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Carestream DENTAL

Initial Training Workbook

SoftDent Practice Management Software

Your Guide to a Successful Transition

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SoftDent Practice Management Software

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Introduction

You can use this workbook to become acquainted with the CS SoftDent practice management software before you are trained, to help while you are being trained, and to refresh your memory after training is completed.

See the SoftDent online help, the *SoftDent Scheduler Initial Training Workbook* (NG941), and the *SoftDent Charting Module Training Workbook* (DE1075) for more information.

Backing Up Data

You should have a backup for each day of the week, with copies stored off-site. Keep your backups in a fire-resistant safe.

Downloading Software Updates

You can check for and download updates to your software using the Internet. To check for updates:

1 On a computer with an active Internet connection, open the software.

2 Select **Help > Check for Updates**. A message alerts you that the software is checking for available updates. If an update is available, a window is displayed, prompting you to download the update.

3 Click **Download**. When the download is complete, a message confirms that the download was successful.

4 Click **Exit** and restart the software. The software detects and installs the update automatically.

Using the Skill Sharpeners

The software comes with a tutorial, which contains simulated data. The exercises in each lesson enable you to use the data and add your own. After you do any of the exercises, you can reset the tutorial data to its original state.

Important

The purpose of skill sharpeners is to give you practice in using the software. Do not do any exercise that changes your database unless you can reverse it.

Printing the Workbook

You can print the workbook from the **Start** button on your computer and from the Carestream Dental Institute (CDI).

From the Start Button

To print from the **Start** button:

1 From the Windows desktop, click the **Start** button.

2 Click **All Programs**.

3 Select **SoftDent Software > Online Documentation > Implementation and Training Workbook**.

4 When the PDF file opens, select **File > Print**.

5 Select the options you want and click **Print**.

Note

Customer Support does not provide assistance on your backup procedures. Contact your hardware vendor to create and maintain a backup routine.

From the CDI

To print from the CDI:

1 Log in to the CDI.

2 Click **Course Catalog**. The catalogs are displayed.

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3 Click **Product Training (Client Catalog)**.

4 Click **SoftDent**.

5 Click the **Documentation** tab.

6 Press Ctrl+F, and type **SoftDent Initial Training Workbook** in the **Find** field at the top of the window. The workbook is displayed in the list of documentation.

7 Click **Click here to start this course**.

8 When the PDF file opens, select **File > Print**.

9 Select the options you want and click **Print**.

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Lesson 1

Navigating in the Software

This lesson includes:

- Accessing the Software
- Using Practice Central
- Setting Preferences
- Navigating Through the Workspace
- Time Cards

Accessing the Software

To access the software:

1 From the Windows desktop, click **Start**.

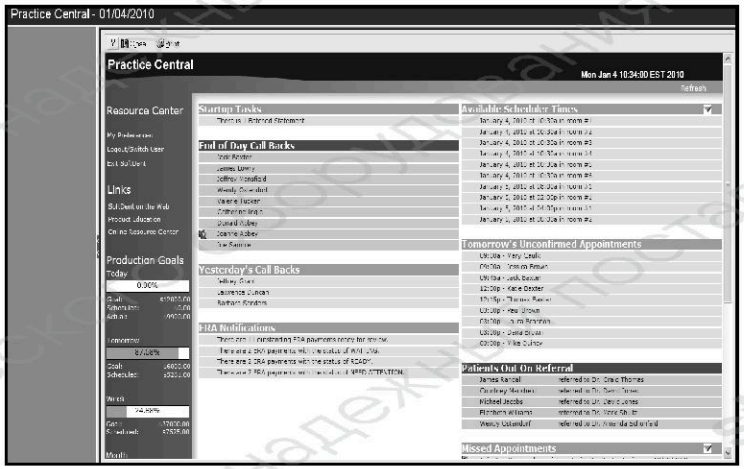
2 Click **All Programs**.

3 Select **SoftDent Software** > **SoftDent Software**. The **SoftDent Software Login** window is displayed.



4 Type your name and password, and click **OK**.

Depending on your preferences, the first window displayed might be the **Practice Central** window.



After you close the **Practice Central** window, click the **Practice Central** button on the Power bar to access it again.



Tip

You must use a password with 8 to 15 characters.

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Using Practice Central

The **Practice Central** window displays important daily information. The information can be customized for each person in the office.

Note

You must have appropriate security rights to specify your preferences.

The following categories are examples of information available in the **Practice Central Preferences** window:

- Patients due in today with appointments that will generate more than a specified dollar amount
- New patients due in today
- Patients due in today who need x-rays
- Patients due in today whose birthdays are in the current month
- Patients due in today who need perio screenings
- Patients due in today who have high balances
- Patients due in today who referred others
- Patients due in today with unconfirmed appointments
- Patients due in tomorrow with unconfirmed appointments
- Patients due in with more than one appointment scheduled today
- Yesterday's call backs
- Patients due in today who have unscheduled treatment plan items

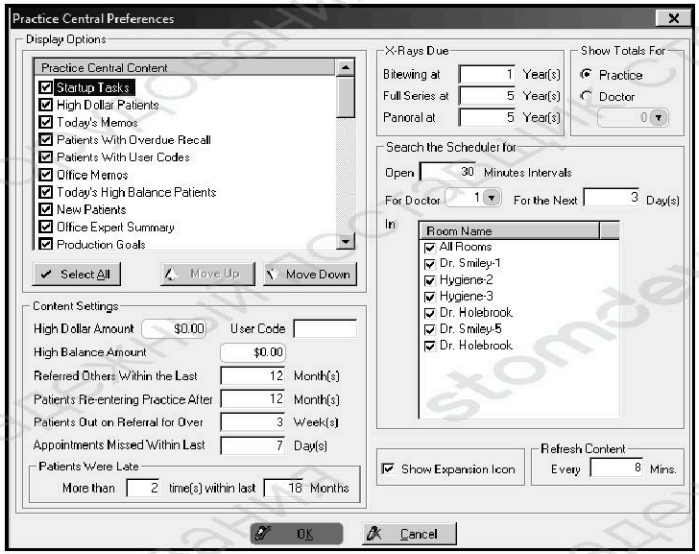
Practice Central can be used in paperless offices as a morning review: a way to see patients grouped by specific criteria, such as who needs x-rays or who did not confirm today's appointment.

Setting Preferences

You can select which categories of notifications are displayed in the **Practice Central** window. You can also change the order in which the categories are displayed.

To set Practice Central preferences:

1 Click **View > Practice Central Preferences**. The **Practice Central Preferences** window is displayed.



2 In the **Practice Central Content** section, select items to include in the **Practice Central** window. Change the order of display by selecting an item and using the **Move Up** or **Move Down** button.

3 In the **Content Settings** section, you can set default values for the following variables:

- High dollar amount
- High balance amount

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4 In the **X-Rays Due** section, set default values for the length of time between bitewings, full series, and panoral x-rays.

5 When you have finished modifying your preferences, click **OK**.

Expanding Practice Central Content

If any section of the **Practice Central** window contains more than ten items, you can add an icon that enables you to expand the list and display all entries. To contract or expand the Practice Central sections:

1 Select **View > Practice Central**. The **Practice Central** window is displayed.

2 Select **My Preferences**. The **Practice Central Preferences** window is displayed.

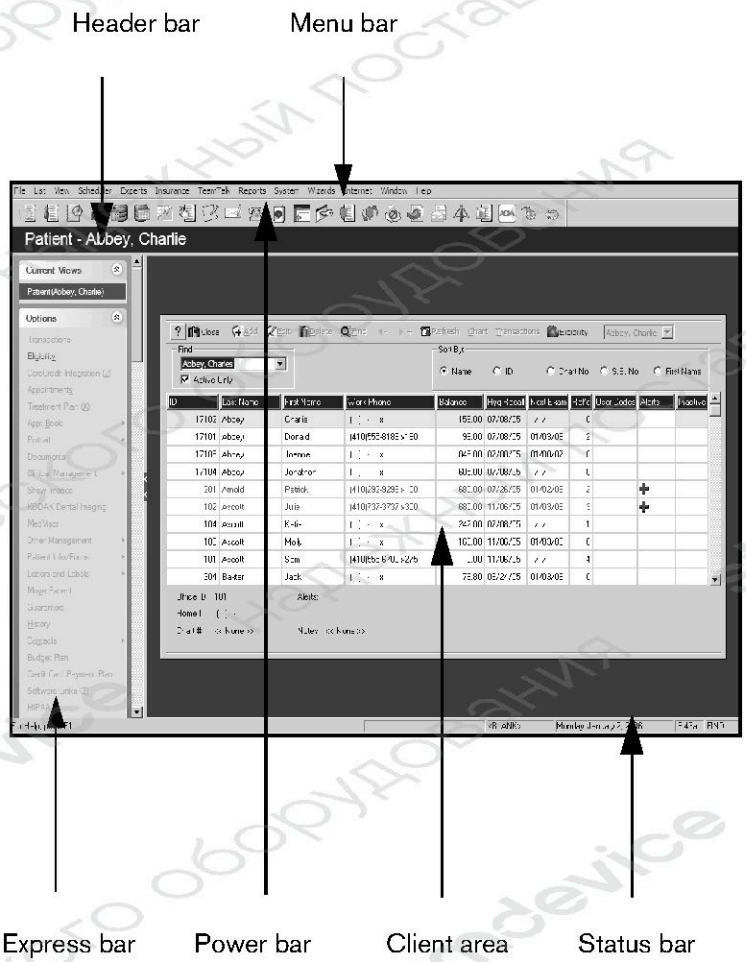
3 To show the expansion icon, select **Show Expansion Icon** and click **OK**. To hide the expansion icon and display no more than ten records in any section at one time, deselect **Show Expansion Icon** and click **OK**.

Navigating Through the Workspace

After you close the **Practice Central** window, the following areas of the workspace are displayed:

- Title bar–Displays the name and version of the software.
- Main menu bar–Displays the menus that are available.
- Header bar–Displays the name of the active window.
- Express bar–Displays context-sensitive options in the left pane of the enhanced workspace.
- Power bar–Displays buttons that are shortcuts to frequently used features of the software.
- Client area–The primary work area.
- Status bar–Displays the user's name, the date, and time.

The following figure shows the workspace:



All list windows have an **Active Only** option under the **Find** field. If you check it, only active entities are displayed in the list.

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Main Menu Bar

The Menu bar contains the following menus:

- **File**–Accesses **Find** windows that enable you to find a particular record: account, patient, and so on. The default method for finding something is by last name, but typically you can search by another variable, such as ID, chart number, or first name.
- **List**–Accesses lists, such as accounts and patients.
- **View**–Accesses options that enable you to customize workspace preferences, toolbars, the spell check feature, and Practice Central.
- **Scheduler**–Accesses options that enable you to view appointments.
- **Experts**–Accesses a list of Experts: Office Expert, Letter Expert, and Contact Expert.
- **Insurance**–Accesses a list of insurance-related options, including Carestream electronic services.
- **TeamTalk**–Enables you to create notes that are triggered when you perform a certain task.
- **Reports**–Accesses the **Reports** menu.
- **System**–Enables you to change default options throughout the system, including:
  - System settings
  - User password
  - Fee schedules

Note

To hide elements of the enhanced workspace, such as the status bar or the Power bar, select **View**, and then select the bar you want to hide.

- **Wizards**–Accesses the following wizards, which provide instructions for the initial setup of these features:
  - Scheduler Wizard
  - Insurance Wizard
  - Billing Statements Wizard
  - Questionnaire Creation Wizard
  - TeamTalk Wizard
- **Internet**–Provides access to Internet sites, such as the **Home Page** for SoftDent software.
- **Window**–This menu is currently disabled.
- **Help**–Provides online help; a What's New video; links to the system requirements and the Carestream Dental Institute; and information about the current version of the software.

Power Bar

The Power bar displays buttons that provide shortcuts to features that are used frequently. These are some of the buttons that can appear on the Power bar:



When you hold the pointer over a button, a tool tip is displayed. A tool tip is a brief description of the function of the button. If the Power bar is not displayed, select **View > Power Bar**. Double-click the Power bar to dock it at the top of the window.

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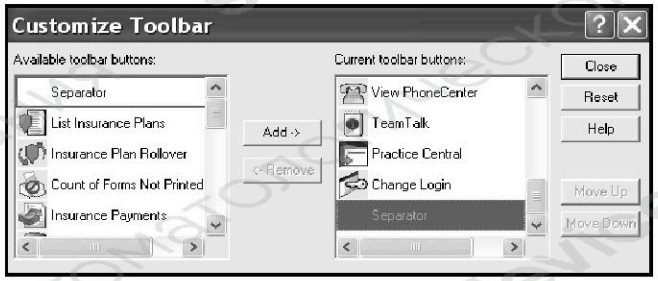
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To select the buttons to be displayed on the Power bar:

1 Right-click on the Power bar. A shortcut menu is displayed.



2 Click **Customize Toolbar.** The **Customize Toolbar** window is displayed.



Buttons that are currently displayed on the toolbar are listed in the right pane of the window. Use the scroll bar to scroll up and down through the list.

Buttons that are not currently displayed on the toolbar are listed in the left pane of the window.

3 To hide a button that is currently displayed, select it in the right pane of the window, and click **Remove**.

4 To display a button on the toolbar that is not currently displayed, select it in the left pane, and click **Add**.

5 To change the order of the buttons, select a button in the **Current toolbar buttons** section, and click **Move Up** or **Move Down**.

The following buttons are typically used:


Account List Window


Patient List Window


Go to Daily Appointments


InOffice Window


Print Daily Register


Today's Memo List Window


Create a Memo


Run eClaims/eStatements


Insurance Payments


Send an E-Mail

Note

The **Power bar** option on the **View** menu is a toggle switch. Click it to hide the Power bar; click it again to display the Power bar.

Note

You can drag the Power bar to a different position. If you drag it to the extreme left or right side of the window, the buttons are displayed vertically. You cannot drag the Power bar to the bottom of the window.

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View Phone Center



Change Login



Practice Central



Team Talk

You can display other buttons on the Power bar, including:

- **Run Scheduled Reports for Today**
- **List Insurance Plans**
- **Insurance Plan Rollover**
- **List Count of Forms Not Printed**
- **Electronic Statements Report**
- **Execute Microsoft Word**
- **List Referring Providers**
- **List Claims**
- **List Web Sites**
- **Trojan Employers**
- **Trojan Carriers**
- **Trojan Managed Care Plans**
- **Trojan Administrators**
- **Lab List Window**
- **Pharmacy List Window**
- **Care Credit Integration**
- **Production Goals**
- **ADA Code List**
- **List Insurance Plans**
- **List Claims**
- **Clock In**
- **Clock Out**

Client Area

The client area on the enhanced workspace contains the active window. At the top of the active window is a toolbar with shortcut buttons. The buttons on the toolbar change, depending on the active window.

Express Bar

The left pane of the enhanced workspace is called the Express bar. The information on the Express bar depends on the active window in the client area. The Express bar is typically divided into three areas:

- **Current Views**
- **Options**
- **General Operations**

The two small red arrows between the Express bar and the client area display and hide the Express bar. Click on them once, and the Express bar closes. The arrows are then at the left edge of the window. Click the arrows again, and the Express bar is displayed.

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Click the double arrows to the right of the title of each area of the Express bar, and that area closes. Click the double arrows again, and that area opens.

Current Views

The **Current Views** section of the Express bar lists all of the windows in the software that have been accessed and have not been closed.

You can go to any of the windows you opened by clicking that name in the **Current Views** section of the Express bar.

Options

The **Options** section of the Express bar displays a list of commands and options available in the active window. As the active window changes, the choices in the **Options** section of the Express bar change.

General Operations

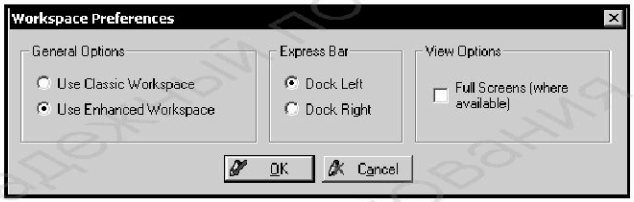
In the **General Operations** section of the Express bar, you can:

- Close all of the windows that you have opened.
- Access dental imaging software.
- Clock in.
- Clock out.

Docking the Express Bar

By default, the Express bar is docked on the left side of the workspace. To dock it on the left side:

1 Click **View > Workspace Preferences**. The **Workspace Preferences** window is displayed.



Note

You must have appropriate security rights to specify your preferences.

2 Select **Dock Left**.

3 Click **OK.**

Time Cards

You can track attendance for each employee who clocks in and out of the software each business day. Employee clock-in and clock-out times are displayed in the **Time Card List** window.

Clocking In and Out

To clock in or clock out:

1 To clock in, select **Clock in** from the **General Operations** section of the Express bar. Type your user name and password, and click **OK**. A window is displayed for verification.

2 Review the information and click **OK**.

3 To clock out, select **Clock out** from the **General Operations** section of the Express bar.

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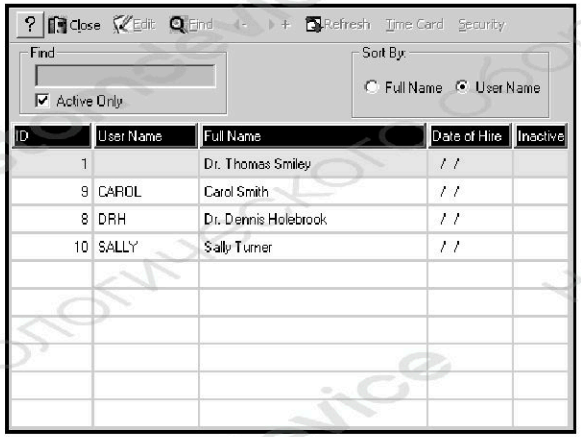
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Note

An employee can review his or her time card entries.

To review a time card entry:

1 Select **List > Employees**. The **Employees List** window is displayed.



2 Select an employee, and click **Time Card**. The **Time Card List** window is displayed.

3 After you review the time card, click **Close**.

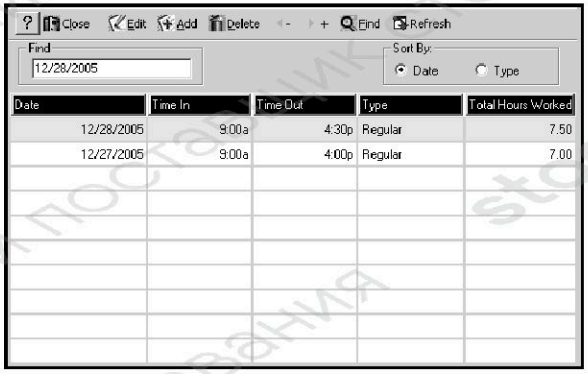
Editing Time Card Entries

If you have the appropriate security level, you can edit time card entries. To edit a time card:

1 Select **List > Employees**. The **Employee List** window is displayed.

2 Select an employee and click **Time Card**.

The **Time Card List** window is displayed.



3 To add a time card entry, click **Add**. The **Time Card** window is displayed.



4 Enter the clock-in time and the clock-out time and click **OK**.

5 To edit an entry, double-click the entry.

6 Edit the entry and click **OK**.

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Skill Sharpeners

Exercise 1—Change System Settings

You no longer want a default area code to display, so you must change the system setting.

To change the default phone setting:

1 Select **System > Change System Settings > General System**. The **General System Settings** window is displayed.

2 Click **Phone Preferences** at the top of the window. The **System Phone Preferences** window is displayed.

3 Clear the **Default new Patient and Account area codes to Practice area code** option.

4 Click **OK**, and then click **Close**. The **General System Settings** window is displayed again.

5 Click **Close**.

Exercise 2—Add Referring Doctors

To add a referring doctor:

1 Select **List > Referring Dr**. The **Referring Doctor List** window is displayed.

2 Click any of the names in the list to activate the toolbar at the top of the window.

3 Click **Add** on the toolbar. A blank **Referring Doctor** window is displayed.

4 Type the doctor's first and last name, and select the specialty from the drop-down list.

5 Press Tab.

6 Click **OK**, and click **Close**. The **Referring Doctor List** window is displayed, with the doctor you added in the list.

7 Click **Close**.

Exercise 3—Change a Provider from Active to Inactive

To change a doctor from active to inactive:

1 Select **List > Provider**. The **Provider List** window is displayed.

2 Click the doctor you want to deactivate. This activates the toolbar at the top of the window.

3 Click **Edit** on the toolbar. The provider record for the doctor is displayed.

4 Select **Inactive**.

5 Click **OK** and then **Close**.

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Lesson 2

Using the Scheduler

The scheduler is an electronic version of an appointment book that enables you to schedule and display appointments for the current month and the next 21 months. See the *SoftDent Scheduler Initial Training Workbook* (NG941) for more information.

This lesson includes:

- Components of the Scheduler
- Scheduling Appointments
- Confirming Appointments
- Handling Canceled and Overlapped Appointments
- Scheduling New Patients
- Activating New Patients and Accounts

To open the scheduler, click **Scheduler > Daily Appointments** or click the **Go to Daily Appointments** button.

Components of the Scheduler

The scheduler contains:

- Appointment book views
- Scheduler toolbar
- Scheduler Icon bar
- Provider Detail bar

You can open the scheduler in these views:

- **Daily Appointments** (also called the daybook)–Typically displays a single day's existing appointments and empty slots, which can be filled with new appointments.
- **Book Quick Glance** (also called Book at a Glance)–Presents multiple days simultaneously. The number of days displayed is a function of the number of rooms in your office and the number of days your office is open during a week.
- **Month at a Glance**–Displays the daily and monthly production goals for either the office or an individual producer. It also displays the actual production (in dollars and as a percentage of the production goal) based on existing appointments.
- **History Appointments**–Enables you to view appointments that have occurred in the past. When you select **History Appointments**, you are prompted for the date range to display.

