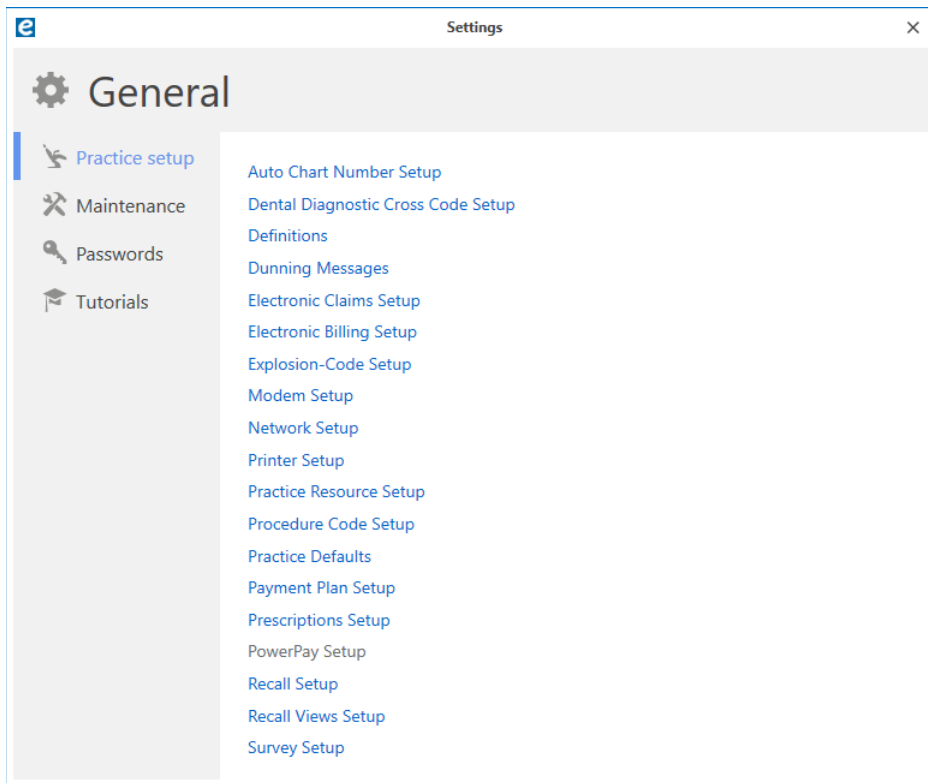
Customizing Procedure Codes

You can assign a default appointment type to each procedure code in Easy Dental. Once you designate a code properly, the correct appointment type is automatically assigned to any scheduled appointments using that procedure code.

To customize a procedure code

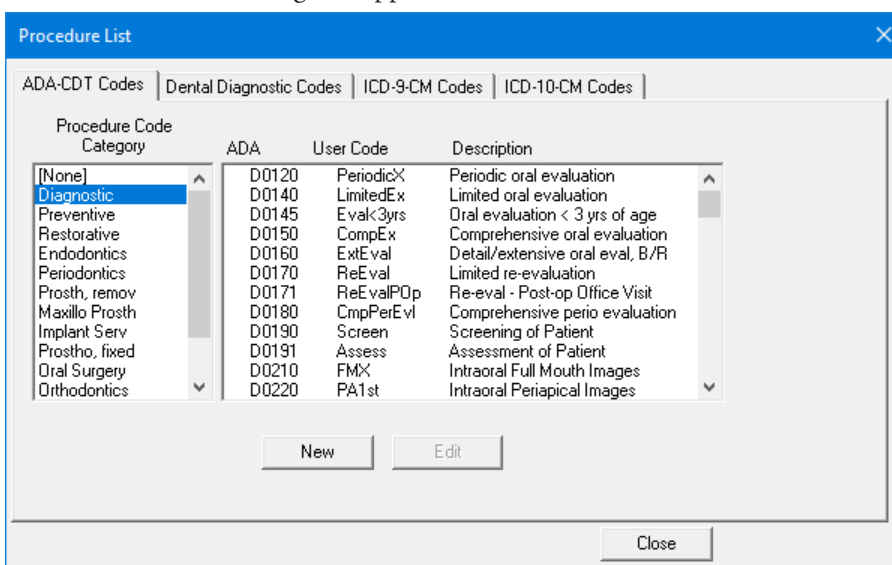
1. In the Patient Banner, click the Settings button.

The **Settings** dialog box appears.



2. Click **Procedure Code Setup**.

The **Procedure List** dialog box appears.



- In the **Procedure Code Category** list, select the appropriate category.
All the procedure codes associated with that category appear in the code list text box.
- In the list, select the code that you want to customize, and then click **Edit**.
The **Procedure Code Editor - Existing** dialog box appears.

- In **Appointment Type** list, select the appropriate type for the procedure code, and then click **Save**.

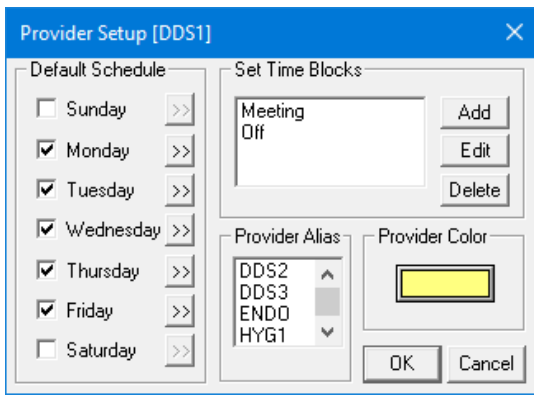
Setting up Time Blocks

With time blocks, you can reserve specific times in the Schedule for certain appointment types, such as crowns and exams. Once you set up and activate Easy Day Planning, a colored border surrounding the blocked time appears that contains the time block name and the provider assigned to that block. You receive a warning that you are attempting to schedule an incorrect procedure during the blocked time and are prompted to override it.

To set up a time block

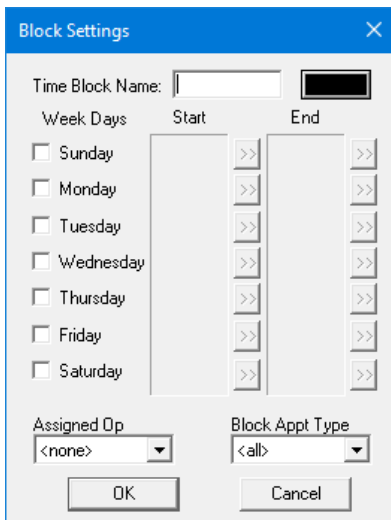
- In the Schedule toolbar, click Setup, and then click **Provider Setup**.
The **Provider Setup** dialog box appears.

- Select a provider, and then click **Setup**.
The **Provider Setup [Provider ID]** dialog box appears.



3. Click **Add**.

The **Block Settings** dialog box appears.



4. Type a short description of the block's purpose, such as crowns or exams, in the **Time Block Name** field.

5. Click the color button.

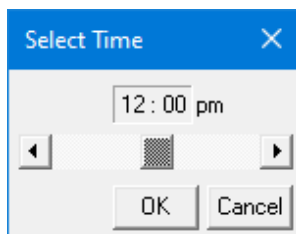
The **Color** palette appears.

- a. Select a color to represent the block in the Schedule.
- b. Click **OK**.

6. Select the day and/or days of the week that you want to set the time block for.

- a. Select the desired **Start** and **End** time for each day by clicking the respective search buttons.

The **Select Time** dialog box appears.



- b. Click the left arrow to decrease or the right arrow to increase the time, and click **OK**.

7. Do the following, and then click **OK**:

- From the **Assigned Op** list, select the operatory where you perform these types of procedures.

- From the **Block Appt Type** list, select the appointment type that you want to assign to this time block.
- Click **OK** again to close the **Provider Setup [Provider ID]** dialog box.

Activating Easy Day Planning

To display the scheduled time blocks, you must first activate Easy Day Planning.

Note: If you have not activated Easy Day Planning, the defined time blocks will not display in the Schedule, and you will not be warned when you try to schedule appointments during reserved time blocks.

To activate Easy Day Planning

- In the Schedule toolbar, click Easy Day Planning.

The defined provider time blocks display in the Schedule.

Note: When you try to schedule an appointment in a defined time block, the provider and the appointment type are checked to verify that they match the time block. If either the provider or the appointment type do not match, a warning appears. You can override the time block setting and schedule the appointment or return to the **Appointment Information** dialog box.

The screenshot shows the Easy Dental software interface. At the top, there is a patient profile for Davis, Karen (DOB: 11/16/1982, Gender: F) and a primary provider Dennis Smith (DDS1). The main area displays a schedule for Friday, November 8, 2019, with time slots from 8:00am to 4:00pm and operator rooms OP-1 through OP-9. The schedule is populated with various appointment types and providers, such as NP-Turner, Arnold (CompEx, FMX), Ms. Davis, Karen (CompEx, DDS1), Little, Brian (FMX, DiagCasts), Mr. O'Connell, Warren (PeriodicX, 4BWXX, ORTH), Mr. O'Connell, Sarah (PeriodicX, 4BWXX, ORTH), O'Connell, Billy (PeriodicX, 2BWXX, ORTH), Little, Chad (PeriodicX, 2BWXX, DDS1), NP-Sutton, Harvey (CompEx, FMX, DDS2), NP-Mitchell, Travis (CompEx, FMX, DDS2), Mr. Little, Dean (CinP/FHnM#19, DDS1), Mr. Little, Kevin (PeriodicX, 2BWXX, DDS1), Mr. Crosby, Brent (ExEripTh#30, ENDO), Mr. Reeves, Jodi (LimitedEx, ENDO), Mr. Edwards, John (PeriodicX, 2BWXX, ENDO), Edwards, Kimberly (CompEx, Pano, ENDO), Mr. Perkins, Al (PeriodicX, 4BWXX, H(IPRIVATE), PERI), Mrs. Perkins, Pam (Pano, PerMaint, H(IPRIVATE), PERI), Perkins, Samu (CompEx, Pano, H(IPRIVATE), PERI), Perkins, Shelly (CompEx, Pano, H(IPRIVATE), PERI), Schow, Lawrence (PeriodicX, 4BWXX, SURG), Jones, Henry (CompEx, Consult, DDS3), Jones, Anne (4BWXX, ProphyCh, DDS3), Schow, Pamela (PeriodicX, 4BWXX, SURG), Smith, Michael (PeriodicX, 4BWXX, H, SURG), and Ms. Davis, Karen (CompEx, DDS1).

- To move a time block within its respective operator, drag it to the appropriate time.
- To change the length of a time block, click the bottom border and drag it up to decrease or down to increase the time block's size.

Finding Available Time Blocks

From the Schedule, you can quickly search for the first available time block.

To find the first available time block

1. In the Schedule toolbar, click Schedule Appointment.

The **Select Patient** dialog box appears.

Select Patient

By:

- Last Name
- First Name
- Preferred Name
- Home Phone #
- Chart #
- SS#

Enter Last Name (Last, First MI):

Name	Birthday	Provider	Status
*Davis, Harmon	10/05/1960	DDS1	
*Davis, Karen	11/16/1982	DDS1	
Davis, Kelly	11/30/2003	DDS1	
Davis, Lyle	05/11/2005	DDS1	
Edwards, Anna	08/20/1967	ENDO	
*Edwards, John	07/14/1963	ENDO	
Edwards, John	03/20/1999	ENDO	

Recent Patient Selections:

*Davis, Karen	11/16/1982	DDS1
---------------	------------	------

Buttons: New Patient, More Info..., OK, Cancel

2. Select a patient.

The **New Appointment Information** dialog box appears.

New Appointment Information - (Wheeler, John)

Provider: >> Recall Attached: >>

Use Reason to Auto Update Recall

Reason:

Length: min >>

Amount:

Status: >>

Schedule: >>

Type: >>

Op: >>

Date: >>

Time: >>

Desc:

Note: Lab Case Last Changed:

Buttons: Find, Sched. Next, Clipboard, OK, Other Appt(s), Wait/Will Call, Ins Claim Info, Cancel, Dial

3. Change the appointment provider if necessary.
4. Assign a reason for the appointment.

Note: The appointment type assigned to this procedure code is pulled in. If you select more than one procedure code, the appointment type for the first procedure code is assigned to the appointment. You can change the appointment type as needed.

5. Click **Find**.

The **Find New Appointment Time** dialog box appears.

6. Under **Select Time Block**, select **Search By Time Block**.
 - a. Select the appropriate time block from the list.
 - b. Click **Search/View**.

The **Available Appointment Times** dialog box appears.

- c. Select a time from the list, and then click **Select**.
7. To schedule the appointment, click **OK**.

Chapter 5: Chart

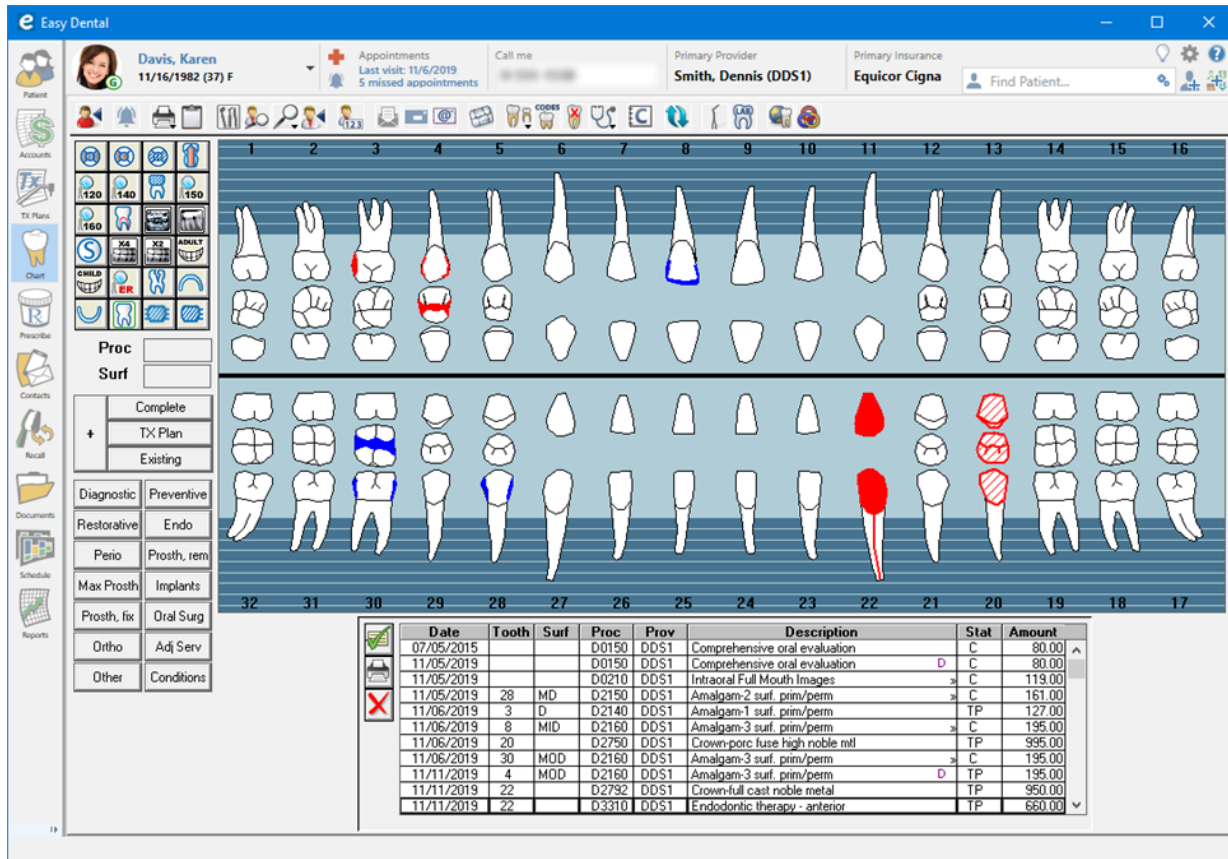
The Easy Dental Chart simplifies keeping patient records and makes it easy to enter existing, recommended, completed treatments or conditions. Treatment is color-coded so that at a single glance you can tell whether a procedure is a condition, existing, treatment-planned, or completed. Easy Dental uses standard textbook charting symbols that you'll find familiar and easy to recognize. Important clinical notes are efficiently organized to help you document patient care. You can attach these notes as general notes to the patient or to a specific procedure code. In addition, several template options are provided to make entering your notes even easier.

The Chart chapter is divided into the following sections:

- The Chart Module Window
- Entering Treatment
- Editing Treatment
- Viewing Primary or Permanent Teeth
- Notes
- Printing the Dental Chart

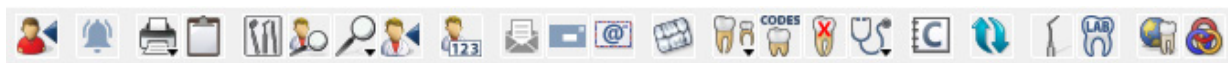
The Chart Window

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





















The Chart Toolbar

The toolbar contains command buttons that you can use to perform specific tasks within the Chart.

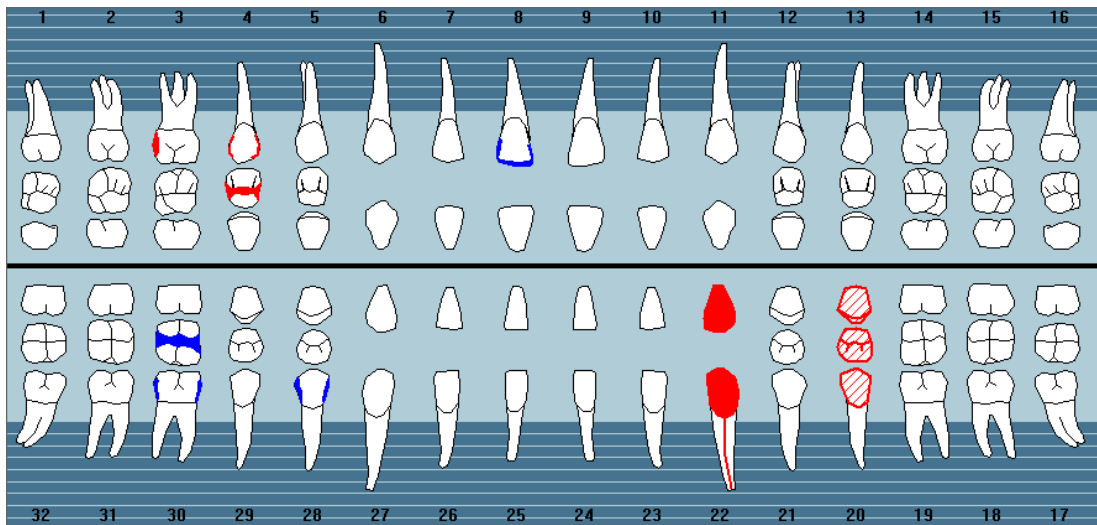


Button	Name	Function
	Select Patient	Click to open the Select Patient dialog box from which you can select a patient.
	Patient Alerts	Click to view or assign alerts to a patient.
	Print Dental Chart	Click to open the print menu from which you can print the dental chart or progress notes.
	Copy to Clipboard	Click to copy text to the Windows Clipboard.
	Set Up Procedure Buttons	Click to assign custom buttons to procedure codes.
	View Conditions/Diagnoses	Click to view a patient's invalidated conditions or diagnoses.

Button	Name	Function
	View Options	Click to change your view options.
	Change Provider	Click to change a patient's provider.
	Estimator	Click to open the Estimator from which you can estimate the costs associated with a patient's treatment plan, including the total charge, patient portion, and insurance portion.
	Quick Letters	Click to compose custom letters.
	Quick Labels	Click to print custom labels.
	Send Message	Click to send an e-mail message. You must install a MAPI-compliant electronic messaging system to use this feature.
	Digital Imaging	Click if you have digital imaging software and want to send an image with a claim electronically.
	Primary/Permanent	Click to view dentition settings.
	All Procedures	Click to access all procedures that are not assigned to a procedure button.
	Explosion Codes	Click to select and post an explosion code.
	Dental Diagnosis	Click to enter a diagnosis.
	Clinical Notes	Click to enter notes for an exam that are not specific to a procedure.
	Refresh	Click to update the information in the Chart if you have made changes.
	Patient Picture	Click to open the Patient Picture window.
	Perio Chart	Click to open the Perio Chart.
	Lab Case Manager	Click to open the Lab Case Manager.
	Easy Web	Click to open the WebSync Wizard from which you can set up WebSync's options and features. WebSync lets you synchronize Easy Dental information with eCentral.
	easylink	Click to link Easy Dental with digital X-ray and imaging systems.

Graphic Chart

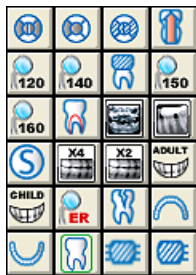
The Graphic Chart visually depicts the condition of the patient's mouth. Treatment is posted using textbook charting symbols and color-codes treatment to indicate its status. For instance, completed work is posted in blue and recommended treatment in red.



Procedure Buttons

The 24 procedure buttons collectively represent the most common procedures performed. Each user-definable button represents a single procedure code, explosion code, or condition that you can use to enter treatment.

To learn more, please see “Setting up procedure buttons” in the Easy Dental Help.



Procedure Category Buttons

To see a list of procedure codes that have been set up to show in the Chart (from the Procedure Code Editor), click the corresponding category button in the Chart.

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

Status Buttons

The status buttons indicate the type of treatment being entered.

Proc	D2140
Surf	M.
+	Complete
	TX Plan
	Existing

- **Complete** – Click to enter completed work and conditions for a patient.
- **Treatment Plan** – Click to enter recommended treatment for a patient.
- **Existing** – Click to enter existing work performed by a provider within your practice (almost exclusively when charting past work done by your office).

The fields above the status buttons show the procedure code and the surfaces of the affected tooth. The information in these fields is populated automatically when a you select a procedure.

Progress Notes

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

	Date	Tooth	Surf	Proc	Prov	Description	Stat	Amount	
	07/05/2015			D0150	DDS1	Comprehensive oral evaluation	C	80.00	^
	11/05/2019			D0150	DDS1	Comprehensive oral evaluation	D C	80.00	
	11/05/2019			D0210	DDS1	Intraoral Full Mouth Images	>> C	119.00	
	11/05/2019	28	MD	D2150	DDS1	Amalgam-2 surf. prim/perm	>> C	161.00	
	11/06/2019	3	D	D2140	DDS1	Amalgam-1 surf. prim/perm	TP	127.00	
	11/06/2019	8	MID	D2160	DDS1	Amalgam-3 surf. prim/perm	>> C	195.00	
	11/06/2019	20		D2750	DDS1	Crown-porc fuse high noble mtl	TP	995.00	
	11/06/2019	30	MOD	D2160	DDS1	Amalgam-3 surf. prim/perm	>> C	195.00	
	11/11/2019	4	MOD	D2160	DDS1	Amalgam-3 surf. prim/perm	D TP	195.00	
	11/11/2019	22		D2792	DDS1	Crown-full cast noble metal	TP	950.00	
	11/11/2019	22		D3310	DDS1	Endodontic therapy - anterior	TP	660.00	v

For an explanation of the toolbar, see “Understanding progress notes” in the Easy Dental Help.

Entering Treatment

You can enter treatment in the Chart using the procedure buttons, procedure category buttons, or explosion codes. For information on posting procedures using explosion codes, see “Adding treatment using explosion codes” in the Easy Dental Help. This section explains the following tasks:

- Entering Treatment Using Procedure Buttons
- Adding Treatment Using Procedure Category Buttons

Entering Treatment Using Procedure Buttons

The procedure buttons collectively represent the procedures common to most practices. You can enter or post treatment to a patient using the procedure buttons if the procedure is assigned to a procedure button.

To enter treatment using a procedure button

1. In the Chart toolbar, click Select Patient, from the **Select Patient** dialog box, select the patient you are treating, and then click **OK**.

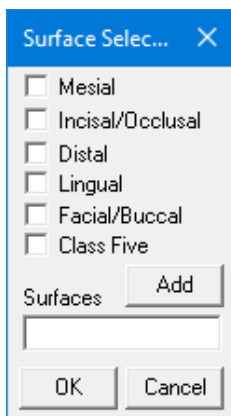
Note: By default, all treatment posted in the Chart is assigned to the patient's primary provider. If necessary, you can change the provider from the default.

2. To change the provider from the default, in the Chart toolbar, click Change Provider, select a provider from the **Select Provider** dialog box, and then click **OK**.

All work posted in the Chart during this patient's session is assigned to the selected provider.

3. If the treatment requires a tooth number, click the appropriate tooth in the chart.
4. Click the procedure button corresponding to the required treatment.

If the selected procedure requires additional treatment information, such as surfaces or quadrants, the **Surface Selection** dialog box appears.



5. Select the appropriate treatment areas, click **Add**, and then click **OK**.

The procedure codes update automatically to reflect your surface selections. For example, if you click Amalgam One Surface and then select three surfaces, the three surface codes post to the Chart and Accounts modules.

6. Click the appropriate status button for the procedure you are entering:
 - **Complete** – When entering completed work and conditions for a patient.
 - **TX Plan** – When entering recommended treatment for a patient.
 - **Existing** – When posting existing work performed by a provider from your practice.
 - **Auto-State** – Quickly assigns the same status to several procedures. After you click **Auto-State (+)**, the next status button that you click remains selected until you click one of the other status buttons. Auto-state is enabled if the button has a minus sign (-).

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

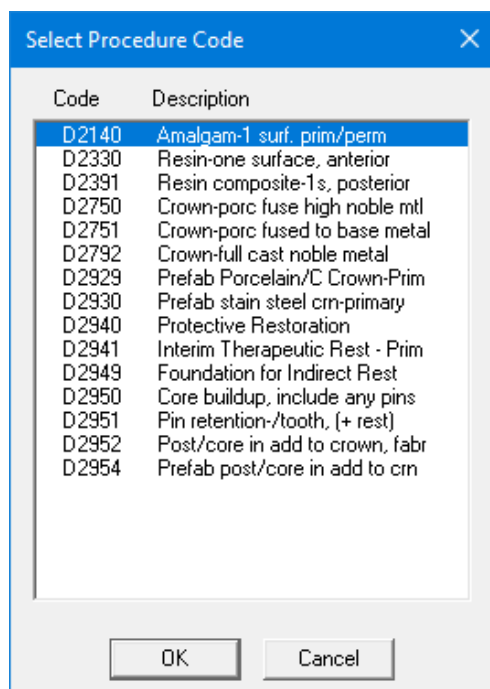
Adding Treatment Using Procedure Category Buttons

When the treatment you are entering is not assigned to a procedure button, you can add treatment using the procedure category buttons.

To add treatment using a procedure category button

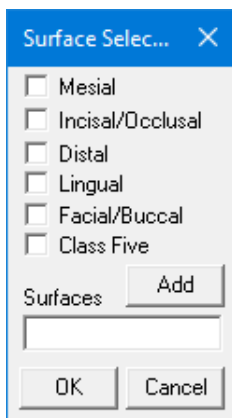
1. In the Chart toolbar, click Select Patient, from the **Select Patient** dialog box, select the patient you are treating, and then click **OK**.
2. To change the provider from the default, in the Chart toolbar, click Change Provider, select a provider from the **Select Provider** dialog box, and then click **OK**.
3. If the treatment requires a tooth number, click the appropriate tooth in the chart.
4. Click the appropriate category button.

The **Select Procedure Code** dialog box appears.



5. Select the appropriate procedure code, and then click **OK**.

You can only select one procedure at a time. If the selected procedure requires additional treatment information, such as surfaces or quadrants, the **Surface Selection** dialog box appears.



6. Select the appropriate treatment areas, click **Add**, and then click **OK**.

The procedure codes update automatically to reflect your surface selections. For example, if you click Amalgam One Surface and then select three surfaces, the three surface codes post to the Chart and Accounts modules.

7. Click the appropriate status button for the procedure you are entering:
- **Complete** – When entering completed work and conditions for a patient.
 - **TX Plan** – When entering recommended treatment for a patient.
 - **Existing** – When posting existing work performed by a provider from your practice.
 - **Auto-State** – Quickly assigns the same status to several procedures. After you click **Auto-State (+)**, the next status button that you click remains selected until you click one of the other status buttons. Auto-state is enabled if the button has a minus sign (-).

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

Editing Treatments

This section explains the following tasks:

- Editing and Deleting Treatments
- Editing Treatments in History
- Editing Surface Paintings
- Deleting Completed Procedures
- Invalidating Procedures in History

Editing and Deleting Treatments

After you enter treatment in the Chart, you may need to edit or delete treatment information.

To edit or delete a treatment

1. Select a patient.
2. In the Progress Notes list, double-click the treatment item that you want to change.

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

3. Do any of the following:

- **Date** – Delete the date and type the correct one.
- **Procedure** – Delete the procedure code and then type the correct one. Or, click the search button to select the correct code.
 - **Tooth** – Delete the tooth number and type a new one.
 - **Surfaces** – Delete the surfaces, and then type new surfaces or click the search button to select the correct surfaces.
- **Amount** – Delete and then type the correct amount.
- **Provider** – Click the search button and then select the correct provider.
- **Procedure Status** – Select the appropriate status: **Treatment Plan**, **Completed**, or **Existing**.

Note: Do not change the status to Completed if you want to post the procedure to the Accounts module; click Set Complete in the Chart instead.

- **Override Ins. estimate** – Select **Prim. Ins.** and/or **Sec. Ins.** and then type the correct estimate amount.
 - **Do Not Bill to Insurance** – Select to prevent the procedure from being billed to insurance.
 - **Require Start/Completion Date** – Select to require start and completion dates.
4. Type any relevant notes regarding the procedure and/or the changes you made.
5. To save your changes, click **OK**.

Editing Treatment in History

To provide security and protect the integrity of your patient data, changes to procedures are locked once they have been moved into history. Procedures are moved into history during the Month End Update. You cannot edit or delete procedures in history. However, you can remove procedures in history from the Chart by invalidating the procedure. For more information on invalidating a procedure, see “Invalidating Procedures in History” on page 119.

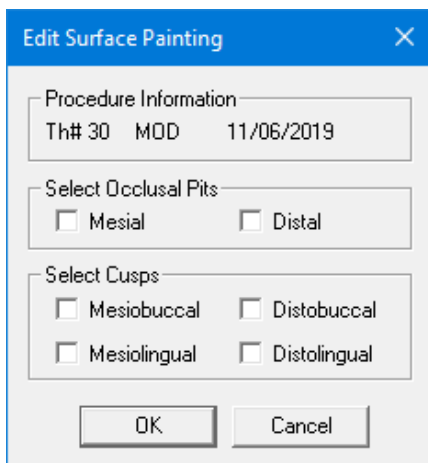
Editing Surface Painting

You can paint “snake eyes” or pits and cusps in the Chart when you use an amalgam for a missing corner of a tooth.

To edit a surface painting

1. Select a patient.
2. Right-click a tooth that has a surface restoration procedure on the incisal/occlusal surface, and then click **Edit Surface Painting**.

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



Note: If you posted more than one procedure with an occlusal surface restoration to the selected tooth, the **Edit Surface Restoration** dialog box appears. Select the appropriate procedure and click **Edit**.

3. From the **Edit Surface Painting** dialog box, select **Mesial** and/or **Distal** to indicate the location of the occlusal pits.
4. Select the appropriate locations for the cusps.

Note: When you select pits, the painting of the pits replaces the default painting of the surface. When you select cusps, the cusps are painted in addition to the default painting of the surface restoration.

5. To save the changes and return to the Chart, click **OK**.

Deleting Completed Procedures

You can delete completed procedures that you no longer need to save in the database.

To delete a completed procedure

1. Select a patient.
2. In the Progress Notes list, double-click the procedure that you want to delete.

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

3. Click **Delete**.
A warning appears.
4. To delete the procedure, click **OK**.

Invalidating Procedures in History

Procedures are posted to both the Accounts module and the Chart simultaneously. However, a different standard regarding record keeping exists for each module. Accounts, as a financial record, follows Generally Accepted Accounting Principals (GAAP) which require that you correct a posting error using an adjustment. In order to comply with GAAP, you cannot make changes to transactions once you move them to history when you close out a month.

In contrast, the Chart serves as a clinical record of patient care. You should correct errors in the Chart to reflect the actual care given. Invalidating a history procedure removes it from the Chart, while leaving it in the Accounts module. If you discover a posting error after moving a procedure to history, you must invalidate the procedure.

To invalidate a procedure in history

1. Select a patient.

- In the Progress Notes list, double-click the procedure you that want to invalidate.
The **Validate/Invalidate Procedure in History** dialog box appears.

- Select **Invalidate Procedure**.
- To save the change, click **OK**.
- Post the transaction again using the correct information, and do the following:
 - Change the charge amount to zero, since you have already billed the account for the procedure.
 - Change the date to reflect the date you originally posted the transaction.

Note: Invalidating a procedure removes it from the Chart, but leaves it in Accounts as a History Procedure. A plus sign (+) appears in front of the procedure to indicate that it has been invalidated.

Viewing Primary or Permanent Teeth

In the Easy Dental Chart, you can view dentition as primary, permanent, or mixed.

Note: By default, the dentition view is set to permanent.

To change dentition from permanent to primary

- Select a patient.
- In the Chart toolbar, click Primary/Permanent, and then click **Change All**.

The Chart updates to display primary dentition.

Note: To restore the chart to permanent dentition, repeat steps 1 – 2. Clicking **Change All** reverses the primary/permanent state for each tooth displayed. For example, if you changed all teeth to primary and you click **Change All**, then all the teeth are changed to permanent.

- Select **Change All**.

The primary/permanent state reverses for all teeth displayed in the graphical chart.

To show mixed dentition

1. Select a patient.
2. In the Chart toolbar, click Primary/Permanent, and then click **Change All**.
The Chart updates to display primary dentition.
3. Select the primary teeth that you want to permanent teeth.
4. In the Chart toolbar, click Primary/Permanent, and then click **Change Selected**.
The dentition of the selected teeth changes from primary to permanent.

Notes

Keeping accurate and thorough documentation of each procedure performed in the dental office is an important part of clinical dentistry. The Easy Dental Chart eases the burden of maintaining this information by offering a variety of notes. This section covers the following topics:

- Entering and Editing Procedure Notes
- Adding and Viewing Clinical Notes

Entering and Editing Procedure Notes

Procedure Notes are attached directly to a procedure for documentation and reference purposes. You can add notes manually during posting. However, to make creating Procedure Notes faster and more accurate, you can create a default note for each procedure code. When you complete a procedure code with a default note in the Chart or the Accounts module, the note is entered automatically. Once entered, you can review the note and make small patient-specific changes.

To learn more about creating procedure note templates, see “Setting up procedure codes” in the Easy Dental Help.

To enter or edit procedure notes

1. In the Progress Notes list, double-click the procedure that you want to add a note to.
The **Edit or Delete Procedure** dialog box appears.

Note: If you have posted the procedure, but it does not appear in the Progress Notes list, make certain that you have selected the correct options from the View menu.

2. In the **Notes** text box, edit the existing or add a note.
3. To save the note and any other changes, click **OK**.

A “»” symbol appears with the procedure in the Progress Note area indicating that the procedure has an associated note.

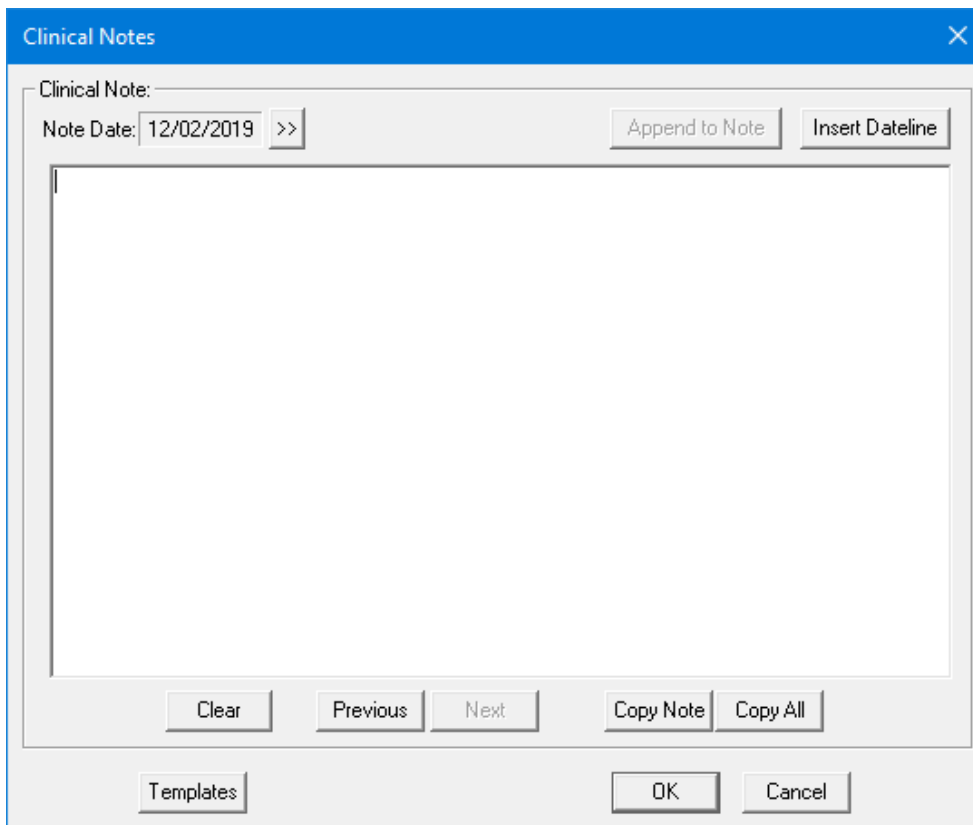
Note: You can review Procedure Notes by double-clicking the procedure.

Adding and Viewing Clinical Notes

Clinical Notes are free-form notes that can be entered at any time during an exam. Clinical Notes offer a method of entering notes for an exam that are not specific to a procedure. Once you send a Clinical Note to history, you cannot edit or delete it. However, you can append an addendum to a Clinical Note in history.

To add or view a clinical note

1. In the Chart toolbar, click Clinical Notes.
The **Clinical Notes** dialog box appears.



2. To attach the current system date to the note, click **Insert Dateline**.
3. Type the note to attach to this patient.
Note: There is a limit of 4,000 characters in the Clinical Notes field.
4. To save the note and return to the Chart, click **OK**.

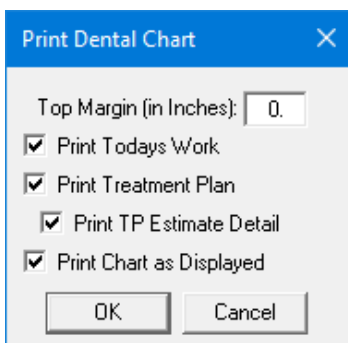
Printing the Dental Chart

You can print a patient's dental chart.

To print the Dental Chart

1. Select a patient.
2. In the Chart toolbar, click Print Dental Chart, and then click **Dental Chart**.

The **Print Dental Chart** dialog box appears.



Note: The Chart prints automatically to the default printer. To learn about how to set up the default printer, see “Setting up printers” in the Easy Dental Help.

3. Select the information that you want to print:
 - **Top Margin (in Inches)** – Type the number of inches to set the top margin for the printout.
 - **Print Today’s Work** – To include today’s work in the printout.
 - **Print Treatment Plan** – To include treatment-planned procedures in the printout.
 - **Print TP Estimate Detail** – To include the estimates for the treatment-planned procedures in the printout.
 - **Print Chart as Displayed** – To print the Chart as it is displayed on the screen.
4. To print the Chart with the specified options, click **OK**.

The Estimator

The Estimator is an effective tool in patient consultations. From the Estimator, you can calculate and display a patient’s entire treatment plan, showing the total charge, patient portion, and insurance portion.

From the Estimator, you can set treatment plan procedures in order of up to 52 steps. The patient’s or family’s remaining insurance benefits are calculated and displayed.

Calculations are based on the insurance coverage table and a payment table file. For the insurance portion, the Estimator always looks at the payment table file and then at the coverage table. For co-payments, the Estimator checks the appropriate calculation.







Whether a patient has a co-payment or not, if a procedure is not in a coverage table category and is not in the payment table file, the patient’s portion will be 100% of the charge.






For more information, see the Easy Dental Help.

The Estimator Toolbar

The Estimator toolbar contains command buttons that allow you to perform several tasks.



Icon	Name	Function
	Exit	Click to exit the Estimator.
	Set Order	Click to assign order numbers to procedures in the procedure list.
	Display Orders	Click to change order colors.
	Delete	Click to delete an order from the Estimator.
	Set Complete	Click to set a procedure to complete.
	Update Fees	Click to update any fee schedule changes.

Icon	Name	Function
	Dental Pre-estimate	Click to set or clear pre-estimates for a procedure.
	View	Click to modify which items appear in the Estimator window.
	Default Note for Printing	Click to enter a note for each procedure in the Estimator.
	Print	Click to print a treatment plan report.
	Refresh	Click to refresh the Chart after setting a procedure to complete in the Estimator.

Chapter 6: Perio Chart

The Perio Chart is a comprehensive periodontal charting tool that you use to record mobility, furcation grades, plaque, calculus, bone loss, pocket depths, bleeding and suppuration points, gingival margins, CAL levels, and MGJ measurements. Automatic calculation formulas expedite the charting process by eliminating the need to measure multiple indicators. Specially designed note tools help you record diagnostic and summary information, including periodontal case typing using the appropriate ADA diagnostic codes and descriptions. Once entered, you can view data numerically. You can print custom reports, charts, and letters for an insurance consultant or the referring dental professional.

This chapter covers the following topics:

- The Perio Chart Window
- Setting up the Perio Chart
- Creating an Exam
- Printing Perio Reports

The Perio Chart Window

The Perio Chart is divided into the following areas:

- Perio Chart Toolbar
- Data Chart
- Tooth Indicator Controls
- Navigation Controls
- Data Entry Controls







The screenshot shows the 'Perio Chart - Crosby, Brent L - DDS1 [11/22/2019](NEW)' window. It features a toolbar at the top with icons for New Exam, Open Exam, Save Exam, Print Perio Reports, Options, and Setup. Below the toolbar is a data grid with columns numbered 1 to 16 and rows for various clinical indicators (T#, PD, Bld, Sup, GM, CAL, MG, FG, TC, PMB). To the right of the grid are three control panels: 'Tooth Indicator Controls' (Tooth #, Mobility, Tooth Code, Furcation Grade(s), Plaque, Bone Loss), 'Navigation Controls' (Script, Prev, Arch, Home, Next), and 'Data Entry Controls' (Facial, *Facial/Lingual, Probing Depth, Gingival Margin, Clinical Att. Level, MGJ).

The Perio Chart Toolbar

The Perio Chart toolbar has buttons specific to the Perio Chart features.



Button	Name	Function
	New Exam	Click to open a new perio exam.
	Open Exam	Click to open a perio exam.
	Save Exam	Click to save a perio exam.
	Print Perio Reports	Click to print a perio report.
	Options	Click to open the Options menu.
	Setup	Click to open the Perio Entry Setup dialog box.

	Set Date	Click to set a date for a perio exam.
	Select Provider	Click to select a dental care provider.
	Perio Score	Click to open the Perio Score dialog box.
	Diagnostics	Click to open the Perio Clinical Notes dialog box.
	Summary	Click to open the Perio Chart Totals dialog box.
	Help	Click to open the Help menu.

Data Chart

You use the data chart to input and display all periodontal data relevant to the current perio exam. The text column that extends down the left side of the data chart indicates the measurement type listed in the corresponding row.

T#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
PD		322	233	333	333	232	222	222	111	111	222	222	222	112	121	
Bld		0		0		0							0			
Sup		0		0									0			
GM		111	222	222	122	000		111	211	111		1	211			
CAL		333	333	333	333	233	222	333	322	333	222	322	333	112	121	
MG																
FG					1000											
TC																
PMB				1		1	2							2		
PD		332	333	333	333	333	221	111	111	122	222	222	222	222	221	
Bld		0														
Sup		0		0									0			
GM		112	222	222	222	111	001	111	211	111		001	211			
CAL		333	333	333	333	333	322	332	322	233	222	322	333	222	221	
MG																
PD		333	333	333	222	222	111	111	111	222	233	222	333	333	333	
Bld																
Sup					0						0					
GM		111	111	111					111	112	111	111	111	111	111	
CAL		333	333	333	222	222	111	111	111	333	333	333	333	333	333	
MG																
FG															10	
TC																
PMB																
PD		333	333	333	222	222	233	222	112	222	332	222	333	333	333	
Bld								0						0		
Sup																
GM		112	111	111	111	111	111		111	111	110	111	222	222	222	
CAL		333	333	333	333	222	233	222	223	333	332	333	333	333	333	
MG																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

The following list contains explanations of the abbreviations used in the data chart:

- **T# (Tooth Number)** – Indicates the tooth number to which the displayed information belongs.
- **PD (Probing Depth)** – Indicates the depth of the periodontal pocket in millimeters.
- **Bld (Bleeding)** – Indicates a bleeding point with a red oval.
- **Sup (Suppuration)** – Indicates suppuration (infection) at that site with a yellow oval.
- **GM (Gingival Margin)** – Indicates the gingival margin (recession) measurement in millimeters.
- **CAL (Clinical Attachment Level)** – Indicates the CAL measurement in millimeters.

- **MG (Mucogingival Junction)** – Indicates the MGJ measurement in millimeters.
- **FG (Furcation Grade)** – Indicates the furcation involvement for the tooth.
- **TC (Tooth Code)** – Indicates special conditions relevant to the tooth. Conditions may include the following: C for Crown, P for Pontic, I for Implant, U for Unerupted, M for Missing, ID for Impacted Distal, or IM for Impacted Mesial.
- **PMB (Plaque, Mobility, and Bone Loss)** – Indicates Plaque, Mobility, and Bone Loss measurements specific to the tooth.

The shading within the data chart has special significance. Yellow areas represent measurements taken from the lingual side of the tooth. Blue areas represent measurements taken from the facial (buccal) side of the tooth. White areas represent measurements that correspond to the tooth in general. Within the yellow and blue areas, you can input six measurements (three on the facial side and three on the lingual side) for each tooth.

Tooth Indicator Controls

The tooth indicator controls provide control options for inputting data specific to a selected tooth. The information input through the tooth indicator controls is displayed in the white areas of the data chart.

From the tooth indicator controls, you can input mobility, furcation grade, plaque, and bone loss. In addition, you can reference the number of the currently selected tooth and a text description of any codes (crowns, pontic, implant, and so on) associated with that tooth.

