

DENTRIX ENTERPRISE 11.0

REPORTS REFERENCE

Publication Date

April 2019

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Introduction

The Dentrax Enterprise Reports Reference is designed to help your office get the most out of Dentrax Enterprise reporting. Detailed explanations, along with sample screenshots, are provided to help your office learn why and when to use each report and how to read each report.

For additional help with Dentrax Enterprise reports, consult the *Dentrax Enterprise User's Guide*, refer to the Dentrax Enterprise Help (in any module, from the **Help** menu, click **Contents**), or contact Technical Support at 1-800-459-8067.

How to Use this Book

Reports are listed alphabetically in this book. If you do not know the name of a report, do not know which report contains the data you are looking for, or want to know the filters of each report, use the Table of Contents or one of the following indexes located at the end of the manual:

- **Index by Report Name** – Lists all the reports alphabetically.
- **Index by Symbol** – Categorizes reports by Quick Reference symbol.
- **Index by When to Run a Report** – Groups reports by when it is recommended to run each report.
- **Index by Module** – Groups reports by the Dentrax Enterprise modules from which you run each report.
- **Index of Filters by Report** – For each report, the available filters are listed.
- **Index by Filter** – For each available filter, the reports that use that particular filter are listed.
- **Index by Report Item** – Groups reports by the items found on each report. The report items are arranged in categories to help you find the report items you are looking for.






How to Read this Book

After each report is introduced, a Quick Reference section summarizes why and when to run the report. In the Quick Reference section, you'll find Quick Reference symbols that represent how your office can benefit from using the report.

Quick Reference Symbols

Quick Reference Symbols represent how your office will benefit from a report. Use the Quick Reference symbols and the “Index by Symbol” section (at the end of this manual) to help your office focus on specific aspects of the practice.

You will find the following Quick Reference symbols in this book:

Symbol	Category	Explanation
	Patient Care	Helps your practice provide patient care services.
	Information	Gathers Dentrix Enterprise information together so that you can review it without opening multiple dialog boxes.
	Financial	Helps you track , monitor, or project financial data.
	Production	Helps you track, monitor, or project production.
	Time	Saves you time.

Tips for Understanding Dentrix Enterprise Reports

Procedure Date vs. Entry Date

Many Dentrix Enterprise reports can be run by Procedure Date or Entry Date. Because the type of date by which you run a report can filter out desired data, it is essential that you understand the difference between these two options.

- **Entry Date** – The actual date a procedure is entered.
- **Procedure Date** – The date a procedure is completed. Because the clinical chart must always be accurate, this date can be back-dated.

Scenario: You have to enter last Friday’s procedures on Monday. The *Entry Date* would be Monday. The *Procedure Date* would be Friday.

Consequence: If you run a report, such as the Day Sheet, by *Entry Date* for Monday, the procedures would be included in the report. However, if you run the same report by *Procedure Date*, the procedures would not be included.

Additionally, if Friday was a previous month, the MTD totals would be affected by the option used to run the report.

Year-to-date vs. Month-to-date

Many Dentrix Enterprise reports include Year-to-date and Month-to-date totals. It is important to understand how each total is calculated.

- **Year-to-date** – The total amount since the start of the current year (January 1).
- **Month-to-date** – The total amount since the start of the current month.

Note: *Month-to-date and Year-to-date values can be affected by whether a report is run by Entry Date or Procedure Date.*

Dentrix Enterprise Reports

Adjustment Summary Report

The Adjustment Summary Report displays adjustment totals by adjustment type.

\$	<p>Why: To assist in preparing tax documents (to view charity care and other tax deductible totals), and to view the amount of bad debt written off</p> <p>When: Yearly and quarterly</p>
-----------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Adjustment Summary				
01/01/2018 - 04/05/2018 Procedure Date Clinics: <ALL> Providers: <ALL> Billing Type: <ALL> Adjustment Types: <ALL>				
Report Date: 04/05/2018		Report Generated By: enterprise		Page 1 of 1
Description	Quantity	Total	Average	Percent
+Debit Adjustment	2	100.00	50.00	100.00%
-Credit Adjustment	2	-75.00	-37.50	51.72%
-Professional Discount	4	-70.00	-17.50	48.28%
Finance Charge	3	332.00	110.67	100.00%
Late Charge	4	7,951.00	1,987.75	100.00%
Grand Totals	(A)	(B)	(C)	(D)
Total Credit Adjustments	6	-145.00	-24.17	
Total Debit Adjustments	2	100.00	50.00	(E)
Total Finance Charges	3	332.00	110.67	
Total Late Charges	4	7,951.00	1,987.75	
Totals	15	8,238.00	549.20	

How do I run the Adjustment Summary Report?

From the DXOne Reporting module, select **Analysis**, and then double-click **Adjustment Summary**. For additional details about running this report, see the "Adjustment Summary Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Quantity** – The number of adjustments posted.
- B. Total** – The total dollar amount of adjustments.
- C. Average** – The average dollar amount of adjustments (Total / Quantity).
- D. Percent** – The adjustment total divided by the combined total of all adjustments in the same category.

Note: There are four adjustment categories: credit adjustments, debit adjustments, finance charges, and late charges.

- E. Grand Totals** – The Grand Totals section includes the quantity, total, and average for all the credit adjustments, debit adjustments, finance charges, late charges, and totals (of all adjustments) on the report.

Aging/Credit Balance Report

The Aging/Credit Balance Report lists guarantors with outstanding balances or credit balances, along with their contact information.

\$

Why: To identify guarantors with outstanding balances so that they can be targeted for collections, or to view and/or contact guarantors with a credit balance

When: Monthly

AGING REPORT

Balance as of: 04/23/2018 Procedure Date
 Last Payment Before: <ALL>
 Balance Range: <ALL>
 Guarantor Range: Abbott, James - Farrer, Lisa
 Days Past Due: 0 - <No Limit>
 Clinics: <ALL>
 Provider: <ALL>
 Billing Types: <ALL>

Report Date: 04/23/2018
Report Generated By: enterprise
Page 1 of 1

Guarantor Name	Phone	BT	Last Pmt Date	Last Pmt Amt	Last Stmt Date	0-30	31-60	61-90	91-120	121-150	151-180	Over 180	Sus Cred	Ins Est.	Guar Portion	Balance
Abbott, James	(404)555-5445	1				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Brown, Mary	(404)555-1586	2	04/22/2018	125.00	04/03/2018	0.00	230.00	4,516.00	1,302.64	0.00	118.40	0.00	1,772.00	4,792.04	6,564.04	
- Tue - Jan 20,2018 -account note here																
Crosby, Brent R	(919) 555-1432	1				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cross, Jill T	(919) 555-3784	1	02/21/2018	116.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	-104.00	0.00	0.00	-104.00
Davis, Harmon J	(919) 555-3781	1	11/29/2017	83.70		0.00	0.00	0.00	0.00	0.00	0.00	360.70	0.00	0.00	360.70	360.70
Edwards, John	(919) 555-3778	1	02/21/2018	24.00		0.00	0.00	0.00	0.00	0.00	0.00	208.00	0.00	0.00	208.00	208.00
Edwards, Kelly	(919) 555-3775	1				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Farrer, Lisa	(212) 555-3333	1	11/24/2017			0.00	0.00	0.00	0.00	0.00	0.00	92.00	0.00	0.00	92.00	92.00

	0-30	31-60	61-90	91-120	121-150	151-180	Over 180	Sus Cred	Ins Est.	Guar Portion	Balance
TOTALS	397.00	0.00	230.00	4,516.00	1,302.64	0.00	779.10	-104.00	1,772.00	5,452.74	7,120.74
PERCENT	5.58%	0.00%	3.23%	63.42%	18.29%	0.00%	10.94%	-1.46%	24.89%	76.58%	

D	AMCCLURE															
	Abbott, Patricia	(919)555-1586	2	04/22/2018	125.00	04/03/2018	0.00	0.00	0.00	100.00	0.00	0.00	0.00	1,772.00	4,792.04	100.00
	DDS1						326.00	0.00	230.00	2 2.00	0.00	0.00	2 52.00			830.00
	Brown, Mary	(919)555-1586	2	04/22/2018	1 25.00	0 4/03/2018	326.00	0.00	230.00	22.00	0.00	0.00	0.00	1,772.00	4,792.04	578.00
	Crosby, Brent G	(919)555-3778	1	0 2/21/2018	2 4.00		0.00	0.00	0.00	0.00	0.00	0.00	208.00	0.00	208.00	208.00
	Davis, Harmon Q	(212)555-3333	1	11/24/2017	0.00		0.00	0.00	0.00	0.00	0.00	0.00	44.00	0.00	92.00	44.00

E	CENTRAL															
	Abbott, Patricia	(555-1586	2	04/22/2018	125.00	04/03/2018	397.00	0.00	230.00	4,516.00	1,302.64	0.00	38.40	0.00	1,772.00	4,792.04

How do I run the Aging/Credit Balance Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Aging/Credit Balance**. For additional details about running this report, see the "Aging/Credit Balance Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).


What important information does this report provide?

The report can be grouped and subtotaled by provider. Or, the report can be grouped and subtotaled by clinic. The following information appears on the report:

- A. Guarantor Details** – The name, phone number, billing type, last payment, and last statement of each guarantor.
- B. Balances** – The guarantor's aged balances.
- C. Totals** – The combined totals of aged balances listed on the report. Use aged balance totals to quickly ensure the practice is current on collection efforts.
- D. By Provider** – The guarantors and corresponding balances are shown for the provider, along with a subtotal for the provider.
- E. By Clinic** – The guarantors and corresponding balances are shown for the clinic, along with a subtotal for the clinic.

Analysis Summary Report - Daily

The Analysis Summary - Daily Report lists transaction totals. This report includes much of the same information as the Day Sheet Report, but formats it in a way that helps you compare provider and/or clinic totals for each day in a given date range.

	Why: To review production totals and compare provider and/or clinic totals
	When: Monthly

Analysis Summary - Daily												
04/22/2018 - 04/29/2018 Entry Date												
Clinics: <ALL>												
Providers: <ALL>												
Billing Type: <ALL>												
Report Date: 04/29/2018			Report Generated By: enterprise						Page 1 of 1			
Beginning Balance	Charges Billed to Ins	Charge Adj	Finance Charges Late Charges	Debit Initial Balances Debit Special Adj	Applied Payments Suspended Payments	Applied Ins Payments Suspended Ins Payments	Applied Credit Adj Suspended Credit Adj	Credit Special Adj Initial Balances	Pats Seen New Pats	Avg Prod Per Pat Avg Chrg Per Proc	Ending Balance	Net Change
04/22/2018												
0.00	386.00	10.00	0.00	0.00	-148.00	0.00	-20.00	0.00	2	193.00	249.00	249.00
	0.00		21.00	0.00	0.00	0.00	0.00	0.00	0	64.33		
					0.00	0.00	0.00	0.00		0.00		
04/23/2018												
249.00	3,376.56	0.00	332.00	0.00	-20.00	0.00	0.00	0.00	10	337.66	11,867.56	11,618.56
	0.00		7,930.00	0.00	0.00	0.00	0.00	0.00	3	281.38		
					0.00	0.00	0.00	0.00		0.00		
04/24/2018												
11,867.56	105.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1	105.00	11,972.56	105.00
	105.00		0.00	0.00	0.00	0.00	0.00	0.00	1	35.00		
					0.00	0.00	0.00	0.00		0.00		
04/27/2018												
11,972.56	973.00	0.00	0.00	0.00	-100.00	-698.40	0.00	0.00	3	324.33	12,122.16	149.60
	898.00		0.00	0.00	0.00	0.00	-25.00	0.00	0	243.25		
					0.00	0.00	0.00	0.00		0.00		
GRAND TOTALS												
17,940.04	4,840.56	10.00	332.00	0.00	-268.00	-698.40	-20.00	0.00	16	302.54	30,062.20	12,122.16
	1,003.00		7,951.00	0.00	0.00	0.00	-25.00	0.00	4	193.62		
					0.00	0.00	0.00	0.00		0.00		

A

B

Analysis Summary - Daily

04/23/2018 - 04/29/2018 Entry Date
Clinics: CENTRAL
Providers: DDS1
Billing Type: <ALL>

Report Date: 04/29/2018 Report Generated By: enterprise Page 1 of 1

Beginning Balance	Charges Billed to Ins	Charge Adj	Finance Charges Late Charges	Debit Initial Balances Debit Special Adj	Applied Payments	Applied Ins Payments Credit Special Adj	Applied Credit Adj Credit Initial Balances	Pats Seen New Pats	Avg Prod Per Pat Avg Chrg Per Proc	Ending Balance	Net Change
Provider: DDS1											
Clinic: CENTRAL											
04/23/2018											
1,389.00	2,586.56	0.00	332.00	0.00	0.00	0.00	0.00	5	517.31	12,237.56	10,848.56
	0.00		7,930.00	0.00		0.00	0.00	1	431.09		
04/27/2018											
12,237.56	898.00	0.00	0.00	0.00	-82.00	-698.40	0.00	2	449.00	13,053.56	816.00
	898.00		0.00	0.00		0.00	0.00	0	299.33		
Clinic: CENTRAL											
1,389.00	3,484.56	0.00	332.00	0.00	-82.00	-698.40	0.00	7	497.79	12,355.16	10,966.16
	898.00		7,930.00	0.00		0.00	0.00	1	387.17		
Provider: DDS1											
1,389.00	3,484.56	0.00	332.00	0.00	-82.00	-698.40	0.00	7	497.79	12,355.16	10,966.16
	898.00		7,930.00	0.00		0.00	0.00	1	387.17		
GRAND TOTALS											
1,389.00	3,484.56	0.00	332.00	0.00	-82.00	-698.40	0.00	7	497.79	12,355.16	10,966.16
	898.00		7,930.00	0.00		0.00	0.00	1	387.17		

A

C

B

Analysis Summary - Daily

04/23/2018 - 04/29/2018 Entry Date
Clinics: CENTRAL
Providers: DDS1
Billing Type: <ALL>

Report Date: 04/29/2018 Report Generated By: enterprise Page 1 of 1

Beginning Balance	Charges Billed to Ins	Charge Adj	Finance Charges Late Charges	Debit Initial Balances Debit Special Adj	Applied Payments	Applied Ins Payments Credit Special Adj	Applied Credit Adj Credit Initial Balances	Pats Seen New Pats	Avg Prod Per Pat Avg Chrg Per Proc	Ending Balance	Net Change
Clinic: CENTRAL											
Prov: DDS1											
04/23/2018											
1,389.00	2,586.56	0.00	332.00	0.00	0.00	0.00	0.00	5	517.31	12,237.56	10,848.56
	0.00		7,930.00	0.00		0.00	0.00	1	431.09		
04/27/2018											
12,237.56	898.00	0.00	0.00	0.00	-82.00	-698.40	0.00	2	449.00	13,053.56	816.00
	898.00		0.00	0.00		0.00	0.00	0	299.33		
Prov: DDS1											
1,389.00	3,484.56	0.00	332.00	0.00	-82.00	-698.40	0.00	7	497.79	12,355.16	10,966.16
	898.00		7,930.00	0.00		0.00	0.00	1	387.17		
Clinic: CENTRAL											
1,389.00	3,484.56	0.00	332.00	0.00	-82.00	-698.40	0.00	7	497.79	12,355.16	10,966.16
	898.00		7,930.00	0.00		0.00	0.00	1	387.17		
GRAND TOTALS											
1,389.00	3,484.56	0.00	332.00	0.00	-82.00	-698.40	0.00	7	497.79	12,355.16	10,966.16
	898.00		7,930.00	0.00		0.00	0.00	1	387.17		

A

D

B

How do I run the Analysis Summary Report - Daily?

From the DXOne Reporting module, select **Management**, and then double-click **Analysis Summary**. For additional details about running this report, see the "Analysis Summary Report" topic in the DXOne Reporting portion of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped by clinic and then by provider, or you can have the report grouped by provider and then by clinic.

A. Daily Summary – The transaction totals for each day in the date range.

B. Grand Totals – The grand total of transactions for the given date range.

C. Provider Summary



- **Clinic Subtotals** – The daily transaction totals for a provider by clinic.
- **Provider Totals** – The transaction totals for a provider.

D. Clinic Summary

- **Provider Subtotals** – The daily transaction totals for a clinic by provider.
- **Clinic Totals** – The transaction totals for a clinic.

Analysis Summary Report - Standard

The Analysis Summary - Standard report lists transaction totals. This report includes much of the same information as the Day Sheet report, but formats it in a way that helps you compare provider and and/or clinic totals.

	Why: To review production totals and compare provider and/or clinic totals
	When: Monthly

Analysis Summary - Standard											
05/01/2018 - 05/01/2018 Entry Date Clinics: CENTRAL Providers: DDS1 Billing Type: <ALL>											
Report Date: 05/01/2018				Report Generated By: enterprise				Page 1 of 1			
Beginning Balance	Charges Billed to Ins	Charge Adj	Finance Charges Late Charges	Debit Initial Balances Debit Special Adj	Applied Payments	Applied Ins Payments Credit Special Adj	Applied Credit Adj Credit Initial Balances	Pats Seen New Pats	Avg Prod Per Pat Avg Chrg Per Proc	Ending Balance	Net Change
GRAND TOTALS											
470.00	1,011.00 425.00	10.00	22.00 21.00	0.00 0.00	-30.00	-105.00 0.00	-10.00 0.00	8 2	126.38 48.14	1,389.00	919.00



Analysis Summary - Standard											
05/01/2018 - 05/01/2018 Entry Date Clinics: CENTRAL Providers: DDS1 Billing Type: <ALL>											
Report Date: 05/01/2018				Report Generated By: enterprise				Page 1 of 1			
Beginning Balance	Charges Billed to Ins	Charge Adj	Finance Charges Late Charges	Debit Initial Balances Debit Special Adj	Applied Payments	Applied Ins Payments Credit Special Adj	Applied Credit Adj Credit Initial Balances	Pats Seen New Pats	Avg Prod Per Pat Avg Chrg Per Proc	Ending Balance	Net Change
Provider: DDS1											
Clinic: CENTRAL											
470.00	1,011.00 425.00	10.00	22.00 21.00	0.00 0.00	-30.00	-105.00 0.00	-10.00 0.00	8 2	126.38 48.14	1,389.00	919.00
Provider: DDS1											
470.00	1,011.00 425.00	10.00	22.00 21.00	0.00 0.00	-30.00	-105.00 0.00	-10.00 0.00	8 2	126.38 48.14	1,389.00	919.00
GRAND TOTALS											
470.00	1,011.00 425.00	10.00	22.00 21.00	0.00 0.00	-30.00	-105.00 0.00	-10.00 0.00	8 2	126.38 48.14	1,389.00	919.00



Analysis Summary - Standard											
05/01/2018 - 05/01/2018 Entry Date											
Clinics: CENTRAL											
Providers: DDS1											
Billing Type: <ALL>											
Report Date: 05/01/2018				Report Generated By: enterprise				Page 1 of 1			
Beginning Balance	Charges Billed to Ins	Charge Adj	Finance Charges Late Charges	Debit Initial Balances Debit Special Adj	Applied Payments	Applied Ins Payments Credit Special Adj	Applied Credit Adj Credit Initial Balances	Pats Seen New Pats	Avg Prod Per Pat Avg Chrg Per Proc	Ending Balance	Net Change
Clinic: CENTRAL											
Prov: DDS1											
470.00	1,011.00	10.00	22.00	0.00	-30.00	-105.00	-10.00	8	126.38	1,389.00	919.00
	425.00		21.00	0.00		0.00	0.00	2	48.14		
Clinic: CENTRAL											
470.00	1,011.00	10.00	22.00	0.00	-30.00	-105.00	-10.00	8	126.38	1,389.00	919.00
	425.00		21.00	0.00		0.00	0.00	2	48.14		
GRAND TOTALS											
470.00	1,011.00	10.00	22.00	0.00	-30.00	-105.00	-10.00	8	126.38	1,389.00	919.00
	425.00		21.00	0.00		0.00	0.00	2	48.14		

How do I run the Analysis Summary Report - Standard?

From the DXOne Reporting module, select **Management**, and then double-click **Analysis Summary**. For additional details about running this report, see the "Analysis Summary Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped by clinic and then by provider, or you can have the report grouped by provider and then by clinic.

A. Grand Totals – The grand total of transactions in the given date range.

B. Provider Summary

- **Clinic Subtotals** – The transaction totals for a provider by clinic.
- **Provider Totals** – The transaction totals for a provider.

C. Clinic Summary

- **Provider Subtotals** – The transaction totals for a clinic by provider.
- **Clinic Totals** – The transaction totals for a clinic.

Appointment Book View Printout

The Appointment Book View printout displays a graphical representation of your appointment schedule.

Why: To print daily appointments by appointment view and to have printouts of the schedule to hang up in operatories

When: Daily or as needed

Date: 06/26/2018		PMTS - DENTRIX DENTAL SYSTEMS		Page:
		Tuesday - June 26, 2018		
		OP-1	OP-2	
8:00am		Brown, Mary C-Ex, FMX, ProphyA H:(919)555-3664 DR10 0197 General	Abbott, Patricia FMX, ProphyA, ProphyA H:(801)555-1586 DR05 0207 General	
		(A)		
9:00am		Wk: Edwards, John O C-Ex, FMX, ProphyA H:(919)555-3664 DR10 0197 General	Wk: Abbott, James S C-Ex, FMX, ProphyA H:(801)555-1586 DR05 0187 General	
10:00am		Wk:(808)555-8216 Smith, Michael A C-Ex, FMX, ProphyA H:(919)555-1876 DR10 0197 General	Wk:(801)375-1487 Crosby, Brent T C-Ex, FMX, ProphyA H:(919)555-3766 DR05 0197 General	
11:00am		Wk:(808)555-4044		
12:00pm				
1:00pm		Gleason, Alice C-Ex, FMX, ProphyA H:(781)555-6250 DR10 0197 General	Gleason, Gary T C-Ex, FMX, ProphyA H:(919)555-3763 DR05 0172 General	
2:00pm		Wk:(701)555-3154 Perkins, Shelly A ExtSingTh#17 H:(343)555-7421 DR10	Wk:(808)555-8447 Winters, Carl A C-Ex, FMX, ProphyA H:(919)555-1630 DR05 0197 General	
3:00pm		Valgardson, Adrian RCT3#31 H:(743)555-3332 DR10 0800 General	Wk:(808)555-3470 Farrer, Lisa C-Ex, FMX, ProphyA H:(801)555-3864 DR05 0172 General	
4:00pm		Wk:(743)555-8700 000-00-0000	Wk:	

DR05
 DR10

B

Appointment Note:
Order notepads for Gayle.

How do I run the Appointment Book View Printout?

1. From the Appointment Book, select the view you want to print (for example, press F1), and navigate to the day you want to print (if not the day currently being displayed).
2. From the **File** menu, click **Print Appointment Book View** to open the **Print Appointment Book View** dialog box.
3. Click **Print** or **Batch** to generate the Appointment Book View printout. The report can be printed in color (if you are using a color printer).

For additional details about running this report, see the “Appointment Book View Report” topic in the Appointment Book portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Appointments** – The appointments in each operatory of the view.
- B. Day Note** – The note for the day, which can be entered by clicking the **Note** box in the upper-left corner of the Appointment Book.

Appointment Cycle Time Report

The Appointment Cycle Time Report helps you analyze changes in appointments' statuses. The report provides statistics regarding how long patients wait to be treated and how long they spend in treatment.

	Why: To generate a report of appointment information, total visit times, and in-clinic wait times to monitor daily activity
	When: Daily

Server Name: <Default>

Appointment Cycle Time

Date Range: 12/19/2018 - 12/19/2018
 Clinics: <ALL>
 Providers: <ALL>
 Patients: <ALL> - <ALL>
 Appt Time Start Status: READY
 Appt Time End Status: CHKOUT
 In Operatory Tracking Statuses: SEATED, SEDATE, TX, WAKE

Appt Clinic	Appt Date	Appt Type	Provider	Patient Name	Chart#	ADA Code(s)	Current Status	Event Start Time	Changed Status	Event End Time	Event Total Time
AF	12/19/2018	General	DESMITH	Morales, Debbie	MO0001C	D9110	READY	3:21PM	SEATED	3:21PM	0
							SEATED	3:21PM	CHKOUT	3:25PM	4
							Total Time				4
							ICWT				0
AF	12/19/2018	General	DESMITH	Reyes, Jose	RE140	D9310	READY	3:21PM	SEATED	3:23PM	2
							SEATED	3:23PM	CHKOUT	3:27PM	4
							Total Time				6
							ICWT				2
AF	12/19/2018	General	MHAYES	Tran, Thomas	TR0031	D0330	READY	3:25PM	SEATED	3:27PM	2
							SEATED	3:27PM	CHKOUT	3:35PM	8
							Total Time				10
							ICWT				2
AF	12/19/2018	General	DESMITH	Reed, Sandy	RE0019C	D9310	READY	4:45PM	SEATED	4:46PM	1
							SEATED	4:46PM	SEDATE	4:48PM	2
							SEDATE	4:48PM	TX	4:49PM	1
							TX	4:49PM	WAKE	4:51PM	2
							WAKE	4:51PM	CHKOUT	4:52PM	1
							Total Time				7
							ICWT				1
							ICWT Average				1
							ICWT Median				1

How do I run the Appointment Cycle Time Report?

From the DXOne Reporting module, select **Management**, and then double-click **Appointment Cycle Time**. For additional details about running this report, see the “Appointment Cycle Time Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).


What important information does this report provide?

For each appointment listed, the report displays the following information:

- A. Appointment details** – The clinic, date, type, provider, patient name, chart number, and ADA code (or “Multiple” if there is more than one ADA code) associated with the appointment.
- B. Status change (waited)** – When the patient’s time in the waiting room started and stopped, and how long the patient waited.
- C. Status change (treated)** – When the patient’s time in an operatory started and stopped, and how long the patient was being treated.
- D. In-operatory statuses** – If **In Oper Tracking Statuses** were set when setting up options for this report, one or more status changes during treatment (such as imaging, sedation, treatment, and awake) may appear.
- E. Appointment subtotals** – The length of the appointment, according to the specified starting status and ending status. Also, the in-clinic wait time (ICWT) for the appointment.
- F. Average and median** – The average wait time and median wait time for all the appointments on the report.

Appointment Reminder Cards

Appointment Reminder Cards display a patient's next appointment date and time, along with a custom message.

	<p>Why: To print reminder post cards</p> <p>When: Monthly, semi-monthly, or as needed</p>
-----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

<p>Kirk O Baber 11 Maple Leaf Ln. Colmar, PA 18915</p>	<p>PMTS - DENTRIX DENTAL SYSTEMS Ken I Fillem, DDS 123 E. Valley Dr. Suite 500 American Fork, UT 84003 (801)555-9300</p>	<p>Your next appointment with us is:</p>
		<p>A Tuesday - June 26, 2018 at 9:00 am</p> <p>B Present this card at your next appointment and receive 10% off your next tooth whitening.</p>

How do I run the Appointment Reminder Cards?



In the Ledger, from the **Print** menu, click **Walkout**, select **Appointment Card**, and then click **Print**. For additional details about running this report, see the “Walkout statements” topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Next Appointment Date and Time** – The patient’s next scheduled appointment.
- B. Custom Message** – The custom message entered when setting options for this report.

Appointment Statistics Report

The Appointment Statistics Report displays statistics for late appointments, on-time appointments, wait/will call appointments, broken appointments, appointments that remained in specified statuses for a specified length of time, and appointment durations based on specified statuses.

 	Why: To view the productivity and efficiency of your practice regarding patient visits
	When: As needed

Appointment Statistics

Appointment Date Range: 01/01/2017 - 12/31/2017
 Clinics: <ALL>
 Providers: <ALL>
 Remained in Statuses: APTSET
 Avg Appt Time Start Statuses: APTSET
 Avg Appt End Statuses: <COMPLETE>

A	Number of Scheduled Appointments that were late:	1
	Number of Scheduled Appointments that were on time:	4
	Number of Scheduled Appointments:	5
	Number of Wait/Will Call Appointments:	0
	Number of Broken Appointments:	0
	Total Appointments:	5
B	Percent Broken Appointments:	0.00%
	<i>Calculation: Number of Broken Appointments divided by Number of Broken Appointments + Scheduled Appointments</i>	20.00%
C	Percent Late Appointments:	20.00%
	<i>Calculation: Number of Scheduled Appointments that were late divided by Number of Scheduled Appointments</i>	
	Number of Appointments that Remained in Status for 1 or more minutes:	1
D	Number of Appointments that Remained in Status less than 1 minutes:	0
	Percent of Appointments that Remained in Status for 1 or more minutes:	100.00%
	Average Appointment Time between status range (in minutes):	56

How do I run the Appointment Statistics Report?

In DXOne Reporting, select **Management**, and then double-click **Appointment Statistics**. Enter a date range, select the desired clinics and appointment providers, select appointment statuses, type your goal, select a beginning and an ending appointment status, and then click **OK**.

For additional details about running this report, see the “Appointment Statistics Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the Help menu of any module, click Contents).

What important information does this report provide?

This report relies on the same underlying functionality as the Appointment Book “Late Appt”

Tracking feature to monitor changes in appointment statuses, but you do not have to enable late appointment tracking to run this report (of course, the report will not show late appointment statistics).

Important: If any appointments within the date range for which you are running this report have been purged using the purge utility in the Appointment Book or Office Manager, the report data may not be accurate.