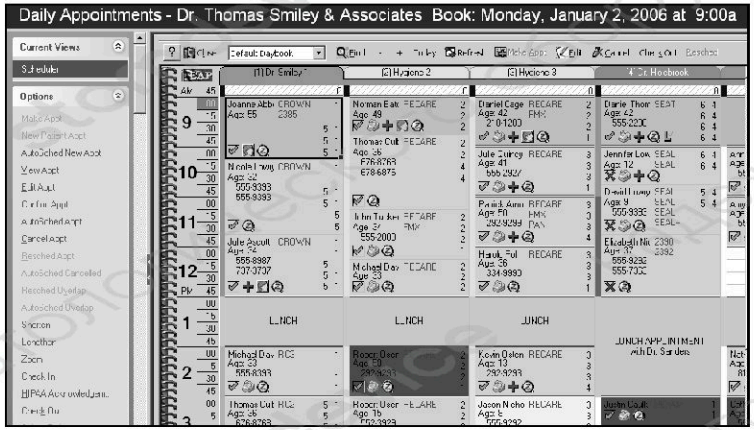
To select a view, click the drop-down list at the top of a scheduler window.

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Daybook

When the scheduler is opened, one of four views is displayed, typically the default daybook. The daybook view is used to monitor patient appointments.



Note

To modify how data is displayed in an appointment, right-click an appointment and select **Properties**.

Each column in the daybook represents one room or operatory. The scroll bar at the bottom of the window is used to move left and right to display more rooms. The scroll bar to the right is used to move to earlier or later times of the day.

At the top of the window is the header bar. The header bar indicates the current view and the book and the day that are displayed.

Reading an Appointment



The patient's name is displayed unless HIPAA security is on, and then only the initials are displayed. The numbers in columns at the right edge of the appointment identify the providers for the appointment. Procedure codes are displayed under the name.

A small red triangle in the upper-right corner of the appointment indicates an appointment note. Hold the cursor over it, and the note is displayed.

In addition, these icons are displayed along the bottom of the appointment:



Red X–Indicates that the appointment is scheduled at a time designated for another type of appointment.



Green check–Indicates the appointment is scheduled at a time designated for this type of appointment.



Zoom–Provides access to the **Assistant**, which displays detailed information about the appointment and related financial information.



View Medical Alert–Displays information about any medical alerts on file for the patient.



Dial Patient for Short call–A red telephone indicates that **Short Call** is selected on the **Appointment Card**. Click the icon to display the auto dialer in the **Patient Phone Numbers** window.



View Patient Portrait–Indicates that a photograph of the patient is available. Click to display the portrait.



Telephone Numbers–A yellow telephone indicates there is not enough room to display all of the patient's telephone numbers. Roll over the icon to display the telephone numbers. Click the icon to access the auto dialer in the **Patient Phone Numbers** window.

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New Patient–Indicates this appointment is for a new patient. After the patient record is activated, this icon is not displayed.



Lab Case Outstanding–Indicates a lab case is associated with the appointment, but has not yet been received from the lab. The **X** is displayed in red.



Lab Case Returned–Indicates a lab case has been returned. The **L** is displayed in green.



Hidden Slot Note–Indicates a note is associated with the time slot. Click the icon to display the note in the **Assistant** window.



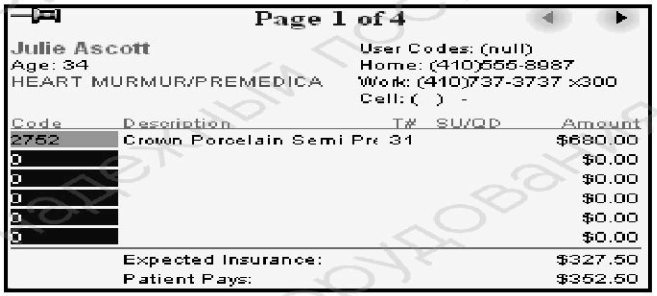
User Code–Displays the patient's user codes when you roll the cursor over the icon.

Appointments are displayed in the following default colors:

- Yellow–Appointment is scheduled.
- Blue–Patient has checked in.
- Pink–Appointment is confirmed.
- Green–Patient is in the operatory.
- Gray–Patient is late.
- Red–Charges have been posted.
- Orange–Appointment is canceled or overlapped.

Assistant Window

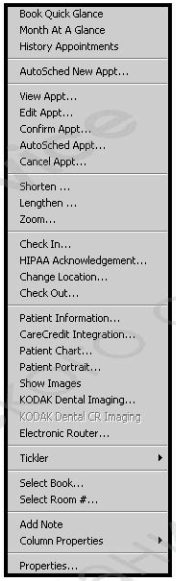
The **Assistant** window contains additional patient and appointment information that is not displayed on an appointment. To display the **Assistant** window, select an appointment and click the **Zoom** icon. The **Assistant** window is displayed.



The **Assistant** window has four pages. To move from page to page in the window, click the back and forth arrows in the upper-right corner of the window.

Shortcut Menu

Right-click an appointment, and a shortcut menu is displayed.



Note

You can change the default colors for appointments.

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The shortcut menu provides a quick way to access many appointment-related functions. Right-click an empty appointment slot, and a different shortcut menu is displayed.



Using the Calendar

The appointment book covers the current month and the next 21 months. Move through the calendar one day at a time by clicking + or –. An alternative to moving day by day is to click on the **Find** function.

Click **Find** on the scheduler toolbar. The **Calendar** window is displayed.

Note

The buttons displayed on the toolbar depend on the view that is selected.



The date that is currently displayed is highlighted.

Use the buttons at the top and the side in these ways:

- **Left arrow** at the top of the calendar–Move back one month.
- **Right arrow** at the top of the calendar–Move forward one month.
- **Today**–Return to today's date.
- **+3**–Move forward three months.
- **+6**–Move forward six months.
- **1 Year**–Move forward one year.
- **Cancel**–Close the calendar without changing the date.
- **OK**–Go to the date selected.

To display a particular date:

1 Click **Find** to open the calendar.

2 Use the buttons to go to the date you want.

3 Click the specific date you want.

4 Click **OK**.

Scheduler Toolbar

The scheduler toolbar is at the top of the **Daily Appointments** window.

The scheduler toolbar has these buttons and a drop-down list:

- **Help**–Click to open the online help.
- **Close**–Click to close the scheduler.
- **Drop List**–Click to select a different view of the scheduler.

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- **Find**–Click to display the calendar.
- **+**–Click to advance the date by one day.
- **–**–Click to move to the previous day.
- **Today**–Click to return to today.
- **Refresh**–Click to refresh the window.
- **Make Appt**–Click to make an appointment on the selected day and time.
- **Edit**–Click to edit an appointment.
- **Cancel Appointment**–Click to cancel an appointment.
- **Check Out**–Click to check out a patient.
- **Resched**–Click to schedule the last cancelled appointment.

Scheduler Icon Bar

To the right of the daybook is a series of icons arranged vertically. A tool tip is displayed if you roll the mouse pointer over the icon. The icons have the following names and functions:



Show Tickler List–Drag an appointment that needs to be rescheduled to this icon. The tickler list can hold a number of appointments to be rescheduled.



Show Short Call Tickler List–Add patients who would like to be on a call list for whenever an appointment time becomes available.



Show Patient's Chart–Display a patient's chart. Click an appointment and then click this icon. If no chart exists, a blank initial chart is displayed.



Show Patient's Portrait–Displays a patient's portrait. Click an appointment and then click this icon.



Select Scheduler Book–Displays the **Scheduler Books** window. Double-click the book that you want to display in the **Scheduler** window.



Show Amount Scheduled–Displays the total dollar amount scheduled for all rooms for a day.



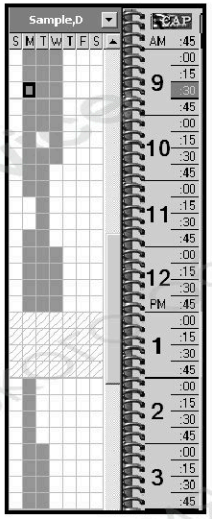
View Patient's Info–Displays information about a patient. This icon is only active if you accessed the daybook from the **Patient List** window or the **Patient** window.



Privacy On/Off–Toggle between turning HIPAA privacy settings on and off.

Provider Detail Bar

The Provider Detail bar summarizes a week for one doctor. To display or hide the Provider Detail bar, click **View > Provider Detail Bar**.



Note

Use the Provider Detail bar to search for open time for a doctor or hygienist.

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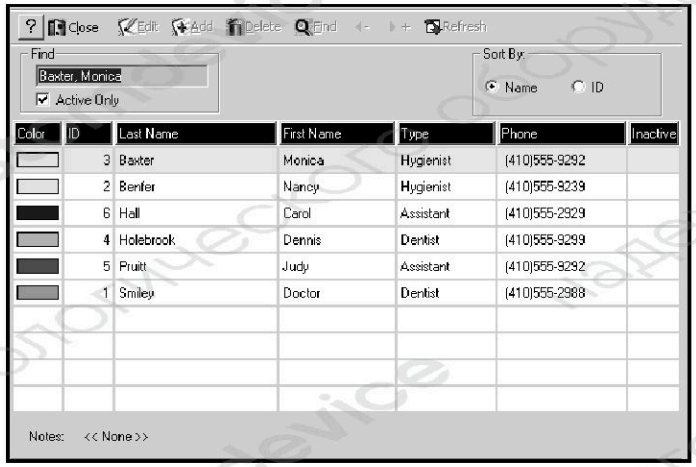
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Note

You can right-click on a time slot to customize the date format in the **Book Quick Glance** window.

To display a different doctor on the Provider Detail bar:

1 Click the **Select Provider** arrow next to the doctor's name. The **Provider List** window is displayed.



2 Double-click the name of the provider whose schedule you want to display. The Provider Detail bar is displayed again with the name and schedule of the provider.

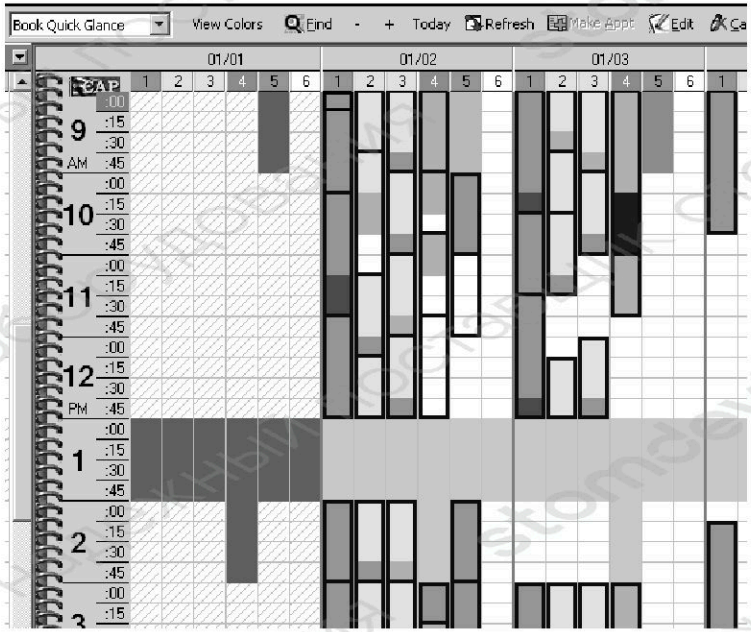
Different View of the Scheduler

The default daybook is the normal view of the scheduler, but you can also display the scheduler in three different views:

- **Book Quick Glance**
- **Month at a Glance**
- **History Appointments**

Book Quick Glance

The **Book Quick Glance** window provides one week of appointment information, summarizing room use and provider assignments. Click the drop-down list on the scheduler toolbar to select the **Book Quick Glance** view.

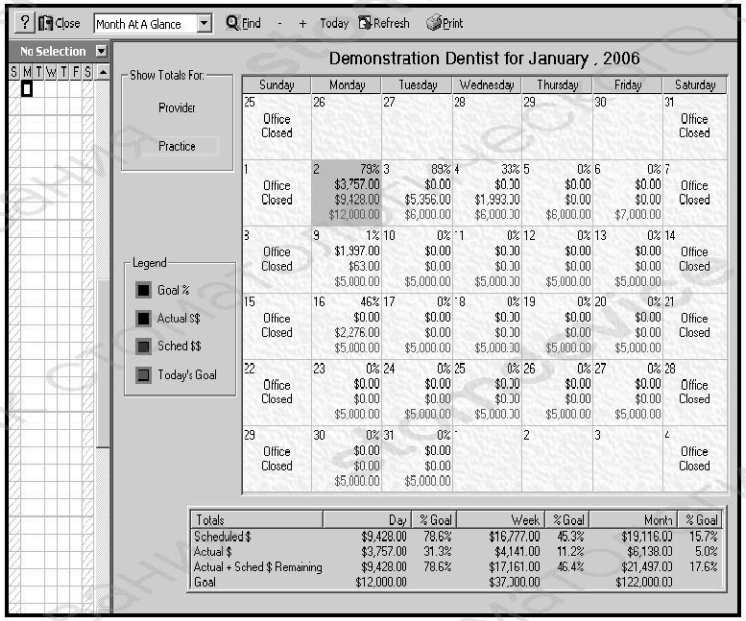


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Month at a Glance

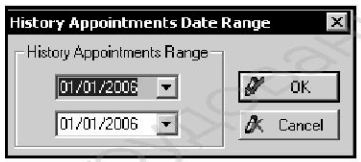
The month at a glance view summarizes goals and production totals for the practice or for a specific provider. Click the drop-down list on the scheduler toolbar, and you can select the **Month at a Glance** view. Only a user with the appropriate security clearance can display this view.



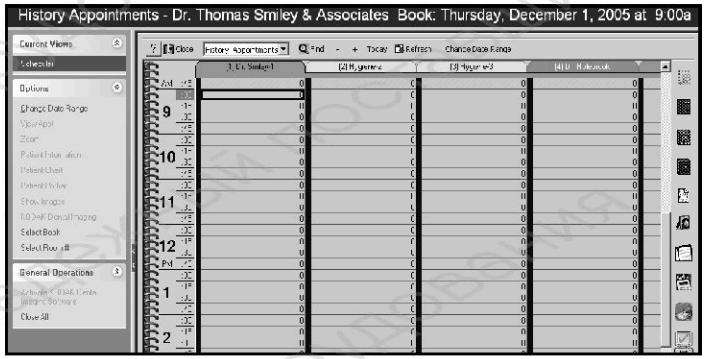
History Appointments

To open the history appointments view:

1 Click the drop-down list on the scheduler toolbar, and select **History Appointments**. The **History Appointments Date Range** window is displayed.



2 Enter a start date and end date. The start date must be in the past. Click **OK**. The **History Appointments** window is displayed.



The **History Appointments** window looks like the daybook, with one date displaying in a window. You can navigate through the date range you selected in the same way you navigate through the daybook.

Blocking the Scheduler

You can block slots to prevent appointments being made during holidays or dates that a provider is on vacation.

Holidays

To apply a new holiday to scheduler windows:

1 Select **Scheduler > Holidays**. The **Setup Holidays** window is displayed.

2 Click **Add**. A new identification number is displayed at the bottom of the list.

3 Type a holiday description in the **Description** field and press Tab.

4 Type the holiday start and end dates in the **From Date** and **To Date** fields and press Tab. The **Annual** option is enabled.

Note

Run the **Missed Appointments** report to see history appointments. If you cannot see the history appointments, select **System > Change System Settings > Scheduler** and make sure that **Save appointment(s) to history when transaction is posted** is selected.

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Note

You must type a date within 21 months of the current date in the **From Date** and **To Date** fields. If you leave either of the fields blank or type a date that does not fall within the 21-month date range, a warning message is displayed.

If you are entering a one-day holiday, type the same date in both the **From Date** and **To Date** fields.

5 Select an option:

- To enter a holiday that occurs on the same date every year, select **Annual**.
- To enter a holiday that does not occur on the same date every year, do not select **Annual**.
- If the holiday falls on a weekend and your practice will be closed the Friday before or the Monday after the holiday, enter the observed day separately.

6 Click **OK**. A warning is displayed when you attempt to schedule an appointment on a day defined as a holiday; you can override the system settings to schedule the appointment.

7 Click **Close**.

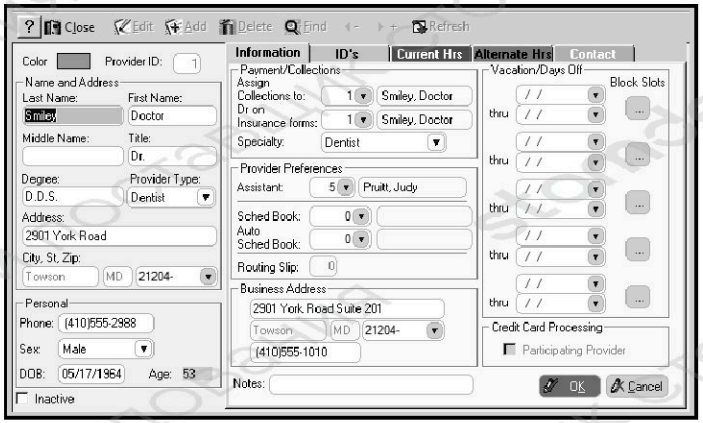
Provider Vacations

All appointment slots for a provider are blocked during business hours for the duration of the vacation. The phrase **Provider on Vacation** is displayed in the scheduler.

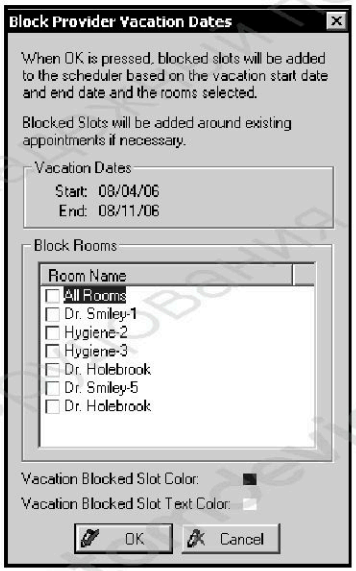
To block appointment slots during a provider's vacation:

1 Select **List > Provider**. The **Provider List** window is displayed.

2 Select the provider and click **Edit**. The **Provider** window is displayed.



3 Select the start and end dates in the **Vacation/Days Off** section, and click the appropriate **Block Slots** button. The **Block Provider Vacation Dates** window is displayed.



4 Select the rooms to block.

5 Click **OK**.

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Scheduling Appointments

You can schedule patients from different places in the software:

- **Daily Appointments** window
- **Phone Center** window
- **Patient List** window
- **Overview** tab in the patient chart

Different scheduling procedures are required for the following categories of patients:

- Current patients
- New patients
- Family members at the same time
- Emergency appointments

Scheduling Current Patients

To make an appointment:

- Select a date and time for the appointment.
- Select the patient.
- Access the patient's **Appointment Card**.

The details of the appointment–which procedures are to be performed–are entered on the **Appointment Card**.

Making Appointments from Daily Appointments

To make an appointment for a patient who walks in:

1 Open the **Daily Appointments** window.

2 Navigate to the next available slot in the calendar.

3 Select an available slot, and ask if this meets the patient's needs. If not, select another slot, and repeat the process until the patient agrees on a date and time.

4 Double-click on the available time slot. The **Patient List** is displayed.

5 Double-click the appropriate patient. The **Appointment Card** window is displayed.

The procedures to be performed during the appointment are entered on the appointment card.

Making Appointments from the Phone Center

To make an appointment using the Phone Center:

1 Click the **View PhoneCenter** button. The **Phone Center** window is displayed.

2 Select the patient who called.

3 Click **Scheduling** at the bottom of the window. The patient's **Appointment** window is displayed.

4 Click **Appt Book**. The daybook is displayed, and the **Assistant** window is displayed on the daybook, indicating the patient's preferences for appointment days and times.

5 Click **Close**.

6 Click **Find** on the toolbar. The calendar is displayed.

7 Navigate to the next available time slot, and click **OK**. The **Daily Appointments** window is displayed for that date.

8 Double-click on the time slot you want. A message asks **Do you want to make an appointment for [patient's name]?** Click **Yes**. The patient's **Appointment Card** window is displayed.

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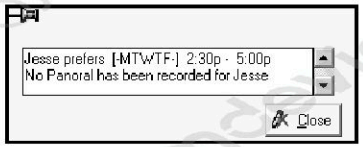
Note

At the bottom of the window is a list of all other patients who are on the same account as the selected patient.

Making an Appointment from the Patient List

To make an appointment from the patient list:

1. From the main menu, select **List > Patient**. The **Patient List** window is displayed.
2. Select the patient who called for the appointment.
3. Click **Appointments** in the **Options** section of the Express bar. The **Patient Appointments** window is displayed.
4. Click **Appt. Book**. The daybook is displayed, and the **Assistant** window is displayed on the daybook, indicating the patient's preferences for appointment days and times.



5. Click **Close**.
6. Find an appropriate slot for the appointment, and double-click it. A message asks **Do you want to make an appointment for [patient's name]?** Click **Yes**. The patient's **Appointment Card** window is displayed.
7. In the **Appt s** field, type any s.
8. Click **OK**.

Note

If a tooth number or surface is required for a procedure, the software prompts you to enter the necessary data.

Making a Family Appointment

To make recall appointments for family members, use the Family Appointments feature.

To make a family appointment:

1. Click the **View PhoneCenter** button. The **Phone Center** window is displayed.
2. Select the patient who called.
3. Click **Scheduling** at the bottom of the window. The **Patient Appointments** window is displayed.
4. Click **Schedule Family** in the **Options** section of the Express bar. The **Family Recall** window is displayed.
5. All family members on the account and their recall due dates are displayed. If there is anyone whom you do not want to schedule, deselect the name in the **Schedule** column. To schedule recall appointments for the family members, click **Schedule Family**. The **Daily Appointments** window is displayed with a floating appointment for each family member.
6. Navigate to the date you want for the appointments. Then click and drag each appointment to a time slot. When you release the mouse button, an appointment is scheduled.

Filling Out the Appointment Card

To use the appointment card to make an appointment:

1. Enter the first procedure code for the appointment, and press Tab. The code description and fee are populated automatically.
2. If necessary, enter the tooth number (**T#**) and surface/quadrant (**Su/Qd**). If you do not know the codes, click on the drop-down list associated with each field.

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3 If more than one procedure is necessary, repeat steps 1 and 2 until all of the procedures have been added. If more than six procedures are necessary, click the **Production Code (7-12)** tab to add them.