Tooth #	Mobility
<input type="text" value="2"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Tooth Code	Furcation Grade(s)
<input type="text" value="(none)"/>	<input type="text" value=""/> >>
Plaque	Bone Loss
<input type="text" value=""/>	<input type="text" value=""/>

Navigation Controls

To speed up the entry of perio exam data, scripts advance exams automatically from site-to-site and tooth-to-tooth. Since different care providers may chart differently, you can select from six pre-defined movement “scripts.” These scripts indicate which measurements are input (PD, GM, CAL, and so on) and in what order. Similarly, the script indicates what tooth number to advance to next.

The navigation controls work in conjunction with the script settings. The tooth in the script that was last worked on is listed in the Script box.

Script	<-	Arch	->
<input type="text" value="1"/>	Prev	Home	Next

- To move to a previous tooth without changing the script settings, click the left arrow button.
- To move to the next tooth without changing the script settings, click the right arrow button.
- To switch between the upper and lower arch (or vice versa) without changing the script settings, click **Arch**.
- To rewind the script setting to a previous tooth, click **Prev**.
- To advance to the next tooth in the script, click **Next**.
- To return to the first tooth in the script, click **Home**.

Data Entry Controls

Using data entry controls, you can input data specific to different sites on the selected tooth. From the data entry controls, you can input probing depths, bleeding and suppuration points, gingival margins, clinical attachment levels, and mucogingival junction measurements.

You use the keypad to enter measurements with the mouse or a light pen. Click the **Facial/Lingual** to switch from the facial side to the lingual side of a tooth (or vice versa).

Facial			*Facial/Lingual			
Probing Depth			7	8	9	1-
3	2	2	4	5	6	+
B	B	B	1	2	3	Nxt
S	S	S	0	Clear		
Gingival Margin			<-	v	->	
1	1	1				
Clinical Att. Level						
3	3	3				
MGJ						

Setting up the Perio Chart

Perio exam methods and philosophies differ from provider to provider. To facilitate different charting styles, providers can set up scripts and paths that represent their preferred method of examination. You can access all setup functions from the **Perio Entry Setup** dialog box in the Perio Chart.

This section covers the following topics:

- Customizing perio examinations
- Configuring Auto Settings
- Setting the Calculation Options
- Setting the Flag Red Limit
- Indicating Script Settings
- Skipping Teeth with Selected Conditions

Customizing Perio Examinations

From the **Perio Entry Setup** dialog box, you can customize the scripts that represent your preferred method of examination.

To customize a perio examination

1. Select a patient.
2. In the Chart toolbar, click Perio.
The Perio Chart appears.

Note: If the Perio button is blue, a perio exam is on file for this patient.

3. In the Perio Chart toolbar, click Setup.

The **Perio Entry Setup** dialog box appears.

Perio Entry Setup

Auto Settings

Path Advance

Tooth Advance

Calculation Options

CAL = PD + GM PD = CAL - GM

GM = CAL - PD No Calculation

Flag Red Limit

4 5 6

Probing Depth C.A.L.

Script Settings

Script 1 Script 2 Script 3

Measure: Measure: Measure:

Script 4 Script 5 Script 6

Measure: Measure: Measure:

None

Skip Teeth with Selected Conditions

Crown Implant & Crown Impacted - Mesial Pontic

Implant Missing Impacted - Distal Unerupted

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

Configuring Auto Settings

The Path Advance setting controls the order of movement through the probing areas of each tooth. Clearing the box will inactivate the automatic path advance and require you to press the Enter key each time a measurement has been entered to advance to the next site.

The Tooth Advance setting controls the order of movement from tooth-to-tooth. Clearing the box inactivates the script settings and requires that you move from tooth to tooth manually.

Setting the Calculation Options

When you are completing a perio chart, remember that the probing depth, gingival margin, and clinical attachment level measurements have a mathematical relationship. Given any two of the three measurements, the third is calculated mathematically. Select one of the following four calculation options:

- **CAL = PD + GM** – Select if you plan to enter the probing depth and gingival margin measurements. Once you enter those measurements, the clinical attachment level measurement is calculated automatically.
- **GM = CAL – PD** – Select if you plan to enter the clinical attachment level and probing depth measurements. Once you enter those measurements, the gingival margin measurement is calculated automatically.
- **PD = CAL – GM** – Select if you plan to enter the clinical attachment level and gingival margin measurements. Once you enter those measurements, the probing depth measurement is calculated automatically.
- **No Calculation** – Select only if you will enter one measurement and do not want to perform a calculation.

Note: Selecting any of these calculation methods disables the automatically calculated measurement entry boxes on the Perio Chart. For example, if you select **CAL**, the clinical attachment level entry boxes are disabled, and you cannot enter data manually. If you select **No Calculation**, none of the boxes are disabled, and you can enter data manually into any set of boxes.

Setting the Flag Red Limit

As you enter perio measurements in the Perio Chart, you can display a certain degree of probing depth and clinical attachment level in red. As you enter measurements, if the probing depth or CAL is equal to or greater than the selected flag red limit, the measurement displays in red on the data chart. For example, under Flag Red Limit, if you select 4, all probing depths or CAL equal to or greater than 4 display in red.

- You can display the probing depth in red by selecting **Probing Depth**.
- You can display the clinical attachment level in red by selecting **CAL**.

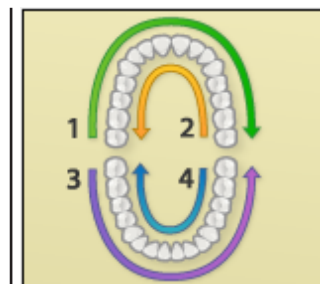
Indicating Script Settings

Script settings dictate the sequential order of movement from tooth to tooth and the sequential order of movement through the probing areas of each tooth.

You can choose to measure probing depths, gingival margin, clinical attachment level, or mucogingival junction using one of the six pre-defined scripts that come with Easy Dental.

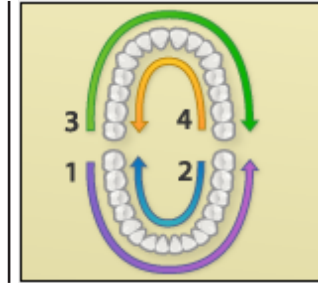
Pre-defined Script 1

The first pre-defined script starts with tooth 1 on the facial side and advances from left to right from tooth 1 to 16. At the end of the arch, the script reverses direction, moving from tooth 16 back to 1 on the lingual side. Next, the script switches to the lower arch and moves from tooth 32 to 17 on the facial side. Finally, the script reverses again and advances from tooth 17 to 32 on the lingual side.



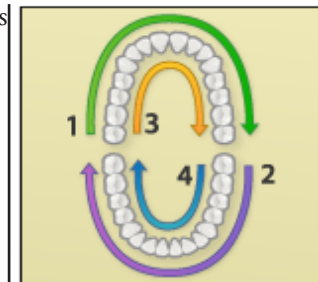
Pre-defined Script 2

The second pre-defined script starts you on tooth 32 on the facial side and advances from left to right, advancing from tooth 32 to 17. At the end of the arch, the script reverses direction, advancing from tooth 17 to 32 on the lingual side. Next, the script moves to the upper arch and advances from tooth 1 to 16 on the facial side. Finally, the script reverses again and advances from tooth 16 back to 1 on the lingual side.



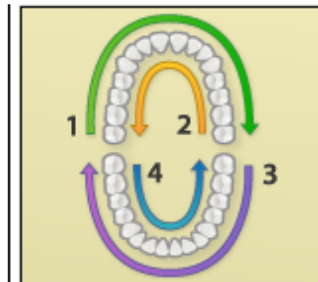
Pre-defined Script 3

The third pre-defined script starts you on tooth 1 on the facial side and advances from left to right, advancing from tooth 1 to 16. At the end of the arch, the script drops down to the lower arch and advances from tooth 17 to 32 on the facial side. Next, the script moves back up to the upper arch and advances from tooth 1 to 16 on the lingual side. Finally, the script drops down to the lower arch again and advances from tooth 32 back to 17 on the lingual side.



Pre-defined Script 4

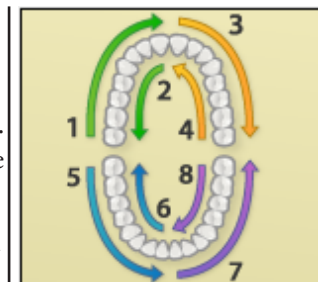
The fourth pre-defined script starts you on tooth 1 on the facial side and advances from left to right, advancing from tooth 1 to 16. At the end of the arch, the script reverses direction, advancing from tooth 16 back to 1 on the lingual side. Next, the script drops down to the lower arch and advances from tooth 17 to 32 on the facial side. Finally, the script reverses again and advances from tooth 32 back to 17 on the lingual side.



Pre-defined Script 5

The fifth pre-defined script starts with tooth 1 on the facial side and advances from left to right from tooth 1 to 8. Then, the script reverses direction, moving from tooth 8 back to 1 on the lingual side. After the upper left quadrant is done, the script moves to tooth 9 on the facial side and moves from tooth 9 to 16. Next, the script reverses direction again, moving from tooth 16 back to 9 on the lingual side.

After the upper right quadrant is done, the script switches to the lower arch and moves from tooth 32 to 25 on the facial side. Then, the script reverses again, advancing from tooth 25 back to 32 on the lingual side. After the lower left quadrant is done, the script moves to tooth 24 on the facial side and moves from tooth 24 to 17. Finally, the script reverses again and advances from tooth 17 back to 24 on the lingual side.

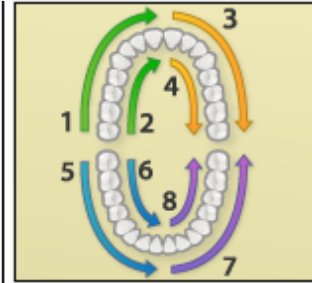


Pre-defined Script 6

The sixth pre-defined script starts with tooth 1 on the facial side and advances from left to right from tooth 1 to 8. Then, the script advances from tooth 1 to 8 on the lingual side. After the upper left quadrant is done, the script moves to tooth 9 on the facial side and advances from tooth 9 to 16. Next, the script advances from tooth 9 to 16 on the lingual side.

After the upper right quadrant is done, the script switches to the lower arch and moves from tooth 32 to 25 on the facial side. Then, the script moves from tooth 32 to 25 on the lingual side. After the lower left quadrant is done, the script moves to tooth 24 on the facial side and moves from tooth 24 to 17. Finally, the script moves from tooth 24 to 17 on the lingual side.

Note: If you do not want to use a pre-defined script, click **None**. When you enter measurements, the Perio Chart advances from tooth-to-tooth and ends with tooth 32.



Skipping Teeth with Selected Conditions

Teeth with certain conditions (such as unerupted or missing teeth) should be skipped when entering perio data. To skip these teeth automatically, select the desired condition types in the **Perio Entry Setup** dialog box.

Note: To skip these teeth, you must first post the condition in the Chart.

Creating Exams

You have a great deal of flexibility when creating a perio exam. If desired, you can enter only the most basic information, such as probing depths. However, for users who want to do a more comprehensive exam, most every perio classification and measurement is available to be charted and noted. This section explains how to complete the following tasks:

- Entering Perio Measurement Data
- Entering Perio Data Using the Keyboard
- Saving an Exam
- Comparing Exams

Entering Perio Measurement Data

You can enter perio measurements using a keyboard, mouse, or light pen. The perio exam advances automatically through Perio Chart following your script settings.

To enter perio measurement data

1. With a patient selected in the Chart, in the toolbar, click Perio Chart.
The Perio Chart appears.

Note: If a patient has a previous perio exam in the system, that exam loads automatically as a reference. You can save time by entering only the measurements that have changed since the last exam.

2. If necessary, in the Perio Chart toolbar, click Setup, and then select the script settings that match your charting style.
3. As appropriate, in the Perio Chart toolbar, click New Exam or Open Exam, and then type or click to enter measurements.

The exam advances automatically through the data chart according to your script settings. To enter information not included in the script, use your mouse and the Perio Chart controls.

The following list outlines the function of each item in the controls:

- **Tooth #** – Used as a reference, displays the current tooth being charted.
- **Mobility** – Select a mobility classification. Select the desired classification. The number appears in the center placement of the PMB line on the Data Chart.
- **Tooth Code** – Displays applicable condition information about the tooth.
- **Furcation Grade** – Select a furcation grade. Click the **Furcation Grade(s)** search button to display the **Furcation Grade** dialog box. Furcation Grades relevant to the selected tooth will be shown. Select the desired furcation and click **OK**.
- **Plaque** – Select a plaque classification. Expand the list and select the appropriate classification. A corresponding number appears in the left placement of the PMB line on the Data Chart.
- **Bone Loss** – Select a bone loss classification. Expand the list and select the appropriate classification. A corresponding number appears in the right placement of the PMB line on the Data Chart.
- **Facial/Lingual** – Click this button to switch between surface selections.
- **Probing Depth** – Enter probing depth measurements. The exam automatically advances through the boxes depending on your path settings. (Depending on the Calculation Option selected in the Setup screen, this option may be disabled. See “Setting the Calculation Options” in this chapter for more information.)

- **B (Bleeding)** – Clicking the “**B**” oval indicates a bleeding point on the tooth. A red oval corresponding to the selected tooth and site appears on the Data Chart. (Pressing the “**B**” key on the keyboard at the appropriate point in the path accomplishes the same task.)
- **S (Suppuration)** – Clicking the “**S**” oval indicates an infection point on the tooth. A yellow oval corresponding to the selected tooth and site appears on the Data Chart. (Pressing the “**S**” key on the keyboard at the appropriate point in the path accomplishes the same task.) To add both suppuration and bleeding to the same tooth, press the **Ctrl** and “**B**” keys simultaneously. Both suppuration and bleeding symbols will be added to the selected tooth.
- **Gingival Margin** – Enter gingival margin measurements. The exam automatically advances through the boxes depending on your path settings. (Depending on the Calculation Option selected in the Setup screen, this option may be disabled. See “Setting the Calculation Options” in this chapter for more information.)
- **Clinical Attachment Level** – Enter CAL measurements. The exam automatically advances through the boxes depending on your path settings. (Depending on the Calculation Option selected in the Setup screen, this option may be disabled. See “Setting the Calculation Options” in this chapter for more information.)
- **MGJ** – Enter mucogingival junction measurements. The exam automatically advances through the boxes depending on your path settings.
- **1-** – Occasionally, a measurement is greater than nine millimeters. Use this button for these higher numbers. As an example, if the pocket depth was 12 millimeters, enter it by clicking the “**1-**” button followed by the “**2**” button. Measurements greater than nine millimeters appear as “**>**” on the Data Chart.
- **+** – Occasionally, the gingival margin is above the MGJ. In these cases, enter the measurement as a positive number. Enter this measurement in the chart by selecting this button followed by the appropriate number. This button only works when you enter a GM measurement. To show that the GM is a positive number, the number appears on the Data Chart as a white number in a black square.

Entering Perio Data Using the Keyboard

Below is a list of keyboard commands that you can use if you prefer keyboard entry over the mouse or light pen.

- **Numeric Key Pad** – Works the same as the number buttons on the entry display screen.
- **Number Keys** – Work the same as the number buttons on the data entry display screen.
- **Page Up** – Works the same as the **Prev** button on the display screen.
- **Page Down** – Works the same as the **Next** button on the display screen.
- **Home** – Works the same as the **Home** button on the display screen.
- **Del** – Clears all entries in the current selection. Works the same as the **Clear** button on the display screen.
- **Arrow Keys** – Works the same as the arrow buttons in the Data Entry controls.
- **Asterisk (*)** – Works the same as the **Facial/Lingual** button on the display screen. It toggles between the two surfaces of the selected tooth.
- **Enter** – Advances the selection through the current path and script settings.

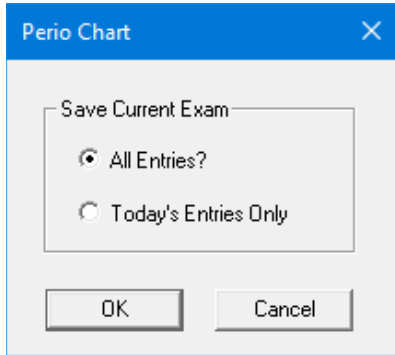
Saving an Exam

You can save new data to previously saved exams; or if the patient does not have any saved exams, you can save the data for the current exam only.

To save an exam

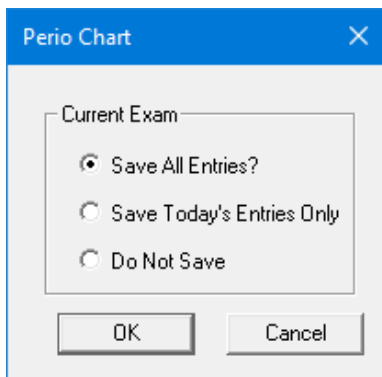
1. In the Perio Chart toolbar, click Save Exam.

The **Perio Chart** dialog box appears.



2. Select one of the following:
 - **All Entries?** – Saves all displayed exam information for patients with previous perio exam information.
 - **Today's Entries Only** – Saves the information from the current perio exam only.

If you enter new data on a previously saved exam and attempt to close Perio Chart or open another exam, the following **Perio Chart** dialog box appears.



3. For patients with previous perio exam information, select one of the following:
 - **Save All Entries?** – Saves all displayed exam information.
 - **Save Today's Entries Only** – Saves only information entered today.
 - **Do Not Save** – Does not save the exam.
4. To save the exam information, click **OK**.

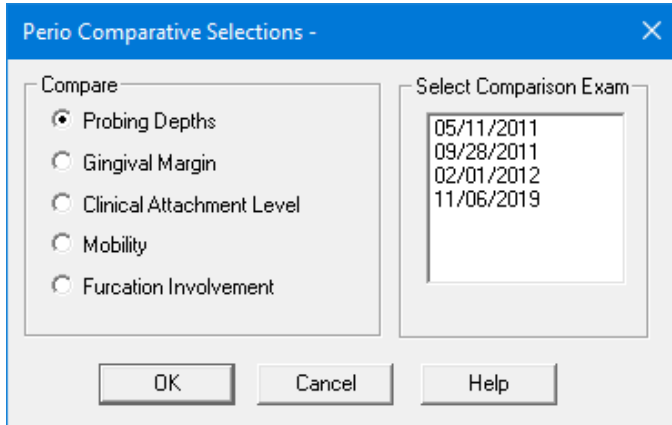
Comparing Exams

To help educate your patients regarding periodontal disease progression, you can compare up to four previous perio exams with the current exam.

To compare exams

1. In the Perio Chart toolbar, click Options, and then click **Exam Comparison**.

The **Perio Comparative Selections** dialog box appears.



2. Under **Compare**, select the type of comparison that you want.
 - **Probing Depths** – To review a comparison of probing depth measurements.
 - **Gingival Margin** – To review a comparison of gingival margin measurements.
 - **Clinical Attachment Level** – To review a comparison of clinical attachment levels.
 - **Mobility** – To review a comparison of mobility measurements.
 - **Furcation Involvement** – To review a comparison of furcation grades.
3. Under **Select Comparison Exam**, select the exam that you want to compare the current exam to.

Note: All previous exams appear in the list. You can select up to four exams to compare.

4. To activate your choices, click **OK**.

A comparison chart appears with a legend to explain the symbols.

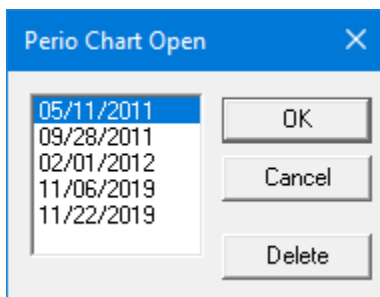
Printing Perio Reports

You can use the Perio Chart to print a variety of different charts and letters to document periodontal exam information.

To print a perio report

1. In the Perio Chart toolbar, click Open Exam.

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

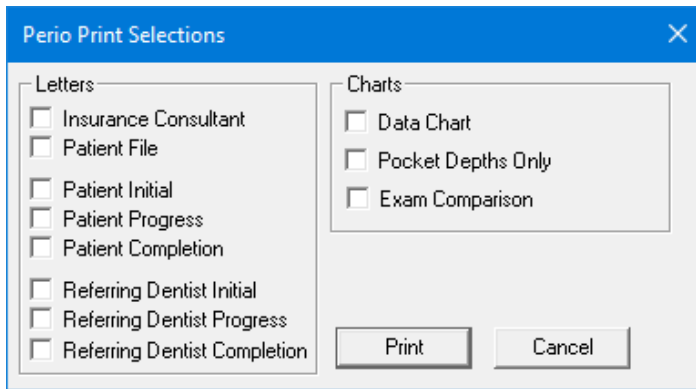


2. Select the exam that you want to print, and then click **OK**.

The selected exam information appears.

- In the Perio Chart toolbar, click Print Perio Reports.

The **Perio Print Selections** dialog box appears.



- Select any of the following reports that you want to print:
 - Insurance Consultant Letter** – Prints a letter that you can send as documentation of perio disease diagnosis to an insurance carrier.
 - Patient File** – Prints a document that you can place in the patient’s chart that documents the perio diagnosis for the selected exam.
 - Patient Initial** – Prints a letter that you can send to patients to remind them of perio diagnosis and to suggest home care aids.
 - Patient Progress** – Prints a follow-up letter that you can send to patients to update them on their perio status.
 - Patient Completion** – Prints a congratulatory letter that you can send to patients on the completion of their perio treatment. The letter contains several helpful reminders to aid patients in maintaining their perio health.
 - Referring Dentist Initial** – Prints a letter that you can send as documentation of perio disease diagnosis to the referring dentist.
 - Referring Dentist Progress** – Prints a letter that contains updated diagnostic information for the referring dentist.
 - Referring Dentist Completion** – Prints a letter that contains final diagnostic information and explains that the patient should return to the referring dentist for general dental care.

Note: All letters require that you install Microsoft Word on the computer they are printed from.

 - Data Chart** – Prints the Data Chart.
 - Pocket Depths Only** – Prints the Data Chart, but only includes pocket depths.
 - Exam Comparison** – Prints the Exam Comparison Chart. This option is only available when you are viewing an exam comparison.
- To print your selections, click **Print**.

Chapter 7: Treatment Plans

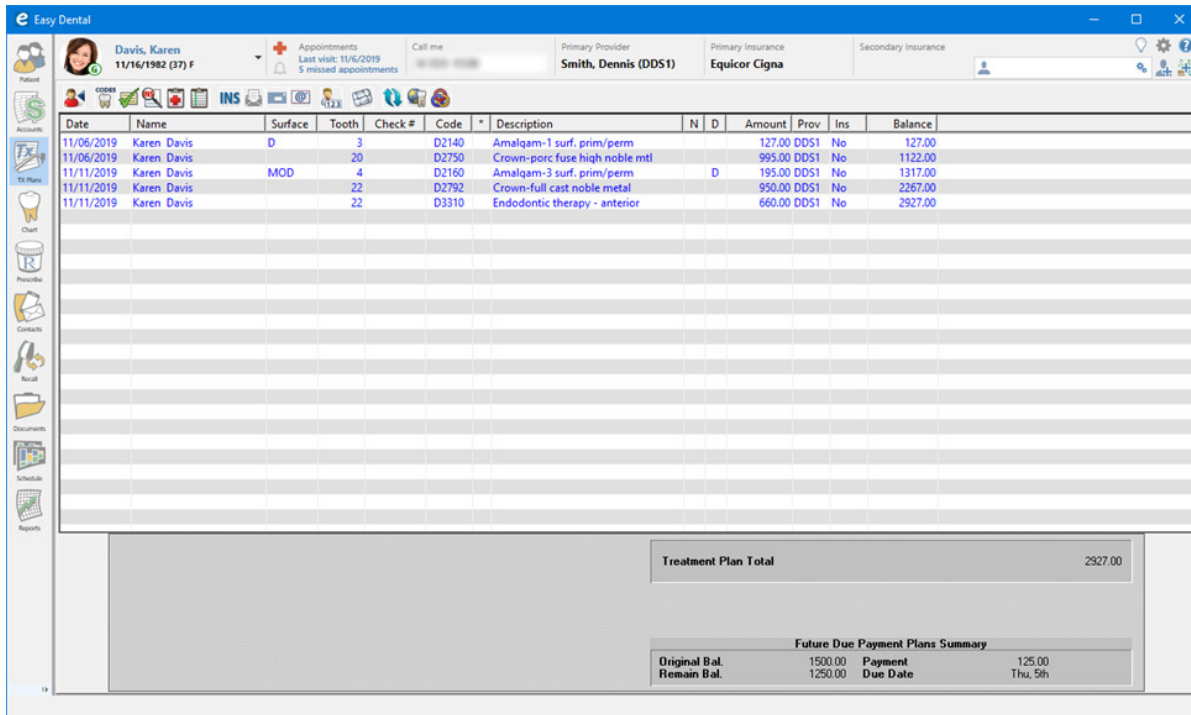
With the Treatment Plans module, you can record work for patients that needs to be completed. Once you enter a treatment plan, the patient can order treatment, and you can give a copy of the plan (including pricing and insurance estimates) to the patient. Finally, you can use the Treatment Plans module to create and manage insurance pre-treatment estimates.

This chapter covers the following topics:

- The Treatment Plans Window
- Entering a Treatment Plan
- Attaching Diagnostic Codes
- Managing Pre-Treatment Estimates

The Treatment Plans Window

You can use the Treatment Plans module to post, edit, and delete treatment-planned procedures. The Treatment Plans module has the Patient Banner, a toolbar, transaction log, and treatment plan total.



In the Treatment Plan module, the **Ins** column of the Transaction Log shows the following:

- 1** for treatments requiring pre-authorization for primary insurance.
- **2 for treatments requiring pre-authorization for secondary insurance.
- 1*2 for treatments that need pre-authorization for both insurances.
- If pre-authorization is not required, the column will show “No” for recommended treatments that are not attached to a pre-treatment estimate claim, and the column will be blank for those treatments that are attached to a pre-treatment estimate claim.















Note: For procedures, you must have selected the Pre-Est box in the Coverage Table for these conditions to apply.

If you deleted a pre-treatment estimate claim, the insurance column for all treatments that were on that claim will show the appropriate 1**, **2, or 1*2. When you receive pre-authorization, the insurance column will show “Acc” for accepted or “Rej” for rejected for each applicable procedure. A pre-treatment estimate claim is listed from the Treatment Plan option until you delete it.

The Treatment Plans Toolbar



Button	Name	Function
	Select Patient	Click to select a patient.

Button	Name	Function
	Enter Procedure	Click to enter procedure codes and post the treatment plan to the transaction log.
	Set Procedures Complete	Click to set procedures in the transaction log to complete.
	Show Transaction Links	Click to show which transactions are related to one another.
	Dental Diagnostics - Attach to Procedures	Click to select diagnostic codes and attach them to procedures.
	Patient Diagnoses	Click to add, view invalidated, and print patient diagnostic codes and medical alerts.
	Create Insurance Estimate	Click to enter primary and secondary pre-treatment insurance estimates for treatment plans.
	Quick Letters	Click to merge data from the Easy Dental database with Microsoft Word templates to create letters for patients.
	Quick Labels	Click to create custom labels.
	Send Message	Click to send email messages. You must install a MAPI-compliant electronic messaging system to use this feature.
	Estimator	Click to display a patient's treatment plan and calculate total charge and patient and insurance portions.
	Digital Imaging	Click if you have digital imaging installed and want to send an image with a claim electronically.
	Refresh	Click to refresh lists sent to the Batch Processor.
	Easy Web	Click to display the Easy Web toolbar.
	easylink	Click to link Easy Dental with digital X-ray and imaging systems.

Entering a Treatment Plan

You can enter treatment for patients using the Treatment Plans module.

To enter a treatment plan

1. In the Treatment Plans toolbar, click Select Patient, and then select a patient.
2. In the Treatment Plans toolbar, click Enter Procedure.

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

3. In the **Procedure Code** field, enter the procedure code you want to add to the treatment plan. Otherwise, do one of the following:
 - Click the **Procedure** search button.

The **Procedure Codes** dialog box appears.

- Select a category from the **Category** list.
 - Select the appropriate code from the **Procedure Code List**, and then click **OK**.
 - Double-click an explosion code from the **Explosion Codes** list.
 - If necessary, enter additional information such as tooth numbers or surfaces.
4. If necessary, change the amount or provider for the procedure.

5. To add the procedures to the **Procedure List**, click **Add**.
6. To save the procedures to the Treatment Plan, click **OK/Post**.

Attaching Diagnostic Codes

You can attach dental diagnostic codes to treatment-planned procedures so the codes are applied automatically when a treatment plan is recorded.

Note: You must first set up dental diagnostic codes. For more information, see “Setting up Dental Diagnostic Codes” in Chapter 2.

To attach diagnostic codes to treatment-planned procedures

1. In the Treatment Plans module, select the procedure that you want to attach diagnostic codes to.
2. In the Treatment Plans toolbar, click Dental Diagnostics - Attach to Procedure(s).

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

Code	Category	Description
D3-02000	Other	Hypertension
D4-51051	Other	Dental Fluorosis
D4-51075	Other	Abnormal Tooth eruption
D4-51120	Other	Vertical Overbite
D4-51131	Other	Malocclusion angle, class 1
D4-51261	Other	Failure of Exfoliation
D4-51520	Other	Dentigerous cast
D5-10130	Other	Cementum Caries
D5-10250	Other	Secondary dental caries, NOS

3. Under **Included Diagnostic Codes**, select the appropriate category from the list.
4. Select the code or codes that you want to use, and then click **Add**.
The code or codes move to the **Selected Diagnostic Codes** list.
5. Click **OK**.

Managing Pre-Treatment Estimates

This section covers the following topics:

- Creating Pre-Treatment Estimates
- Entering Insurance Estimates
- Showing Transactions Links
- Setting Procedures Complete

Creating Pre-Treatment Estimates

You can create pre-treatment estimates for single or multiple procedures.

To create a pre-treatment estimate

1. In the Treatment Plans transaction log, select a procedure.
2. In the Treatment Plans toolbar, click Create Insurance Estimate.

The Primary Pretreatment Estimate window appears.

Primary Pretreatment Estimate (11/22/2019) Created						
Patient: Davis, Karen Subscriber: Davis, Karen Employer: Noble Finance			Carrier: Equicor Cigna Group Plan: Noble			
Billing Provider: Smith, Dennis			Claim Information: Standard			
Rendering Provider: Smith, Dennis			Diagnosis: 1) D4-51051 2) D4-51120			
Pay-To Provider: Smith, Dennis						
Tooth	Surface	Description	Date	Code	Fee	Ins Est
4	MOD	Amalgam-3 surf. prim/perm	11/11/2019	D2160	195.00	0.00
Date Received			Itemized Total:		0.00	Total Fee: 195.00 Estimated Ins. Portion: 156.00 Total Auth: 0.00
Status			Insurance Plan Note			
Create Date: 11/22/2019 Date Sent:			Tracer: On Hold: Re-Sent:			
Claim Status Note: (No Note)			Remarks for Unusual Services (No Note)			

3. In the Primary Pretreatment Estimate toolbar, click Print.

The **Pre-Estimate** dialog box appears.

Pre-Estimate ... X

Include

Claim

Attachment(s)

Send to batch

Send Electronically

Print

Cancel

4. Click **Send to batch**, **Send Electronically**, or **Print** as appropriate.

Entering Insurance Estimates

From the Treatment Plans module, you can enter primary and secondary pre-treatment insurance estimates for treatment plans.

To enter a primary pre-treatment insurance estimates

1. In the Treatment Plan transaction log, double-click the pre-treatment estimate you want to enter.

The Primary Pre-Treatment Estimate window appears.

2. In the Primary Pretreatment Estimate toolbar, click Enter Estimate, and then click **Itemize by Procedure** or **Total Estimate Only**.
 - If you select **Total Estimate Only**, the **Total Insurance Pre-Estimate** dialog box appears. Skip to Step 3.

- If you select **Itemize by Procedure**, the **Pre-Treatment Estimate Update** dialog box appears.

- Select **Accepted** or **Rejected**.

Note: If pre-treatment estimates are not itemized by procedure, the procedures are not flagged as accepted or rejected. And when the insurance pays for the procedures, the itemized amount will not default to the itemized amount.

- Type the **Estimate Amount**.
- Select **Yes** to update the payment table according to the payment entered. All future estimates for this code with this carrier will be based on the amount entered.
- Repeat for each.
- Click **OK**.

The **Total Insurance Pre-Estimate** dialog box appears.

3. Type the **Pre-Auth Number** that will follow each procedure when it is completed and the insurance claim is created.
4. Type the estimate amount in the **Total Estimate** field, and then click **OK/Post**.
5. In the Primary Pretreatment Estimate toolbar, click Exit.

To enter a secondary pre-treatment insurance estimate

1. In the Treatment Plan transaction log, double-click the pre-treatment estimate.

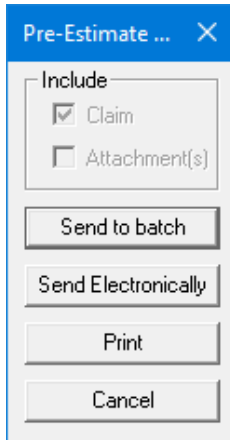
The Primary Pre-Treatment Estimate window appears.

2. In the Primary Pretreatment Estimate toolbar, click View Secondary.

The Secondary Pretreatment Estimate window appears, and a secondary pretreatment insurance estimate is added to the Treatment Plans transaction log.

3. In the Secondary Pretreatment Estimate toolbar, click Exit.

The **Pre-Estimate** dialog box appears.



4. Select one of the following options:
 - **Send to batch** – Sends the secondary claim to the Batch Processor.
 - **Send Electronically** – Sends the secondary claim via e-mail.
 - **Print** – Sends the secondary claim to a printer.
 - **Exit** – Closes the Secondary Pretreatment Estimate window.

Showing Transactions Links

You can use transaction links to quickly see related transactions listed in the transaction log of the Treatment Plans module. For example, you may want to see all procedures linked to an insurance claim or vice-versa.

To show transaction links

Select the transaction that you want to find links for, and then from the Treatment Plans toolbar, click Show Transactions Links.

All transactions linked to the selected transaction are selected.

Tip: Click any transaction to remove the selection.

Setting Procedures Complete

After creating pre-treatment estimates, you can set the treatment-planned procedures to complete.

To set a treatment-planned procedure complete

1. In the Treatment Plans transaction log, select the treatment plan procedure that you want to set to complete.

2. In the Treatment Plans toolbar, click Set Procedures Complete.

The procedure's status in the Chart changes from TP (treatment plan) to C (complete), and the procedure is added to the patient's account in the Accounts module. The procedure is no longer listed in the Treatment Plan module.

Chapter 8: Accounts

From the Accounts module, you can manage patient accounts. You can add and edit payments, adjustments, and procedures; process insurance claims; calculate finance charges; and create payment plans.

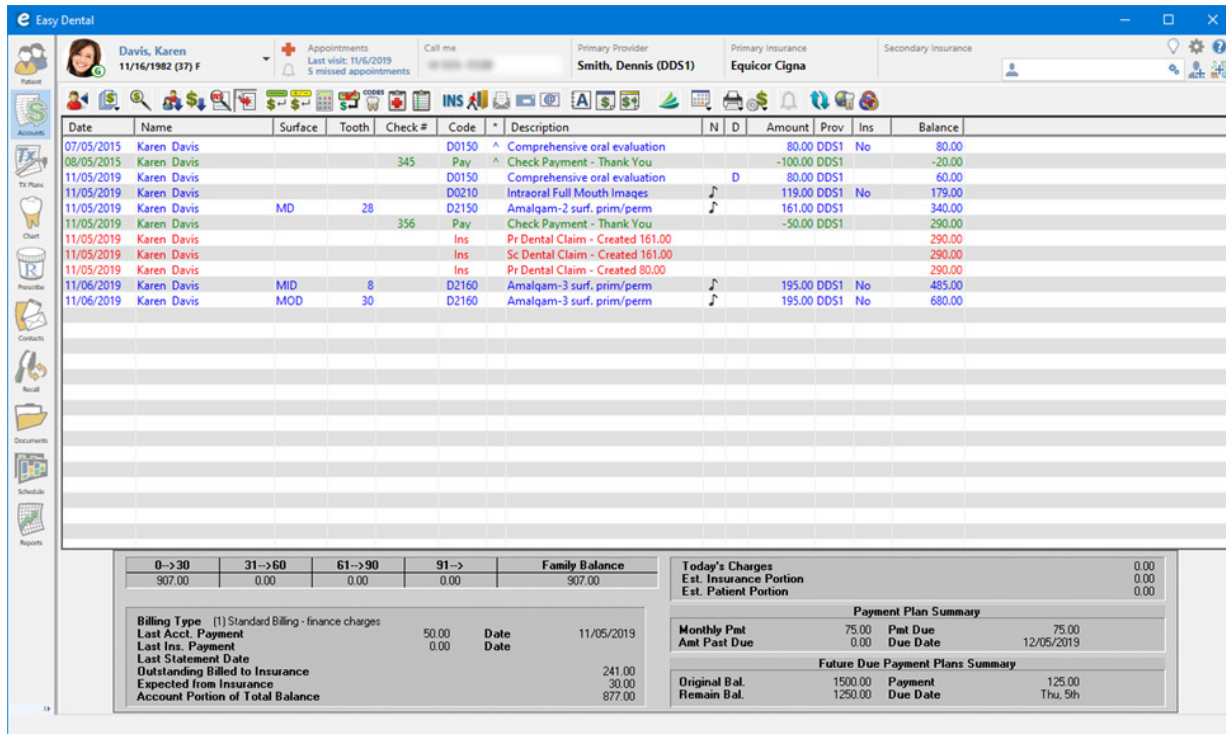
This chapter covers the following topics:

- The Accounts Module Window
- Posting Procedures
- Entering Payments
- Entering Adjustments
- Entering Finance or Late Charges
- Entering Taxes and Discounts
- Editing Transactions
- Invalidating History Transactions
- Processing Insurance Claims
- Printing Accounts Reports
- Searching for Payments
- Easy Checkout
- Entering Batch Payments
- Setting up Payment Plans
- Entering Account Notes
- Performing Month End

The Accounts Module Window

The Accounts module is divided into the following four major areas:

- Patient Banner
- Toolbar
- Transaction Log
- Account Detail Information




























The Accounts Toolbar

The Accounts module includes a toolbar to provide easy access to the Accounts module's tools.



Button	Name	Function
	Select Patient	Click to select the patient whose billing information you want to work with.
	Batch Payments	Click to open the batch payments menu from which you can enter a stack or collection of payments quickly and easily.
	Search Payments	Click to search for payments by check or bank number, amount, payment date, payment type, account, or insurance carrier name.
	View Family Transactions	Click to list all transactions for a family in the Transaction Log.
	Include History Transactions	Click to show transactions that have been moved to history in the Transaction Log.
	Show Transaction Links	Click to show what transactions are related to one another.

Button	Name	Function
	View Account Detail	Click to expand the account details area of the Accounts module window.
	Enter Payment	Click to enter a guarantor's payment.
	Enter Adjustment	Click to adjust an account's balance.
	Enter Tax/Discount	Click to add a tax or discount to an account.
	Enter Finance Charge/Late Charge	Click to apply finance and/or late charges to an account.
	Enter Procedure	Click to to post a procedure for the patient.
	Dental Diagnostics--Attach to Procedure(s)	Click to attach diagnostic codes to selected procedures.
	Patient Diagnoses	Click to post a condition, such as an abnormal tooth eruption, to the Chart.
	Create Insurance Claim	Click to create insurance or pre-treatment estimate claims.
	Easy Checkout	Click to post a payment, create a claim, and print a walkout according to selected options.
	Quick Letters	Click to combine data from your Easy Dental database with the word processing abilities of Microsoft Word to help you quickly create letters.
	Quick Labels	Click to quickly print a variety of labels for the selected patient.
	Send Message	Click to send an e-mail message. You must install a MAPI-compliant electronic messaging system to use this feature.
	Account Notes	Click to enter notes specific to a family's account and financial standing with your practice.
	Billing/Payment Plan	Click to open the family's billing and payment plan information.
	Future Due Payment Plan	Click to create a payment plan for an individual patient to charge accounts monthly for work in progress, such as orthodontics.
	History Viewer	Click to view patient files from an earlier version of Easy Dental or another practice management program. The file is available to view only if the Henry Schein One conversion team creates it for you.
	CareCredit	Click to process CareCredit transactions and post them to the Accounts module automatically for your patients with CareCredit accounts.
	Month End	Click to close out your books quickly and easily each month.
	Print	Click to open the print menu from which you can print walkout and billing statements and family account and patient history reports.
	Setup	Click to open the setup menu from which you can customize the Accounts module to meet the needs of your practice.
	Patient Alerts	Click to flag certain conditions that you can attach to your patients.

Button	Name	Function
	Refresh	Click to update information in the Accounts module.
	Easy Web	Click to open the WebSync Wizard from which you can set up WebSync's options and features. WebSync lets you synchronize Easy Dental information with eCentral.
	easylink	Click to link Easy Dental with digital X-ray and imaging systems.

Transaction Log

The Transaction Log is also referred to as the Accounts list. The Transaction Log lists the following items:

- **Date** – The transaction date.
- **Name** – The patient or guarantor name.
- **Surface** – The surface letter or letters when applicable.
- **Tooth** – The tooth number when applicable.
- **Check #** – The check number.
- **Code** – The procedure code or transaction type.
- * – An asterisk in this column indicates that the transaction has been moved to history. You cannot edit or delete transactions in history. A plus sign + indicates that the procedure has been invalidated. Invalidated procedures still show in the Accounts module but no longer display in the Patient Chart. A carat ^ indicates that the procedure has been back-dated to a month that has been closed out. When the procedure is moved to history, the carat ^ changes to an asterisk *.
- **Description** – A description of the transaction.
- N – A musical note indicates that a note is attached to a procedure.
- D – The letter “D” indicates that the procedure has diagnoses attached to it.
- **Amount** – The transaction amount.
- **Prov** – The provider of each transaction.
- **Ins** – Insurance status (whether or not an insurance claim has been created). The insurance status column either has no entry or the word “No” listed. If the column is empty, an insurance claim has been filed for the procedure. If the column reads “No,” create an insurance claim. If this column has an “x,” the procedure is marked “Do Not Bill to Insurance.”
- **Balance** – Account or patient running balance (when selected).

Date	Name	Surface	Tooth	Check #	Code	*	Description	N	D	Amount	Prov	Ins	Balance
07/05/2015	Karen Davis				D0150	^	Comprehensive oral evaluation			80.00	DDS1	No	80.00
08/05/2015	Karen Davis			345	Pay	^	Check Payment - Thank You			-100.00	DDS1		-20.00
11/05/2019	Karen Davis				D0150		Comprehensive oral evaluation		D	80.00	DDS1		60.00
11/05/2019	Karen Davis				D0210		Intraoral Full Mouth Images	♪		119.00	DDS1	No	179.00
11/05/2019	Karen Davis	MD	28		D2150		Amalgam-2 surf. prim/perm	♪		161.00	DDS1		340.00
11/05/2019	Karen Davis			356	Pay		Check Payment - Thank You			-50.00	DDS1		290.00
11/05/2019	Karen Davis				Ins		Pr Dental Claim - Created 161.00						290.00
11/05/2019	Karen Davis				Ins		Sc Dental Claim - Created 161.00						290.00
11/05/2019	Karen Davis				Ins		Pr Dental Claim - Created 80.00						290.00
11/06/2019	Karen Davis	MID	8		D2160		Amalgam-3 surf. prim/perm	♪		195.00	DDS1	No	485.00
11/06/2019	Karen Davis	MOD	30		D2160		Amalgam-3 surf. prim/perm	♪		195.00	DDS1	No	680.00

Account Detail Information

Clicking the View Account Detail button in the Accounts toolbar expands the Account Detail Information area of the Accounts module. Once you click View Account Detail, it remains selected for all patients until you click the button again.

0->30	31->60	61->90	91->	Family Balance		
907.00	0.00	0.00	0.00	907.00		
					Today's Charges	0.00
					Est. Insurance Portion	0.00
					Est. Patient Portion	0.00
					Payment Plan Summary	
					Monthly Pmt	75.00
					Amt Past Due	0.00
					Pmt Due	75.00
					Due Date	12/05/2019
					Future Due Payment Plans Summary	
					Original Bal.	1500.00
					Remain Bal.	1250.00
					Payment	125.00
					Due Date	Thu, 5th

Billing Type (1) Standard Billing - finance charges			
Last Acct. Payment	50.00	Date	11/05/2019
Last Ins. Payment	0.00	Date	
Last Statement Date			
Outstanding Billed to Insurance			241.00
Expected from Insurance			30.00
Account Portion of Total Balance			877.00

The following information appears:

- **Billing Type** – The billing type assigned to the account.
- **Last Acct. Payment** – The guarantor's last payment amount and date.
- **Last Ins. Payment** – The last insurance payment amount and date.
- **Last Statement Date** – The date you sent the last statement.
- **Outstanding Billed to Insurance** – The total amount billed to insurance that is still outstanding.
- **Expected from Insurance** – The amount expected from insurance.
- **Account Portion of Total Balance** – The estimated account portion of the balance.
- **Today's Charges** – Any charges for procedures performed on the current date.
- **Est. Insurance Portion** – Estimated insurance portion for today.
- **Est. Patient Portion** – Estimated patient portion for the current date.
- **Payment Plan Summary** – Information including the following:
 - **Monthly Payment** – The amount of the monthly payment.
 - **Amount Past Due** – The amount past due.
 - **Payment Due** – The amount of that is currently due.
 - **Due Date** – The date the payment is due.
- **Future Due Payment Plan Summary** – Information including the following:
 - **Original Bal.** – The original account balance.
 - **Remain Bal.** – The remaining account balance.
 - **Payment** – Amount of the payment.
 - **Due Date** – The date payment is due.

Posting Procedures

Most of the time, you post procedures in the Chart module, and then once you complete an appointment, the procedures post in the Accounts module. However, every now and then, you may need to post a procedure directly in the Accounts module. All charges link to specific ADA procedure codes.

To post a procedure

1. In the Accounts toolbar, click Select Patient, and then from the **Select Patient** dialog box, select the patient that you want to post a procedure for.
2. In the Accounts toolbar, click Enter Procedure.