A. Number of Appointments

- The number of late and on-time appointments that were scheduled.
- The number of wait/will call and broken appointments.

B. Broken and Late Appointment Percentages

- The number of broken appointments divided by the sum of the number of broken appointments and scheduled appointments.
- The number of late appointments divided by the number of scheduled appointments.

C. Remained in Status

- The number of appointments that remained in the specified statuses for more time than the specified goal but for less time than the specified number of minutes.
- The number of appointments that remained in the specified statuses for less time than the specified goal.
- The percentage of appointments that remained in the specified statuses for more time than the specified goal but for less time than the specified number of minutes.

D. Average Length – The average length of time in between the specified starting and ending statuses for appointments lasting up to the specified number of minutes.

Appointment Information - (Abbott, James S)

Prov: DSMITH >> Continuing Care Attached: Use Reason To Au

Reason: Initial Pc New Patient Exam

Desc: NP Ex

Length: 90 min >> Status: APTSET Op: OPT

Amount: 183.00 Schedule: FIXED Date: 00

RVU: 0.00 Type: Low Production Time: 9

Unscheduled List <Clinic: ALL>

View Appt Refresh Office Journal

Date	Status	Name
01/07/201	W/Call	haber, Kirk D
03/27/201	Broken	Abbott, Patricia
04/15/201	Broken	Box, Arthur

As Soon As Possible List

The As Soon As Possible List displays patients who want to move up their appointment time should an opening occur in the practice schedule.



Why: To assist in filling cancellations

When: Weekly or daily

AS SOON AS POSSIBLE LIST

Date Range: 05/06/2011 - 05/06/2018

Primary Providers: <ALL>

Appointment Providers: <ALL>

Report Date: 05/06/2018

Report Generated By: enterprise

Page 1 of 1



Date	Time	Status	Patient Name	PROV/OP	Appointment Reason	Length	Phone
05/06/2018	9:00 AM	xAPTSE	Brown, Mary	DDS1/OP1	NP Ex	1h 30m	(919) 555-1234
05/06/2018	10:30 AM	xLMTape	Perkins, Shelly	DDS1/OP1	4BWX, Emerg Ex	40m	(919) 555-4457
05/06/2018	9:00 AM	xEMER	Abbott, James S	DDS1/OP2	FabPtCr+B#7	10m	(919) 555-2345
05/06/2018	9:10 AM	xLMwrk	Crosby, Brent J	DDS2/OP2	LbVnPorLm#7	40m	(919) 555-4531
05/06/2018	10:00 AM		Smith, Michael	DDS2/OP2	CCAdult, ExtEval	1h 10m	(919) 555-6278

Total Listed: 5



How do I run the As Soon As Possible List?

From the DXOne Reporting module, select **List**, and then double-click **ASAP List**. For additional details about running this report, see the "As Soon As Possible (ASAP) List" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient and Appointment Information** – Each patient's name, status, and appointment date and time.
- B. Prov/Op** – The provider and operatory assigned to the appointment.
- C. Appointment Reason** – The description of procedures for the appointment.
- D. Length** – The appointment length.
- E. Phone** – The patient's phone number.

Assigned Rights Report

The Assigned Rights report lists the specified security rights assigned to users.



Why: To ensure security rights have been set up correctly for users across clinics
When: After Dentrix Enterprise setup, and as needed

ASSIGNED RIGHTS

Clinics: <ALL>
 Users: <ALL>
 Rights: Selected

Report Date: 04/29/2018

Report Generated By: enterprise

Page 1 of 1

USER	CLINIC	RIGHTS
ENTERPRISE	AF	Appointments - Delete, Appointments - Edit, Appointments - Purge
ENTERPRISE	CENTRAL	Appointments - Delete, Appointments - Edit, Appointments - Purge
ENTERPRISE	DRAPER	Appointments - Delete, Appointments - Edit, Appointments - Purge
ENTERPRISE	MESA	Appointments - Delete, Appointments - Edit, Appointments - Purge
ENTERPRISE	PINEDALE	Appointments - Delete, Appointments - Edit, Appointments - Purge
ENTERPRISE	PROVO	Appointments - Delete, Appointments - Edit, Appointments - Purge
ENTERPRISE	SPRING	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	AF	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	CENTRAL	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	DRAPER	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	MESA	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	PINEDALE	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	PROVO	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	SPRING	Appointments - Delete, Appointments - Edit, Appointments - Purge
MSMITH	CENTRAL	Appointments - Delete, Appointments - Edit, Appointments - Purge
MSMITH	MESA	Appointments - Delete, Appointments - Edit, Appointments - Purge
SLAUGH	AF	Appointments - Delete, Appointments - Edit, Appointments - Purge
SLAUGH	DRAPER	Appointments - Delete, Appointments - Edit, Appointments - Purge



How do I run the Assigned Rights Report?

From the DXOne Reporting module, select **Management**, and then double-click **Assigned Rights Report - Current**. For additional details about running this report, see the “Assigned Rights Report” topic in the DXOne Reporting portion of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Users** – The providers and staff listed in the **Clinic Resource Setup** and **Password Administration** dialog boxes. (You can choose to group the users on the report by clinic when setting up the options for running the report.)
- B. Clinics** – The clinics to which the user has been assigned security rights.
- C. Rights** – The security rights assigned to the user.

Password Administration - Setup Users

User ID:	Clinic:	P/S:
AMCCLURE	MESA	P
DESMITH	PROVO	P
DHAYES	MESA	P
DROBB	MESA	P
DSMITH	CENTRAL	P
JKD1	MESA	P
MCCLURE	AF	P
MSMITH	MESA	S
SHAYES	CENTRAL	P

User Name: Smith, Dennis E
User ID: DSMITH
Change Password

Clinic selected: CENTRAL

Select Security Option Rights

- Administration
- Appointments
- Central Clinic Only
- Continuing Care
- Family File
- Chart
- Treatment Plans
- Completed Procedures
- Insurance
- Ledger
- Billing and Collections
- Letters

Clinic Resource Setup - The Dentist Group <CENTRAL>

Clinic Information
The Dental Group
1234 South Maple Drive
Mesa, AZ 85210
(801)555-1111
January

Administrative Contact:
Clinic ID: MESA

Operator(s)
MESA1
MESA2
MESA3
MESA4

Provider(s)
AMCCLURE - McClure, Angela
DHAYES - Hayes, Deborah
JKD1 - Kimball, Jacob A

Staff
MSMITH - Smith, Mary Kaye
TERICKSON - Erickson, Tracy

List Inactive

Buttons: Password Setup, Electronic Rx Admin, Patient Portal Setup, Close

Audit Report - Appointments

The Audit - Appointments Report lists appointments that were created, altered, and deleted during the specified date range.

Why: To ensure that appointments are being scheduled, edited, and deleted in accordance with the desired security restrictions for each user, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

(A) DATE CHANGED	(B) USER CHANGED	(C) OVERRIDING USER - SECURITY OPTION							
PATIENT NAME	DATE	TIME	LENGTH	TIME	STATUS	PRODUCTION TYPE	AMOUNT	OPERATORY	PROVIDER
Report Date: 4/22/2018 Reported By: enterprise Page 7 of 8									
Date/Time: 3/8/2018 11:59:57AM <INSERTED> Little, Brian	03/14/2018	8:00 AM	180	FIXED	No Answer	High Production	1,110.00	HYG_1	DDS1
Date/Time: 3/8/2018 12:00:16PM <INSERTED> Little, Carol	03/14/2018	1:00 PM	200	FIXED	No Answer	High Production	2,470.00	HYG_1	DDS1
Date/Time: 3/8/2018 12:00:30PM <INSERTED> Little, Chad	03/14/2018	8:00 AM	50	FIXED	No Answer	High Production	1,540.00	OP_3	DDS1
Date/Time: 3/8/2018 12:00:48PM <INSERTED> Little, Dean	03/14/2018	9:00 AM	30	FIXED	No Answer	Low Production	111.00	OP_3	DDS1
Date/Time: 3/8/2018 12:01:19PM <INSERTED> Little, Kevin	03/14/2018	10:00 AM	10	FIXED	No Answer	Medium Production	274.00	OP_3	DDS1
Date/Time: 3/23/2018 12:10:09PM <INSERTED> Davis, Karen	03/28/2018	8:00 AM	30	FIXED	No Answer	High Production	218.00	OP_3	DDS1
Date/Time: 3/23/2018 12:11:20PM <INSERTED> Crosby, Brent L	03/28/2018	8:30 AM	50	FIXED	No Answer	Low Production	148.00	OP_3	DDS9
Date/Time: 3/23/2018 12:12:12PM <INSERTED> Crosby, Brent L	03/28/2018	8:30 AM	50	FIXED	No Answer	Low Production	148.00	OP_3	DDS9
Date/Time: 3/23/2018 12:12:33PM <INSERTED> Crosby, Brent	03/28/2018	8:30 AM	40	FIXED	No Answer	High Production	1,000.00	OP_3	DDS9
Date/Time: 3/23/2018 12:13:33PM <INSERTED> Edwards, Anna	03/28/2018	9:10 AM	50	FIXED	No Answer	Low Production	0.00	OP_3	DDS1
Date/Time: 3/23/2018 12:13:56PM <INSERTED>									

How do I run the Audit Report - Appointments?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Appointments**. For additional details about running this report, see the "Audit - Appointments Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the insertion, alteration, or deletion.
- B. Changing Users** – The user who made the change appears. Also, if another user (user B) entered his or her credentials to allow the user (user A) to make a change because user A didn't have the appropriate rights, user B and the security option being overridden appear.
- C. Original Value** – Details of the record in its original state. (For new records, this line will read, "<INSERTED>.")
- D. New Value** – Details of the record after the change. (For deleted records, this line will read, "<DELETED>.")

Audit Report - Audit Log Status

The Audit - Audit Log Status Report lists the changes to the “patient access logging” and “patient print logging” settings during the specified date range.

Why: To ensure that patient access and print logging is set up in accordance with the desired security restrictions for each user, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

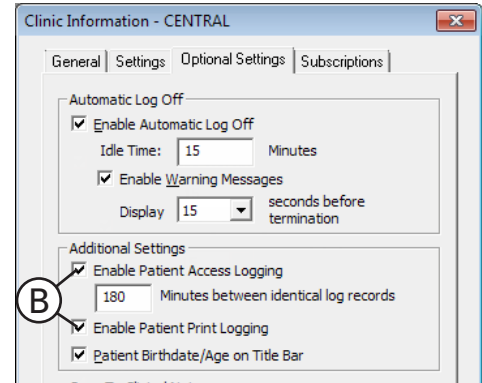
AUDIT REPORT - AUDIT LOG STATUS			
Audit Log Status report has been altered outside of Dentrix Enterprise!			
Date Range: 1/1/2018 - 1/9/2018			
Users: <ALL>			
Report Date: 01/09/2018			
Page 1 of 1			
DATE TIME	AUDIT LOG OPTION	STATUS	USER
01/03/2018 08:47:10 AM	Enable Patient Access Log	Enabled	ELLIOT
01/03/2018 08:47:10 AM	Enable Patient Print Loggin	Enabled	ELLIOT

How do I run the Audit Report - Audit Log Status?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Audit Log Status**. For additional details about running this report, see the "Audit - Audit Log Status Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the setting change.
- B. Audit Log Option** – The **Enable Patient Access Logging** or **Enable Patient Print Logging** option.
- C. Status** – Enabled or disabled.
- D. User** – The user who made the change.



Audit Report - Clinics

The Audit - Clinics Report lists changes to clinic information during the specified date range.

Why: To ensure that practice information is being changed in accordance with the desired security restrictions for each user, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

AUDIT REPORT - CLINIC						
Date Range: 05/11/2018 - 05/11/2018						
Clinics: <ALL>						
Users: <ALL>						
Report Date: 05/11/2018		Reported By: enterprise			Page 1 of 1	
DATE CHANGED	USER CHANGED	OVERRIDING USER - SECURITY OPTION				
OLD RECORD TYPE	EXTERNAL ID	PRACTICE TITLE	FISCAL YEAR MONTH	BANK DEPOSIT #		
NEW RECORD TYPE						
Date/Time: 05/11/2018 11:50:18AM						
CENTRAL		The Dentist Group	January	43331677-1146		
CENTRAL		The Dentist Group	January	43331677-1148		
Date/Time: 05/11/2018 11:51:46AM						
CENTRAL		The Dentist Group	January	43331677-1148		
CENTRAL		The Allied Dentist Group	April	43331677-1148		
Date/Time: 05/11/2018 11:52:28AM						
CENTRAL		The Allied Dentist Group	April	43331677-1148		
CENTRAL		The Allied Dentist Group	February	43331677-1148		

How do I run the Audit Report - Clinics?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Clinics**. For additional details about running this report, see the "Audit - Clinics Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

This report tracks the changes made to the practice title, fiscal year month, and bank deposit number in the **Clinic Information** dialog box.

- A. Date/Time** – The date and time of the change of the clinic information.
- B. Changing Users** – The user who made the change appears. Also, if another user (user B) entered his or her credentials to allow the user (user A) to make a change because user A didn't have the appropriate rights, user B and the security option being overridden appear.
- C. Original Value** – Details of the record in its original state.
- D. New Value** – Details of the record after the change.

Audit Report - Combined

The Audit - Combined Report lists patient information that was created, altered, deleted, viewed, printed, and exported during the specified date range.

Why: To ensure that patient information is being inserted, edited, deleted, accessed, printed, and exported in accordance with the desired security restrictions for each user, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

AUDIT REPORT - COMBINED							
Date Range: 12/03/2017 - 12/03/2017							
Patient Range: Crosby, Brent - Crosby, Brent							
Clinics: <ALL>							
sers: <ALL>							
Sorted By: Date/Time							
Report Date: 12/09/2017	Report Generated By: enterprise					Page 1 of 4	
DATE/TIME	USER	VERRIDE USER	ATIENT NAME (CHART #)	ACTION TYPE	DATA ACCESSED		
Old Record Type	Entry Date	Proc Date	Description	Amount	Encounter #	Clinic	Provider
New Record Type							
12/03/2017 10:09:02AM	ENTERPRISE		Crosby, Brent (CR0004C)	Patient Module Accessed		CENTRAL	Family File
12/03/2017 10:40:52AM	ENTERPRISE		Crosby, Brent (CR0004C)	Patient Module Accessed		CENTRAL	Family File
12/03/2017 10:44:38AM	ENTERPRISE		Crosby, Brent (CR0004C)	Patient Module Accessed		CENTRAL	atient Health Exchange
12/03/2017 10:45:18AM	ENTERPRISE		Crosby, Brent (CR0004C)	Exported		CENTRAL	DA
12/03/2017 1:32:17PM	DSMITH		Crosby, Brent (CR0004C)	Inserted			atient Chart
	<INSERTED>						
Completed Procedure	12/03/2017	12/03/2017	Resin-1 surface, poster	90.00		AF	DESMITH
12/03/2017 1:33:15PM	DSMITH		Crosby, Brent (CR0004C)	odified			atient Chart
Completed Procedure	12/03/2017	12/03/2017	Resin-1 surface, poster	90.00		AF	DESMITH
Completed Procedure	12/03/2017	12/03/2017	Resin-1 surface, poster	90.00		AF	DESMITH
12/03/2017 1:35:17PM	DSMITH		Crosby, Brent (CR0004C)	Patient Module Accessed		AF	atient Goals
12/03/2017 1:41:26PM	DSMITH		Crosby, Brent (CR0004C)	Patient Module Accessed		AF	Patient Medical Alerts

How do I run the Audit Report - Combined?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Combined**. For additional details about running this report, see the "Audit - Audit Log Status Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the insertion, alteration, deletion, accessing, printing, or exporting.
- B. User** – The user who made the change.
- C. Override User** – If another user (user B) entered his or her credentials to allow the user (user A) to make a change because user A didn't have the appropriate rights, user B appears.
- D. Patient Name (Chart #)** – The patient whose record was accessed.
- E. Action Type** – What action was performed, such as a module was accessed or a C-CDA document was exported.
- F. Data Accessed** – The module or area of Dentrix Enterprise that was accessed.
- G. Original Value** – Details of the record in its original state.
- H. New Value** – Details of the record after the change.

Audit Report - Patients

The Audit - Patients Report lists when patient information and medical consultations notes were created, altered, and deleted during the specified date range.

Why: To ensure that patient information is being changed in accordance with the desired security restrictions for each user, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

AUDIT REPORT - PATIENT									
Date Range: 02/01/2018 - 02/28/2018									
Patient Range: Abbott, James S - Abbott, Patricia									
Clinics: <ALL>									
Users: <ALL>									
Report Date: 3/2/2018	Report Generated By: enterprise							Page 1 of 1	
DATE CHANGED	USER CHANGED	OVERRIDING USER - SECURITY OPTION			RECORD TYPE				
PATIENT NAME (CHART)	SS # or REQUEST DATE	OTHER ID	BT	STATUS	GUARANTOR NAME (CHART)	CLINIC	PROVIDER		
Date/Time: 2/16/2018 10:13:59AM									
User Changed: Enterprise									
Abbott, James S (ABB101)				Active	Abbott, Patricia (ABB102)			Patient Changes	
Abbott, James S (ABB101)				Active	Abbott, Patricia (ABB102)			CENTRAL	DROB1
								CENTRAL	DDS9
Date/Time: 2/16/2018 10:14:10AM									
User Changed: Enterprise									
Abbott, Patricia (ABB102)				Active	Abbott, Patricia (ABB102)			Patient Changes	
Abbott, Patricia (ABB102)				Active	Abbott, Patricia (ABB102)			MESA	DDS1
								MESA	DDS9
Date/Time: 2/16/2018 10:14:17AM									
User Changed: Enterprise									
Abbott, Patricia (ABB102)				Active	Abbott, Patricia (ABB102)			Patient Changes	
Abbott, Patricia (ABB102)				Active	Abbott, Patricia (ABB102)			MESA	DDS9
								CENTRAL	DDS9
Date/Time: 2/21/2018 12:17:01PM									
User Changed: Enterprise									
Abbott, Patricia (ABB102)	000-00-0023			Active	Abbott, Patricia (ABB102)			Patient Changes	
Abbott, Patricia (ABB102)	000-00-0003			Active	Abbott, Patricia (ABB102)			CENTRAL	DDS9
								CENTRAL	DDS9
Date/Time: 2/21/2018 3:46:43PM									
User Changed: Enterprise									
Abbott, James S (ABB101)				Active	Abbott, Patricia (ABB102)			Patient Changes	
Abbott, James S (ABB101)			4	Active	Abbott, James S (ABB101)			CENTRAL	DDS9
								CENTRAL	DDS9
Date/Time: 2/21/2018 3:46:43PM									
User Changed: Enterprise									
Abbott, Patricia (ABB102)				Active	Abbott, Patricia (ABB102)			Patient Changes	
Abbott, Patricia (ABB102)			4	Active	Abbott, James S (ABB101)			CENTRAL	DDS9
								CENTRAL	DDS9

How do I run the Audit Report - Patients?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Patients**. For additional details about running this report, see the "Audit - Patients Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

This report tracks when changes have been made to the patient information, which can be accessed by double-clicking the **Patient Information** block in the Family File, and to medical consultations notes, which can be accessed by clicking the **Medical Consultations** button in the Family File.

- A. Date/Time** – The date and time of the change.
- B. Changing Users** – The user who made the change appears. Also, if another user (user B) entered his or her credentials to allow the user (user A) to make a change because user A didn't have the appropriate rights, user B and the security option being overridden appear.
- C. Record Type** – The type of change made, such as a change to the patient information or medical consultation notes.
- D. Original Value** – Details of the record in its original state. (For new records, this line will read, "<INITIAL ENTRY>.")
- E. New Value** – Details of the record after the change. (For deleted records, this line will read, "<DELETED>.")

Audit Report - Providers/Staff

The Audit - Providers/Staff Report lists changes to provider and staff information during the specified date range.

Why: To ensure that provider/staff information is being changed in accordance with the desired security restrictions for each user, and to provide a legal document to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken

When: Monthly and as needed

AUDIT REPORT - PROVIDER\STAFF								
Date Range: 05/12/2018 - 05/12/2018								
Clinics: <ALL>								
Users: <ALL>								
Providers: <ALL>								
Report Date: 05/12/2018	Reported By: enterprise						Page 1 of 1	
DATE CHANGED	USER CHANGED	OVERRIDING USER - SECURITY OPTION						
OLD RECORD TYPE	EXTERNAL ID	PROVIDER\STAFF NAME	CLASS	FEE SCHEDULE	SS #	CLINIC	LOGIN NAME	
NEW RECORD TYPE								
Date/Time: 05/12/2018 9:51:07AM User Changed: enterprise								
Provider	DDS01	Smith, Dennis	Primary	1	--	CENTRAL	DDS01	
Provider	DDS01	Smith, Dennis	Primary	2	--	CENTRAL	DDS01	
Date/Time: 05/12/2018 9:52:00AM User Changed: enterprise								
Provider	DDS01	Smith, Dennis	Primary	6	--	CENTRAL	DDS01	
Provider	DDS01	Smith, Dennis	Primary	1	--	CENTRAL	DDS01	
Date/Time: 05/12/2018 9:53:18AM User Changed: enterprise								
Staff	HYG01	McClure, Angie	Primary	--	--	CENTRAL		
Staff	HYG01	McClure, Angi	Primary	--	--	MESA		
Date/Time: 05/12/2018 9:54:25AM User Changed: enterprise								
Staff	HYG01	McClure, Angi	Primary	--	--	MESA		
Staff	HYG01	McClure, Angi	Primary	--	--	CENTRAL		
Date/Time: 05/12/2018 9:55:14AM User Changed: enterprise								
Provider	DDS01	Smith, Dennis	Primary	1	--	CENTRAL	DDS01	
Provider	DDS01	Smith, Dennis	Secondary	1	--	CENTRAL	DDS01	
Date/Time: 05/12/2018 9:56:13AM User Changed: enterprise								
Provider	DDS01	Smith, Dennis	Secondary	1	--	CENTRAL	DDS01	
Provider	DDS01	Smith, Dennis	Primary	1	--	CENTRAL	DDS01	
Date/Time: 05/12/2018 10:06:51AM User Changed: enterprise								
<INSERTED>								
Staff	STF04	Brown, Mary	Primary	--	--	CENTRAL		

How do I run the Audit Report - Providers/Staff?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Providers/Staff**. For additional details about running this report, see the "Audit - Providers/Staff Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

This report tracks the changes made to the provider's or staff member's name, provider's class, provider's fee schedule selection, provider's or staff member's assigned clinic, and provider's or staff member's login information in the **Provider Information** (or **Staff Information**) dialog box.

- A. Date/Time** – The date and time of the change of the provider/staff information.
- B. Changing Users** – The user who made the change appears. Also, if another user (user B) entered his or her credentials to allow the user (user A) to make a change because user A didn't have the appropriate rights, user B and the security option being overridden appear.
- C. Original Value** – Details of the record in its original state. (For new records, this line will read, "<INSERTED>.")
- D. New Value** – Details of the record after the change.

Audit Report - Transactions

The Audit - Transactions Report lists transactions (completed procedures, guarantor payments, insurance payments, and adjustments) that were posted, changed, and deleted during the specified date range.

Why: To ensure that transactions are being posted, altered, and deleted in accordance with GAAP (Generally Accepted Accounting Principles) and the desired security restrictions for each user, and to provide a legal document to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken

When: Monthly and as needed

AUDIT REPORT - TRANSACTIONS										
Date Range: 05/01/2018 - 05/01/2018 Patient Range: <ALL> - <ALL> Clinics: <ALL> Users: <ALL>										
Report Date: 06/26/2018		Reported By: enterprise					Page 1 of 3			
DATE CHANGED		USER CHANGED			OVERRIDING USER - SECURITY OPTION					
Old Record Type	New Record Type	Patient Name (Chart)	Entry Date	Proc Date	Description	Check #	Amount	Encounter #	Clinic	Provider
<i>Date Changed: 05/01/2018 11:04:48</i>		<i>User Changed: ENTERPRISE</i>								
<INSERTED>										
Adjustment		Crosby, Brent ()	05/01/2018	05/01/2018	+Patient Refund		50.00		CENTRAL	DDS1
<i>Date Changed: 05/01/2018 11:05:27</i>		<i>User Changed: ENTERPRISE</i>								
Adjustment		Crosby, Shirley ()	05/01/2018	05/01/2018	+Patient Refund		50.00		CENTRAL	DDS1
<DELETED>										
<i>Date Changed: 05/01/2018 11:05:53</i>		<i>User Changed: ENTERPRISE</i>								
<INSERTED>										
Adjustment		Perkins, Dave ()	05/01/2018	05/01/2018	-Credit Adjustment		-50.00		CENTRAL	<MULTIPLE>
<i>Date Changed: 05/01/2018 12:06:16</i>		<i>User Changed: ENTERPRISE</i>								
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Prophylaxis-adult		0.00		CENTRAL	<MULTIPLE>
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Prophylaxis-adult		90.00		CENTRAL	DDS1
<i>Date Changed: 05/01/2018 12:06:26</i>		<i>User Changed: ENTERPRISE</i>								
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Periodic oral evaluation		0.00		CENTRAL	<MULTIPLE>
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Periodic oral evaluation		30.00		CENTRAL	DDS1
<i>Date Changed: 05/01/2018 12:06:37</i>		<i>User Changed: ENTERPRISE</i>								
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Bitewings-four films		0.00		CENTRAL	<MULTIPLE>
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Bitewings-four films		250.00		CENTRAL	DDS1
<i>Date Changed: 05/01/2018 12:06:52</i>		<i>User Changed: ENTERPRISE</i>								
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Panoramic film		0.00		CENTRAL	<MULTIPLE>
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Panoramic film		158.00		CENTRAL	DDS1
<i>Date Changed: 05/01/2018 12:07:17</i>		<i>User Changed: ENTERPRISE</i>								
Insurance Payment		Abbott, James S (ABB101)	04/27/2018	04/27/2018	Insurance Payment	4 4587	-698.40		CENTRAL	<MULTIPLE>
<DELETED>										
<i>Date Changed: 05/01/2018 12:21:36</i>		<i>User Changed: ENTERPRISE</i>								
<INSERTED>										
Completed Procedure		Winters, Beth (PA0007)	05/01/2018	05/01/2018	Extraction crnl remnts-decid th		500.00		CENTRAL	DDS01

How do I run the Audit Report - Transactions?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Transactions**. For additional details about running this report, see the "Audit - Transactions Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the change of the provider/staff information.
- B. Changing Users** – The user who made the change appears. Also, if another user (user B) entered his or her credentials to allow the user (user A) to make a change because user A didn't have the appropriate rights, user B and the security option being overridden appear.
- C. Original Value** – Details of the record in its original state. (For new records, this line will read, "<INSERTED>.")
- D. New Value** – Details of the record after the change. (For deleted records, this line will read, "<DELETED>.")

Audit Rights Report - Assigned Individually

The Audit Rights - Assigned Individually Report lists security rights that were granted to or removed from users during the specified date range.

Why: To ensure that security rights are being assigned in accordance with the desired security restrictions for each user, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

Audit Rights - Assigned Individually						
Date Range: 12/12/2017 - 12/12/2017						
Users: DSMITH						
Clinics: <ALL>						
Users who made change: DSMITH						
Display Date Changed value in: Logged on Clinic						
Report Generated By: DSMITH Page 1 of 5						
DATE CHANGED	ACTION	USER CHANGED	OLD SECURITY RIGHT	NEW SECURITY RIGHT	OLD CLINIC	NEW CLINIC
12/12/2017 12:45:30PM	Removed	DSMITH	My Clinics, View		AF	DSMITH
12/12/2017 12:45:30PM	Removed	DSMITH	Integration Settings, File Exchange		AF	DSMITH
12/12/2017 12:45:30PM	Added	DSMITH	Treatment Request, Open		AF	DSMITH
12/12/2017 12:45:30PM	Added	DSMITH	Treatment Request, Add/Edit		AF	DSMITH
12/12/2017 12:45:30PM	Added	DSMITH	Treatment Request, Delete		AF	DSMITH
12/12/2017 12:47:31PM	Added	DSMITH	My Clinics, View		AF	DSMITH
12/12/2017 12:47:53PM	Removed	DSMITH	Audit, Clear		CENTRAL	DSMITH
12/12/2017 12:47:53PM	Removed	DSMITH	Dentrix, Log on		CENTRAL	DSMITH
12/12/2017 12:47:53PM	Removed	DSMITH	Print Insurance Aging Reports		CENTRAL	DSMITH
12/12/2017 12:47:53PM	Removed	DSMITH	Audit, Send To Batch		CENTRAL	DSMITH
12/12/2017 12:47:53PM	Removed	DSMITH	Transactions, Delete		CENTRAL	DSMITH
12/12/2017 12:47:53PM	Removed	DSMITH	Transactions, Edit		CENTRAL	DSMITH
12/12/2017 12:47:53PM	Removed	DSMITH	Transactions, Enter		CENTRAL	DSMITH
12/12/2017 12:47:53PM	Removed	DSMITH	ODBC Data Access		CENTRAL	DSMITH
12/12/2017 12:47:53PM	Removed	DSMITH	Clinical Record, Modify		CENTRAL	DSMITH
12/12/2017 12:47:53PM	Removed	DSMITH	Month End Wizard		CENTRAL	DSMITH
12/12/2017 12:47:53PM	Removed	DSMITH	Practice Assistant		CENTRAL	DSMITH

How do I run the Audit Rights Report - Assigned Individually?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit Rights - Assigned Individually**. For additional details about running this report, see the “Audit Rights - Assigned Individually Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the security right assignment or removal.
- B. Action** – Whether the right was added or removed.
- C. Changing User** – The user who made the change.
- D. Original Value** – Details of the record before being removed.
- E. New Value** – Details of the record after being added.