4 If the software does not populate the **Slots** field automatically, enter the number of time slots.

5 If the software does not populate the **Assignment** field automatically, enter the assignment for the providers needed.

6 If necessary, enter the ID number of the provider for this appointment. The patient's default doctor and assistant are set in the patient's record.

7 If the patient is willing to reschedule the appointment earlier if a cancellation occurs, select the **Short Call** option.

8 Enter any notes for the appointment in the **Appt Notes** field. If a note is added, a small red marker is displayed in the upper-right corner of the appointment in the daybook.

9 Click **OK**. The appointment is displayed in the daybook and Book at a Glance and on the **Appts/Recall** tab in the patient's record.

Editing an Appointment

To edit an appointment:

1 Select the appointment to be edited.

2 Click **Edit** on the toolbar at the top of the daybook. The **Appointment Card** window is displayed.

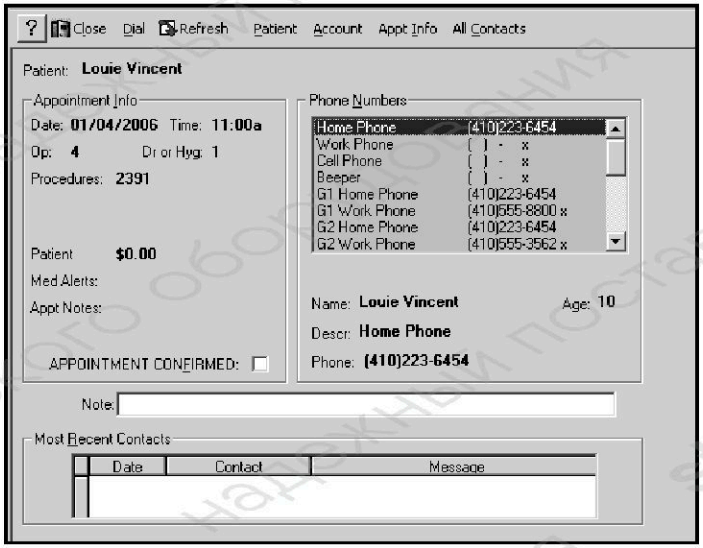
3 Make the changes and click **OK**.

Confirming Appointments

To confirm an appointment manually from the **Scheduler** window:

1 Select the appointment to confirm.

2 Right-click on the appointment. The **Confirm Appointment for** window is displayed.



3 Contact the patient and confirm the appointment.

4 After the appointment is confirmed, select the **Appointment Confirmed** option and click **Close**.

Note

The maximum number of time units available for the appointment is displayed to the right of the **Slots** field.

Note

You cannot edit the **Date** or **Time** fields, but you can change procedures, providers, the length of the appointment, and other details.

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Handling Canceled and Overlapped Appointments

When you cancel an appointment or attempt to schedule an appointment that overlaps another, the appointment is removed from the time slot and displayed in an orange appointment box on the left side of the **Daily Appointments** and **By Book** windows. The appointment is displayed until you reschedule, autoschedule, delete, or add it to the Short Call Tickler or Tickler file.

When you close the **Daily Appointments** window and canceled or overlapped appointments are unresolved, a window containing the option to add appointments to the Tickler file or reschedule them later is displayed. If you do not resolve the problem, the unresolved appointments are displayed whenever you open the window.

You can have no more than ten canceled or overlapped appointments in the window.

Resolving Canceled Appointments

To resolve a canceled appointment:

1 In the **Daily Appointments** window, select the appointment.

2 Click **Cancel Appointment** in the **Options** section of the Express bar. The appointment is canceled and displayed floating on the left side of the window. The default background color is orange, and **Reschedule Cancelled Appointment** is displayed at the bottom of the appointment.

3 To review the details of the appointment, right-click the appointment and select **View Appt**. When you have finished reviewing, click **Close**.

4 To resolve the appointment, select an option:

- To reschedule the appointment, click and drag the appointment to the new appointment time.
- To add the appointment to the Tickler file, right-click the appointment and select **Place in Tickler**.
- To add the appointment to the Short Call Tickler file, right-click the appointment and select **Place in Short Call Tickler**.
- To auto-schedule the appointment, right-click the appointment and click **AutoSchedule Appt**. Select the start and end dates and click **OK**.
- To delete the appointment, right-click the appointment and click **Delete**.

Resolving Overlapped Appointments

You create an overlapped appointment:

- When there is a provider scheduling conflict.
- When the color scheduling requirements are not met.
- When there are not enough available scheduler timeslots.

To resolve an overlapped appointment:

1 In the **Daily Appointments** window, select the overlapped appointment.

2 To review the details of the appointment, right-click the appointment and select **View Appt**. When you have finished reviewing, click **Close**.

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3 To resolve the overlapped appointment, select an option:

- To reschedule the appointment, click and drag the appointment to the new appointment time.
- To add the appointment to the Tickler file, right-click the appointment and select **Place in Tickler**.
- To add the appointment to the Short Call Tickler file, right-click the appointment and select **Place in Short Call Tickler**.
- To auto-schedule the appointment, right-click the appointment and click **AutoSchedule Appt**. Select the start and end dates and click **OK**.
- To delete the appointment, right-click the appointment and click **Delete**.

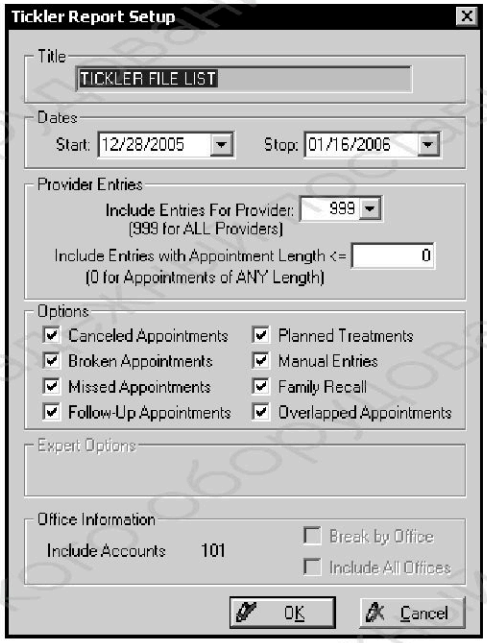
Adding Overlapped Appointments to the Tickler File Report

To include overlapped appointment information in the Tickler File report:

1 Select **Reports > Recall/Appt > Tickler File**. The **Output Options** window is displayed.

2 Select an option and click **OK**.

The **Tickler Report Setup** window is displayed.



3 Select **Overlapped Appointments** and click **OK**.

Handling Missed Appointments

If a patient misses an appointment, the appointment information remains in the scheduler unless you take appropriate action. You can set the scheduler to send these appointments to the Tickler file or to delete them. Use the **Scheduler Settings** window or the Scheduler Wizard to set the missed-appointment properties.

Important

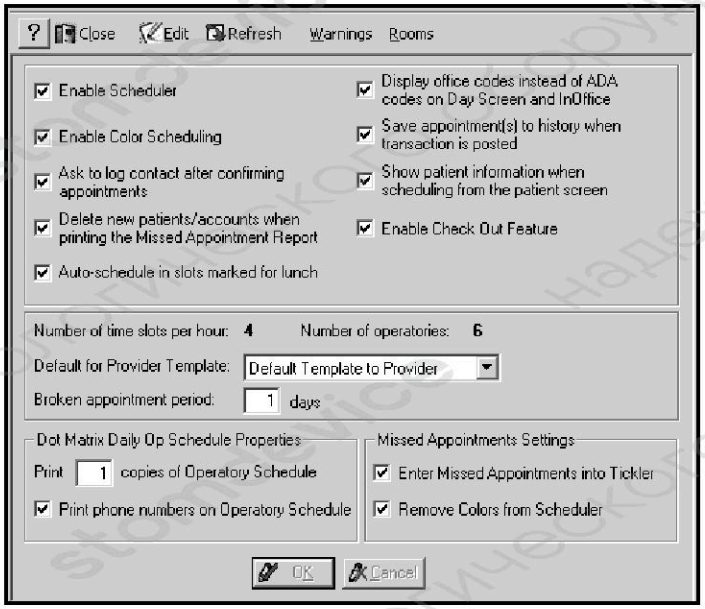
You should resolve all canceled or overlapped appointments before exiting the software.

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To specify how missed appointments are processed:

1 Select **System > Change System Settings > Scheduler**. The **Scheduler Settings** window is displayed.



2 To send all missed appointments to the Tickler file, select **Enter Missed Appointments into Tickler**. If **Enter Missed Appointments into Tickler** is not selected, missed appointment information is deleted.

3 To remove scheduler colors and blocked slots, select **Remove Colors from Scheduler**. If **Remove Colors from Scheduler** is not selected, this information is kept in the scheduler.

4 Click **OK**.

Generating the Missed Appointments Report

The **Missed Appointments** report lists patients who missed an appointment that was scheduled within a specified date range. When you generate the report, you can send missed appointments to the Tickler file and remove scheduler colors and blocked slots. After you generate the report, appointments that were checked out are displayed in the **History Appointments** window.

To generate the Missed Appointments report:

1 Select **Reports > Missed Appointments**. The **Output Options** window is displayed.



2 Select an option and click **OK**. The **Missed Appointment Report Setup** window is displayed.



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3 To add missed appointments to the Tickler file, select **Enter Missed Appointments into Tickler**. If this is not selected, missed appointment information is deleted.

4 To remove scheduler colors, select **Remove Colors from Scheduler**.

5 Click **OK**.

Scheduling New Patients

Typically, a new patient calls and requests an appointment. The new patient might or might not have a date in mind. For a new patient, you want to do several things:

- Collect enough information to create the appointment. You need the following data during the initial contact with the new patient:
  - Last name
  - First name
  - Date of birth
  - Provider number
  - Home and work telephone numbers
- Determine a date and time for which you have a slot available and which is convenient for the patient.

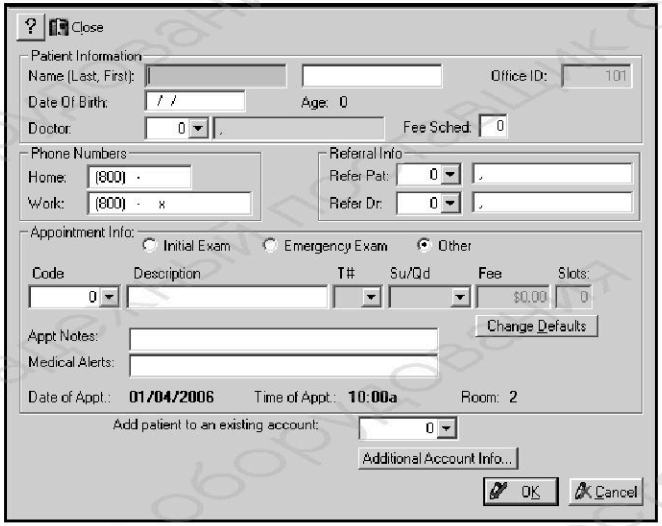
The New Patient and New Patient Account records are not permanent until the patient attends the initial appointment.

To add a new patient who will not be on an existing account:

1 In the **Daily Appointments** window, find an appropriate date and time.

2 Select **New Patient Appt** in the **Options** section of the Express bar.

The **New Patient Appt** window is displayed.



3 Enter the following data:

- Last name
- First name
- Date of birth
- Provider number
- Home phone number
- Work phone number

4 If you do not need to enter any additional data at this time, click **OK**. The **Daily Appointments** window is displayed with the appointment, which contains the **New** symbol.

After you make the appointment, the account information can be viewed and edited from the **Patient List** and the **Account List** windows. Until the patient has been activated, many options on the Express bar are unavailable. In the **Patient List**, the patient's name is in pink.

When the new patient arrives for the appointment, activate the patient/account.

Note

You can attach new patients to an existing account, even if that account has not been activated yet.

Important

To make appointments for several people in the family, make sure that each individual is attached to the same account.

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Activating New Patients and Accounts

You have several ways to activate a patient or an account. When you activate a new patient, the associated account is automatically activated, and one of two things occurs:

- If you did not attach the patient to an existing account, the **New Account** window is displayed. Once the account information has been completed and that window is closed, the **New Patient** window is displayed.
- If you attached the patient to an existing account, the **New Patient** window is displayed.

To activate a new account:

1. In the **Daily Appointments** window, select the appointment for the new patient.
2. Select **Activate New Patient** on the **Options** section of the Express bar. The **New Account** window is displayed.
3. Type the information that has not yet been entered in the appropriate fields.
4. Click **OK**. A message asks if you want to activate the new account.
5. Click **Yes**.

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Skill Sharpeners

Exercise 1—Edit an Appointment

A patient calls and wants to reschedule an appointment for the same date and time, but one week later. You check the scheduler, and that slot is available.

To edit an appointment:

1 Select the appointment to be edited.

2 Click **Edit** on the toolbar at the top of the daybook. The **Appointment Card** window is displayed.

3 Make the changes and click **OK**.

Exercise 2—Confirm an Appointment Manually

A patient calls to confirm an appointment. How do you do that?

To confirm an appointment:

1 From the **Scheduler** window, select the appointment to confirm.

2 Right-click on the appointment.

3 Select the **Appointment Confirmed** option.

4 Click **Close**.

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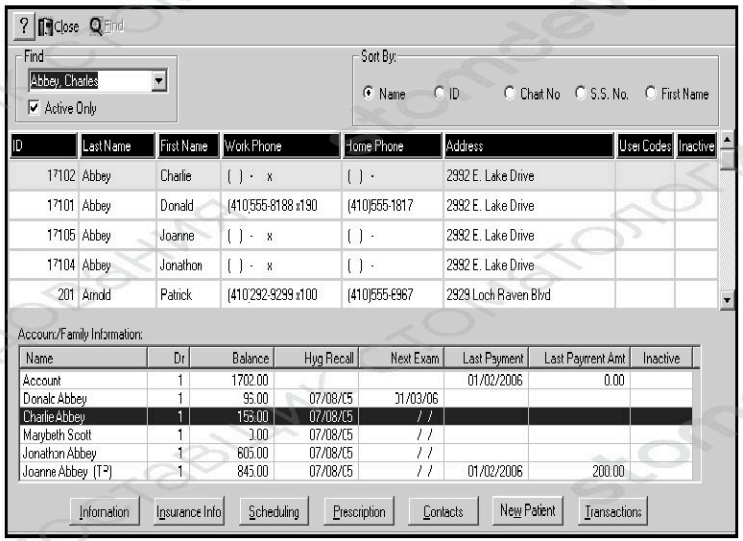
Lesson 3

Using the Phone Center

The Phone Center enables you to respond to telephone inquiries from a patient on the phone. You can make, confirm, change, and cancel appointments from the **Phone Center** window.

Accessing the Phone Center Window

To access the **Phone Center** window, click the **View PhoneCenter** button on the Power bar. The **Phone Center** window is displayed.



Near the top of the **Phone Center** window is the **Find** field. Type the first few letters of the patient's last name in the field, and a list automatically displays names that begin with those letters.

In the top half of the window is a list of patients. By default, the first patient in the list is highlighted.

All of the patients on the same account as the selected patient are listed in the bottom half of the window. This is useful when some members of a family have different last names.

Buttons at the bottom of the window provide access to the following information:

- Information
- Insurance
- Scheduling
- Prescription
- Contacts
- New patient
- Transactions

Tip

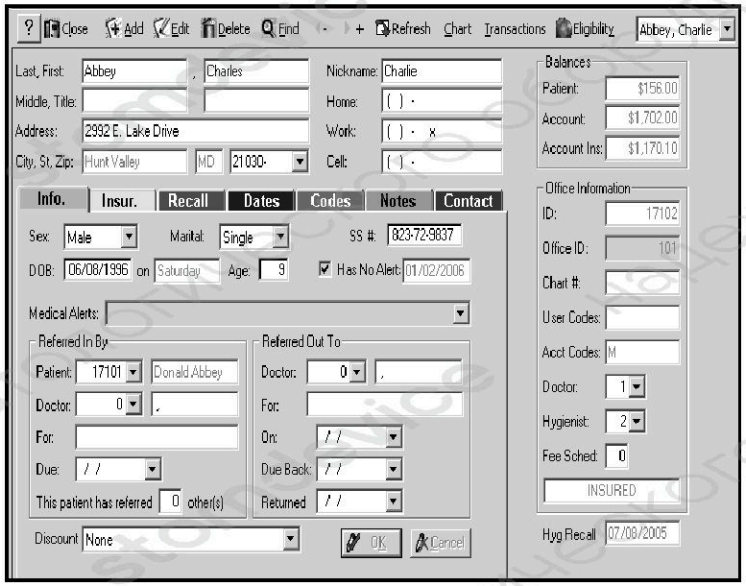
You can modify the sort order of the list.

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Information Button

Click the **Information** button at the bottom of the **Phone Center** window. The **Patient** window is displayed.



The **Info** tab displays the following data about the patient: name, address, phone number, gender, marital status, Social Security number, date of birth, account balance, doctor, and hygienist.

These tabs also appear in the **Phone Center** window:

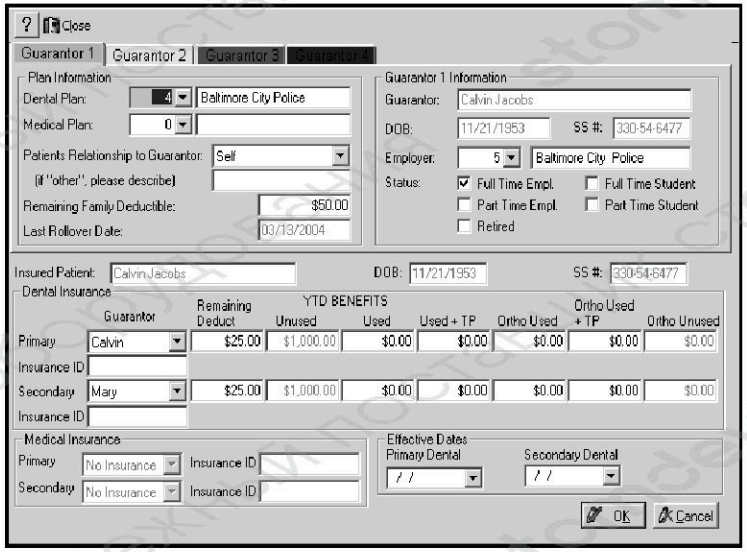
- **Insur.**–Displays primary and secondary dental and medical insurance and guarantors of payment.
- **Recall**–Displays the patient's availability and recall cycle.
- **Dates**–Displays the date of the patient's first visit, last visit, last exam, and so forth.
- **Codes**–Displays the diagnosis and category codes.
- **Notes**–Displays notes that you made concerning the patient.
- **Contact**–Displays telephone numbers, the e-mail address, and the person to contact in an emergency.

Note

To close multiple windows, click **Close All** in the **General Operations** section of the Express bar.

Insurance Info Button

Click the **Insurance Info** button at the bottom of the **Phone Center [patient's name]** window. The **Patient Guarantor** window is displayed:



The **Patient Guarantor** window includes

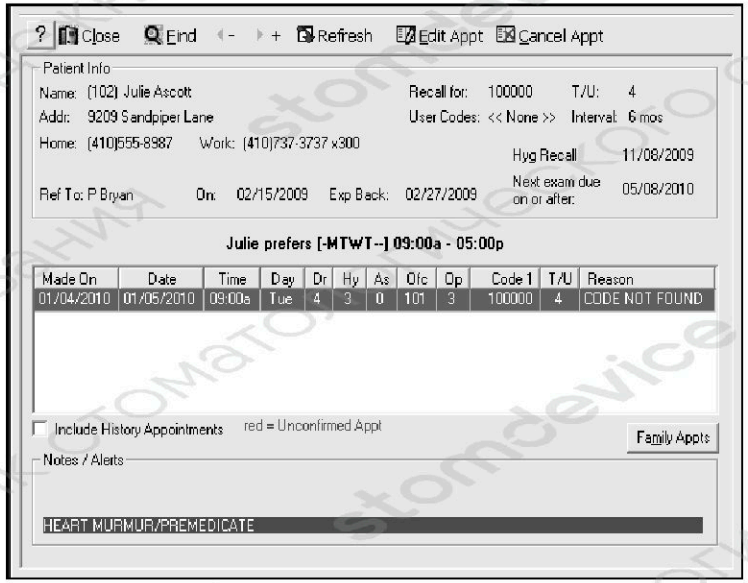
- Dental plan name
- Medical plan name
- Guarantor
- Effective dates
- Relationship to guarantor
- Remaining benefits
- Primary and secondary dental insurance
- Primary and secondary medical insurance

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Scheduling Button

Click the **Scheduling** button at the bottom of the **Phone Center** window. The **Patient Appointments** window for the patient is displayed.



This window contains patient preferences for days of the week and times for appointments, appointments made, procedures scheduled for each appointment, appointments in the past, medications required, and so on.

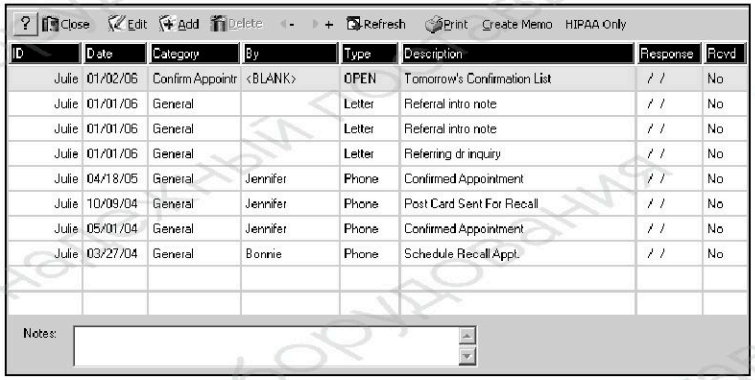
Click the **Family Appts** button in the **Patient Appointments** window to view, cancel, reschedule, or confirm appointments for any family members associated with a patient.

Prescription Button

Click the **Prescription** button at the bottom of the **Phone Center** window. The **Prescriptions For [patient] List** window is displayed. You can add, edit, refill, or delete prescriptions if you have the appropriate security level.