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

3. Click the **Procedure** search button.
The **Procedure Codes** dialog box appears.
4. Select a category and a procedure code from their respective lists, and then click **OK**.
The procedure description and amount appear in their respective fields.
5. If necessary, do the following:
 - Type the appropriate tooth number.
 - Click the **Surfaces** search button.

The **Surface Selection** dialog box appears.

- Select the appropriate surfaces.
 - Click **Add**, and then **OK**.
6. To add this procedure to the **Procedure List**, click **Add**.
 7. If necessary, do one or more of the following:
 - To change providers, click the **Provider** search button.
 - Select **Treatment Plan** or **Completed** under **Status**.
 - Select **Do Not Bill to Insurance**
 - Select **Require Start/Completion Date**
 - Select **Override Proc Flags**
 8. Click **OK/Post**.

All of the procedures in the **Procedure List** are saved to the Transaction Log.

Entering Payments

Payments received from patients and non-insurance sources are treated as patient payments. You can attach payments to an account's head of household or to an individual patient on an account. You may enter payments and insurance payments in batches or for individual families or patients.

To enter a payment

1. In the Accounts toolbar, click Select Patient, and then from the **Select Patient** dialog box, select the patient you want to post a payment for.
2. In the Accounts toolbar, click Enter Payment.

The **Enter Payment** dialog box appears.

3. Do the following:
 - **Date** – Type a new date to change the procedure date from the current date.

- **Amount** – Type the dollar amount of the payment.

Note: You can enter whole numbers without using a decimal point. For example, you can enter “\$36.00” as “36.” The amount formats correctly. The field accepts up to 10 characters.

- **Check #** – Type the check number (up to 20 characters).
- **Bank/Branch #** – Type the bank and/or branch number.

Note: The information you enter here appears on all Deposit Slips.

- **Type** – Select the appropriate type from the list.

- To change the provider you want to apply the payment to, click the **Provider** search button.
 - Select the appropriate provider from the **Select Provider** dialog box.
 - Click **OK**.

- To split the payment with another provider, click **Split Payment**.

Note: If you select one or more providers, the split payment only applies to the selected providers.

The **Split Payment** dialog box appears.

Payment Amount: 100.00 Add Provider

Provider	Balance	Acct Est*	Pay
DDS1	907.00	748.20	0.00

Split Methods

Manual
%
FIFO
Acct Est
=

Remaining Amount: 100.00

* The Account Estimate is the estimated account portion of the provider balance, based on pending dental insurance claims.

OK/Post Cancel

- Click **Add Provider**.
 - From the **Select Provider** dialog box, select the provider you want to split the payment with.
 - Click **OK**.
- Click one of the following buttons, and then click **OK/Post**:
 - **Manual** – Lets you pay a specific portion of the payment to a specific provider.
 - **%** – Divides the payment among the providers according to the provider’s percentage of the total amount owed.
 - **FIFO** (First In First Out) – Directs the payment toward the oldest completed procedures first. (Easy Dental applies adjustments, finance charges, and late charges first regardless of date.)

- **Acct Est** – Applies the payment to the provider who has a balance as an account portion (This option ignores balances for providers which Easy Dental estimates insurance will pay remaining balance).
 - **=** – Splits the payment amount equally between providers with a balance.
8. In the **Patient** list, do one of the following:
 - To apply the payment to the head-of-household, select **Family**.
 - To apply the payment to the selected patient, select the patient.
 9. If the payment requires clarification, type a note.
 10. To post the payment, click **OK**.

Entering Adjustments

You can use adjustments to adjust an account to a higher or lower balance. You can enter adjustments on an account to correct errors or to offer discounts.

To enter an adjustment

1. In the Accounts toolbar, click Select Patient, and then from the **Select Patient** dialog box, select the patient you want to enter an adjustment for.
2. In the Accounts toolbar, click Enter Adjustment.

The **Enter Adjustment** dialog box appears.

The screenshot shows the 'Enter Adjustment' dialog box with the following details:

- Title Bar:** Enter Adjustment (with a close button).
- Date:** 11/22/2019
- Amount:** 0.00
- Provider:** DDS1 (with a right arrow button)
- Patient:** Family (dropdown menu)
- Type List:**
 - Family/Friend Courtesy
 - Full-Payment Courtesy
 - Professional Courtesy
 - Senior Citizen Courtesy
 - Staff Courtesy
 - Charitable Contribution
 - +Sales Tax
 - +Charge Adjustment
 - Credit Adjustment
 - +Electronic Check Credit
 - +Online Credit Card Credit
 - +NSF Check
 - +NSF Bank Fee
- Note:** (Empty text area)
- Buttons:** OK, Cancel
- Logo:** CareCredit

3. Select the type of adjustment that you want to make from the **Type** list.
4. Type the amount that you want to add to or subtract from the account balance according to the adjustment type that you selected.

5. To attach the adjustment to a provider other than the guarantor's primary provider, click the **Provider** search button, and then select the appropriate provider from the **Select Provider** dialog box.
6. In the **Patient** list, do one of the following:
 - To post the adjustment to the head-of-household's account, select **Family**.
 - To post the adjustment to someone other than the guarantor, select the patient's name.
7. Type a note explaining the reason for the adjustment.
8. Click **OK** to post the adjustment.

Entering Finance or Late Charges

You can post finance charges to payment plan accounts and late charges to delinquent accounts. Finance and late charges are applied to the family's account balance and shown on the guarantor's account.

1. In the Accounts toolbar, click Select Patient, and then from the **Select Patient** dialog box, select the patient you want to apply a finance or late charge to.
2. In the Accounts toolbar, click Enter Finance Charge/Late Charge.

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

The dialog box titled "Enter Finance Charge or Late Charge" contains the following elements:

- Date:** A text box containing "11/22/2019".
- Amount:** A text box containing "0.00".
- Type:** Two radio buttons: "Finance Charge" (selected) and "Late Charge".
- Provider:** A text box containing "DDS1" and a search button ">>".
- Note:** A large text area for entering a note.
- Buttons:** "OK" and "Cancel" buttons at the bottom.

2. Select one of the following:
 - **Finance Charge**
 - **Late Charge**
3. Type the **Amount** of the charge.
4. To select a provider other than the guarantor's primary provider, click the **Provider** search button, and then select the appropriate provider from the **Select Provider** dialog box.

5. In the **Note** text box, type any necessary explanation for the charge.
6. To post the charge, click **OK**.

Entering Taxes and Discounts

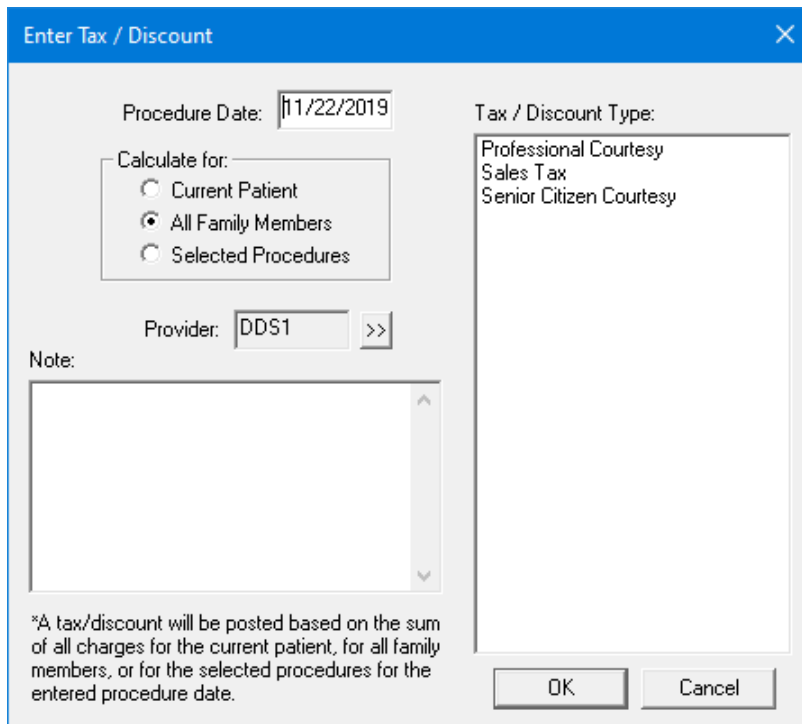
Once you set up tax and discount types, you can post them to a patient or a family. Tax and discount types are calculated and applied on the current day's charges or a specified procedure date.

Note: If you calculate the tax or discount for all family members, it displays in the head-of-household's account. If you calculate the tax or discount for the current patient, Easy Dental displays it in that patient's Accounts module. Once you apply a tax or discount type, you can delete or edit it like any other transaction.

To enter a tax or discount

1. In the Accounts toolbar, click Select Patient, and then from the **Select Patient** dialog box, select the patient you want to apply a tax or discount to.
2. In the Accounts toolbar, click Enter Tax/Discount.

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



3. To change the procedure date from the default current date, type the appropriate date.
If no procedures posted on the date selected, an error message appears, and you cannot apply a tax or discount.
4. Under **Tax/Discount Type**, select the type that you want to apply.
5. Under **Calculate for**, select one of the following:
 - **Current Patient**
 - **All Family Members**
 - **Selected Procedures**

6. To change the provider to attach the tax or discount type to, click the **Provider** search button.
7. In the **Note** text box, type a note to clarify the tax or discount type for this patient or family.
8. Click **OK** to apply the tax or discount type.

The tax or discount type appears as a separate line in the Accounts module.

Editing Transactions

You can edit or delete any current transaction in the Accounts module. A current transaction is one that you have posted since the last closed out month. Also, you cannot edit or delete procedures attached to an insurance claim until after you delete the corresponding claim.

To edit a transaction

1. In the Accounts toolbar, click Select Patient, and then from the **Select Patient** dialog box, select the patient whose transaction you want to edit.
2. In the Transaction Log, double-click a transaction.

Date	Name	Surface	Tooth	Check #	Code	Description	N	D	Amount	Prov	Ins	Balance
07/05/2015	Karen Davis				D0150	Comprehensive oral evaluation			80.00	DDS1	No	80.00
08/05/2015	Karen Davis			345	Pay	Check Payment - Thank You			-100.00	DDS1		-20.00
11/05/2019	Karen Davis				D0150	Comprehensive oral evaluation		D	80.00	DDS1		60.00
11/05/2019	Karen Davis				D0210	Intraoral Full Mouth Images			119.00	DDS1	No	179.00
11/05/2019	Karen Davis	MD	28		D2150	Amalgam-2 surf. prim/perm			161.00	DDS1		340.00
11/05/2019	Karen Davis			356	Pay	Check Payment - Thank You			-50.00	DDS1		290.00
11/05/2019	Karen Davis				Ins	Pr Dental Claim - Created 161.00						290.00
11/05/2019	Karen Davis				Ins	Sc Dental Claim - Created 161.00						290.00
11/05/2019	Karen Davis				Ins	Pr Dental Claim - Created 80.00						290.00
11/06/2019	Karen Davis	MID	8		D2160	Amalgam-3 surf. prim/perm			195.00	DDS1	No	485.00
11/06/2019	Karen Davis	MOD	30		D2160	Amalgam-3 surf. prim/perm			195.00	DDS1	No	680.00

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

Edit or Delete Procedure
✕

Date:

Procedure Description

Procedure: >>

Tooth:

Surfaces: >>

Amount:

Provider: >>

Diagnoses: >>

Notes:

Delete
OK
Cancel

Procedure Status

Treatment Plan

Completed

Existing

Do Not Bill to Insurance

Require Start/Completion Dates

Start Date:

Completion Date:

Override Ins. estimate

Prim. Ins.

Sec. Ins.

3. Make any necessary changes to the transaction, or do one of the following:

- To delete the procedure from the Transaction Log, click **Delete**.
 - To return to the Accounts module without making any changes, click **Cancel**.
4. To accept the changes you made, click **OK**.

Invalidating History Transactions

You cannot edit or delete history transactions. Instead, you can invalidate the procedure and enter an adjustment with an explanatory note.

By default, procedures post to the Accounts module and the Chart simultaneously, which saves your office from repetitive data entry. However, a different standard regarding record keeping exists for each module. The Accounts module serves as a financial record and follows Generally Accepted Accounting Principals (GAAP), which require that you correct an erroneous entry by posting an adjustment. In contrast, the Chart serves as a clinical record of patient care and needs to be completely accurate in regards to treatment.

To solve this discrepancy between the Accounts module and the Chart, you can invalidate procedures in history. Invalidating a procedure removes it from the Chart, while leaving it in the Accounts module.

To invalidate a history transaction

1. In the Accounts toolbar, click Select Patient, and then from the **Select Patient** dialog box, select the patient whose transaction you want to invalidate.
2. In the Accounts toolbar, click Include History Transactions, and then double-click the history procedure that you want to invalidate.

The **Validate/Invalidate Procedure in History** dialog box appears.

2. Select **Invalidate Procedure**.

A plus sign (+) appears in the line in the Transaction Log's history to denote that you invalidated the procedure.

3. Click **OK**.
4. Enter a credit adjustment to credit the account for the amount of the procedure.
To learn more, see “Entering Adjustments” on page 159.
5. Re-add the correct procedure if necessary, changing the date to the original date.

Processing Insurance Claims

You should create an insurance claim each time an insured patient receives treatment. You can create a pre-treatment estimate claim any time a carrier requires pre-authorization or when an insured patient requests a pre-determination of benefits for recommended treatment.

An insurance claim or a pre-treatment estimate claim will have Not Sent, Sent, or Received as part of its description in the Transaction Log or when you print it. A claim is considered Not Sent until you send it to the Batch Processor or print it. A claim is Received when a you record payment or pre-authorization for it. The **Ins** column of the Transaction Log shows “No” for procedures that are not attached to an insurance claim, and the column is blank for procedures that are attached to an insurance claim. If a procedure is marked “Do Not Bill to Insurance,” an “X” appears in this column.

This section covers the following topics:

- Creating Primary Claims
- Changing Claim Information
- Editing Claims
- Entering Insurance Claims
- Posting Partial Insurance Payments
- Creating Secondary Claims
- Deleting Insurance Payments
- Indicating Benefits Used and Deductibles Met

Creating Primary Claims

Create an insurance claim each time an insured patient receives treatment. You can create a claim immediately after a patient checks out, or you can create a batch of insurance claims at the end of the day.

Note: If you have not yet posted procedures to the account, you must post them before creating the claim. See “Posting Procedures” on page 155 for more information.

To create a primary claim

1. In the Accounts toolbar, click Select Patient, and then from the **Select Patient** dialog box, select the patient you want to create a claim for.
2. To create a claim for all procedures for the selected patient with the current date, from the Accounts toolbar, click Create Insurance Claim.

The Primary Dental Insurance Claim window appears.

Primary Insurance Claim (11/05/2019) Created

Patient: Davis, Karen
Subscriber: Davis, Karen
Employer: Noble Finance

Carrier: Equicor Cigna
Group Plan: Noble
 (Secondary Insurance)

Billing Provider: Smith, Dennis
Rendering Provider: Smith, Dennis
Pay-To Provider: Smith, Dennis

Claim Information: Standard
Diagnosis:

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
28	MD	Amalgam-2 surf. prim/perm	11/05/2019	D2150	161.00	0.00

Total Billed:	161.00	Pmt Date		Pmt Amt		Bank/Branch #		Check #		Prov	
Est Ins Portion:	0.00										
Itemized Total:	0.00										
Total Paid:	0.00										
Ded S/P/O:	0/0/0										

Status
 Create Date: 11/05/2019
 Date Sent :
 Claim Status Note: (No Note)

Tracer: (No Hold)
On Hold:
Re-Sent:

Insurance Plan Note
 (No Note)

Remarks for Unusual Services
 (No Note)

- In the Primary Dental Insurance Claim window toolbar, click Print.
The **Insurance Claim** dialog box appears.

Insurance Cla... X

Claim
 Attachment(s)

Send to batch
 Send Electronically
 Print
 Cancel

- Do the following:
 - If the claim has an attachment, select **Attachment(s)**.
 - To send the claim to the Batch Processor, click **Send to Batch**.
 - To send the claim electronically using eTrans, click **Send Electronically**.
 - To send the claim to the printer, click **Print**.

Changing Claim Information

When you create an insurance claim, a standard set of information is used to fill out the claim. If you need to add non-standard information to a claim, you can edit the claim from the Primary Dental Insurance Claim window, which you can open from the Accounts module.

To open the Insurance Claim window, double-click an insurance claim from the Accounts module.

Primary Insurance Claim (11/05/2019) Created

Patient: Davis, Karen
Subscriber: Davis, Karen
Employer: Noble Finance

Carrier: Equicor Cigna
Group Plan: Noble

Billing Provider: Smith, Dennis
Rendering Provider: Smith, Dennis
Pay-To Provider: Smith, Dennis

Claim Information: Standard
Diagnosis:

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
28	MD	Amalgam-2 surf. prim/perm	11/05/2019	D2150	161.00	0.00

Total Billed: 161.00
Est Ins Portion: 0.00
Itemized Total: 0.00
Total Paid: 0.00
Ded S/P/O: 0/0/0

Pmt Date	Pmt Amt	Bank/Branch #	Check #	Prov

Status
Create Date: 11/05/2019
Date Sent :
Tracer:
On Hold:
Re-Sent:

Insurance Plan Note
 (No Note)

Remarks for Unusual Services
 (No Note)

Claim Status Note:
 Claim Status Block

The Primary Dental Insurance Claim window consists of the following sections, called blocks: Subscriber Information, **Billing Provider**, **Rendering Provider**, **Pay-To Provider**, **Claim Information**, **Diagnosis**, Procedure Information, Payment Information, Claim Status Information, **Insurance Plan Note**, and **Remarks for Unusual Services**.

To edit a claim’s information, double-click the appropriate information block and change the information as necessary. An explanation of each block follows.

Subscriber Information

The Subscriber Information block located at the top of the Insurance Claim window, displays the patient name, subscriber name, employer, insurance carrier name, and the group plan name. The block also shows if there is secondary insurance and if the “Release of Information” and/or “Assignment of Benefits” boxes are selected.

To edit subscriber insurance information

1. Double-click the Subscriber Information block.
 The **Patient/Insurance Information** dialog box appears.

Patient / Insurance Information

Signature on File

Release of Information

Assignments of Benefits

Subscriber ID #: 000000007

Current Year's | Previous Year's

Deductible		Lifetime Individual	Annual Individual	Annual Family
Standard Required:	0.00	0.00	0.00	0.00
Met:	0.00	0.00	0.00	0.00
Preventive Required:	0.00	50.00	0.00	0.00
Met:	0.00	0.00	0.00	0.00
Other Required:	0.00	0.00	0.00	0.00
Met:	0.00	0.00	0.00	0.00

Maximum Benefits: Individual 3000.00 Family 0.00

Benefits Applied: Individual 0.00 Family 0.00

Update Secondary Insurance: OK Cancel

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

Note: Any changes to these fields will only affect the current claim. Changes will not cause the patient's insurance coverage information in the Patients window to change.

- Edit deductibles applied and benefits received for both individual and family. Click the **Previous Year's** tab to enter benefit and deductible information for the previous year.
- Click **OK**.

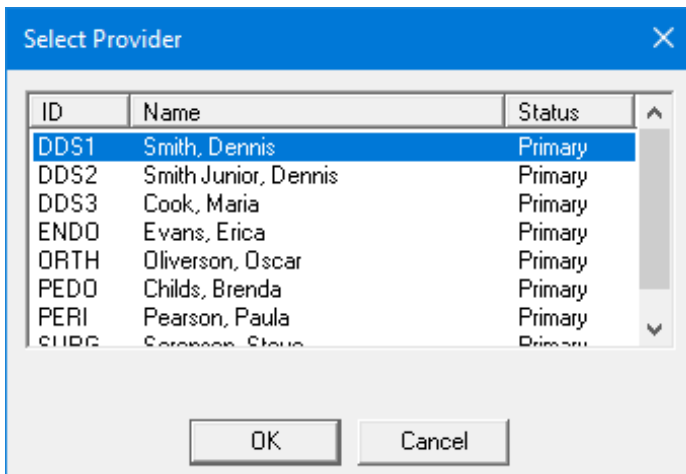
Note: If you entered the secondary insurance information after you created the primary claim, the bottom left corner of this information window will show an **Update Secondary Insurance** check box. In this case you cannot create a secondary claim until you select this check box.

Provider Information

There are three Provider Information blocks: **Billing Provider**, **Rendering Provider**, and **Pay-To Provider**. The default providers in each claim are determined by the Practice Default settings. See "Setting up practice resources" in the Easy Dental Help for more information.)

To change a provider for the claim

- Double-click the desired provider block (**Billing**, **Rendering**, or **Pay-To**).
The **Select Provider** dialog box appears.



- From the list, select the appropriate provider.
- Click **OK**.

Claim Information

The **Claim Information** block displays information that is specific to a patient and an insurance claim; items numbered 27 through 35 on a standard ADA insurance claim form. The standard information prints on the claim unless it has been edited.

To change claim information

- Double-click the **Claim Information** block.

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

Insurance Claim Information

Place of Treatment: Office Hosp ECF Other

Pre-Authorization Number:

First Visit Date Current Series:

Original Reference Number (#):

Student Status: Status: School, City:

Attachments: Radiograph(s) Enclosed: Model(s) Enclosed:
Oral Image(s) Enclosed: Other Attachment(s):
Insurance Ref #:

Additional Information: Disabled Date: Descriptions:
 Occup. Illness Or Injury:
 No Accident
 Orthodontic Treatment: Mos. Remain:
 Services Covered by Another Ins Plan:

For Special/Medicaid Claims: Referring Prov:
Reason for Pre-Auth: Required Services Exceed Max.
 Oral Surgery Re-Evaluation
 Special Case Extension Requested
 Medicare CHDP
 Eligibility Pending CCS
 Retroactive Eligibility

Prosthesis: Status: Order Date:
Replace Reason: Prior Date:
 Prior Date Is Estimate

Other Subscriber Information: Remaining Patient Liability Amount:
Total Non-Covered Amount:

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

- Place of Treatment
- Attachments
- Prosthesis
- Disabled Option
- Occupational Illness
- Orthodontic Treatment
- Student Status
- First Visit Date Current Series
- Pre-Authorization Number
- Accident Information

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

3. Click **OK**.

Note: When claim information is entered or cleared from the Claim window, the changes apply only to the claim currently displayed in the Claim window and the associated primary or secondary claim.

Including Attachments with Claims

In some cases, you may need to send attachments, such as letters or X-rays, to an insurance carrier with an insurance claim. You can attach documents and images to claims and pre-authorizations that you send electronically. You can import these attachments from the Documents module, Perio Chart, Easy Image, or a text file.

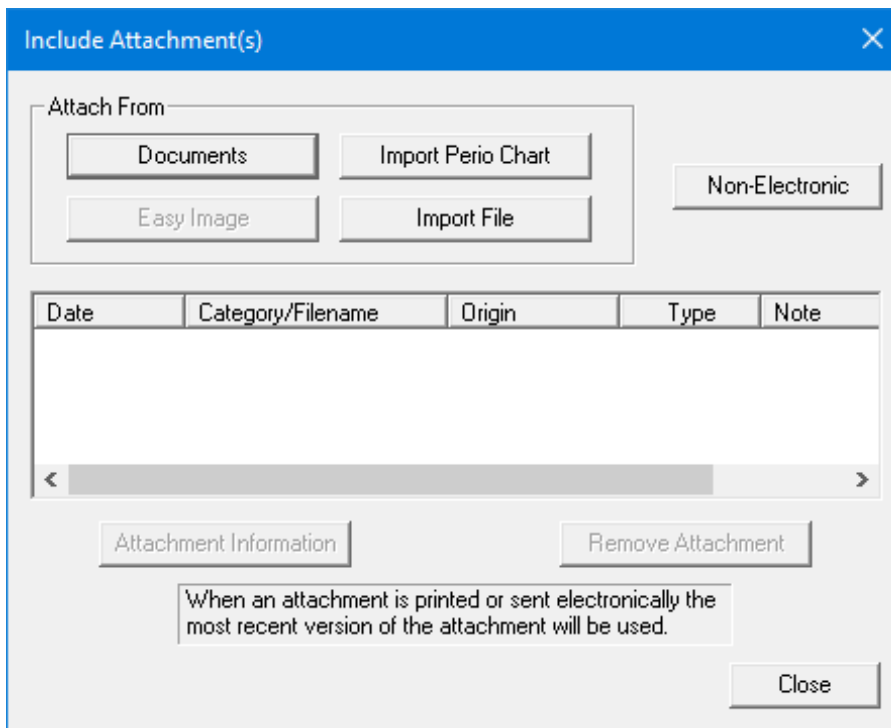
To include an attachment with a claim

1. In the Transaction Log, double-click the claim or pre-authorization (primary or secondary) that you want to include attachments with.
2. Double-click the Claim Information block.

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

- Under **Attachments**, select the number of radiographs, oral images, models, or other attachments that you are enclosing, and then click **Include Attachments**.

The **Include Attachment(s)** dialog box appears.



- Do the following:
 - Documents** – Click to select an attachment that is assigned to the patient in the Documents module.
 - Import File** – Click to attach a .txt or .rtf file to the claim. For organizational purposes, create a subdirectory named Attachments under your standard Doc folder to store attachments in.

Note: Since .doc files may not be readable by most insurance companies, only files saved in .txt and .rtf format can be sent electronically with the claim. You can easily convert a doc file in Microsoft Word. Open the document in Word and click **File > Save As**. Change the File Type to .txt or .rtf and click **Save**.
 - Import Perio Chart** – Click to attach a patient’s periodontal exam to the claim. The **Select Perio Exams** dialog box appears, listing all periodontal exams saved for the patient.
 - Easy Image** – Click if you have Easy Image installed and want to include a captured image.
 - Non-Electronic** – Click if you want to send an attachment that is not an electronic format by mail. The **Attachment Information** dialog box appears. Type a note in the **Attachment Note** field, select the **Attachment Type**, **Transmission Code**, and type the **Control Number** for reference.
- To include a note of up to 255 characters with an attachment, select the attachment and click **Attachment Information**.
- To remove an attachment from a claim, select the attachment and click **Remove Attachment**.
A message appears.
- Click **Yes** to remove the attachment.

Procedure Information

The Procedure Information block lists all of the procedures attached to the claim, showing the tooth, surface, description, date, procedure code, fee, and insurance paid amount.

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

When you double-click a procedure in the Procedures Information block, the **Insurance Coverage Update** or **Pre-Treatment Estimate Update** dialog box appears. You can edit the itemized payment or estimate for the procedure.

Payment and Estimate Information

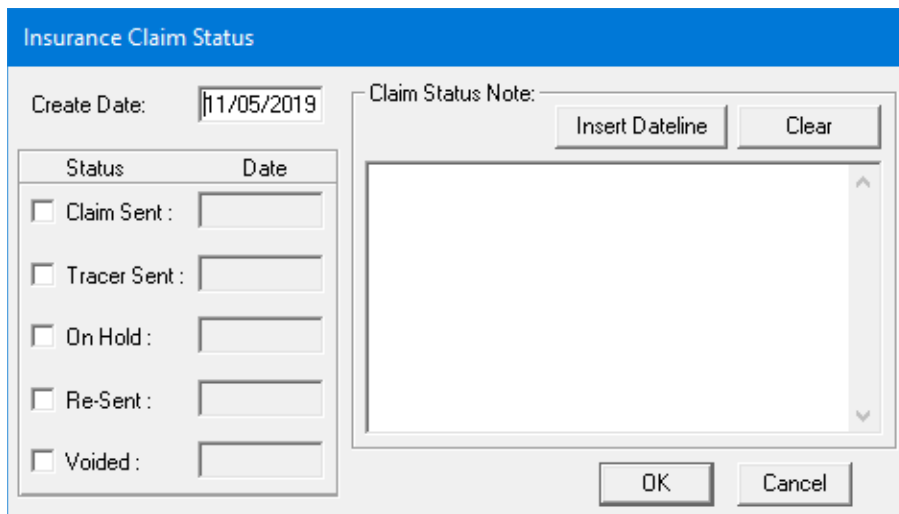
The Payment/Estimate Information block displays the following information:

- The date you received the claim
- The check number (for payments) and the amount applied to the deductible
- The total of the itemized payments/estimates
- The total charges for procedures on the claim
- The estimated insurance portion
- The total payment or authorized amount

When you double-click an entry in the Payment/Estimate Information block, the **Total Insurance Payment** or the **Total Insurance Pre-Estimate** dialog box appears from which you can edit payment or estimate information.

Insurance Claim Status

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



The **Insurance Claim Status** dialog box features a blue title bar. Below the title bar, there is a 'Create Date' field with a date picker set to 11/05/2019. To the right is a 'Claim Status Note' section with an 'Insert Dateline' button and a 'Clear' button. Below these is a large text area for notes. On the left side, there is a table with two columns: 'Status' and 'Date'. The table contains five rows, each with a checkbox and a date input field:

Status	Date
<input type="checkbox"/> Claim Sent :	
<input type="checkbox"/> Tracer Sent :	
<input type="checkbox"/> On Hold :	
<input type="checkbox"/> Re-Sent :	
<input type="checkbox"/> Voided :	

At the bottom of the dialog box are 'OK' and 'Cancel' buttons.

You can change the claim status and the date for each status manually from the **Insurance Claim Status** dialog box. When the claim is listed in the Accounts module, the status of Not Sent, or Sent and the associated date will be displayed according to what you select here. The status and date for Received depends on the information you entered for the total payment or estimate.

Note: Use this box to track contact with insurance companies regarding unpaid claims. If you re-send a claim or send a tracer, select those boxes. When you print the Insurance Aging report, those dates will print helping you when you make your collection calls.

Insurance Plan Notes

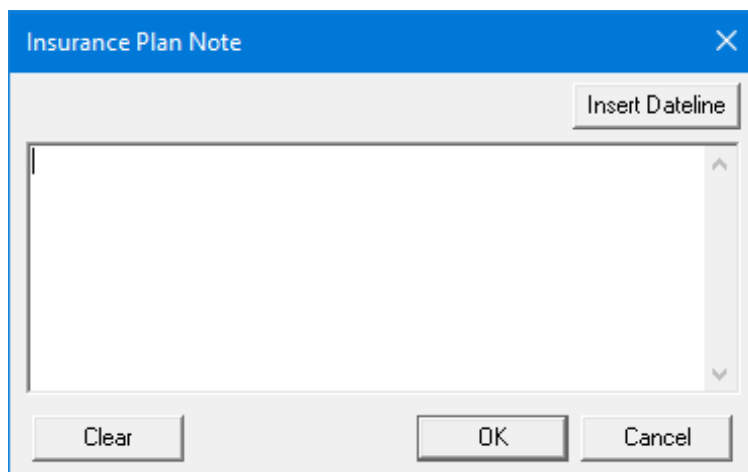
The Insurance Plan Note block displays any notes that you entered for the insurance carrier from the Patients module or from another Insurance Claim window for the same insurance carrier.

Note: Any note you enter here is for the insurance carrier and will be changed permanently for the insurance carrier for all patients from all modules. This note will not print on the insurance claim.

To edit an insurance plan note

1. Double-click the **Insurance Plan Note** block.

The **Insurance Plan Note** dialog box appears.



The **Insurance Plan Note** dialog box has a blue title bar with a close button (X). Below the title bar is an 'Insert Dateline' button. The main area is a large text input field. At the bottom, there are three buttons: 'Clear', 'OK', and 'Cancel'.

2. Do one of the following:
 - Type additional notes.
 - Click **Clear** to clear the current notes.
3. Click **OK**.

Remarks for Unusual Services

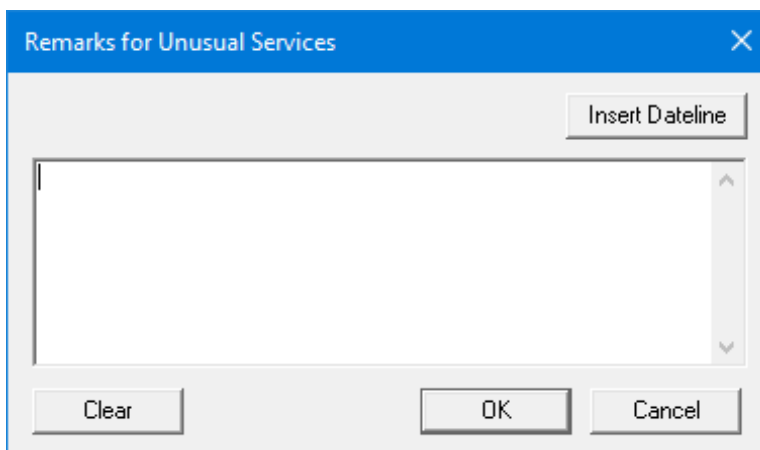
The **Remarks for Unusual Services** block displays any narrative for the claim to document and/or explain treatment. These remarks print on the claim.

Note: When submitting claims electronically, only the first 125 characters of the note are transmitted.

To include remarks for unusual services

1. In the Insurance Claim window toolbar, click the Remarks button or double-click the **Remarks for Unusual Services** block.

The **Remarks for Unusual Services** dialog box appears.



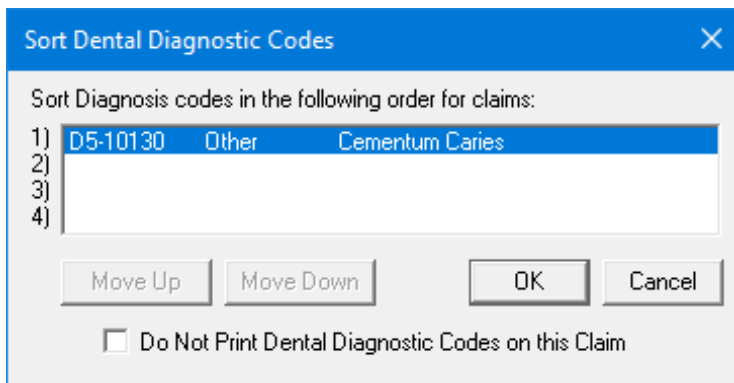
2. Do the following:
 - Click **Insert Dateline** to add a dateline to the note.
 - Type any notes necessary to document and/or explain the patient's treatment.
3. Click **OK**.

Diagnosis

In the **Diagnosis** block, you can sort any attached diagnostic procedures for the claim. You may also select the option to not print the diagnostic codes on the claim.

1. Double-click the **Diagnosis** block.

The **Sort Dental Diagnostic Codes** dialog box appears.



2. Select the code you want to move, and then click **Move Up** or **Move Down** until the codes are in the order you want.
3. To prevent the attached dental diagnostic codes from printing on the insurance claim, select **Do Not Print Dental Diagnostic Codes on this Claim**.
4. Click **OK**.

Editing Claims

When you create an insurance claim or a pre-treatment estimate, all of the insurance information for that claim or estimate is gathered at that time. Consequently, if the patient's insurance carrier, subscriber, or employer changes, or if you add secondary insurance, claims created previous to them will not reflect these changes. If you change only the name of the employer, insurance carrier, or group plan in the Patients window, without selecting a different employer or insurance carrier, the change will be reflected for current claims.

To edit a claim

1. Double-click the claim you want to edit in the Transaction Log.

The Insurance Claim window appears.

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
28	MD	Amalgam-2 surf. prim/perm	11/05/2019	D2150	161.00	0.00

Total Billed:	161.00	Pmt Date		Pmt Amt		Bank/Branch #		Check #		Prov	
Est Ins Portion:	0.00										
Itemized Total:	0.00										
Total Paid:	0.00										
Ded S/P/O:	0/0/0										

2. In the toolbar, click Delete.

Note: When you delete a claim, if a copy of the claim is in the Batch Processor, it is deleted too.

- From the Patients module, update the insurance information as necessary.

Note: To learn more, refer to “Working with dental insurance” in the Easy Dental Help.

- Re-create the insurance claim. See “Creating Primary Claims” on page 164.

Note: If you select an insurance claim or payment that you moved to history, the Insurance Claim window still appears. You can print insurance claims in history and change any of the insurance claim information, except the payment. However, you cannot delete them. An insurance claim is moved to history after you receive it and then perform the Month End update process.

Entering Insurance Payments

When you enter insurance payments, you can enter a total payment or itemize a payment by procedure.

- Total – If you are not presented with an Explanation of Benefits (EOB) from the insurance carrier that shows itemized payment amounts for each procedure, post a total payment.
- Itemized – If you itemize a payment, you can enter a payment amount for each procedure attached to the claim. This method is beneficial because you can track how much an insurance carrier pays for a specific procedure. Being able to accurately estimate how much an insurance company will pay on a procedure is extremely important when presenting recommended treatment with insurance estimates to a patient and collecting payment after treatment.

To enter an insurance payment

- In the Accounts toolbar, click Select Patient, and then from the **Select Patient** dialog box, select the patient you want to enter a payment for.
- In the Transaction Log, double-click the insurance claim that you want to enter a payment for.

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

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
28	MD	Amalgam-2 surf. prim/perm	11/05/2019	D2150	161.00	0.00

Total Billed:	161.00	Pmt Date		Pmt Amt		Bank/Branch #		Check #		Prov	
Est Ins Portion:	0.00										
Itemized Total:	0.00										
Total Paid:	0.00										
Ded S/P/O:	0/0/0										

Status
 Create Date: 11/05/2019
 Date Sent :
 Tracer:
 On Hold:
 Re-Sent:

Insurance Plan Note
 (No Note)

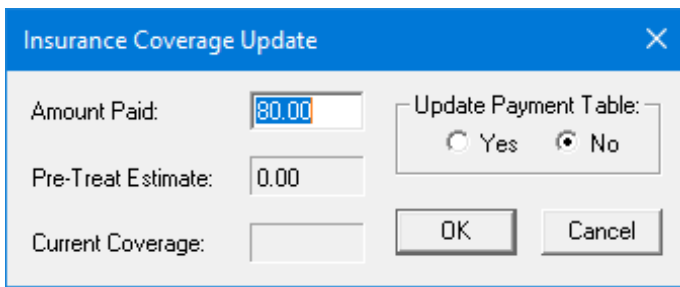
Claim Status Note:
 (No Note)

Remarks for Unusual Services
 (No Note)

- From the toolbar, click Enter Payment, and then click one of the following:

- Itemize by Procedure** – Go to step 4.

The **Insurance Coverage Update** dialog box appears.



Insurance Coverage Update

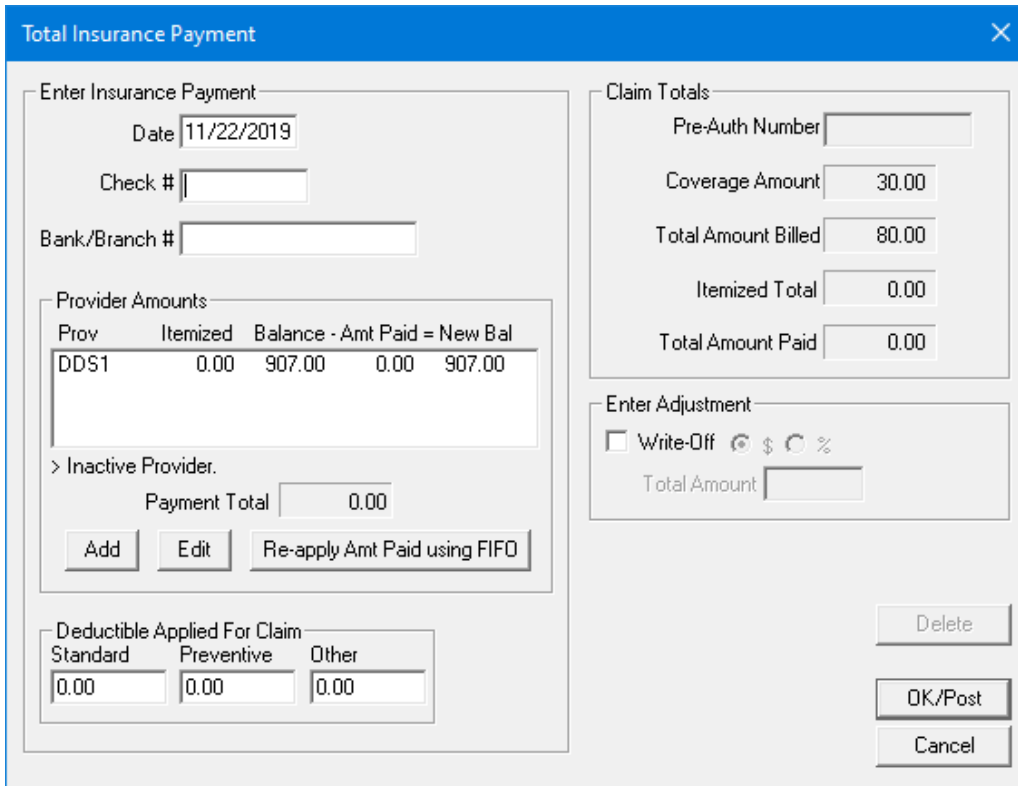
Amount Paid: Update Payment Table: Yes No

Pre-Treat Estimate:

Current Coverage:

- **Total Payment Only**

The **Total Insurance Payment** dialog box appears. Go to step 5.



Total Insurance Payment

Enter Insurance Payment

Date

Check #

Bank/Branch #

Provider Amounts

Prov	Itemized	Balance - Amt Paid =	New Bal
DDS1	0.00	907.00	0.00 907.00

> Inactive Provider.

Payment Total

Deductible Applied For Claim

Standard	Preventive	Other
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

Claim Totals

Pre-Auth Number

Coverage Amount

Total Amount Billed

Itemized Total

Total Amount Paid

Enter Adjustment

Write-Off \$ %

Total Amount

4. To itemize the payment by procedure, do the following:

- **Amount Paid** – Type the amount paid for the procedure.
- **Update Payment Table** – Select **Yes** if the amount paid is different than the estimated payment.

Important: When you itemize payments, update the payment table only when the payment amount applies to all patients covered by that plan. For example, if the estimated insurance portion is different from the payment amount because money is being withheld toward a deductible, do not update the payment table. Similarly, if a patient exceeds his or her maximum benefits, or if payment is reduced because a missing tooth clause or time limitations apply, do not update the payment table.

- Click **OK**.

Each procedure prompts you for an itemized payment, and the **Total Insurance Payment** dialog box appears.

5. From the **Total Insurance Payment** dialog box, do the following:

- **Check #** – Type the check number of the insurance payment.

This information appears on your deposit slips.

- **Deductible Applied For Claim** – Type the amount that was applied to the patient’s deductible in the appropriate fields according to the Explanation of Benefits (EOB).
6. If you did not itemize payments and need to change the **Payment Total**, under **Provider Amounts**, select the provider from the list, and then do the following:
 - To split the payment with another provider, click **Add**. From the **Provider Payment** dialog box, select the second provider, type the amount paid, and then click **OK**.
 - To change the payment total, click **Edit**. From the **Provider Payment** dialog box, type the amount paid, and then click **OK**.
 7. If you do not bill patients for the remaining balance after insurance, under **Enter Adjustment**, select **Write-Off**, and then do one of the following:
 - Select **\$** and type the amount of the adjustment in the **Total Amount** field. Click **OK/Post**.
 - Select **%** and type the percentage of the adjustment. Click **OK/Post**.

The **Enter Adjustment** dialog box appears.

8. Select the type of adjustment from the list, and then click **OK**.
9. From the **Total Insurance Payment** dialog box, click **OK/Post**, and then from the Insurance Claim window toolbar, click Exit.

If the patient has secondary coverage, Easy Dental prompts you to create a secondary claim.

Posting Partial Insurance Payments

At times, an insurance carrier will send partial payment for an insurance claim while waiting for more information on certain procedures. In this situation, you can post two separate payments to the claim.

To post multiple payments to one insurance claim

1. From the Accounts module, select a patient.
2. Double-click the claim that you want to post another insurance payment to.

The Insurance Claim window appears.

Primary Insurance Claim (11/05/2019) Created

Patient: Davis, Karen
Subscriber: Davis, Karen
Employer: Noble Finance

Carrier: Equicor Cigna
Group Plan: Noble
 (Secondary Insurance)

Billing Provider: Smith, Dennis
Rendering Provider: Smith, Dennis
Pay-To Provider: Smith, Dennis

Claim Information: Standard
Diagnosis:

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
28	MD	Amalgam-2 surf. prim/perm	11/05/2019	D2150	161.00	0.00

Total Billed: 161.00
Est Ins Portion: 0.00
Itemized Total: 0.00
Total Paid: 0.00
Ded S/P/O: 0/0/0

Status: Create Date: 11/05/2019
 Date Sent:
 Tracer:
 On Hold:
 Re-Sent:
Claim Status Note: (No Note)

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

3. In the Insurance Claim window toolbar, click Enter Payment, and then click **Enter Additional Payment**. The **Total Insurance Payment** dialog box appears.

Total Insurance Payment

Enter Insurance Payment

Date: 11/22/2019
 Check #:
 Bank/Branch #:
Provider Amounts

Prov	Itemized	Balance	- Amt Paid	= New Bal
DDS1	0.00	907.00	0.00	907.00

> Inactive Provider.
 Payment Total: 0.00
 Add Edit Re-apply Amt Paid using FIFO

Deductible Applied For Claim

Standard	Preventive	Other
0.00	0.00	0.00

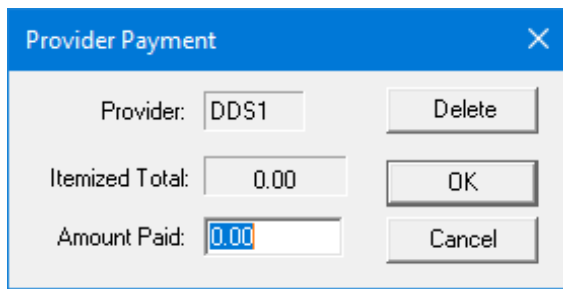
Claim Totals

Pre-Auth Number:
 Coverage Amount: 30.00
 Total Amount Billed: 80.00
 Itemized Total: 0.00
 Total Amount Paid: 0.00

Enter Adjustment

Write-Off \$ %
 Total Amount:
 Delete
 OK/Post
 Cancel

4. Type the **Date**, **Check #**, and **Bank/Branch #** for the additional payment.
5. Under **Provider Amounts** do one of the following:
 - Select the provider you want to credit the payment to from the list, and then click **Edit**. The **Provider Payment** dialog box appears.