Audit Rights Report - Assigned to Groups

The Audit Rights - Assigned to Groups Report lists security rights that were granted to or removed from user groups during the specified date range.

Why: To ensure that security rights are being assigned in accordance with the desired security restrictions for each user group, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

Audit Rights - Assigned to Groups					
Date Range: 1/1/2017 - 12/12/2017					
Group Names: <ALL>					
Users who made change: DSMITH					
Display Date Changed value in: Logged on Clinic					
Report Generated By: DSMITH Page 1 of 2					
DATE CHANGED	ACTION	USER CHANGED	OLD GROUP NAME	NEW GROUP NAME	OLD SECURITY RIGHT
					NEW SECURITY RIGHT
1/31/2017 4:12:25PM	Removed	DSMITH	Doctors		Password, Multi-Clinics
1/31/2017 4:12:25PM	Removed	DSMITH	Doctors		Chart, Open
1/31/2017 4:13:40PM	Added	DSMITH	Doctors		Chart, Open
3/20/2017 4:51:03PM	Added	DSMITH	Doctors		My Clinics, View
3/20/2017 4:51:03PM	Added	DSMITH	Doctors		My Clinics, Select Provider
3/20/2017 4:51:03PM	Added	DSMITH	Doctors		My Clinics, View
3/20/2017 4:51:03PM	Added	DSMITH	Doctors		My Clinics, View
3/20/2017 4:51:03PM	Added	DSMITH	Doctors		Security Rights Setup, View All Users
3/20/2017 4:51:32PM	Removed	DSMITH	Admins		Password, Multi-Clinics
3/20/2017 4:51:32PM	Added	DSMITH	Admins		My Clinics, View
3/20/2017 4:51:32PM	Added	DSMITH	Admins		My Clinics, Select Provider
3/20/2017 4:51:32PM	Added	DSMITH	Admins		My Clinics, View
3/20/2017 4:51:32PM	Added	DSMITH	Admins		My Clinics, View
3/20/2017 4:51:32PM	Added	DSMITH	Admins		My Clinics, View
3/20/2017 4:51:42PM	Removed	DSMITH	Billing		Security Rights Setup, View All Users
3/20/2017 4:51:42PM	Added	DSMITH	Billing		Password, Multi-Clinics
3/20/2017 4:51:42PM	Added	DSMITH	Billing		My Clinics, View
3/20/2017 4:51:42PM	Added	DSMITH	Billing		My Clinics, Select Provider

How do I run the Audit Rights Report - Assigned to Groups?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit Rights - Assigned to Groups**. For additional details about running this report, see the “Audit Rights - Assigned to Groups Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the security right assignment or removal.
- B. Action** – Whether the right was added or removed.
- C. Changing User** – The user who made the change.
- D. Original Value** – Details of the record before being removed.
- E. New Value** – Details of the record after being added.

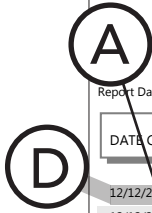
Audit Rights Report - Group Names

The Audit Rights - Group Names Report lists new, deleted, and renamed user groups during the specified date range.

Why: To ensure that security user groups are being managed in accordance with the desired policies, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

Audit Rights - Group Names					
Date Range: 12/12/2017 - 12/12/2017					
Users Changed: DSMITH					
Group Names: <ALL>					
Display Date Changed value in: Logged on Clinic					
Report Date: 12/12/2017			Report Generated By: DSMITH		Page 1 of 1
DATE CHANGED	ACTION	USER CHANGED	OLD NAME/CREATED	NEW NAME/DELETED	
12/12/2017 1:25:29PM	Edited	DSMITH	Billing	BillingCoords	
12/12/2017 1:26:19PM	Created	DSMITH	Created	IT	
12/12/2017 1:26:39PM	Deleted	DSMITH	IT	Deleted	
12/12/2017 1:26:51PM	Edited	DSMITH	BillingCoords	Billing	



How do I run the Audit Rights Report - Group Names?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit Rights - Group Names**. For additional details about running this report, see the "Audit Rights - Group Names Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the security right assignment or removal.
- B. Action** – The type of change made.
- C. Changing User** – The user who made the change.
- D. Original/New Values** – Details of the record before and after the change. If the record was created, the original value displayed is "Created." If the record was deleted, the new value displayed is "Deleted."

Audit Rights Report - Users to Groups

The Audit Rights - Users to Groups Report lists users who were added to or removed from user groups during the specified date range.

Why: To ensure that users are being assigned to user groups in accordance with the desired security restrictions for each user group, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

Audit Rights - Users to Groups

Date Range: 1/1/2017 - 12/12/2017
 Group Names: <ALL>
 Users who made change: DSMITH
 Users Changed: DSMITH
 Clinics Changed: AF, ALPINE, CENTRAL
 Display Date Changed value in: Logged on Clinic

Report Generated By: DSMITH Page 1 of 1

DATE CHANGED	ACTION	USER CHANGED	OLD GROUP NAME	OLD USER	OLD CLINIC
			NEW GROUP NAME	NEW USER	NEW CLINIC
3/20/2017 4:57:36PM	Removed	DSMITH	Doctors	DSMITH	CENTRAL
3/20/2017 4:57:36PM	Removed	DSMITH	Doctors	DSMITH	ALPINE
3/20/2017 4:57:36PM	Added	DSMITH	Doctors	DSMITH	CENTRAL
3/20/2017 4:57:36PM	Added	DSMITH	Doctors	DSMITH	ALPINE
3/20/2017 5:01:31PM	Removed	DSMITH	Doctors	DSMITH	AF
3/20/2017 5:01:36PM	Removed	DSMITH	Doctors	DSMITH	ALPINE
3/20/2017 5:01:45PM	Removed	DSMITH	Doctors	DSMITH	CENTRAL
3/20/2017 5:03:49PM	Added	DSMITH	Admins	DSMITH	CENTRAL
3/20/2017 5:03:49PM	Added	DSMITH	Admins	DSMITH	ALPINE
3/20/2017 5:03:49PM	Added	DSMITH	Admins	DSMITH	AF



How do I run the Audit Rights Report - Users to Groups?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit Rights - Users to Groups**. For additional details about running this report, see the "Audit Rights - Users to Groups Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the security right assignment or removal.
- B. Action** – Whether the user was added or removed.
- C. Changing User** – The user who made the change.
- D. Original Value** – Details of the record before being removed.
- E. New Value** – Details of the record after being added.

Billing Statement

Billing statements provide guarantor's with a record of their financial transactions with the practice.

Why: To keep patients informed of their financial standing
When: Monthly or semi-monthly

STATEMENT OF ACCOUNT

The Dentist Group
123 East Valley Drive
American Fork, UT 84003
(801)555-9300

GUARANTOR NAME AND MAILING ADDRESS
Karen Davis
1234 N Pine St
Provo, UT 84601

CHART NO. DAV100	PAGE NO. 1
BILLING DATE 06/10/2018	

D CREDIT CARD # _____ EXP. _____
NAME _____
(As it appears on card)

SIGNATURE _____
TYPE OF CARD _____

AMOUNT ENCLOSED
\$ _____

TO INSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
02/10/2018	Balance Forward		1428.80	
* 02/26/2018	Root canal therapy - anterior	Karen	333.00	
* 02/27/2018	Therapeutic pulpotomy(exc rest)	Kelly	92.00	
* 02/27/2018	Extraction-single tooth	Robert	71.00	

* Indicates that insurance has been billed for the procedure.
Charges on account over 90 days. PLEASE PAY IMMEDIATELY!

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE	INSURANCE EST.
0.00	0.00	0.00	1924.80	1924.80	0.00

Payment is Due on July 1, 2018

G

H PLEASE PAY THIS AMOUNT →

1924.80

©DENTRIX 1987-2018 DLSTM 2 The Dentist Group - 123 East Valley Drive American Fork, UT 84003 (801)555-9300

How do I generate billing statements?


In the Office Manager, from the **Reports** menu, click **Billing**. Or, for a specific family, in the Ledger, from the **Print** menu, click **Statement**. For additional details about running this report, see the “Billing statements” topic in the Office Manager and Ledger portions of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does the statement provide?

- A. Payment Slip** – The portion of the billing statement that can be cut off and returned with the payment.
- B. Financial Transactions** – The financial transactions posted to the guarantor’s account since the previous billing statement.
- C. Financial Summary** – The guarantor’s current balance, prior balance, and total of credits and charges applied during the current billing cycle.
*Note: If you select **Print Account Aging** when setting options for generating statements, this section displays the guarantor’s aged balances.*
- D. Credit Card Information** – If you select **Allow Credit Card Payments** when setting options for generating statements, the credit card information lines appear on the payment slip.
- E. Dunning Message/Guarantor Note** – If a guarantor note has been entered for a guarantor, the note prints on the guarantor’s billing statements. If no guarantor note has been entered, the appropriate dunning message is printed. For details about how to enter guarantor notes or dunning messages, see the “Working with guarantor notes” or “Dunning messages” topics in the Ledger or Office Manager portions of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).
- F. Insurance Estimate Box** – If you select **Print Dental Insurance Estimate** when setting options for billing statements, the insurance estimate box appears on the statement.
- G. Statement Note** – If you entered a note in the **Statement Message** field when setting options for billing statements, the text of that note appears on each statement.
- H. Please Pay This Amount Box** – If you select **Print Agreed Payment** when setting options for billing statements, the Please Pay This Amount box appears on the statement.

Birthday List

The Birthday List displays patients whose birthdays fall on a selected month, day, and/or year. This report can also be run for a given date or date range.

	<p>Why: To assist in preparing birthday cards for patients</p> <p>When: As needed</p>
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

BIRTHDAY LIST	
Birthday Range: Month: 5 - Month: 6 Clinics: <ALL> Provider: <ALL> Billing Types: <ALL> Patient Range:<ALL> - <ALL>	
Report Date: 05/06/2018	Report Generated By: enterprise
Page 1 of 37	
PATIENT NAME	BIRTHDATE
Abbott, James 123 Pine Drive Atlanta, GA. 30361	11/11/1930
Abbott, Patricia 123 Pine Drive Yardley, PA. 19067	11/11/1965
Brown, Mary J 1234 Maple Avenue Springfield, PA. 19064	11/11/1965
Crosby, Brent G 12345 Oak St. Media, PA. 19063	11/11/1955
Crosby, Shirley 123 Hickory Place Kailua, TN. 77301	11/11/1974
Davis, Harmon 1234 Black Road Barstow, RI. 95765	11/11/1969
Edwards, Johnathan 1234 Grove Way Elk Grove, RI. 95750	11/11/1996
Edwards, John 1234 West Pond Dr. Kailua, TN. 77301	11/11/1960
Farrer, Lisa E. 12 Clover Ln Kailua, TN. 77301	11/11/1927
Gleason, Alice F 12345 Hope Rd Lowland Heights, IN. 40870	11/11/1955
Gleason, Gary O. 123 Wild Rd Kailua, TN. 77301	11/11/1926



How do I run the Birthday List?

From the DXOne Reporting module, select **List**, and then double-click **Birthday List**. For additional details about running this report, see the “Birthday List” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Details** – The patient’s name and mailing address.
- B. Birth Date** – The patient’s birth date.

Caries Prevalence and Periodontal Index Report

The Caries Prevalence and Periodontal Index Report indicates, for various ages and age ranges, the percent of patients who have caries and how many do not, the percent of patients with certain conditions, and the percent of patients with certain pocket depths and clinical attachment levels.

	Why: To print a record of patient statistics for caries, conditions, and perio measurements
	When: Quarterly

Caries Prevalence and Periodontal Index Report	
Date Range: 05/27/2018 - 05/28/2018 Clinics: <ALL>	
Report Date: 05/28/2018	Report Generated By: enterprise
Page 1 of 3	
Preschool children (2-5 years):	
dmfs / dmft	20 / 12
Mean dmfs for Max. Incisors & Posterior teeth	133.33
Percent with history of decay on...	
anterior teeth	66.67%
posterior teeth	66.67%
both anterior and posterior teeth	66.67%
Percent with caries history on >= 1 maxillary incisors	
Percent with caries history on >= 2 maxillary incisors	33.33%
Percent with caries history on >= 1 maxillary incisors or dmft >= 6	0.00%
Percent with caries history on >= 1 maxillary incisors or dmft >= 6	66.67%
Percent with dmfs > 0	
maxillary incisor decay only	66.67%
posterior decay only	66.67%
both posterior and incisor decay	66.67%
Percent caries free children by individual ages and age cohorts	
2 Years:	50.00%
3 Years:	0.00%
4 Years:	0.00%
5 Years:	0.00%
2-4 Years:	50.00%
3-5 Years:	0.00%
2-5 Years:	50.00%

How do I run the Caries Prevalence and Periodontal Index Report?

From the DXOne Reporting module, select **List**, and then double-click **Caries Prevalence and Periodontal Index Report**. For additional details about running this report, see the “Caries Prevalence and Periodontal Index Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

This report prints on three pages with statistics for five age groups:

- The age group 2 - 5 years is on the first page.
- The age groups 6 - 14 years and 15 - 19 years are on the second page.
- The age groups 35 - 44 years and 55 years and older are on the third page.

Terms Used

You need to be familiar with the following terms before reading this report:

- **Caries Free** – No decayed, missing, or filled teeth
- **CPITN** – Community Periodontal Index of Treatment Needs
- **Dmfs** – Decayed, missing, or filled surfaces on primary teeth
- **DMFS** – Decayed, missing, or filled surfaces on permanent teeth
- **Dmft** – Decayed, missing, or filled primary teeth
- **DMFT** – Decayed, missing, or filled permanent teeth
- **Dentate** – Having teeth (i.e. a patient who does not have a full set of dentures)
- **Fluorosis** – An abnormal condition of the tooth enamel caused by excessive exposure to fluoride

Age Group 2 - 5 Years

The data for each of the following statistics is listed by individual ages and age ranges:

A. dmfs / dmft

- **dmfs** – The total number of surfaces with one or more untreated caries for all patients in the age group, total number of surfaces with one or more fillings, and total number of teeth (multiplied by 5 surfaces) that have been extracted (using the oral surgery procedures D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250). A surface with a code posted for untreated followed by a code posted for restoration or extraction only counts once.
- **dmft** – The total number of teeth with one or more untreated caries for all patients in the age group, the total number of teeth with one or more fillings, and the total number of teeth that have been extracted (using the oral surgery procedures D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250) or are missing. A tooth with a code posted for untreated followed by a code posted for restoration or extraction only counts once.

- B. Mean dmfs** – The mean dmfs for maxillary incisors and posterior teeth, which is the dmfs of maxillary incisors (c - h) and posterior teeth (a, b, i, j, k, l, s, and t) for all patients in the age group divided by the number of patients in the age group. A surface with an untreated caries code that has been fixed later is counted only once.
- C. Decay History** – The percent of patients in the age group with a history of decay. The statistics are broken down by decay on anterior teeth, posterior teeth, and both. Each value is the total number of patients in the age group with a caries code (15104, 15105, 15106, or 15107) or restorative code on any anterior, posterior, or anterior and posterior teeth divided by the number of patients in the age group.
- D. Caries History** – The percent of patients in the age group with caries history. The statistics are broken down by one or more caries on any maxillary incisor, two or more caries on any maxillary incisor, and one or more caries on any maxillary incisors or where dmft is greater than or equal to 6. Each value is the total number of patients in the age group with a caries code (15104, 15105, 15106, or 15107) or restorative code on the given number of caries on any of the maxillary incisors (or the total number of patients in the age group with a dmft greater than or equal to 6) divided by the number of patients in the age group.
- E. dmfs > 0** – The percent of patients in the age group with a dmfs that is greater than 0.
- F. Caries Free** – The percent of patients of each given age (or in each given age range) without caries. To be considered caries free, a patient cannot have any of the following conditions or codes posted in the Chart:
- **Caries conditions** – 15104, 15105, 15106, or 15107.
 - **Missing teeth conditions** – 15100 or 15101.
 - **Procedure codes D2000** – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, or D7999.

**An explanation of the next page
of the report begins on page 56.**

Report Date: 05/28/2018 Report Generated By: enterprise Page 2 of 3

Ages 6-14 Years:

	Percent Caries Free		Percent with		Using Tobacco	Dental Fluorosis	Sealants	Sealants 1st Molar	Sealants 2nd molar	Sealants 1st or 2nd Molar	Mean # of sealed teeth	Mean dmft / DMFT
	Prim & Perm Teeth	Perm Teeth Only	Untreated Decay Prim & Perm teeth	Untreated Decay Perm teeth								
6 Years:	0.00	0.00	100.00	100.00	0.00	100.00	100.00	100.00	100.00	100.00	1.00	0.00 / 8.00
7 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
8 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
9 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
10 Years:	0.00	0.00	100.00	100.00	0.00	100.00	100.00	100.00	100.00	100.00	1.00	0.00 / 2.00
11 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
12 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
13 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
14 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
6-8 Years:	0.00	0.00	100.00	100.00	0.00	100.00	100.00	100.00	100.00	100.00	1.00	0.00 / 8.00
9-11 Years:	80.00	80.00	20.00	20.00	0.00	20.00	20.00	20.00	20.00	20.00	0.20	0.00 / 0.40
12-14 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
6-14 Years:	86.67	86.67	13.33	13.33	46.67	13.33	13.33	13.33	13.33	13.33	0.13	0.00 / 0.67

Ages 15-19 Years:

	Caries Free		Untreated Decay		Using Tobacco	Dental Fluorosis	Sealants	Sealants 1st Molar	Sealants 2nd molar	Sealants 1st or 2nd Molar	Mean # of sealed teeth	Mean DMFT
	Prim & Perm teeth	Perm Teeth Only	Prim & Perm teeth	Perm teeth								
15 Years:	92.31	7.69	7.69	7.69	0.00	7.69	7.69	7.69	7.69	7.69	0.08	0.38
16 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17 Years:	96.67	3.33	3.33	3.33	0.00	3.33	3.33	3.33	3.33	3.33	0.03	0.13
18 Years:	96.00	4.00	4.00	4.00	0.00	4.00	4.00	4.00	4.00	4.00	0.04	0.16
19 Years:	96.15	3.85	3.85	3.85	0.00	3.85	3.85	3.85	3.85	3.85	0.04	0.12

	Percent with			Loss of Attachment < 3mm	Loss of Attachment >= 3mm and < 5mm	Loss of Attachment >= 5mm
	Periodontal Pockets < 4mm	Periodontal Pockets >= 4mm & < 6mm	Periodontal Pockets >= 6mm			
15 Years:	0.00	0.00	0.00	0.00	0.00	0.00
16 Years:	0.00	0.00	0.00	0.00	0.00	0.00
17 Years:	3.33	3.33	3.33	3.33	3.33	3.33
18 Years:	4.00	4.00	4.00	4.00	4.00	4.00
19 Years:	3.85	0.00	0.00	3.85	3.85	0.00

Percent with Highest CPITN of 0,1,2,3,4

CPITN	Percent
4	1.77
3	0.00
2	0.88
1	0.00
0	0.00

Age Group 6 - 14 Years

The data for each of the following statistics is listed by individual ages and age ranges:

- F. Caries Free** – The percent of patients of each given age (or in each given age range) without caries. This statistic is broken down by primary and permanent teeth and permanent teeth only. To be considered caries free, a patient cannot have any of the following conditions or codes posted in the Chart:
- Caries conditions 15104, 15105, 15106, or 15107.
 - Missing teeth conditions 15100 or 15101.
 - Procedure codes D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, or D7999.
- G. Untreated Decay** – The percent of patients of each given age (or in each given age range) with untreated decay. An untreated caries is any caries condition code (15104, 15105, 15106, or 15107) that has not had either a procedure that covers the same surface posted after the caries condition code was posted or has not had the corresponding tooth extracted (an existing, existing other, or missing tooth condition is considered extracted for the purposes of this report). This statistic is broken down by primary and permanent teeth and permanent teeth only. A restoration code on a tooth followed chronologically by an untreated caries condition indicates that the tooth decayed again after it was fixed and is counted as untreated decay.
- H. Using Tobacco** – The percent of patients of each given age or in each given age range (with caries) who are using tobacco (patients who have the condition code “15203 Tobacco Use” posted in the Chart).
- I. Dental Fluorosis** – The percent of patients of each given age or in each given age range (with caries) who have dental fluorosis (patients who have the condition code “15200 Dental Fluorosis” posted in the Chart).
- J. Sealants** – The percent of patients of each given age or in each given age range (with caries) who have dental sealants (patients who have the sealant code D1351 posted in the Chart).
- K. Mean # of Sealed Teeth** – The total number of sealed teeth for all patients of each given age (or in each given age range) divided by the number of patients of each given age (or in each given age range).
- L. Mean dmft/DMFT** – The dmft/DMFT for all patients of each given age (or in each given age range) divided by the number of patients of each given age (or in each given age range). A tooth with an untreated caries code that has been fixed later is counted only once.

Age Group 15 - 19 Years

The data for each of the following statistics is listed by individual ages:

- F. Caries Free** – The percent of patients of each given age without caries. This statistic applies to both primary and permanent teeth. To be considered caries free, a patient cannot have any of the following conditions or codes posted in the Chart:
- **Caries conditions** – 15104, 15105, 15106, or 15107.
 - **Missing teeth conditions** – 15100 or 15101.
 - **Procedure codes** – D2000 to D4276, D4910, D4999, D6000 to D6079, D6100, D6199 to D7259, or D7999.

- G. Untreated Decay** – The percent of patients of each given age with untreated decay. An untreated caries is any caries condition code (15104, 15105, 15106, or 15107) that has not had either a procedure that covers the same surface posted after the caries condition code was posted or has not had the corresponding tooth extracted (an existing, existing other, or missing tooth condition is considered extracted for the purposes of this report). This statistic applies to both primary and permanent teeth. A restoration code on a tooth followed chronologically by an untreated caries condition indicates that the tooth decayed again after it was fixed and is counted as untreated decay.
- H. Using Tobacco** – The percent of patients of each given age (with caries) who are using tobacco (i.e. patients who have the condition code “15203 Tobacco Use” posted in the Chart).
- I. Dental Fluorosis** – The percent of patients of each given age (with caries) who have dental fluorosis (i.e. patients who have the condition code “15200 Dental Fluorosis” posted in the Chart).
- J. Sealants** – The percent of patients of each given age (with caries) who have dental sealants (i.e. patients who have the sealant code D1351 posted in the Chart).
- K. Mean # of Sealed Teeth** – The total number of sealed teeth for all patients of each given age divided by the number of patients of each given age.
- L. Mean dmft/ DMFT** – The dmft/ DMFT for all patients of each given age divided by the number of patients of each given age. A tooth with an untreated caries code that has been fixed later is counted only once.
- M. Perio Pockets** – The percent of patients of each given age with the specified perio pocket measurements.
- N. Loss of Attachment** – The percent of patients of each given age with the specified clinical attachment level.
- V. CPITN** – The percent of patients in both age groups combined (ages 6 – 19) with the highest CPITN of 0, 1, 2, 3, and 4. CPITN is calculated from periodontal exams within the date range of the report:
- Any patients who have a Probing Depth (PD or Pocket Depth) for any tooth higher than 6 mm are counted towards the 4 category and are not counted towards any other category.
 - Any patients who have a Probing Depth (PD or Pocket Depth) for any tooth of 4 - 6 mm are counted towards the 3 category and are not counted towards any other category.
 - Any patients that are marked as having Plaque (not set to “0 - None”) and a Probing Depth (PD or Pocket Depth) for any tooth less than 4 for any tooth are counted towards the 2 category and are not counted towards any other category.
 - Any patients that have bleeding marked for any tooth are counted towards the 1 category and are not counted towards any other category.
 - Any remaining patients should be counted towards the 0 category.

**An explanation of the next page
of the report begins on page 60.**

Report Date: 05/28/2018

Report Generated By: enterprise

Ages 35-44 & 55+ Years:

	Percent with								Mean # of sealed teeth	Mean DMFT
	Caries Free Prim & Perm teeth	Untreated Decay Prim & Perm teeth	Using Tobacco	Dental Fluorosis	Sealants	Sealants 1st Molar	Sealants 2nd molar	Sealants 1st or 2nd Molar		
35 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
37 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38 Years:	98.04	0.00	1.96	1.96	0.00	0.00	0.00	0.00	0.00	0.08
39 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40 Years:	97.78	2.22	2.22	2.22	0.00	0.00	0.00	0.00	0.00	0.22
41 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55 Years:	1.00	1.27	1.27	0.00	0.00	0.00	0.00	0.00	0.00	0.10

	Percent with Perio Pockets		Percent with Loss of Attachment			Percent with				Percent of Dental Adults with		
	< 4mm	>= 4 and < 6mm	< 3mm	3mm and < 5mm	>= 5mm	Diabetes	Need Biopsy	18-28 Teeth	20+ Teeth	No Natural Teeth	Untreated Decay	Root Caries
35 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
36 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
37 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
38 Years:	1.96	1.96	1.96	1.96	1.96	0.00	1.96	100.00	100.00	0.00	0.00	0.00
39 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
40 Years:	2.22	2.22	2.22	2.22	2.22	0.00	2.22	97.78	100.00	0.00	2.22	0.00
41 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
42 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
43 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
44 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
55 Years:	1.27	1.27	1.27	1.27	1.27	0.00	0.00	600.00	600.27	0.00	1.27	0.00

Ages 35-44 Years:

Percent with Highest CPITN of 0,1,2,3,4

CPITN	Percent
4	0.52
3	0.00
2	0.00
1	0.00
0	0.00

Percent with Highest CPITN of 0,1,2,3,4

CPITN	Percent
4	0.15
3	0.00
2	0.00
1	0.00
0	0.00



Age Group 35 - 44 Years and Age Group 55 Years and Older


The data for each of the following statistics is listed by individual ages:

- F. Caries Free** – The percent of patients of each given age without caries. To be considered caries free, a patient cannot have any of the following conditions or codes posted in the Chart:
- **Caries conditions** – 15104, 15105, 15106, or 15107.
 - **Missing teeth conditions** – 15100 or 15101.
 - **Procedure codes** – D2000 to D4276, D4910, D4999, D6000 to D6079, D6100, D6199 to D7259, or D7999.
- G. Untreated Decay** – The percent of patients of each given age with untreated decay. An untreated caries is any caries condition code (15104, 15105, 15106, or 15107) that has not had either a procedure that covers the same surface posted after the caries condition code was posted or has not had the corresponding tooth extracted (an existing, existing other, or missing tooth condition is considered extracted for the purposes of this report). A restoration code on a tooth followed chronologically by an untreated caries condition indicates that the tooth decayed again after it was fixed and is counted as untreated decay.
- H. Using Tobacco** – The percent of patients of each given age (with caries) who are using tobacco (patients who have the condition code “15203 Tobacco Use” posted in the Chart).
- I. Dental Fluorosis** – The percent of patients of each given age (with caries) who have dental fluorosis (patients who have the condition code “15200 Dental Fluorosis” posted in the Chart).
- J. Sealants** – The percent of patients of each given age (with caries) who have dental sealants (i.e. patients who have the sealant code D1351 posted in the Chart).
- K. Mean # of Sealed Teeth** – The total number of sealed teeth for all patients of each given age divided by the number of patients of each given age.
- L. Mean DMFT** – The DMFT for all patients of each given age divided by the number of patients of each given age. A tooth with an untreated caries code that has been fixed later is counted only once.
- M. Perio Pockets** – The percent of patients of each given age with the specified perio pocket measurements.
- N. Loss of Attachment** – The percent of patients of each given age with the specified clinical attachment level.
- O. Diabetes** – The percent of patients of each given age (with perio measurements that appear on this report) who have diabetes (patients who have the condition code “15201 Diabetes” posted in the Chart).
- P. Need Biopsy** – The percent of patients of each given age (with perio measurements that appear on this report) who need biopsies (patients who have the condition code “15202 Needs Biopsy” posted in the Chart).
- Q. All 28 Teeth** – The percent of patients of each given age who have all 28 natural teeth (patients who do not have any Existing, Existing Other, or Completed extractions, other than wisdom teeth, or condition codes “15100 Missing Tooth > 1 year” or “15101 Missing Tooth” posted in the Chart).

- R. 20+ Teeth** – The percent of patients of each given age who have 20 or more natural teeth. A patient has a missing tooth if an extraction, appropriate condition, or appropriate Existing/ Existing Other code is posted in the patient's Chart.
- S. No Natural Teeth** – The percent of patients of each given age who have no natural teeth.
- T. Untreated Decay (Dentate Adults)** – The percent of dentate patients of each given age with untreated decay (patients who do not have both D5110 and D5120 and have untreated decay—any condition code 15104 –15107—posted in the Chart). A restoration code on a tooth followed chronologically by an untreated caries condition indicates that the tooth decayed again after it was fixed and is counted as untreated decay.
- U. Root Caries (Dentate Adults)** – The percent of dentate patients of each given age with root caries (i.e. patients who have the condition code "15104 Deep Dentinal/Cemental Caries" posted in the Chart).
- V. CPITN** – The percent of patients in each age group (ages 35 – 44, and 55 and older) with the highest CPITN of 0, 1, 2, 3, and 4. CIPTN is calculated from periodontal exams within the date range of the report:
- Any patients who have a Probing Depth (PD or Pocket Depth) for any tooth higher than 6 mm are counted towards the 4 category and are not counted towards any other category.
 - Any patients who have a Probing Depth (PD or Pocket Depth) for any tooth of 4 - 6 mm are counted towards the 3 category and are not counted towards any other category.
 - Any patients that are marked as having Plaque (i.e. not set to "0 - None") and a Probing Depth (PD or Pocket Depth) for any tooth less than 4 for any tooth are counted towards the 2 category and are not counted towards any other category.
 - Any patients that have bleeding marked for any tooth are counted towards the 1 category and are not counted towards any other category.
 - Any remaining patients should be counted towards the 0 category.