Contacts Button

Click the **Contacts** button at the bottom of the **Phone Center** window. The **Contacts** window is displayed.



The **Contacts** window displays a list of contacts made by your office with a patient.

New Patient Button

Because so many functions can be performed from the **Phone Center** window, if someone calls, you might click the **View PhoneCenter** button without first determining the nature of the call. If the caller is a new patient, that person will not be on the patient list displayed in the **Phone Center** window.

In the **Phone Center** window, click the **New Patient** button, and the **Scheduler** module opens. Click the **New Appointment** icon and the **New Patient** button.

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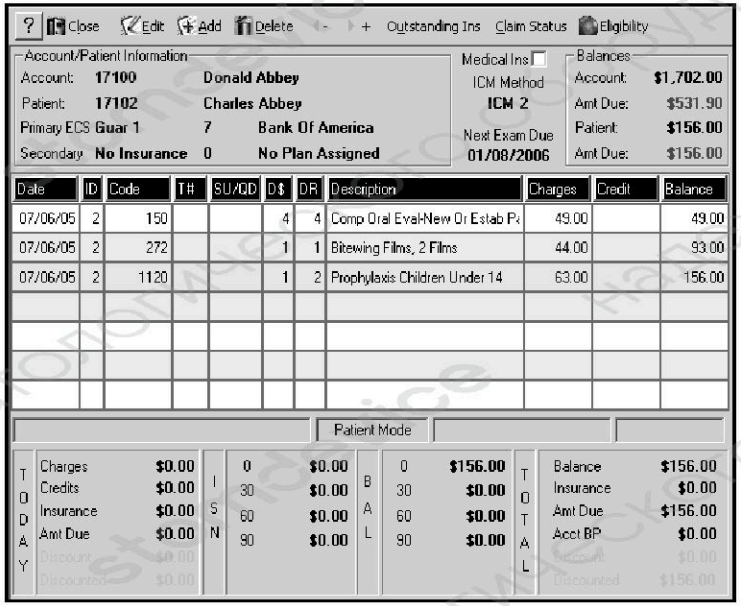
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Note

In the **Phone Center** window, if you highlight an account and click **Transactions**, all the transactions for the account are displayed.

Transactions Button

Click the **Transactions** button in the **Phone Center** window. The patient's **Transactions** window is displayed.



You can view the patient's transaction history, when procedures were performed, how much each procedure costs, what the balance is, and so on.

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Skill Sharpeners

Exercise 1—Answer General Questions

A patient calls and wants to know the balance on her account. She also wants to know if her last payment was received.

To help the patient:

1 Select **View PhoneCenter** on the Power bar. The **Phone Center** window is displayed.

2 Type the first three letters of her name in the **Find** field. The **Phone Center** window is displayed with the record of the patient selected.

Account information is displayed in the **Account/Family Information** section of the window.

Exercise 2—Check Insurance Benefits

A patient calls and wants to know what insurance benefit, if any, remains for her daughter this year.

To find out information about insurance for a patient:

1 Select **View PhoneCenter** on the Power bar. The **Phone Center** window is displayed.

2 Type her name in the **Find** field. The **Phone Center** window is displayed with the record of the patient.

3 Select the patient, and click **Insurance Info**. The **Patient Guarantor** window for her is displayed.

Her deductible and unused benefits for her primary dental insurance are displayed.

4 Click **OK**. The **Phone Center** window is displayed.

5 Click **Close**.

Exercise 3—Work with Prescriptions

A patient calls and tells you she is in a great deal of pain. She needs a prescription. The doctor calls in a prescription for Vicodin. You need to record this.

To add this prescription for the patient:

1 Select **View PhoneCenter** on the Power bar. The **Phone Center** window is displayed.

2 Find and select the patient in the **Phone Center Patient List** window.

3 Click **Prescription** at the bottom of the window. A blank **Prescriptions for** window is displayed.

4 Click **Prescribe Drug** on the toolbar at the top of the window. The **Add a Prescription** window is displayed.

5 Click the **Drug ID** drop-down list. The **Drug List** window is displayed.

6 Type **VIC** in the **Find** field, and press Enter. Vicodine is highlighted.

7 Double-click **Vicodine**. The **Add a Prescription** window is displayed again, but now the fields are populated.

8 Click **OK**. The **Prescriptions for** window is displayed.

9 Fill in any fields, if necessary, and click **OK**. The **Prescription Options** window is displayed.

10 Select **Call Preferred Pharmacy** and click **OK**. The **Pharmacy Phone Numbers** window is displayed, which contains the phone number of the patient's pharmacy.

11 Click **Close**. The **Pharmacy Phone Numbers** window is displayed, and a message asks if you want to log a contact for the call.

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12 Click **Yes**. The **Contacts for** window is displayed.

13 In the **Re** field, type **Called in prescription**. Type your initials in the **By whom** field.

14 Click **OK**. The **Prescriptions for [patient's name]** window is displayed.

15 Click **Close**.

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Lesson 4

Adding Accounts and Patients

Every patient must be assigned to an account. Therefore, an account must exist before a patient can be added to the system. A new patient can be associated with a new account or with an existing account.

This lesson includes:

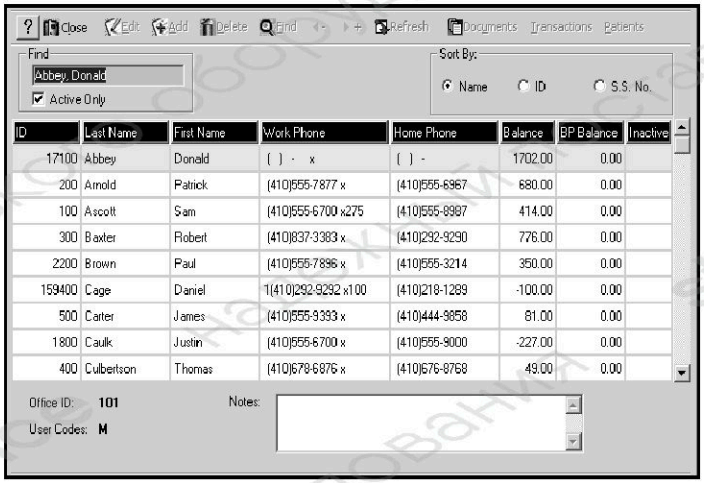
- Adding New Accounts
- Adding Patients to Accounts
- Adding Employers
- Adding Insurance Companies
- Handling Insurance Plans

Although transactions are posted to individual patients, the charges are billed to an account. The account balance is the sum of individual transactions for the account.

Adding New Accounts

To add a new account:

1 Select **List > Account**. The **Account List** window is displayed.



2 Click anywhere in the window to activate the toolbar.

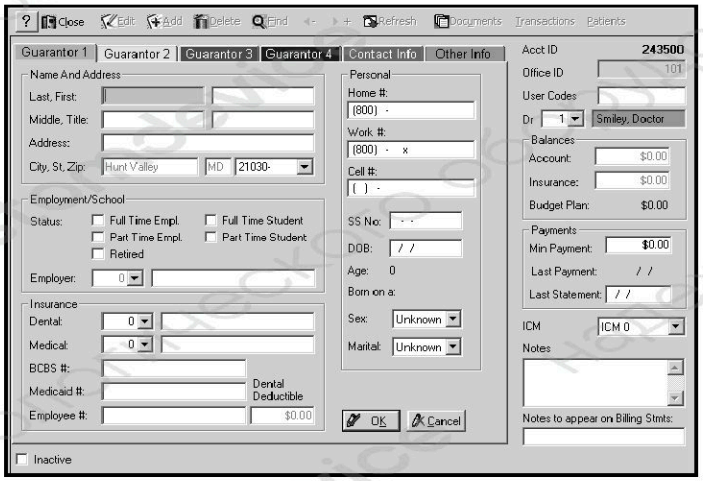
Note

You can now access and update a patient or account record from multiple computers at the same time.

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3 Click **Add** on the toolbar. The **Account** window is displayed with the **Guarantor 1** tab active.



4 Enter data in the fields on the **Guarantor 1** tab. When you set up the account, Guarantor 1 is responsible for the bill.

5 To add information for a second, third, or fourth guarantor, select that tab. The fields on the tabs are identical to the **Guarantor 1** tab.

6 When you have entered all account information, click **OK**. A blank **Patient List** window is displayed, in which you can add patients to the new account.

See Appendix A–Account and Patient User Codes for a list of account user and patient user codes.

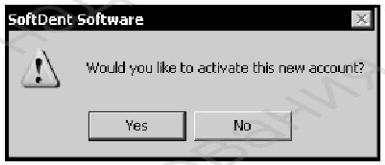
Adding Patients to Accounts

Every patient must be assigned to an account, and an account must exist before a patient can be added to the system. An account can have as many as ninety-nine patients.

A patient can be added to a new account or to an existing account. A child might have a first dental appointment with your practice. If the child's parents are already patients, the child is added to their account. One of the parents will be Guarantor 1; the other parent could be Guarantor 2.

To add a patient to a new account, make an appointment for the patient. The software automatically creates an account. The account is not activated until the patient arrives for the initial appointment.

After the initial appointment is made, but before it occurs, view the account by selecting **Lists > Account** and double-clicking the name of the patient. The **New Account** window is displayed. When you click **Close**, the **Activate Account** prompt is displayed.



Activate the account when the patient arrives for the initial appointment.

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Adding Patients to New Accounts

To add a patient to a new account:

1 In the **Patient** window, click the **Info** tab to enter personal information, medical alerts, and referral information.

2 Click the **Insur.** tab to enter information about the patient's dental and medical insurance.

3 Click the **Recall** tab to enter patient recall information and patient preferences concerning appointments.

4 Click the **Dates** tab to enter important date information.

5 Click the **Codes** tab to enter default diagnosis codes and category codes for the patient.

6 Click the **Notes** tab to enter notes for the patient.

7 Click the **Contact** tab to enter information about contacting the patient–cell phone, fax, beeper, and e-mail addresses.

8 Click **OK** and click **Close**. The new patient is displayed in the **Patient List** window.

Adding Patients to Existing Accounts

To add patients to an existing account:

1 Select **List > Account**. The **Account List** window is displayed.

2 Select the account to which you want to add a patient.

3 Select **Patients** on the **Options** section of the Express bar. The **Patient** window for that account is displayed. All the patients that have been added to the account are listed.

4 Click **Add** on the toolbar. A blank **Patient** window is displayed.

5 The data displayed is the same as Guarantor 1. If the patient is different than the guarantor, change the data appropriately.

6 Click the **Info** tab to enter personal information, medical alerts, and referral information.

7 Click the **Insur.** tab to enter information about the patient's dental and medical insurance.

8 Click the **Recall** tab to enter patient recall information and patient preferences concerning appointments.

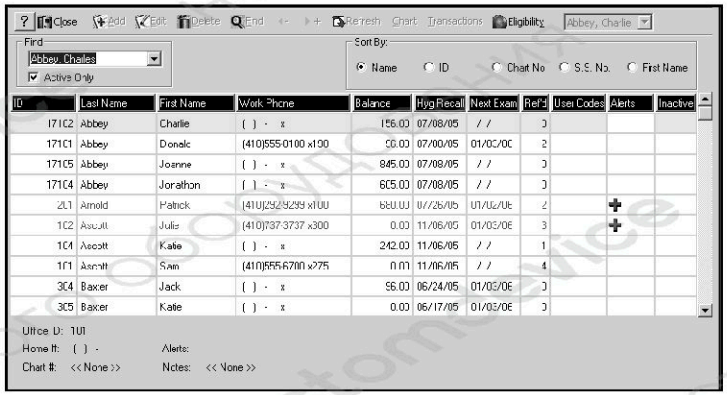
9 Click the **Dates** tab to enter important date information.

10 Click the **Codes** tab to enter default diagnosis codes and category codes for the patient.

11 Click the **Notes** tab to enter notes for the patient.

12 Click the **Contact** tab to enter information about contacting the patient–cell phone, fax, beeper, and e-mail addresses.

13 Click **OK** and click **Close**. The new patient is displayed in the **Patient List** window.



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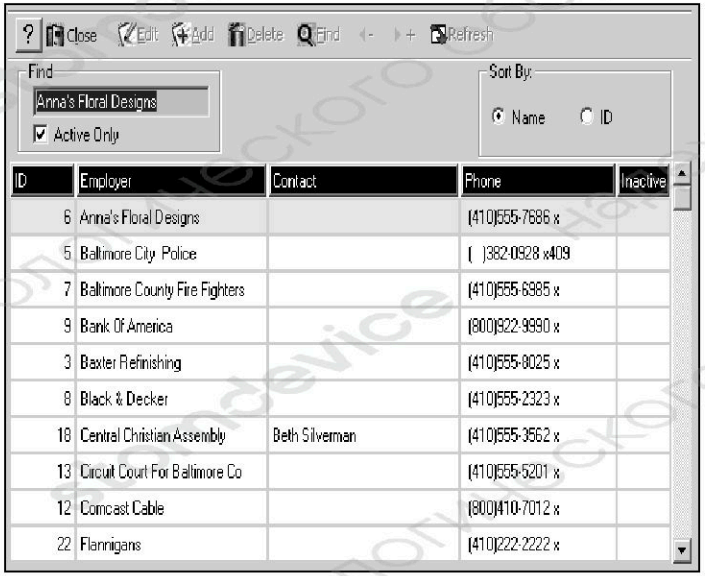
Note

Before you can associate an insurance plan with an employer, the employer information must be entered.

Adding Employers

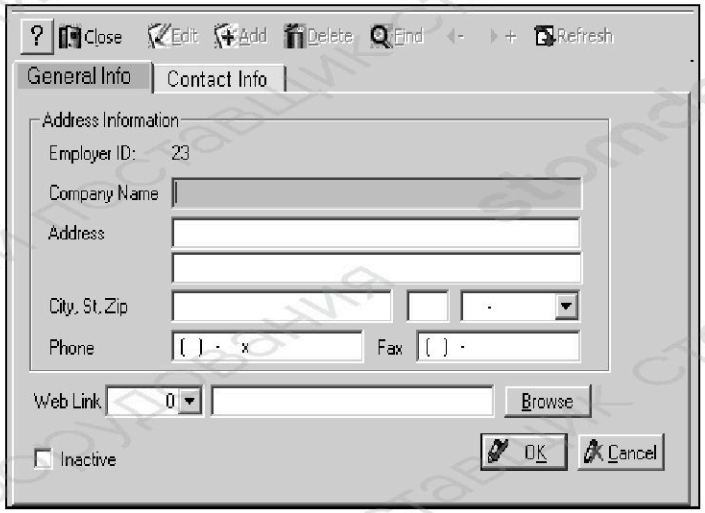
To add an employer:

1 Select **List > Employer**. The **Employer List** window is displayed.



2 Click anywhere in the window to activate the toolbar.

3 Click **Add** on the toolbar. The **Employer** window is displayed.



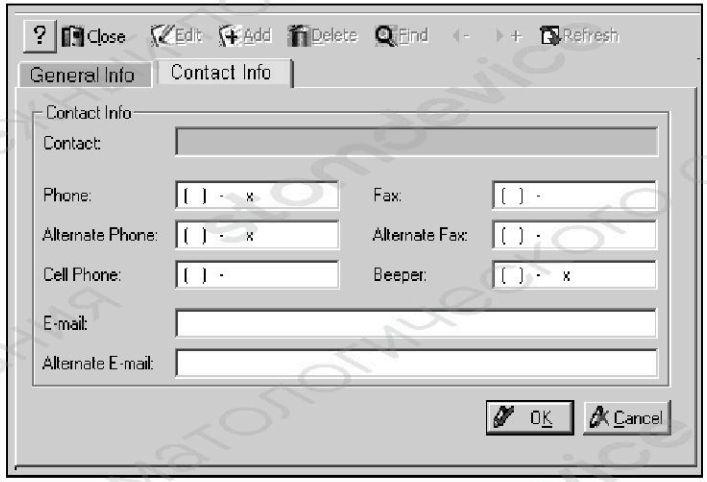
4 Enter the following information:

- Company name
- Address
- Phone number

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5 To add contact information, click the **Contact Info** tab. The **Contact Info** window is displayed.



6 Enter the following information:

- Contact name
- Contact phone numbers
- Contact e-mail address

7 Click **OK**. The information is saved.

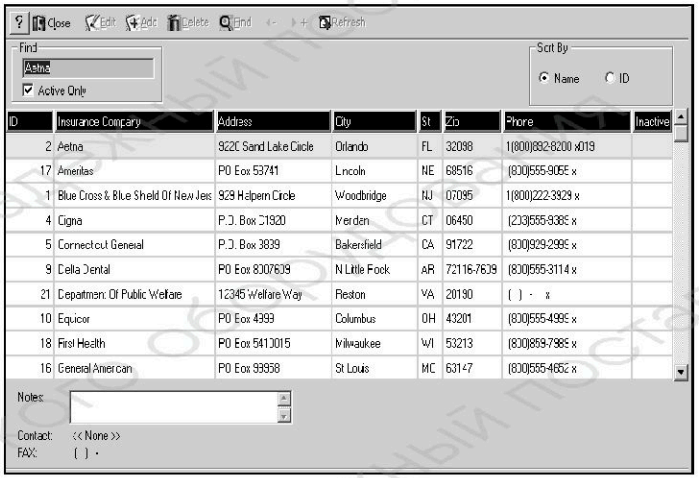
8 Click **Close**. The **Employer List** window is displayed.

9 Click **Close**.

Adding Insurance Companies

To add an insurance company:

1 Select **List > Ins. Co.** The **Insurance Company List** window is displayed.

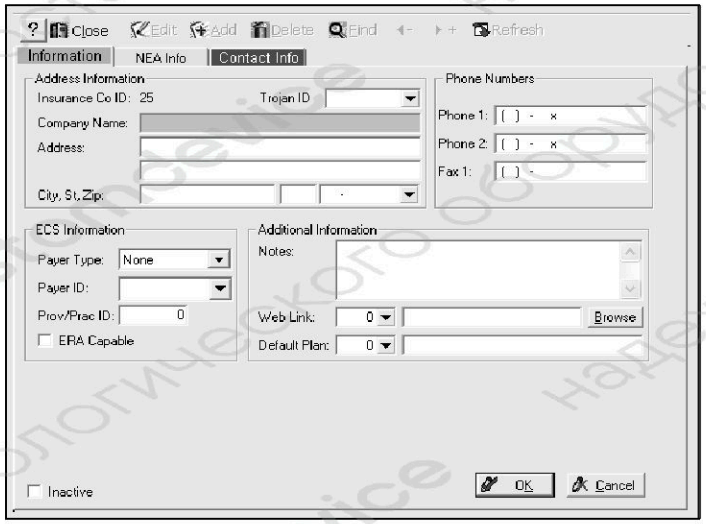


2 Click anywhere in the window to activate the toolbar.

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3 Click **Add**. The **Insurance Co** window is displayed.



4 Enter the appropriate data, and click **OK** to save it.

5 Click **Close**. The **Insurance Co List** window is displayed, and the company you added is now listed.

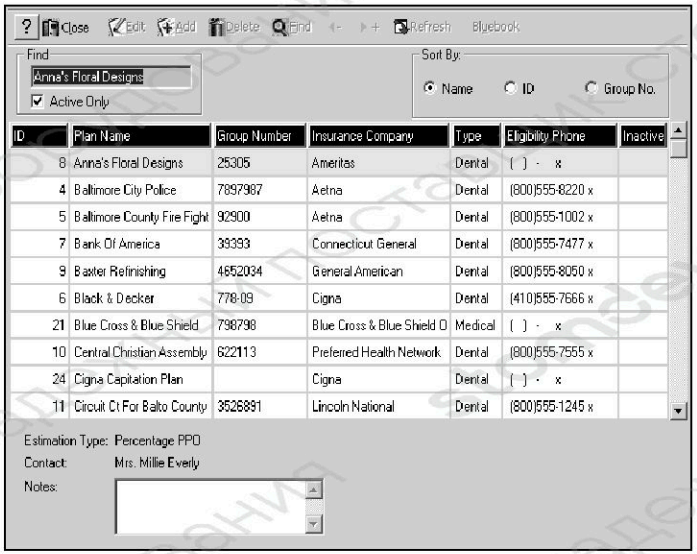
6 Click **Close**.

Handling Insurance Plans

You can define four insurance plans for each patient: primary dental, secondary dental, primary medical, and secondary medical.

To add an insurance plan:

1 Select **List > Ins. Plan**. The **Insurance Plan List** window is displayed.

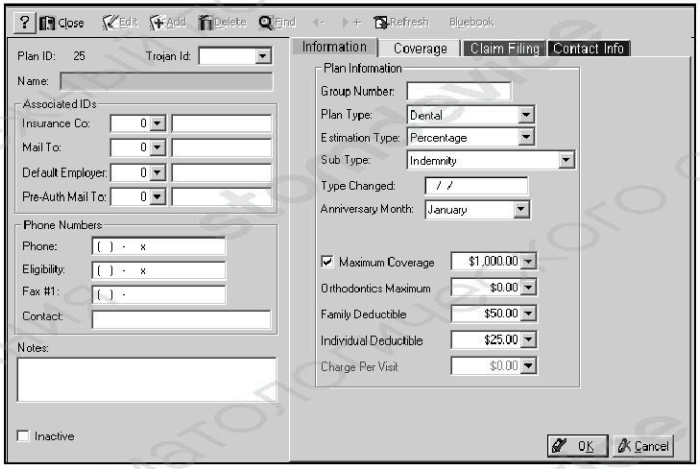


2 Click anywhere in the list to activate the toolbar.

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3 Click **Add** on the toolbar. The **Insurance Plan** window is displayed with the **Information** tab active.



4 The identification number for the new plan is generated by the software. If you subscribe to Trojan, click the **Trojan Id** drop-down list, and select the appropriate Trojan carrier.