The **Provider Payment** dialog box contains the following fields and buttons:

- Provider:** DDS1
- Itemized Total:** 0.00
- Amount Paid:** 0.00
- Buttons:** Delete, OK, Cancel

- Click **Add** if the provider is not listed.
The **Provider Payment** dialog box appears.
 - Click the **Provider** search button.
The **Select Provider** dialog box appears.
 - Select the provider from the list.
- 6. Type the amount of the check in the **Amount Paid** field, and then click **OK**.
- 7. To post the payment and return to the Insurance Claim Information window, click **OK/Post**.

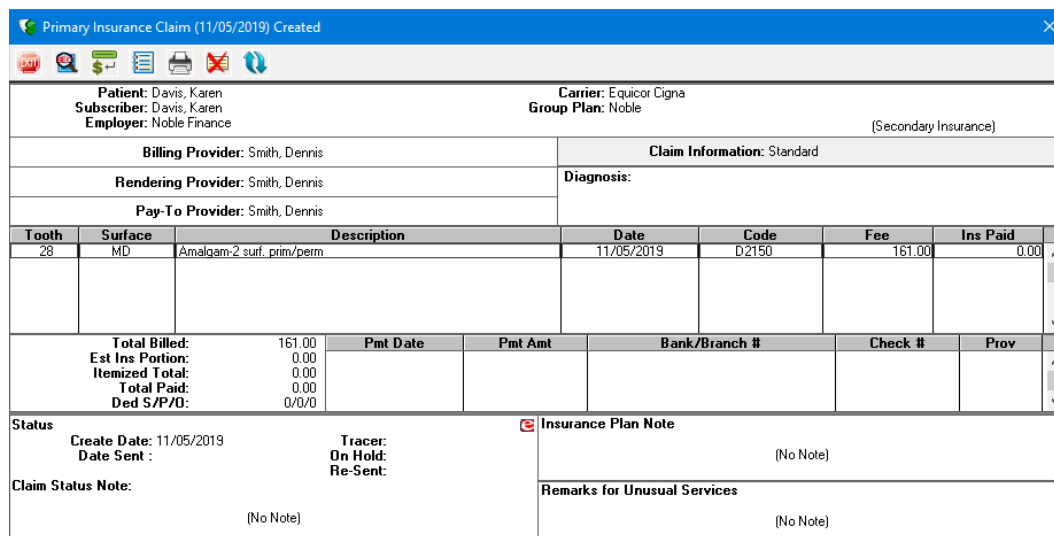
Note: Once you post a payment to a claim, the claim is labeled received and is no longer considered in the pending insurance estimate for outstanding claims.

Creating Secondary Claims

You can create a secondary insurance claim any time after creating the primary claim. You do not need to send or receive the primary claim before you create the secondary claim. When you receive a patient's primary claim, you are reminded to create the secondary claim when the patient has secondary coverage if you have not yet created the secondary claim.

To create a secondary claim

1. In the Accounts Transaction Log, double-click the primary claim you want to create a secondary claim for.
The Primary Insurance Claim window appears.



The **Primary Insurance Claim (11/05/2019) Created** window displays the following information:

Patient: Davis, Karen
Subscriber: Davis, Karen
Employer: Noble Finance
Carrier: Equicor Cigna
Group Plan: Noble
 (Secondary Insurance)

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

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
28	MD	Amalgam-2 surf. prim/perm	11/05/2019	D2150	161.00	0.00

Total Billed: 161.00
Est Ins Portion: 0.00
Itemized Total: 0.00
Total Paid: 0.00
Ded S/P/O: 0/0/0

Status: Create Date: 11/05/2019
 Date Sent :
 Claim Status Note: (No Note)

Tracer: On Hold:
 Re-Sent:

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

2. In the Primary Insurance Claim window toolbar, click **Create Secondary**.

The secondary claim is created, and the Secondary Insurance Claim window appears with the secondary coverage the patient had at the time you created the primary claim.

Secondary Insurance Claim (11/05/2019) Created

Patient: Davis, Karen
Subscriber: Davis, Harmon
Employer: Solutions Group

Carrier: Principal Financial Group
Group Plan: Solutions Group
 (Release of Info/Assign of Benefits)

Billing Provider: Smith, Dennis
Rendering Provider: Smith, Dennis
Pay-To Provider: Smith, Dennis

Claim Information: Standard
Diagnosis:

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
28	MD	Amalgam-2 surf. prim/perm	11/05/2019	D2150	161.00	0.00

Total Billed: 161.00
Est Ins Portion: 88.80
Itemized Total: 0.00
Total Paid: 0.00
Ded S/P/O: 0/0/0

Status: Create Date: 11/05/2019
 Date Sent :
 Claim Status Note: (No Note)

Tracer:
On Hold:
Re-Sent:

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

- In the Secondary Insurance Claim window toolbar, click Print.

The **Insurance Claim** dialog box appears. You can print the claim now or send it to the Batch Processor and either print it later with other documents or send it electronically.

Insurance Cla...

Include

Claim
 Attachment(s)

Send to batch
Send Electronically
Print
Cancel

- Click one of the following:
 - Send to Batch** – To send the claim to the Batch Processor.
 - Send Electronically** – To send the claim electronically using eTrans.
 - Print** – To send the claim directly to the printer.
- In the toolbar, click Exit.

Deleting Insurance Payments

If you made a mistake when posting an insurance payment, you can delete the payment so that you can re-enter it correctly.

Note: If a claim was paid and moved to history during month-end, the payment is also in history, and you cannot delete it.

To delete an insurance payment

1. With a patient selected, in the Transaction Log, double-click the insurance payment that you want to delete.

The Insurance Claim window appears.

Primary Insurance Claim (11/05/2019) Created

Patient: Davis, Karen
Subscriber: Davis, Karen
Employer: Noble Finance

Carrier: Equicor Cigna
Group Plan: Noble
(Secondary Insurance)

Billing Provider: Smith, Dennis
Rendering Provider: Smith, Dennis
Pay-To Provider: Smith, Dennis

Claim Information: Standard
Diagnosis:

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
28	MD	Amalgam-2 surf. prim/perm	11/05/2019	D2150	161.00	0.00

Total Billed: 161.00
Est Ins Portion: 0.00
Itemized Total: 0.00
Total Paid: 0.00
Ded S/P/O: 0/0/0

Status
Create Date: 11/05/2019
Date Sent :
Claim Status Note: (No Note)

Tracer:
On Hold:
Re-Sent:

Insurance Plan Note
(No Note)

Remarks for Unusual Services
(No Note)

2. Double-click the payment.

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

Total Insurance Payment

Enter Insurance Payment
Date: 11/22/2019
Check #:
Bank/Branch #:

Provider Amounts

Prov	Itemized	Balance - Amt Paid =	New Bal
DDS1	0.00	907.00	0.00 907.00

> Inactive Provider.
Payment Total: 0.00

Add Edit Re-apply Amt Paid using FIFO

Deductible Applied For Claim
Standard: 0.00 Preventive: 0.00 Other: 0.00

Claim Totals
Pre-Auth Number:
Coverage Amount: 30.00
Total Amount Billed: 80.00
Itemized Total: 0.00
Total Amount Paid: 0.00

Enter Adjustment
 Write-Off \$ %
Total Amount:

Delete
OK/Post
Cancel

3. Under **Provider Amounts**, select the payment, and then click **Delete**.

A confirmation message appears.

4. To confirm the deletion, click **OK**.
5. In the Insurance Claim window toolbar, click Exit.

Indicating Benefits Used and Deductibles Met

Typically, you will record when deductibles have been met when you post an insurance payment. Benefits used and deductibles met are then tracked automatically for patients. However, you may have patients who come to your practice mid-year. These patients may have met part or all of their deductibles for the year or used part or all of their maximum benefits.

To learn more, see “Subscriber Information” on page 166.

Printing Accounts Reports

You can print a walkout statement, single billing statement, family accounts, or patient history for the current family directly from the Accounts module. You can print all Accounts module reports by clicking the Print toolbar button, and then selecting the following options from the menu:

- **Walkout** – Prints three report types: Family Walkout, Walkout/Doctor’s Statement, and Appointment Card. For more information, see “Printing walkout statements” in the Easy Dental Help.
- **Statement** – Prints a single billing statement for the selected patient. For more information, see “Printing single billing statements” in the East Dental Help.
- **Family Account** – Prints a report of the currently selected family’s account. For more information, see “Printing family account reports” in the Easy Dental Help.
- **Patient History** – Prints a report itemizing all patient transactions (including payments and adjustments) and containing a total account balance. For more information, see “Printing patient history reports” in the Easy Dental Help.

Searching for Payments

You can search for payments in the Accounts module by check or bank number, amount, payment date, payment type, account, or insurance carrier name. You can print a report that lists the payments found by the search. Use this feature when you want to search for any patient or insurance payment, including batch payments.

To search for a payment

1. In the Accounts toolbar, click Search Payments.
The **Search Payments** dialog box appears.

2. Do one or more of the following:

- **Check Information**
 - **Check #** – Type the check number of up to 9 characters.
 - **Bank/Branch #** – Type the bank or branch number of up to 19 characters.
- **Select Date**
 - **From** – Specify a starting date for the search, or select **All Dates** to search without a start date.
 - **To** – Specify a starting date for the search, or select **All Dates** to search without an end date.
 - **Procedure Date** – Select to search by the date the procedure was performed.
 - **Entry Date** – Select this option to search by the date the procedure was entered.
- **Select Insurance Carrier** – Select the insurance carrier range that you want to search by in the **From** and **To** fields:
- **Amount** – Type the amount range that you want to search by in the **From** and **To** fields.
- **Select Account** – Click the search button and select a guarantor to search by an account.
- **Select Payment Types** – Select the payment types that you want to search by from the list, or select **All** to include all payment types.

3. Click **Search**.

The search results are listed.

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

4. Click **Open in Accounts**.

The patient's payment appears in the Transaction Log of the Accounts module.

Easy Checkout

Typically, most offices complete three tasks as a patient checks out after a visit. Easy Checkout combines these three tasks so that you can easily collect a payment, generate an insurance claim, and print a receipt.

For information on setting the options for Easy Checkout, see “Setting Easy Checkout options” in the Easy Dental Help.

To check a patient out using Easy Checkout

1. In the Accounts toolbar, click Select Patient, and then from the **Select Patient** dialog box, select the patient you want to check out.
2. Post the completed procedures for the day.
See “Posting Procedures” on page 155.
3. In the Accounts toolbar, click Easy Checkout.

The following occurs:

- The **Enter Payment** dialog box appears. Type the patient’s payment, and then click **OK**. Click **Cancel** if there is no payment due. See “Entering Payments” on page 157.
- If the patient has insurance, a claim is created automatically for procedures that you posted on the current day. The claim is sent to the Batch Processor, sent electronically, or printed.
- A walkout statement prints.

Entering Batch Payments

Depending on the number of payments you receive each day, processing them can be time consuming, especially when you receive payments from several insurance carriers that cover multiple claims for multiple patients. Easy Dental lets you process and post multiple claims for multiple patients quickly and easily whether you are entering payments made by your patients or their insurance carriers.

Entering Batch Account Payments

Depending on your billing cycles, the arrival of the mail often generates a number of payments that you must enter. The Easy Dental Batch Account Payment feature allows you to group payments and enter them as a single batch—saving you valuable time.

To enter a batch account payment

1. In the Accounts toolbar, click Batch Payments, and then click **Enter Batch Account Payments**.
The **Batch Payment Entry** dialog box appears.

Batch Payment Entry

Patient Name: >> Entries: Batch Total:

Date	Name	Check #	Amount	Prov

2. Click the **Patient Name** search button, and then select the appropriate patient from the **Select Patient** dialog box.

The **Enter Payment** dialog box appears.

Enter Payment

Date: Type:

Amount:

Check #:

Bank/Branch #:

Provider: >>

Patient:

Apply to Payment Plan

Note:

3. Enter the payment information as explained in “Entering Payments” on page 157.
4. To post the payment and return to the **Batch Payment Entry** dialog box, click **OK**.
5. Repeat steps 2–4 for all other payments.
6. When you finish entering payments, compare the number of entries to the number of payments. To make corrections to a payment, double-click the entry.
7. To close the **Batch Payment Entry** dialog box, click **Close**.

Entering Batch Insurance Payments

An insurance carrier may settle claims by sending the provider one check to cover multiple claims. For example, your practice may have several patients who are covered under the same carrier and plan. The carrier will then settle claims coming from your practice for these patients by remitting only one check.

Entering Total Payments Only

You can post a total payment, or you can itemize payments by procedure.

To enter a batch insurance payment – total payment only

1. In the Accounts toolbar, click Batch Payments, and then click **Enter Batch Ins. Payment**.

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

2. Type the **Check #**, **Amount**, and **Bank Branch Number**.
3. Click the **Insurance Carrier Name** search button.

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

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

4. Select the appropriate carrier and plan from the list, and then click **OK**.

A list of all outstanding insurance claims for that carrier appears.

Note: You can select up to 150 different carriers; however, only the first 150 claims are read.

5. Select the appropriate claim, and then click **Edit**.

The Insurance Claim window appears.

6. In the toolbar, click Enter Payment and then click **Total Payment Only**.

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

Prov	Itemized	Balance - Amt Paid =	New Bal
DDS1	0.00	907.00	0.00 907.00

Deductible Applied For Claim		
Standard	Preventive	Other
0.00	0.00	0.00

7. Do the following:

- **Provider Amounts** – Double-click the provider you want to apply the payment to. In the **Provider Payment** dialog box, type the amount paid, and then click **OK**.

- **Deductible Applied For Claim** – Type the amount the EOB (Explanation of Benefits) shows was applied to the patient’s deductible. Enter the amount in the appropriate box for the deductible type.

8. Click **OK/Post**.

9. In the Insurance Claim window toolbar, click **Exit**.

The payment you entered appears under **Paid Claims**, and Easy Dental adds the payment to the **Batch Total** in the **Batch Insurance Payment Entry** dialog box.

10. Repeat the above steps until you enter all of the insurance payments from a single check.

When you finish attaching claims to one payment, the **Batch Total** should equal the **Check Amount**.

Note: If you close Easy Dental, you will lose a saved batch entry. As long as Easy Dental remains open, you may reopen the **Batch Insurance Payment Entry** dialog box and complete the process at any time. When you finish entering the payment for one check and are ready to enter another, click **Next Check** to clear the dialog box of all entries.

Itemizing Batch Insurance Payments

You can post a total payment, or you can itemize payments by procedure.

To itemize a batch insurance payment

1. In the Accounts toolbar, click Batch Payments, and then click **Enter Batch Ins. Payment**.

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

Batch Insurance Payment Entry

Insurance Payment:

Date: 11/22/2019 Check #:

Amount: 0.00 Bank/Branch #:

Next Check Close

Pending Claims:

Insurance Carrier Name: >> Group Plan: Group #:

Edit

Date	Subscriber Name	SS#	Patient	Birthdate	Total	Est. Ins.

Paid Claims:

Entries: 0 Batch Total: 0.00

Edit

Date	Subscriber Name	SS#	Patient	Birthdate	Total	Est. Ins.	Paid

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

3. Click the **Insurance Carrier Name** search button.

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

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

4. Select the appropriate carrier and plan from the list, and then click **OK**.

A list of all outstanding insurance claims for that carrier appears.

Note: You can select up to 150 different carriers; however, only the first 150 claims are read.

5. Select the appropriate claim from the **Pending Claims** list, and then click **Edit**.

The Insurance Claim window appears.

6. In the toolbar, click Enter Payment and then click **Itemize by Procedure**.

The **Insurance Coverage Update** dialog box appears.

7. If the amount paid differs from the amount of the estimated insurance amount, type the amount paid, under **Update Payment Table**, select **Yes**, and then click **OK**.

You are prompted for an itemized payment for each procedure, and the **Total Insurance Payment** dialog box appears.

8. Click **OK/Post**.

The Insurance Claim window appears.

9. From the toolbar, click Exit.

The **Batch Insurance Payment Entry** dialog box appears with the payment you just posted in the **Paid Claims** list.

10. Do one of the following:

- To continue processing checks, click **Next Check**.
- If you have finished processing checks, click **Close**.

Setting up Payment Plans

You have the flexibility to set up several types of payment plans:

- Payment Plans
- Future Due Payment Plans

Creating Payment Plans

You can set up a payment plan after you complete treatment if the patient needs to pay the balance due over time. You can have only one payment plan per account in Easy Dental.

To create a payment plan

1. In the Accounts module, select the patient you want to create a payment plan for.
2. In the Accounts module toolbar, click Billing/Payment Plan.

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

3. Do the following:
 - **Billing Type** – Select the appropriate billing type from the list.
 - **Date** – If necessary, under **Payment Plan (PP)**, change the date of the payment plan from the default current date.
4. Click **Terms**.

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

5. Click **Select Type**.

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

Type	FC %	LC %	Min Bal	Min LC	Grace x
Collections Agreement	21.000	21.000	5.00	10.00	0 days
Good Account Agreement	12.000	12.000	15.00	0.50	30 days
Standard Agreement	18.000	18.000	10.00	5.00	10 days
VIP Agreement	0.000	0.000	0.01	0.00	30 days

- Select the appropriate plan type from the list.
- Click **OK**.

The terms for the selected type are entered.

6. To modify the terms, do the following:

- **Annual Finance Charge Percent** – Type a yearly percentage rate. Easy Dental automatically calculates a monthly charge.
- **Annual Late Charge Percent** – Type a yearly percentage rate. Easy Dental automatically calculates a monthly charge.
- **Grace Period (days)** – Type the number of days for a grace period (0 to 30) for the receipt of payment before Easy Dental assesses a late charge.
- **Minimum Late Charge** – Type the minimum amount to assess as a late charge.
- **Minimum Balance to Charge** – Type the minimum balance to assess a finance or late charge. Easy

Dental defaults to a minimum balance of \$.01. You can increase the amount, but it may not be less than \$.01.

- Click **OK** to return to the **Billing/Payment Plan Information** dialog box.

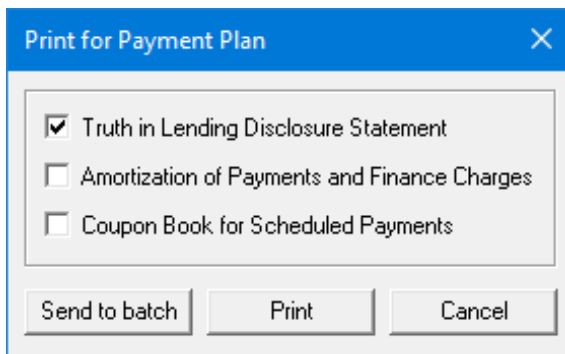
7. Do the following:

- **Interval** – Select one of the following:
 - **Monthly** – Requires a payment once a month.
 - **Semi-Monthly** – Requires a payment twice a month.
 - **Bi-Weekly** – Requires a payment every two weeks.
 - **Weekly** – Requires a payment once a week.
- **Bal. for PP** – The balance of the payment plan based on the guarantor's portion of the account balance. If necessary, you can change the amount.
- **First Pmt Due** – Type the date that the first payment is due.
- **Payment Amount** – Type the amount of the payment based on the payment interval. The total number of payments is calculated based on this amount.
- **Total # of Payments** – Type the total number of payments. The payment amount is calculated based on the number of payments and the payment interval.
- **Bal Remaining** – This amount is calculated automatically each time you post a payment to the plan.
- **Next Pmt Due** – The date the next payment is due is calculated automatically.
- **Amt Past Due** – The amount of any past due payments, including late charges, is calculated automatically.
- **Remaining # of Pmts** – The number of remaining payments is calculated automatically as you post each payment.
- **Amt Due** – The amount due for the next payment is calculated.
- **Missed Pmts** – The number of missed payments is calculated.
- **Copy Plan to Note** – Click to copy the payment plan to a note.

Note: Copying the payment plan to a note provides a documented copy of all payment arrangements that you established over the history of the account.

8. To print a report to give to the patient/guarantor, click **Print**.

The **Print for Payment Plan** dialog box appears.



Select one or more of the following, and then click **Send to Batch** or **Print**:

- **Truth in Lending Disclosure Statement** – Discloses the terms of the agreement. It includes the annual percentage rate, the finance charge amount, the total amount financed, and the total amount paid at the end of the agreement.
- **Amortization of Payments and Finance Charge Schedule** – Prints a schedule listing the interest accrued on the balance amount for each payment interval.
- **Coupon Book** – Prints payment remittance coupons for the patient.

9. Click **OK**.

The payment plan information appears under **Payment Plan Summary** in the Accounts window.

Creating Future Due Payment Plans

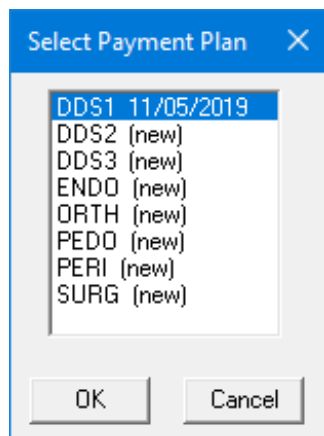
Future due payment plans allow you to complete treatment over time and charge an account monthly for work in progress, such as orthodontics. Unlike payment plans, you can set up future due payment plans for individual patients.

Note: Future due payment plans are charged monthly. Keep this in mind when you enter the number of charges for a payment plan.

To create a future due payment plan

1. In the Accounts module, select the patient you want to create a future due payment plan for.
2. In the Accounts module toolbar, click Future Due Payment Plan.

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



3. Select a provider for the payment plan from the list, and then click **OK**.

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

4. Do the following:

- **Date of Agreement** – By default, this is the current date, but you can change it.
- **First Pay Due Date** – By default, this is the current date, but you can change it.
- **Total Plan Amount** – Type the total amount to charge.
- **Down Pay Charge** – Type the amount of a down payment, if any.
- **# of Charges** – Type the total number of charges. The charge amount is calculated automatically.
- **Charge Amount** – Type the total amount of the charges. The total number of charges is calculated automatically.
- **Charge Proc Code** – Type the procedure code to use when posting the monthly charge, or click the search button and select the procedure code.

Note: If an ADA code does not exist for the type of charge you need to post, you can create one. For information on adding a procedure code, see “Setting up procedure codes” in the Easy Dental Help.

- **Auto Ins Claim** – Select to generate an insurance claim when you post the monthly charge.
- **Auto Charge** – Select to post a monthly charge to the account automatically.

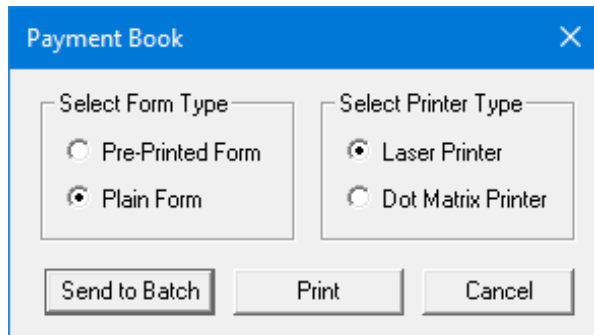
5. Under **Manual Charge Entry**, click **Down Payment** to post the down payment.

The **Down Payment Charge** dialog box appears.

- If necessary, type a new amount and/or date, and/or procedure code.

- b. Type the appropriate procedure code, and then click **Post Charge**.
6. Type a note in the **Note** field.
7. To provide the patient with payment book, select **Print Payment Book**.
8. To create the payment plan, click **OK**.

If you selected **Print Payment Book**, the **Payment Book** dialog box appears.



9. Select a form and a printer type, and then click **Send to Batch** or **Print**.

Note: During your month end processes, run the Future Due Payment Plans utility to post charges to individual accounts.

Entering Account Notes

You can use Account Notes to enter notes specific to a family's account and financial standing with your practice.

To enter an account note

1. In the Accounts module, select the patient you want to enter an account note for.
2. In the Accounts toolbar, click Account Notes.

The **Account Notes** dialog box appears.

3. To provide a date for each account note, click **Insert Dateline**.
4. Under **Account Notes**, type any notes relating to the patient's financial standing with your practice.
5. Under **Billing Statement Note**, type a note of up to 80 characters that you want to print on the patient's billing statement.
6. Type the date that you want the note to stop printing on the patient's billing statement in the **Print on Statement until** field.
7. Click **OK**.

Performing Month End

You should perform month-end procedures at the end of each accounting period to apply finance charges and at the beginning of each month to update account balances for the previous month.

Notes:

- You cannot update the accounts until after the month you want to update is concluded. For example, you cannot update the month of January on January 31st. You must wait until February 1st to update.
- Before you perform month end, back up your Easy Dental database. You must close Easy Dental on all but one computer. If an Easy Dental module is running at any workstation, the message, "Another Easy Dental module is active," appears.
- Year end totals are calculated when you close out the month your fiscal year ends. To learn more about setting the start and end of the fiscal year for your practice, refer to the Easy Dental Help.

This section covers the following topics:

- Running Month-End Update
- Applying Finance Charges

- Applying Late Charges Automatically
- Processing Future Due Payment Plans

Running Month-End Update

You can close out your books each month.

Notes:

- When you run a month-end update, each account balance is aged and all completed procedures, payments, adjustments, and received insurance claims that you entered during the previous month are placed in history.
- The date of the close-out month defaults to the month immediately following the last month that you closed out. This date is used for the new balance forward date and as the cutoff for history transactions.
- If the computer you are running month-end update on is turned off, or if a power outage occurs during the update process, your files may be damaged. In these cases, as well as in user input error, you can restore your data to its original state before the update process began. This also applies to processing finance charges and future due payment plans.

To run a month-end update

1. Complete a backup of your Easy Dental directory, and then open the Accounts module on one computer.
2. In the Accounts module toolbar, click Month End, and then click **Update**.

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

3. To purge all appointments in the Schedule prior to the cutoff date, select **Appointment Purge**.
4. To reset benefits for insurance carriers with the appropriate renewal date, select **Reset Insurance Benefits**.
5. To begin the update, click **OK**.

A reminder to back up the database appears, and if another Easy Dental module is open at any computer, that message also appears. If all modules are closed except on one computer, the **Running Update** dialog box appears showing a count as each account is processed.

Applying Finance Charges

You can apply finance charges to all or to a portion of your patients simultaneously and calculate the charges automatically, or you can enter finance charges manually for individual patients.

Finance charge entries are calculated and created for all accounts that meet the criteria that you set.

Note: Back up your database before applying finance charges to any group of patients.

To apply a finance charge

1. In the Accounts module toolbar, click Month End, point to **Finance Charge**, and then click **Apply Finance Charge**.

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

2. Set up the following options:
 - **Finance Charge Date** – Defaults to the current system date. Finance charges are calculated according to the aging balance for each family account as of the finance charge date. The finance charge date is also used as the transaction date for each finance charge entry. If necessary, you can change this date.
 - **Minimum Balance to Charge** – Defaults to \$10.00. The minimum balance is compared to each aged account balance, and a finance charge is only applied to accounts with an aged balance greater than the minimum balance. You can change the minimum balance.
 - **Minimum Finance Charge** – Defaults to 50 cents. The minimum finance charge is applied when the calculated finance charge is less than the minimum. You can change the minimum finance charge.
 - **Past Due Days to Charge** – Defaults to 0 days, meaning that charges are due the day they are incurred. Finance charges are calculated from the portion of each account balance that is past due according to the number of days you select and the aging of the account as of the finance charge date.
 - **Finance Charge** – The percent you enter is used to calculate the amount of a finance charge. Since finance charges are always calculated monthly, if you select Yearly, the percentage entered is divided by 12 months. For example, if you enter a yearly rate of 18%, a monthly rate of 1.5% is applied. Or, if you prefer, you can select **Monthly**, and then enter a rate of 1.5% to arrive at the same 18% yearly rate.
 - **Primary Providers** – Select the primary providers of the patients you want to apply finance charges to.
 - **Billing Types** – Select the billing types of the patients you want to apply finance charges to.
3. To save the finance charge options you selected for the next time you run the utility, select **Save As Default**.
4. Click **OK**.
A confirmation message appears.
5. To run the utility, click **OK**.

Applying Late Charges Automatically

You can manually assess late charges to accounts with payment plans that have exceeded the grace period, or you can apply the appropriate late charges to all or some of your patients automatically during month end.

Notes:

- For information on assessing late charges manually, refer to the Easy Dental Help.
- The late charge percentage is determined according to the terms set up for each payment plan.

Important: You can run the Late Charge utility at month end (recommended) or at any time during the month. Regardless of when you choose to run the utility, run it consistently and at approximately the same time each month.

To apply a late charge automatically

1. Complete a backup of your Easy Dental directory.
2. Open the Accounts module on one computer.
3. In the Accounts module toolbar, click Month End, point to **Late Charge**, and then click **Apply Late Charge**.

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

Apply Late Charges

Charge Date 11/05/2019

Select Provider: All

- DDS1 Smith, Dennis
- DDS2 Smith Junior, Dennis
- DDS3 Cook, Maria
- ENDO Evans, Erica
- ORTH Oliverson, Oscar
- PEDO Childs, Brenda
- PERI Pearson, Paula
- SURG Sorensen, Steve

Billing Types: All

- 1: Standard Billing - finance charges
- 2: Standard Billing - no finance charges
- 3: No Insurance
- 4: Insurance Family - Dual Insurance
- 5: Insurance Family - finance charges
- 6: Payment Plan - finance charges
- 7: Payment Plan - no finance charges
- 8: Bad Debt - at risk

OK Cancel

4. Do the following, and then click **OK**:
 - **Select Provider** – Select **All**, or from the list, select the primary providers whose patients should receive late charges.
 - **Billing Types** – Select **All**, or from the list, select the billing types that should receive late charges.The Late Charge Utility runs.

Processing Future Due Payment Plans

You can run the Future Due Payment Plans utility to post charges to all accounts with a future due payment plan. You should run the utility monthly. Regardless of when you run the utility, make sure you run it consistently and at approximately the same time each month.

To process a future due payment plan

1. Close Easy Dental on all computers in the office.
2. Complete a backup of your Easy Dental directory.
3. Open the Accounts module on one computer.
4. In the toolbar, click Month End, and then click **Future Due Payment Plan**.

The **Future Due Payment Plan Update** dialog box appears.

5. Set up the following options:
 - **Charge Date** – Defaults to the current date. The charge date is used as the transaction date for each charge entry.
 - **Select Provider** – Select the providers of the patients you want to apply charges to.
 - **Select Billing Type** – Select the billing types that you want to apply charges to.
 - **Create Insurance Claim(s)** – Select to create insurance claims.
6. Click **OK**.

Chapter 9: Reports

The Reports module provides several powerful tools to set up your practice and to enhance your management processes. For information on setting up your practice, see Chapter 2: “Introduction and Initial Setup.”

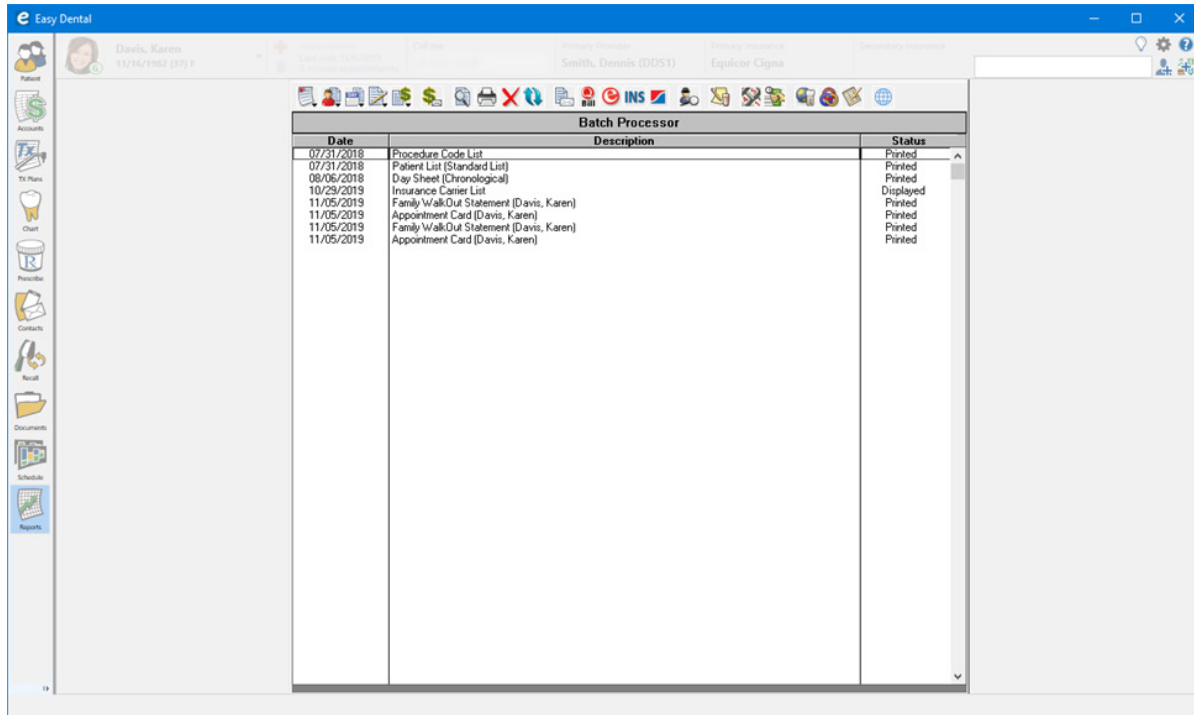
This chapter covers the following topics:

- Editing Fee Schedules Automatically
- Maintaining Employers
- Maintaining Insurance
- The Batch Processor
- Generating Reports
- Generating Billing Statements
- Printing Blank ADA Forms
- Purging Exported Files
- Generating the Audit Trail Report
- Letters
- Creating Batch Insurance Claims

The Reports Module Window

The Reports module consists of the following areas:

- Patient Banner (Settings and Help buttons only)
- Toolbar
- Batch Processor



The Batch Processor




















From the Reports module, you can generate and print major reports and letters from the Batch Processor.

The Reports Toolbar

The Reports module toolbar contains several buttons that you can use to preview or print reports, letters, and claims.



Button	Name	Function
	Reference Reports	Click to open the Reference Reports menu.
	Patient Lists	Click to open the Patient Lists menu.
	Schedule Reports	Click to open the Schedule Reports menu.
	Management Reports	Click to open the Management Reports menu.

Button	Name	Function
	Account Reports	Click to open the Account Reports menu.
	Billing Statements	Click to open the Billing Statements menu.
	Preview Reports	Click to preview reports sent to the Batch Processor.
	Print Reports	Click to print reports sent to the Batch Processor.
	Delete Reports	Click to delete reports from the Batch Processor.
	Refresh Batch	Click to refresh or update lists sent to the Batch Processor.
	Letters	Click to open the Letters menu.
	Quick Bill	Click to manage your billing through Henry Schein One.
	Electronic Claim Submission	Click to submit insurance claims electronically.
	Create Insurance Claims	Click to create insurance claims.
	Henry Schein Dental	Click to order dental supplies from the Henry Schein website.
	Audit Trail Reports	Click to print a report of all transaction entries that have been changed or deleted.
	Electronic Rx Task Mode	Click to launch ePrescribe. You are redirected to the task page of the ePrescribe website. You must have registered for ePrescribe to use this service.
	Practice Analysis	Click to open the Practice Analysis window from which you can review statistical and financial information and set production goals to help you increase the productivity of your practice.
	Collections Manager	Click to access and act upon collection information to reduce your accounts receivables.
	Easy Web	Click to open the WebSync Wizard from which you can set up WebSync's options and features. WebSync lets you synchronize Easy Dental information with eCentral.
	easylink	Click to link Easy Dental to digital X-ray and imaging systems.
	Easy Export	Click to export daily deposit and receipt totals from Easy Dental into accounting software.
	Easy Dental on the Web	Click to connect to Easy Dental on the web.

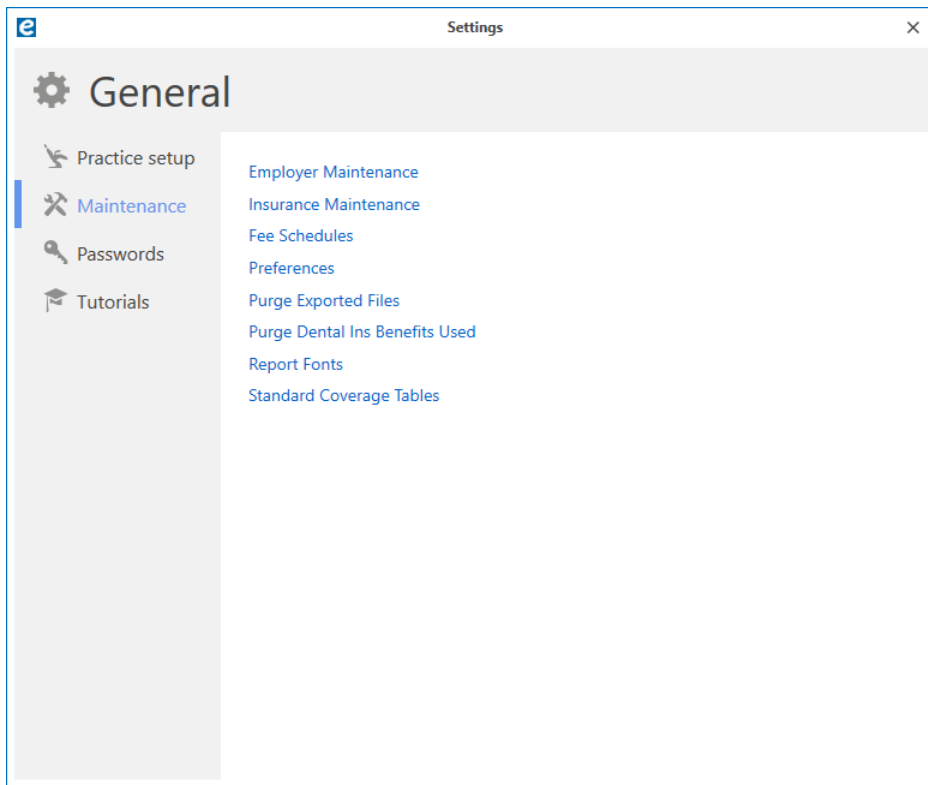
Setting Up Fee Schedules

You can set up and maintain fee schedules from one place.

To set up a fee schedule

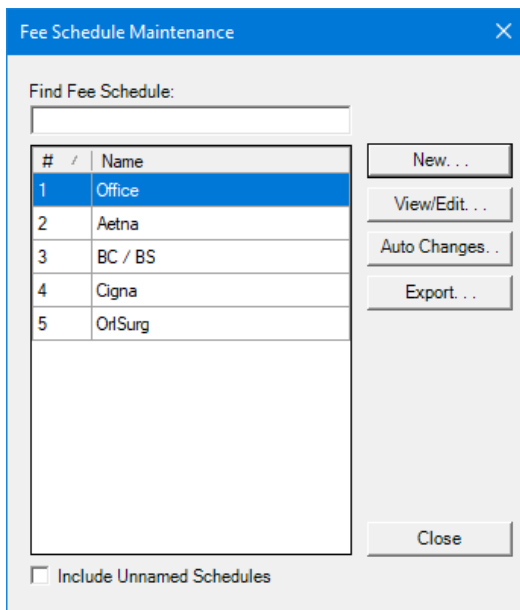
1. In the Patient Banner, click the Settings button.

The **Settings** dialog box appears.



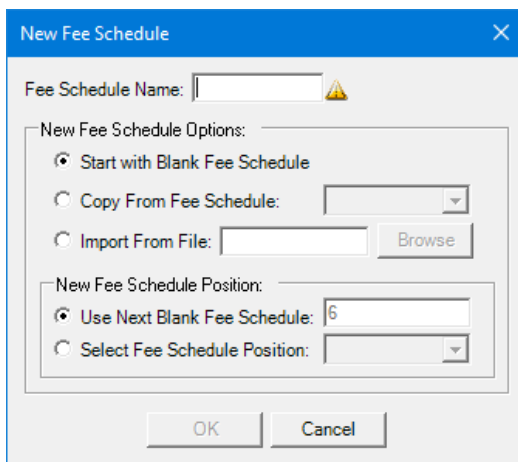
2. Click **Maintenance**, and then click **Fee Schedules**.

The **Fee Schedule Maintenance** dialog box appears.



3. Click **New**.

The **New Fee Schedule** dialog box appears.



The 'New Fee Schedule' dialog box contains the following fields and options:

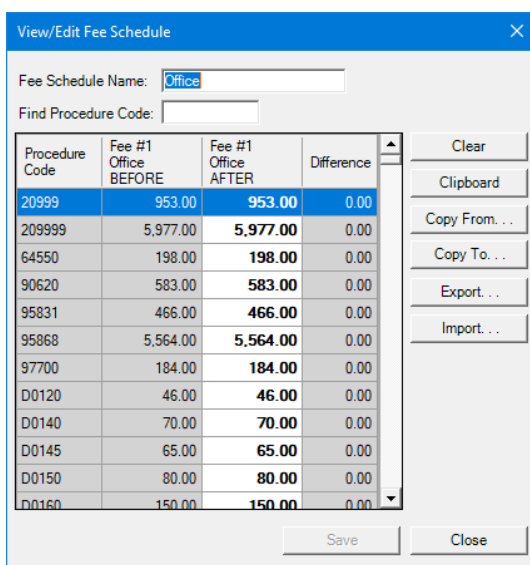
- Fee Schedule Name:** A text input field with a warning icon.
- New Fee Schedule Options:**
 - Start with Blank Fee Schedule
 - Copy From Fee Schedule: [Dropdown menu]
 - Import From File: [Text input] [Browse]
- New Fee Schedule Position:**
 - Use Next Blank Fee Schedule: [Text input with value '6']
 - Select Fee Schedule Position: [Dropdown menu]
- Buttons:** OK, Cancel

4. Type a fee schedule name in the appropriate text box.

Note: We recommend that you add your practice's usual and customary fees to Fee Schedule #1. Fees are pre-assigned in Easy Dental.

5. Under **New Fee Schedule Options**, do one of the following:
 - **Start with Blank Fee Schedule** – Select to use a blank fee schedule.
 - **Copy From Fee Schedule** – Select, and then from the list, select the fee schedule that you want to copy.
 - **Import from File** – Select to import the fee schedule from a comma delimited (.csv) or Excel file. Select the appropriate file from the **Select file to import** dialog box.
6. Under **New Fee Schedule Position**, do one of the following:
 - **Use Next Blank Fee Schedule** – Select to use the next blank position in the fee schedule list.
 - **Select Fee Schedule Position** – Select, and then from the fee schedule list, select where you want the new fee schedule to be positioned.
7. Click **OK**.

The **View/Edit Fee Schedule** dialog box appears.



The 'View/Edit Fee Schedule' dialog box displays the following information:

- Fee Schedule Name:** Office
- Find Procedure Code:** [Text input]
- Table:**

Procedure Code	Fee #1 Office BEFORE	Fee #1 Office AFTER	Difference
20999	953.00	953.00	0.00
209999	5,977.00	5,977.00	0.00
64550	198.00	198.00	0.00
90620	583.00	583.00	0.00
95831	466.00	466.00	0.00
95868	5,564.00	5,564.00	0.00
97700	184.00	184.00	0.00
D0120	46.00	46.00	0.00
D0140	70.00	70.00	0.00
D0145	65.00	65.00	0.00
D0150	80.00	80.00	0.00
D0160	150.00	150.00	0.00
- Buttons:** Clear, Clipboard, Copy From..., Copy To..., Export..., Import..., Save, Close

8. Click **Save**.

Maintaining Employers

You can compile and maintain a database of employers so you only need to enter employer information once. After you enter an employer's information, you can then select a patient's employer in the Patients module.

This section covers the following topics:

- Joining Employers
- Purging Employers

For information on adding employers, see “Assigning Employers to Patients” in Chapter 3: Patients.

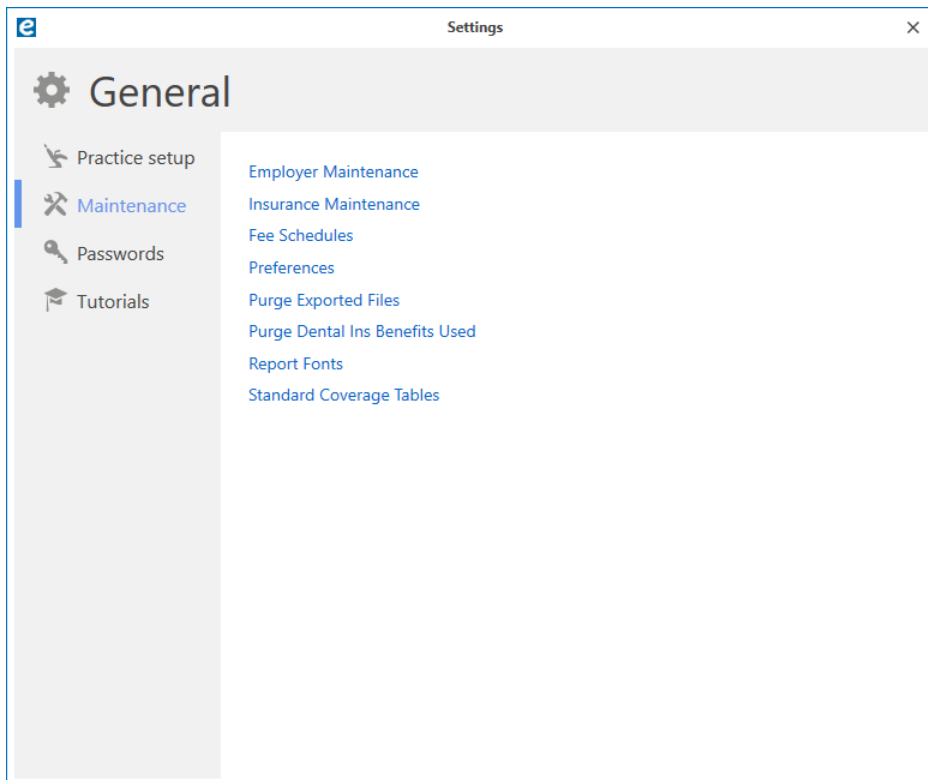
Joining Employers

Joining employers merges two employers into one and moves all employees from the “source” employer to the selected “destination” employer. Easy Dental lets you compile and maintain a database of employers so you only need to enter employer information once. After you enter an employer's information, you can then select a patient's employer in the Patients module.