Clinical Notes Report

The Clinical Notes report displays a clinical note for a patient on a specified date.

	<p>Why: To print a patient's clinical notes on a specific day</p> <p>When: As needed</p>
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PATIENT CLINICAL NOTE(ABBOTT, JAMES S) The Allied Dentist Group Billing Types 1 - 254					
Date:	05/13/2018				Page: 1
PATIENT NAME	CHART NUM	SS#	HOME PHONE	WORK PHONE	LAST VISIT
Abbott, James S	ABB101	000-00-0000	555-1586		05/05/2009
CLINICAL NOTES Note Date: 01/28/2018 -----<Wed - Jan 28,2018>-----<10:04:46>----- <ENTERPRISE>-----<Wed - Jan 28,2018>-----<10:05:10>----- <ENTERPRISE>-----[] I have seen and examined the patient with the resident. I have discussed the case with the resident.[] I agree with the diagnosis and treatment plan as documented in the resident's note.[] Straight forward[] Low Complexity[] Moderate Complexity[] High Complexity[] Greater than 50% of the visit was spent counseling the patient and discussing the treatment plan.-----<Wed - Jan 28,2018>-----<11:21:09>----- <ENTERPRISE>-----<Wed - Jan 28,2018>-----<11:21:50>----- <ENTERPRISE>-----					

A

B

How do I run the Clinical Notes Report?

In the Family File, Patient Chart, or Ledger, from the **File** menu, click **Clinical Notes**, and then click the Print button; or in DXOne Reporting, select **Lists**, and then double-click **Clinical Notes**. For more detailed instructions on how to generate this report, see the “Clinical Notes Report” and “Printing clinical notes” topics of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Details** – The patient’s name, chart number, Social Security number, home and work phone numbers, and last visit date.
- B. Note Details** – The creation date and text of the clinical note.

Clinical Quality Measures List

The Clinical Quality Measures List displays each Meaningful Use measure, the corresponding results (the population, the denominator and numerator used for calculating the actual percentage for a result, and exclusion), and the details of the requirement for that measure.



Why: To view the calculated results of Meaningful Use clinical measures

When: As needed

Clinical Quality Measures

Select Measurement Period: Date From: 1/ 1/2017 Date To: 12/31/2017

Provider Selection: >> All

Export Options: Calculate All Export All

Last Generated on: 11-05-2016 16:38
By: ENTERPRISE
For: 01/01/2016-12/31/2016

Clinic Quality Measures:

CMS	NQF	Title
68	0419	Documentation of Current Medications in the Medical Record
69	0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
74		Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
75		Children Who Have Dental Decay or Cavities
138	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
147	0041	Preventive Care and Screening: Influenza Immunization

Calculated Results:

Type	Patient Population	Denominator	Numerator	Denominator Exception
1	10	4	0	40.00

Details

NQF: 0419
Title: Documentation of Current Medications in the Medical Record
Description: Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.
Patient Population: All visits occurring during the 12 month reporting period for patients aged 18 years and older before the start of the measurement period.
Numerator: Eligible professional attests to documenting, updating or reviewing the patient's current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosages, frequency and route of administration.

Data for Providers: DSMITH

How do I run the Clinical Quality Measures List?

In the Office Manager, from the **Analysis** menu, point to **Meaningful Use**, and then click **Clinical Quality Measures**. Set up the measurement period, select providers, and then click **Calculate All**. For additional details about running this report, see the “Clinical Quality Measures List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

Under **Clinic Quality Measures**, select each measure to view the corresponding **Calculated Results**.

- A. Measures** – The list of measures.
- B. Results** – The calculated results.
- C. Population** – The patients. Double-click to view a list of patients.
- D. Numerator** – The numerator used in the calculation. Double-click to view a list of patients.
- E. Denominator** – The denominator used in the calculation. Double-click to view a list of patients.
- F. Exclusions** – Exclusions that were not taken into account during the calculation.
- G. Details** – An explanation of a selected measure.

The tables on the pages that follow explain the calculations and requirements for each measure.

Documentation of Current Medications in the Medical Record

Requirement: Percentage of patient visits for patients aged 18 years and older for which the eligible professional (EP) attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include all known prescriptions, over-the-counter drugs, herbal supplements/medicines, and vitamin/mineral/dietary (nutritional) supplements and must contain the medications' name, dosage, frequency, and route of administration.

Exception: Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status.

Initial Patient Population	The number of patients 18 years old or older before the start of the specified Measurement Period who have visits occurring during the 12-month reporting period.
Denominator	The number of patients in the Initial Patient Population.
Numerator	The number of patients (from the Denominator) for whom the EP attests to documenting a list of current medications for those patients.

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

Requirement: Percentage of patients aged 18 years and older with a documented BMI during the encounter or during the previous six months, and when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the six months prior to the encounter.

Population 1

Initial Patient Population	All patients 65 years of age and older before the beginning of the measurement period with at least one eligible encounter during the measurement period, not including encounters where the patient is receiving palliative care, refuses measurement of height and/or weight, the patient is in an emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate.
Denominator	The number of patients in the Initial Patient Population.
Numerator	The number of patients with a documented BMI and a documented "BMI Management Follow-up Plan" (a medical encounter with the appropriate ICD-9-CM or AMA-CPT code), if BMI is outside of normal parameters, during the "Encounter Outpatient" (a patient health assessment or a medical encounter with the appropriate AMA-CPT code) or during the previous six months of the encounter with the BMI outside of normal parameters (greater than or equal to 12 and less than 30). This excludes patients who have an active diagnosis of "Pregnancy" (an "active" medical alert with the appropriate ICD-9-CM or SNOMED-CT code) and who do not have an "Encounter Pregnancy" (a medical encounter with the appropriate ICD-9-CM code).

Population 2	
Initial Patient Population	All patients 18 to 64 years old before the beginning of the measurement period with at least one eligible encounter during the measurement period, not including encounters where the patient is receiving palliative care, refuses measurement of height and/or weight, the patient is in an emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate.
Denominator	The number of patients in the Initial Patient Population.
Numerator	The number of patients with a documented BMI and a documented "BMI Management Follow-up Plan" (a medical encounter with the appropriate ICD-9-CM or AMA-CPT code), if BMI is outside of normal parameters, during the "Encounter Outpatient" (a patient health assessment or a medical encounter with the appropriate AMA-CPT code) or during the previous six months of the encounter with the BMI outside of normal parameters (greater than or equal to 18.5 and less than 25). This excludes patients who have an active diagnosis of "Pregnancy" (an "active" medical alert with the appropriate ICD-9-CM or SNOMED-CT code) and who do not have an "Encounter Pregnancy" (a medical encounter with the appropriate ICD-9-CM code).

Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	
Requirement: Percentage of children who are less than 20 years of age and who received a fluoride varnish application during the specified Measurement Period.	
Initial Patient Population	The number of children who are less than 20 years old with a visit during the specified Measurement Period. <ul style="list-style-type: none"> • Stratum 1 – Patients 0 to 5 years old. • Stratum 2 – Patients 6 to 12 years old. • Stratum 3 – Patients 13 to 19 years old.
Denominator	The number of patients in the Initial Patient Population.
Numerator	The number of patients (from the Denominator) who receive a "Fluoride Varnish" (a procedure posted from the Chart with the appropriate CDT code).

Children Who Have Dental Decay or Cavities	
Requirement: Percentage of children who are less than 20 years old who have tooth decay or cavities during the specified Measurement Period.	
Initial Patient Population	The number of children who are less than 20 years old with a visit during the specified Measurement Period.
Denominator	The number of patients in the Initial Patient Population.
Numerator	The number of patients (from the Denominator) who have "Tooth Decay" or "Cavities" (a condition/diagnosis with the appropriate ICD-9-CM code).

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Requirement: Percentage of patients aged 18 years or older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention if identified as a tobacco user.

Exception: Documentation of medical reason(s) for not screening for tobacco use (for example, limited life expectancy or other medical reason).

Initial Patient Population	All patients aged 18 years old or older.
Denominator	The number of patients in the Initial Patient Population.
Numerator	The number of patients (from the Denominator) who have been identified as a "Tobacco User" (a patient with the appropriate SNOMED-CT code) or "Non-Tobacco User" (a patient with the appropriate SNOMED-CT code) within 24 months of a patient's health assessment or medical encounter being entered within the specified Measurement Period.

Preventive Care and Screening: Influenza Immunization

Requirement: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization or who reported previous receipt of an influenza immunization.

Exception: Documentation of medical, patient, or system reason(s) for not receiving an influenza immunization (for example, allergy, patient declined, vaccine not available, or other reason).

Initial Patient Population	The number of patients who received an influenza immunization or who reported receiving an influenza immunization previously.
Denominator	The number of patients in the Initial Patient Population.
Numerator	The number of patients in the Initial Patient Population who have an "Influenza Vaccine administered" (an immunization with the appropriate RxNorm code) between October 1 and March 31.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Requirement: The percentage of patients 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence during the measurement period of percentage of patients with 1) height, weight, and body mass index (BMI) percentile documentation; 2) counseling for nutrition; and 3) counseling for physical activity.

Initial Patient Population	The number of patients who were 3 to 17 years old, who had an outpatient visit with PCP or OB/GYN within the specified Measurement Period, and who do not have a diagnosis of pregnancy during the measurement period.
Denominator	The number of patients in the Initial Patient Population who have had at least one "Encounter Outpatient w/ PCP & OB/GYN" (a medical encounter with the appropriate ICD-9-CM or AMA-CPT code) with one of the selected Providers within the specified Measurement Period, who do not have an active diagnosis of "Pregnancy" (an "active" medical alert with the appropriate ICD-9-CM or SNOMED-CT code), and who do not have an "Encounter Pregnancy" (a medical encounter with the appropriate ICD-9-CM code).
Numerator 1	The number of patients (from the Denominator) who had an encounter for "BMI Percentile" (a medical encounter with the appropriate ICD-9-CM code) within the specified Measurement Period.
Numerator 2	The number of patients (from the Denominator) who received "Counseling for Nutrition" (a medical encounter with the appropriate ICD-9-CM or AMA-CPT code) within the specified Measurement Period.
Numerator 3	The number of patients (from the Denominator) who received "Counseling for Physical Activity" (a medical encounter with the appropriate ICD-9-CM code) with a date that falls within the measurement period.

Use of High-Risk Medications in the Elderly

Requirement: Percentage of patients 66 years of age or older who were ordered high-risk medications.

Initial Patient Population	Patients 66 years old or older who had a visit during the specified Measurement Period.
Denominator	The number of patients in the Initial Patient Population.
Numerator 1	Patients with an order for at least one "High-risk Medication" (a prescription with the appropriate RxNorm code) during the specified Measurement Period.
Numerator 2	Patients with an order for at least two different "High-risk Medications" (prescriptions with the appropriate RxNorm codes) during the specified Measurement Period.

Controlling High Blood Pressure

Requirement: The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.

Initial Patient Population	The number of patients who were 18 years old or older and less than or equal to 85 years old before the beginning of the specified Measurement Period.
Denominator	<p>The number of patients in the Initial Patient Population who were diagnosed with "Hypertension" (a medical alert with the appropriate ICD-9-CM or SNOMED-CT code) up to 6 months after the specified Measurement Period and who have an "Encounter Outpatient" (a patient health assessment or medical encounter with the appropriate AMA-CPT code) with one of the selected Providers within the specified Measurement Period and who do not have one of the following:</p> <ul style="list-style-type: none"> • Evidence of end stage renal disease (ESRD) (an "active" medical alert with the appropriate ICD-9-CM or SNOMED-CT code). • One or more procedures, such as dialysis or a renal transplant, that were performed for ESRD (a procedure posted from the Chart with the appropriate AMA-CPT code). • Active diagnosis of "Pregnancy" (an "active" medical alert with the appropriate ICD-9-CM or SNOMED-CT code). • "Encounter Pregnancy" (a medical encounter with the appropriate ICD-9-CM code).
Numerator	The number of patients (from the Denominator) who have had a diastolic blood pressure reading less than 90 mmHg and a systolic blood pressure reading greater than 140 mmHg during the most recent patient health assessment with one of the selected Providers within the specified Measurement Period.

Collections Manager List

The Collections Manager List is a highly customizable report that lists guarantors with outstanding balances.

\$

Why: To identify guarantors with outstanding balances so they can be targeted for collections

When: Monthly

Collection Manager List										
PMTS - DENTRIX DENTAL SYSTEMS										
										Page: 1
ate: 12/31/2017										
GUAR NAME	BALANCE	0->30	31->60	61->90	91->	PA REM	TO INS	INS EST		
GUAR EST	LAST PMT	PMT AMT	AMT DUE	#	PRV OJ	PRV TYPE	REMINDER	REM TYPE		
NOTE										
Abbott,James T	117.42	3.42	0.00	0.00	114.00	/A	0.00	0.00		
117.42		0.00	0.00	0						
<i>James is divorced from Cathy Davis and is the primary insurance provider for their three children.</i>										
Brown,Mary T	144.20	4.20	0.00	0.00	140.00	/A	0.00	0.00		
144.20		0.00	0.00	0						
Crosby,Brent O	3799.60	1564.60	0.00	0.00	2235.00	2363.60	895.00	785.00		
3014.60	12/29/2017	125.00	0.00	0						
Davis,Janet	66.96	1.96	0.00	0.00	65.00	/A	0.00	0.00		
66.96		0.00	0.00	0						
Edwards,John G	1115.00	0.00	0.00	0.00	1115.00	1115.00	0.00	0.00		
1115.00		0.00	129.90	1						
Farrer,Lisa	66.96	1.96	0.00	0.00	65.00	/A	0.00	0.00		
66.96		0.00	0.00	0						
Gleason,Gary F	786.00	86.00	0.00	0.00	700.00	/A	0.00	0.00		
786.00	11/18/2017	65.00	0.00	0						
Hayes,Sally	204.62	133.12	0.00	0.00	71.50	/A	65.00	58.50		
146.12	11/18/2017	0.00	0.00	0						
Perkins,Shelly A.	66.96	1.96	0.00	0.00	65.00	/A	0.00	0.00		
66.96		0.00	0.00	0						
Smith,Michael	66.96	1.96	0.00	0.00	65.00	/A	0.00	0.00		
66.96		0.00	0.00	0						
Winters,C lise	133.90	3.90	0.00	0.00	130.00	/A	0.00	0.00		
133.90		0.00	0.00	0						
TOTALS:										
BALANCE	0->30	31->60	61->90	91->	PA REM	TO INS	INS EST	GUAR EST	PMT AMT	AMT DUE #
6568.58	1803.08	0.00	0.00	4765.50	3478.60	960.00	843.50	5725.08	190.00	129.90 1

A

B

How do I run the Collections Manager List?

1. From the Collections Manager, click **View Setup** on the menu bar to open the **Collections Manager View** dialog box.

2. Configure the view filters as needed.
3. Click **Show Columns** to open the **Show Columns** dialog box.

4. Add/remove the data you want included/excluded on the report in the **Show these columns in this order** list box.
5. Click **OK** to save the settings and close the **Show Columns** dialog box.
6. Click **OK** to save the settings and close the **Collections Manager View** dialog box.
7. From the **Print** menu, click **Collections Manager List**.

8. Click **Yes** to run the report.

For additional details about running this report, see the "Printing the Collections Manager List" topic in the Collections Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Guarantor Details – The information displayed in this section is highly customizable and depends on the settings configured in step 4 of the How do I run this report? section. The following is a comprehensive list of the possible data:




- # Pmts Missed
- 0-30 Balance
- 31-60 Balance
- 61-90 Balance
- >91 Balance
- Account Clinic
- Account Provider
- Acct Balance
- Amt Billed to Ins
- Best Time to Call
- Billing Type
- Birthday & Age
- Chart #
- Email Address
- Family Position
- Future Rem. Type
- Future Reminder Date
- Guarantor City
- Guarantor Estimate
- Guarantor Name
- Guarantor State
- Guarantor Zip Code
- Home Phone
- Insurance Estimate
- Last Payment Amount
- Last Payment Date
- Last Statement Date
- PA Amount Due
- PA Rem Balance
- Prev Office Journal Entry
- Prev OJ Entry Type
- Soc Sec #
- Suspended Credit
- Work Phone & Ext

B. Guarantor Notes – If you select **Include Guarantor Account Notes** when setting options for this report, guarantor notes appear on the report.

C. Report Totals – Combined totals for all guarantors.

Continuing Care Cards - No Appointment

The Continuing Care Cards - No Appointment letter merge generates continuing care reminder cards for patients who have continuing care attached in the Family File but are not scheduled for a continuing care appointment.

	Why: To generate continuing care reminder cards	
	When: Monthly	

<p>Dental Practice 1234 Oak St Suite 500 American Fork, UT 84003 (801) 555-1234</p> <p>Dear Brent</p> <p>This is just to remind you that it's time for your next dental examination! Please call us at your convenience to schedule an appointment. Your last exam was February 5, 2017. We look forward to hearing from you soon.</p>	<p>Brent Crosby 123 Actor Lane Beverly Hills, CA 90210</p>
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How do I run the Continuing Care Cards - No Appointment?

1. From the Office Manager, click **Letters** on the menu bar to open the **Letters** dialog box.
2. Click **Continuing Care** to open the **Continuing Care Letters** dialog box.
3. Select **Continuing Care - W/O Appt**, and click **Create/Merge** to open the **Create/Merge Options** dialog box.
4. Select **Create Data File and Merge Letters**, and click **OK** to create the reminder cards.

For additional details about running this report, see the "Creating cards for patients without appointments" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Continuing Care Cards - with Appointment

The Continuing Care Cards - with Appointment letter merge creates reminder cards for patients who have a continuing care appointments scheduled.

	<p>Why: To generate continuing care reminder cards</p> <p>When: Monthly</p>	
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Dental Practice
1234 Oak St
Suite 500
American Fork, UT 84003
(801) 555-1234

Dear James

This is to remind you that it is time for your Perio Maint. You have scheduled an appointment on Friday, February 22, 2018 at 8:00am. Please call us today if you need to re-schedule. We look forward to seeing you soon.

James Abbott
123 Oak St
Murray, UT 84123


How do I run the Continuing Care Cards - with Appointment?

1. From the Office Manager, click **Letters** on the menu bar to open the **Letters** dialog box.
2. Click **Continuing Care** to open the **Continuing Care Letters** dialog box.
3. Select **Continuing Care - With Appt**, and click **Create/Merge** to open the **Create/Merge Options** dialog box.
4. Select **Create Data File and Merge Letters**, and click **OK** to create the reminder cards.

For additional details about running this report, see the "Creating appointment reminder cards" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Continuing Care Display List

The Continuing Care Display list displays continuing care appointments based on the continuing care views set up in the Appointment Book.

	<p>Why: To view continuing care appointments</p> <p>When: Monthly or as needed</p>
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CONTINUING CARE DISPLAY LIST											
The Dentist Group											
Date: 03/23/2018										Page: 1	
DATE	TYPE	APPOINTMENT	STATUS	PRIOR TREAT.	NAME H PHONE W PHONE	AGE	PROV.	INSURANCE CARRIER CLINIC	0-30 61-90	31-60 90 ->	SUS. CR. BALANCE
05/15/2018	PROPHY	03/28/2011+		11/11/2017	*Davis, Karen 555-1530	65	Prov1 DRAPER	Acme Benefits	Assoc 0.00	0.00	0.00 1924.80
09/02/2018	PROPHY	+	6M		Crosby, Jill (743)555-2381	30	Prov2 CENTRAL	Allied Group	Insurance Trust 0.00	0.00	0.00 0.00
10/23/2018	Pmt Promis	03/28/2011+		11/11/2016	*Crosby, Brent (743)555-2381 (743)555-4900	64	Prov1 DRAPER	Allied Group	Insurance Trust 0.00	0.00	0.00 0.00
11/11/2018	PROPHY	03/28/2011+		11/11/2017	Edwards, Anna 555-7101	57	Prov1 DRAPER	Utah Acme	Insurance Plan 0.00	0.00	0.00 21.00
11/11/2018	PROPHY	03/28/2011+			*Edwards, John 555-7101	61	Prov1 DRAPER	Utah Acme	Insurance Plan 0.00	0.00	0.00 21.00
11/28/2018	PROPHY	03/28/2011+	6M	11/11/2017	Davis, Harmon 555-3452	68	Prov2 DRAPER	Utah Acme	Insurance Plan 0.00	0.00	0.00 1924.80
11/28/2018	PERIO	+		11/11/2017	*Davis, Karen 555-1530	65	Prov1 DRAPER	Acme Benefits	Assoc 0.00	0.00	0.00 1924.80
A	B	C	D	E							F

How do I run the Continuing Care Display List?

1. From any module, click the Continuing Care button to open the Continuing Care window.
2. From the **View** menu, click a continuing care view.
3. From the **File** menu, click **Print** to print the continuing care view.

For additional details about running this report, see the “Printing from Continuing Care” topic in the Other Features portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following information (with the exception of letter F) is found in the **Edit Continuing Care** dialog box, which can be accessed by double-clicking the Continuing Care block in the Family File and then double-clicking a continuing care type.

- A. Date** – The continuing care due date.
- B. Type** – The continuing care type.
- C. Appointment** – The date of the patient’s scheduled continuing care appointment (if one exists).
- D. Status** – The appointment status.
- E. Prior Treatment** – The date of the patient’s last posted procedure.
- F. Aged Balance** – The patient’s account balances.

The screenshot shows the 'Edit Continuing Care' dialog box for patient 'Abbott, James S'. The fields are as follows:

- Type:** PROPHY (labeled B)
- Description:** Periodic cleaning and x-rays
- Date Set:** 01/18/2018
- Scheduled Appt.:** 04/22/2018 (labeled C)
- Motivational Note:** Come in for your cleaning and receive a free tooth whitening treatment.
- Due Date:** 07/21/2018 (labeled A)
- Prior Treatment:** 01/20/2018 (labeled E)
- Status:** 1: 6M 6 Month Recall (labeled D)
- Provider:** Prox1, Prox2
- Default Appt. Time:** Time? [checked] 5 Unit(s) Set Time...

Coupon Book - Future Due Payments

The Future Due Payments coupon book creates a payment slip for each payment a patient will make during a payment plan.

\$	Why: To provide your patients with a packet of payment slips customized for their future due payment plan
	When: After creating a future due payment plan and as needed

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: left;">PAYMENT NUMBER</th></tr> <tr><td style="text-align: center;">1 of 15</td></tr> <tr><th style="text-align: left;">AMOUNT PAID</th></tr> <tr><td> </td></tr> <tr><th style="text-align: left;">CHECK NO.</th></tr> <tr><td> </td></tr> <tr><th style="text-align: left;">DATE PAID</th></tr> <tr><td> </td></tr> <tr><th style="text-align: left;">BALANCE DUE</th></tr> <tr><td style="text-align: center;">1174.26</td></tr> </table>	PAYMENT NUMBER	1 of 15	AMOUNT PAID		CHECK NO.		DATE PAID		BALANCE DUE	1174.26	<p>REMIT TO: PMTS - DENTRIX DENTAL SYSTEMS 123 E. Valley Dr. Suite 500 American Fork, UT 84003 (801)555-9300</p> <p>PATIENT: Kirk O Baber 11 Maple Leaf Ln. Colmar, PA 18915</p> <p>CHANGE OF ADDRESS: _____ _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: left;">PAYMENT NUMBER</th></tr> <tr><td style="text-align: center;">1 of 15</td></tr> <tr><th style="text-align: left;">AMOUNT DUE</th></tr> <tr><td style="text-align: center;">76.74</td></tr> <tr><th style="text-align: left;">DATE DUE</th></tr> <tr><td style="text-align: center;">12/30/2017</td></tr> </table> <p>Chart: BA0001 Soc.Sec:000-00-0000</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: left;">AMOUNT ENCLOSED</th></tr> <tr><td> </td></tr> </table>	PAYMENT NUMBER	1 of 15	AMOUNT DUE	76.74	DATE DUE	12/30/2017	AMOUNT ENCLOSED	
PAYMENT NUMBER																				
1 of 15																				
AMOUNT PAID																				
CHECK NO.																				
DATE PAID																				
BALANCE DUE																				
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1 of 15																				
AMOUNT DUE																				
76.74																				
DATE DUE																				
12/30/2017																				
AMOUNT ENCLOSED																				

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT
INSTALLMENT PLAN COUPON


How do I run the Coupon Book - Future Due Payments?

1. In the Ledger, from the **Transaction** menu, click **Process Future Due Payment Plan** to open the **Payment Plan** dialog box.
2. Enter the payment plan details.
3. Select the **Print Payment Book** check box.
4. Click **OK** to open the **Payment Book** dialog box.
5. Set print options, and click **Send to Batch** or **Print** to generate the Future Due Payments coupon book.

For additional details about running this report, see the "Creating future due patient plans" topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Coupon Book - Payment Agreements

The Payment Agreement coupon book creates a payment slip for each payment a patient will make throughout the course of a payment agreement.

	<p>Why: To provide your patients with a packet of payment slips customized for their payment agreement</p> <p>When: After creating a payment agreement, and as needed</p>
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PAYMENT NUMBER
of 51
AMOUNT PAID
CHECK NO.
DATE PAID
BALANCE DUE
2501.55

INSTALLMENT PLAN COUPON

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

REMIT TO: □
 PMTS - DENTRIX DENTAL SYSTEMS □
 23 E. Valley Dr. □
 Suite 500 □
 American Fork, UT 84003 □

(801)555-9300 □

ACCOUNT: □
 Kirk Baber □
 Pine Tree Ln. □
 Colmar, PA 18915 □
 (919)555-3664 □

CHANGE OF ADDRESS: □

PAYMENT NUMBER
of 51
AMOUNT DUE
71.48
DATE DUE
2/01/2017

Chart: BA0001 □
 Soc.Sec: 000-00-0000

AMOUNT ENCLOSED

How do I run the Coupon Book - Payment Agreements?

1. From the Ledger, click the **Payment Agreement** button to open the **Billing/Payment Agreement Information** dialog box.
2. Enter the payment agreement details.
3. Click **Print** to open the **Print for Payment Agreement** dialog box.
4. Select **Coupon Book for Scheduled Payments**, and click **Send to Batch** or **Print** to generate the Payment Agreement coupon book.

For additional details about running this report, see the "Printing payment agreement documents" in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Credit Card Transaction Report

The Credit Card Transaction Report displays a list of transactions that were processed using the integration of Axia (the third-party provider of the credit card processing service) with Dentrix Enterprise.



Why: To review the credit card transactions that were processed through Axia, and to ensure transaction totals balance out over a variety of reports

When: Daily and as needed

Credit Card Transaction									
1/1/2017 - 12/23/2017 ction Date									
Operators: <ALL>									
Billing ypes: <ALL>									
Report Date: 12/23/2017			Report Generated By: enterprise				Page 1 of 1		
ction Date	Cardholder Name	erminal Name	Pmt ype	Card ype	Pmt Status	ction ID	Operator	BT	Amount
04/07/2017 12:39 pm		Keele's erminal	Charge	Visa	Processed	2017-04-07,12:39:00,1003,2	DSMITH	13	10.00
04/07/2017 12:47 pm		Keele's erminal	Credit		Void	2017-04-07,12:47:15,1004,2	DSMITH	13	-10.00
04/07/2017 2:51 pm		Keele's erminal	Charge	Visa	Processed	2017-04-07,14:51:01,1006,2	DSMITH	13	10.00
3 ITEMS								TOTAL:	10.00

A

B

How do I run the Credit Card Transaction Report?

From the DXOne Reporting module, select **Management**, and then double-click **Credit Card Transaction**. For additional details about running this report, see the “Credit Card Transaction Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Transaction** – For each transaction on the report, the following information appears: date and time, cardholder’s name, terminal name, payment type (such as charge or credit), card type (such as VISA or MasterCard), payment status (such as processed or void), transaction ID, logged-in user who posted it, billing type of patient’s family, and amount of transaction (positive or negative).
- B. Totals** – The total number of transactions on the report and the sum of those transactions

Custom Practice Information Report

The Custom Practice Information Report displays customizable information entered during Dentrix Enterprise setup (for example, billing types and payment types).