5 Type the name of the employer in the **Name** field.

6 From the **Insurance Co** drop-down list, select the insurance company that sends payments.

7 From the **Mail To** drop-down list, select the office to which you send claims.

8 Type phone numbers and notes in the appropriate fields.

9 In the **Group Number field,** enter the plan's group number.

10 From the **Plan Type** drop-down list, select **Dental** or **Medical**.

11 From the **Estimation Type** drop-down list, select the type of plan.

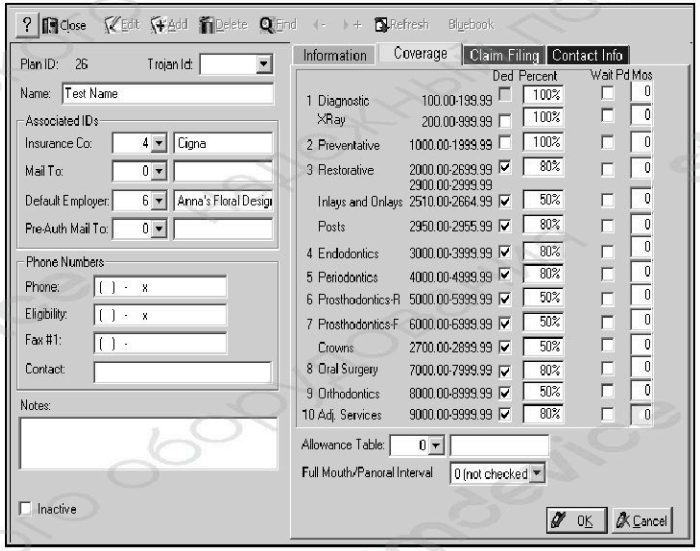
12 In the **Anniversary Month** drop-down list, select when the plan's deductible and year-to-date benefits are reset. If the plan has a lifetime deductible and no yearly maximum, select **None/Other**.

13 If the plan has a yearly maximum, select the **Maximum coverage** option and enter an amount.

14 If the plan has a family deductible, enter the amount in the **Family Deductible** field. The family deductible must be equal to or greater than the amount in the **Individual Deductible** field.

15 Enter other data on the **Information** tab as needed.

16 Click the **Coverage** tab. The **Coverage** window is displayed, displaying fields for the appropriate plan, dental or medical.

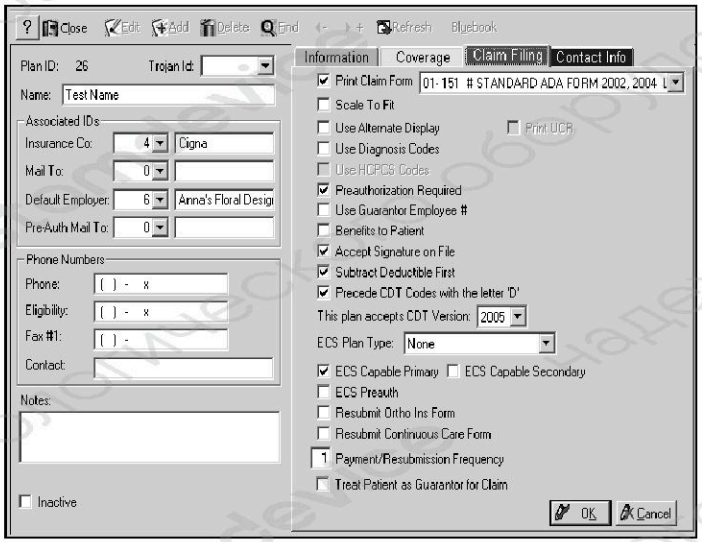


17 Enter coverage information for each procedure class. This information is used to estimate the patient and insurance portion of the fees.

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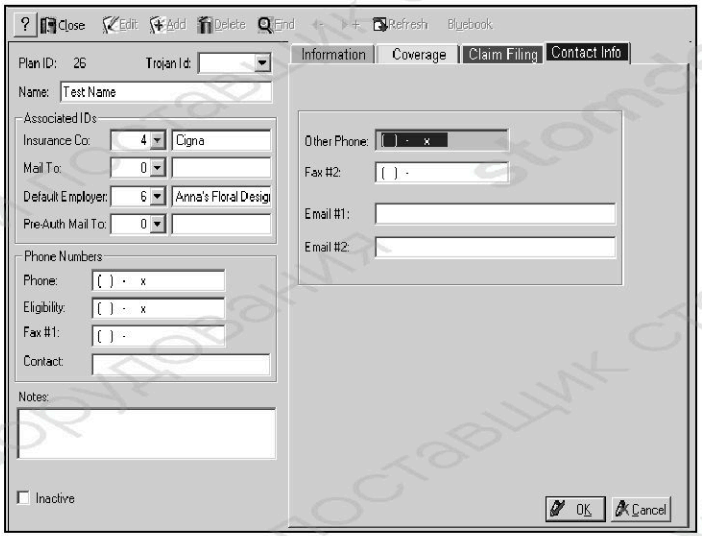
18 Click the **Claim Filing** tab. The **Claim Filing** window is displayed.



19 Claim form and electronic-services information is displayed. To select a claim form to use to print or transmit electronically, select the **Print Claim Form #** option and enter the form number.

20 Select the other necessary options.

21 Click the **Contact Info** tab. The **Contact Info** window is displayed.



22 Enter additional phone numbers and addresses in the appropriate fields.

23 Click **OK** to save the insurance plan data.

24 Click **Close**. The **Insurance Plan List** window is displayed.

25 Click **Close**.

For information about estimating insurance, see the SoftDent online help.

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Skill Sharpeners

Exercise 1—Add an Account

You have a new patient who has no account in the database, and you need to add a new account record.

To add a new account record:

1 Select **List > Account**. The **Account List** window is displayed in FIND mode.

2 Press **Enter**. The account name is displayed in the title bar.

3 Click **Add**. The **Account** window is displayed, and the **Guarantor 1** tab is active.

4 Type the name and address of the account guarantor in the **Name and Address** section.

5 Type in, or select from a drop-down list, the account data in the appropriate fields:

- Employment or school status
- Medical or dental insurance plan
- Guarantor's employee number in the **Employee #** field, if it is different from the Social Security number
- Guarantor's home, work, and cell telephone numbers, Social Security number, date of birth, sex, and marital status in the **Personal** section
- Account doctor
- Insurance calculation method: **ICM 0, ICM 1, or ICM 2**
- Minimum payment amount toward an account balance in the **Min Payment** field.
- Notes in the **Notes** field.
- Electronic statement options in the **Send Automated Statements** section.

6 To add information for a second guarantor, click **Guarantor 2**.

7 Click **OK**.

Exercise 2—Add a New Patient

To add a new patient to the account you just created:

1 In the **Patient List** window, click **Add**. A message asks whether to add the new patient to the selected patient account.

2 Click **No**. The **Account** window is displayed.

3 Type the information, and click **OK**. A blank **Patient List** window is displayed.

4 Click **Add**.

5 Type the patient's name, address, nickname, and telephone numbers in the appropriate fields.

6 Add either an additional patient record identifier or a patient user code.

7 Select the patient's default doctor and hygienist from the drop-down lists.

8 Type the fee schedule associated with the patient. When you post a procedure to the patient, the fee schedule determines the cost of service. Fee schedule 0 is the default.

9 Select the patient's preferred contact method. The preferred method is highlighted in yellow.

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10 Press **Alt** + **Enter** to save the information. The **Info** tab is the active window. Personal information, medical alerts, and referral information is displayed.

11 Select the patient's sex and marital status from the drop-down lists. Type the patient's Social Security number and date of birth in the appropriate fields.

12 To enter a medical alert, first deselect the **Has No Alert** option, and then type the alert information in the **Medical Alerts** field.

13 To indicate that the patient was referred by another doctor or patient, type the data in the **Referred In By** section.

14 Press **Ctrl** + **Tab** to activate the **Insur.** tab window. Dental and medical insurance information is displayed.

15 If the patient is insured, select the primary and secondary guarantors.

16 Select a relationship between the patient and the account guarantors from the **Patient's Relationship To** section.

17 Press **Ctrl** + **Tab** to activate the **Recall** window. Recall information, appointment preferences, and missed and broken appointments are displayed here.

18 Press **Ctrl** + **Tab** to activate other tabs—including **Dates**, **Codes**, **Notes**—and populate them appropriately.

19 Select a pharmacy from the **Preferred Pharmacy** drop-down list.

20 Select the employment status of the patient from the **Status** drop-down list.

21 Select the patient's school or employer from the appropriate drop-down list.

22 Click the **Contact** tab to enter information about contacting the patient—cell phone, fax, beeper, and e-mail addresses.

23 Click **OK**

24 Click **Close**.

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Lesson 5

Handling Payments

This lesson includes:

- Posting Payments from Patients
- Posting Payments from Insurance Companies
- Posting Adjustments

Posting Payments from Patients

Payments from patients can be by cash, check, or credit card.

Payments by Cash

Although you probably will not receive many cash payments in the mail, a patient might stop by to make a cash payment.

To process a payment in cash:

1 In the **Patient List** window or the **Patient** window, select the patient who is submitting a payment.

2 Click **Transactions**. The **Transactions List** window is displayed.

3 Click **Payments** in the **Options** section of the Express bar. The **Payments** window is displayed.

4 Select the **Personal** option. The **Payments - Personal Payment** window is displayed.

5 Enter data in the following fields:

- **Code**–Select **1 Cash** from the drop-down list.
- **Amount**–Enter the amount of the payment.
- **Date**–Make sure the current date is displayed.

6 Select your preference:

- To post the payment to a patient's balance, click **Amount** and type the amount in the appropriate row of the **Amount** column.
- To post the cash payment to the account balance, click **By Age**. The payment is distributed so the oldest balance is paid first.

7 Click **Post**. The **Payments** window is displayed.

8 Click **Close**. The **Transactions** window is displayed with the transaction that you just posted.

Tip

Account payments can also be made from the **Account List** window.

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Payments by Check

Typically, payments made by mail are in the form of checks and are for one-patient accounts or multiple-patient accounts.

Payment from an Individual Patient

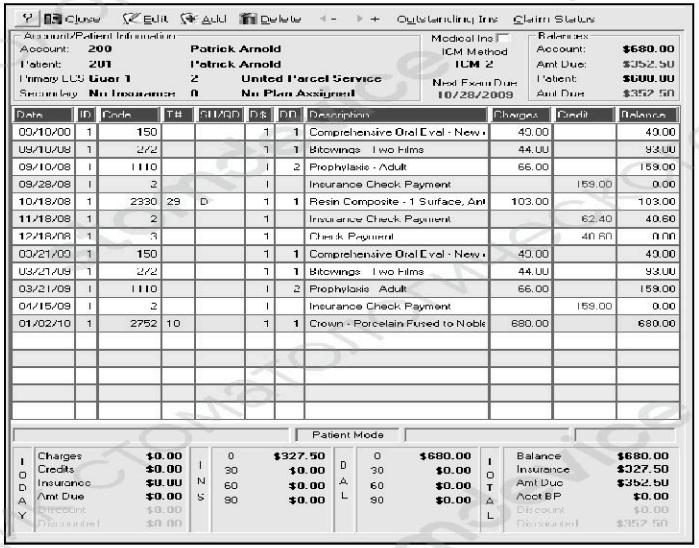
To process a check received for an individual patient:

Note

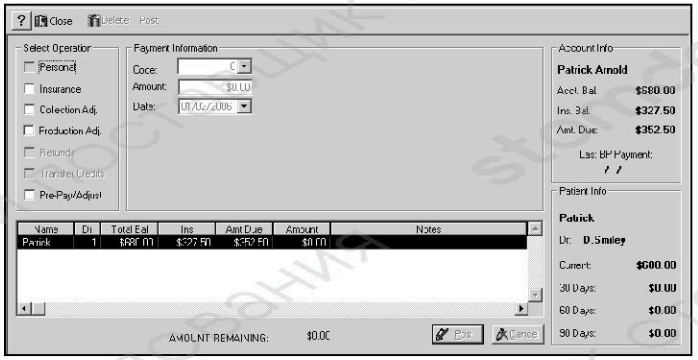
In the **Accounts Payment** window, you can change the default values for how payments are to be distributed within the account.

1 In the **Patient List** window or the **Patient** window, select the patient who is submitting payment.

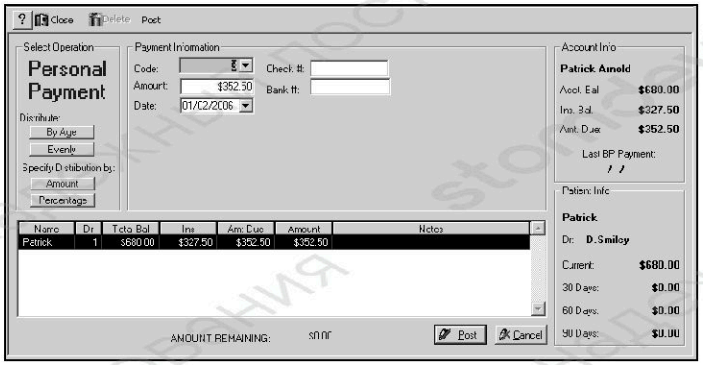
2 Click **Transactions** at the bottom of the window. The **Transactions List** window is displayed.



3 Click **Payments** in the **Options** section of the Express bar. The **Payments** window is displayed.



4 Select the **Personal** option. The **Payments - Personal Payment** window is displayed.



5 Enter data in the following fields:

- **Code**–Select **3 - Check** from the drop-down list.
- **Amount**–Enter the amount of the payment.
- **Date**–Make sure the current date is displayed.
- **Check #**–Type the check number.
- **Bank #**–Type the bank number.

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6 Click **Post**.

7 Click **Close**. The **Transactions** window is displayed with the transaction that you just posted.

8 Click **Close**. The **Processing Options** window is displayed.

9 Click **Cancel**. The **Phone Center** window is displayed.

10 Click **Close**.

Payments by Credit Card

To process credit card payments in the software, you must use ePayments. Contact your sales rep for more information.

Credit card payments can be processed manually or with a card swiper.

To enter a credit card transaction manually:

1 Click **List > Patient**. The **Patient List** window is displayed.

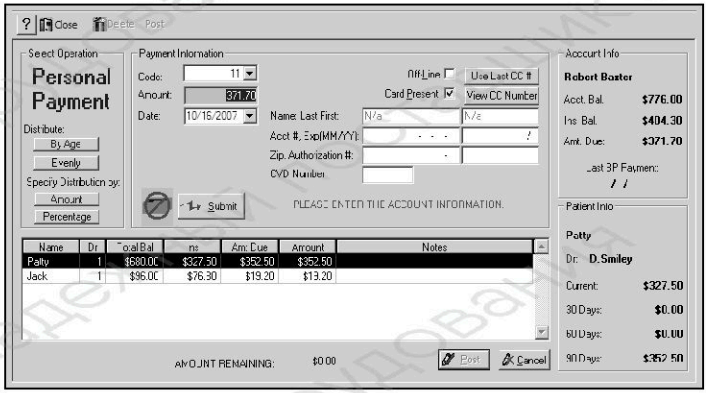
2 Select a patient and click **Transactions**. The patient **Transactions List** window is displayed.

3 Click **Payments** in the **Options** section of the Express bar. The **Payments** window is displayed.

4 Select the **Personal** option. The **Payments - Personal Payment** window is displayed.

5 Click the **Code** drop-down arrow. The **ADA Transaction Codes** window is displayed.

6 Double-click the appropriate credit-card payment code. Press Tab. The **Payment** window for credit cards is displayed.



7 Enter data in the following fields:

- **Amount**–Enter the amount of the payment.
- **Date**–Make sure the current date is displayed.
- **Acct #**–Type the credit card number.
- **Exp (MM/YY)**–Type the expiration date.
- **Zip**–Type the cardholder's ZIP code.
- **CVD Number**–Type the CVD number.

8 Select the method of distribution:

- **By Age**–This is the default method. The payment is distributed to the oldest transaction on the account first, then the second oldest, and so on.
- **Evenly**–The payment is distributed among all transactions on the account.
- **Amount**–The payment is posted to a specific patient's balance. Click **Amount** and type the amount in the appropriate row of the **Amount** column.

Important

If you are posting an amount that is less than the amount due, you must use the By Age or Evenly buttons to distribute the payment. The Amount Remaining must be $0.00 before you can post the payment.

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9 Click **Submit** to begin the transmission process.

10 After you receive an authorization number, add notes, if necessary.

11 To print a receipt, click **OK** at the prompt.

12 Click **OK**.

Posting Payments from Insurance Companies

Insurance payments can be made as:

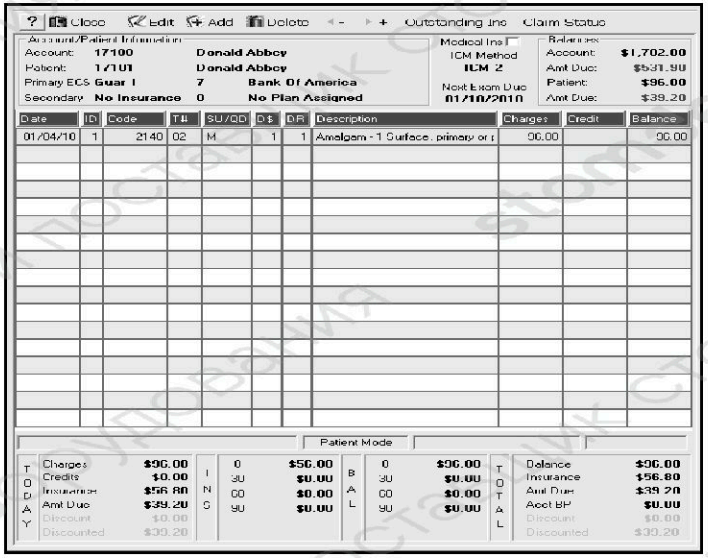
- An individual payment for a single claim
- A bulk payment for multiple claims

Individual Insurance Payments

To process an insurance payment for an individual:

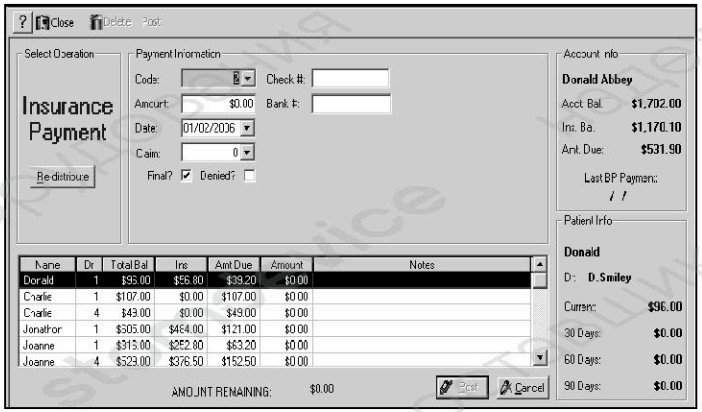
1 Select **List > Patient**. The **Patient List** window is displayed.

2 Select the patient for whom an insurance check has been received, and click **Transactions** from the toolbar. The **Transactions List** window is displayed.



3 In the **Options** section of the Express bar, click **Payments**. The **Payments** window is displayed.

4 Select the **Insurance** option. The **Payments - Insurance Payment** window is displayed.



The **Code** field is populated for you. Code **2** is an insurance payment.

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5 Type the amount, select the claim number, verify that this is a final payment for this claim, and type the check number and bank number in the appropriate fields.

6 Click **Post**. A message asks if you want to update the Bluebook.

7 Click **No** for this lesson. A message asks if you want to send a billing statement. Click **Yes** or **No**.

8 If you selected **Yes**, you are given the option of printing the statement now or printing to a batch. To print a statement now, click **Yes**. To print to a batch, click **No**.

9 If you click **Yes**, the **Output Options** window is displayed. Select the option you want—printer, screen, or file—and click **OK**.

10 If you select **Printer**, the **Single Billing Statement Setup** window is displayed. When you have made your choices, click **OK**.

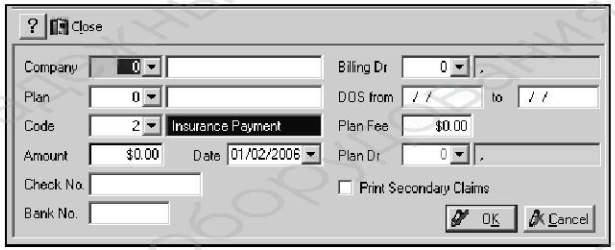
11 Click **Close**.

Bulk Insurance Payments

A bulk insurance payment is typically one check that pays multiple claims from different accounts.

To process a bulk insurance payment:

1 Select **Insurance > Insurance Payments**. The **Insurance Check Info** window is displayed.



2 Use the drop-down lists or type the following data:

- Insurance company
- Date of service range
- Transaction code
- Amount of the check
- Check number
- Bank number

Make sure that the default date is correct.

3 Click **OK**. The **Insurance Payments** window is displayed. The top of the window displays the check information that you entered, and the bottom is blank.

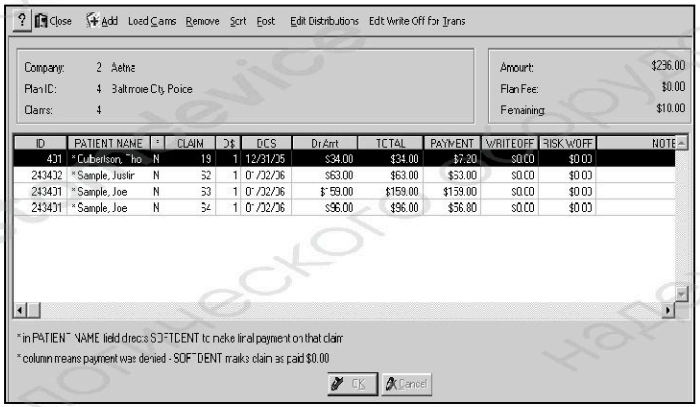
Note

The default transaction code is **2 - Insurance Payment**.

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4 Click **Load Claims**. The **Insurance Payments** window is populated with the claims that meet the criteria.



5 Edit the claims, if necessary. For example, if one of the claims listed is not included on the check received from the insurance company, select that claim and click **Remove**.

6 The **Payment** column shows the amount expected from the insurance company. If the amount is different than what was received from the insurance company, click **Edit Distributions** to edit the amount.

The window changes to Edit mode. Select the amount to change, and type the new amount. Then click **OK**.