To join employers

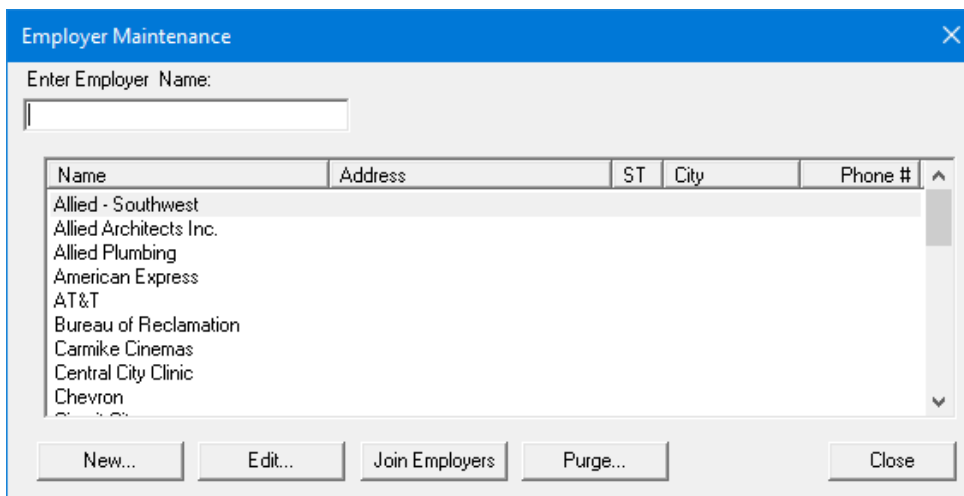
1. Close Easy Dental on all computers, except the computer that you are working on.
2. In the Patient Banner, click the Settings button.

The **Settings** dialog box appears.



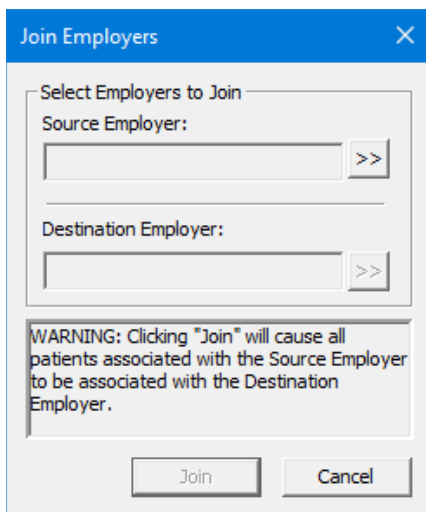
3. Click **Maintenance**, and then click **Employer Maintenance**.

The **Employer Maintenance** dialog box appears.



4. Click **Join Employers**.

The **Join Employers** dialog box appears.



5. Click the **Source Employer** search button, select the employer that you want to join to the destination employer, and then click **OK**.
 6. Click the **Destination Employer** search button, select the destination employer that you want to join the source employer to, and then click **OK**.
 7. Click **Join**.
- A message appears stating that all employees from the source employer will be moved to the destination employer.
8. Click **Yes**.

A message appears stating either that all employees of the source employer will be moved to the destination employer or that no patients were assigned to the source employer.

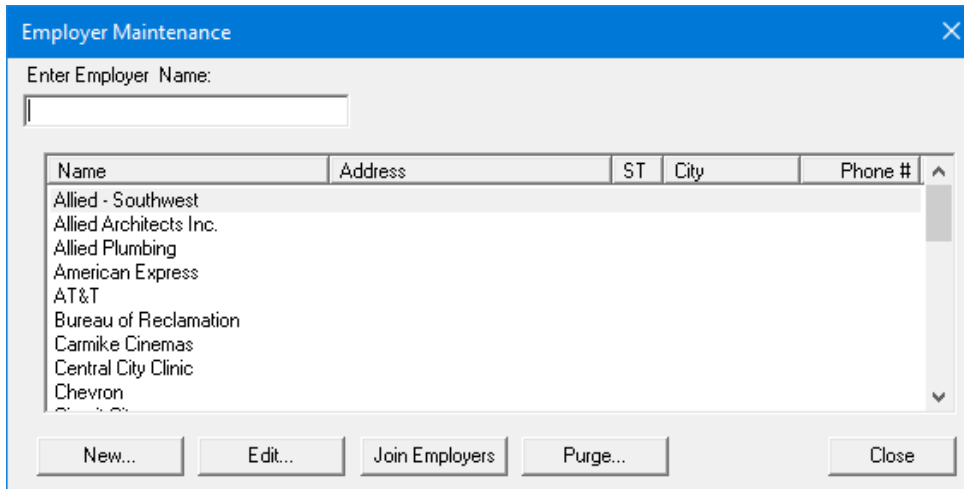
Purging Employers

You can delete employers that are not attached to any patient.

To purge an employer

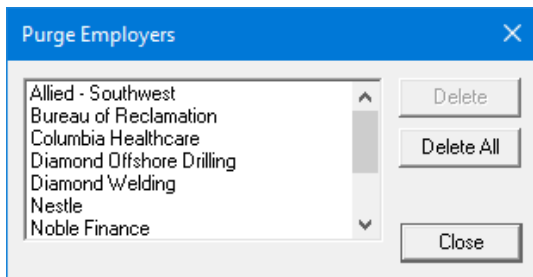
1. In the Patient Banner, click the Settings button.
2. Click **Maintenance**, and then click **Employer Maintenance**.

The **Employer Maintenance** dialog box appears.



3. Click **Purge**.

The **Purge Employers** dialog box appears.



Note: If the employer you want to delete does not appear in the list, that employer is attached to a patient. You must clear the employer from the patient's file in the Patients module before you can delete it.

4. Do one of the following:
 - To delete all of the listed employers, click **Delete All**.
 - Select the employer that you want to delete, and then click **Delete**.
5. Click **Close**.

Maintaining Insurance

From the Reports module, you can manage insurance information from a central location. Managing insurance information from a central location helps prevent you from entering duplicate plans.

This section covers the following topics:

- Joining Insurance Carriers
- Purging Insurance Carriers
- Purging Used Dental Insurance Benefits

For information on adding insurance plans, see “Entering New Insurance Plans” in Chapter 3: Patients.

Joining Insurance Carriers

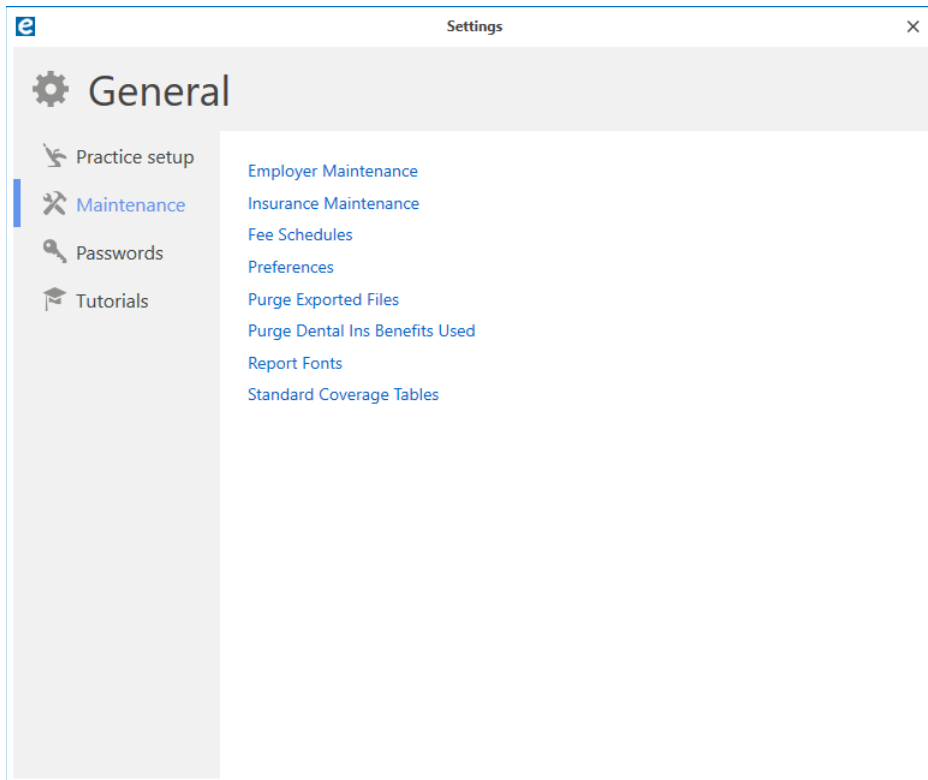
By joining insurance carriers, you can move all subscribers from one plan to another, essentially merging plans.

Important: You must close all Easy Dental modules on every computer in your practice before joining insurance carriers; otherwise, you risk corrupting your database.

To join insurance carriers

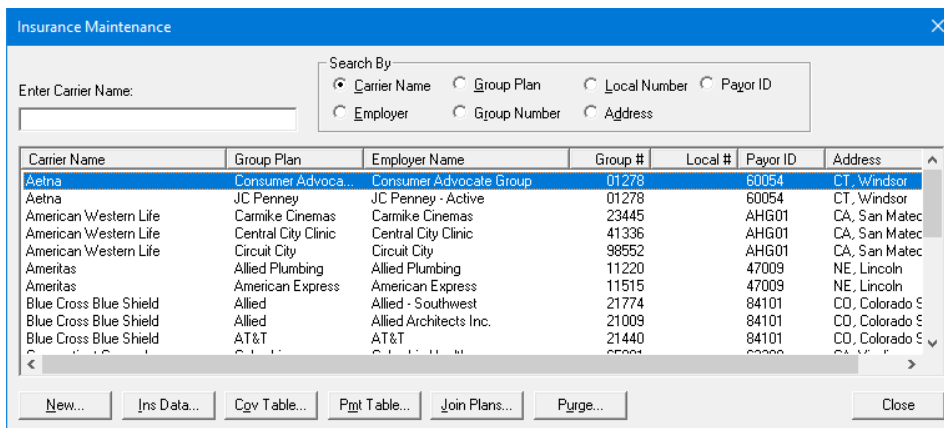
1. Close Easy Dental on all computers, except the one you are working on.
2. In the Patient Banner, click the Settings button.

The **Settings** dialog box appears.



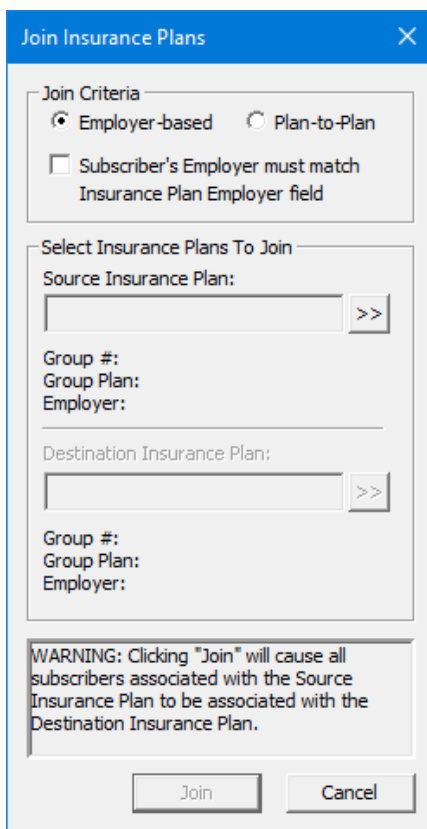
3. Click **Maintenance**, and then click **Insurance Maintenance**.

The **Insurance Maintenance** dialog box appears.



4. Click **Join Plans**.

The **Join Insurance Plans** dialog box appears.



5. Select one of the following:

- **Employer-based** – Moves all subscribers attached to one insurance plan linked to a specific employer to another insurance plan that is linked to the same employer.
- **Plan-to-Plan** – Joins insurance plans regardless of employers.
- **Subscriber's Employer must match Insurance Plan Employer field** – Moves only subscribers assigned to the same employer in the Patients module.

6. Click the **Source Insurance Plan** search button.

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

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

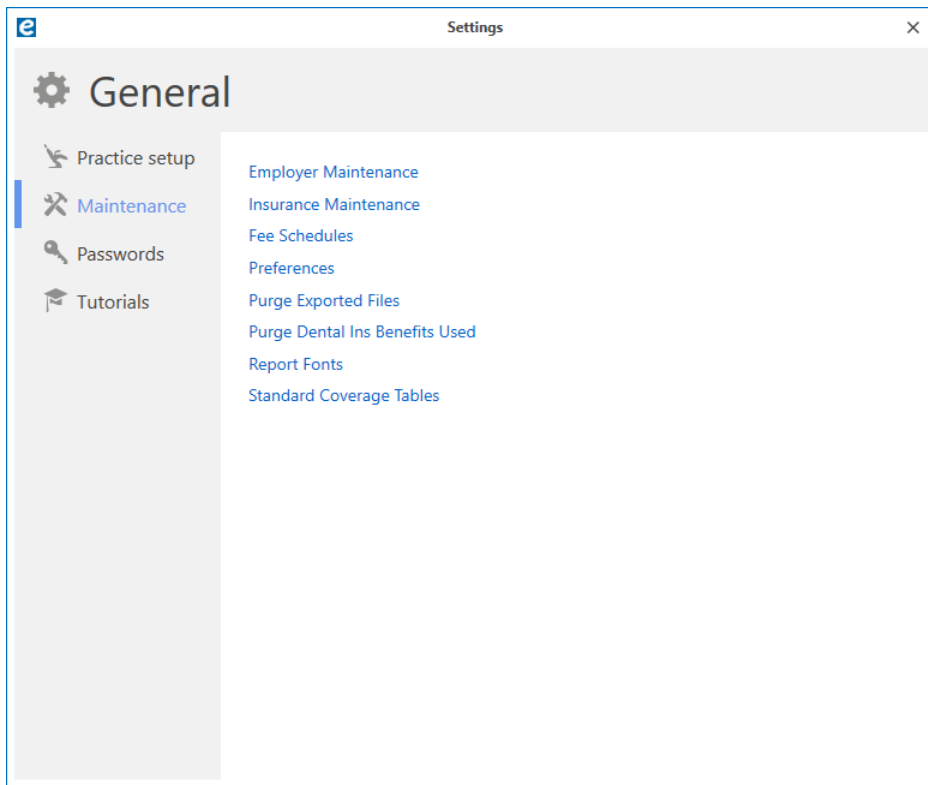
7. Select the plan that you want to join with the destination plan, and then click **OK**.
Easy Dental lists the plan's group number, group plan, and linked employer.
8. Click the **Destination Insurance Plan** search button.
The **Select Dental Insurance Plan** dialog box appears.
9. Select the plan that you want to join the source plan to, and then click **OK**.
The plan's group number, group plan, and linked employer are listed.
10. Click **Join**.
A warning appears stating that all subscribers of the source insurance plan will be changed to the destination insurance plan.
11. Click **Yes**.
A message appears when the merge is successful. If no subscribers match the criteria associated with the source insurance plan, a message appears indicating such.

Purging Insurance Carriers

You can add, edit, join, and purge insurance carriers and enter and edit coverage and payment table information for dental insurance plans. To make the process of assigning insurance easier, a database is compiled of insurance companies as you enter them. As a result, you only need to enter the insurance information once.

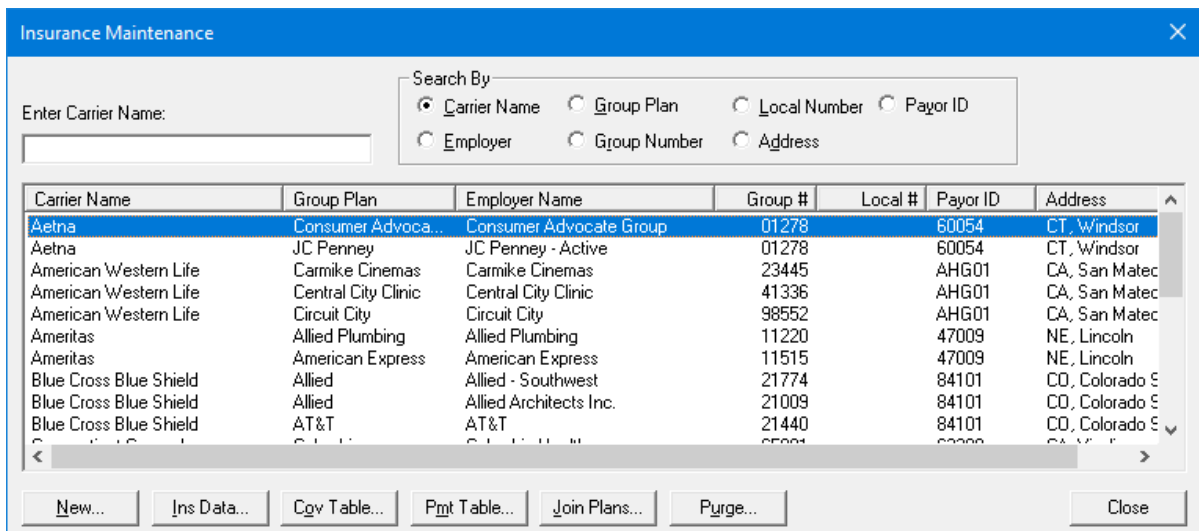
To purge an insurance carrier

1. In the Patient Banner, click the Settings button.
The **Settings** dialog box appears.



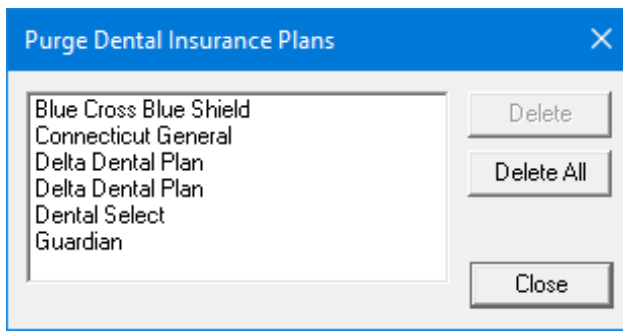
2. Click **Maintenance**, and then click **Insurance Maintenance**.

The **Insurance Maintenance** dialog box appears.



3. Click **Purge**.

The **Purge Dental Insurance Plans** dialog box appears.



4. Do one of the following:
 - To delete a single carrier, select the carrier, and then click **Delete**.
 - To delete every carrier on the list, click **Delete All**.

Note: If the carrier you want to delete is not listed, it may be attached to a patient or to an outstanding claim. You must clear that insurance from the patient's file before you can delete it.

- To find the patient, print the Insurance Carrier List for that plan.
- From the Reports toolbar, click Reference Reports, point to **Insurance Carrier List**, and then click **Include All Insured Patients**.

5. Click **Close**.

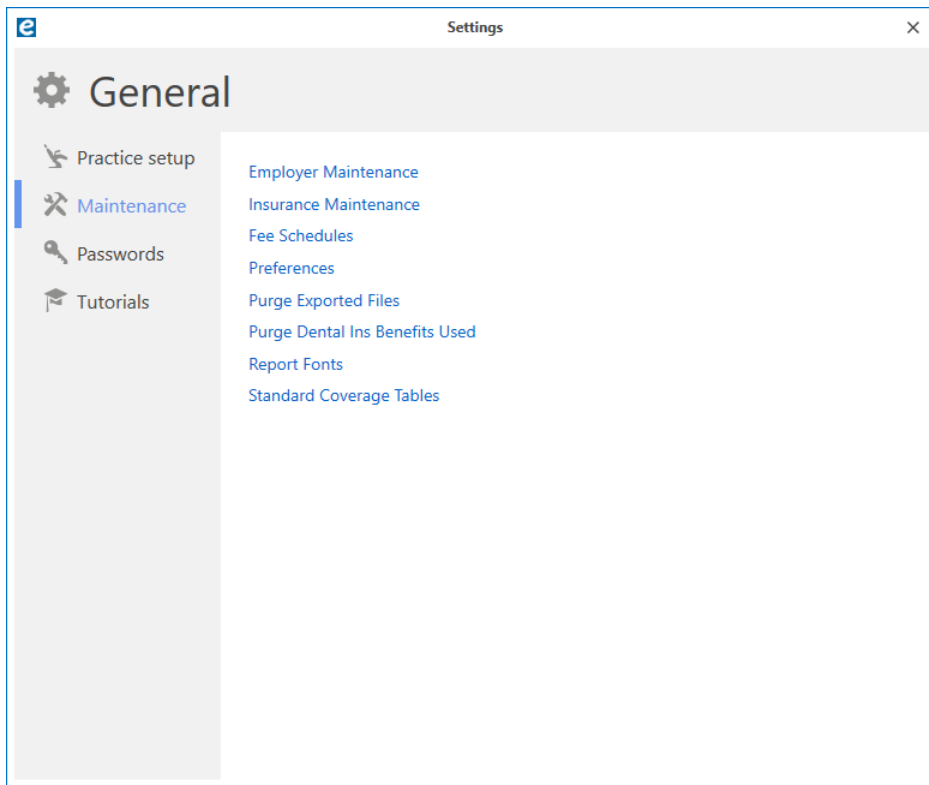
Purging Used Dental Insurance Benefits

Insurance plans are based on 12-month periods. Since most insurance benefits expire at the end of each calendar year, you can selectively zero out used insurance coverage benefits.

Note: During month-end update, you can purge the benefits used for those insurance companies that reset in the next calendar month. If you complete this purge after the first of the month, any patients who have already come in during that month and have that particular month listed as their benefit renewal month will have their benefits used reset to zero.

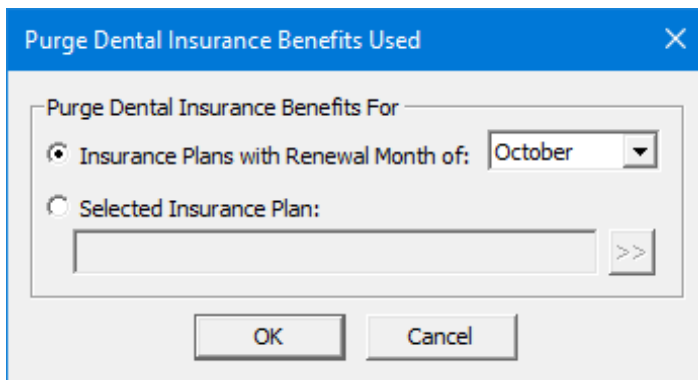
To purge used insurance benefits

1. In the Patient Banner, click the Settings button.
The **Settings** dialog box appears.



2. Click **Maintenance**, and then click **Purge Dental Ins Benefits Used**.

The **Purge Dental Insurance Benefits Used** dialog box appears.



3. Select one of the following:
 - **Insurance Plans with Renewal Month of** – To purge the benefits of all insurance plans that renew on the month that you select.
 - **Selected Insurance Plan** – To purge the benefits of a single insurance plan. Click the search button to select the plan that you want to purge.
4. Click **OK**.

Used insurance benefits are purged.

The Batch Processor

Reports that you send to the Batch Processor for printing appear in the Batch Processor list. The date shown is the date you generated the report. The description identifies the report, and the status shows if the report has been printed, displayed, or sent (if a claim was sent electronically).

If you are working on a network and someone at a different computer adds or deletes a report on the list, the Batch Processor may not reflect these changes on your screen until you click Refresh on the Reports toolbar.

This section covers the following topics:

- Printing Reports
- Previewing Reports
- Deleting Reports
- Refreshing the Batch Processor

Printing Reports

From the Batch Processor, you can print reports, statements, and claims at any time.

To print a report from the Batch Processor

1. Select the report or reports that you want to print from the Batch Processor list.

Note: To select multiple reports, press the Ctrl key, and then click each report that you want to print.

2. In the Reports toolbar, click Print Reports.

The selected reports are sent to the printer.

Previewing Reports

When a report is displayed, the display follows the format of the printed report as closely as possible. If a billing statement is displayed or an insurance claim that will print a form, the form is displayed too. You also have the options of printing only one page of a report, a range of pages, an entire report, or all reports selected for a preview session. You can also specify the number of copies that you want to print.

To preview a report

1. Select the report that you want to preview from the Batch Processor.
2. In the Reports toolbar, click Preview Reports.

The Preview Reports window appears.

PATIENT NAME	PATIENT INFORMATION	
Abbott, Ken S 608 S Ash Apt. 101 Cisco, UT 84515 E-Mail: 1KenAbb@easydental.com (P)Blue Cross Blue Shield (S)Aetna	Phone: (H) ()555-1586 (W) ()555-1751 (O) () Fax: ()555-1700 Mobile () Prov: DDS1 Position: Married	Birth: 03/02/1975 SS: 000-00-0001 Chart: AB0001 DL#: 11591446 Other ID: Gender: Male Status: Patient
Abbott, Patricia 608 S Ash Apt. 101 Cisco, UT 84515 E-Mail: 1PatrAbb@easydental.com (P)Blue Cross Blue Shield (S)Aetna	Phone: (H) ()555-1586 (W) ()555-1311 (O) ()555-1580 Fax: ()555-1300 Mobile ()555-1212 Prov: DDS1 Position: Married	Birth: 09/29/1977 SS: 000-00-0002 Chart: AB0002 DL#: 11561143 Other ID: Gender: Female Status: Patient
Abbott, Timothy 608 S Ash Apt. 101 Cisco, UT 84515 E-Mail: (P)Blue Cross Blue Shield (S)Aetna	Phone: (H) ()555-1586 (W) () (O) () Fax: () Mobile () Prov: DDS1 Position: Child	Birth: 12/15/1998 SS: 000-00-0003 Chart: AB0003 DL#: Other ID: Gender: Male Status: Patient
Blank, Arthur E-Mail: (P) (S)	Phone: (H) () (W) () (O) () Fax: () Mobile () Prov: DDS1 Position: Married	Birth: SS: Chart: BL0001 DL#: Other ID: Gender: Male Status: Patient

- Click **File**, and then click **Print Report**.

The **Easy Dental Print** dialog box appears.

- Do one or more of the following:
 - To print the currently selected report only to the default printer, click **OK**.
 - To print the currently selected report to different printer, select one from the list, and then click **OK**.
 - To print all scheduled reports, select **All Scheduled Reports**, and then click **OK**.
 - To print a range of pages, select **Page Range**, type a range of pages, and then click **OK**.
 - To print more than one copy of the report, select the number of copies from the list, and then click **OK**.

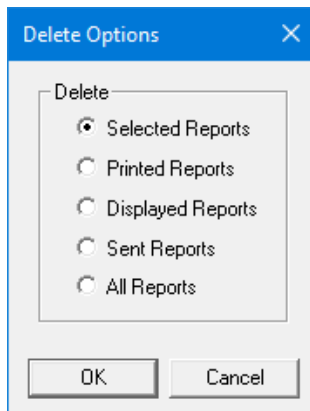
Deleting Reports

You can delete a report from the Batch Processor at any time.

To delete a report

1. From the Batch Processor list, select the report that you want to delete.
2. In the Reports toolbar, click Delete Report(s).

The **Delete Options** dialog box appears.



3. Select the appropriate option, and then click **OK**.
 - **Selected Reports** – Deletes all selected reports.
 - **Printed Reports** – Deletes all reports with a printed status in the Batch Processor.
 - **Displayed Reports** – Deletes all reports with a displayed status in the Batch Processor.
 - **Sent Reports** – Deletes all electronic submissions with a sent status in the Batch Processor.
 - **All Reports** – Deletes all reports, regardless of status.

Refreshing the Batch Processor

If you are working in a network environment and someone at a different computer adds or deletes a report on the list, the Batch Processor does not reflect those changes immediately. Also, if you select reports in the batch and want to clear them, refreshing the Batch Processor clears all those reports.

To refresh the Batch Processor list

In the Reports toolbar, click Refresh.

Tip: Generally speaking, you should click the Refresh button from any of the Easy Dental module toolbars to ensure that you are always viewing the most current information.

Generating Reports

There are several reports that you can use to gather, print, and analyze information from the database. These reports are grouped in the following categories:

- Reference Reports
- Management Reports

- Account Reports
- Patient List Reports

Note: For more information on the options available for running reports, refer to the Easy Dental Help.

Reference Reports

To generate a reference report, from the Reports module toolbar, click References Report, and then click one of the following:

- **Procedure Code List** – Generates a list of procedure codes, including the code, description, abbreviated description, alternate codes, allotted time units, treatment area, and whether or not the procedure is billable to insurance.
- **Dental Diagnostic Code List** – Generates a list of dental diagnostic codes entered in the system, including the code, description, and treatment area.
- **Explosion Code List** – Generates a list of explosion codes, including the code, description, abbreviated description, allotted time units, code type, whether or not the code is enabled, and the procedure codes that make up each explosion code.
- **Fee Schedule** – Prints a list of procedure codes, their descriptions, and their fees for the selected fee schedule.
- **Employer List** – Prints a list of all employers including their names, addresses, and phone numbers. You can also list your patients according to their employers as well as the number of employees and each employee's name, birthday, chart number, Social Security number, and family status.
- **Insurance Carrier List** – Prints a carrier's name, address, phone number, contact, and all related insurance information. You can also include all insured subscribers and patients and print mailing labels for each insurance carrier.
- **Standard Coverage Tables** – Prints the standard coverage tables set up in the Reports module. The report includes the coverage percentage, deductible, co-payment, and pre-authorization flag for each range of procedures.
- **Insurance Coverage Tables** – Prints the coverage table for each insurance plan.
- **Updated Ins Pmt Table** – Provides you with a list of the actual insurance payment from each insurance plan as recorded in the payment table.
- **Provider IDs List** – Provides you with a list of providers and their associated insurance IDs.
- **Custom Practice Information** – Prints a list of customized information that you set up in Definitions.
- **Registration Information** – Lists your practice information and the serial number of your Easy Dental software.
- **Blank ADA Form** – Prints blank 1995, 2000, 2003, or 2007 claim forms.

Management Reports

To generate a management report, from the Reports toolbar, click Management Reports, and then click one of the following:

- **Day Sheet (Charges and Receipts)** – Consists of five different report types: Chronological Day Sheet, Alphabetical Day Sheet, Receipts Only Day Sheet, Adjustment Only Day Sheet, and Deposit Slip. You can generate each report type simultaneously, but each type prints separately.
- **Analysis Summary** – Prints the transaction totals that usually print at the bottom of a day sheet, by provider or by day for a specified provider range and date range.
- **Practice Analysis Reports** – Provide statistical data for production, receivables, patients, and financial contracts (payment plans and future due payment plans).

- **Provider A/R Totals** – Includes the transaction totals that usually print at the bottom of a day sheet, by provider for a specified provider range. Additionally, you can use this report to view adjustment types by either a production or collections category.
- **Practice Demographics Report** – Prints valuable information on the makeup of your patient base. There are no filters for this report.
- **Finance Charge Report** – Lists those patients who received finance charges according to the parameters you set. The report lists the date and amount of the charge, the account's name and provider, and the billing type. A total of finance charges is calculated and listed at the bottom of the report.
- **Late Charge Report** – Lists those patients who received late charges according to the parameters you set. The report lists the date and amount of the charge, the account's name and provider, and the billing type. Easy Dental calculates a total of late charges and lists it at the bottom of the report.
- **Referred TO Doctor Report** – Lists the patients of selected providers who were referred to another practice during the selected time period. The report is organized by doctors (the doctors whose practice you referred your patients to) and includes the doctors' names and addresses. The report also includes the patient's name and referral date.
- **Referred BY Doctor/Other Report** – Prints a list of each referring doctor or other person who has referred a patient to the practice within the referring doctor/other range, provider range, and date ranges specified. The report prints each referring doctor or other person's name, address, total number of referrals, and the number of listed referrals. For each referring doctor/other, the report includes a list of referred patients with the patient's name, first visit date, treatment plan total, production total, and account balance.
- **Referred BY Patient** – Prints a list of patients who referred other patients to the practice within the referring patient range, provider range, and date ranges specified. The report prints each referring patient's name, address, total referrals, and number of listed referrals. For each referring patient, a list of referred patients is included with the referred patient's name, first visit date, treatment plan total, production total, and account balance.

Account Reports

To generate an account report, from the Reports module toolbar, click Account Reports, and then click one of the following:

- **Family Accounts** – Prints reports for family accounts. The report includes the date of treatment, tooth number, description, patient, charges, payments, and a running balance.
- **Patient's History** – Prints reports for individual patient accounts. The report includes the date of treatment, tooth number, description, patient, charges, payments, and a running balance.
- **Aging Report** – A report for selected guarantors, providers, and billing types. Includes the guarantor's name, phone, billing type, last payment amount with date, last statement date, agreed payment amount and balances per aging period, insurance estimates, guarantor portion, and the total account balance. The report also provides totals and payments for each account.
- **Patient Balance Report** – Lists every patient with his or her family balance and patient balance. This report includes patients with a \$0.00 balance.
- **Payment Plan Report** – Provides you the means to monitor payment plans. The report includes information on terms remaining balances, last payment date and amount, and missed payments.
- **Insurance Aging Report** – Prints each insurance carrier with outstanding claims, including the insurance plan name and group plan name. It also prints the insurance phone number and group number, and then lists each outstanding insurance claim for the insurance carrier.

- **Insurance Claims To Process** – Shows all created insurance claims that have not sent to the Batch Processor, printed, or sent through eClaims. This report includes the range of patients, providers, and carriers and the claim date, type of claim (Primary/Secondary), patient name, insurance company name, claim amount and expiration date. Prints a separate total amount for primary and secondary claims and a combined total at the end of the report.
- **Secondary Ins Claims Not Created** – Creates a list of primary insurance claims for patients with secondary insurance claims that have not yet been created. The report includes the primary claim date, patient name, secondary insurance company, claim account, and the date the primary claim expires. It sorts the claims by expiration date and indicates the total of the claims accounts.
- **Procedures Not Attached To Insurance** – Can save you thousands of dollars a year by showing you insured patients who have had treatment billed without having an insurance claim created.
- **Pre-Treatment Estimate Aging Report** – Shows when you sent pre-treatment estimates to insurance carriers. You can specify the range of patients, providers, and carriers to include.
- **Future Due Payment Plan Report** – Shows payments that you can expect based on established future due payment plans. This report includes the range of accounts, providers, billing types, and date ranges. You can also determine whether this is to be a standard report or a monthly totals report.
- **Utilization Report** – Designed for use with managed care insurance plans. This report shows all procedures completed under selected insurance plans for selected date ranges. In addition, you can monitor co-payments versus the practice's regular fees.

Patient List Reports

To generate a patient list report, from the Reports module toolbar, click Patient Lists, and then click one of the following:

- **Patient List** – Prints a list of the patients in the practice. You may select ranges for providers and billing types to be included. A standard list, a chart number report, patient mailing labels, account only labels, and chart labels are available to print.
- **Birthday List** – Prints a birthday list for a selected period. You can select the range of patients and providers to include and choose to print mailing labels.
- **New Patient List** – Shows any patients who are new to the practice within a selected date range. You can also select the range of patients and providers to include. You can print mailing and chart labels for the list. The list includes the patient's name, address, and date of first visit.
- **Inactive Patient List** – Lists patients who have no recall date and no future appointment, whose last visit occurred before a selected date, and who have an inactive patient status. The list includes the patient's name, address, insurance, phone numbers, chart #, provider, status, last visit date, birth date, Social Security number, gender, billing type, family position, and last appointment date.
- **Archived Patient List** – Shows patients who have been archived within the parameters you select. This report includes extensive patient information, such as name, address, phone number, chart number, birth date, and gender.
- **Patient Notes Report** – Prints all notes assigned to a patient including appointment notes, account notes, patient alert notes, and so on.
- **Patient Privacy Requests List** – Prints a list of all patients who have requested privacy restrictions.
- **Perio Exam List** – Prints a list of all patients who have had a periodontal exam within a specified date range.

Generating Billing Statements

You can generate and print billing statements from Easy Dental.

To generate a billing statement

1. In the Reports module toolbar, click Billing Statements.

The **Billing Statements** dialog box appears.

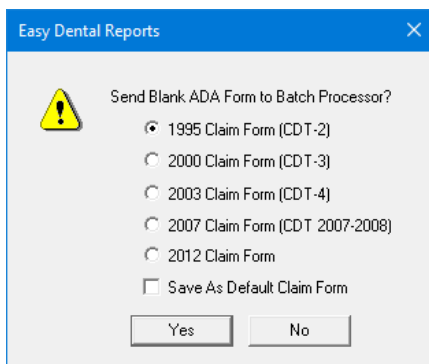
2. Do the following:
 - **Statement Date** – Billing cutoff date. All statement calculations are based on this date.
 - **Balance Forward Date** – Totals and prints the cost of all procedures posted before this date.
 - **Select Account** – Set a range of accounts to bill.
 - **Select Primary Provider** – Set a range of primary providers to generate billing statements for.
 - **Select Billing Type** – Set a range of billing types to print.
 - **Minimum Balance to Bill** – Type the minimum balance that you want to bill.
 - **Include Credit Balances** – Select to print statements for patients who have credit balances.
 - **Statements** – Select one of the following:
 - **Batch** – Sends the statement to the Batch Processor.
 - **Send Electronically** – Sends the statement to QuickBill. You must first set up an eServices account to use this feature.
 - **Print** – Sends the statement to the printer.

- **Options** – Select one or more of the following:
 - **Skip Accounts With Claim Pending** – Select to skip accounts that have pending insurance claims.
 - **If Patient Portion Less Than** – Type the estimated amount a patient will pay. Any accounts with a patient portion less than this amount are skipped.
 - **Include Procs With Claim Pending** – Select to itemize procedures that are attached to pending insurance claims, rather than including them in the balance forward amount.
 - **Print Insurance Estimate** – Select to print the amount that Easy Dental estimates the insurance company will pay.
 - **Print Agreed Payment** – Select to include a box labeled “Please Pay This Amount” on the statement. Easy Dental prints the payment plan amount or the estimated patient portion of the balance.
 - **Exclude Outstanding To Insurance** – Select to ignore any transactions that are still billed to insurance. The statement only includes the amounts remaining on claims insurance has paid.
 - **Print Practice Information** – Select if you are using preprinted forms that do not include your practice’s name and address.
 - **Print Account Aging** – Select to include an aging summary of the account. Account aging prints on preprinted forms if they are formatted to allow report aging.
 - **Allow Credit Card Payment** – Select to include credit card payment options.
 - **If Not Billed Since** – Select to include a last statement date. Type a date. This date is compared to the last statement date for each account.
 - **Only Bill Accounts Aging** – Select and then select the number of days. Statements are only printed for accounts that are equal to or over the aging limit you select.
 - **Over 30**
 - **Over 60**
 - **Over 90**
 - **Select Report Types** – Select one of the following:
 - **Billing Statement** – Select to print a billing statement.
 - **Mailing Labels** – Select to print mailing labels, and then select the number of columns that you want to print.
 - **Statement Message** – To print a message, such as “Brush and floss regularly” or “All payments are due on or before the 5th day of the month,” type the message in the text box.
3. To print statements using the same charges and options each time you bill, select **Save As Default**.
 4. Click **OK**.

Printing Blank ADA Forms

You can print a blank 1995, 2000, 2003, 2007, or 2012 claim form.

1. In the Reports module toolbar, click References Report, and then click **Blank ADA Form**.
The **Easy Dental Reports** dialog box appears.



2. Select the form that you want to print.
3. Select **Save as Default Claim Form** to save your selection for the next time it is printed.
4. Click **Yes** to print the form.

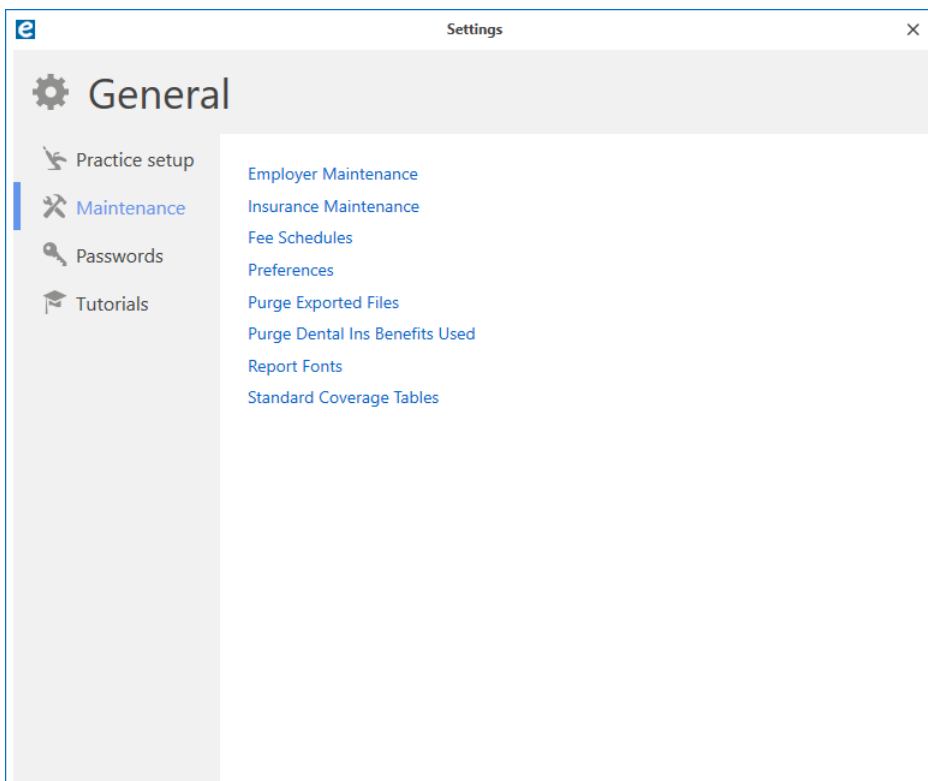
Purging Exported Files

You can delete information that was exported, such as data from letters and reports that were selected to print to file.

To purge an exported file

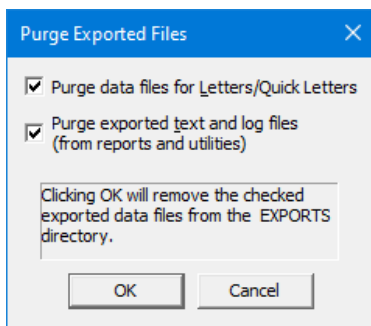
1. In the Patient Banner, click the Settings button.

The **Settings** dialog box appears.



2. Click **Maintenance**, and then click **Purge Exported Files**.

The **Purge Exported Files** dialog box appears.



3. Select **Purge data files for Letters/Quick Letters** to delete any of the .out files (data) created during letter merges and stored in the Exports directory.
4. Select **Purge exported text and log files (from reports and utilities)** to delete data in .txt and .log formats in the Exports directory.

Reports that you chose to print to file are stored as .txt files and saves logs from utilities that were run with Easy Dental Support as .log files.

Note: The default location of the Exports directory is C:\EZDental\Doc\Exports.

5. To purge the selected data, click **OK**.

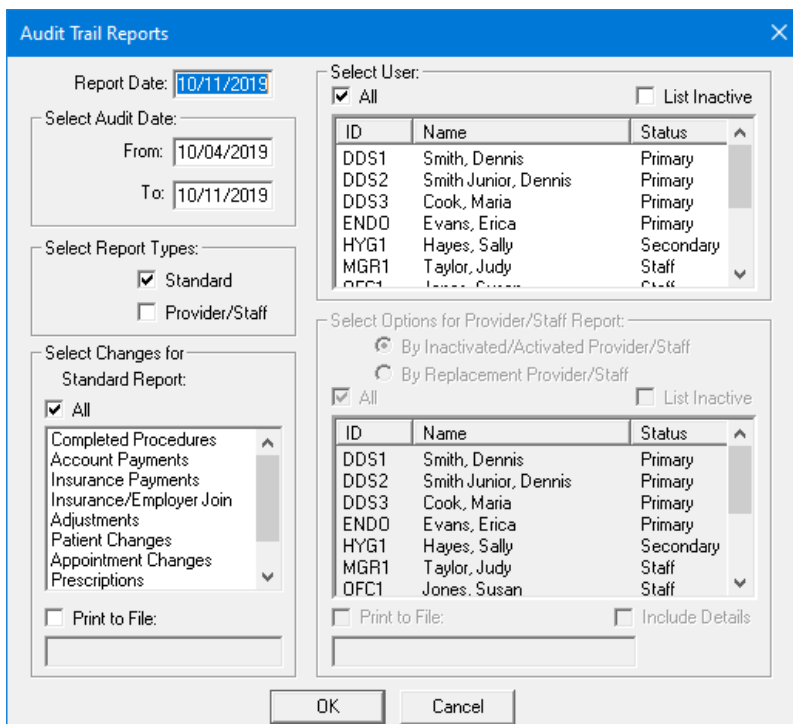
Generating the Audit Trail Report

From the Audit Trail Report, you can print a report of all transaction entries that have been changed or deleted. Also included are appointment changes and limited patient changes.

To print an Audit Trail Report

1. In the Reports toolbar, click Audit Trail Reports.

The **Audit Trail Reports** dialog box appears.



2. Type the **Report Date** that you want to print on the report.

Note: The default **Report Date** is the current date.

3. Do the following:
 - **Select Audit Date** – Type the date range of the information that you want to audit in the **From** and **To** fields.
 - **Select Report Types**
 - **Standard** – Select to generate a report of the selected changes made by the selected users within the specified date range.
 - **Provider/Staff** – Select to generate a report of information for the selected providers and staff members who were inactivated or activated by the selected users within the specified date range.
4. Under **Select User**, do the following:
 - To print a report showing all changes or deletions made by specific users, select one or more user IDs from the list.
 - To print a report showing all changes and deletions for all users, select **All**.
 - To show inactivated providers and/or staff in the list, select **List Inactive**.
5. If you selected **Standard** in step 3, set the following options:
 - **Completed Procedures** – Lists all changes or deletions to procedures posted as complete in Accounts.
 - **Account Payments** – Lists all changes or deletions to posted guarantor payments in Accounts.
 - **Insurance Payments** – Lists all changes or deletions to posted insurance payments in Accounts.
 - **Insurance/Employer Join** – Lists insurance plans and employers that have been joined.
 - **Adjustments** – Lists all changes or deletions to posted adjustments in Accounts.
 - **Patient Changes** – Lists changes made to a patient's name, primary provider, and billing type in Patients.
 - **Appointment Changes** – Lists all changes or deletions to appointments from the Schedule.
 - **Prescriptions** – Lists all deletions made from the Prescriptions module.
 - **Password/Login** – Lists all login attempts.
 - **Print to File** – Generates and saves the report as a tab-delimited text document. Type the name of the report with a .txt extension in the field below.
6. If you selected **Provider/Staff** in step 3, set the following options:
 - **By Inactivated/Activated Provider/Staff** – To include only information for providers/staff members who were inactivated or activated and selected under **Select User**.
 - **By Replacement Provider/Staff** – To include only information for replacement providers/staff members, who are selected under **Select User**, for inactivated provider/staff.
 - **All** – To include all providers and staff.
 - **List Inactive** – To show inactivated providers/staff in the list.
 - **Print to File** – To generate and save the report as a tab-delimited text document. Type the name for the report with a .txt extension in the field below.
 - **Include Details** – To include detailed changes that occurred when a provider or staff member was inactivated.
7. To send the report to the Batch Processor, click **OK**.