Why: To ensure custom practice information has been entered properly

When: After Dentrix Enterprise setup and as needed

CUSTOM PRACTICE INFORMATION																					
The Dentist Group																					
Date:	04/22/2018																				
Page: 1																					
A	<table border="1"> <thead> <tr> <th>ID</th> <th>BILLING TYPE</th> </tr> </thead> <tbody> <tr><td>1</td><td>Standard Billing - finance charges</td></tr> <tr><td>2</td><td>Standard Billing - no finance charges</td></tr> <tr><td>3</td><td>Insurance Family - delay finance charges</td></tr> <tr><td>4</td><td>Insurance Family - finance charges</td></tr> <tr><td>5</td><td>Payment Plan - finance charges</td></tr> <tr><td>6</td><td>Payment Plan - no finance charges</td></tr> <tr><td>7</td><td>No Statement and No Finance Charges</td></tr> <tr><td>8</td><td>Bad Debt - at risk</td></tr> <tr><td>9</td><td>Bad Debt - to collections</td></tr> </tbody> </table>	ID	BILLING TYPE	1	Standard Billing - finance charges	2	Standard Billing - no finance charges	3	Insurance Family - delay finance charges	4	Insurance Family - finance charges	5	Payment Plan - finance charges	6	Payment Plan - no finance charges	7	No Statement and No Finance Charges	8	Bad Debt - at risk	9	Bad Debt - to collections
ID	BILLING TYPE																				
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2	Standard Billing - no finance charges																				
3	Insurance Family - delay finance charges																				
4	Insurance Family - finance charges																				
5	Payment Plan - finance charges																				
6	Payment Plan - no finance charges																				
7	No Statement and No Finance Charges																				
8	Bad Debt - at risk																				
9	Bad Debt - to collections																				
B	<table border="1"> <thead> <tr> <th>PAYMENT TYPES</th> </tr> </thead> <tbody> <tr><td>Check Payment - Thank You</td></tr> <tr><td>Cash Payment - Thank You</td></tr> <tr><td>Credit Card Payment - Thank You</td></tr> </tbody> </table>	PAYMENT TYPES	Check Payment - Thank You	Cash Payment - Thank You	Credit Card Payment - Thank You																
PAYMENT TYPES																					
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CUSTOM NOTES																					
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Patient has excellent dental hygiene																					
Patient has normal dental hygiene																					

E	APPOINTMENT STATUS TYPES xAPTSET Appointment Set 2FIRM Appointment Confirmed xLMTape Left message on tape xLMpers Left message w/person xLMwrk Left message at work xNOansw No answer xEMER Emergency appt xCANC Cancelled xMISSED Missed Appointment
F	APPOINTMENT CHECK LIST DESCRIPTIONS Appointment Verified Personal Information Insurance Coverage Referred By Consent Form Signed Follow Up? Cont. Care Set Other Family Appts Next Appointment

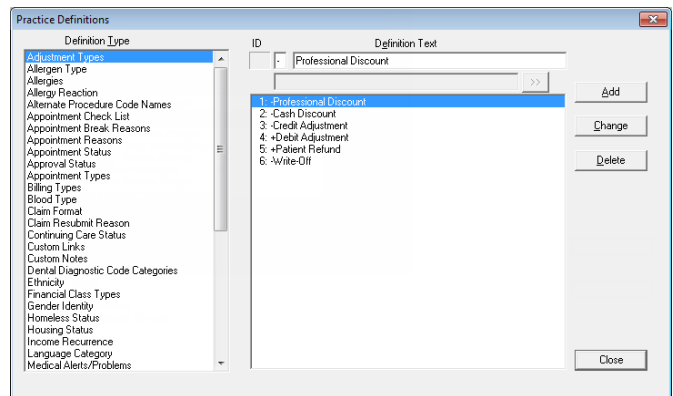
How do I run the Custom Practice Information Report?

In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Custom Practice Information**.

What important information does this report provide?



The following report information is found in the **Practice Definitions** dialog box, which can be accessed in the Office Manager. See the topics for "Practice Definitions" in the Office Manager portion of the Dentrix Enterprise Help for details about how to edit this information.

- A. Billing Types
- B. Payment Types
- C. Adjustment Types
- D. Custom Notes
- E. Appointment Status Types
- F. Appointment Check List Descriptions



Daily Appointment List (DX1)

The Daily Appointment List displays the practice's daily appointments. The report displays details of each appointment and corresponding patient information. Also, you can specify how appointments on the report are sorted.

	Why: To assist with appointment confirmation phone calls, to use as a quick reference list for the current day's patients
	When: Daily

Server Name: <Default>

Daily Appointment List

Date Range: 04/11/2019 - 04/11/2019
 Clinics: <ALL>
 Providers: <ALL>
 Appointment Providers: <ALL>
 Operatories: <ALL>
 Sorted By: Appt Date/Time

Report Date: 4/10/2019 Report Generated By: ENTERPRISE Page 1 of 1

Date	Time	Status	Patient Name	PROV/OP	Appointment Reason	Length	Phone
04-11-2019	08:00am	NOansw	Abbott, Patricia	TTRAN/AF-02	2BWX, ProphyAd	60m	(801) 555-1586
04-11-2019	08:10am	NOansw	Cox, Sara	DSMITH/AF-01	ExtSingTh#1, ExtEchAdd#32	60m	
04-11-2019	08:40am	LMpers	Abbott, James S	DSMITH/AF-03	FluoridCh	50m	(801) 555-1586
04-11-2019	09:00am	NOansw	Larson, Jennifer	AMCCLURE/AF-01	ProphyAd	60m	
04-11-2019	09:20am	NOansw	Smith, Donald L	DSMITH/AF-04	Consult	50m	(046) 555-6919
04-11-2019	10:00am	NOansw	Winters, Carl	MHAYES/AF-01	Amalg3Per#5	40m	
04-11-2019	11:10am	FIRM	Smith, Albert C	MHAYES/AF-03	Silicate#1	50m	(942) 555-4952
04-11-2019	01:00pm	NOansw	Abbott, Patricia S	TTRAN/AF-02	PeriodicX	70m	(919) 555-1069

(A)
(B)
(C)
(D)
(E)
(F)

How do I run the Daily Appointment List (DX1)?

From the DXOne Reporting module, select **List**, and then double-click **Daily Appointment List**. For additional details about running this report, see the “Daily Appointment List” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The appointments on the report can be sorted by one of the various primary sort options available (appointment date and time, appointment status, patient name, appointment provider name, or operatory name) and then by a secondary sort option (if specified). Each clinic’s appointments can start on a new page.

- A. Time - The appointment start time.**
- B. Status - The appointment status (whether the appointment has been confirmed or not).**
- C. Patient Name - The patient for whom the appointment has been scheduled.**
- D. Prov/Op - The provider and operatory assigned to the appointment.**
- E. Appointment Reason - The procedures to be performed.**
- F. Phone - The patient’s phone number.**

Daily Appointment List Report

The Daily Appointment List Report displays the practice's daily appointments. Appointments are sorted by appointment date and time.



Why: To assist with appointment confirmation phone calls, to use as a quick reference list for the current day's patients



When: Daily

DAILY APPOINTMENT LIST

The Dentist Group
 Providers <ALL> - <ALL>
 Operatories <ALL> - <ALL>
 Sorted By: Appt Date/Time, Operatory Name
 04/24/2018 - 04/24/2018

Date: 04/23/2018

Page: 1

DATE	TIME	STATUS	PATIENT NAME	PROV/OP	APPT. REASON	LENGTH	PHONE
04/24/2018	10:00am		Abbott, James S	DDS1/DEF_OP1	CCAdult, ProphyAd	110m	()555-1586
04/24/2018	11:00am	<CMPL>	Little, Brian R	DDS1/DEF_OP2	ResCmP2s#15	10m	()
04/24/2018	11:00am	<CMPL>	Taylor, Mark	DDS1/DEF_OP3	Sealant#15, Sealant#1	30m	()
04/24/2018	11:40am	<CMPL>	Abbott, Patricia	DDS2/DEF_OP1	ExtErpTh#16, ExtErpT	50m	()555-1586
04/24/2018	11:40am	NOansw	Brown, Mary	DDS1/DEF_OP2	ExtEval	10m	()555-1586
04/24/2018	1:00pm	NOansw	Johnson, Rachelle	DDS1/DEF_OP1	ProphyAd	60m	(801)555-5266
04/24/2018	1:10pm	NOansw	Crosby, Brent	DDS1/DEF_OP2	NutriCnsl	10m	()555-1586
04/24/2018	1:00pm	NOansw	Crosby, Shirley	DDS01/DEF_OP3	2BW/X, LwParMtBs#2	50m	()555-1586
04/24/2018	2:20pm	NOansw	Little, Carol	DDS1/DEF_OP2	ExtEval	40m	()
04/24/2018	3:00pm	NOansw	Edwards, John S	DDS1/DEF_OP1	4BW/X	10m	()555-1586
04/24/2018	3:50pm	NOansw	Edwards, Anna	DDS1/DEF_OP2	FabPtCr+B#5	90m	()555-1586
04/24/2018	5:00pm	<CMPL>	Farrer, Lisa	DDS1/DEF_OP1	CCAdult, Pano, FabPt	80m	()375-1586



How do I run the Daily Appointment List Report?




In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Daily Appointment List**. Ensure the **Daily Appointment List** option is selected, and click **OK**. For additional details about running this report, see the “Daily Appointment List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Time** – The appointment start time.
- B. Status** – The appointment status (whether the appointment has been confirmed or not).
- C. Patient Name** – The patient for whom the appointment has been scheduled.
- D. Prov/Op** – The provider and operatory assigned to the appointment.
- E. Appointment Reason** – The procedures to be performed.
- F. Phone** – The patient’s phone number.

Daily Summary Report

The Daily Summary Report displays statistics for new guarantors, new patients, total patients seen, appointments made, production, collections, and adjustments.

  	<p>Why: To generate a report of patient, appointment, and financial statistics to monitor daily activity</p> <p>When: Daily</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------

Daily Summary

9/20/2017 - 9/20/2017 Entry Date
 Clinics: <ALL>
 Billing Types: <ALL>
 Payment Types: <ALL>
 Adjustment Types: <ALL>

Report Date: **(B)**
Report Generated By: DSMITH
Page 1 of 1

(A)	New Guarantors (New families in Family File)	4	
(B)	New Patients (New patients in Family File)	10	
(C)	Total Patients Seen	24	
(D)	New Appointments	12	
(E)	Charges from Procedures	9105.00	
	Patient Payments		
	Amex	100.00	
	Care Credit	3256.00	
	Cash Payment	250.00	
	Check Payment	120.00	
	Credit Card Payment	964.00	(F)
	Discover	60.00	
	Insurance Payment	4960.00	
	Master Card	620.00	
	Visa	758.00	
	Total:	11088.00	
	Adjustments		
	Credit	2150.00	
	Debit	100.00	(G)
	Total:	21600.00	

How do I run the Daily Summary Report?

From the DXOne Reporting module, select **Management**, and then double-click **Daily Summary**. For additional details about running this report, see the “Daily Summary Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped by clinic. The following information can be used to monitor daily activity:

- A. New Guarantors** – The number of new families that were created in the Family File.
- B. New Patients** – The number of new patients that were created in the Family File.
- C. Total Patients Seen** – The number of patients who had procedures completed.
- D. New Appointments** – The total number of appointments made. An appointment is counted if it was newly created, rescheduled from the unscheduled list, or moved from another day. An appointment with multiple changes is counted only once.
- E. Charges from Procedures** – The total amount of charges. This does not include adjustments, finance charges, or late charges.
- F. Patient Payments** – For each payment type, the total amount posted. The total amount of all payment types also appears.
- G. Adjustments** – For each adjustment type, the total amount posted. The total amount of all adjustment types also appears.

Day Sheet (Adjustments) Report

The Adjustments Day Sheet report lists credit adjustments, charge adjustments, finance charges, and late charges that have been posted to the Ledger.

\$

Why: To print a record of adjustments each day, to review adjustment totals for a date or date range, and to ensure adjustment totals balance out over a variety of reports

When: Daily

Adjustment Day Sheet									
04/22/2018 - 04/22/2018 Procedure Date									
Clinics: <ALL>									
Providers: <ALL>									
Billing Type: <ALL>									
Adjustment Types: <ALL>									
Report Date: 04/22/2018			Report Generated By: enterprise				Page 1 of 1		
Entry Date	Proc Date	Patient Name	Chart	BT	Provider	Clinic	Operator ID	Amount	
+Debit Adjustment									
04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE	10.00	
QUANTITY: 1			AVERAGE: 10.00				TOTAL: 10.00		
Late Charge									
04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE	21.00	
QUANTITY: 1			AVERAGE: 21.00				TOTAL: 21.00		
-Professional Discount									
04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE	-10.00	
04/22/2018	04/22/2018	Crosby, Brent <Family>	CRO987	1	DDS1	CENTRAL	ENTERPRISE	-10.00	
QUANTITY: 2			AVERAGE: -10.00				TOTAL: -20.00		
Grand Totals									
			Quantity			Amount	Average		
Total Credit Adjustments			2			-20.00	-10.00		
Total Debit Adjustments			1			10.00	10.00		
Total Finance Charges			0			0.00	0.00		
Total Late Charges			1			21.00	21.00		
Totals			4			11.00	2.75		

Provider: DDS1

Clinic: CENTRAL

+Debit Adjustment									
04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE	10.00	
QUANTITY: 1			AVERAGE: 10.00				TOTAL: 10.00		
Late Charge									
04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE	21.00	
QUANTITY: 1			AVERAGE: 21.00				TOTAL: 21.00		
-Professional Discount									
04/22/2018	04/22/2018	Larson, Bill <Family>		1	DDS1	CENTRAL	ENTERPRISE	-10.00	
QUANTITY: 1			AVERAGE: -10.00				TOTAL: -10.00		
QUANTITY: 3			AVERAGE: 7.00				CLINIC TOTAL: 21.00		
QUANTITY: 3			AVERAGE: 7.00				PROVIDER TOTAL: 21.00		

E

Clinic: CENTRAL							
Provider: DDS1							
+Debit Adjustment							
04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE 10.00
QUANTITY: 1			AVERAGE: 10.00		TOTAL: 10.00		
Late Charge							
04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE 21.00
QUANTITY: 1			AVERAGE: 21.00		TOTAL: 21.00		
-Professional Discount							
04/22/2018	04/22/2018	Larson, Bill <Family>		1	DDS1	CENTRAL	ENTERPRISE -10.00
QUANTITY: 1			AVERAGE: -10.00		TOTAL: -10.00		
QUANTITY: 3			AVERAGE: 7.00		PROVIDER TOTAL: 21.00		
Provider: DDS2							
-Professional Discount							
04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS2	CENTRAL	ENTERPRISE -10.00
QUANTITY: 1			AVERAGE: -10.00		TOTAL: -10.00		
QUANTITY: 1			AVERAGE: -10.00		PROVIDER TOTAL: -10.00		
QUANTITY: 4			AVERAGE: 2.75		CLINIC TOTAL: 11.00		

How do I run the Day Sheet (Adjustments) Report?

From the DXOne Reporting module, select **Management**, and then double-click **Day Sheet - Adjustments**. For additional details about running this report, see the "Day sheet - adjustments" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information can be used to monitor adjustments for each provider and/or clinic:

A. Adjustments – The adjustments (grouped and totaled by type) posted to the Ledger.

B. Adjustment Details – Each adjustment provides the following information:

- **Entry Date** – The date an adjustment is posted to the Ledger.
- **Procedure Date** – The backdated or postdated date of an adjustment. (This date is usually the same as the entry date.)

Note: It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the Frequent Problems to Understanding Dentrix Enterprise Reports section in the Introduction of this book.

- **Amount** – The amount of the adjustment.

C. Grand Totals – The following information appears in the Grand Totals section:

- **Credit Adjustments** – The quantity, total amount, and average amount of the credit adjustments.
- **Debit Adjustments** – The quantity, total amount, and average amount of the debit adjustments.
- **Finance Charges** – The quantity, total amount, and average amount of the finance charges.



- **Late Charges** – The quantity, total amount, and average amount of the late charges.
- **Totals** – The quantity, total amount, and average amount of all adjustments.

D. Provider Totals – The adjustments are shown for the provider with a breakdown of the adjustments for each clinic the provider works in. Each clinic's adjustments for that provider are subtotaled. The adjustment totals for the provider appear below the clinic subtotals.

E. Clinic Totals – The adjustments are shown for the clinic with a breakdown of the adjustments by each provider at that clinic. Each provider's adjustments for that clinic are subtotaled. The adjustment totals for the clinic appear below the provider subtotals.

Day Sheet (Charges and Receipts) Report

The Day Sheet (Charges and Receipts) report lists financial transactions (charges, payments, credit adjustments, and charge adjustments) that have been posted to the Ledger.

Why: To print a record of transactions each day, to review transactions and production totals for a date or date range, and to ensure transaction totals balance out over a variety of reports

When: Daily

DAY SHEET (CHRONOLOGICAL)										
Date:		04/22/2018							Page: 1	
Providers <ALL> - <ALL>										
ENTRY DATE	PROCEDURE DATE	PATIENT NAME	TH	CODE	DESCRIPTION	CHARGES	PMTS.	BT	PROV	PHONE #
04/22/2018	04/22/2018	Abbott, James S	5	D 6970	Post/core + brdg retainer, fabr	230.00		2	D DS1	()555-1586
04/22/2018	04/22/2018	Abbott, James S		D 1110	Prophylaxis-adult	0.00		2	D DS1	()555-1586
04/22/2018	04/22/2018	Abbott, James S		D 0120	Periodic oral evaluation	0.00		2	D DS1	()555-1586
04/22/2018	04/22/2018	Abbott, James S		D 0274	Bitewings-four films	0.00		2	D DS1	()555-1586
04/22/2018	04/22/2018	Abbott, James S		D 0330	Panoramic film	0.00		2	D DS1	()555-1586
04/22/2018	04/22/2018	Abbott, Patricia <Fa			-Professional Discount		-10.00	2	D DS2	()555-1586
04/22/2018	04/22/2018	Abbott, Patricia <Fa			+Debit Adjustment	10.00		2	D DS1	()555-1586
04/22/2018	04/22/2018	Abbott, Patricia <Fa			Check Payment - Thank You		-125.00	2	<MPL>	()555-1586
GRAND TOTALS:										
					CURRENT	MONTH-TO-DATE	YEAR-TO-DATE	PREVIOUS MONTH		
					230.00	230.00	5902.00	0.00		
					393.00					
					163.00					
					-125.00	-125.00	-709.00	0.00		
					250.00	250.00	1418.00	0.00		
					-10.00	-10.00	-10.00	0.00		
					20.00	20.00	20.00	0.00		
					10.00	10.00	10.00	0.00		
					0.00	0.00	22.00	0.00		
					21.00	21.00	21.00	0.00		
					0.00	0.00	1964.00	0.00		
					0	0	0	0		
					1	1				
					230.00	230.00				
					46.00	46.00				
					168146.34					
					168272.34					
					126.00					
SMITH, DENNIS D - DDS1 TOTALS:										
					CURRENT	MONTH-TO-DATE	YEAR-TO-DATE	PREVIOUS MONTH		
					230.00	230.00	460.00	0.00		
					393.00					
					163.00					
					0.00	0.00	-7.00	0.00		
					0.00	0.00	0.00	0.00		
					10.00	10.00	10.00	0.00		
					0.00	0.00	22.00	0.00		
					21.00	21.00	21.00	0.00		
					0.00	0.00	0.00	0.00		
					0	0	0	0		
					1	1				
					230.00	230.00				
					46.00	46.00				
					616707.30					
					616968.30					
					261.00					

How do I run the Day Sheet (Charges and Receipts) Report?

In the Office Manager, from the **Reports** menu, point to **Management**, and then click **Day Sheet (Charges and Receipts)**. For additional details about running this report, see the “Day sheet (charges and receipts)” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Transactions – The transactions posted to the Ledger. Transaction can be sorted by running one of the following report options:

Note: Each of the following options prints as a separate report to the Batch Processor.

- **Chronological Day Sheet** – Lists all transactions in the order they were posted (the most recent transactions appear at the top of the report).
- **Alphabetical Day Sheet** – Lists all transactions alphabetically by the patients’ last name.

B. Transaction Details – Each transaction provides the following information:

- **Entry Date** – The date a transaction is posted to the Ledger.
- **Procedure Date** – The date a procedure is posted to the Chart.

Note: It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the Frequent Problems to Understanding Dentrix Enterprise Reports section in the Introduction of this book.

- **TH** – The tooth number(s) associated with a procedure.
- **BT** – Billing type.

C. Grand Totals Information (Default) – Regardless of the report options you select, the following information appears in the Grand Totals section:

- **Charges Billed to Insurance** – The total amount billed to insurance.
- **Average Prod Per Patient** – The average value of procedures per patient (the total charged for procedures divided by the total number of patients seen).
- **Average Chg Per Procedure** – The average charge per procedure (the total charged for procedures divided by the total number of procedures performed).

D. Fee Schedule Details – If you select **Compare to Fee Schedule** when setting options for this report, you can compare the actual total of charges with the estimated total, had all charges been applied using the selected fee schedule.

- **Compared to [Fee Schedule]** – The estimated total of charge,s had all procedures been billed using the selected fee schedule.
- **Net Difference** – The difference between the actual total and the estimated total. A negative value indicates that the practice would have lost revenue, had all procedures been billed using the selected fee schedule. A positive value indicates the office would have increased revenue.

E. MTD and YTD Totals – If you select **Include MTD and YTD Totals** when setting options for this report, the month-to-date and year-to-date totals appear on the report. You can use these totals to ensure the practice is on track to meet its production goals for the month and year. You can also use these totals to compare the current production levels with the previous month.

Note: MTD and YTD totals only appear when running the report by Entry Date.

F. Extended MTD Totals – If you select **Include Extended MTD Totals** when setting options for this report, the Avg Prod Per Patient and Avg Chg Per Procedure appears in the Month-to-date column. The Extended MTD Totals help you determine whether the current day's production average is higher or lower than the current month's average.

G. Provider Totals – If you select **Include Provider Totals** when setting options for this report, the transaction totals for each provider appear on the report. Providers can use this information to monitor their daily production.

Day Sheet (Receipts) Report

The Receipts Day Sheet report lists receipts by payment type.

\$	Why: To print a record of receipts each day, to review receipt totals for a date or date range, and to ensure receipt totals balance out over a variety of reports
	When: Daily

Receipts Day Sheet								
04/22/2018 - 04/22/2018 Procedure Date								
Clinics: <ALL>								
Providers: <ALL>								
Billing Type: <ALL>								
Payment Types: <ALL>								
Report Date: 04/22/2018			Report Generated By: enterprise			Page 1 of 1		
Entry Date	Proc Date	Patient Name	Chart	BT	Provider	Clinic	Operator ID	Amount
Check Payment - Thank You								
04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	<MULTIPLE>	CENTRAL	ENTERPRISE	-7.20
04/22/2018	04/22/2018	Crosby, Brent <Family>		1	DDS1	CENTRAL	ENTERPRISE	-7.20
QUANTITY: 2			AVERAGE: -74.00			TOTAL: -148.00		
Grand Totals								
QUANTITY: 2			AVERAGE: -74.00			TOTAL: -148.00		

Provider: DDS1								
Clinic: CENTRAL								
Check Payment - Thank You								
04/22/2018	04/22/2018	Larson, Bill <Family>		1	DDS1	CENTRAL	ENTERPRISE	-23.00
QUANTITY: 1			AVERAGE: -23.00			TOTAL: -23.00		
QUANTITY: 1			AVERAGE: -23.00			CLINIC TOTAL: -23.00		
QUANTITY: 1			AVERAGE: -23.00			PROVIDER TOTAL: -23.00		

Clinic: CENTRAL								
Provider: DDS1								
Check Payment - Thank You								
04/22/2018	04/22/2018	Larson, Bill <Family>		1	DDS1	CENTRAL	ENTERPRISE	-23.00
QUANTITY: 1			AVERAGE: -23.00			TOTAL: -23.00		
QUANTITY: 1			AVERAGE: -23.00			PROVIDER TOTAL: -23.00		
Provider: DDS2								
Check Payment - Thank You								
04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS2	CENTRAL	ENTERPRISE	-7.20
QUANTITY: 1			AVERAGE: -7.20			TOTAL: -7.20		
QUANTITY: 1			AVERAGE: -7.20			PROVIDER TOTAL: -7.20		
QUANTITY: 2			AVERAGE: -15.10			CLINIC TOTAL: -30.20		

Initial Provider: DSMITH									
Provider: DESMITH									
Visa									
04/20/2015	04/20/2015	Winters, Carl	WI211	1	DESMITH	AF	DESMITH		-72.80
QUANTITY: 1				AVERAGE: -72.80				TOTAL: -72.80	
QUANTITY: 1				AVERAGE: -72.80				PROVIDER TOTAL: -72.80	
Provider: DSMITH									
Check Payment - Thank You									
04/20/2015	04/20/2015	Crosby, Brent <Family>	CR93	1	DESMITH	AF	DESMITH		-38.00
QUANTITY: 1				AVERAGE: -38.00				TOTAL: -38.00	
Primary Dental Insurance Check Payment									
04/20/2015	04/20/2015	Crosby, Brent	CR93	1	DESMITH	0	DESMITH		-168.00
QUANTITY: 1				AVERAGE: -168.00				TOTAL: -168.00	
Visa									
04/20/2015	04/20/2015	Crosby, Brent <Family>	CR93	1	DESMITH	CENTRAL	DESMITH		-42.00
QUANTITY: 1				AVERAGE: -42.00				TOTAL: -42.00	
QUANTITY: 3				AVERAGE: -82.67				PROVIDER TOTAL: -248.00	
								INITIAL PROVIDER TOTAL: -320.80	

How do I run the Day Sheet (Receipts) Report?

From the DXOne Reporting module, select **Management**, and then double-click **Day Sheet - Receipts**. For additional details about running this report, see the "Day sheet - receipts" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. The report can be grouped and subtotaled by clinic with a breakdown by provider. The report can be grouped and subtotaled by initial provider with a breakdown by rendering provider. The following information can be used to monitor receipts for each provider, clinic, and initial provider.

- A. Receipts** – The receipts (grouped and totaled by payment type) posted to the Ledger.
- B. Receipt Details** – Each receipt provides the following information:
 - **Procedure Date** – The date of a payment posted to the Ledger.
 - **Provider** – The provider of procedures that a payment was applied to.
 - **Clinic** – The rendering or collecting clinic (depending on the selected option for the report).
 - **Amount** – The amount of the payment.
- C. Grand Total** – The grand total of receipts listed.
- D. Provider Totals** – The receipts are shown for the provider with a breakdown of the receipts for each clinic the provider works in. Each clinic's receipts for that provider are subtotaled. The receipts totals for the provider appear below the clinic subtotals.
- E. Clinic Totals** – The receipts are shown for the clinic with a breakdown of the receipts by each provider at that clinic. Each provider's receipts for that clinic are subtotaled. The receipts totals for the clinic appear below the provider subtotals.
- F. Initial Provider Totals** – The receipts are shown for the initial provider with a breakdown of the receipts by each rendering provider. Each rendering provider's receipts are subtotaled. The receipts totals for the initial provider appear below the rendering provider subtotals.

Day Sheet Report

The Day Sheet report lists financial transactions (charges, payments, credit adjustments, charge adjustments, finance charges, and late charges) that have been posted to the Ledger.