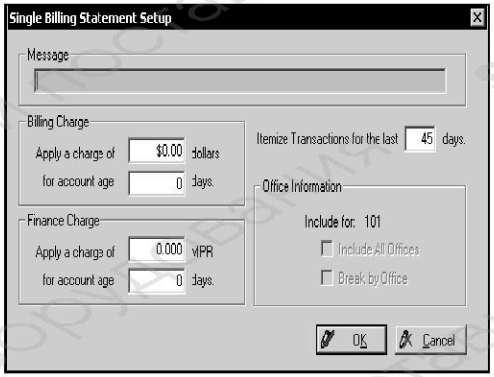
7 When you have made the necessary edits and adjustments to the list of claims, click **Post**. The **Bluebook Update Method** window is displayed.

8 Type **O** if you do not want to update the Bluebook, and type **1** if you want to update the Bluebook for each claim. Click **OK**. A window is displayed that asks if you want to print batched billing statements.

9 Click **Yes**. To print a statement now, click **Yes**. To print to a batch, click **No**.

10 If you click **Yes**, the **Output Options** window is displayed. Select the option you want and click **OK**.

If you select **Printer**, the **Single Billing Statement Setup** window is displayed.



11 Select your options and click **OK.** The **Insurance Payments** window is displayed again.

12 Click **Close**. A message is displayed, asking if you want to exit insurance payments.

13 Click **Yes**.

Checking the Status of Unpaid Claims

If you use electronic services, you can check the status of an unpaid claim that was submitted electronically.

To check the status of an unpaid electronic claim:

1 Review your transmission summary reports and verify that the claim was sent electronically.

2 Review your daily reports and check for rejected claims, requests for additional information, or error messages.

3 Check the payer ID number. If you find an error, enter the correct number and then cancel and resubmit the claim.

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4 Check the group number. If you find an error, enter the correct number and then cancel and resubmit the claim.

5 Check the status of the claim online.

6 Contact the insurance company, and provide the following information:

- Verification that the claim was sent electronically
- Insured party's name
- Insured party's Social Security number
- For BlueCross BlueShield patients, the member number
- Patient's name
- Date of service
- Amount of the claim

7 Contact an eServices support representative, and provide the following information:

- Your account number
- Insured party's name
- Insured party's Social Security number
- For BlueCross/BlueShield patients, the member number
- Patient's name
- Date of service
- Amount of the claim
- Patient control number, which is a 17-digit number found on the Transmission Summary or Transmission Log reports

Posting Adjustments

Post a production adjustment when the production doctor or the fee is changed. Use production adjustments to post provider allocation changes, courtesy credits, insurance adjustments, and write-offs.

To post a production adjustment to an account or patient record:

1 In the **Account List** window, select the account and select **Payments**.

- In the **Account** window, select **Payments**.
- In the **Patient List** window, select the patient and select **Transactions**. The patient **Transactions** window is displayed. Select **Payments**.
- In the **Patient** window, select **Transactions**. The patient **Transactions** window is displayed. Select **Payments**.

The **Payments** window is displayed.

Note

Support representatives cannot check the status of a claim that is more than 60 days old.

2 Select **Production Adj.** in the **Select Operation** section. The **Payments – Production Adjustments** window is displayed.

3 Select the charge adjustment code from the **Code** drop-down list. The transactions total is displayed in the **Amount** field.

4 Type the collection doctor's identification number in the **Dr $** column for each transaction.

5 Type the adjustment amount in the **Amount** column for each transaction.

Tip

If you select a write-off code (codes 50.90 to 50.91), select the claim from the **Claim** drop-down list.

6 To add a note to a transaction, select the **Notes** column for the transaction and type the information.

7 Click **Post** and **Close**.

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Exercise 1—Process a Bulk Insurance Payment

Assume that in this morning's mail, you receive a check for $278.80 from the Aetna insurance company/Baltimore City Police plan. The check number is 1234; the bank number is 4321. The EOB (Explanation of Benefits) identifies the following allocations:

- Patient A—$63.00
- Patient B—$159.00
- Patient C—$56.80

To process this bulk payment check:

1 Select **Insurance > Insurance Payments**. The **Insurance Check Info** window is displayed.

2 Type the following data:

- **Company—2 Aetna**
- **Code—2 Insurance Payment**
- **Amount—$278.80**
- **Check No—1234**
- **Bank No—4321**

3 Click **OK**. The **Insurance Payments** window is displayed, with the data that you entered.

4 Click **Load Claims**. All outstanding claims for this company are displayed.

5 The top right of the window shows that $1002.20 is remaining to be paid because you have not received payment for claims # 201, 1604, 1302, and 401. Therefore, select those claims, and click **Remove**.

6 The four claims are removed from the list. No other edits or adjustments are needed, so click **Post**. The **Bluebook Update Method** window is displayed.

7 Because the amount of the insurance payment is exactly what the software estimated, there is no need to update the Bluebook, so click **OK**.

8 When you are asked to print batched billing statements, click **Yes**. The **Output Options** window is displayed.

9 Click **OK**. The **Single Billing Statement Setup** window is displayed.

10 You are satisfied with the defaults on this window, so click **OK**. The statement is printed, and a blank **Insurance Payments** window is displayed.

11 Click **Close**. A message is displayed.

12 Click **Yes**.

Exercise 2—Process an Individual Insurance Payment

You have received a check in the mail from Aetna for $327.50. The check is the final payment for a claim made on behalf of a patient, who works for United Parcel Service. The check number is 1236; the bank number is 4321.

Process this check, and print a statement to mail to the patient. For this exercise, do not update the Bluebook.

To process this check:

1 Select **List > Patient**. The **Patient List** window is displayed.

2 Select **Patrick Arnold** from the list.

3 Click **Transactions** on the toolbar. The **Transactions List** window is displayed.

4 Click **Payments** in the **Options** section of the Express bar. The **Payments** window is displayed.

Note

The Bluebook tracks the amount an insurance company allows for a plan in an area. Type the allowed amount, which can be found on the check and the Explanation of Benefits.

Note

The **Plan** field on the **Insurance Check Info** window is optional.

Note

If the plan is linked to a company, this information is displayed in the window.

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5 Select the **Insurance** option. The **Payments - Insurance Payment** window is displayed.

6 Use the following values in these fields:

- **Code**—Defaults to **2 insurance payment.**
- **Amount**—Defaults to **$327.50.**
- **Date**—Defaults to **today's date.**
- **Claim**—Defaults to **11.**
- **Final**—Selected
- **Check #**—**1236**
- **Bank #**—**4321**

7 Click **Post**. You are asked if you want to update the Bluebook.

8 Click **No**. You are asked if you want to send a billing statement for the account balance of $352.50.

9 Click **Yes**. You are asked if you want to print the statement.

10 Click **Yes**. The **Output Options** window is displayed.

11 Click **OK**. The **Single Billing Statement Setup** window is displayed.

12 Make your selections, and click **OK**. The **Payments** window is displayed.

13 Click **Close**. The **Transactions** window is displayed, and the payment of $327.50 that you posted is the most recent transaction.

14 Click **Close**. The **Insurance Copay** window is displayed.

15 Click **Post Copay LATER**. The **Processing Options** window is displayed.

16 Click **Cancel,** and click **No** when asked if you want to add a lab case.

Exercise 3—Process an Insurance Payment and Update the Bluebook

You receive a payment from BlueCross/BlueShield for $248.50 against a claim made for a patient. This is not the amount that you were expecting the insurance company to pay. Process the claim, and update the Bluebook.

To process this claim:

1 Select **Insurance > Insurance Payments**. The **Insurance Check Info** window is displayed.

2 Select **Blue Cross and Blue Shield of New Jersey** from the **Company** drop-down list. Type **$248.50** in the **Amount** field. Select **Print Secondary Claims**.

3 Click **OK**. The **Insurance Payments** window is displayed.

4 Click **Add**. The **Patient List** window is displayed.

5 Type **THO** in the **Find** field.

6 Double-click the patient's name in the list. The **Claim List** window is displayed.

7 Double-click the claim for which the check was received. There is only one claim that was submitted for Dan Thomas, so double-click it. The **Insurance Payments** window is displayed.

8 The expected payment from insurance was $377.60, but the actual payment was only $248.50. Therefore, click **Edit Distributions**. The window is displayed in Edit mode.

9 Type the amount of the check in the **Payment** field, and click **OK**. The toolbar is activated.

10 Click **Post**. The **Bluebook Update Method** window is displayed.

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11 Type **1** in the **Bluebook Update Method** field, and click **OK**. The **Update Bluebook Entry** window is displayed.

12 Click **Edit**. The window is displayed in Edit mode. Make the following changes:

- Select **Chg** to indicate that a change has occurred.
- Type **$248.50** in the **Paid** column (the amount that the insurance company allowed).
- Type **50** in the **%** column (the percentage that the company paid).

13 Click **OK**.

14 Click **Close**. The **Claims Submitted to Secondary Carrier** window is displayed.

15 Click **OK**. You are asked to print batched billing statements.

16 Select **Yes**, and click **OK**. The **Insurance Payments** window is displayed, but now it is blank.

17 Click **Close**. You are asked if you want to exit insurance payments.

18 Click **Yes**.

19

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Lesson 6

Generating Statements

This lesson includes:

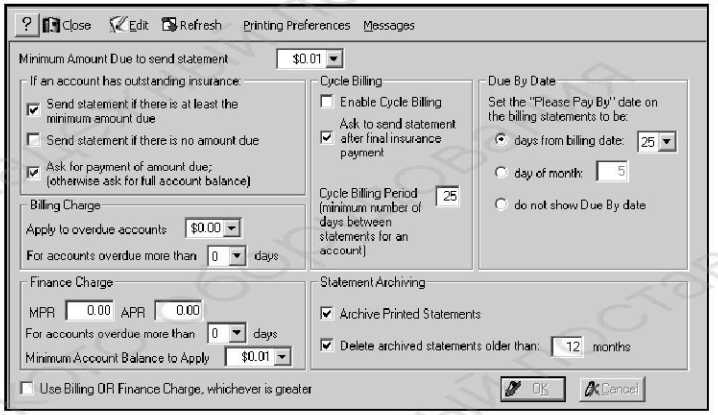
- Setting Statement Preferences
- Setting Printing Preferences
- Generating Paper Statements
- Generating Electronic Statements
- Transmitting Electronic Statements

Setting Statement Preferences

Before running your statements for the first time, you need to answer such questions as: What is the minimum balance that should exist before a statement is generated? When should the statements be sent? When is an account considered overdue?

To set billing statement defaults:

1 Select **System > Change System Settings > Billing Statements**. The **Billing Statement Settings** window is displayed.



2 Click **Edit**. The default values can now be changed.

3 In the **Minimum Amount Due to send statement** field, type the minimum amount that must be owed to generate a statement.

4 In the **If an account has outstanding insurance** section, select any combination of the three choices.

5 In the **Billing Charge** section, type the amount to be charged for an overdue account. This is a flat fee. If an account has a balance due, this amount is charged, regardless of the amount owed. In the **For accounts overdue more than** field, type the number of days that defines an overdue account.

Note

The software automatically generates the corresponding rate in the other field. For example, if you type **1.5** in the **MPR** field, the window automatically displays **18** in the **APR** field.

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6 In the **Finance Charge** section, type the interest rate used for finance charges. If you use a monthly interest rate, type it in the **MPR** field; if you use an annual percentage rate, type it in the **APR** field.

7 In the **For accounts overdue more than** field, type the number of days that defines an overdue account.

Note

When establishing charges for overdue accounts, you can have a flat fee, a percentage, both a flat fee and a percentage, or the larger of the flat fee or the percentage.

8 To prevent an account from receiving multiple statements within a specified date range, select the **Enable Cycle Billing** option, and type the number of days between billing statements in the **Cycle Billing Period** field.

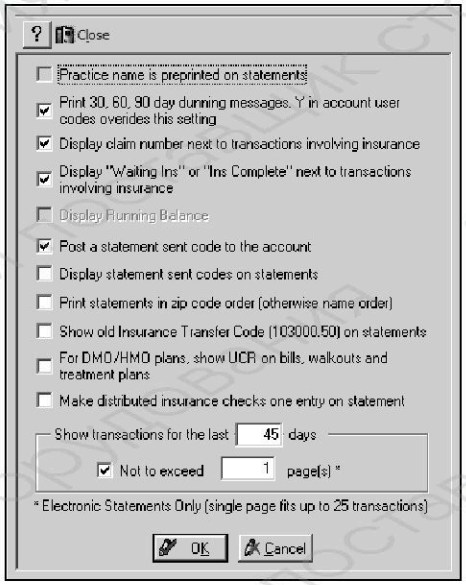
9 In the **Due By Date** section, select an option.

Setting Printing Preferences

To set statement printing preferences:

1 Select **System > Change System Settings > Billing Statements**. The **Billing Statement Settings** window is displayed.

2 On the toolbar, click **Printing Preferences**. The **Printing Preferences** window is displayed.



3 Select your preferences, and click **OK**.

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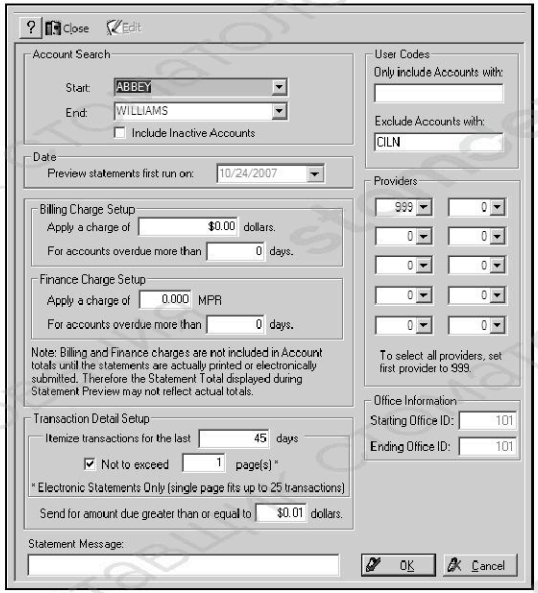
Generating Paper Statements

Whether generating paper statements or electronic statements, the process consists of two phases:

- Previewing statements
- Printing statements

To preview paper statements:

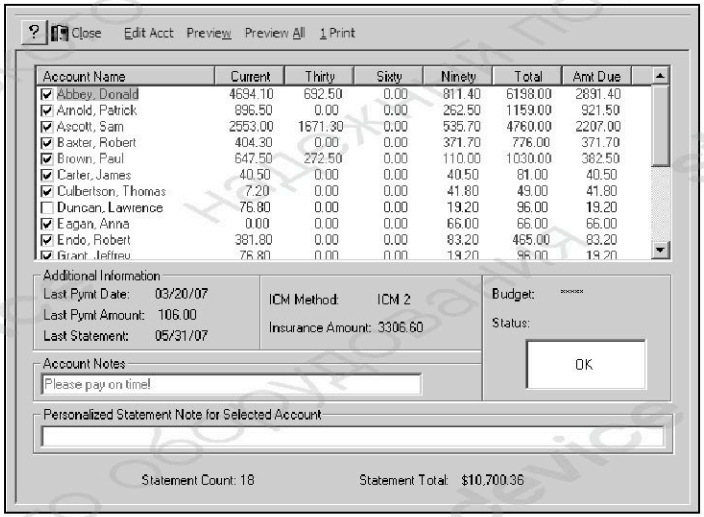
1 Select **Reports > Accounting > Statements > Paper > Statement Preview**. The **Paper Statements** window is displayed.



2 To identify the statements to be run:

- In the **Account Search** section, select the starting and ending names to include in the report from the drop-down lists in the **Start** and **End** fields.
- In the **User Code** section, type codes to include in the **Only include Accounts with** field. Type codes to exclude in the **Exclude accounts with** field.
- In the **Transaction Detail Setup** section, type the number of days for which you want transactions itemized on the statement.
- In the **Send for amount due greater than or equal to _ dollars** field, type the minimum amount for which a statement will be generated.
- In the **Statement Message** field, type a message you want to display on all statements.

3 When you have made your choices, click **OK**. The **Paper Statements List** window is displayed.



Tip

Blue text indicates accounts with invalid addresses, and fuschia text indicates accounts with no balances. No statements are printed for these accounts.

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4 Select from these options:

- To sort the list by account name, account balance, or amount due, click the column label.
- To exclude a statement, deselect it in the **Account Name** column.
- To display additional information, select the account. The information is displayed in the **Additional Information** section.
- To include a statement note, select the account and type the note in the **Personalized Statement Note for Selected Account** field.

5 To view or edit account information, select the account and click **Edit Acct**. The **Account** window is displayed. Edit the record and click **OK**.

6 Select from these options:

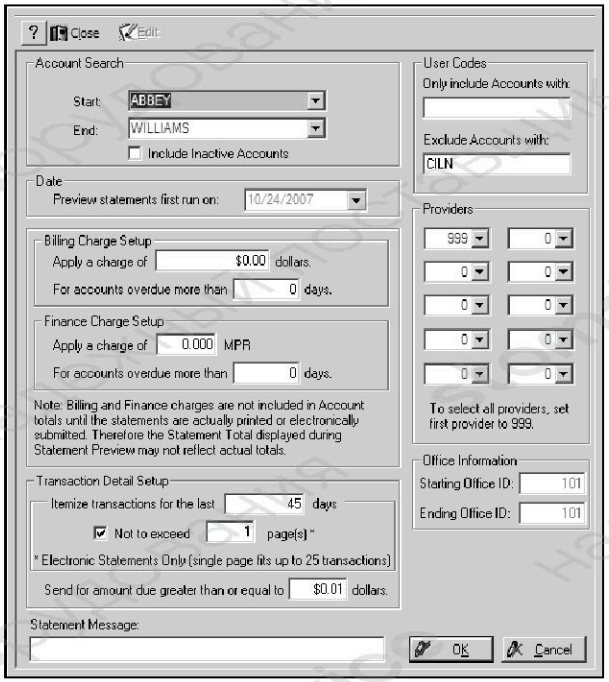
- To preview statements for specific accounts, select the accounts and click **Preview**.
- To preview statements for all accounts, click **Preview All**.
- To print statements, click **Print**.

Generating Electronic Statements

To generates electronic statements, you must use eServices. Contact your sales rep for more information.

To preview electronic statements:

1 Select **Reports > Accounting > Statements > Electronic > Electronic Batch Preview**. The **Electronic Statements** window is displayed.



2 Use the **Electronic Statements** window to identify which statements are to be sent:

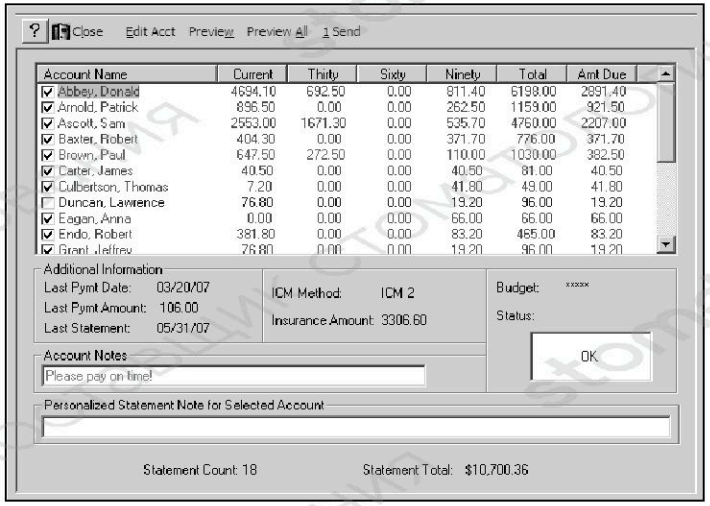
- In the **Account Search** section, select the starting and ending names to include in the report using the drop-down lists in the **Start** and **End** fields.

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- In the **User Code** section, type codes to include in the **Only include Accounts with** field. Type codes to exclude in the **Exclude accounts with** field.
- In the **Transaction Detail Setup** section, type the number of days for which you want transactions itemized on the statement. Since you are charged for each page in a statement, you might want to select the **Not to exceed** option, and type 1 in the corresponding field.
- In the **Send for amount due greater than or equal to _ dollars** field, type the minimum amount for which a statement will be generated.
- In the **Statement Message** field, type a message you want to display on all statements.

3 Click **OK**. The **Electronic Statements List** window is displayed.



4 Select from these options:

- To sort the list by account name, account balance, or amount due, click the column label.
- To enter a new address, select the appropriate account, click **Edit Acct**, and make the appropriate changes.
- To remove a statement from the list of statements to be sent to the clearinghouse, deselect it.
- To add an individual note to a statement, select the account and type the note in the **Personalized Statement Note for Selected Account** field.

Note

The maximum number of detailed transactions on a page is 25.

5 To view or edit account information, select the account and click **Edit Acct**. The **Account** window is displayed. Edit the record and click **OK**.

6 Select an option:

- To preview a specific statement, select the account and click **Preview**.
- To preview all statements, click **Preview All**.

7 Click **Send**. The **Output Options - Electronic Batch Summary** window is displayed.

8 Select the output option for the Statement Summary report and click **OK**.

The Electronic Batch Summary report is printed, and a message is displayed. Click **Yes**.

The statements are sent to a batch file for transmission. If you click **Cancel** before the process is complete, the batch file is not created.

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In addition to creating the electronic statements, these reports are generated:

- Electronic Statements–Provides a list of the accounts that will receive electronic billing statements, plus balance information for each account.
- Statement Run Summary–Provides the following information:
  - Total statements sent
  - Total balances billed
  - Outstanding insurance
  - Amount due
- Budget Plan Statements–Provides a list of the accounts that will receive budget plan statements. Also provides the following information:
  - Annual percentage rate
  - Budget plan balance
  - Minimum payment

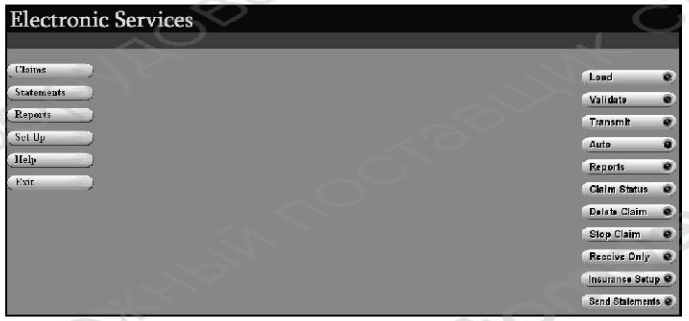
Transmitting Electronic Statements

To transmit a batch file of statements to the electronic clearinghouse:

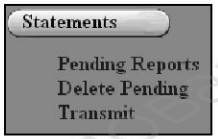
1 Select **Insurance > Electronic Services** or click the **Run eClaims/eStatements** button.