Letters

Easy Dental provides you with a very powerful interface between your patient database and Microsoft Word. Using this tool, you can create any letters that are applicable to the success and development of your practice. You can merge your patient records automatically into your letters based on various ranges, parameters, and filters that you define.

Easy Dental comes complete with pre-defined letter templates in seven categories that you can use and modify. You can customize each letter using Microsoft Word. You can also produce your own letters and add them to any of the categories for future use.

This documentation assumes that you have a legally licensed version of Microsoft Word and that you are completely familiar with its use, particularly its merge functions. If you are unfamiliar with Microsoft Word, please go through its tutorial and documentation before using the Easy Dental Letters feature.

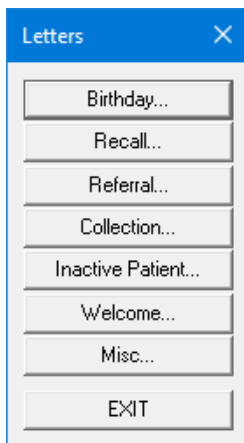
Merging Letters

Easy Dental comes complete with pre-defined letter templates in seven categories that you can use and modify in conjunction with your patient database. If these letter templates don't meet your needs, you can design your own letter templates using the Easy Dental Letter Merge Fields toolbar and Microsoft Word.

To merge a letter

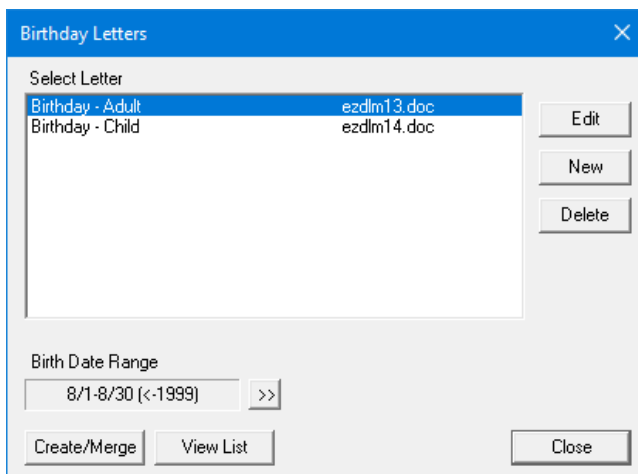
1. In the Reports module toolbar, click Letters.

The **Letters** dialog box appears.



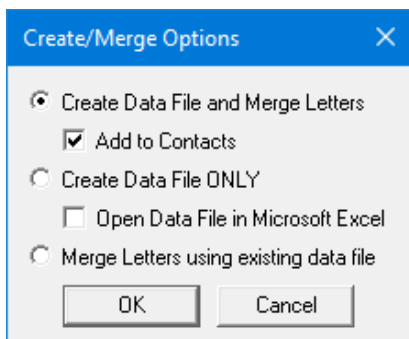
2. Click the category button corresponding to the type of letter that you want to create:

A dialog box, such as **Birthday Letters**, appears.



3. Select the letter that you want to merge from the list.
4. Click the search button to set a date range.
You can set a date range for each category, except recall and miscellaneous.
5. Click **Create/Merge**.

The **Create/Merge Options** dialog box appears.



6. Select **Create Data File and Merge Letters**, and then click **OK**.

Microsoft Word starts automatically and merges the letter with the data you requested. If you don't want to perform any of these functions, click **Cancel**. To add a Letter entry to the patient's Contacts, select **Add to Contacts**.

Note: As the patient data is retrieved from the Easy Dental database, the **Abort Query** dialog box appears, which gives a count of the number of records read, number of records selected, and an Abort button to terminate the query if desired.

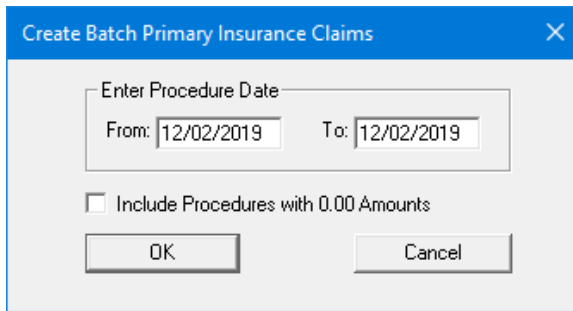
Creating Batch Insurance Claims

Many offices choose to create all insurance claims for that day at the same time instead of one patient at a time throughout the day. By clicking the Create Insurance Claims toolbar button in the Reports module you can create all primary insurance claims for procedures posted within the selected date range. This feature excludes any procedure codes and insurance companies that are flagged "Do Not Bill to Insurance." (See "Setting up procedure codes" in the Easy Dental Help for information on flagging procedure codes. See the *Working with Insurance* section of the Patients chapter for information on flagging insurance companies.)

To create batch insurance claims

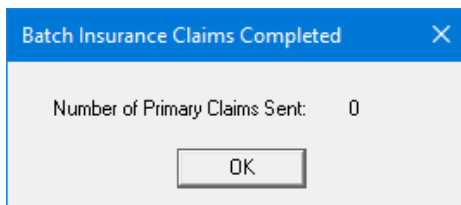
1. In the Reports module toolbar, click Create Insurance Claims.

The **Create Batch Primary Insurance Claims** dialog box appears.



2. Type a procedure date range.
All procedures within the selected date range in the Accounts module will be included.
3. To generate the claims, click **OK**.

The **Batch Insurance Claims Completed** dialog box appears.



4. To send the claims to the Batch Processor to print them or send them electronically, click **OK** again.

Chapter 10: Documents

Managing the constant flow of paper documents through your office can be a challenge. With the paper, printer ink, wear and tear on your printers, and office space needed to store your documents, there's a cost associated with storing documents on paper. Protecting that paper from fire, flood, or some other catastrophic event can also present a challenge. The solution is to store your documents electronically.

You can use the Documents module to help your office become paperless. Documents, such as patient information forms, health histories, HIPAA privacy forms, treatment and other consent forms, patient letters, referral letters, X-rays, and insurance explanation of benefits (EOBs) can be scanned, captured, and imported. You can attach these documents to patients, providers, insurance carriers, and referral sources. You can also attach documents to multiple sources, or you can print, e-mail, or send them electronically.

When you open the Documents module and select a patient, that patient's attached documents are displayed. Documents are loaded according to the filters and view you select. Loading may take a few minutes depending on the number of documents.

To make viewing documents even easier, you can view attached documents by patients, providers, employers, insurance carriers, and referral sources. You can set filters to view documents acquired within a certain date range and assigned to a certain folder.

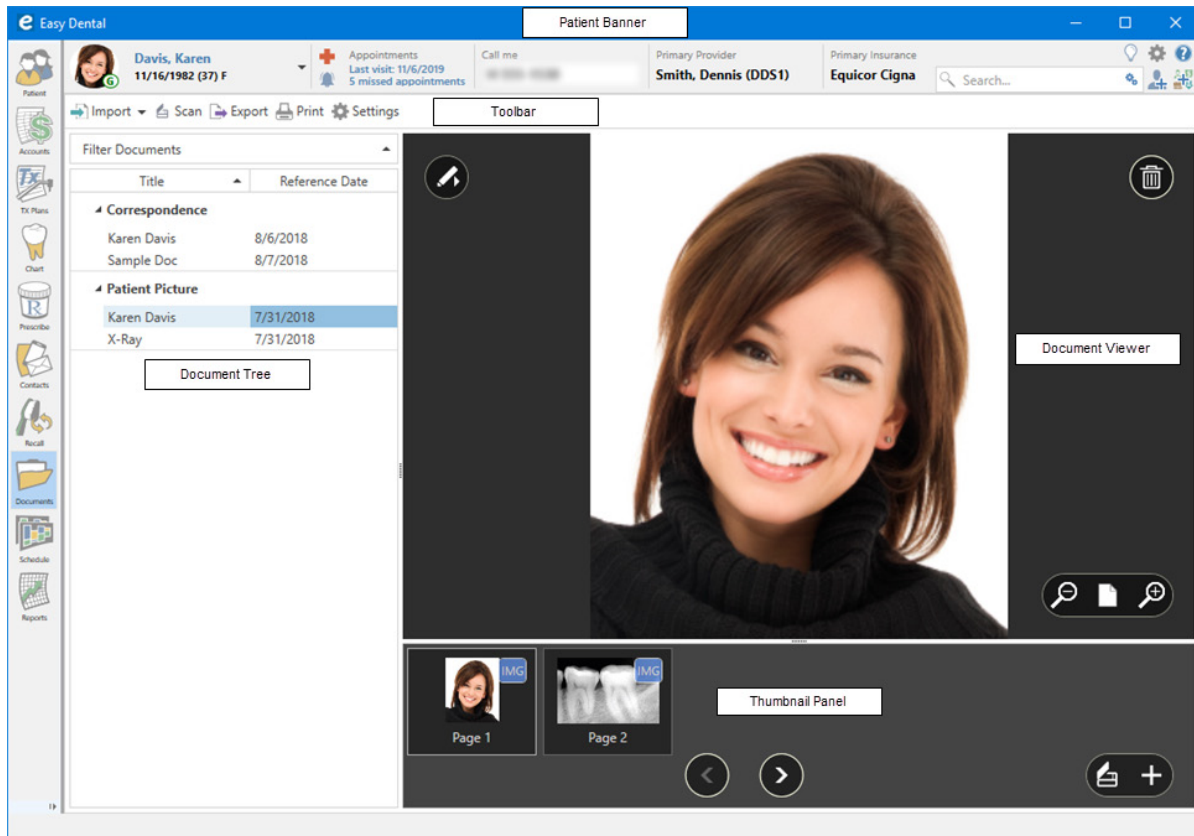
You can use the Document Viewer to adjust the color, brightness, and contrast of the image or document. The following sections explain how to set up, acquire, and view documents with the Documents module.

This chapter covers the following topics:

- The Documents Window
- Setting Up the Documents Module
- Importing, Exporting, and Filtering Documents
- Editing, Tagging, and Printing Documents
- Editing Images

The Documents Window



The Documents window contains the following areas:



- **Document Tree** – Lists the selected document source (patient, provider, and so forth), any document tags that you have used, and the associated documents. The delta symbol next to the folder name indicates whether the list is expanded or collapsed. Click the delta symbol to view the contents of the folder. Click the symbol again to hide the contents. From the Document Tree, you can select the documents that you want to view, edit, and print.
- **Document Viewer** – The Document Viewer displays the document that is selected in the Document Tree. If the document has multiple pages, you can scroll through the pages.
- **Thumbnail Panel** – Displays thumbnail images of the documents in a selected folder in the Document Tree.
- **Patient Banner** – The Patient Banner indicates a selected patient's name, birthdate, age, and gender. The letter G indicates that the patient is the guarantor of the account. The banner also includes the patient's phone numbers, primary provider, primary and secondary insurance providers, the Settings and Help buttons, Quick Search, and the Quick Search toolbar.
- **Toolbar** – The toolbar consists of five buttons for working in the Documents module:










Button	Name	Function
	Import	Click to import a selected document.
	Scan	Click to scan an image into a document..
	Export	Click to export a selected document.

Button	Name	Function
 Print	Print	Click to print the selected document.
 Settings	Settings	Click to change settings in the Documents module.

The Patient Banner and Quick Search Toolbar

When you click the Quick Search box, a toolbar appears. You can click the buttons to restrict your search to patients only, providers only, insurance providers only, employers only, referred by only, or referred to only.



Button	Name	Function
	Quick Search	Type search terms in the box to search all categories.
	Patients Only	Click to restrict your search to patient records.
	Providers Only	Click to restrict your search to provider records.
	Insurance Only	Click to restrict your search to insurance provider records.
	Employers Only	Click to restrict your search to employer records.
	Referred By Only	Click to restrict your search to referred by records.
	Referred To Only	Click to restrict your search to referred to records.

Setting Up the Documents Module

In the Documents module, you can set preferences and add, edit, and delete folders. Folders help you organize and describe stored documents. You must assign every document you import to the Documents module to a folder. This section covers the following topics:

- Setting Preferences
- Adding Folders
- Editing Folders

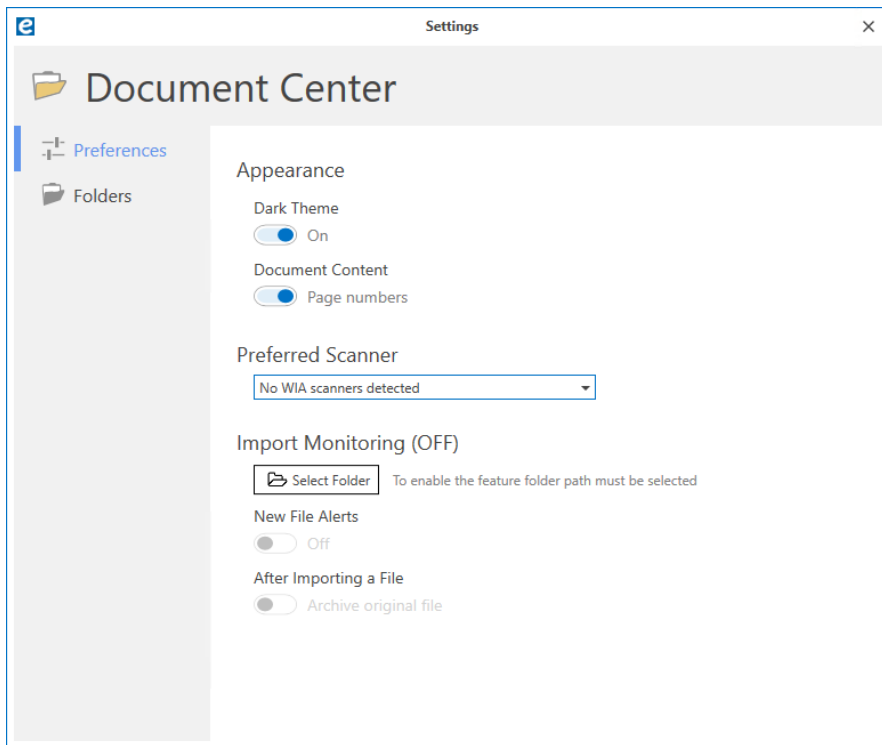
Setting Preferences

You can customize the Documents module by changing the appearance of the Preview and Thumbnail panels from the default dark theme and by showing file names instead of page numbers. You can also add, edit, or delete folders.

To set a preference

1. In the Documents toolbar, click Settings button.

The **Settings** dialog box appears.



2. To change the **Appearance** default setting, toggle it to **Off**.

Note: Turning **Use Dark Theme** to **Off**, changes the background of the Preview and Thumbnail panels to light gray and white, respectively.

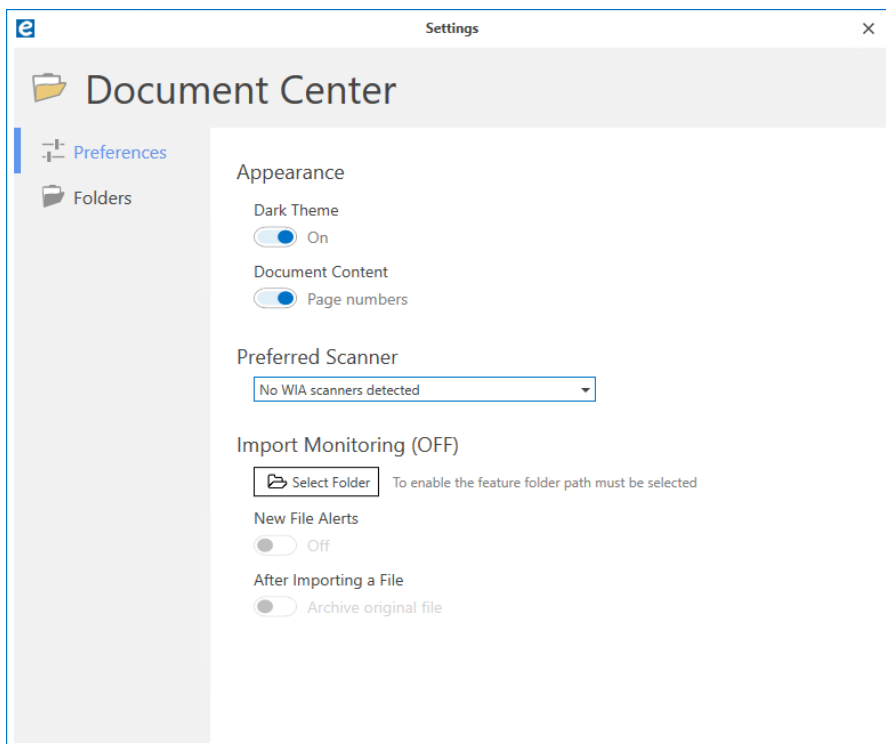
3. To show file names instead of page numbers, click the **Page Reference** toggle to change the setting to **Show original file names**.

Adding Folders

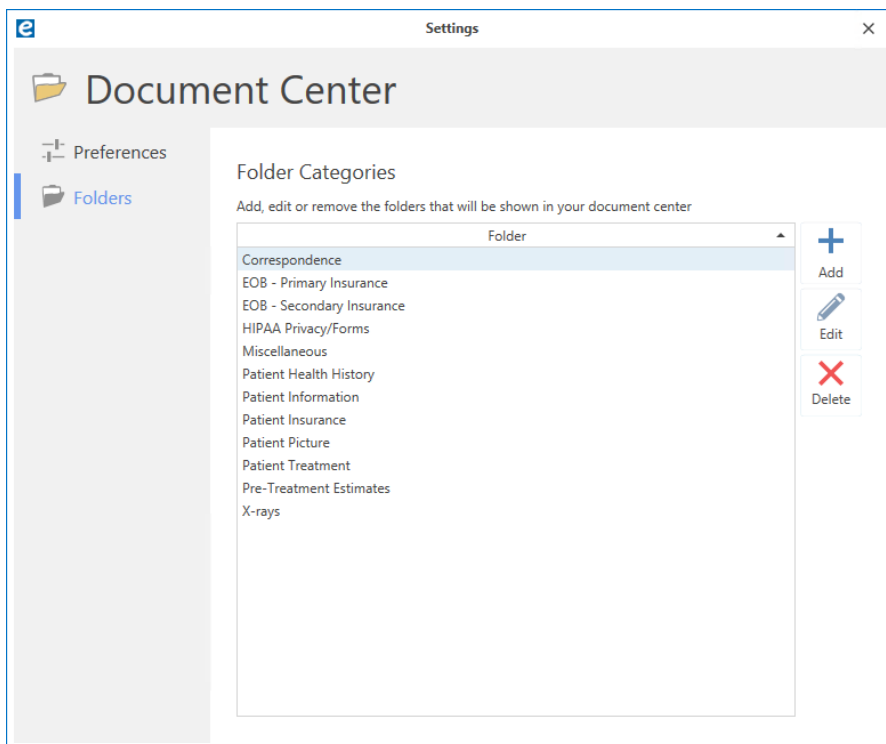
You must assign a document to a folder in the Documents module. Folders help you organize and describe stored documents. You can add, edit, or delete folders.

To add a folder

1. In the Documents toolbar, click the Settings button.
The **Settings** dialog box appears.

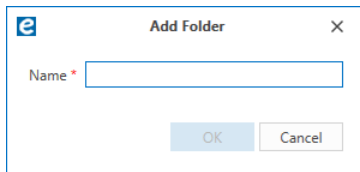


2. Click **Folders**.



3. Click **Add**.

The **Add Folder** dialog box appears.



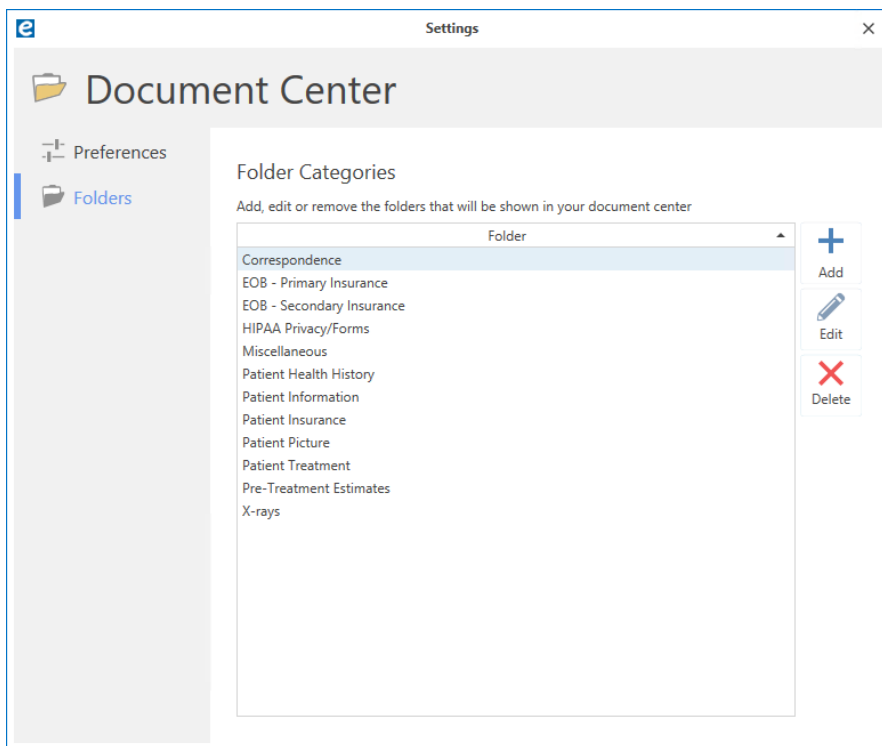
4. Type the folder's name, and then click **OK**.
The new folder appears in the list.

Editing Folders

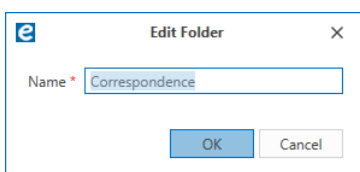
You must assign a document to a folder in the Documents module. Folders help you organize and describe stored documents. You can add, edit, and delete folders.

To edit a folder

1. In the Documents toolbar, click the Settings button.
The **Settings** dialog box appears.
2. Click **Folders**.



3. Select the folder you want to edit, and then click **Edit**.
The **Edit Folder** dialog box appears.



4. Type the new name for the folder, and then click **OK**.

Importing, Exporting, and Filtering Documents

You can import documents to and export them from the Documents module. This section covers the following topics:

- Importing Documents
- Exporting Documents
- Filtering Documents

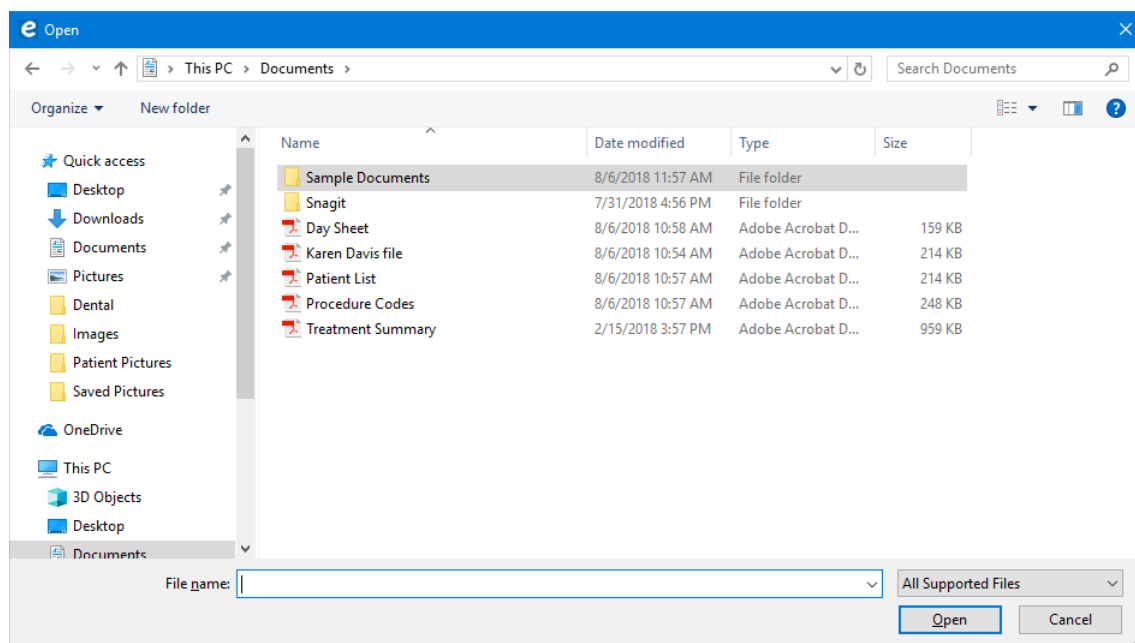
Importing Documents from a Folder

You can import most common file types (.jpg, .png, .pdf, .bmp, .docx, .xlsx, and others) as documents into the Documents module. However, you cannot import TIF files.

To import a document

1. In the Documents toolbar, click the Import button, and then from the menu, click **Import from folder**.

The **Open** dialog box appears.



2. Navigate to and select the document you want to import, and then click **Open**.

The **New Document Information** dialog box appears.

3. As necessary, complete one or more of the following tasks:

- **Title** – To rename the document, type a new name in the box.
- **Reference Date** – To set a new date, type the desired date in the box or select a date from the calendar.

Note: The reference date for this document displays on the Documents List and when it is printed.

- **Folder** – To organize the Document Tree, select the folder that the document will be listed under.
- **Document Tags** – To tag a document and attach it to another patient, a provider, an insurance provider, and so on, click **Add Tag**.
- **Notes** – To add a note, type one in the box.
- **Orientation** – To change the document's orientation, select one from the list.

4. Click **OK**.

Exporting Documents

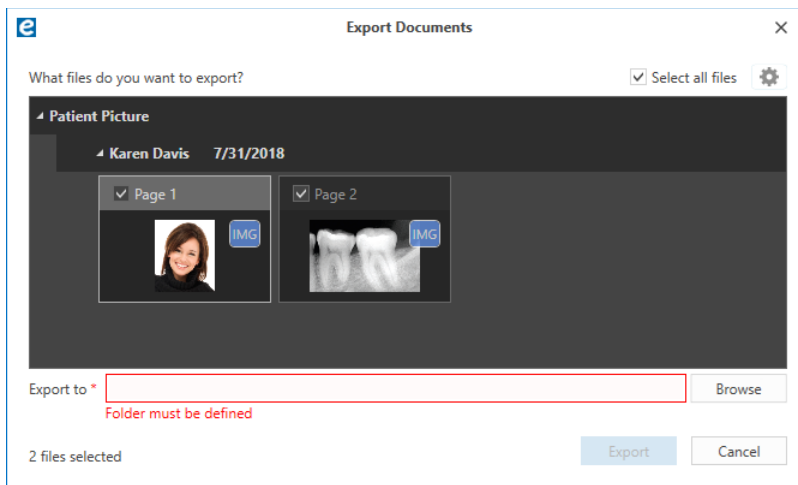
You can export documents from the Documents module to folders of your choice.

To export document

1. In the Documents toolbar, click **Export**.

The **Export Documents** dialog box appears.

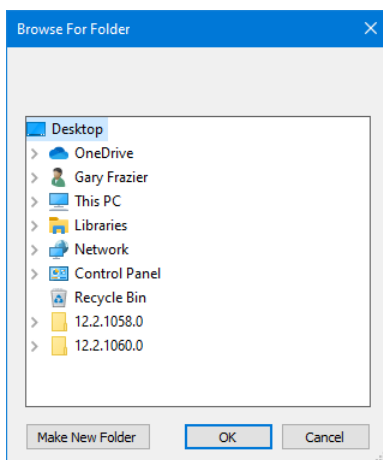
Note: By default, all documents are selected.



2. Do one of the following:

- To export one or more files, clear the **Select all files** box, select the files you want to export, and click **Browse**.
- To export all files, click **Browse**.

The **Browse For Folder** dialog box appears.



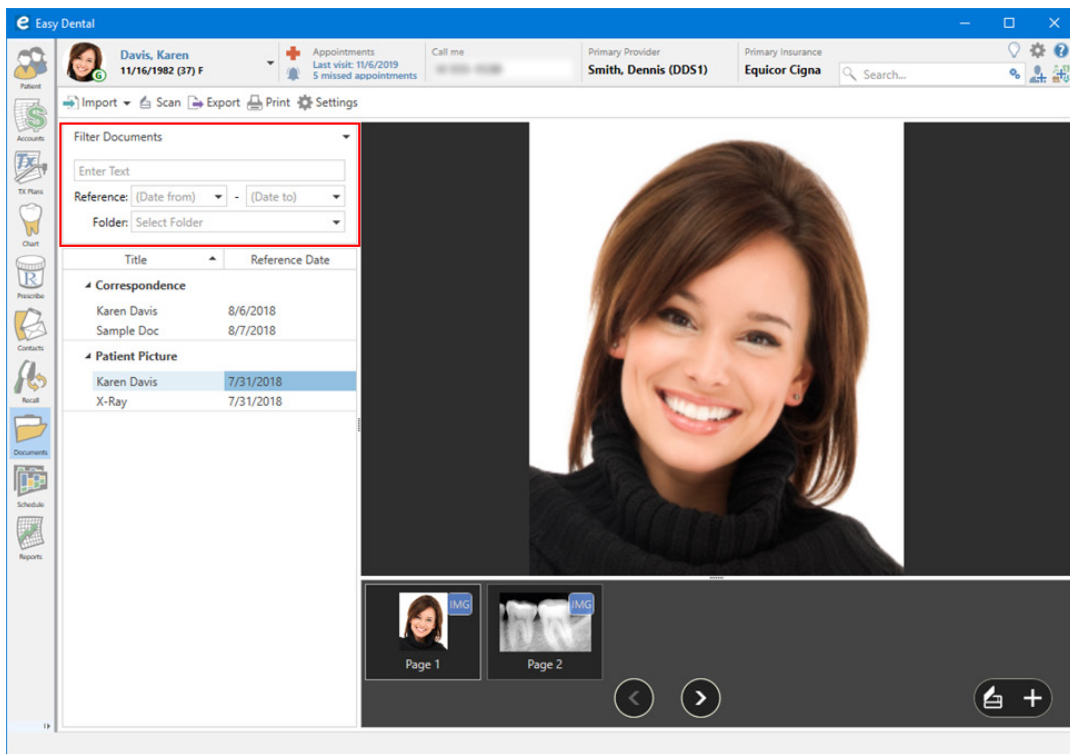
3. Select or create a folder to export the document to, and click **OK**.
4. Click **Export**.

Filtering Documents

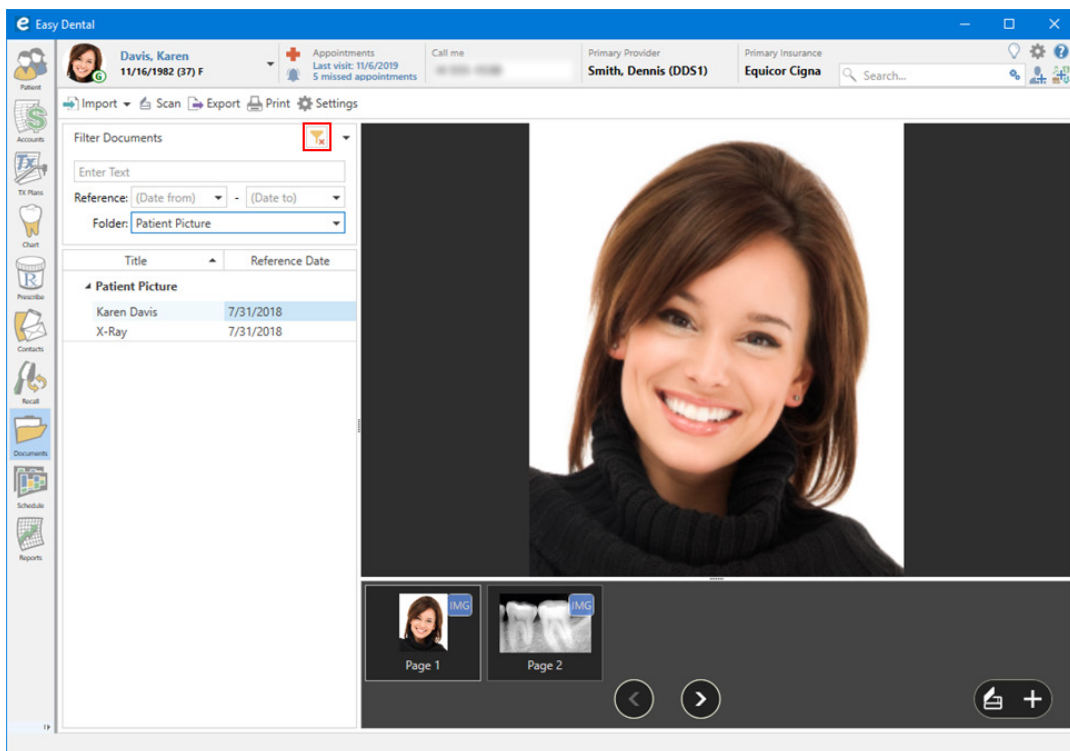
You can view attached documents by patient, provider, insurance carrier, and referral source. You can select filters to view documents within a specific date range and assigned to a particular folder. In the Preview Panel, you can convert images to gray scale, adjust or invert their colors, re-size them, or rotate them.

To filter a document

1. In the Documents module, click Filter Documents.



2. Do one of the following:
 - To filter documents by tag, document name, or date, type in the **Enter Text** box.
 - To filter documents by a reference date range, enter a date in **(Date from)** and **(Date to)** from their respective calendars.
 - To filter documents by a folder, select a folder from the list.
3. To clear a filter, click the Clear Filter button.



Editing, Tagging, and Printing Documents

You can edit, print, or delete documents. You can also add a tag to documents so you can more easily attach a document to a patient's insurance provider or other entity that may need a copy of the document. This section covers the following topics:

- Editing Document Information
- Adding Document Tags to Documents
- Printing Documents

Editing Document Information

You can edit a document's information, such as its title, reference date, folder, notes, and orientation. You can also add one or more document tags to the document.

To edit a document's information

1. In the Document Tree, double-click the document that you want to edit.

The **Edit Document Information** dialog box appears.

2. Complete one or more of the following tasks:
 - **Title** – Type a new name for the document.
 - **Reference Date** – Click the Down arrow, and then select a new date from the calendar.
 - **Folder** – Click the Down arrow, and then select a different folder from the list.
 - **Document Tags** – Add a tag to the document.
 - **Notes** – Type a note for the document.
 - **Orientation** – Click the Down arrow, and then select a different orientation for the document.
3. Click **OK**.

Adding Document Tags to Documents

With the Documents module, you can add a document tag (patient, provider, insurance provider, employer, or referral to or by) to a document.

To add a document tag to a document

1. In the Document Tree, double-click the document that you want to add a document tag to. The **Edit Document Information** dialog box appears.

The screenshot shows the 'Edit Document Information' dialog box. It has a title bar with an 'e' logo and a close button. The main area contains several fields: 'Title' with 'X-Ray', 'Reference Date' with '7/31/2018', and 'Folder' with 'Patient Picture'. To the right, there's a 'Document Tags' section with two existing tags: 'Davis, Karen' and 'Aetna', each with a close button, and an '+ Add Tag' button. Below these is a large 'Notes' text area. At the bottom, there's an 'Orientation' dropdown set to '<None>' and 'Page 1'. 'OK' and 'Cancel' buttons are at the bottom right.

2. Click **Add Tag**.
3. In the **Search** box, click the button corresponding to the document tag you want to apply.

This screenshot is similar to the previous one, but the '+ Add Tag' button is now highlighted with a red box. The 'Document Tags' section has changed: the search bar is active, and below it is a row of icons representing different tag categories (person, insurance, etc.). The 'Add Tag' button is no longer visible, indicating that the search results are being displayed.

4. In the **Search** box, type the first few letters of the provider, insurance provider, and so on that you want to tag the document with.
 5. Click **OK**.
- The name of the document tag appears in the **Edit Document Information** dialog box.

Edit Document Information

Title *
X-Ray

Reference Date * 7/31/2018 Folder * Patient Picture

Document Tags *
Davis, Karen × Aetna × + Add Tag

Notes

Orientation <None>

Page 1

OK Cancel

Printing Documents

You can print documents from the Documents module.

To print a document

1. In the Document Tree, select the document that you want to print.
2. In the Documents toolbar, click Print.

The **Print Preview** dialog box appears.

Print Preview

Printer HP Color LaserJet M452dw (133B9D)

Page range All Pages (e.g., 1-3, 8, 11-12)

Copies 1

Print	Title	Date Reference	Pages
<input checked="" type="checkbox"/>	Karen Davis	7/31/2018	2

Print Preview

Print Cancel

3. Select the printer that you want to use.
4. As necessary, set the following parameters:
 - **Print range** – Print all pages, a specific page, or a range of pages.
 - **Print on** – Print on one side or both sides of a page (if your printer supports double-sided printing).
 - **Copies** – Select the number of copies you want to print.
5. Click **Print**.

Editing Images

Using the Document Viewer toolbar, you can customize images to better meet the needs of your practice. This section covers the following topics:

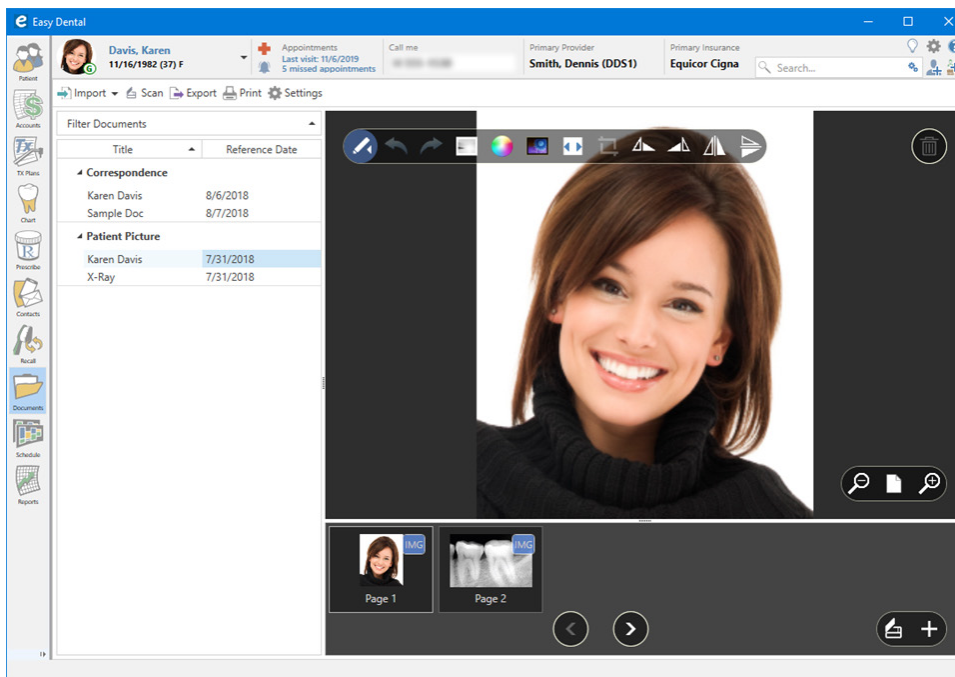
- Using the Document Viewer Toolbar
- Re-sizing Images
- Cropping Images

Using the Document Viewer Toolbar

Using the Document Viewer toolbar, you can make changes to image documents. You can render the image in gray scale and adjust or invert the color. You can also re-size, crop, or rotate the image and undo or redo your last change.

To use the Document Viewer toolbar

1. In the Document Tree, select the image that you want to make changes to.



2. Click the Show/Hide Editing Tools button.
The Document Viewer toolbar appears.

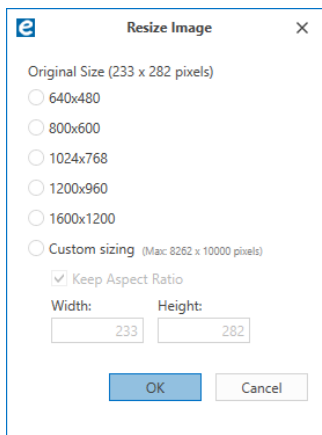
Re-sizing Images

You can re-size images in the Documents module.

To re-size an image

1. In the Document Tree, select the image that you want to re-size.
2. In the Document Viewer, click the Show/Hide Editing Tools button.
3. In the Document Viewer toolbar, click the Resize button.

The **Resize Image** dialog box appears.



4. Do one of the following:
 - Select a size in pixels from the list.
 - Select **Custom sizing**, and then type values for the width and height in the corresponding boxes.

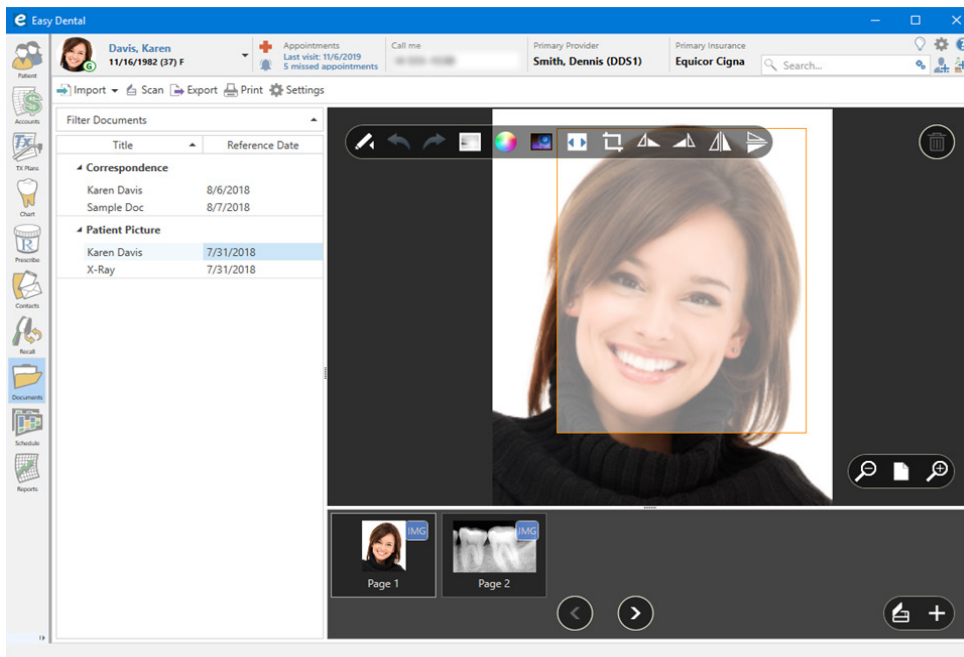
Cropping Images

You can crop images by clicking the Crop selection button in the Documents Viewer toolbar.

To crop an image

1. In the Document Tree, select the image that you want to crop.
2. In the Document Viewer, click the Show/Hide Editing Tools button.
The Document Viewer toolbar appears.
3. On the keyboard, press and hold the Ctrl key, click the left mouse button, and then select the area of the image that you want to crop.

A box appears around the area you selected, and the Crop selection button becomes active.



4. To complete the crop, click the Crop selection button.

Chapter 11: Other Features

This chapter provides an overview of several other Easy Dental features and add-ons not covered in the previous chapters:

- **Patient Banner** – The Patient Banner indicates a selected patient’s name, birthdate, age, and gender, and the letter G in green indicates that the patient is the guarantor of the account. The banner also includes the patient’s phone numbers, primary provider, primary and secondary insurance providers, the Settings and Help buttons and the Quick Search text box.
- **Patient Alerts** – The patient alerts are customizable alerts that you can attach to patients or family members. A patient alert appears as a message whenever you access information about a patient or family with an alert and as an icon on a corresponding patient’s appointments.
- **Prescriptions** – The Prescriptions module helps you quickly enter prescriptions and accurately track medicines prescribed to your patients.
- **Treatment Manager** – The Treatment Manager helps you realize potential revenue from treatment plans. With the Treatment Manager, you can generate a list of patients with treatment-planned procedures who meet certain criteria.
- **Collections Manager** – The Collections Manager helps you increase your practice’s revenue by decreasing your accounts receivables. With the Collections Manager, you can generate a list of accounts that need to be contacted.
- **Lab Case Manager** – The Lab Case Manager, which is directly linked to the Schedule module, allows you to create a case for a patient, ship it to the lab, and track its progress.
- **Contacts** – The Contacts module keeps a record of contacts made between your office and your patients. Automatic entries are added for letters, billing statements, appointments, payment plan notes, payments, and privacy requests.
- **Time Clock** – The Time Clock lets office employees punch in and out for their shifts and provides reports containing information on hours worked and wages earned.
- **Quick Letters** – Quick Letters lets you create a letter for a patient quickly.
- **Quick Labels** – Quick Labels lets you print a variety of labels for a patient quickly.
- **Send Message** – The Send Message feature makes it easy for you to create and send e-mail messages to patients.
- **EasyWeb toolbar** – The EasyWeb toolbar provides you with the tools necessary to connect your Easy Dental software to the Internet. Using the EasyWeb toolbar, you can set up an attractive and professional website.

- **Other Easy Dental add-ons** – These include various software products from Henry Schein One that work with Easy Dental.

More detailed information on each of these features is available in the Easy Dental Help.

Patient Banner

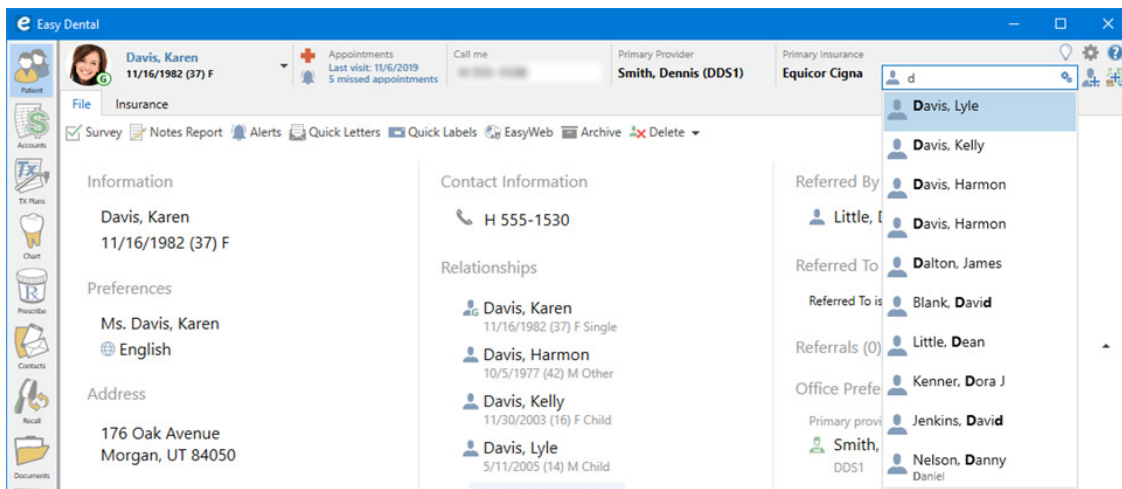
Click the Settings button to set up and maintain your practice or to set up passwords. Using Quick Search, you can quickly switch from patient to patient in Accounts, Chart, Patient, Treatment Plans, and other modules that require you to select a patient.