\$

Why: To print a record of transactions each day, to review transactions and production totals for a date or date range, and to ensure transaction totals balance out over a variety of reports

When: Daily

Alphabetical Day Sheet

04/22/2018 - 04/22/2018 Entry Date
Clinics: <ALL>
Providers: <ALL>
Billing Type: <ALL>

Report Date: 04/22/2018 Report Generated By: enterprise Page 1 of 1

Entry Date	Proc Date	Patient Name	Description	Charges	Credits	BT	Prov	Clinic	Phone
04/22/2018	04/22/2018	Abbott, James S	D6970 : 5 : Post/core + brdg retainer, fabr	230.00		2	DDS1	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, James S	D1110 : 0 : Prophylaxis-adult	0.00		2	DDS1	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, James S	D0120 : 0 : Periodic oral evaluation	0.00		2	DDS1	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, James S	D0274 : 0 : Bitewings-four films	0.00		2	DDS1	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, James S	D0330 : 0 : Panoramic film	0.00		2	DDS1	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, Patricia <Family>	-Professional Discount		-10.00	2	DDS2	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, Patricia <Family>	Check Payment - Thank You		-125.00	2	<MULTIPLE>	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, Patricia <Family>	+Debit Adjustment	10.00		2	DDS1	CENTRAL	555-1586
04/22/2018	04/22/2018	Larson, Bill	D2150 : 12(OD) : Amalgam-2 surf. prim/perm	156.00		1	DDS1	CENTRAL	
04/22/2018	04/22/2018	Larson, Bill <Family>	-Professional Discount		-10.00	1	DDS1	CENTRAL	
04/22/2018	04/22/2018	Larson, Bill <Family>	Check Payment - Thank You		-23.00	1	DDS1	CENTRAL	

A

GRAND TOTALS

Charges:	386.00	Applied Payments:	-148.00	Patients Seen:	2
Charge Adjustments:	10.00	Suspended Payments:	0.00	New Patients:	0
Finance Charges:	0.00	Applied Ins Payments:	0.00	Avg Prod Per Patient:	193.00
Late Charges:	21.00	Suspended Ins Payments:	0.00	Avg Chg Per Proc:	64.33
Debit Special Adj:	0.00	Applied Credit Adj:	-20.00	OTH Applied Payments:	0.00
Debit Initial Balances:	0.00	Suspended Credit Adj:	0.00	OTH Applied Ins Payments:	0.00
Billed to Insurance:	0.00	Credit Special Adj:	0.00	OTH Applied Credit Adj:	0.00
Previous Balance:	17,388.04	Credit Initial Balances:	0.00	OTH Applied Credit Special Adj:	0.00
Balance as of 04/22/2009	17,637.04			OTH Applied Credit Initial Bal:	0.00
Net Change:	249.00				

D

Provider: DDS01

Clinic: CENTRAL

04/22/2018	04/22/2018	Smith, Brandon	D1110 : 0: Prophylaxis-adult	48.00	1	DDS01	CENTRAL
04/22/2018	04/22/2018	Smith, Brandon	D0120 : 0: Periodic oral evaluation	25.00	1	DDS01	CENTRAL
04/22/2018	04/22/2018	Smith, Brandon	D0274 : 0: Bitewings-four films	32.00	1	DDS01	CENTRAL

Clinic: CENTRAL

Provider: DDS01

TOTALS

Provider: DDS01

Clinic: CENTRAL

Charges:	105.00	Applied Payments:	0.00	Patients Seen:	1
Charge Adj:	0.00	Applied Ins Payments:	0.00	New Patients:	1
Finance Charges:	0.00	Applied Credit Adj:	0.00	Avg Prod Per Patient:	105.00
Late Charges:	0.00	Credit Special Adj:	0.00	Avg Chg Per Proc:	35.00
Debit Special Adj:	0.00	Credit Initial Balances:	0.00		
Debit Initial Balances:	0.00				
Billed to Insurance:	105.00				
Previous Balance:	70.00				
Balance as of 04/22/2018	175.00				
Net Change:	105.00				

Provider: DDS01

Charges:	105.00	Applied Payments:	0.00	Patients Seen:	1
Charge Adj:	0.00	Applied Ins Payments:	0.00	New Patients:	1
Finance Charges:	0.00	Applied Credit Adj:	0.00	Avg Prod Per Patient:	105.00
Late Charges:	0.00	Credit Special Adj:	0.00	Avg Chg Per Proc:	35.00
Debit Special Adj:	0.00	Credit Initial Balances:	0.00		
Debit Initial Balances:	0.00				
Billed to Insurance:	105.00				
Previous Balance:	70.00				
Balance as of 04/22/2018	175.00				
Net Change:	105.00				

Clinic: CENTRAL

Prov: DDS01

04/22/2018	04/22/2018	Smith, Brandon	D1110 : 0: Prophylaxis-adult	48.00	1	DDS01	CENTRAL
04/22/2018	04/22/2018	Smith, Brandon	D0120 : 0: Periodic oral evaluation	25.00	1	DDS01	CENTRAL
04/22/2018	04/22/2018	Smith, Brandon	D0274 : 0: Bitewings-four films	32.00	1	DDS01	CENTRAL

Prov: DDS01

Clinic: CENTRAL

TOTALS

Clinic: CENTRAL

Prov: DDS01

Charges:	105.00	Applied Payments:	0.00	Patients Seen:	1
Charge Adj:	0.00	Applied Ins Payments:	0.00	New Patients:	1
Finance Charges:	0.00	Applied Credit Adj:	0.00	Avg Prod Per Patient:	105.00
Late Charges:	0.00	Credit Special Adj:	0.00	Avg Chg Per Proc:	35.00
Debit Special Adj:	0.00	Credit Initial Balances:	0.00		
Debit Initial Balances:	0.00				
Billed to Insurance:	105.00				
Previous Balance:	70.00				
Balance as of 04/22/2018	175.00				
Net Change:	105.00				

SUSPENDED CREDITS

Charges:	0.00	Applied Payments:	0.00	Patients Seen:	0
Charge Adj:	0.00	Applied Ins Payments:	0.00	New Patients:	0
Finance Charges:	0.00	Applied Credit Adj:	0.00	Avg Prod Per Patient:	0.00
Late Charges:	0.00	Credit Special Adj:	0.00	Avg Chg Per Proc:	0.00
Debit Special Adj:	0.00	Credit Initial Balances:	0.00		
Debit Initial Balances:	0.00				
Billed to Insurance:	0.00				
Previous Balance:	0.00				
Balance as of 04/22/2018	0.00				
Net Change:	0.00				

Clinic: CENTRAL

Charges:	105.00	Applied Payments:	0.00	Patients Seen:	1
Charge Adj:	0.00	Applied Ins Payments:	0.00	New Patients:	1
Finance Charges:	0.00	Applied Credit Adj:	0.00	Avg Prod Per Patient:	105.00
Late Charges:	0.00	Credit Special Adj:	0.00	Avg Chg Per Proc:	35.00
Debit Special Adj:	0.00	Credit Initial Balances:	0.00		
Debit Initial Balances:	0.00				
Billed to Insurance:	105.00				
Previous Balance:	70.00				
Balance as of 04/22/2018	175.00				
Net Change:	105.00				

E

How do I run the Day Sheet Report?

From the DXOne Reporting module, select **Management**, and then double-click **Day Sheet**. For additional details about running this report, see the “Day sheet” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information can be used to monitor production for each provider and/or clinic:

A. Transactions – The transactions posted to the Ledger.

B. Transaction Details – Each transaction provides the following information:

- **Entry Date** – The date a transaction is posted to the Ledger.
- **Procedure Date** – The date a procedure is posted to the Chart.

Note: It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the Frequent Problems to Understanding Dentrix Reports section in the Introduction of this book.

- **Patient Name** – The patient’s name.
- **Description** – The ADA code and description, or transaction description.
- **Charges or Credits** – Any charges or credits.
- **Clinic** – The clinic where the transaction was posted.
- **Phone** – The patient’s phone number.
- **BT** – Billing type.

C. Grand Totals – The following information appears in the Grand Totals section:


- **Charges and Adjustments** – The total amounts billed to insurance, charged to patients, and adjusted on an account.
- **Balances** – The balance prior to the date of the day sheet, the balance for the date of the day sheet, and the net change between the two balances.
- **Payments** – The total amounts of payments received from insurance and patients or adjusted on an account.
- **Average Prod Per Patient** – The average value of procedures per patient (the total charged for procedures divided by the total number of patients seen).
- **Average Chg Per Procedure** – The average charge per procedure (the total charged for procedures divided by the total number of procedures performed).

D. Provider Totals – The transactions are shown for the provider with a breakdown of the procedures for each clinic the provider works in. Each clinic’s transactions for that provider are subtotaled. The transaction totals for the provider appear below the clinic subtotals.

E. Clinic Totals – The transactions are shown for the clinic with a breakdown of the procedures performed by each provider at that clinic. Each provider’s transactions and suspended credits for that clinic are subtotaled. The transaction totals for the clinic appear below the provider subtotals.

Dental Diagnostic Code List

The Procedure Code List allows you to view and print the dental diagnostic codes entered in Dentrix Enterprise.



Why: To ensure Dentrix Enterprise dental diagnostic codes match current dental diagnostic codes, and to view any custom dental diagnostic codes

When: After Dentrix Enterprise setup, after dental diagnostic codes are updated

DENTAL DIAGNOSTIC CODE LIST			
The Dentist Group			
Date:	04/22/2018		Page: 1
CODE	DESCRIPTION	PAINT TYPE	TREATMENT AREA
01234	Dental Diagnostic Code		Other
D5-10000	Dental Disease NOS		Other
D5-10001	Disease of Teeth NOS		Other
D5-10002	Tooth Disorder NOS		Other
D5-10578	Tooth Sensitivity		Other
D5-22071	Painful Lips		Other
F-51540	Expectoration of bloody sputum		Other
F-51541	Expectoration of hemorr sputum		Other
F-A3610	Facial Nerve Function NOS		Other
T-53120	Dorsal Surface of Tongue		Other
(A)	(B)		(C)

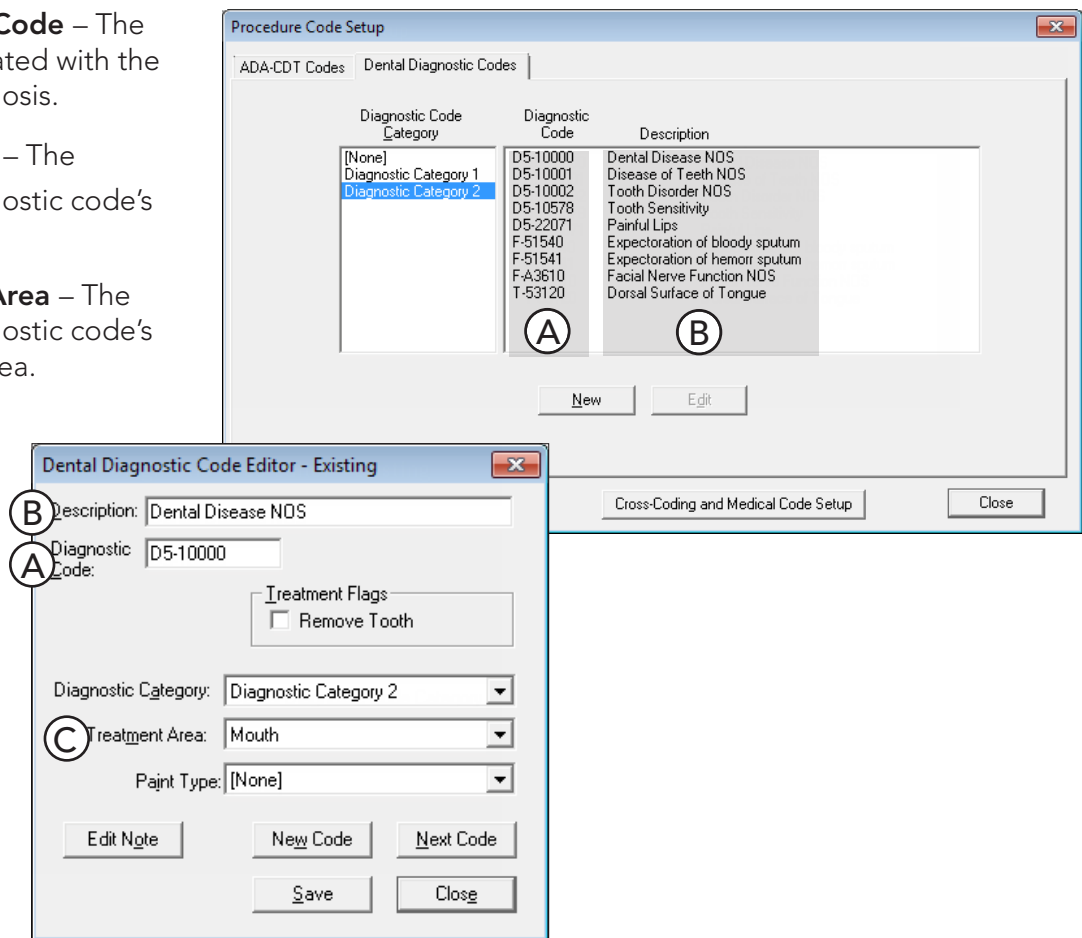
How do I run the Dental Diagnostic Code List?

In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Diagnostic Code List**. For additional details about running this report, see the “Dental Diagnostic Code List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information is found in the **Dental Diagnostic Code Editor** dialog box, which can be accessed in the Office Manager. See the “Dental Diagnostic Code Setup” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**) for details on how to edit this information.

- A. Diagnostic Code** – The code associated with the dental diagnosis.
- B. Description** – The dental diagnostic code’s description.
- C. Treatment Area** – The dental diagnostic code’s treatment area.



Dental Encounters Report

The Dental Encounters Report lists procedures posted during a specified date range (each procedure must be attached to a claim to appear on the report), along with the amount that is expected to be paid by insurance.



Why: To submit dental encounters to Medicaid

When: As needed

Dental Encounters

4/11/2018 - 4/12/2018 Entry Date

Clinics: <ALL>

Providers: <ALL>

Carrier Range: <ALL> - <ALL>

Patient Range: <ALL> - <ALL>

Report Date: 4/13/2018

Report Generated By: enterprise

Page 1 of 1

Patient Name	Beneficiary ID	Proc Code	Amount Paid or Expected to be Paid	Date of Service	Group NPI	Rendering NPI
Abbott, James	123456789	D2387	0.00	4/11/2018 12	0	0
Brown, Mary	123456789	D2387	0.00	4/11/2018 12	0	0
Crosby, Brent	123456789	D3310	0.00	4/11/2018 12	0	0
Davis, Harmon	123456789	D2792	0.00	4/11/2018 12	0	0
Farrer, Lisa	123456789	D1205	78.00	4/12/2018 12	0	0
Gleason, Alice	123456789	D5915	365.00	4/12/2018 12	0	0
Smith, Michael	123456789	D3330	189.00	4/12/2018 12	0	0
Winters, Carl	123456789	D3330	85.40	4/12/2018 12	0	0



How do I run the Dental Encounters Report?

From the DXOne Reporting module, select **Management**, and then double-click **Dental Encounters**. For additional details about running this report, see the “Dental Encounters Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Procedures – For each procedure, the date of service, the name of the patient who received treatment, the subscriber ID (Beneficiary ID) of the subscriber of the patient’s insurance plan, and the appropriate NPI numbers are shown.

Deposit Slip

The Deposit Slip allows you to view payments by payment type, and you can use the Deposit Slip to deposit cash and checks at your bank.

\$

Why: To save time by automatically generating deposit slips and to ensure cash, check, and credit card totals match up at the end of each day (in other words, the amount of cash left in the till is correct, each check has been accounted for, and the total charges processed on your credit card machine are correct)

🕒

When: Daily

Deposit Slip

04/22/2018 - 04/29/2018 Procedure Date
Clinics: <ALL>
Operator: <ALL>
Billing Type: <ALL>

Report Date: 04/29/2018 Report Generated By: enterprise Page 1 of 1

Procedure Date	Name	BT	Provider	Clinic	Bank	Check #	Amount
Cash Payment - Thank You							
04/22/2018	Crosby, Brent L<Family>	2	DDS01	CENTRAL			-20.00
04/22/2018	Little, Brian<Family>	2	<MULTIPLE>	CENTRAL			-100.00
							TOTAL: -120.00
Check Payment - Thank You							
04/22/2018	Abbott, Patricia<Family>	2	DDS01	CENTRAL			-45.00
04/22/2018	Davis, Janet<Family>	1	DDS01	CENTRAL			-23.00
04/23/2018	Winters, Carl<Family>	2	<MULTIPLE>	CENTRAL			-100.00
							TOTAL: -168.00
Dental Insurance Check Payment							
04/27/2018	Metropolitan Life	2	DDS1	CENTRAL		44587	-698.40
							TOTAL: -698.40
TOTAL DEPOSIT:							-986.40

PAID IN BY

The Dentist Group
FOR CREDIT OF

43331677-1146
BANK ACCOUNT

E	Operator: ENTERPRISE					
	Clinic: CENTRAL					
	Cash Payment - Thank You					
	04/27/2018	Payne, Mildred<Family>	1	<MULTIPLE>	CENTRAL	-100.00
	1 ITEM					TOTAL: -100.00
	Check Payment - Thank You					
	04/22/2018	Abbott, Patricia<Family>	2	<MULTIPLE>	CENTRAL	-125.00
	04/22/2018	Larson, Bill<Family>	1	DDS1	CENTRAL	-23.00
	04/23/2018	Payne, Mildred<Family>	1	DDS01	CENTRAL	-20.00
	3 ITEMS					TOTAL: -168.00
Dental Insurance Check Payment						
04/27/2018	Metropolitan Life	2	DDS1	CENTRAL	44587 -698.40	
1 ITEM					TOTAL: -698.40	
5 ITEMS					CLINIC TOTAL: -966.40	
					OPERATOR TOTAL: -966.40	

H	Clinic: CENTRAL					
	Operator: ENTERPRISE					
	Cash Payment - Thank You					
	04/27/2018	Payne, Mildred<Family>	1	<MULTIPLE>	CENTRAL	-100.00
	1 ITEM					TOTAL: -100.00
	Check Payment - Thank You					
	04/22/2018	Abbott, Patricia<Family>	2	<MULTIPLE>	CENTRAL	-125.00
	04/22/2018	Larson, Bill<Family>	1	DDS1	CENTRAL	-23.00
	04/23/2018	Payne, Mildred<Family>	1	DDS01	CENTRAL	-20.00
	3 ITEMS					TOTAL: -168.00
Dental Insurance Check Payment						
04/27/2018	Metropolitan Life	2	DDS1	CENTRAL	44587 -698.40	
1 ITEM					TOTAL: -698.40	
5 ITEMS					OPERATOR TOTAL: -966.40	
					CLINIC TOTAL: -966.40	

How do I run the Deposit Slip?

From the DXOne Reporting module, select **Management**, and then double-click **Day Sheet - Deposit Slip**. For additional details about running this report, see the "Day sheet - deposit slip" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following information can be used to monitor payments for each provider and/or clinic:

A. Payments – The payments (grouped and totaled by type) posted to the Ledger.

B. Payment Details – Each payment provides the following information:

- **Procedure Date** – The date of a payment posted to the Ledger.
- **Amount** – The amount of the payment.

C. Total Deposit – The total of all payment types.

D. Account Information – The following report information (except for the first item) is found in the **Clinic Information** dialog box:

- **Paid in By** – The name of the employee making the deposit.
- **For Credit Of** – The name of the practice for which the deposit is being made.
- **Bank Account** – The practice's bank deposit number.

The image shows two screenshots of the 'Clinic Information - MESA' dialog box. The left screenshot displays the 'General' tab with various fields for clinic identification and contact information. A circled 'D' is placed over the 'Title' field, which contains the text 'The Dental Group'. The right screenshot displays the 'Bank Account' tab, showing fields for 'Administrative Contact', 'Bank Deposit Number', 'Show/Hide/Mask SSN', 'Data Units', 'Fiscal year's beginning month', 'Time Zone', 'Billing Statements', and 'Change Provider Completion Options'. A line connects the circled 'D' in the left screenshot to the 'Bank Deposit Number' field in the right screenshot.

E. Operator Payments – The payments for an operator by clinic.

F. Clinic Subtotal – The total for an operator by clinic.

G. Operator Total – The total for an operator.

H. Clinic Payments – The payments for a clinic by operator.

I. Operator Subtotal – The total for a clinic by operator.

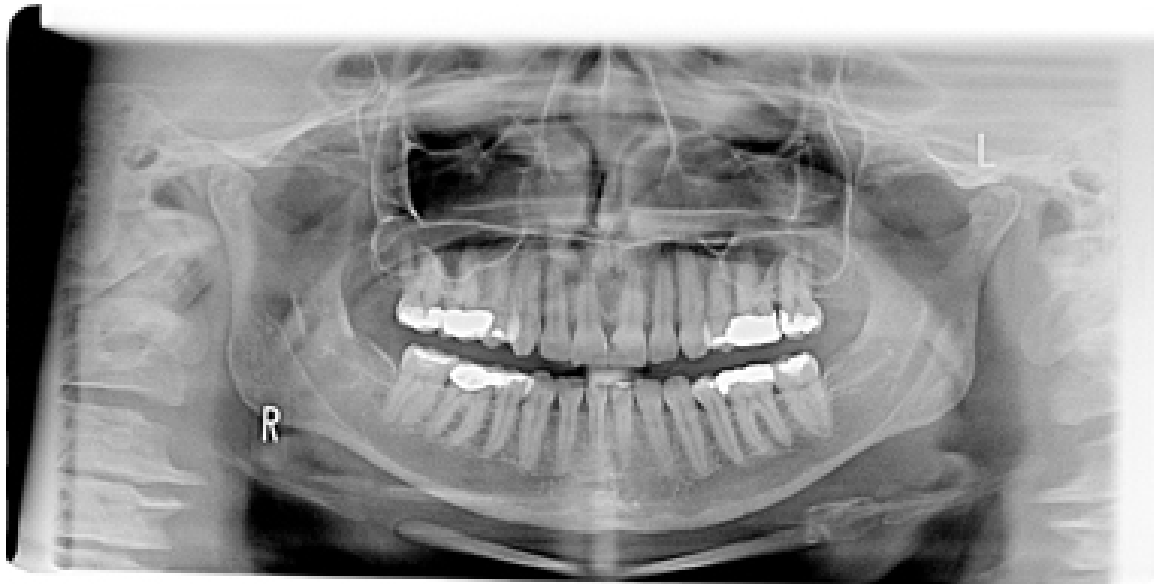
J. Clinic Total – The total for a clinic.

Document Center Document

You can print documents that have been attached to a patient's or provider's Document Center.



Why: To print documents that have been attached to a patient or provider
When: As needed



A 3/1/2018

B [DDS1] Smith, Dennis , D.D.S.

Page: 1

How do I run the Document Center Document?


From a patient's or provider's Document Center, from the **File** menu, point to **Print**, and then click **Print Document(s)**. For additional details about running this report, see the "Printing documents" topic in the Document Center portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date Attached** – The date the document was attached to the patient, provider, referral, employer, or insurance plan.
- B. Name** – The name of the patient, provider, referral, employer, or insurance plan.

Document Center List

The Document Center List displays the documents that have been attached to patients. This report can be run for a patient or provider.

	Why: To print documents that have been attached to a patient or provider When: As needed
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

Document Center

Page: 1

A Date:06/05/2018

Crosby, Brent L.[CR0001]□

B Correspondence□

01 7 Referral Recap□ ————— **D**

01 7 Referral Gratuity

C

- 8/5/2017 Anesthesia consent form□
- 8/5/2017 Temporary-Document-Description
- 8/5/□017 Temporary-Document-Description
- 8/5/2017 Treatment Plan Follow-up□
- 8 5□01 7 Custom Statement
- 8/5/2017 Appointment Reminder Letter
- 5 5□018:Procedure Follow-up□
- 5/5/2018 Five Year Letter
- Patient Information□
- 8/5/2017 Medical History□
- 8/5/2017 Insurance Information
- Patient Picture
- 8/5/2017 Updated Picture
- X-Rays□
- 8 5□017:Complete X-Rays□

How do I run the Document Center List?


From a patient's or provider's Document Center, from the **File** menu, point to **Print**, and then click **Document Center List**. For additional details about running this report, see the "Printing the Document Center List" topic in the Document Center portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Name** – The name of the patient, provider, referral, employer, or insurance plan.
- B. Document Type** – The document type.
- C. Date Attached** – The date the document was attached.
- D. Document Description** – The document's description. Any notes appear below the description.

Employers and Employed Patients Report

The Employers and Employed Patients Report allows you to view and print the employers entered in Dentrix Enterprise. Depending on how you run the report, the employees associated with each employer may also appear on this report.



Why: To identify individuals whose insurance information needs to be updated when an employer changes insurance carriers

When: As needed

Employers and Employed Patients																																																																																																																																	
Employers: <ALL> - <ALL>																																																																																																																																	
Clinics: <ALL>																																																																																																																																	
Providers: <ALL>																																																																																																																																	
Report Date: 04/22/2018		Report Generated By: enterprise		Page 1 of 6																																																																																																																													
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; width: 60%;"> <p>Employer Name: A.C.S. Address: Division Of Acme Computer Services 1234 LAKESIDE DRIVE Santa Clara, CA 95052</p> </div> <div style="border: 1px solid black; padding: 5px; width: 35%;"> <p>Phone: (408) 555-3000 # Employed: 4</p> </div> </div>																																																																																																																																	
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How do I run the Employers and Employed Patients Report?

From the DXOne Reporting module, select **Reference**, and then double-click **Employers and Employed Patients**. For additional details about running this report, see the “Employers and Employed Patients Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Employer Details – The name, mailing address, and phone number of the employer. This information is found in the **Employer Information** dialog box, which can be accessed in the Office Manager module. See the “Adding and editing employers” topic in the Office Manager portion of the Dentrix Enterprise Help for details about this information (from the **Help** menu of any module, click **Contents**).

B. Number employed – If you select **Include**

Employees when setting options for this report, the number of patients employed by the employer appears on the report.

C. Employee Details – If you select **Include Employees** when setting options for this report, the name, birth date, chart number, family status, and Social Security number of each patient employed by the employer appears on the report.

Family Ledger Report

The Family Ledger Report displays transactions posted for a family. Depending on report settings, the current balance of each patient in the family is also displayed on the report.

\$	Why: To provide a family with a record of their transactions
	When: As needed

FAMILY LEDGER REPORT						
The Dentist Group						
Date: 04/23/2018					Page: 1	
Guar Name: Peggy Perkins 123 Street Philadelphia, PA 19102				Chart Number:		
				Billing Type: 1		
DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
04/23/2018		Balance Forward		90.00		90.00
04/23/2018		Finance Charge	Peggy	100.00		190.00
04/23/2018		Late Charge	Peggy	7840.00		8030.00
04/23/2018	8*12	M and partial-metal base w/sdls	Peggy	452.00		8482.00
04/23/2018	9	S urg place implant: endosteal	Shelly	780.00		9262.00
04/23/2018	4	C rown-porc fuse high noble mtl	Shelly	78.00		9340.00
04/23/2018		Check Payment - Thank You	<Family>		-20.00	9320.00
TOTAL FAMILY BALANCE AS OF 04/23/2011:						9320.00
YTD Finance Charges:						100.00
YTD Late Charges:						7840.00
YTD Payments:						-20.00
YTD Insurance Payments:						0.00

A

B

How do I run the Family Ledger Report?

In the Office Manager, from the **Reports** menu, point to **Ledger**, and then click **Family Ledger Report**. For additional details about running this report, see the “Family Ledger Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Family History** – Displays all financial transactions posted to the Ledger for all family members.
- B. Family Totals** – Displays year-to-date totals for the family.

Family Ledger Report (Single Family)

The Single Family Ledger Report displays transactions posted for a family.

\$	<p>Why: To provide a family with a record of their transactions</p> <p>When: As needed</p>
-----------	----------------------------------------------------------------------------------------------------------

SINGLE FAMILY LEDGER						
The Allied Dentist Group						
Date: 05/14/2018				Page: 1		
Guar Name: Peggy Perkins 123 Street Philadelphia, PA 19102				Chart Number:		
				Billing Type: 1		
DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
04/22/2018		Balance Forward		90.00		90.00
04/23/2018		Finance Charge	Peggy	100.00		190.00
04/23/2018		Late Charge	Peggy	7840.00		8030.00
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04/23/2018	9	S urg place implant: endosteal	Shelly	780.00		9262.00
04/23/2018	4	C rown-porc fuse high noble mtl	Shelly	78.00		9340.00
04/23/2018		Check Payment - Thank You	<Family>		-20.00	9320.00
04/27/2018		Cash Payment - Thank You	<Family>		-100.00	9220.00
05/01/2018	15	M and partial-metal base w/sdls	Shelly	801.00		10021.00
05/01/2018	9	E xtraction crnl remnts-decid th	Shelly	501.00		10522.00
05/05/2018	9	R etainer crn-porc fused-hi nob	Peggy	200.00		10722.00
05/05/2018	12	R etainer crn-porc fused-hi nob	Peggy	200.00		10922.00
05/05/2018	10	P ontic-porcelain fused to hnob	Peggy	200.00		11122.00
05/05/2018	11	P ontic-porcelain fused to hnob	Peggy	200.00		11322.00
TOTAL FAMILY BALANCE AS OF 05/14/2009:						11322.00
YTD Finance Charges:						100.00
YTD Late Charges:						7840.00
YTD Payments:						-120.00
YTD Insurance Payments:						0.00

A

B

How do I run the Family Ledger Report (Single Family)?


In the Ledger, from the **Print** menu, click **Family Ledger**. For additional details about running this report, see the "Family Ledger Report" topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?


- A. Family History** – All financial transactions posted to the Ledger (starting with the specified first transaction date) for all family members.
- B. Family Totals** – Year-to-date totals for the family.

Fee Schedules Report

The Fee Schedules Report lists procedure fees for selected fee schedules. This report also lists the lab expenses and material expenses associated with each procedure.