The **Electronic Services** window is displayed.



2 Click **Statements.** A submenu is displayed.



3 Click **Transmit**. The **Transmission** window is displayed.

4 After the file is transmitted, the **Reports List** window is displayed.

5 Click **PRINT ALL** and exit electronic services.

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Skill Sharpener

Exercise 1—Preview Paper Statements

You want to set up and preview paper statements.

To preview paper statements for all accounts:

1 Select **Reports > Accounting > Statements > Paper > Statement Preview**. The **Paper Statements** window is displayed.

2 To identify the statements to be run:

- In the **Account Search** section, select the starting and ending names to include in the report from the drop-down lists in the **Start** and **End** fields.
- In the **User Code** section, type codes to include in the **Only include Accounts with** field. Type codes to exclude in the **Exclude accounts with** field.
- In the **Transaction Detail Setup** section, type the number of days for which you want transactions itemized on the statement.
- In the **Send for amount due greater than or equal to _ dollars** field, type the minimum amount for which a statement will be generated.
- In the **Statement Message** field, type a message you want to display on all statements.

3 When you have made your choices, click **OK**. The **Paper Statements List** window is displayed.

4 Select from these options:

- To sort the list by account name, account balance, or amount due, click the column label.
- To exclude a statement, deselect the checkbox in the **Account Name** column.
- To display the additional information, select the account. The information is displayed in the **Additional Information** section.
- To include a statement note, select the account and type the note in the **Personalized Statement Note for Selected Account** field.

5 To view or edit account information, select the account and click **Edit Acct**. The **Account** window is displayed. Edit the record and click **OK**.

6 To preview statements for all accounts, click **Preview All**.

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Lesson 7

Using Electronic Services

This lesson includes:

- Electronic Services
- Setting Up Communications

See the online help for information about the ePayments Secure module.

Electronic Services

Electronic services (eServices) is an optional module. In conjunction with third-party providers, the software enables you to use the Internet to transmit statements and claims, receive reports, process credit cards, and check on patient insurance eligibility and benefit information, among other things.

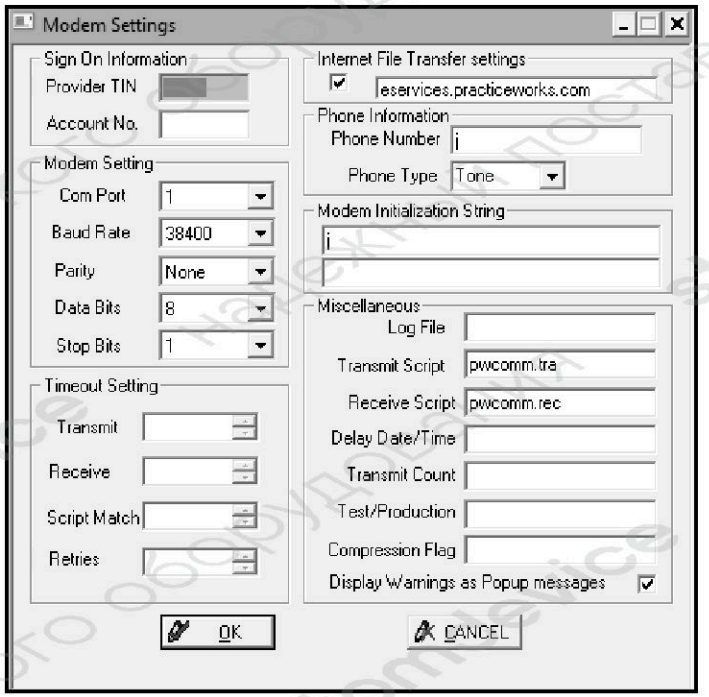
To access eServices, click **Insurance > Electronic Services**. The **Electronic Services** window is displayed.



Setting Up Communications

To set up communications:

1 From the **Electronic Services** window, select **Set Up > Modem**. The **Modem Settings** window is displayed.



2 In the **Provider TIN** field, type the provider's tax ID number.

3 In the **Account No.** field, type your electronic services account number.

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4 In the following fields, keep the default settings:

- **Parity**
- **Data Bits**
- **Stop Bits**
- **Transmit**
- **Receive**
- **Script Match**
- **Retries**

5 To enable electronic claims submissions over the Internet, select **Internet File Transfer settings**. You must have an open Internet connection on the computer from which claims are submitted.

6 In the **Phone Number** field, verify the electronic services telephone number. If you must dial 9 before making an outside call, type **9** and a comma before the number.

7 In the **Phone Type** field, select **Tone** or **Pulse**.

8 In the remaining fields, keep the default settings unless instructed to change them by a technical support representative.

9 Click **OK**.

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Skill Sharpener

Exercise 1—Set up communications using a modem to connect to the Internet.

To set up communications:

1. Select **Insurance > Electronic Services**. The **Electronic Services** window is displayed.
2. Select **Set Up > Modem**. The **Modem Settings** window is displayed.
3. Type your provider's tax ID number.
4. Type your electronic services account number.
5. To enable electronic claims submissions, select **Internet File Transfer settings**.
6. In the **Phone Number** field, verify the electronic services telephone number.
7. In the **Phone Type** field, select **Pulse**.
8. Click **OK**.

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Lesson 8

Using TeamTalk Notes

Use TeamTalk to create notes that display automatically when certain events occur. For example, every time you call a patient to confirm an appointment, you might want a note to display that reminds you to ask the patient to bring an insurance card.

This lesson includes:

- Viewing Existing TeamTalk Notes
- Creating TeamTalk Notes
- Deleting TeamTalk Notes

TeamTalk notes can be applied to all records of a certain type—for example, all patient records or all account records—or only a single designated record. TeamTalk notes can be set up to display when an event occurs, only the next time that an event occurs, or when an event occurs within a specified date range.

Viewing Existing TeamTalk Notes

To view existing TeamTalk notes:

1. From the main menu, select **TeamTalk > General TeamTalk Lists**. The **TeamTalk Lists** window is displayed.
2. Select a category of note from the **List Notes For** drop-down list.
3. Select a note, and click **Edit** on the toolbar.

Creating TeamTalk Notes

A TeamTalk note is based on:

- Which type of record the note applies to:
  - Account
  - Employer or school
  - Insurance plan
  - Patient
- Whether the note is displayed for one record or for all records of a particular type.
- Which type of event will trigger the note. The events that trigger a note are specific to the note type.
- When the note is displayed.
- Which conditions to associate with the note.
- What description and text best details the note.
- Whether a sound is played when the note is displayed.

You can add a TeamTalk note by using the **TeamTalk** button, the Wizard, or the **TeamTalk** window.

Note

TeamTalk notes are internal; they can be read by anyone on the staff.

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Note

You can add TeamTalk notes to patient, account, employer, school, and insurance plan record types.

Using the TeamTalk Button to Add TeamTalk Notes

To create and attach a TeamTalk note to the record of a specific patient:

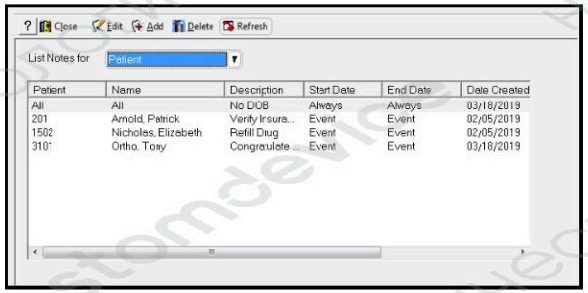
1 Select **List > Patients**. The **Patient List** window is displayed.

2 Find the patient to whom you want to attach the note, and double-click the patient's name. The **Patient Record** window is displayed.

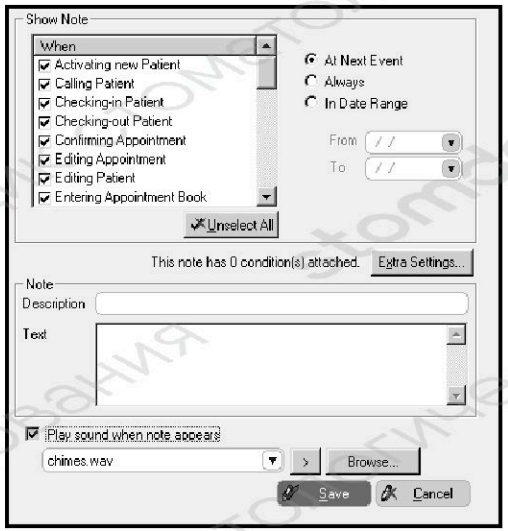


TeamTalk

3 Click the **TeamTalk** button on the Power bar. The **TeamTalk Patient Notes** window is displayed.



4 Click **Add**. The **TeamTalk Settings** window is displayed.



Note

To change a setting, click **Previous** until the correct window is displayed, select the correct setting, and click **Next**.

5 Select when the note should be displayed in the **Show Note** section of the window.

6 Type a description of the note in the **Description** field.

7 Type the note in the **Text** field.

8 Click **Save**. The note is displayed when the conditions you selected are met.

Using the Wizard to Add Patient TeamTalk Notes

To use the Wizard to create a patient TeamTalk note:

1 Select **Wizards > TeamTalk Wizard**, and click **Next**.

2 From the drop-down list, select **Patient**, and click **Next**.

3 Select the types of event to trigger the note, and click **Next**.

4 To select all patient records, select **Every Patient Record**, and click **Next**.

5 Select **Always,** and click **Next**. The note is displayed for every patient record.

6 Do not select **Extra Settings**. Click **Next**.

7 To play a sound when the note is triggered, select **Play sound when note appears**, and click **Next**.

8 In the **Description** field, enter a brief description of the note. In the **Note** field, enter the text of the note. Click **Next**.

9 Click **Finish**. A message states that the settings are saved.

10 Click **OK**. A message asks if you want to create another TeamTalk note.

11 Click **No**. A message asks you to create a note for another record type.

12 Click **No**.

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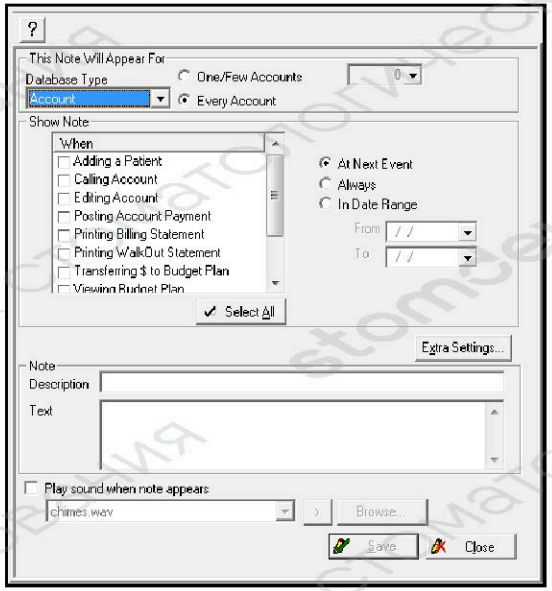
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Using the TeamTalk Window to Add Notes

You can also create a TeamTalk note in the **TeamTalk** window. It has the same result as using the Wizard, but you can do many of the steps in one window.

To create a TeamTalk note using the **TeamTalk** window:

1 From the main menu, select **TeamTalk > TeamTalk Setup**. The **TeamTalk Settings** window is displayed.



2 Select the note's associated record type and display frequency. Type a description and the note text, and click **Save**.

3 Click **Close**.

Deleting TeamTalk Notes

To delete a TeamTalk note:

1 From the main menu, select **TeamTalk > General TeamTalk Lists**. The **TeamTalk Lists** window is displayed.

2 Select the note record type from the **List s for** drop-down list. The notes associated with the record type are displayed.

3 Select the note and click **Delete**. A confirmation message is displayed.

4 Click **Yes**.

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Skill Sharpeners

Exercise 1—View a TeamTalk Note

You have a new employee, and you want him to become familiar with the TeamTalk notes that have been set up for patients.

To review existing notes:

1 Select **TeamTalk > General TeamTalk Lists**. The **TeamTalk Lists** window is displayed. **Account** is displayed in the **List Notes for** drop-down list, but there are no notes listed.

2 Select **Patient** from the **Account** drop-down list. Three notes are displayed in the window.

Four columns are in the window: **Patient**, **Name**, **Description**, **Start Date**, **End Date**, and **Date Created**. The word **All** in the **Patient** column means that the note applies to all patients.

3 To read a note, double-click it. If you select the third note, the **Note Settings** window is displayed.

4 After reading the note, click **Close**.

Exercise 2—Add a TeamTalk Note for One Patient

Create a TeamTalk note for a patient indicating that a copy of her insurance card needs to be made the next time she comes in for an appointment.

To create this patient-specific TeamTalk note:

1 Select **List > Patient**. The **Patient List** window is displayed.

2 Double-click the patient's name. The **Patient Record** window is displayed.

3 Click the **TeamTalk** button on the Power bar. The **TeamTalk - Patient Notes** window is displayed.

4 Click **Add**. The **TeamTalk - Patient Note Settings** window is displayed.

5 In the **Show Note** section, click **Checking-in Patient** and **At Next Event**.

6 In the **Description** field, type **Insurance Card**.

7 In the **Text** field, type **Make a copy of her insurance card**.

8 Click **Save**.

Exercise 3—Delete a TeamTalk Note

When you no longer need a note, you can delete it. For example, a patient has brought in a new insurance card. You had a note reminding you to scan the new card, so now you can delete the note.

To delete a note:

1 Select **TeamTalk > General TeamTalk Lists**. The **TeamTalk Lists** window is displayed.

2 Select **Patient** from the **List Notes for** drop-down list. The **TeamTalk - Patient Notes** window is displayed.

3 Select the note for that patient.

4 Click **Delete** on the toolbar at the top of the window. A message asks you to confirm the deletion.

5 Click **Yes**. The **TeamTalk - Patient Notes** window is displayed.

6 Click **Close**.

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Exercise 4—Edit a TeamTalk Note

You want to redefine the minimum high balance for a High-Balance TeamTalk note from $1,000 to $2,000.

To edit a TeamTalk note:

1. Select **TeamTalk > General TeamTalk Lists**. The **TeamTalk Lists** window is displayed.
2. Select **Patient** from the **Show Notes for** drop-down list. All notes associated with patients are displayed.
3. Select the note that has **High Balance** in the **Description** field, and click **Edit**. The **Note Settings** window is displayed.

   In the **Show Note When** pane, three occasions are selected that indicate when the note is displayed: **Checking-In Patient**, **Confirming Appointment**, and **Making Appointment**.

   The following statement is to the left of the **Extra Settings** button: **This note has one condition attached**.
4. Click the **Extra Settings** button, and the **TeamTalk Setup Wizard - Conditions** window is displayed.
5. The conditions for this note indicate that the note is displayed only when the balance is between $1,000 and $4,000. Click **Edit**, and the window becomes active.
6. Highlight the $1,000 amount, type **2000**, and press Tab. The software formats the amount and puts a dollar sign before it. Click **Next**. You are prompted to add another condition.
7. Click **No**. The condition that you edited is displayed.
8. Click **Finish**. The **Note Settings** window is displayed again.
9. Click **Save** and **Close**.

Exercise 5—Add a TeamTalk Note Using the Wizard

Create a note that displays at check-in for any patient who has referred two or more patients to your practice.

To create this TeamTalk note:

1. Select **Wizards > TeamTalk Wizard**.
2. Click **Next**.
3. Select **Patient** from the drop-down list.
4. Click **Next**. You are prompted to pick an event that will trigger the note.
5. Select **Checking-in Patient**, and click **Next**. The initial window of the **TeamTalk Setup Wizard** is displayed.
6. To display notes for every patient who meets the criteria, select **Every Patient Record**. Click **Next**.
7. To display the note every time the criteria are met, select **Always**. Click **Next**. You are asked to add one or more conditions that affect when the note is displayed.
8. Select **Extra Settings**. Click **Next**. The extra settings conditions are displayed.
9. Although only six conditions display at one time, the full list shows more than thirty conditions. Use the scroll bar at the right to see other conditions on the list. In this case, select **Number of Referrals** from the drop-down list. Click **Next**.
10. Select **Greater Than** from the **Number of Referrals** drop-down list, and type **1** in the next field. You are creating a condition by which a TeamTalk note displays for any patient who has referred two or more patients to your office. Click **Next**.

Tip

In the **Show Note When** pane, scroll down to see the third condition.

Note

Instead of editing a TeamTalk note, you can delete the old note and create a new one.

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Note

You can have as many as three conditions.

11 You are asked to add another condition. Click **No**.

12 You are asked if you want to play a sound when the note is displayed. Click **Next**.

13 Type a description and the text for the note. Click **Next**. A window that summarizes your selections is displayed.

14 Review the choices that you have made. To change something, click **Previous**; to start over, click **Cancel**. You are satisfied with the note, so click **Finish**. A message tells you the entry is saved.

15 Click **OK**. A message asks you to add the note to another event.

16 Click **No**. The following prompt is displayed: **Would you like to create a note for another database record type?**

17 Click **No**.

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Lesson 9

Using the InOffice Feature

Use the InOffice function to track patients from the time they arrive in your office until they leave.

This lesson includes:

- Displaying the InOffice Feature
- Processing a Patient
- Using the Electronic Router

Typically, in the morning the populated **InOffice** window displays all the appointments for that day.

You can track when the patient arrives, when the patient moves to the operatory, the time spent in the operatory, and when the patient leaves the operatory. When a patient checks out, you can clear the patient from the **InOffice** window.

From the **InOffice** window, you can:

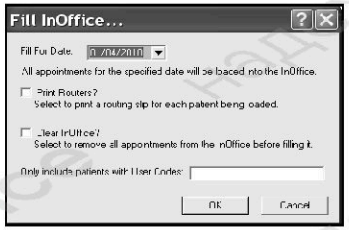
- Post transactions
- Submit claims
- Log contact information
- Display the patient's balance
- Schedule appointments
- View transactions and treatment plans
- Activate new accounts
- View or capture patient portraits
- View a patient chart
- Update medical history information

Displaying the InOffice Feature

To display the InOffice feature:

1 Select **List > InOffice**. The **InOffice** window is displayed, but does not contain appointments.

2 Click **Fill InOffice**. The **Fill InOffice** window is displayed.



Tip

The **Fill for Date** field is populated with today's date by default.

3 To print routing slips, select **Print Routers**.

4 To remove old appointments, select **Clear InOffice**.

5 To include only those patients assigned specific user codes, type the codes in the **Only include patients with User Codes** field.

6 Click **OK**. The **InOffice** window is populated.

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Processing a Patient

Using the InOffice feature, processing a patient consists of four procedures: checking in the patient, moving the patient from waiting room to operatory, moving the patient from operatory to waiting room, and checking out the patient.

Checking In and Changing a Patient's Location

When you fill the **InOffice** window, the text in most columns is black. If the patient has not arrived fifteen minutes before the scheduled appointment, or whatever time the office has selected as a definition for "late," the time in the **Appt** column turns red.

Note

If you check in the wrong patient, highlight the patient and select **Check in**. The time is removed and the color is changed. Select **Refresh**.

If the patient has a medical alert, the text in the **Name** column is red. If the appointment is for a new patient, the text in the **Name** column is pink.

To check in a patient:

- Click **Check In**. The appointment text is displayed in blue, and the check-in time is displayed in the **Arrive** column.
- When the patient moves to the operatory, select **Change Location** from the **Options** section of the Express bar. The operatory room number is displayed in the **Loc** column, and the appointment text is displayed in green.
- To indicate that the patient has returned to the waiting room, select **Change Location**.

Checking Out a Patient

When you check out a patient, you can post patient transactions, submit insurance, print a walkout statement, and schedule the next appointment.

To check out a patient:

1. Click **Check Out**. The **Appointment Card** window is displayed.
2. Review the information and click **Post**. The patient portion is displayed in the **Transactions** window.
3. To process a payment, click **Payments**.
4. To submit insurance, schedule the next appointment, and print a walkout statement, click **OK (Process)**. The **Transaction Submission** window is displayed.
5. To submit today's transactions, click **OK**. The **Claim** window is displayed.
6. Review the information and click **OK**. A message asks if you want to submit an electronic claim.
7. Deselect **Do you want to submit electronically?** and click **OK**. A message asks if you want to batch and print the claim.
8. To batch the claim, click **OK**. The patient **Appointments** window is displayed.
9. Click **Close**. A message asks if you want to print a walkout statement.
10. Click **No**. The **InOffice** window is displayed.

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Using the Electronic Router

The Electronic Router feature is typically accessed from the **InOffice** window. It contains patient data, usually printed on routing slips.

In the **Electronic Router** window, you can set up or schedule treatment plan procedures, schedule follow-up appointments, and view existing appointments.

To access the Electronic Router from the **InOffice** window, select **Electronic Router** from the **Options** section of the Express bar.

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Skill Sharpener

Exercise 1—Populate the InOffice Window

Display and fill the **InOffice** window. Check in a patient, move the patient to the operatory, and then check him out.

Note

You can also open InOffice by clicking the **InOffice** icon on the Power bar.

To display and fill the **InOffice** window:

1 Select **List > InOffice**. The **InOffice** window is displayed.

2 Click **Fill InOffice**, and the **Fill InOffice** window is displayed. Today's date is displayed in the **Fill For Date** field. Accept the default date and the appropriate options. Click **OK**.

The **InOffice** window is displayed again, this time with all of the appointments for today. On a busy day, not all of the appointments can be displayed at once. You can view later appointments by using the scroll bar on the right.

3 It is a little before 9 a.m., and the patient arrives. To check him in, select his name in the list, and then click **Check In** on the toolbar at the top of the window.