Click the Help button to open the Help menu from which you can open the Easy Dental Help system or check for, install, and learn about available updates and connect to the Resource Center.

To find a patient with Quick Search

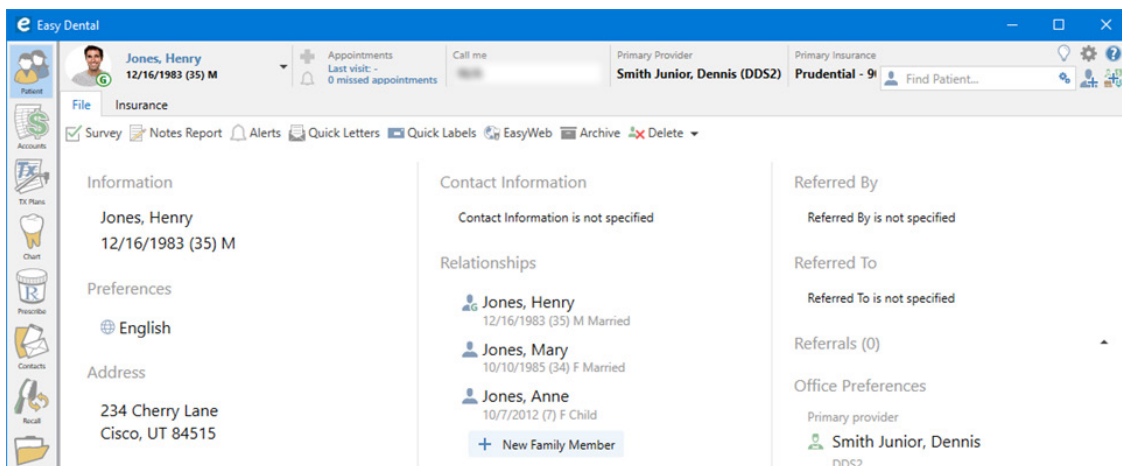
1. In the Quick Search text box, type the first few letters of a patient's name.

A list of names appears below the Quick Search text box.

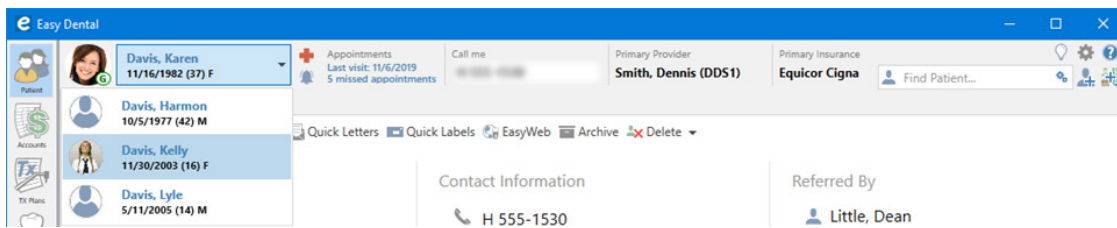


2. Click the desired patient's name.

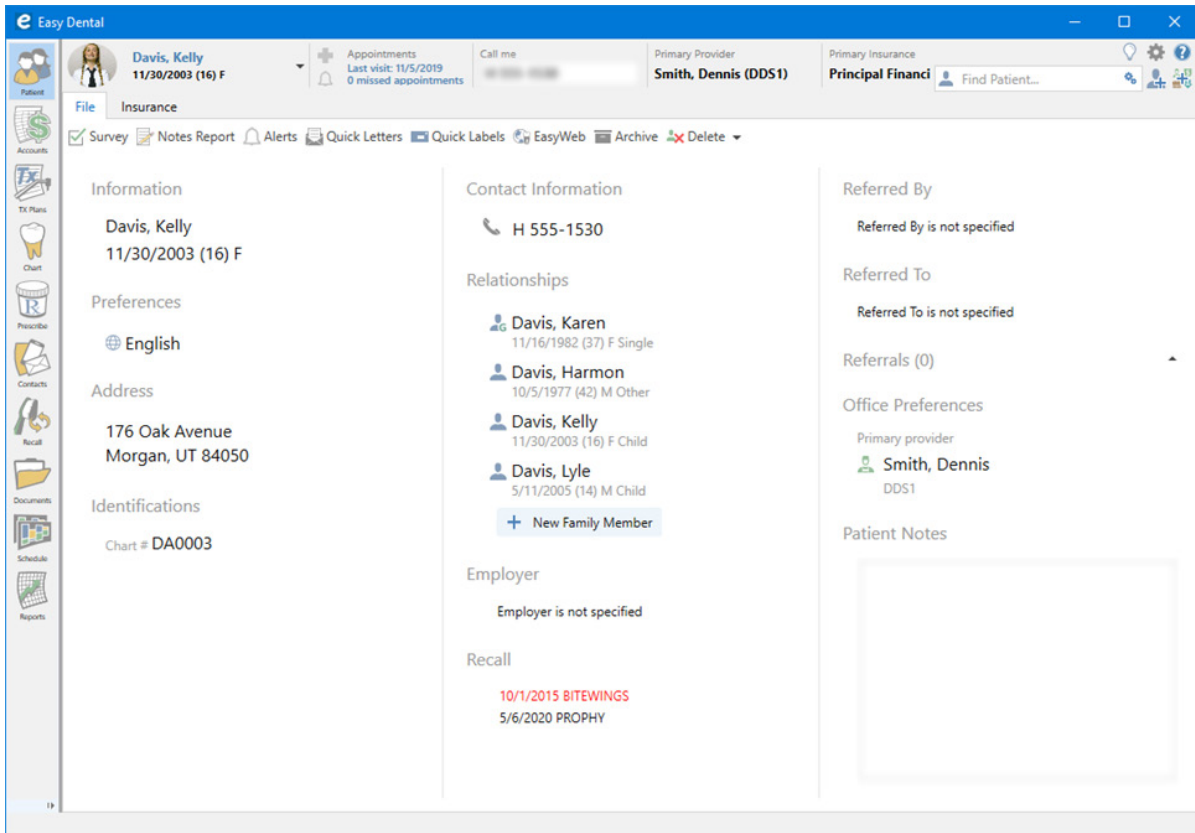
The information for the selected patient appears in the Patient Banner.



3. To view another member of the family, click the down arrow in the patient name list, and then click that family member's name.



The Patient Banner and the Easy Dental module you are using show the information for the selected family member.



CareCredit

CareCredit provides your patients with a convenient option for financing their treatment. You can transfer essential patient information automatically to CareCredit and receive a credit decision in seconds. You can process CareCredit transactions in Easy Dental and automatically post payments to the Accounts module. Without leaving Easy Dental, you can also look up cardholder account numbers and access the CareCredit payment calculator.

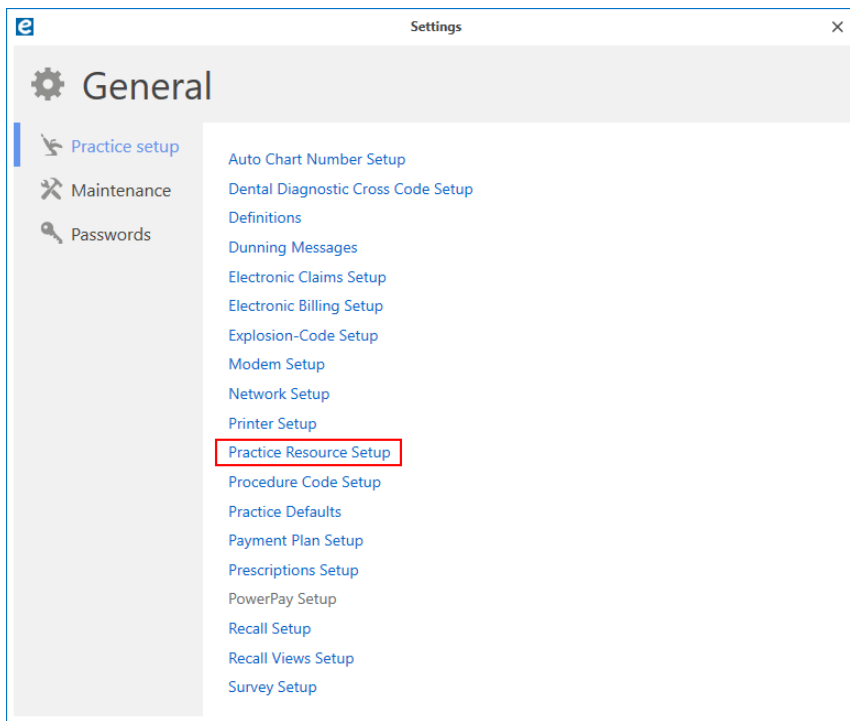
Setting Up CareCredit

In order to accept payment from patients having CareCredit, you must first obtain a Merchant ID (MID) from CareCredit for each provider in your practice who wants to provide this service to his or her patients. Once you have obtained a Merchant ID, you are ready to set up CareCredit.

To set up CareCredit

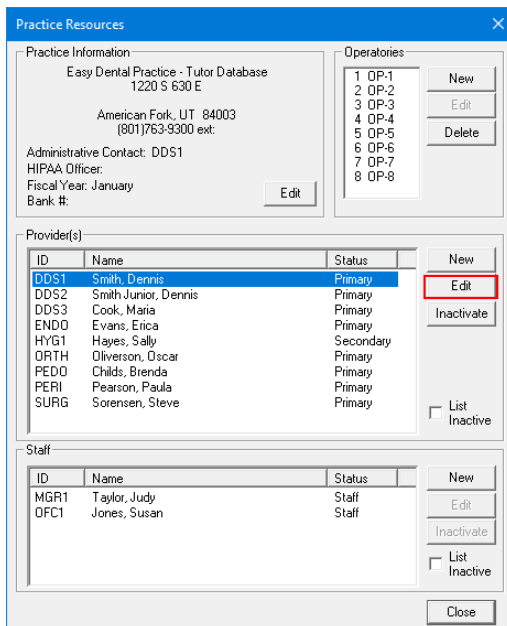
1. In the Patient Banner, click the Settings button.

The **Settings** dialog box appears.



2. Click **Practice Setup**, and then click **Practice Resource Setup**.

The **Practice Resources** dialog box appears.



3. Select the provider who accepts CareCredit, and then click **Edit**.

The **Provider Information** dialog box appears.

4. Under **CareCredit**, enter the provider's **Merchant ID**, and then click the **Provider Center** button.
The CareCredit Provider Center website appears.
5. Click the Get Started button, and then fill out the information required to set up you and your practice to accept CareCredit.

Entering CareCredit Payments

CareCredit provides your patients with a convenient option for financing their treatment. You can process CareCredit transactions in Easy Dental and automatically post payments to the Accounts module.

To enter a CareCredit payment

1. In the Patient Banner, select the patient whose payment you want to process.
2. In the Accounts module, click the CareCredit toolbar button.
The CareCredit website opens.
3. Enter the information required to process the payment and submit the transaction.
The payment is posted to the Accounts module.

Patient Alerts

Patient Alerts are customizable alerts that you can attach to patients or family members when you want a flag for certain conditions. This alert appears whenever you access information about the patient or family, and a symbol appears on the patient's appointments. Patient Alerts are essential for respecting a patient's privacy and disclosure of information requests. Patients and family members can have an unlimited number of alerts.

Opening Patient Alerts

You can create and manage Patient Alerts using the **Patient Alerts** dialog box that you can access from the toolbar of most Easy Dental modules, including the Patients, Schedule, Chart, Accounts, Collections Manager, and Treatment Manager.

The Patient Alert button indicates whether you created an alert for the patient or not.

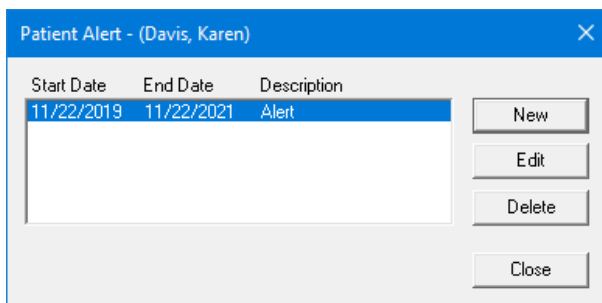
Creating Patient Alerts

You can create a patient alert for a single patient, an entire family, or selected members of a family. You can set a time limit on patient alerts so that you only see patient alerts when the information is timely. And, you can specify which modules display the alert so that you only see the alert when it is relevant.

To create a patient alert

1. In any patient-specific Easy Dental module, select the patient you want to create an alert for.
2. In the toolbar, click the Patient Alerts button.

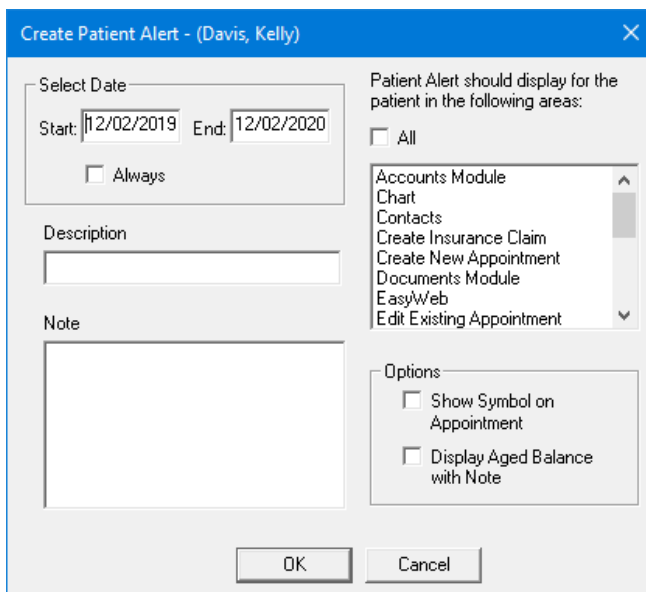
Depending on whether the patient has previous alerts set up, either the **Patient Alert** or the **Create Patient Alert** dialog box appears.



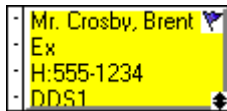
Note: You can create, edit, or delete patient alerts.

3. To create a new patient alert, click **New**.

The **Create Patient Alert** dialog box appears.



4. Use the following options in the **Create Patient Alert** dialog box to set up a patient alert:
 - **Select Date** – In the **Start** field, specify the date you want the alert to start appearing, and in the **End** field, specify the date you want the patient alert to stop appearing. To have the alert always active, select **Always**.
 - **Description** – Type a description (up to 15 characters) for the alert. You can use the description for the type of alert, such as “Collections” or “Pre-Medicare.”
 - **Note** – Use this field to type a detailed note (up to 4,000 characters) about the alert.
 - **Patient Alert should display for the patient in the following areas** – Select which Easy Dental modules and areas you want to display the patient alert. Select **All** to have it display in all areas.
 - **Options** – Select the options you want to apply to this alert:



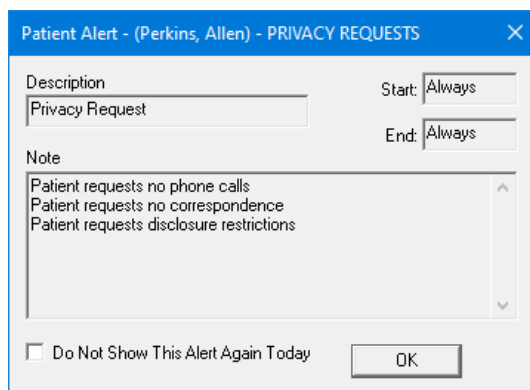
- **Show Symbol on Appointment** – Select to have an alert icon to appear on the patient’s appointment.
- **Display Aged Balance with Note** – Select to have the family’s aged account balance appear in the alert pop-up.

0-->30	31-->60	61-->90	91-->	Family Balance
0.00	0.00	224.00	0.00	224.00
Payment Amt:	NA	Amt Past Due:	NA	
Bill Type:	(1)	Last Payment:	0.00	

5. To create the alert, click **OK**.

Viewing Patient Alerts

Once you have created a patient alert, it appears automatically when you access the modules you specified when defining the patient alert. Depending on the options you selected when you set up the alert, the alert appears as follows:



If you do not want the alert to appear again today, select **Do Not Show This Alert Again Today**. Click **OK** to close the patient alert.

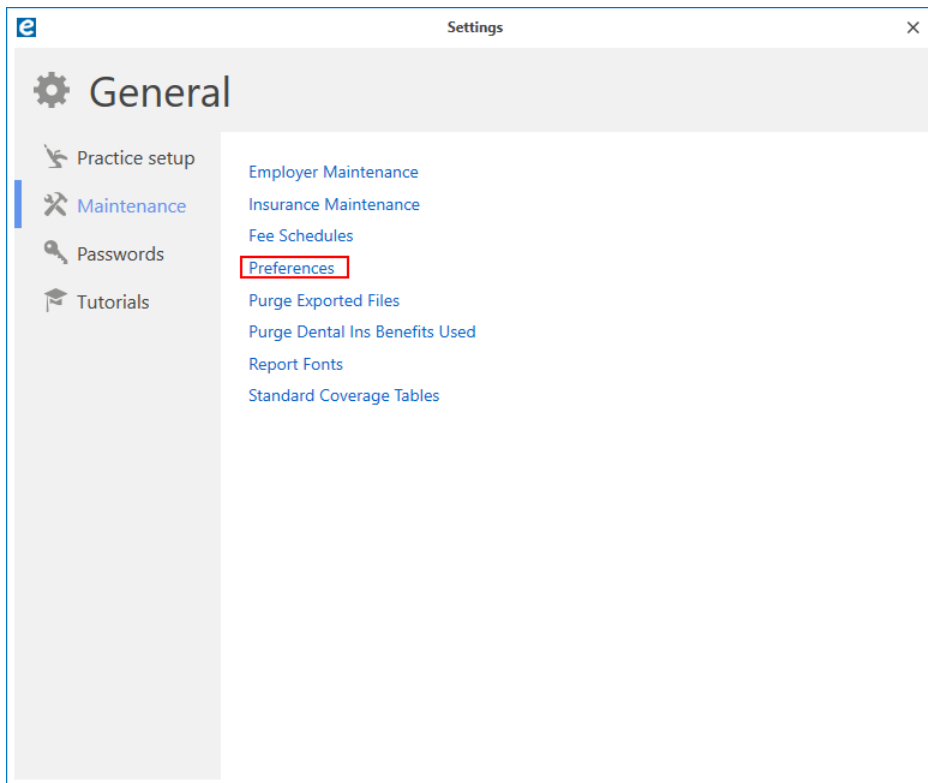
Suspending Patient Alerts

You can suspend all Patient Alerts on a specific workstation. When you select this option, the computer will not display patient alerts for any patients.

To suspend patient alerts

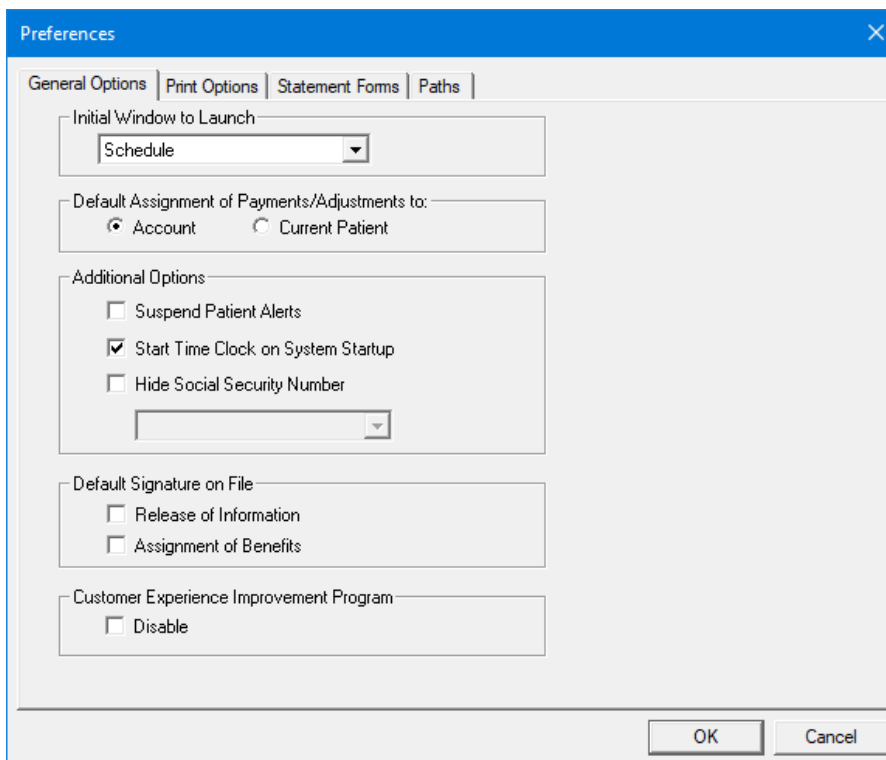
1. In the Patient Banner, click the Settings icon.

The **Settings** dialog box appears.



2. Click **Maintenance**, and then click **Preferences**.

The **Preferences** dialog box appears.



3. Under **Additional Options**, select **Suspend Patient Alerts**.
4. To save your changes, click **OK**.

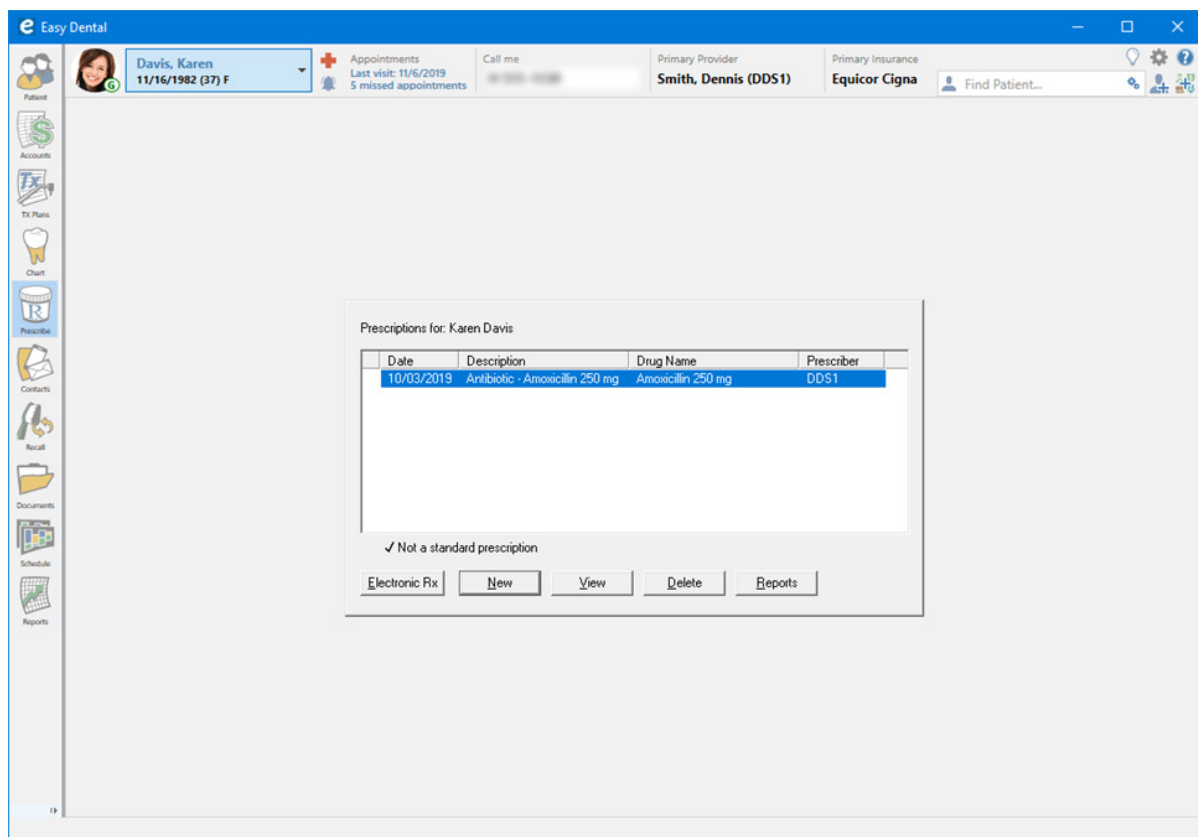
Prescriptions

With the Prescription module, you can quickly create prescriptions and accurately track medicines prescribed to your patients. Using the Prescriptions module, you can refill and reprint prescriptions. You can also print a prescriptions report.

To create a prescription for a patient

1. From any Easy Dental module (except the Reports window), select a patient.
2. In the Easy Dental module toolbar, click the Prescriptions button.

The Patient Prescription window appears.



3. Click **New**.

The **New Patient Prescription** dialog box appears.

4. Click the **Description** down arrow, and then from the list, select the desired prescription type.
5. If desired, customize the prescription information for the patient.
 - Change the drug name by modifying the **Drug Name** box.
 - Change the dosage interval and instructions by modifying the **SIG** box.
 - Change the amount to dispense by modifying the **Disp** box.
 - Change the refill amount by modifying the **Refills** box.
 - Change the drug substitution by marking the desired options.
 - Change the patient instructions by modifying the **Notes** box.
6. Select the provider prescribing the drug.
7. To print the prescription, click **Print**.

The prescription prints to the printer you selected in the Prescription Setup window and is added to the list of patient prescriptions in the Patient Prescription window.

Note: For information on adding prescription types, editing and deleting prescriptions, selecting and setting up prescription printers, and printing the Prescription Report, see the Easy Dental Help.

Treatment Manager

Many offices spend significant time and money to attract new patients as a means of increasing revenue. Yet, many offices already have a substantial amount of potential revenue sitting untouched in patient treatment plans. Capitalizing on that revenue source can be a cost-effective way to increase your practice's bottom line.

You can use the Treatment Manager to generate a list of patients who meet the criteria that you specify so you can contact them concerning their treatment plans. The Treatment Manager gives you access to vital patient information, including treatment-planned work, account balance, payment information, entries in the Contacts module, insurance information, and so forth. With this information at your fingertips, you can then determine how you want to contact the patient: through a letter, phone call, or e-mail message. Once you contact the patient, you can easily make notes regarding the contact, create an appointment, or make changes to the patient's treatment plan.

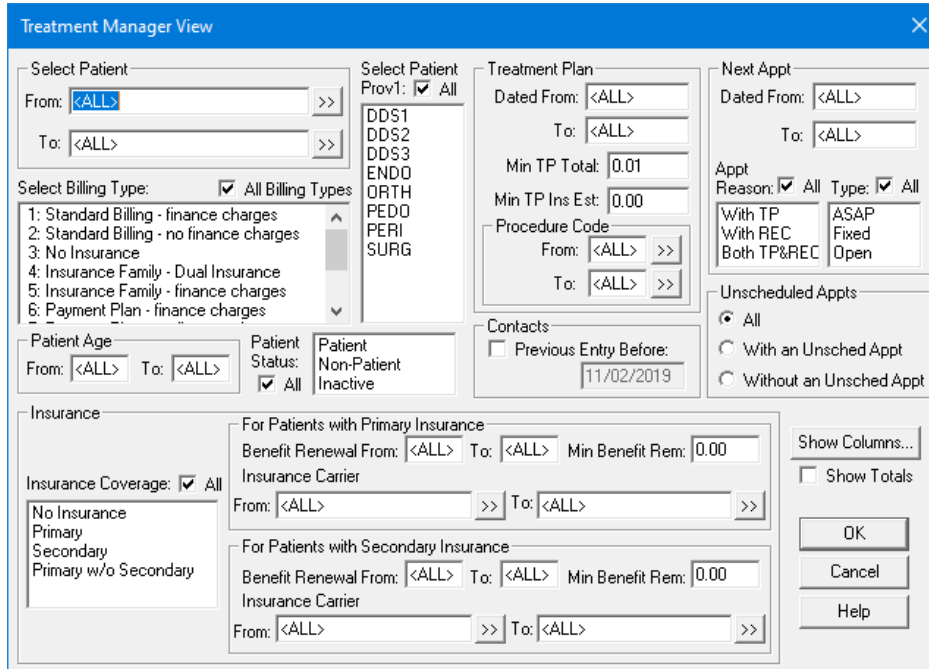
Starting the Treatment Manager

You can start Treatment Manager from the Schedule module.

To start the Treatment Manager

1. In the Schedule toolbar, click the Treatment Manager button. 

The **Treatment Manager View** dialog box appears.

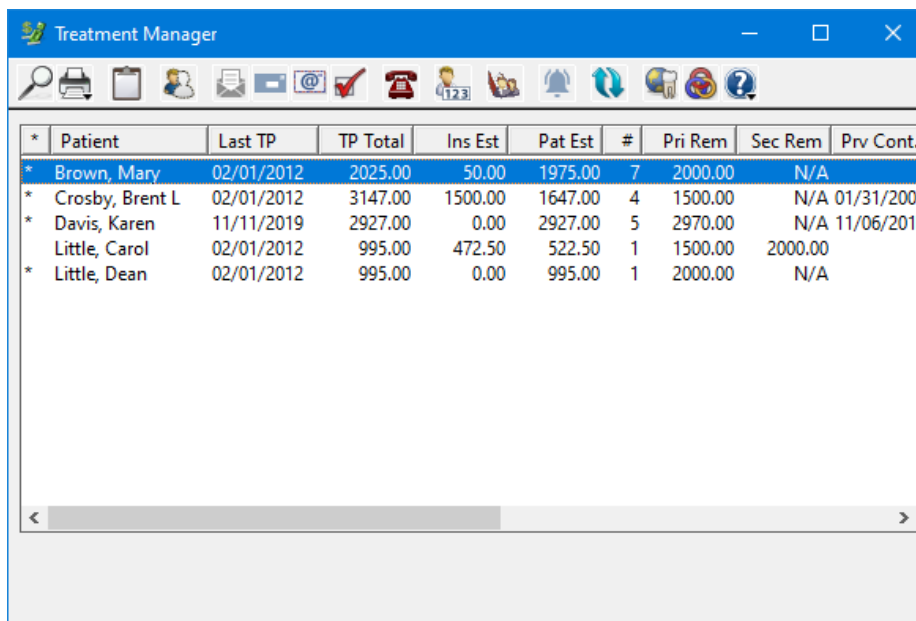


2. Set up a view for Treatment Manager, or to accept the default view, click **OK**.

A message appears.

3. To continue, click **Yes**.

The Treatment Manager window appears.



* Patient	Last TP	TP Total	Ins Est	Pat Est	#	Pri Rem	Sec Rem	Prv Cont.
* Brown, Mary	02/01/2012	2025.00	50.00	1975.00	7	2000.00	N/A	
* Crosby, Brent L	02/01/2012	3147.00	1500.00	1647.00	4	1500.00	N/A	01/31/200
* Davis, Karen	11/11/2019	2927.00	0.00	2927.00	5	2970.00	N/A	11/06/201
* Little, Carol	02/01/2012	995.00	472.50	522.50	1	1500.00	2000.00	
* Little, Dean	02/01/2012	995.00	0.00	995.00	1	2000.00	N/A	

Setting up a Treatment Manager View

Before you can use Treatment Manager, you must first set up a view. By setting up a view, you can filter out certain accounts so that only the accounts you want to contact display. Once you have selected your view options, you can choose what account information you want to display in the Treatment Manager list.

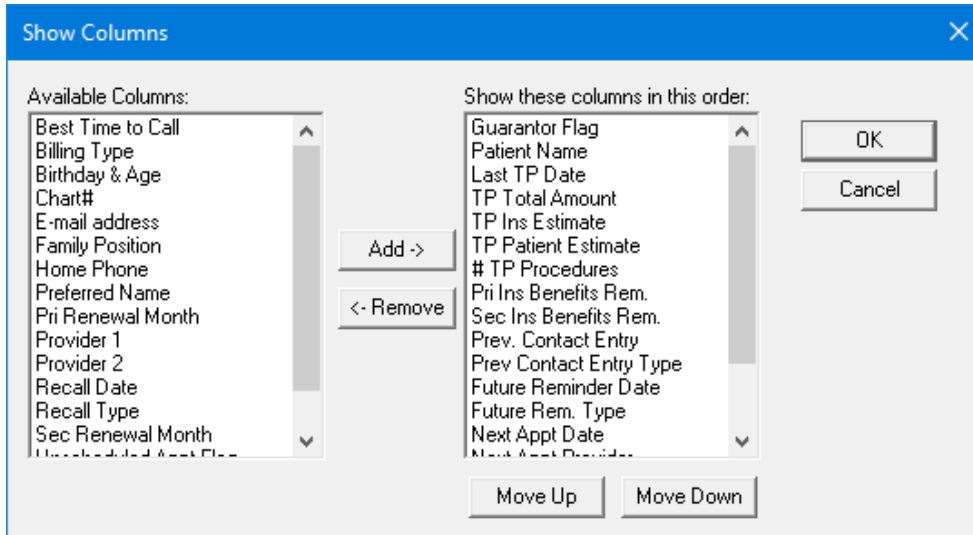
To set up the Treatment Manager view

- After starting the Treatment Manager, use the following options in the **Treatment Manager View** dialog box to filter the accounts so you view only those that meet the criteria you are interested in.
 - Select Patient** – Use the **From** and **To** fields to filter the list alphabetically by specifying a range of patients. This option is useful when you have a very large patient database and want to limit the list size. You can work one week on the A – J names, and the next week you can work on the K – S names, and so on.
 - Select Billing Type** – Use this option to select which billing types you want to view. By default, all billing types are included on the list. To choose only certain billing types, press the Ctrl key while clicking each billing type you want to include (up to 10).
 - Select Patient Provl** – Use this option to select the primary provider for the accounts you want to view. To select certain providers, press the Ctrl key and click each provider you want to include. Only patients with the selected provider will appear on the list.
 - Treatment Plan** – Use the **Date From** and **To** fields to filter patients based on when their treatment plan was entered. Only patients with treatment-planned work entered on or between the days you specify will appear on the list.
 - Min TP Total** – Enter the minimum dollar amount the patient must have in treatment-planned work to appear on the list.
 - Min TP Ins Est** – Enter the minimum dollar amount the patient's total treatment plan insurance estimate must be equal to or exceed to appear on the list.
 - Procedure Code** – Enter a range of procedure codes. Only patients with the specified procedures in their treatment plans appear on the list.
 - Next Appt** – Use the **Dated From** and **To** fields to specify a date range. Only patients with scheduled appointments within the date range appear on the list.
 - Appt Reason** – Select **All** to include patients regardless of the reason for their scheduled appointment. If you select **With TP**, the patient's next appointment must have at least one treatment-planned procedure as the reason for the appointment. If you select **With REC**, the patient's next appointment must be attached to Continuing Care for the patient to appear on the list. If you select **Both TP & REC**, then the patient's next appointment must be attached to Continuing Care and have at least one treatment plan reason.
 - Appt Type** – Select **All** to list all patients regardless of the type of their next scheduled appointment. If you select one or more items, patients must have the selected Appointment Type(s) for their next appointment to appear on the list.
 - Unscheduled Appts** – Select **All** to list all patients regardless of whether or not they have an unscheduled appointment. If you select **With an Unsched Appt**, patients must have an unscheduled appointment to appear on the list. If you select **Without an Unsched Appt** is selected, patients cannot have an unscheduled appointment to appear on the list.
 - Patient Age** – Use the **From** and **To** fields to specify a starting and ending age for patients. Only patients within the specified patient age range appear on the list.
 - Patient Status** – Select to exclude non-patients and inactive patients from the list. Select the statuses you want to appear on the list. If you want all statuses to appear, select **All**.

- **Contacts** – If you select **Previous Entry Before**, you must enter a date. Patients appear on the list if their last manual Contacts entry is dated before the date entered, or they do not have an existing Contacts entry.
- **Insurance Coverage** – Select **All** to include patients regardless of whether or not they have insurance coverage. If you select **No Insurance**, only patients with no insurance coverage are listed. If you select **Primary Insurance**, only patients with a primary dental insurance carrier are listed. If you select **Secondary Insurance**, only patients with secondary dental coverage are listed. If you select **Primary w/o Secondary**, only patients with a primary dental carrier and no secondary carrier are listed. You can select more than one item at a time by pressing the Ctrl key and clicking each item.
- **For Patients with Primary/Secondary Dental Insurance** – In these sections you can specify:
 - **Benefit Renewal** – In the **From** and **To** fields, enter a range of months. A patient’s primary insurance benefits must renew in the month range to appear on the list.
 - **Min Benefit Rem** – Enter the minimum dollar amount that the patient must have in remaining insurance benefits for the year to appear on the list.
 - **Insurance Carrier** – In the **From** and **To** fields, enter a range of insurance carriers. Patients must be covered by a carrier within the specified range to appear on the list.
- **Show Totals** – Select to display a Totals row at the bottom of the list. For each column displayed, an item is added that displays the total for that column.

Note: If the list does not include patients you expect to see, you probably added a filter that excluded those patients. Re-check your filter selections to be sure you only selected your most essential options.

- To determine what information for the selected patients you want to display, click **Show Columns**. The **Show Columns** dialog box appears.

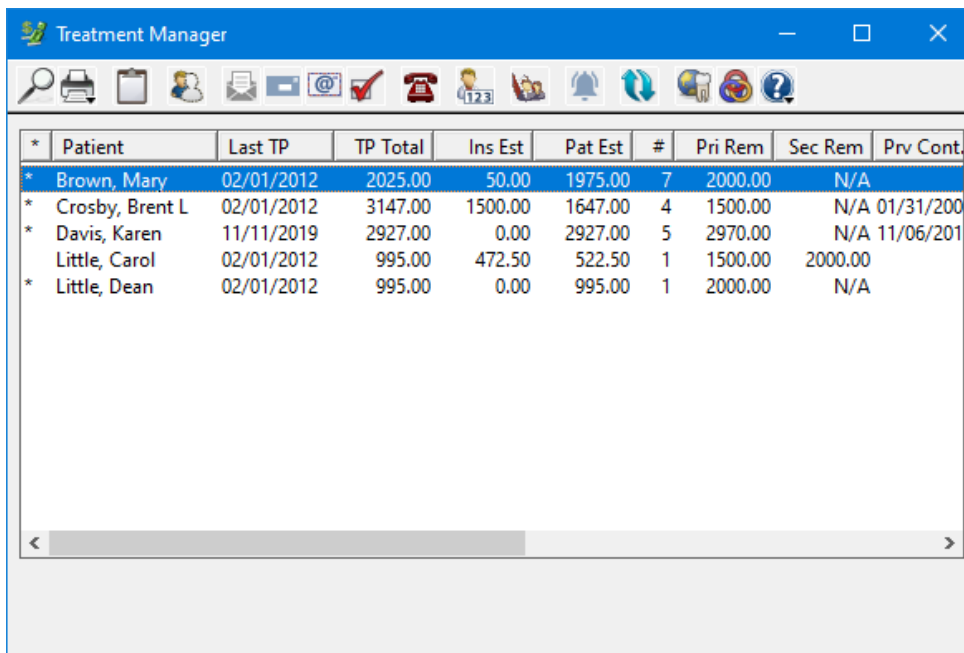


- Use the **Add** and **Remove** buttons to specify which columns to display in the list.

Note: Columns that appear under **Show these columns in this order** will appear in the Treatment Manager list when you click **OK**. For descriptions of these columns, see the “Setting up columns” information in the Easy Dental Help.

- To save your column options and return to the **Treatment Manager View** dialog box, click **OK**.
- To save your view settings, click **OK**.

All patients who meet your selected criteria appear in the Easy Dental Treatment Manager window.



* Patient	Last TP	TP Total	Ins Est	Pat Est	#	Pri Rem	Sec Rem	Prv Cont.
* Brown, Mary	02/01/2012	2025.00	50.00	1975.00	7	2000.00	N/A	
* Crosby, Brent L	02/01/2012	3147.00	1500.00	1647.00	4	1500.00	N/A	01/31/200
* Davis, Karen	11/11/2019	2927.00	0.00	2927.00	5	2970.00	N/A	11/06/201
* Little, Carol	02/01/2012	995.00	472.50	522.50	1	1500.00	2000.00	
* Little, Dean	02/01/2012	995.00	0.00	995.00	1	2000.00	N/A	

Tip: To sort the list, click the column headings you want to sort by. To automatically resize columns to fit the data in that column, double-click the right edge of the column heading you want to resize. To resize columns manually, drag the right edge of the column heading.

Contacting Patients

Once you have generated a list of patients who need to be contacted, you can use Easy Dental to contact a patient in any of the following three ways: phone calls, letters, and e-mail messages. Options for contacting patients in the Treatment Manager list are available on the Treatment Manager toolbar. For more information on contacting patients, the Treatment Manager toolbar, and using Treatment Manager, see the Treatment Manager information in the Easy Dental Help.

Collections Manager

The Collections Manager gives you easy access to collection information so you can better manage your practice's account receivables. Based on criteria you specify, the Collections Manager displays a list of accounts that you need to contact. From this list, you have access to all information for the account, including aged balance, payment information, Contacts entries, insurance estimates, and so forth.


Having this information readily available will help you determine how you want to contact the patient: a letter, phone call, or e-mail message. To make collections even simpler, you can use the Collections Manager to merge a letter, dial a phone number, or open a new e-mail message.

Once you contact the patient, you can easily make notes regarding the contact, set up a Payment Agreement, or change a Billing Type. Pulling all of this information and functionality into one window makes the collections process smoother, more efficient, and more productive.

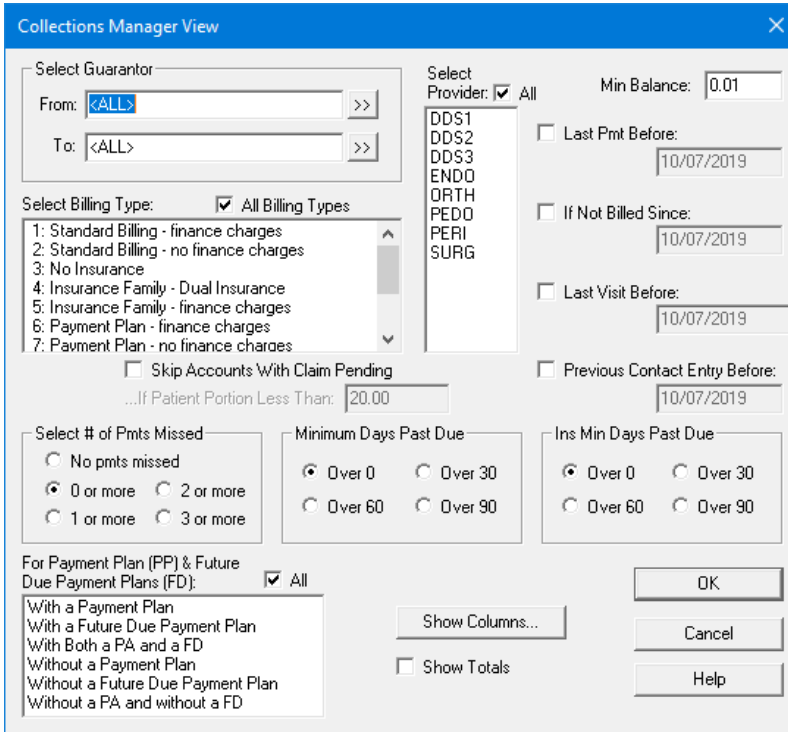
Starting the Collections Manager

You can start the Collections Manager from the Reports module.

To start the Collections Manager

1. In the Reports toolbar, click the Collections Manager button. 

The **Collections Manager View** dialog box appears.



Collections Manager View

Select Guarantor:
From: <ALL> >>
To: <ALL> >>

Select Billing Type: All Billing Types
 1: Standard Billing - finance charges
 2: Standard Billing - no finance charges
 3: No Insurance
 4: Insurance Family - Dual Insurance
 5: Insurance Family - finance charges
 6: Payment Plan - finance charges
 7: Payment Plan - no finance charges

Skip Accounts With Claim Pending
 ...If Patient Portion Less Than: 20.00

Select # of Pmts Missed:
 No pmts missed
 0 or more 2 or more
 1 or more 3 or more

Minimum Days Past Due:
 Over 0 Over 30
 Over 60 Over 90

Ins Min Days Past Due:
 Over 0 Over 30
 Over 60 Over 90

Select Provider: All
 DDS1
 DDS2
 DDS3
 ENDO
 ORTH
 PEDO
 PERI
 SURG

Min Balance: 0.01

Last Pmt Before: 10/07/2019
 If Not Billed Since: 10/07/2019
 Last Visit Before: 10/07/2019
 Previous Contact Entry Before: 10/07/2019

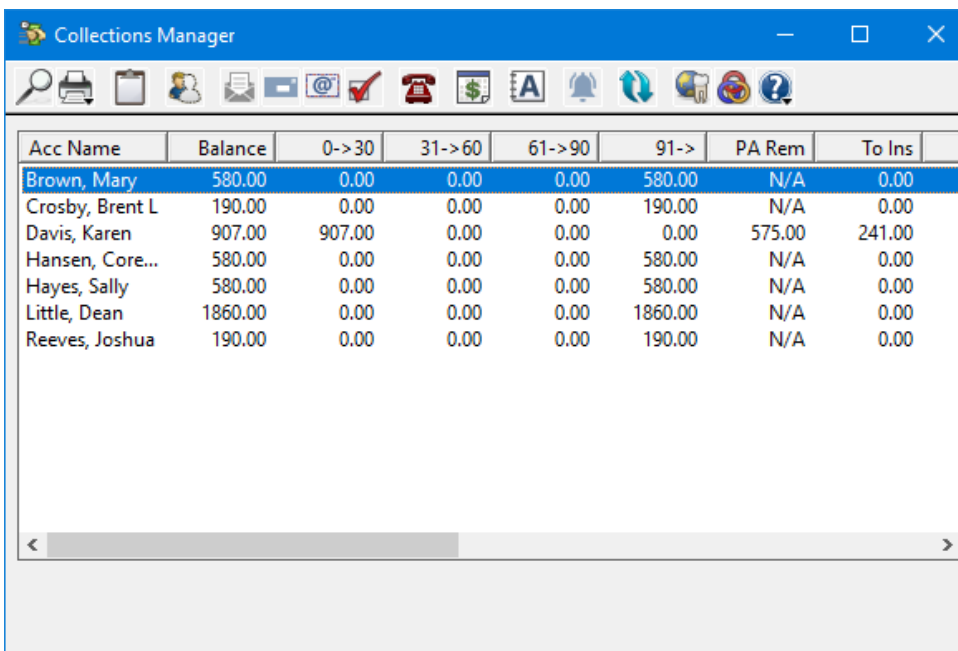
For Payment Plan (PP) & Future Due Payment Plans (FD): All
 With a Payment Plan
 With a Future Due Payment Plan
 With Both a PA and a FD
 Without a Payment Plan
 Without a Future Due Payment Plan
 Without a PA and without a FD

Show Columns...
 Show Totals

OK
 Cancel
 Help

2. Set a view for the Collections Manager, or to accept the default view, click **OK**.

The Collections Manager window appears.