Why: To ensure each fee schedule is set up properly, to compare multiple fee schedules side by side, and to ensure lab expenses and material expenses are up to date



When: After Dentrix Enterprise setup, and as needed

FEE SCHEDULE								
ADA Code Selection: <ALL>								
Report Date: 04/22/2018			Report Generated By: enterprise			Page 3 of 11		
CODE	DESCRIPTION	Office	PULLEM	DONTIST	DMO	FEE 5	LAB EXPENSE	MATERIAL
D2331	Resin-two surfaces, anterior	90.00	85.00	78.00	74.00	69.00	0.00	25.00
D2332	Resin-three surfaces, anterior	115.00	105.00	95.00	89.00	85.00	0.00	35.00
D2335	Resin-4+ w/incis angle-anterior	150.00	133.00	125.00	115.00	105.00	0.00	70.00
D2336	Compos resin crwn-anterior-prim	170.00	150.00	142.00	125.00	115.00	100.00	150.00
D2380	Resin-1 surface, poster-primary	71.00	65.00	60.00	58.00	55.00	0.00	21.00
D2381	Resin-2 surface, poster-primary	92.00	85.00	79.00	74.00	70.00	0.00	34.00
D2382	Resin-3 surface, poster-primary	119.00	105.00	95.00	88.00	85.00	0.00	84.00
D2385	Resin-1 surface, post-permanent	80.00	75.00	69.00	65.00	61.00	0.00	15.00
D2386	Resin-2 surface, post-permanent	110.00	98.00	92.00	87.00	84.00	0.00	30.00
D2387	Resin-3 surface +, post-perm	146.00	128.00	115.00	106.00	100.00	0.00	86.00
D2390	Resin composite crown, anterior	0.00	0.00	0.00	0.00	0.00	0.00	18.00
D2391	Resin composite-1s, posterior	0.00	0.00	0.00	0.00	0.00	0.00	18.00
D2392	Resin composite-2s, posterior	0.00	0.00	0.00	0.00	0.00	0.00	39.00
D2393	Resin composite-3s, posterior	0.00	0.00	0.00	0.00	0.00	0.00	88.00
D2394	Resin composite-4+s, posterior	0.00	0.00	0.00	0.00	0.00	0.00	121.00
D2410	Gold foil-one surface	331.00	300.00	246.00	225.00	200.00	0.00	0.00
D2420	Gold foil-two surfaces	398.00	390.00	367.00	350.00	338.00	0.00	0.00
D2430	Gold foil-three surfaces	450.00	432.00	393.00	374.00	344.00	0.00	0.00
D2510	Inlay-metallic-one surface	406.00	390.00	375.00	345.00	319.00	0.00	0.00
D2520	Inlay-metallic-two surfaces	468.00	438.00	421.00	395.00	366.00	0.00	0.00
D2530	Inlay-metallic-three + surfaces	520.00	495.00	474.00	440.00	420.00	0.00	0.00
D2542	Onlay-metallic-two surfaces	0.00	0.00	0.00	0.00	0.00	0.00	0.00
D2543	Onlay-metallic-three surfaces	503.00	475.00	428.00	393.00	302.00	0.00	0.00
D2544	Onlay-metallic-four + surfaces	553.00	522.00	470.00	432.00	332.00	0.00	0.00
D2610	Inlay-porcel/ceramic-1 surface	460.00	414.00	393.00	372.00	350.00	0.00	0.00
D2620	Inlay-porcel/ceramic-2 surface	493.00	450.00	440.00	419.00	560.00	0.00	0.00
D2630	Inlay-porcel/ceramic-3+ surface	553.00	500.00	468.00	440.00	445.00	0.00	0.00
D2642	Onlay-porcel/ceram-2 surface	553.00	500.00	468.00	440.00	325.00	0.00	0.00
D2643	Onlay-porcel/ceram-3 surface	583.00	527.00	493.00	464.00	343.00	0.00	0.00
D2644	Onlay-porcel/ceram-4 + surface	608.00	550.00	515.00	484.00	357.00	0.00	0.00
D2650	Inlay-resin based composite-1s	440.00	410.00	388.00	350.00	323.00	0.00	0.00
D2651	Inlay-resin based composite-2s	473.00	435.00	390.00	375.00	359.00	0.00	0.00
D2652	Inlay-resin based composite-3+s	515.00	468.00	450.00	433.00	400.00	0.00	0.00
D2662	Onlay-resin based composite-2s	458.00	440.00	413.00	335.00	227.00	0.00	0.00
D2663	Onlay-resin based composite-3s	488.00	468.00	440.00	357.00	242.00	0.00	0.00
D2664	Onlay-resin based composite-4+s	505.00	485.00	455.00	369.00	250.00	0.00	0.00
D2710	Crown-resin composite(indirect)	395.00	350.00	320.00	287.00	251.00	0.00	0.00
D2712	Crown-3/4 resin-based comp-ind	0.00	0.00	0.00	0.00	0.00	0.00	0.00
D2720	Crown-resin w/high noble metal	542.00	600.00	573.00	499.00	478.00	0.00	0.00
D2721	Crown-resin w/ most base metal	573.00	546.00	493.00	454.00	413.00	0.00	0.00
D2722	Crown-resin with noble metal	630.00	590.00	508.00	463.00	444.00	0.00	0.00
D2740	Crown-porcelain/ceramic substr	630.00	570.00	525.00	500.00	487.00	0.00	0.00
D2750	Crown-porc fuse high noble mtl	613.00	575.00	534.00	500.00	487.00	0.00	0.00
D2751	Crown-porc fused to base metal	563.00	503.00	485.00	465.00	449.00	0.00	0.00
D2752	Crown-porc fused noble metal	590.00	548.00	515.00	495.00	472.00	0.00	0.00



How do I run the Fee Schedules Report?

From the DXOne Reporting module, select **Reference**, and then double-click **Fee Schedule**. For additional details about running this report, see the “Fee Schedule Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information is found in the **Procedure Code Editor** dialog box, which can be accessed in the Office Manager. See the “Procedure Code Setup” or “Auto fee schedule changes” topic in the Office Manager portion of the Dentrix Enterprise Help for details on how to edit this information.

- A. Code** – The procedure code.
- B. Fee** – The fee assigned to a procedure.
- C. Lab Expense** – The estimated lab expense associated with the procedure.
- D. Material** – The estimated materials expense for the procedure.

The screenshot shows the 'Procedure Code Editor - Existing' dialog box. The 'Description' field contains 'Resin-one surface, anterior'. The 'Patient Friendly Description' field contains 'Tooth-colored filling of a cavity of one surface of a front tooth, typically caused by tooth decay'. The 'Code Names' section shows '2330 ADA Code' and 'Resin1 Abbrev Desc'. The 'Treatment Flags' section includes 'Show in Chart' (checked) and 'Auto Continuing Care [NONE]'. The 'Procedure Category' is 'Restorative' and 'Appointment Type' is 'High Production'. The 'Treatment Area' is 'Surface' and 'Paint Type' is 'Surface restorations'. The 'Expenses' section has 'Lab' (C) and 'Materials' (D) fields. The 'Fee Schedule' table is as follows:

Fee Schedule	RVU Schedule	Fee
1. Office		
2. FULLEM		62.00
3. DONTIST		58.00
4. DMO		55.00
5. FEE 5		0.00
6. B5ofPA		0.00
7. DELTA		0.00
8. UPlto999		0.00
9.		0.00
10.		0.00
11.		0.00
12.		0.00
13.		0.00
14.		0.00
15.		0.00
16.		0.00
17.		0.00
18.		0.00

Finance Charge Report

The Finance Charge Report lists the finance charges the practice has issued for a selected date or date range.

\$

Why: To keep a record of the finance charges the practice issues each month, and to ensure finance charges are not duplicated

When: Monthly

FINANCE CHARGE REPORT					
04/20/2018 - 04/23/2018 Procedure Date					
Clinics: <ALL>					
Provider: <ALL>					
Billing Types: <ALL>					
Report Date: 04/23/2018	(A)	Report Generated By: []	(B)		Page 1 of 1
DATE	GUARANTOR NAME	AMOUNT	BILLING TYPE	PROVIDER	CLINIC
04/20/2018	Abbott, Patricia <Family>	22.00	2	DDS1	CENTRAL
04/23/2018	Abbott, Patricia <Family>	45.00	2	DDS1	CENTRAL
04/23/2018	Little, Brian <Family>	187.00	1	DDS1	CENTRAL
04/23/2018	Perkins, Shelly <Family>	1 00.00	1	DDS1	CENTRAL
(C) TOTAL CHARGES:		354.00			

* family has payment agreement

D

DATE	GUARANTOR NAME	AMOUNT	BILLING TYPE	PROVIDER	CLINIC
Provider: DDS1		354.00			
Clinic: CENTRAL		354.00			
04/20/2018	Abbott, Patricia <Family>	22.00	2	DDS1	CENTRAL
04/23/2018	Abbott, Patricia <Family>	45.00	2	DDS1	CENTRAL
04/23/2018	Little, Brian <Family>	187.00	1	DDS1	CENTRAL
04/23/2018	Perkins, Shelly <Family>	1 00.00	1	DDS1	CENTRAL

E

DATE	GUARANTOR NAME	AMOUNT	BILLING TYPE	PROVIDER	CLINIC
Clinic: CENTRAL		354.00			
Provider: DDS1		354.00			
04/20/2018	Abbott, Patricia <Family>	22.00	2	DDS1	CENTRAL
04/23/2018	Abbott, Patricia <Family>	45.00	2	DDS1	CENTRAL
04/23/2018	Little, Brian <Family>	187.00	1	DDS1	CENTRAL
04/23/2018	Perkins, Shelly <Family>	1 00.00	1	DDS1	CENTRAL

How do I run the Finance Charge Report?

From the DXOne Reporting module, select **Management**, and then double-click **Finance/Late Charge**. For additional details about running this report, see the “Finance Charge Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The report contains the following information.

- A. Guarantor Name** – The guarantor to which a finance charge has been applied.
Note: Finance charges are applied to the guarantor of an account, not the patient.
- B. Amount** – The amount of the finance charge.
- C. Total Charges** – The total finance charges within the date range of the report.
- D. Provider Totals** – The finance charges are shown for the provider with a breakdown of the finance charges for each clinic the provider works in. Each clinic’s finance charges for that provider are subtotaled. The finance charge totals for the provider appear below the clinic subtotals.
- E. Clinic Totals** – The finance charges are shown for the clinic with a breakdown of the finance charges by each provider at that clinic. Each provider’s transactions for that clinic are subtotaled. The finance charge totals for the clinic appear below the provider subtotals.

Future Due Payment Plan Report - Monthly Totals

The Future Due Payment Plan - Monthly Totals Report displays future due payment totals by month.

\$	<p>Why: To project future revenue from future due payment plans</p> <p>When: Monthly or at the beginning of each budgeting cycle</p>
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MONTHLY TOTALS REPORT		
The Dentist Group		
04/01/2017 - 05/01/2018		
Date:	05/30/2018	Page: 1
MONTH	NUMBER OF CHARGES	TOTAL CHARGE AMOUNT
1. April 2017	2	4005.56
2. May 2017	1	1 05.56
3. June 2017	1	105.56
4. July 2017	1	1 05.56
5. August 2017	1	105.56
6. September 2017	1	1 05.56
7. October 2017	1	105.56
8. November 2017	1	1 05.56
9. December 2017	1	1 05.56
10. January 2018	1	1 05.56
11. February 2018	1	1 05.56
12. March 2018	1	1 05.56
13. April 2018	1	1 05.56
14. May 2018	1	1 05.56
(A)		(B)
(C) TOTAL NUMBER OF CHARGES: 15		TOTAL AMOUNT: 5377.84
AVERAGE NUMBER OF CHARGES: 2		AVERAGE MONTHLY CHARGE AMOUNT: 384.14
REMAINING AFTER MAY 2010		
(D) NUMBER OF CHARGES: 0		TOTAL AMOUNT: 0.00
		NEXT CHARGE AMOUNT: 0.00

How do I run the Future Due Payment Plan Report - Monthly Totals?

In the Office Manager, from the **Reports** menu, point to **Ledger**, and then click **Future Due Payment Plan Report**. For additional details about running this report, see the "Future Due Payment Plan Report" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information is found in the **Payment Plan** dialog box. To access this dialog box, in the Ledger, from the **Transaction** menu, click **Process Future Due Payment Plan**. Select a future due payment plan, and then click **OK**. The report contains the following information:

- A. Number of Payments** – The number of payments anticipated during a month.
- B. Total Payment Amount** – The projected revenue total from future due treatment plans.
- C. Report Totals** – The combined totals for all months.
- D. Remaining** – The number of charges, total amount, and next charge amount that will remain for all future due payment plans in a year from the current month.

Future Due Payment Plan Report - Standard

The Future Due Payment Plan Report displays patients with future due payment plans. Patients are listed alphabetically by the guarantor.

\$	Why: To review future due payment plans by patient
	When: Monthly or at the beginning of each budgeting cycle

FUTURE DUE PAYMENT PLAN REPORT							
The Dentist Group							
01/01/2018 - 01/01/2018							
Date: 04/23/2018						Page: 1	
GUARANTOR NAME	PATIENT NAME	PHONE NUM.	BILLING TYPE	DATE	TOTAL	REMAINING	MONTHS
Abbott, Patricia	Abbott, Patricia	555-1586	2	Last Claim Date: 01/01/2018	5000.00	Last Payment: 3900.00	1
Winters, Carl	Winters, Carl		1	Last Claim Date: 01/01/2018	2000.00	Last Payment: 1900.00	18
						TOTAL AMOUNT REMAINING:	5800.00
						TOTAL MONTHLY CHARGES:	4005.56

GUARANTOR NAME	PATIENT NAME	PHONE NUM.	BILLING TYPE	DATE	TOTAL	REMAINING	MONTHS	CHARGE AMT
Abbott, Patricia	Abbott, Patricia	555-1586	2	Last Claim Date: 01/01/2018	5000.00	Last Payment: 3900.00	1	3900.00

How do I run the Future Due Payment Plan Report?

In the Office Manager, from the **Reports** menu, point to **Ledger**, and then click **Future Due Payment Plan Report**. For additional details about running this report, see the "Future Due Payment Plan Report" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?


The following report information is found in the **Payment Plan** dialog box. To access this dialog box, in the Ledger, from the **Transaction** menu, click **Process Future Due Payment Plan**. Select a future due payment plan, and then click **OK**. The report contains the following information:

- A. Total Amount Remaining** – The total balance of future due payment plans.
- B. Total Monthly Charges** – The total monthly revenue expected from future due payment plans listed in the report.
- C. Last Claim Date** – The date of the last claim for the procedures associated with the future due payment plan (if applicable).
- D. Last Payment** – The date and amount of the last payment (if any) posted to the patient's Ledger.
- E. Date** – The date the payment agreement was created.
- F. Total** – The total future due payment plan amount.
- G. Remaining** – The remaining amount to be paid.
- H. Months** – The number of remaining months for the plan.
- I. Payment** – The monthly amount charged to the patient.

Initial Health History Report

The Initial Health History Report displays the percentage of new oral health patients who have a **First Visit Date** in the Family File that is within a specified time frame and who had an initial health history (determined by specified ADA and/or condition codes) entered into their electronic records during the same time frame.

For example, you may want to track new patients who received a comprehensive oral exam (ADA code D0150)—the denominator code—and who have a history of smoking or tobacco use (a condition code; for example, 15995)—the numerator code.

	<p>Why: To view statistics regarding the oral health history of new patients</p> <p>When: Yearly</p>
-----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

Percent of Patients With Completed Health History

Date Range: 5/14/2018 - 5/14/2018 - Procedure Date
 Clinics: <ALL>
 Age Range: All Patients
 Providers: <ALL>
 Numerator Codes: D1330
 Denominator Codes: D0120, D1 0, D1 20

Report Date: 5/14/2018 Page 1 of 1

Clinic	Provider	Numerator	Denominator	Percent
	Patient Name	Chart	Procedure Codes	
CENTRAL		2	3	66.67%
DESMITH		2	2	100.00%
	Abbott, Jan	AB32	Numerator: D1330 Denominator: D1 0	
	Crosby, Tom	CR95	Numerator: D1330 Denominator: D0120,D1 20	
MHAYES		0	1	0.00%
	Winters, Jillian	WI213	Denominator: D0120,D1 0	
Totals:		2	3	66.67%

How do I run the Initial Health History Report?

From DXOne Reporting, select **Lists**, and then double-click **Initial Health History**. For additional details about running this report, see the “Initial Health History Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).


What important information does this report provide?

The report contains the following information:

- A. Numerator** – The specified ADA codes and/or conditions.
- B. Denominator** – The specified ADA codes and/or conditions.
- C. Clinic Totals** – The Numerator, Denominator, and Percent totals for the providers at a given clinic on the report.
- D. Provider Totals** – The Numerator, Denominator, and Percent totals for a given provider who is attached to the Numerator and/or Denominator codes.
- E. Details** – If you select **Include Details** when setting options for this report, patient names, chart numbers, and procedures codes (numerators and denominators) appear on the report.
- F. Totals** – The Numerator, Denominator, and Percent grand totals for all clinics on the report.

Insurance Carrier List

The Insurance Carrier List displays a list of the dental/medical insurance carriers entered in Dentrix Enterprise. Depending on how you run the report, the subscribers and patients, or providers associated with each carrier can also appear on this report.



Why: To ensure insurance carriers are properly set up in Dentrix Enterprise
When: After Dentrix Enterprise setup, and as needed

DENTAL INSURANCE CARRIERS AND PROVIDER IDs									
Insurance Carriers: <ALL> - <ALL> Financial Class Types: <ALL>									
Report Date: 04/27/2018		Report Generated By: enterprise							
Page 1 of 10									
CARRIER: Aetna ADDRESS: 32465 Street Name City, UT 84003 PHONE: CONTACT: ALT CODE: ADA Code PAYOR ID:	GROUP NAME: HSPS A GROUP NUM: UNION NUM: CLAIM FORMAT: TIME LIMIT: 0 days SOURCE OF PMT: EMPLOYER: FINANCIAL CLASS:	DED S/P/O: LT, 0/0/0 IND, 0/0/0 FAM, 0/0/0 BENEFITS: IND, 0.00 FAM, 0.00 BENEFIT RENEWAL: January LAST UPDATE: 12/15/2017 # PROVIDERS: 1							
<input type="checkbox"/> Replace Initial Zero of Procedure Code on Claims <input type="checkbox"/> Do Not Print Dental Diagnostic Codes on Claim		<input type="checkbox"/> Do Not Bill To Dental Insurance if 0% Coverage <input type="checkbox"/> Do Not Bill To Dental Insurance							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">PROVIDER</th> <th style="width: 33%;">PROVIDER ID CODE</th> <th style="width: 33%;">PROVIDER ID NUMBER</th> </tr> </thead> <tbody> <tr> <td>DDS01 Smith, Dennis</td> <td>0B State License Number</td> <td>1 2345abc678def</td> </tr> </tbody> </table>				PROVIDER	PROVIDER ID CODE	PROVIDER ID NUMBER	DDS01 Smith, Dennis	0B State License Number	1 2345abc678def
PROVIDER	PROVIDER ID CODE	PROVIDER ID NUMBER							
DDS01 Smith, Dennis	0B State License Number	1 2345abc678def							

A

B

DENTAL INSURANCE CARRIERS AND SUBSCRIBERS																															
Insurance Carriers: Aetna - HSPS B - - Aetna - HSPS B - Financial Class Types: <ALL>																															
Report Date: 04/27/2018				Report Generated By: enterprise																											
Page 1 of 1																															
CARRIER: Aetna ADDRESS: 32465 Street Name City, UT 84003 PHONE: CONTACT: ALT CODE: ADA Code PAYOR ID:	GROUP NAME: HSPS B GROUP NUM: UNION NUM: CLAIM FORMAT: TIME LIMIT: 0 days SOURCE OF PMT: EMPLOYER: FINANCIAL CLASS:	DED S/P/O: LT, 0/0/0 IND, 0/0/0 FAM, 0/0/0 BENEFITS: IND, 0.00 FAM, 0.00 BENEFIT RENEWAL: January LAST UPDATE: 12/15/2017 # SUBSCRIBERS: 2 # INSURED PATIENTS: 3																													
<input type="checkbox"/> Replace Initial Zero of Procedure Code on Claims <input type="checkbox"/> Do Not Print Dental Diagnostic Codes on Claim				<input type="checkbox"/> Do Not Bill To Dental Insurance if 0% Coverage <input type="checkbox"/> Do Not Bill To Dental Insurance																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">SUBSCRIBER NAME</th> <th style="width: 10%;">BIRTHDATE</th> <th style="width: 10%;">CHART#</th> <th style="width: 10%;">SUBSCRIBER #</th> <th style="width: 10%;">EMPLOYER</th> <th style="width: 10%;">FAMILY</th> <th style="width: 10%;">DED MET</th> <th style="width: 10%;">BENEFITS</th> </tr> </thead> <tbody> <tr> <td>(P)Little, Patrick R</td> <td>11/11/1975</td> <td>P32143</td> <td>000-00-0000</td> <td></td> <td>Single</td> <td>0/0/0</td> <td>105.00</td> </tr> <tr> <td>(S)Little, Patrick R</td> <td>11/11/1975</td> <td>P32143</td> <td>000-00-0000</td> <td></td> <td>Single</td> <td>0 /0/0</td> <td>0.00</td> </tr> </tbody> </table>								SUBSCRIBER NAME	BIRTHDATE	CHART#	SUBSCRIBER #	EMPLOYER	FAMILY	DED MET	BENEFITS	(P)Little, Patrick R	11/11/1975	P32143	000-00-0000		Single	0/0/0	105.00	(S)Little, Patrick R	11/11/1975	P32143	000-00-0000		Single	0 /0/0	0.00
SUBSCRIBER NAME	BIRTHDATE	CHART#	SUBSCRIBER #	EMPLOYER	FAMILY	DED MET	BENEFITS																								
(P)Little, Patrick R	11/11/1975	P32143	000-00-0000		Single	0/0/0	105.00																								
(S)Little, Patrick R	11/11/1975	P32143	000-00-0000		Single	0 /0/0	0.00																								

A

C

DENTAL INSURANCE CARRIERS, SUBSCRIBERS AND PATIENTS

Insurance Carriers: Aetna - HSPS B - - Aetna - HSPS B -
Financial Class Types: <ALL>

Report Date: 04/27/2018

Report Generated By: enterprise

Page 1 of 1

A

CARRIER: Aetna	GROUP NAME: HSPS B	DED S/P/O: LT, 0/0/0
ADDRESS: 32465 Street Name	GROUP NUM:	IND, 0/0/0
City, UT 84003	UNION NUM:	FAM, 0/0/0
PHONE:	CLAIM FORMAT:	BENEFITS: IND, 0.00
CONTACT:	TIME LIMIT: 0 days	FAM, 0.00
ALT CODE: ADA Code	SOURCE OF PMT:	BENEFIT RENEWAL: January
PAYOR ID:	EMPLOYER:	LAST UPDATE: 12/15/2017
	FINANCIAL CLASS:	# SUBSCRIBERS: 2
		# INSURED PATIENTS: 3
<input type="checkbox"/> Replace Initial Zero of Procedure Code on Claims		<input type="checkbox"/> Do Not Bill To Dental Insurance if 0% Coverage
<input type="checkbox"/> Do Not Print Dental Diagnostic Codes on Claim		<input type="checkbox"/> Do Not Bill To Dental Insurance

C

NAME	BIRTHDATE	CHART#	SUBSCRIBER #	EMPLOYER	FAMILY	DED MET	BENEFITS
(P)Little, Brian R	11/11/1975	P 32143	000 -00-0000		Single	0/0/0	1 05.00
(S)Smith, Michael	11/11/1975	P 32143	000 -00-0000		Single	0/0/0	0.00
(P)Smith, Maggie	11/11/2000				Single		

D

How do I run the Insurance Carrier List?

From the DXOne Reporting module, select **Reference**, and then double-click **Insurance Carrier List**. For additional details about running this report, see the "Insurance Carrier List" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

When running the report, you can choose to include subscribers, subscribers and patients, or providers on the report. Of the following items, only the relevant ones appear on the report, depending on which option is selected when setting up options to run the report.

A. Insurance Carrier Details – The first four items that follow are found in the **Dental/Medical Insurance Plan Information** dialog box, which can be accessed in the Office Manager. The remaining items are found in the **Insurance Coverage** dialog box (dental only).

- **Claim Format** – The claim form used to send printed claims.
- **Alt Code** – Indicates whether ADA or alternate procedure codes are used when sending claims to the insurance carrier (dental only).
- **Payor ID** – A unique number used to identify an insurance carrier when submitting claims electronically. Payor IDs are updated regularly by the eServices clearinghouse.
- **Source of Payment** – The category used to identify payments received from the insurance carrier.
- **Claim Deadline** – The number of days/weeks/months/years in which a claim must be submitted to the insurance carrier.
- **Ded S/P/O**
 - **LT** – The lifetime deductible of a policy (if any).
 - **Ind** – The annual deductible for an individual.
 - **Fam** – The annual deductible for a family.
- **Benefits**
 - **Ind** – Yearly benefits for individuals.
 - **Fam** – Yearly benefits for families.

Alt Code: ADA >> Other Code: <input type="text"/>
 Claim Format: DX2012 <input type="text"/> Claim Setup
 Fee Schedule: <input type="text" value="<NONE>"/> >>
 RVU Schedule: <input type="text" value="<NONE>"/> >> Provider ID Setup
 Payor ID: 12345 >>
 Plan External ID: <input type="text"/>
 National Plan ID: <input type="text"/>
 Source of Payment: Commercial Insurance Co. <input type="text"/>
 MU Payor SOP: <input type="text"/> >>
 Insurance Claim Options:
 Diagnostic Code System: Unspecified <input type="text"/>
 Replace initial character of procedure code with: D
 Do Not include Dental Diagnostic Codes
 Do Not Include Group Plan Name
 Do Not Bill to Dental Insurance
 Do Not Bill to Dental Insurance if 0% Coverage
 Advanced <input type="button" value=">>"/>

Insurance Coverage - (Aetna Dental/HSPS Aetna)
 Deductible

	Lifetime Individual	Annual Individual	Annual Family	Maximum Benefit Individual:	Maximum Benefit Family:
Standard	0	500	1500	50000	15000
Preventive	0	1000	3000		
Other	0	1500	4500		

 Ortho Plan - Use as Ortho Lifetime Max
 Claim Deadline: <input type="text"/> >>
 Coverage Table

Beg Proc	End Proc	Category	Cov %	Ded	Co-Pay	Pre Est?
D0100	D1999	Diag/Preventive	100	St	0.00	<input type="checkbox"/>
D0100	-D1999	Diag/Preventive	100	S	0.00	N
D2000	-D2699	Basic Restor	80	S	0.00	N
D2700	-D2899	Crowns	50	S	0.00	N
D2900	-D2999	Restorative	80	S	0.00	N
D3000	-D3999	Endodontics	80	S	0.00	N
D4000	-D4999	Periodontics	80	S	0.00	N
D5000	-D5999	Prosth, remov	50	S	0.00	N

 Select Category
 Co-Payment Calculations for Ins Portion:
 Total Fee x Coverage %
 (Total Fee - Co-Pay) x Cov %
 (Total Fee x Cov %) - Co-Pay
 Select Table: <input type="text"/> >>
 Notes <input type="button" value="OK"/> <input type="button" value="Cancel"/>

- B. Provider Details** – The name, ID code, and ID number for each provider with an identification code entered for an insurance carrier. This information is found in the **Provider ID Setup** dialog box (see the “Setting up provider IDs for dental insurance” topic in the Family File portion of the Dentrix Enterprise Help for details on how to edit this information).

Provider ID Setup

Setup Provider IDs for this Provider and Insurance Plan:

Provider: DSMITH Smith, Dennis E

Insurance Plan: Aetna Dental, HSPS Aetna, 123456

Payor ID:

Provider IDs

OB State License Number: 12345abc678def

MESA >>

Provider ID Code	Provider ID Number	Clinic
OB State License Number	12345abc678def	MESA

Buttons: Add, Change, Delete, Clear Provider IDs, Copy Provider IDs, Close

- C. Subscriber Details** – The name, birth date, chart number, subscriber number, employer, and family status of each subscriber. The report also includes the portion of the subscriber’s deductible that has currently been met and the total benefits that have been used year-to-date.

Notes:

- “(P)” indicates a primary subscriber. “(S)” indicates a secondary subscriber.
- When viewing subscribers and patients on the report, subscribers are denoted with an asterisk.

- D. Patient Details** – The name, birth date, chart number, employer, and family status for each patient associated with the insurance carrier. The report also includes the portion of the patient’s deductible that has currently been met and the total benefits that have been used year-to-date.

Notes:

- “(P)” indicates a primary subscriber. “(S)” indicates a secondary subscriber.
- When viewing subscribers and patients on the report, subscribers are denoted with an asterisk.

Insurance Carrier Production - Full Report

The Insurance Carrier Production - Full Report lists the insurance carriers to which claims have been submitted. The production, payments, and adjustments appear individually for each carrier.

Why: To compare the amount of payments received from insurance carriers with the production billed to the corresponding carriers

When: Monthly and quarterly

Dental Insurance Carrier Production Report										
04/23/2018 - 04/23/2018 Entry Date Clinics: <ALL> Providers: <ALL> Financial Class Types: Plans with no Financial Class Assigned Patient Range: <ALL> - <ALL> Insurance Carriers: Aetna - HSPS A - - Aetna Life and Casualty - Aetna - 321863										
Report Date: 04/23/2018			Report Generated By: enterprise					Page 1 of 1		
Patient Name	Entry Date	Provider	Clinic	Description	Primary Production Amount	Secondary Production Amount	Insurance Payment Amount	Credit Adjustments	Debit Adjustments	
Aetna										
Little, Brian R	04/23/2018	DDS1	CENTRAL	D0120 - Periodic oral evaluation	25.00	0.00	-25.00			
Little, Brian R	04/23/2018	DDS1	CENTRAL	D0274 - Bitewings-four films	32.00	0.00	-32.00			
Little, Brian R	04/23/2018	DDS1	CENTRAL	D 1110 - Prophylaxis-adult	4 8.00	0.00	-48.00			
Insurance Plan Totals:					105.00	0.00	-105.00	0.00	0.00	0.00
Aetna Life and Casualty										
Abbott, James S	04/23/2018	DROBB	CENTRAL	D5212 - Mandibular partial - resin base	0.00	690.00	0.00			
Aetna Life and Casualty Insurance Plan Totals:					0.00	690.00	0.00	0.00	0.00	0.00
D					Grand Totals:	105.00	690.00	-105.00	0.00	0.00

How do I run the Insurance Carrier Production - Full Report?


From the DXOne Reporting module, select **Management**, and then double-click **Insurance Carrier Production**. For additional details about running this report, see the “Insurance Carrier Production Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Insurance Carrier** – The primary and secondary insurance carrier that has production within the date range of the report:
- B. Procedure Details** – The procedures for which a claim has been created appear with the following information:
- **Patient Name** – The name of the patient on whom the service was performed.
 - **Entry Date** – The date the procedure was posted to the Ledger.
 - **Primary Production** – The amount of production for which a primary claim has been created.
 - **Secondary Production** – The amount of production for which a secondary claim has been created.
 - **Insurance Payment** – The amount of the payment received from the insurance carrier for the procedure.
 - **Credit** – The credit adjustments made to the production.
 - **Debit** – The debit adjustments made to the production.
- C. Plan Totals** – The production, payment, and adjustment totals for the insurance carrier.
- D. Grand Totals** – The combined production, payment, and adjustment totals for the insurance carriers on the report.