The **HIPAA Acknowledgement** window tells you that there is no HIPAA Acknowledgement on file.

4 Click **OK**.

5 Ask him to sign a HIPAA Acknowledgement, and then select **HIPAA Acknowledgement** in the **Options** section of the Express bar. The **Contacts for** window is displayed.

6 Enter the necessary data to document when he signed the HIPAA Acknowledgement, and click **OK**. The **InOffice** window is displayed. The patient's arrival time is displayed in blue in the **Arrive** column, indicating that he has arrived. The **Loc** column contains the code **W** (waiting room).

7 When the patient is asked to go into the Operatory, select **Change Location** from the **Options** section of the Express bar. The text in the patient's row turns **green**, indicating that he has been moved to the Operatory. The **Loc** column now displays the Operatory number.

8 When the patient finishes in the Operatory, select **Change Location** from the **Options** section of the Express bar. The text reverts to blue, the **Loc** column has a **W** (waiting room), and the **Op Time** column displays the number of minutes that the patient was in the Operatory.

9 Click **Check Out** on the toolbar at the top of the window. The **Appointment Card** for the patient is displayed.

10 Click **Post** on the toolbar at the top of the window. The **Transactions** window is displayed.

11 Click **Close**. The **Processing Options** window is displayed.

12 For this exercise, deselect all of the options, and click **OK (Process)**.

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Lesson 10

Managing Lab Cases

You can create and track a lab case, and you can view all lab cases for a particular lab or a particular patient.

The lesson includes:

- Managing Labs
- Managing Lab Cases

Managing Labs

Before you can work with lab cases, you must add at least one lab. You can also delete a lab or edit lab information.

Adding a Lab

To add a lab:

1. From the main menu, select **List > Labs**. The **Labs List** window is displayed.
2. Click anywhere in the list and click **Add** on the toolbar. A blank **Labs** window is displayed with the **General Info** tab active.
3. Type the lab name, address, phone numbers, and other relevant information in the appropriate fields.
4. Click the **Contact** tab, and enter contact data in the appropriate fields.
5. Click **OK** to save the data, and click **Close**.

Deleting a Lab

To delete a lab:

1. On the main menu bar, select **List > Labs**. The **Labs List** window is displayed.
2. Select the lab to delete.
3. Click **Delete**. A message asks you to confirm the lab for deletion.
4. Click **Yes**, and click **Close**.

Editing a Lab

To edit the information about a lab:

1. On the main menu bar, select **List > Labs**. The **Labs List** window is displayed.
2. Click the name of the lab that you want to edit.
3. Click **Edit** on the toolbar. The lab record is displayed.
4. Edit the fields that you want to change.
5. Click **OK**, and click **Close**.

Note

Before managing lab cases, add the labs to which the cases are sent.

Note

You can also access lab cases from the new **Labs** tab in charting.

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Managing Lab Cases

After you add a lab, you can:

- Create a lab case.
- Create a reminder to be displayed on the day the lab case is expected.
- Mark a lab case as returned.
- Mark a lab case as closed.

Adding a Lab Case

To add a lab case:

Note

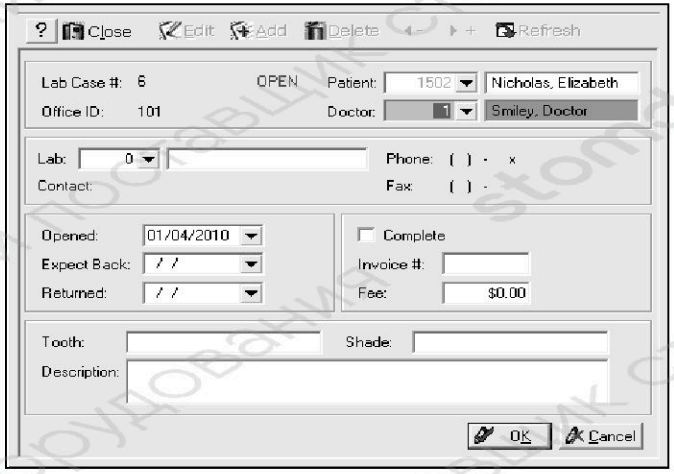
When adding a lab case, you can include tooth and shade information.

1 From the menu bar, select **List > Patient**. The **Patient List** window is displayed.

2 Select the appropriate patient.

3 Select **Clinical Management > View Lab Cases** from the **Options** section of the Express bar. The **Lab Case List** window for the patient is displayed.

4 Click **Add**. A blank **Lab Case** window is displayed.



5 Select the lab to which the case is assigned and type a case description.

6 Click **OK**. You are asked to display a reminder on the day the the lab case is expected.



7 Click **Yes**, and click **Close**.

If the patient has an appointment scheduled and the lab case has been linked to the appointment, a red **L** is displayed at the bottom of the appointment in the **Daily Appointments** window to indicate an open lab case.

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Marking a Lab Case as Returned

After a lab case is returned to your office, mark it as returned.

To mark a case as returned:

1 Select **List > Patients**. The **Patient List** is displayed.

2 Select the patient whose lab case is returned.

3 Select **Clinical Management** from the **Options** section of the Express bar. A sub-menu is displayed.

4 Select **View Lab Cases**. The **Lab Case List** window is displayed.

5 Select the appropriate case, and select **Mark Returned** on the **Options** section of the Express bar. The **Enter Lab Fee and Invoice #** window is displayed.

6 Enter the invoice number and lab fee in the appropriate fields.

7 Click **OK**. The **Returned** column displays the current date; the lab case is displayed in blue. If the patient has an appointment, a green **L** is displayed.

Marking a Lab Case as Complete

After all of the clinical procedures associated with a lab case have been performed, mark it as complete.

To mark a lab case as complete:

1 Select **List > Patients**. The **Patient List** is displayed.

2 Select the patient whose lab case is returned, and select **Clinical Management > View Lab Cases** from the **Options** section of the Express bar. The **Lab Case List** window is displayed.

3 Select the appropriate case, and click **Edit**. The window for the lab case is displayed.

4 Select **Mark Completed** from the **Options** section of the Express bar and click **OK**.

5 Click **Close**.

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Skill Sharpener

Exercise 1—Mark a lab case as returned.

A lab case has been returned for Dan Thomas. It is accompanied by an invoice for a specific fee. Mark the lab case as returned.

To mark a lab case as returned:

1 Select **List > Patient**. The **Patient List** window is displayed.

2 Find and select the patient in the list to activate the options on the Express bar.

3 Select **Clinical Management > View Lab Cases** from the **Options** section of the Express bar. The **Lab Case List** window for the patient is displayed.

4 Select the case, and select **Mark returned** from the **Options** section of the Express bar. The **Enter Lab Fee and Invoice #** window is displayed.

5 Type the invoice number and the lab fee, and click **OK**. The **Lab Case List** is displayed again, but now the text is blue and today's date is in the **Returned** column.

6 Click **Close**.

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Lesson 11

Working with Routing Slips

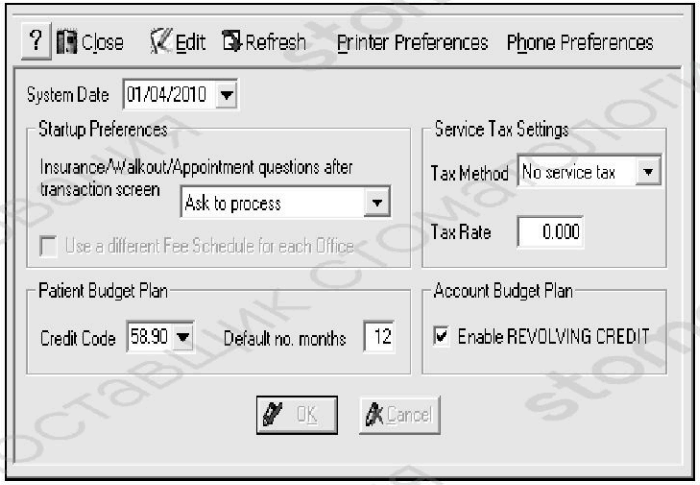
This lesson includes:

- Setting Routing Slip Preferences
- Configuring Printing for Routing Slips

Setting Routing Slip Preferences

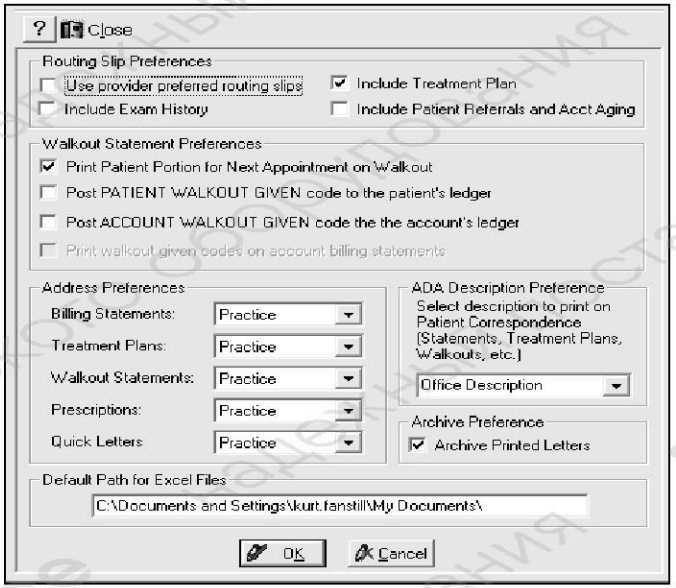
To set routing slip preferences:

1 Select **System > Change System Settings > General System**. The **General System Settings** window is displayed.



2 Click **Printer Preferences**.

The **System Printing Preferences** window is displayed.



3 In the **Routing Slip Preferences** area of the window, you can select the following options to customize the routing slip:

- **Use provider preferred routing slips**–To customize a provider's preferred routing slip.
- **Include Treatment Plan**–To print treatment plan codes on routing slips, if the patient has treatment plan procedures.

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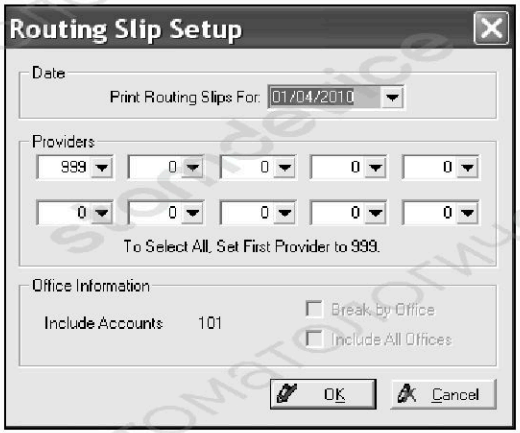
- **Include Exam History**–To print last exam data on the routing slip.
- **Include Patient Referrals and Acct Aging**–To include the information on routing slips.

4 Click **OK**.

Configuring Printing for Routing Slips

To configure print options for routing slips:

1 Select **Report > Recall/Appt > Routing Slips by Date**. The **Routing Slip Setup** window is displayed.



2 Select the date for which routing slips are to be printed.

3 Select the providers to include in the report.

4 Click **OK**. The **Output Options** window is displayed.



5 Select an option and click **OK**.

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Skill Sharpener

Exercise1—Change Preferences

Your office wants to print treatment plan codes on all routing slips. How do you set this up?

To print treatment plan codes on routing slips:

1 Select **System > Change System Settings > General System**. The **General System Settings** window is displayed.

2 Click **Printer Preferences**. The **System Printing Preferences** window is displayed.

3 Check **Include Treatment Plan**.

4 Click **OK**.

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Lesson 12

Generating Reports

SoftDent contains many reports to help you manage your practice, maintain financial information, and identify practice trends.

This lesson includes:

- Daily Reports
- Monthly Reports
- Yearly Reports
- Report Accuracy
- Running Reports

Daily Reports

Run these reports every day.

Morning Reports

Run these reports in the morning:

- Confirmation List–Confirmation status of patient appointments for a specified date.
- Short Call List–Scheduled patients willing to move their existing appointment to an earlier opening. Patients in the tickler file willing to accept an appointment on short notice.
- Missed Appointments–Patients who missed their appointment yesterday. Moves missed appointments from the **Daily Appointments** window to the tickler file. Moves posted appointments to the history file.

End-of-Day Reports

Run these reports at the end of each day:

- Daysheet –Overview of daily finances. Generating the final daysheet ensures the accuracy of the receivables totals and accounting reports.
- End-of-Day Callback–Appointments marked for a follow-up call at the end of the day.
- Daily Register– Daily summary of the number of patients seen, number of new patients, production, and collection amounts.
- Unsubmitted Claims–Insurable transactions not submitted to an insurance company for payment. Includes unsubmitted charges for patients by dates of service.
- Daily Operatory Schedule–Patient appointments by room and provider. Prints patient name, procedure, confirmation icon, medical alerts, and appointment notes. Includes an option to print in HIPAA privacy mode.

Note

Your practice might need to run particular reports only occasionally.

Note

The Daily Operatory Schedule report defaults to tomorrow's date.

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Monthly Reports

Run these reports every month:

- Accountant's Earnings–Shows a breakdown of all transaction codes posted. Calculates net collections, net productions, net charges, tax, and expected income.
- Account Aging–Shows ending receivables totals. Identifies overdue accounts. Lists all accounts that have an aged balance over a specified amount.
- Insurance Payment Distribution–Lists all patients covered by insurance payments for a specified date range.
- Receivables Breakdown–Lists monthly or yearly breakdown of receivables totals for the practice.
- Transactions for a Period–Details all transactions posted during a specified period and summarizes transactions by provider.
- Monthly Register–Summarizes the number of patients seen, number of new patients, production, and collection amounts for the month.

Yearly Reports

Run these reports at the end of the year:

- Insurance Plan Rollover– Resets insurance benefits for each patient with an insurance plan anniversary date of January. Run prior to posting transactions or submitting insurance for the month of January.
- Treatment Plan Recalculation of Benefits–Recalculates estimated insurance portions for all treatment plans.
- Practice Summary–Compares nine key areas (such as production, receivables, referrals, and so forth) for the past six months and forecasts the next six months.
- Practice Barometer–Compares two date ranges for the number of patients seen, new patients, productions, goals, and receivables totals.
- Accountant's Earnings–Shows a breakdown of all transaction codes posted. Calculates net collections, net productions, net charges, tax, and expected income.
- Account Aging–Shows ending receivables totals. Identifies overdue accounts. Lists all accounts that have an aged balance over a specified amount.
- Receivables Summary–Lists prior receivables, changes in receivables, and new receivables totals for the current date, month-to-date, and year-to-date.
- Receivables Breakdown–Lists monthly or yearly breakdown of receivables totals for the practice.
- Collection Summary–Summarizes all collections by cash, check, insurance check, and credit cards.
- Yearly Register–Summarizes the number of patients seen, number of new patients, production, and collection amounts for the year.

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Running Reports

To run a report:

1 Select **Report > Category > Report_Name**. The **Output Options** window is displayed.



2 Select the options you want and click **OK**. The report can be previewed or printed.

Report Accuracy

To generate reports, the software sorts through the information stored in your databases to calculate the numbers on reports. To reduce the time required to run reports, the software stores many of the numbers needed for accounting reports in a single file named **RCVTOT.DAT** (receivables totals). This file is updated when you run a final daysheet.

The following actions affect the accuracy of your reports, particularly the accounting and practice management reports:

- Running the final daysheet–Updates the **RCVTOT.DAT** file. If you forget to run the final daysheet, the receivables amounts and totals will be inaccurate on your reports.
- Deleting patients or accounts–Changes the information on reports. It is better to mark the account or patient as inactive. Most reports can be run to include or exclude patients and accounts that are marked inactive.
- Deleting providers or editing provider names with new provider information–Changes the numbers on reports. When a provider leaves the practice, mark the provider as inactive, and add new providers when new employees join the practice.

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Skill Sharpeners

Exercise 1—List accounts with aged balances.

You want to see all accounts that have an aged balance for two months. To run the Account Aging report:

1 Select **Reports > Accounting > Account Aging**. The **Output Options** window is displayed.

2 Select **Print Preview** and click **OK**. The **Account Aging Report Setup** window is displayed.

3 In the **Applicable Accounts** section, deselect all options in the **Overdue** fields except **0-30 days** and **31-60 days**.

4 Click **OK**.

Exercise 2—View the operatory schedule.

You want to view all appointments scheduled in the operatory for the current date. To view the operatory schedule:

1 Select **Reports > Daily Op Schedule**. The **Output Options** window is displayed.

2 Select **Print Preview** and click **OK**. The **Daily Operatory Schedule Report** window is displayed.

3 In the **Date** field, select the current date.

4 Click **OK**.

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Lesson 13

Deactivating Records

Categories of information can be marked as inactive, including pharmacies, referring doctors, employers, and labs.

This lesson includes:

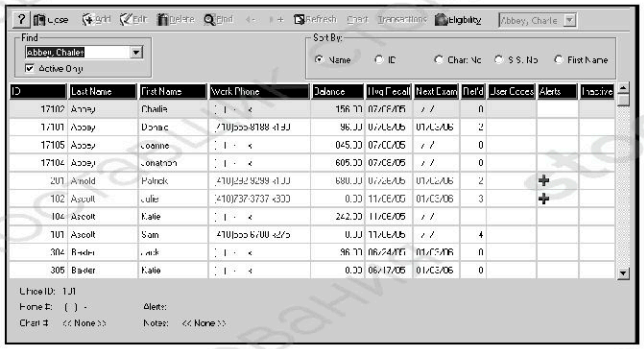
- Marking Patient Records Inactive
- Marking Provider Records Inactive
- Marking Account Records Inactive

Marking Patient Records Inactive

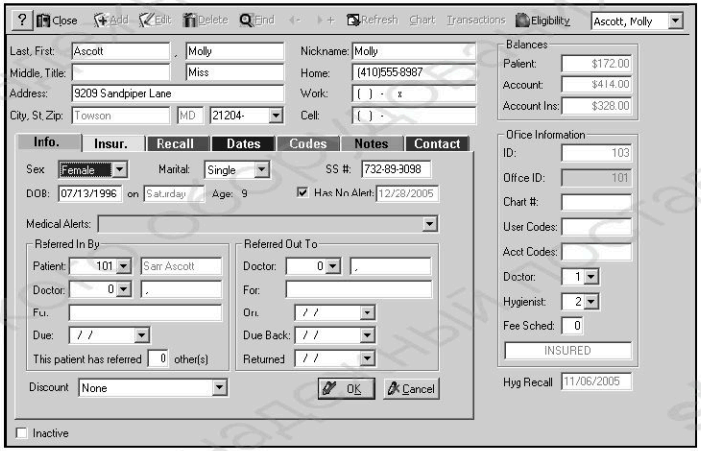
When a patient record is not being used, but you want to maintain the information in the database, mark it as inactive.

To mark a patient record as inactive:

1 Select **List > Patient**. The **Patient List** window is displayed.



2 Double-click the record you want to deactivate. The **Patient** window is displayed.



3 Select the **Inactive** option in the lower-left corner of the window.

4 Click **OK** and click **Close**.

Note

In the **Patient List** window, the **Active Only** option is selected by default.

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Marking Provider Records Inactive

To mark a provider record as inactive:

1 Select **List > Provider**. The **Provider List** window is displayed.

2 Double-click the record you want to deactivate. The **Provider** window is displayed.

3 Select the **Inactive** option.

4 Click **OK**.

Marking Account Records Inactive

To mark an account record as inactive:

1 Select **List > Account**. The **Account List** window is displayed.

2 Double-click the record that you want to deactivate. The **Account** window is displayed.

3 Select the **Inactive** option.

4 Click **OK**. A message is displayed.

5 To mark all patients assigned to the account as inactive, click **Yes**. Otherwise, click **No**.

6 Click **Close**.

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Skill Sharpener

Exercise 1—Report inactive referral doctors.

You want to create and preview a report that includes referral doctors who have been marked as inactive.

To print or preview a report of inactive referral doctors:

1. Select **Reports > Practice Management > Referral**. Select the appropriate report. The **Output Options** window is displayed.
2. Select the output option, and click **OK**. The **Report** window is displayed.
3. Select the report criteria, such as **Include Inactive Referring Doctors**.
4. Click **OK**.

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Appendix A

Account and Patient User Codes

SoftDent uses the following default codes, shaded in gray. You can use this table to record user-defined account codes.

Table 1 Account User Codes

Code	Definition
A	
B	
C	**Collections**–No statement is generated; excluded from account aging.
D	
E	
F	
G	
H	
I	**Inactive**–No statement is generated; excluded from account aging.
J	
K	
L	**Legal matter**–No statement is generated; excluded from account aging.
M	**Messages**–Statement includes the notes in the **Account** window.
N	No statement is generated.
O	
P	
Q	
R	
S	
T	
U	
V	
W	
X	Insurance information is turned off.
Y	Statement does not include dunning messages.
Z	Account is not charged finance or billing fees.
F3	Account accrues finance or billing charges after it is 30 days past due.
F6	Account accrues finance or billing charges after it is 60 days past due.
F9	Account accrues finance or billing charges after it is 90 days past due.
~	Account does not receive a statement for its fixed budget plan.
1	
2	
3	
4	
5	
6	
7	
8	
9	

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SoftDent uses the following default codes, shaded in gray. You can use this table to record user-defined patient codes.

Table 2 Patient User Codes

Code	Definition
A	**Accept assignment**–Patient accepts assignment of all benefits.
B	
C	**Collections**–Patient is excluded from recall reports.
D	
E	
F	
G	
H	
I	**Inactive**–Patient is excluded from recall reports.
J	
K	
L	**Legal matter**–Patient is excluded from recall reports.
M	**Messages**–Recall postcards and reports include the second line of the **Notes** field in the **Patient** window.
N	Patient is not included in recall postcards and reports.
O	
P	**PREMED** is printed on recall postcards and reports and is displayed on appointment cards.
Q	
R	Indicates the monthly interval for recalls; for example, **R4** indicates a recall interval of four months.
S	
T	
U	
V	
W	Indicates the patient receives medical assistance.
X	Insurance estimation is turned off.
Y	
Z	
1	
2	
3	
4	
5	
6	
7	
8	
9	

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