Acc Name	Balance	0->30	31->60	61->90	91->	PA Rem	To Ins
Brown, Mary	580.00	0.00	0.00	0.00	580.00	N/A	0.00
Crosby, Brent L	190.00	0.00	0.00	0.00	190.00	N/A	0.00
Davis, Karen	907.00	907.00	0.00	0.00	0.00	575.00	241.00
Hansen, Core...	580.00	0.00	0.00	0.00	580.00	N/A	0.00
Hayes, Sally	580.00	0.00	0.00	0.00	580.00	N/A	0.00
Little, Dean	1860.00	0.00	0.00	0.00	1860.00	N/A	0.00
Reeves, Joshua	190.00	0.00	0.00	0.00	190.00	N/A	0.00

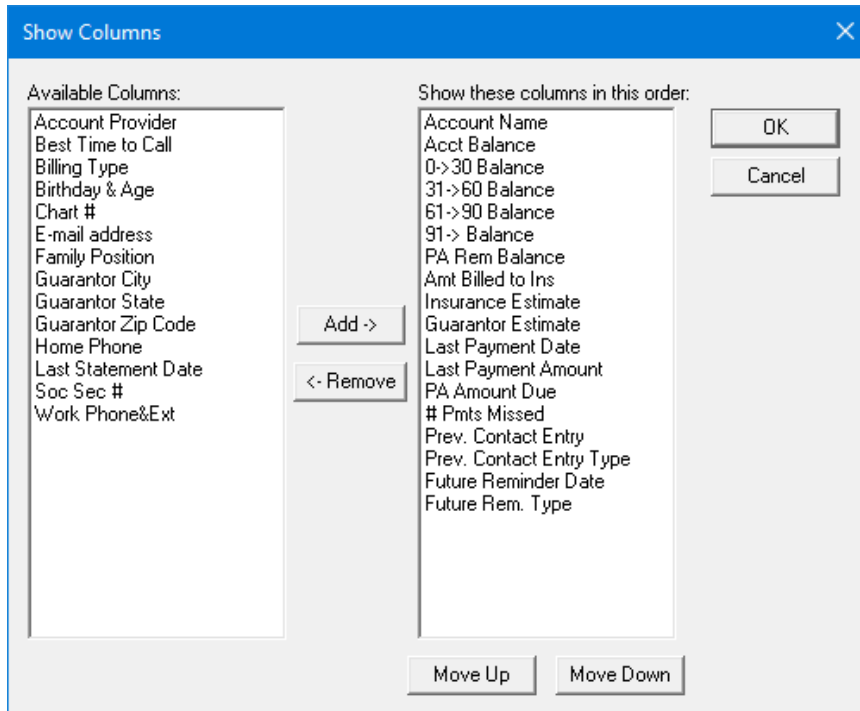
Setting up a Collections Manager View

Before you begin using the Collections Manager, you must first set up a view. Using the **Collections Manager View** dialog box, you can filter certain accounts so that only the accounts you want to contact appear. Once you selected your view options, you can choose what account information you want displayed in the list.

To set up the Collections Manager view

1. After starting the Collections Manager, use the following options in the **Collections Manager View** dialog box to filter the accounts so you view only those that meet the criteria you are interested in.
 - **Select Guarantor** – Use the **From** and **To** fields to filter the list alphabetically by specifying a range of names. This option is useful if you have a very large patient database and want to limit the list size. You can work one week on the A – J names, and the next week you can work on the K – S names, and so on.
 - **Select Billing Type** – Use to select the billing types you want to view. By default, all billing types appear on the list. To select only certain billing types, press the Ctrl key while clicking each billing type you want to include (up to 10).
 - **Select Provider** – Use to select the primary provider for the accounts you want to view. To select certain providers, press the Ctrl key and click each provider you want to include (up to 10). Only patients with the selected provider appear on the list.
 - **Min. Balance** – To exclude accounts with a balance under a certain amount, enter the amount in the **Min. Balance** text field. Any accounts with a balance less than the amount you specify will be excluded from the list.
 - **Last Pmt Before** – You can exclude guarantors who are making regular payments toward their account balance from the list. To filter the list by a last payment date, select **Last Pmt Before**. Next, enter the last date a payment could have been posted to allow the account to be excluded from the list (for example, if you are allowing guarantors 30 days to make a payment, then set the date to be one month previous to the current date).
 - **If Not Billed Since** – You can exclude accounts that have recently received a billing statement from the list. To do this, select **If Not Billed Since**. Next, enter the last date an account could have received a billing statement to exclude the account from the list (for example, if you only want to include accounts that have received a billing statement over two weeks ago, set the date to two weeks previous to the current date).
 - **Last Visit Before** – You can exclude accounts with patients you have seen recently. To use this filter, select **Last Visit Before**. Next, enter the last date you could have seen a family member to exclude the account from the list.
 - **Previous Contact Entry Before** – You can exclude accounts based on the last manual entry in the Contacts module. To use this filter, select **Previous Contact Entry Before**. Next, enter the last date the guarantor could have a manual Contacts entry to be excluded from the list. (Contacts entries with a future date are not considered.)
 - **Skip Accounts With Claim Pending** – If you wait for insurance to pay before collecting from an account, you may want to use this option. When you select **Skip Accounts With Claim Pending**, accounts that have outstanding insurance claims are excluded as long as the guarantor portion of the balance is less than the specified amount in the **If Patient Portion Less Than** text field. The default amount is 20.00, but you can enter a different amount.
 - **Select # of Pmts Missed** – To include accounts that have missed a certain number of payments toward their Payment Agreement, select the desired number of payments.
 - **Minimum Days Past Due** – To filter accounts based on the oldest aged balance, select the number of days past due the account must be in order to appear on the list.

- **Ins Min Days Past Due** – To filter accounts based on the age of outstanding insurance claims, select the number of days under **Ins Min Days Past Due**. If you use this filter, Easy Dental only includes accounts that have outstanding insurance claims aged according to the selection.
 - **For Payment Agreement (PA) & Future Due Payment Plans (FD)** – If you select **All**, accounts are included regardless of whether or not you set up a Payment Agreement or Future Due Payment Plan. To limit the list to only view certain types of accounts, select the filters you want in the **For Payment Agreement (PA) & Future Due Payment Plans (FD)** pane. An account is included only if it matches at least one of the selected criteria.
2. To determine what information for the selected patients you want to display, click **Show Columns**.
The **Show Columns** dialog box appears.

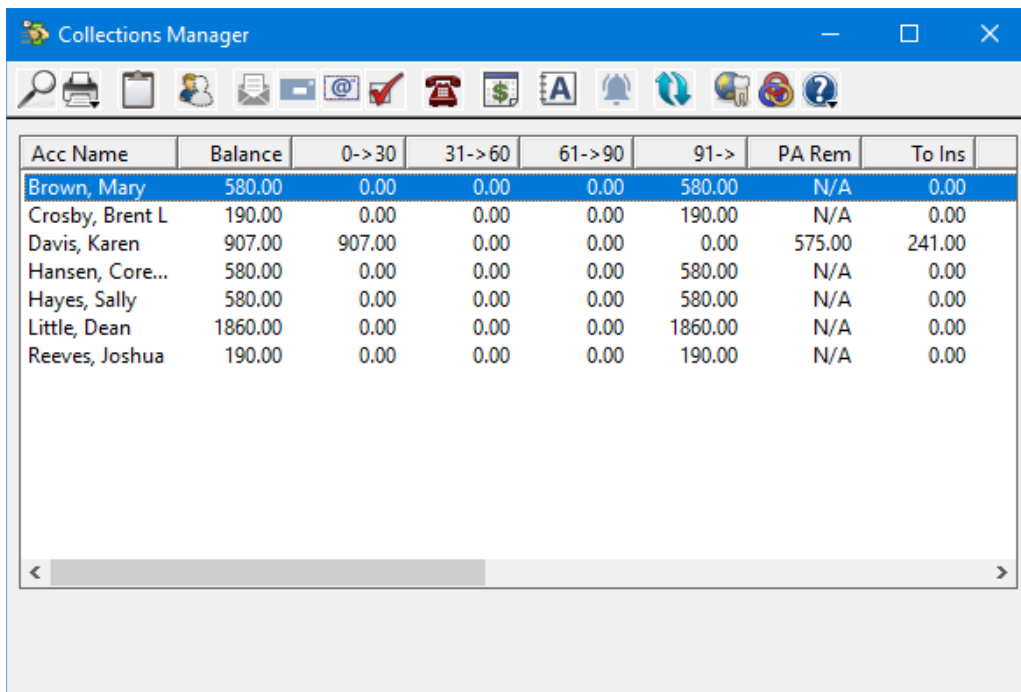


3. To specify which columns to display in the list, click the **Add** and **Remove** buttons.

Note: Columns that appear under **Show these columns in this order** will appear in the Collections Manager list when you click **OK**. For descriptions of these columns, see the “Setting up columns” information in the Easy Dental Help.

4. To save your column options and return to the **Collections Manager View** dialog box, click **OK**.
5. To save your view settings, click **OK**.

All patients who meet your selected criteria now appear in the Collections Manager window.



Acc Name	Balance	0->30	31->60	61->90	91->	PA Rem	To Ins
Brown, Mary	580.00	0.00	0.00	0.00	580.00	N/A	0.00
Crosby, Brent L	190.00	0.00	0.00	0.00	190.00	N/A	0.00
Davis, Karen	907.00	907.00	0.00	0.00	0.00	575.00	241.00
Hansen, Core...	580.00	0.00	0.00	0.00	580.00	N/A	0.00
Hayes, Sally	580.00	0.00	0.00	0.00	580.00	N/A	0.00
Little, Dean	1860.00	0.00	0.00	0.00	1860.00	N/A	0.00
Reeves, Joshua	190.00	0.00	0.00	0.00	190.00	N/A	0.00

Tip: To sort the list, click the column headings you want to sort by. To manually re-size columns, drag the right edge of the column heading.

Contacting Patients

Once you have generated a list of patients who need to be contacted, you can use Easy Dental to contact a patient in any of the following three ways: phone calls, letters, and e-mail messages. Options for contacting patients in the Collections Manager list are available on the Collections Manager toolbar. For more information on contacting patients, the Collections Manager toolbar, and using Collections Manager, see the Collections Manager information in the Easy Dental Help.

Lab Case Manager

Tracking lab cases in Easy Dental is easy with the Lab Case Manager. The Lab Case Manager is directly linked to the Schedule module and allows you to create a case for the patient, ship it to the lab, and track its progress.

Starting the Lab Case Manager

You access the Lab Case Manager from the Schedule or Chart module. To open the Lab Case Manager, click the **Lab Case Manager** button located on the Schedule or Chart module toolbar.

You can open the Lab Case Manager from the Schedule or Chart module.

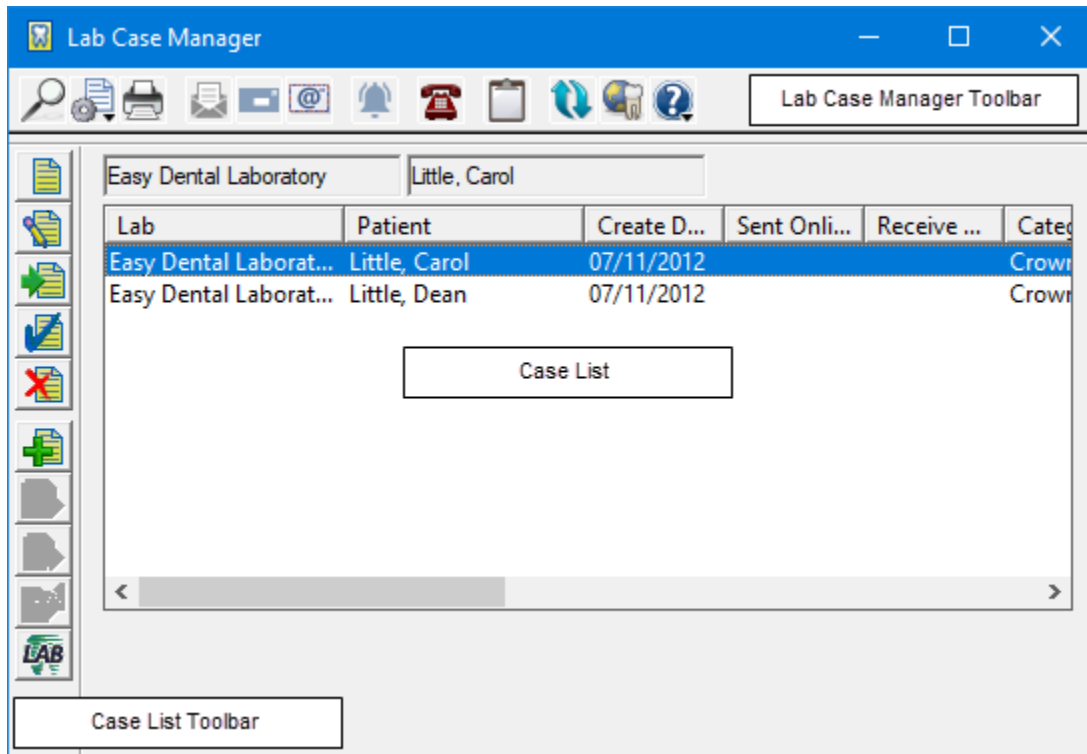
To open the Lab Case Manager

In the Schedule or Chart module toolbar, click the Lab Case Manager button.



The Lab Case Manager Window

The Lab Case Manager window includes a menu bar and two toolbars.



The main toolbar across the top of the window contains buttons that are found in other Easy Dental modules:



The Case List toolbar down the left side of the window contains buttons specific to the Lab Case Manager:

- **New Case** – Click to create a new lab case.
- **Edit Case** – Click to edit an existing case.
- **Receive Case** – Click to make a record of a case being received from the lab.
- **Finish Case** – Click to record all the information about a case and finish the case.
- **Delete Case** – Click to delete the selected case.
- **Attach Appointment** – Click to attach an appointment to the selected case.
- **Send Selected Lab Case(s) Via Web** – Click to send the selected case(s) to a lab electronically.
- **Send All Unsent Lab Case(s) Via Web** – Click to send all cases that have not been sent electronically.
- **Case Pickup Request** – Click to request a pickup from an online lab.
- **DDX** – Click to connect to the DDX website.

Setting up the Lab Case Manager

You should complete several setup options before using the Lab Case Manager to send and receive lab cases. Using the setup options, you can customize the view, shipping method, shade guides, lab treatment categories, enclosures, custom notes, and lab to meet the needs of your office. For information on setting up the Lab Case Manager options, see the Lab Case Manager Setup information in the Easy Dental Help.

Creating a Lab Case

To create a new lab case in the Lab Case Manager

1. In the Lab Case Manager toolbar, click the New Case button.
2. In the **Select Patient** dialog box, select the patient you are preparing a lab case for, and then click **OK**.

The **New Case** dialog box appears with the patient's name in the title bar.

3. Use the following options in the **New Case** dialog box to create the lab case:
 - **Create Date** – Displays the current date by default. Click the down arrow to change the date.
 - **Provider** – If the case is attached to an appointment, the provider for the appointment will be selected. If there is not an attached appointment, the provider defaults to the patient's primary provider selected in his or her family in the Patients module. Click the search button to change the provider.
 - **Category** – Select the lab treatment category you want to assign this case. For information on setting up a category, see “Setting up lab treatment categories” and related topics in the Easy Dental Help.
 - **Procedure Information** – Click the search button, select the appropriate procedure codes or codes to attach to the lab case, and then click **Close**.
 - **Shades** – Click to select shade information for the attached procedure code. The **Shade Information** dialog box appears, showing six anterior teeth. For more information, see “Setting up shade guides and shades” in the Easy Dental Help.
 - **Case Notes** – Type any case notes you want to include (or click **Custom Notes** to set up or select a custom case note).

Tip: You can add a new line when entering a case note by pressing the Ctrl and Enter keys.

- **Enclosures** – Select the enclosures you need. For information on adding an enclosure, see “Adding lab case enclosures” in the Easy Dental Help.
- **Lab** – Select the lab where the case will be sent. For information on adding a lab, see “Setting up labs” in the Easy Dental Help.
- **Sent Date** – Enter the date you will send the case to the lab. The date is blank by default.
- **Try In** – Select to indicate a “try-in” lab case.

- **Emergency** – Select if the lab case is an emergency situation.
 - **Call Doctor** – Select to flag notifying the doctor regarding the case.
 - **Shipping Method** – If you have selected a **Lab**, use the **Shipping Method** to select the shipping method you will use to send the lab case. For information on shipping methods, see “Setting up shipping methods” in the Easy Dental Help.
 - **Shipping Tracking Number** – Enter the shipping tracking number in this field for reference.
 - **Shipping Cost** – Enter the cost to ship the lab case.
 - **Lab Assigned Case #** – Enter the case number from the lab. If it is an Internet lab, the **Lab Assigned Case #** is entered automatically when the lab is sent electronically.
 - **Receive from Lab Date** – Select the date when the case should be back from the lab. If it is an Internet lab, the date is entered automatically when the case is sent electronically.
 - **Next Lab Appointment Information** – This shows the patient’s next appointment date and time. If there is more than one appointment, click **Change Appt** and select the correct appointment associated with this lab case.
 - **Print Case** – Select to print the case upon closing.
 - **Send Online** – Select to send the case electronically upon closing.
 - **Attachments** – If you have documents stored in the Documents module that you want to attach, click **Attachments** to select a patient’s image that you want to include with the lab case.
4. To save the new case, click **OK**.

Sending a Lab Case Electronically to DDX

To send a lab case electronically, you must set up the lab attached to the case with DDX and have a valid user name and password attached. The practice must receive a valid user name and password from a lab participating with DDX in order to send a case electronically. Labs can register at www.labnetonline.com. You can search for an affiliated lab using the **Search DDX** button in the **New Lab** dialog box when you set up the lab (for more information, see “Sending lab cases electronically using DDX” in the Easy Dental Help). You need to contact the lab to obtain a user name and password.

To send cases electronically

1. In the Lab Case Manager window, select the cases that you want to send electronically.

Note: To send cases electronically, they must be attached to an Internet lab with a user name and password.

2. To send the selected cases over the Internet, click **Send Selected**.

Requesting Case Pickup

To have a case pickup request sent electronically to an Internet lab

1. In the Lab Case Manager toolbar, click the Case Pickup Request button.

The **Case Pickup Request** dialog box appears.

2. Under **Request Case Pickup from**, select the lab that you want to send the request to.
3. To send a request to the selected lab to have a courier pick up the case, click **Request Pickup**.

If the lab receives the request, “Lab has Received the Request” appears. If the lab did not receive the request, “Lab Not Connected to the Internet” appears.

Receiving Lab Cases

When a case is returned from the lab, you can record this in the Lab Case Manager.

To receive a lab case

1. Select the outstanding lab case in the Case List pane, and then click Receive Case in the Lab Case Manager toolbar.

The **Receive Case** dialog box appears.

2. Use the following options in the **Receive Case** dialog box to record the lab case details:
 - **Received Date** – This defaults to the current date. You can type or select a new date from the calendar.
 - **Received By** – Select the provider who received the lab case.
 - **Received from Method** – Select the shipping method used.
 - **Lab Fee** – Specify any lab fees for this case. (The lab fee is added to the running balance.)
 - **Lab Assigned Case** – Specify the case number assigned by the lab.
 - **Enclosure(s) Sent/Received** – In these two fields, specify any enclosures that were sent and/or received with the lab case.
 - **Case Note Date** – Use the following options to include a note about the lab case:
 - **Note Date** – Select the date the note was added.
 - **Insert Dateline** – Click to include the date in the note.
 - **Custom Notes** – Click to attach a predefined note to the case, or type a note.
 - **Case Status** – Select one of the following options to set a case's status:
 - **Receive Case** – If you received the case but it is not yet finished.
 - **Finish Case** – If the case is finished.
 - **Return Case to Lab** – To return the case to the lab for more work.

Tip: To finish a case, from the **Edit** menu, click **Finish Case**. The **Receive Case** dialog box appears with the **Finish Case** option selected.

3. Click **OK**.

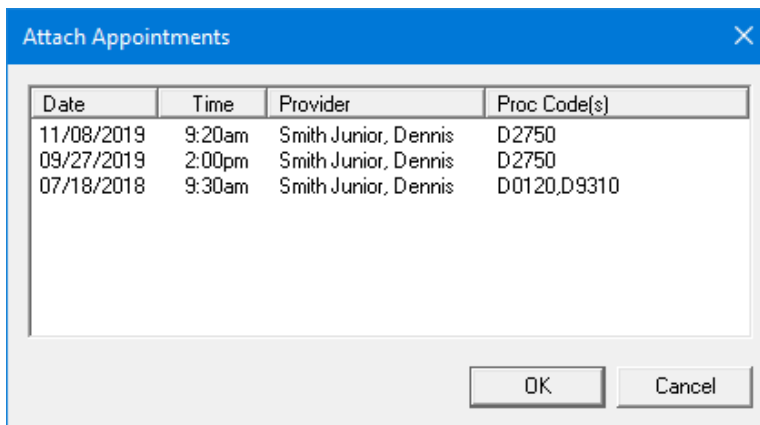
Attaching Appointments to Lab Cases

You can easily attach existing appointments to a case from the Lab Case Manager. Sometimes you may need to attach multiple appointments to a case before any work is completed to ensure that the appointments will already be scheduled for a certain time frame.

To attach appointments

1. Select the desired lab case in the Lab Case Manager.
2. Click the Attach Appt toolbar button.

The **Attach Appointments** dialog box appears, listing all appointments for the patient that have not been set complete.



3. Select the appointments that you want to attach to the lab case.
4. To save the attached appointments with the lab case, click **OK**.

For more information about the Lab Case Manager, see “Lab Case Manager overview” in the Easy Dental Help.

Contacts

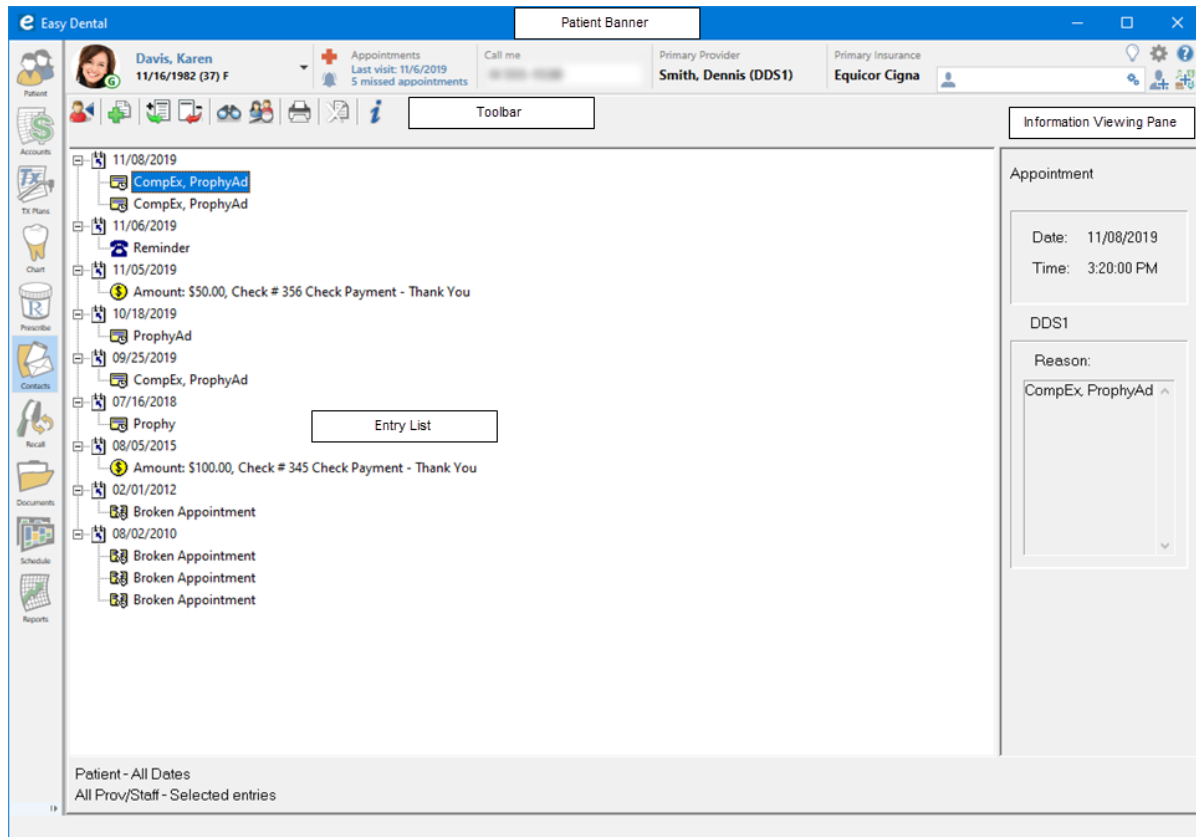
The Contacts module acts as a contact manager for your office. You can record and track all correspondence and contacts made with a patient. Like a journal of your daily activities, the Contacts module has two main functions: to keep a record of past events and to log reminders of future events.

Letters, billing statements, appointments, payment plan notes, and payments are entered automatically. You can input manual entries, such as reminders, phone calls, or miscellaneous notes. Each contact type is represented by a different symbol.

To open the Contacts module, click Contacts in the Easy Dental toolbar.

The Contacts Window

The Contacts module consists of the Patient Banner, a toolbar, entry list, and information viewing area.



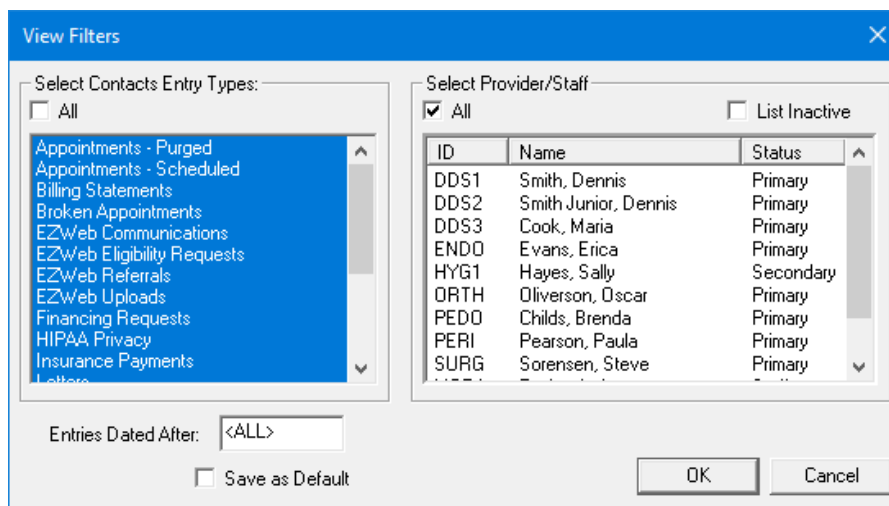
Changing View Filters

You can use view filters to customize what types of entries display in the Contacts module

To customize what types of entries are displayed in the Contacts module

1. In the Contacts toolbar, click View Filters.

The **View Filters** dialog box appears.



2. Select the Contact Entry Types that you want to display, or select **All Contact Entry Types**.

Note: You can view the following Contact Entry Types: Appointments (purged and scheduled), Billing Statements, Broken Appointments, EZWeb Communications, EZWeb Eligibility Requests, EZWeb Referrals, EZWeb Uploads, Financing Requests, HIPAA Privacy, Insurance Payments, Letters, Miscellaneous, Patient Payments, Payment Plan Notes, Phone Calls, and Reminders.

3. Do one or more of the following:
 - Select the providers and staff members you want to view, or select **For All Prov/Staff**.
 - To only display items after a certain date, type the desired date in the **Entries Dated After** field.
 - To save the options selected as the default viewing options, select **Save as Default**.
4. To save your settings and return to the Contacts module, click **OK**.

Adding a Manual Entry

In addition to the Contacts entries that are added automatically by tracking patient contacts, you can add Contact entries manually.

To add a manual entry

1. In the Contacts toolbar, click Add Contact.
The **Add Contact Entry** dialog box appears.

2. From the **Type** list, select the appropriate type.
 - **Phone Call** – Use if you are making a phone call to a patient. Record information regarding the conversation.
 - **Reminder** – Use with a future date to remind the office about a contact with a patient.
 - **Miscellaneous** – Use for any other contact with the patient for which you want to keep a record.
 - **HIPAA Privacy** – Use to track patient information disclosure history, and to track other privacy related notes for patients, providers, staff, and referrals.
3. Click the **Prov/Staff** search button, and then select the provider or staff member to be assigned to this Contact type.

4. Type a short description for the contact entry in the **Description** box.
5. Type a comprehensive description for the contact entry in the **Note** box.
6. If desired, you can change the date of the contact entry.
7. If desired, you can change the time of Phone Call and Miscellaneous contact entries. Type the correct time.
8. To save your changes and return to the Contacts module, click **OK**.

For information on viewing, filtering, adding, editing, and deleting Contacts information, see “Contacts overview” in the Easy Dental Help.

Time Clock

Using the Easy Dental Time Clock, office employees can punch in and out for their shifts to record the time they work. The Time Clock also provides reports containing information on hours worked and wages earned. After you install Easy Dental and reboot your computer, a new icon appears in the notification area of the Windows taskbar (located in the lower right corner of your Windows Desktop).



To open the Time Clock

Right-click the Time Clock icon to display a menu with three options:

- **Employee Clock In/Out** – Lets employees clock in and out.
- **Setup Time Clock** – Lets you configure the Time Clock options.
- **Close Time Clock** – Closes the Time Clock. (You can restart it from the Start menu by pointing to **All Programs > Easy Dental** and clicking **Time Clock**.)

The following sections will explain how to set up and use the Time Clock module.

Setting up the Time Clock

You must set up each employee in the Time Clock individually, including entering the regular and overtime pay.

To set up the Time Clock

1. Right-click the Time Clock icon in the notification area of the Windows taskbar, and then click **Setup Time Clock**.

The **Time Clock Setup** dialog box appears.

Note: If passwords are enabled, the user must have password rights to “Time Clock, Setup” to access the **Time Clock Setup** dialog box.

ID	Name	Status
DDS1	Smith, Dennis	Primary
DDS2	Smith Junior, Dennis	Primary
DDS3	Cook, Maria	Primary
ENDO	Evans, Erica	Primary
HYG1	Hayes, Sally	Secondary
MGR1	Taylor, Judy	Staff
OFC1	Jones, Susan	Staff

2. Use the options in the **Time Clock Setup** dialog box to set up the time clock options for an employee:
 - **Select Employee** – Select the employee you want to set up. All providers and staff members that you added in the **Practice Resource Setup** dialog box appear in the list.
 - **Auto Punch Out Settings** – Select one of the following options:
 - **Do Not Use Auto Punch Out** – Select to require employees to punch out each day. If an employee forgets to punch out, all hours are calculated.
 - **Auto Punch Out Time** – Select to clock out employees automatically. Set the appropriate time in the field provided.
 - **Regular Pay** – Select one of the following options:
 - **Salary (Annual)** – Select if the employee is paid a salary or annual amount. Enter the annual amount in the **Annual Pay Rate** field.
 - **Hourly** – Select if the employee is paid by the hour. Enter the hourly rate in the **Hourly Pay Rate** field.
 - **Overtime Pay** – Choose one of the following options:
 - **Do Not Calculate Overtime** – Select if you do not want to calculate overtime hours and wages automatically.
 - **% of Pay Rate** – Select and enter a percentage to calculate overtime hours and wages automatically. For example, if you pay an employee “time and a half” for overtime hours worked, you enter 150%. When you use this option, you need to enter the number of hours in the workweek (for example, 40). Hours worked beyond that is considered overtime.

Note: The percentage of pay rate must be between 100 and 1000. A valid workweek must be between 0 and 168. If you enter an invalid figure in either of these fields, a blinking red arrow appears. This indicator remains until you enter a valid number.
3. To save your changes and exit, click **OK**. Or, select another employee, and from the message box, click **Yes** to save your changes and set up the next employee.

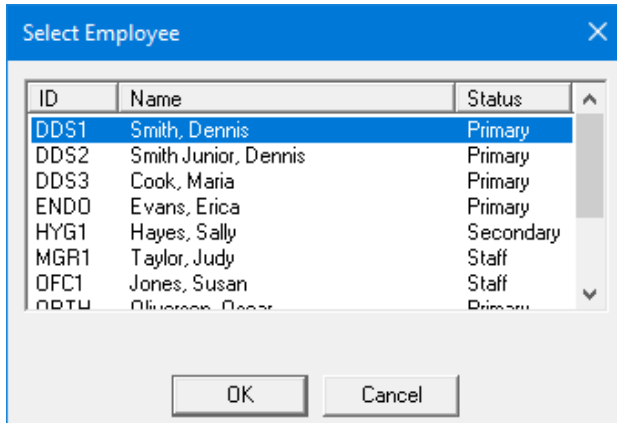
Clocking In/Out

If you are using passwords in the office, each employee will need rights to “Time Clock, Clock In/Out” to clock in or out. We recommend that you assign “Verify user before access” status to this option so that employees are required to enter their password to clock in and out. For more information, see “Setting up passwords” in the Easy Dental Help.

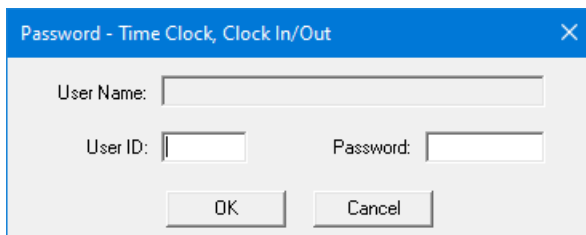
To clock in and out

1. Right-click the Time Clock icon in the notification area of the Windows taskbar, and then click **Employee Clock In/Out**.

If you don't have passwords enabled, the **Select Employee** dialog box appears.



If you have enabled passwords and have not logged into Easy Dental, the **Password - Time Clock In/Out** dialog box appears.



2. Do one of the following, and then click **OK**:
 - Select the employee from the list.
 - Type the employee's **User ID** and **Password**.

The **Time Clock** dialog box for the selected employee appears.

The screenshot shows a software window titled "Time Clock - Smith, Dennis". It has three tabs: "Current", "History", and "Reports". The "Current" tab is selected. The form contains the following elements:

- Today's Date: 12/3/2019
- User ID: DDS1
- Last Punch: (empty)
- Current Time: 11:06 AM
- Note: (empty text area)
- Buttons: "Clock In" (bottom left), "Clear" (bottom right), and "Close" (bottom right of the window frame).

Note: The **Current** tab displays the current date, current user ID, last punch, and the current time. If the last punch was to “clock out,” the button is labeled “Clock In.” If the last punch was a “clock in,” the button is labeled “Clock Out.”

3. Click the **Clock In** or **Clock Out** button, and then record any notes if necessary.

For more information on using the Time Clock, see “Time Clock overview” in the Easy Dental Help.

Quick Letters

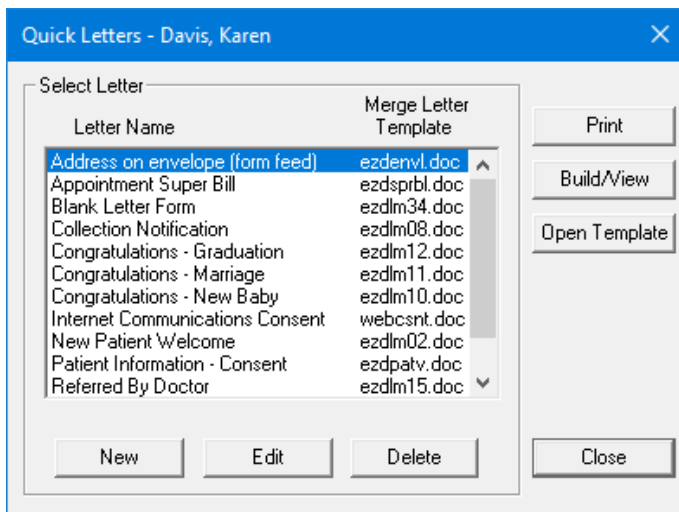
You can merge information from your patient database into letter templates created in Microsoft Word. You can choose from twelve pre-defined letter templates or customize one in Microsoft Word to better represent your office. And, if Easy Dental does not have a letter for what you are trying to do, you can create your own custom Quick Letter.

Note: To use Quick Letters, you must have a legally licensed version of Microsoft Word and be familiar with its use and merge functions. Easy Dental integrates with the latest versions of Microsoft Word. For information on which versions of Microsoft Word are supported, refer to the Easy Dental System Requirements document.

To merge a letter for a patient

1. Select a patient, and in the toolbar of most Easy Dental modules, click Quick Letters.

The **Quick Letters** dialog box appears.



- From the list, select the letter you want to merge. Or, to add other letters to the list, click **New**.

Note: For information on adding Quick Letters, see “Adding letters to Quick Letters” in the Easy Dental Help.

- Do one of the following:
 - Print** – Click to create and print the letter without reviewing it.
Easy Dental opens Word, merges, prints, and then closes the letter.
 - Build/View** – Click to create and review the letter prior to printing it.
Microsoft Word opens and merges the letter. Once the letter has merged, make any changes, and then click **Print**.
- After the letter prints, close it.
From the Microsoft Word menu bar, select **File**, and then **Close**. A message appears asking if you want to save the changes. Click **No**. (If you click **Yes**, all merge code information is replaced.)
- From the Microsoft Word menu bar, click **File**, and then click **Exit** to exit Microsoft Word.

Note: After the letter prints, an entry is added automatically in the Contacts module, indicating that a letter has been sent to the patient.

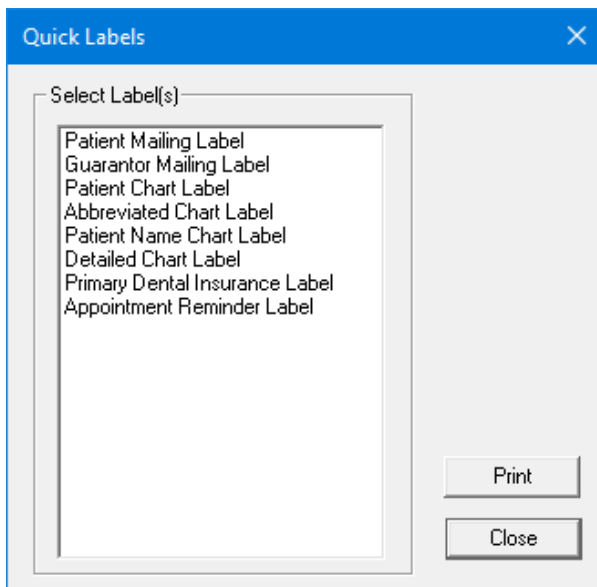
For more information about Quick Letters, see “Quick Letters” in the Easy Dental Help.

Quick Labels

Using Quick Labels you can quickly print a variety of labels for the selected patient.

To print a Quick Label

- Select a patient, and in the toolbar of most Easy Dental modules, click Quick Labels.
The **Quick Labels** dialog box appears.



2. Select the label you want to print. The following list includes a description of each label:
 - **Patient Mailing Label** – Prints a mailing label for the currently selected patient.
 - **Guarantor Mailing Label** – Prints a mailing label for the currently selected patient’s head of house.
 - **Patient Chart Label** – Prints a chart label for the currently selected patient, including his or her name, chart number, home phone, work phone, and address.
 - **Abbreviated Chart Label** – Prints a chart label for the currently selected patient, including his or her name, SS#, date of birth, first visit date, chart number, home phone, and work phone.
 - **Patient Name Chart Label** – Prints a chart label containing the currently selected patient’s name.
 - **Detailed Chart Label** – Prints a chart label for the currently selected patient, including his or her name (in large, bold letters), SS#, date of birth, primary provider, chart number, first visit date, marital status, gender, address, home phone, work phone, employer, primary insurance, and secondary insurance.
 - **Primary Dental Insurance Label** – Prints a mailing label addressed to the patient’s primary dental insurance company.
 - **Appointment Reminder Label** – Prints a reminder label listing the patient’s next appointment date and time.

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

3. To print the selected label to the label printer, click **Print**.

For more information about Quick Labels, see the Quick Labels information in the Easy Dental Help.

Send Message

You can use the Send Message tool to create electronic mail messages for patients.

Note: To use the Send Message tool, you need internet access and an email software program installed. Your selected email software program should support MAPI function calls. Programs such as Microsoft Outlook, Eudora, and IBM Notes meet this requirement.

To send an e-mail message

1. Select a patient, and in the toolbar of most Easy Dental modules, click Send Message.
Easy Dental attempts to open your email program, which may take a few seconds. If you added an email address for the patient in the Patients module, the patient's email address is automatically added in the **To** line. If no email address has been added for the patient, you must enter the address.
2. Write the text of your message, and then click **Send**.







EasyWeb Toolbar







The EasyWeb toolbar connects your Easy Dental practice management software with web-based eServices tools, making it easy for you and your patients to interact with Easy Dental via the internet.

To open the EasyWeb toolbar

Click the **EasyWeb** button located in any of the Easy Dental modules.

The EasyWeb toolbar appears and provides access to the following tools and options:

	Easy Dental Web – Click to open your default internet browser and connect to the Easy Dental website.
	Web Site Manager – Click to build and manage a website for your practice, check statistics about your website, manage your eCentral account, and administer patient account access.
	Insurance Manager – Click to log in to eCentral, where you can use the Insurance Manager tools to manage insurance claims you have sent electronically, view reports about the electronic claims you have sent, and view claim statistics.
	Patient Eligibility – Click to log in to eCentral, where you can search for patient insurance eligibility.
	Communication Manager – Click to set up correspondence templates, create and view patient surveys, manage correspondence you have sent, create a patient newsletter, send and view referrals, and view your practice statistics.
	Settings – Click to configure the following settings: <ul style="list-style-type: none"> • WebSync Wizard – Helps you set up the WebSync options that synchronize your Easy Dental data with your web-based eServices so you can transfer information between Easy Dental and your eCentral website. • EasyWeb Updates – Connects to the internet and checks for updates to the EasyWeb toolbar. If updates are available, the EasyWeb Toolbar Update dialog box appears and shows you information about the new version of the EasyWeb Toolbar. You can either download the update immediately or be reminded to download later. • Patient Setup – Displays the Patient Settings dialog box where you can update correspondence information for your patients, specify patient preferences for correspondence from your practice, record a web consent date, and set a password to access the information via the web. • Referral Setup – Displays the Select Referred To dialog box, where you can set up the providers to whom you will be sending referrals.

	Upload – Click to configure various upload options that govern how you upload information to the web.
	EasyWebSync – Click to configure the following settings: <ul style="list-style-type: none"> • WebSync – The WebSync contains a list of options that can be performed (or not) during the WebSync, depending on your selections. • Process Patient Imports – Patients can submit information to your practice website. You will not see this information in your Easy Dental system until that information has been imported through a WebSync. Occasionally, you may need to import patient information at a time other than when you normally run the WebSync. In these cases, you can use the Process Patient Imports option to import patient information. • Correspondence Upload – Using eCentral, you can send appointment reminders to your patients via letters, postcards, e-mail, or text messages. When you run the WebSync, all correspondence is sent to all patients who meet the correspondence criteria. When you run a Correspondence Upload, you can exclude certain patients from the upload or only upload certain types of correspondence.
	Supplies – Click to connect to Henry Schein Dental, where you can order dental and office supplies using Henry Schein's supplies online ordering system.
	Patient Financing – Click to set up patient financing, so patients can make online payments through your eCentral website. Patient Financing allows you to set up payment and adjustment types for online payments and enter your merchant number for patient financing.
	Continuing Education – Click to open a web page where you can learn about various opportunities for continuing education in dentistry.
	Leasing – Click to open a web page where you can apply for leasing to obtain equipment for your practice.

You can customize the EasyWeb Toolbar to meet your needs. For more information about using the EasyWeb Toolbar and eCentral, see the EasyWeb information in the Easy Dental Help and the eCentral Help.

Easy Dental Add-ons

The following products and packages are available as add-ons or integrated technologies for Easy Dental:

- **eTrans** – Simplify the insurance claim process so you get paid faster by submitting insurance claims to your payors electronically. For more information, refer to the *eTrans for Easy Dental User's Guide* available in the Easy Dental Resource Center.
- **QuickBill** – Automate mailing billing statements. Through QuickBill, you can send statements to a clearinghouse where they are professionally printed, folded, and mailed. For more information, refer to the *QuickBill for Easy Dental User's Guide* available in the Easy Dental Resource Center.
- **eBackUp** – Back up your practice's and patients' data online automatically. For more information, refer to the *eBackUp for Easy Dental Backup Recommendations* available in the Easy Dental Resource Center.
- **PowerPay** – Process credit and debit cards from within Easy Dental. You can authorize a charge and post the payment directly to the Accounts module. For more information, refer to the *PowerPay Installation Guide* (available in the Easy Dental Resource Center) and the PowerPay Help.

Note: For information on using any of these products, consult the user's guide or Help provided with that product. For information on obtaining any of the products listed here, contact Henry Schein One at 1-800-824-6375, or visit www.easydental.com.

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