Insurance Carrier Production - Summary Report

The Insurance Carrier Production - Summary Report lists the insurance carriers to which claims have been submitted. The production, payments, and adjustments appear for each carrier.

	<p>Why: To compare the amount of payments received from insurance carriers with the production billed to the corresponding carriers</p> <p>When: Monthly and quarterly</p>
-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Dental Insurance Carrier Production Report					
04/23/2018 - 04/23/2018 Entry Date Clinics: <ALL> Providers: <ALL> Financial Class Types: <ALL> Patient Range: <ALL> - <ALL> Insurance Carriers: <ALL> - <ALL>					
Report Date: 04/23/2018		Report Generated By: enterprise			Page 1 of 1
Insurance Carrier	Primary Production Amount	Secondary Production Amount	Insurance Payment Amount	Credit Adjustments	Debit Adjustments
A Aetna	105.00	0.00	-105.00	0.00	0.00
Aetna Life and Casualty	0.00	690.00	0.00	0.00	0.00
Met Life	90.00	0.00	0.00	0.00	0.00
Metropolitan Life	2,304.00	0.00	-532.00	0.00	0.00
Grand Totals:	2,499.00	690.00	-637.00	0.00	0.00

How do I run the Insurance Carrier Production - Summary Report?

From the DXOne Reporting module, select **Management**, and then double-click **Insurance Carrier Production**. For additional details about running this report, see the “Insurance Carrier Production Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Insurance Carriers – The primary and secondary insurance carriers that have production within the date range of the report.

B. Production

- **Primary Production** – The amount of production for which primary claims have been created.
- **Secondary Production** – The amount of production for which secondary claims have been created.
- **Insurance Payments** – The amount of the payments received from the insurance carrier.
- **Adjustments** – The following adjustments:
 - **Credit** – The credit adjustments made to the production.
 - **Debit** – The debit adjustments made to the production.

C. Grand Totals – The combined production, payment, and adjustment totals for the insurance carriers on the report.

Insurance Claim Aging Report

The Insurance Claim Aging Report lists outstanding insurance claims, grouped by insurance carrier, along with the aged balances of each claim.

\$

Why: To identify unpaid claims so they can be targeted for collections

When: Monthly

Dental Insurance Claim Aging																		
Days Past Due: Over 0 Patient Range: <ALL> - <ALL> Carrier Range: <ALL> - <ALL> Clinics: <ALL> Providers: <ALL> Billing Types: <ALL>																		
Report Date: 05/04/2018					Report Generated By: enterprise					<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> A </div> Page 1 of 1								
INSURANCE COMPANY/GROUP PLAN										PHONE #		GROUP NUM.						
SUBSCRIBER	ID NUM	TYPE	SENT	SERV.	TRACER ON HOLD	RE-SENT	PATIENT NAME	BIRTHDAY ESTIMATE	1-30	31-60	61-90	91-120	121-150	151-180	181+ TOTAL			
Aetna Life and Casualty/Aetna										(800) 555-6444		321863						
Kenner, Spencer A	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Kenner, Spencer A	11/11/1977	391.20	0.00	0.00	0.00	0.00	0.00	514.00		
Perkins, Shelly	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Perkins, Shelly	11/11/1975	341.60	452.00	0.00	0.00	0.00	0.00	452.00		
Allied Group Insurance Trust/Allied Group Insurance Trust										(800) 555-7635		16023						
Smith, Dorothy	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Smith, Dorothy	11/11/1929	206.40	0.00	0.00	0.00	0.00	0.00	308.00		
Butchers Local 551/Butchers Local 551										SS#								
Crosby, Brent	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Crosby, Brent	11/11/1975	183.00	0.00	0.00	0.00	0.00	0.00	183.00		
Crosby, Carol	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Crosby, Carol	11/11/1975	183.00	0.00	0.00	0.00	0.00	0.00	183.00		
Crosby, Shirley	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Crosby, Shirley	11/11/1975	292.00	0.00	0.00	0.00	0.00	0.00	292.00		
Crosby, Tommy	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Crosby, Tommy	11/11/1975	905.00	0.00	0.00	0.00	0.00	0.00	905.00		
Acme Parts Insurance/A.c.s.										SS#								
Little, Brian	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Little, Brian	11/11/1975	3,093.00	0.00	0.00	0.00	0.00	0.00	6,186.00		
Met Life/Murphy's Trucking										SS#								
Taylor, Mark	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Taylor, Mark	11/11/1975	90.00	0.00	0.00	0.00	90.00	0.00	90.00		
Metropolitan Life Insurance/Dental										(800) 555-8484		0027186						
Smith, Michael	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Little, Brian	11/11/1975	64.00	105.00	0.00	0.00	0.00	0.00	180.00		
										ESTIMATE	1 - 30	31 - 60	61 - 90	91-120	121-150	151-180	181+	TOTAL
PRIMARY CLAIM TOTALS:										5,749.20	557.00	0.00	0.00	0.00	90.00	0.00	8,571.00	9,218.00
ARY CLAIM TOTALS:										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL ALL CLAIMS:										5,749.20	557.00	0.00	0.00	90.00	0.00	8,571.00	9,218.00	

INSURANCE COMPANY/GROUP PLAN										PHONE #		GROUP NUM.			
SUBSCRIBER	ID NUM	TYPE	SENT	SERV.	TRACER ON HOLD	RE-SENT	PATIENT NAME	BIRTHDAY ESTIMATE	1-30	31-60	61-90	91-120	121-150	151-180	181+ TOTAL
Aetna Life and Casualty/Aetna										(800) 555-6444		321863			
Kenner, Spencer A	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Kenner, Spencer A	11/11/1977	391.20					
Perkins, Shelly	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Perkins, Shelly	11/11/1975	341.60					

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How do I run the Insurance Claim Aging Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Insurance Claim Aging**. For additional details about running this report, see the “Insurance Claim Aging Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Aged Balances – The claim’s aged balances.

B. Service Date – The service date (the date of the procedure) is found in the **Primary** (or **Secondary**) **Insurance Claim** dialog box, which can be accessed by double-clicking a claim in the Ledger. The service date is automatically entered when a claim is created.

Description	Date	PS	TS	AMACPT	Modif	U	Diag	Fee	Ins Pd
Prophylaxis with fluoride-ad B/R	04/22/2018	pla		1234	Mod	1	1	500.00	0.00
Orbital prosthesis	04/22/2018							0.00	0.00

C. Dates associated with the claim – If you have entered dates in the **Insurance Claim Status** dialog box, the corresponding dates appear on the report.

- **Sent** – The date the claim was sent. If you send a claim electronically, the Sent date is automatically entered in the **Insurance Claim Status** dialog box.
- **Tracer** – The date the tracer was sent (if any).
- **On Hold** – Indicates the date the claim was placed on hold (if any).
- **Re-Sent** – The date the claim was re-sent to the insurance carrier (if applicable). If you re-send a claim electronically, the Re-sent date is automatically entered in the **Insurance Claim Status** dialog box.

D. ID Num – A unique number that Dentrix Enterprise assigns to the claim. This number is not the same number that the insurance carrier assigns to the claim.

E. Totals – Totals for all insurance carriers listed.

Insurance Claims Not Sent Report

The Insurance Claims Not Sent Report lists insurance claims that have been created from the Ledger but not sent to the Batch Processor, printed, or sent through eClaims.

\$	<p>Why: To ensure claims are processed after being created from the Ledger</p> <p>When: Daily or weekly</p>
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Dental Insurance Claims Not Sent								
Date Range: 04/23/2018 - 04/23/2018 Patient Range: <ALL> - <ALL> Carrier Range: <ALL> - <ALL> Clinics: <ALL> Providers: <ALL> Billing Types: <ALL>								
Report Date: 04/23/2018		Report Generated By: enterprise				(B)	Page 1 of 1	
CLAIM DATE	TYPE	PATIENT NAME	INSURANCE COMPANY NAME	PROVIDER	CLINIC	AMOUNT	EXPIRES	
04/23/2018	SEC	Abbott, James S	Aetna Life and Casualty	DDS2	CENTRAL	71.00	10/20/2018	
04/23/2018	PRM	Abbott, James S	Metropolitan Life	DDS1	CENTRAL	230.00	07/22/2018	
(A)	(D)					(C)		
						TOTAL OF PRIMARY NOT SENT: 230.00 TOTAL OF SECONDARY NOT SENT: 71.00 TOTAL OF CLAIMS NOT SENT: 301.00		

How do I run the Insurance Claims Not Sent Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Insurance Claims Not Sent**. For additional details about running this report, see the "Insurance Claims Not Sent Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Claim Date** – The date on which the claim was created from the Ledger.
- B. Amount** – The claim amount.
- C. Expires** – The deadline by which the insurance carrier must receive the claim after the service date.
- D. Totals** – The amount of the primary, secondary, and all claims not sent.

Insurance Coverage Tables Report

The Insurance Coverage Tables Report allows you to view and print the coverage tables that have been set up for each insurance plan.

Why: To ensure coverage tables have been set up properly for each insurance plan
When: After Dentrix Enterprise setup, and as needed

INSURANCE COVERAGE TABLES							
The Dentist Group							
Date: 04/22/2018				Page: 19			
CONNECTICUT GENERAL P.O. Box 123456 Hartford, CT 06104				Group Name: Acme Electric Group #: 0443737			
BEGIN PROC	END PROC	CATEGORY	COV %	DEDUCTIBLE	CO PAY	PRE AUTH?	
D0100	D1999	Diag/Preventive	90	Standard	0.00	N	
D2000	D2699	Basic Restor	80	Standard	0.00	N	
D2700	D2899	Crowns	50	Standard	0.00	N	
D2900	D2999	Restorative	80	Standard	0.00	N	
D3000	D3999	Endodontics	80	Standard	0.00	N	
D4000	D4999	Periodontics	80	Standard	0.00	N	
D5000	D5999	Prosth, remov	50	Standard	0.00	N	
D6000	D6999	Prosth, fixed	50	Standard	0.00	N	
D7000	D7999	Oral Surgery	80	Standard	0.00	N	
D8000	D8999	Orthodontics	100	Standard	0.00	N	
D9000	D9999	General Service	80	Standard	0.00	N	
Co-Payments Used in Calculations? (No)				(B)	(C)	(D)	(E)
Co-Pay Calculation For Ins Portion: (None)							
CONNECTICUT GENERAL P.O. Box 1234 Hartford, CT 06104				Group Name: Actors Guild Group #: 0443737			
BEGIN PROC	END PROC	CATEGORY	COV %	DEDUCTIBLE	CO PAY	PRE AUTH?	
D0100	D1999	Diag/Preventive	90	Standard	0.00	N	
D2000	D2699	Basic Restor	80	Standard	0.00	N	
D2700	D2899	Crowns	50	Standard	0.00	N	
D2900	D2999	Restorative	80	Standard	0.00	N	
D3000	D3999	Endodontics	80	Standard	0.00	N	
D4000	D4999	Periodontics	80	Standard	0.00	N	
D5000	D5999	Prosth, remov	50	Standard	0.00	N	
D6000	D6999	Prosth, fixed	50	Standard	0.00	N	
D7000	D7999	Oral Surgery	80	Standard	0.00	N	
D8000	D8999	Orthodontics	100	Standard	0.00	N	
D9000	D9999	General Service	80	Standard	0.00	N	
Co-Payments Used in Calculations? (No)							
Co-Pay Calculation For Ins Portion: (None)							
CONNECTICUT GENERAL P.O. Box 1234 Hartford, CT 06104				Group Name: Actors Guild - Top Grossers Group #: 0443737			
BEGIN PROC	END PROC	CATEGORY	COV %	DEDUCTIBLE	CO PAY	PRE AUTH?	
D0100	D1999	Diag/Preventive	90	Standard	0.00	N	
D2000	D2699	Basic Restor	80	Standard	0.00	N	
D2700	D2899	Crowns	50	Standard	0.00	N	
D2900	D2999	Restorative	80	Standard	0.00	N	
D3000	D3999	Endodontics	80	Standard	0.00	N	
D4000	D4999	Periodontics	80	Standard	0.00	N	
D5000	D5999	Prosth, remov	50	Standard	0.00	N	
D6000	D6999	Prosth, fixed	50	Standard	0.00	N	
D7000	D7999	Oral Surgery	80	Standard	0.00	N	
D8000	D8999	Orthodontics	100	Standard	0.00	N	
D9000	D9999	General Service	80	Standard	0.00	N	
Co-Payments Used in Calculations? (No)							
Co-Pay Calculation For Ins Portion: (None)							

How do I run the Insurance Coverage Tables Report?

In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Insurance Coverage Tables**. For additional details about running this report, see the “Insurance Coverage Tables Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

All of the following information (except for letter A) is found in the **Insurance Coverage** dialog box, which can be accessed in the Office Manager. For details on how to edit a carrier’s coverage information, see the “Assigning coverage tables” topic in the Family File portion of the Dentrix Enterprise Help.

A. Insurance Carrier Details – The name, mailing address, group name, and group number of the insurance plan.

B. Cov % – The percentage of a procedure covered by the insurance plan.

C. Deductible – The type of deductible (such as, None, Standard, Preventive, or Other).

D. Co Pay – The co-pay amount.

E. Pre Auth? – Indicates whether or not a procedure group requires pre-authorization from the insurance carrier.

F. Co-Payments Used in

Calculations? – Indicates whether or not co-payments are considered when calculating the insurance portion of a procedure.

G. Co-Pay Calculated For Ins Portion – The method used to calculate the insurance portion of a procedure when taking into consideration co-payments: **Total Fee X Coverage %**, **(Total Fee - Co-Pay) x Cov %**, or **(Total Fee x Cov %) - Co-Pay**.

Insurance Coverage - (Aetna Dental/HSPS Aetna)

Deductible

	Lifetime Individual	Annual Individual	Annual Family
Standard	0	500	1500
Preventive	0	1000	3000
Other	0	1500	4500

Maximum Benefit

Individual:	Family:
50000	15000

Ortho Plan - Use as Ortho Lifetime Max

Claim Deadline: >>

Coverage Table

Beg Proc	End Proc	Category	%	Ded	Co-Pay	Est?
D0100	D1999	Diag/Preventive	100	\$	0.00	N
D0100	-D1999	Diag/Preventive	100	\$	0.00	N
D2000	-D2699	Basic Restor	80	\$	0.00	N
D2700	-D2899	Crowns	50	\$	0.00	N
D2900	-D2999	Restorative	80	\$	0.00	N
D3000	-D3999	Endodontics	80	\$	0.00	N
D4000	-D4999	Periodontics	80	\$	0.00	N
D5000	-D5999	Prosthodontics	50	\$	0.00	N

Select Category

Co-Payment Calculations for Ins Portion

Total Fee x Coverage %

(Total Fee - Co-Pay) x Cov %



(Total Fee x Cov %) - Co-Pay

Select Table: >>

Buttons: Add, Change, Delete, Clear Table, Notes, OK, Cancel

Insurance Eligibility Report

The Insurance Eligibility Report displays patients with appointments who are eligible for coverage.

	Why: To ensure the practice has checked insurance eligibility for patients with upcoming appointments
	When: Daily

INSURANCE ELIGIBILITY REPORT							
The Dentist Group							
Appointment Date Range 04/01/2018 - 04/25/2018							
Date: 04/24/2018						Page: 1	
INSURANCE COMPANY/GROUP PLAN Elig Date Patient	Chart #	GROUP# DOB	PHONE # Prim/Sec	STREET ADDRESS Subscriber	Subscriber ID	CITY ST Appt Date/Time	
Aetna Life and Casualty / Aetna 04/22/2018 Perkins, Peggy		321863 11/11/1957	(800)555-6444 Primary	P.O. Box 12345, Perkins, Peggy	000-00-0000	Fort Wa 04/24/2018 9:00 AM	
Aetna Life and Casualty / Aetna 04/22/2018 Perkins, Shelly		321863 11/11/1980	(800)555-6444 Primary	P.O. Box 40945, Perkins, Peggy	000-00-0000	Fort Wa 04/24/2018 9:10 AM	
04/22/2018 Perkins, John	PA00070	11/11/1960	Primary	Perkins, Peggy	000-00-0000	04/24/2018 9:20 AM	
04/22/2018 Abbott, James S	ABB101	11/11/1962	Secondary	Abbott, Patricia	000-00-0000	04/24/2018 9:10 AM	
Metropolitan Life Insurance / Dental Smith, Michael		0027186 11/11/1970	(800)555-8484 Primary	P.O. Box 480, S mith, Michael	000-00-0000	Warwic 04/24/2018 10:10 AM	
Metropolitan Life / Metropolitan 04/22/2018 Abbott, Shirley		74170 11/11/1962	(415)555-3222 Primary	P.O. Box 2978, Abbott, James S	000-00-0000	Englew 04/24/2018 9:10 AM	

A

C

B

How do I run the Insurance Eligibility Report

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Insurance Eligibility Report**. For additional details about running this report, see the “Insurance Eligibility Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Insurance** – The insurance company and group plan information.
- B. Patient** – The patient’s information and the next scheduled appointment.
- C. Eligibility Date** – Indicates the date that insurance eligibility was last checked for the patient. Use this date to ensure all patients with appointments on a given day are currently eligible for coverage. If no date appears, eligibility has never been checked and entered for the patient. The **Last Eligibility Check** is found in the **Insurance Information** dialog box, which can be accessed from the Family File. For details about how to enter the date when insurance eligibility is verified, see the topics for “Working With Insurance” in the Family File portion of the Dentrix Enterprise Help.

The screenshot shows the 'Insurance Information' dialog box for a patient named James Abbott. The dialog is split into 'Dental Insurance' and 'Medical Insurance' tabs. On the left, under 'Insurance Plans', there is a list of plans with 'Aetna Dental Preferred' selected. Below this list is a 'Clear Coverage' button. The 'Plan Information' section includes fields for 'Subscriber' (Abbott, James), 'Carrier' (Aetna Dental Preferred), and 'Subscriber Id #'. There are also checkboxes for 'Release of Information' and 'Assignment of Benefits'. The 'Patient Information' section has radio buttons for 'Relation to Subscriber' (Self, Spouse, Child, Other) and a 'Not Eligible' checkbox. Eligibility dates are shown: 'Last Plan Eligibility Check' (01/01/2018), 'Plan Effective Date' (01/01/2000), and 'Plan Expiration Date'. On the right side, there are buttons for 'Insurance Data', 'Coverage Table', 'Payment Table', and 'Ded/Benefits'. At the bottom, there is a 'View Insurance Plan History' button and 'OK' and 'Cancel' buttons. A yellow callout box with the letter 'E' is pointing to the 'Not Eligible' checkbox, and a red circle with the letter 'C' is pointing to the 'Last Eligibility Check' field.

Insurance Transaction Analysis Report

The Insurance Transaction Analysis Report displays charges (claims) and payments posted for a selected date range. Charges and payments are grouped by insurance carrier.

Why: To view the claims and payment issued for a selected date range for an insurance carrier, and to view the total value of claims posted for all insurance carriers

When: As needed

Dental Insurance Transaction Analysis

01/01/2018 - 06/30/2018 Procedure Date
 Insurance Type: Dental Insurance Include -Secondary-Tertiary-Quaternary-
 Clinics: <ALL>
 Charge Providers: <ALL>
 Billing Types: <ALL>
 Financial Classes: <ALL>

Report Date: 6/30/2018 Report Generated By: DSMITH age 1 of 2

Access Dental Group Name: HSPS3										
Financial Class: Group #: 4455558										
Patient Name	Chart	Sent	Received	Claim Amt	Estimate	Birthdate	SS#	Subsc iber #		
ansaction Date	Description			Charge Amt	Payment Amt		Provider	Clinic		
Crosby, Brent	R93	S	06/30/2018	950.00	425.00	11/11/1970	111-11-1111	222-22-2222		
05/14/2018	D2750 [TH:6] Crown-porc fuse high noble mtl			850.00			DSMITH	CENTRAL		
05/14/2018	-Write-Off				-20.00		DSMITH	CENTRAL		
05/14/2018	Insurance Payment				-405.00		DSMITH	CENTRAL		
05/14/2018	Insurance Payment				-20.00		DSMITH	CENTRAL		
05/14/2018	OCHK Post Operative Check			100.00			DSMITH	CENTRAL		
05/14/2018	Visa				-100.00		DSMITH	CENTRAL		
Farrer, Lisa	FA64	P 03/31/2018	03/31/2018	669.00	535.20	11/11/1988	111-11-1111			
03/31/2018	D3330 [TH:14] Root canal therapy - molar			669.00			DSMITH	AF		
03/31/2018	Insurance Payment				-669.00		MHAYES	AF		
03/31/2018	+Debit Adjustment			81.00			MHAYES	AF		
03/31/2018	Insurance Payment				-81.00		MHAYES	AF		
ACME Insurance Group Name: HSPS1										
Financial Class: Group #: 1112223										
Patient Name	Chart	Sent	Received	Claim Amt	Estimate	Birthdate	SS#	Subsc iber #		
ansaction Date	Description			Charge Amt	Payment Amt		Provider	Clinic		
Crosby, Brent	CR93	P 04/20/2018	04/20/2018	210.00	0.00	11/11/1970	111-11-1111	1111111111		
04/20/2018	D2392 [TH:15] Resin-2 surface poster			210.00			DSMITH	CENTRAL		
04/20/2018	Visa				-42.00		DSMITH	AF		
04/20/2018	Insurance Payment				-168.00		DSMITH	CENTRAL		
Crosby, Brent	CR93	P 05/14/2018	06/30/2018	950.00	425.00	11/11/1970	111-11-1111	1111111111		
05/14/2018	D2750 [TH:6] Crown-porc fuse high noble mtl			850.00			DSMITH	CENTRAL		
05/14/2018	-Write-Off				-20.00		DSMITH	CENTRAL		
05/14/2018	Insurance Payment				-405.00		DSMITH	CENTRAL		
05/14/2018	Insurance Payment				-20.00		DSMITH	CENTRAL		
05/14/2018	OCHK Post Operative Check			100.00			DSMITH	CENTRAL		
05/14/2018	Visa				-100.00		DSMITH	CENTRAL		

- A
- B
- C
- D
- E

Total Claims Sent:	4
Total Claims Received:	4
Insured Charges:	7 1,700.00
Total Insurance Payments:	5 -1,033.00
Total Patient Payments:	3 -207.00
Total Credit Adjustments:	1 -20.00
Total Charge Adjustments:	0 1,700.00

TOTALS

F

Total Claims Sent:	11
Total Claims Received:	8
Insured Charges:	23 6,130.00
Total Insurance Payments:	8 -3,166.20
Total Patient Payments:	6 -1,192.30
Total Credit Adjustments:	3 -231.00
Total Charge Adjustments:	4 7,080.00

How do I run the Insurance Transaction Analysis Report?

From the DXOne Reporting module, select **Analysis**, and then double-click **Insurance Transaction Analysis**. For additional details about running this report, see the "Insurance Transaction Analysis Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Claim Details

Note: If a patient has multiple claims posted during the date range of the report, each claim appears separately.

- **Sent** – The date the claim was posted.

Note: If a report is filtered by procedure date, the sent date can fall outside the date range of the report.

- **Received** – The date a payment was received for the claim.

Secondary/Tertiary/Quaternary Claims – If you select **Include Secondary Claims**, **Include Tertiary Claims**, and/or **Include Quaternary Claims** when setting options for this report, secondary, tertiary, and/or quaternary claims appear on the report.

Note: For secondary, tertiary, and quaternary claims, claim charges are not itemized.

B. Charges – If you select **Include Charges** when setting options for this report, the procedures billed on a claim appear on the report.

C. Insurance Payments – If you select **Include Claim Charges and Payments** when setting options for this report, payments made by the insurance carrier are itemized on the report.

D. Adjustments – If you select **Include Charge Adjustments** and/or **Include Credit Adjustments** when setting options for this report, adjustments appear on the report.

E. Patient Payments – If you select **Include Patient Payments** when setting options for this report, patient payments appear on the report.

F. Totals – If you select **Include SubTotals by Carrier** and/or **Include Grand Totals** when setting options for this report, totals for each carrier appear on the report, and/or totals for all carriers appear at the end of the report. The following totals appear, according to the information you choose to include when setting options for this report:

- **Total Claims Sent & Received** – The number of claims sent and received.
- **Insured Charges** – The number and dollar amount of charges billed to insurance.
- **Total Insurance & Patient Payments** – The number and dollar amount of insurance payments and patient payments.
- **Total Credit & Charge Adjustments** – The number and dollar amount of credit and charge adjustments.

Late Charge Report

The Late Charge Report lists the late charges the practice has issued for a selected date or date range.

\$

Why: To keep a record of the late charges the practice issues each month, and to ensure late charges are not duplicated

When: Monthly

LATE CHARGE REPORT

04/22/2011 - 04/23/2011 Procedure Date
 Clinics: CENTRAL
 Provider: DDS1
 Billing Types: <ALL>

Report Date: 04/23/2011

Report Generated By: [Redacted]

Page 1 of 1

DATE	GUARANTOR NAME	AMOUNT	BILLING TYPE	PROVIDER	CLINIC
04/22/2011	Abbott, Patricia <Family>	21.00	2	DDS1	CENTRAL
04/23/2011	Abbott, Patricia <Family>	20.00	2	DDS1	CENTRAL
04/23/2011	Little, Brian <Family>	70.00	1	DDS1	CENTRAL
04/23/2011	Perkins, Shelly <Family>	7,840.00	1	DDS1	C ENTRAL

TOTAL CHARGES:

7,951.00

* family has payment agreement

DATE	GUARANTOR NAME	AMOUNT	BILLING TYPE	PROVIDER	CLINIC
Provider: DDS1		7,951.00			
Clinic: CENTRAL		7,951.00			
04/22/2011	Abbott, Patricia <Family>	21.00	2	DDS1	CENTRAL
04/23/2011	Abbott, Patricia <Family>	20.00	2	DDS1	CENTRAL
04/23/2011	Little, Brian <Family>	70.00	1	DDS1	CENTRAL
04/23/2011	Perkins, Shelly <Family>	7,840.00	1	DDS1	C ENTRAL

DATE	GUARANTOR NAME	AMOUNT	BILLING TYPE	PROVIDER	CLINIC
Clinic: CENTRAL		7,951.00			
Provider: DDS1		7,951.00			
04/22/2011	Abbott, Patricia <Family>	21.00	2	DDS1	CENTRAL
04/23/2011	Abbott, Patricia <Family>	20.00	2	DDS1	CENTRAL
04/23/2011	Little, Brian <Family>	70.00	1	DDS1	CENTRAL
04/23/2011	Perkins, Shelly <Family>	7,840.00	1	DDS1	C ENTRAL

How do I run the Late Charge Report?

From the DXOne Reporting module, select **Management**, and then double-click **Finance/Late Charge**. For additional details about running this report, see the “Finance/Late Charge” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The report contains the following information.

A. Guarantor Name – The guarantor to which a late charge has been applied.

Note: Late charges are applied to the guarantor of an account, not the patient.

B. Amount – The amount of the late charge.

C. Total Charges – The total late charges within the date range of the report.

D. Provider Totals – The late charges are shown for the provider with a breakdown of the late charges for each clinic the provider works in. Each clinic’s late charges for that provider are subtotaled. After the clinic subtotaled, the late charge totals for the provider appear.

E. Clinic Totals – The late charges are shown for the clinic with a breakdown of the late charges by each provider at that clinic. Each provider’s late charges for that clinic are subtotaled. The late charge totals for the clinic appear below the provider subtotaled.

Letter Merge Reports

The Dentrax Enterprise Letter Merge feature allows you to create custom reports and letters.



Why: To create custom reports

When: As needed



	A	B	C	D	E	F	G	H	I
1	LName	FName	Street	Street2	City	State	Zip	HPhone	Prov_Name
2	Abbott	Ken	123 S Oak St	Apt. 101	Eastside	NV	11111	(801)555-1586	Dennis Smith
3	Brown	Mary	123 N Cedar Ave	Apt. 304	Eastside	NV	11111	(801)555-4509	Dennis Smith Junior
4	Crosby	Brent	123 N Spruce St	P.O. Box 110	Eastside	NV	11111	(801)555-5969	Dennis Smith
5	Crosby	Shirley	123 N Spruce St	P.O. Box 110	Eastside	NV	11111	(801)555-5969	Dennis Smith
6	Davis	Kelly	1234 N. State Road #65		Eastside	NV	11111	(801)555-1530	Dennis Smith
7	Edwards	John	123 N Pine St		Eastside	NV	11111	(801)555-7101	Erica Evans
8	Edwards	Kimberly	124 N Pine St		Eastside	NV	11111	(801)555-7101	Erica Evans
9	Farrer	Lisa	123 S Cedar St		Southside	NV	33333	(801)555-0213	Dennis Smith
10	Gleason	Alice	123 S Pine Rd		Southside	NV	33333	(801)555-8539	Dennis Smith
11	Hansen	Corey	123 N 123 E		Southside	NV	33333	(801)555-1714	Dennis Smith
12	Hayes	Sally	123 Oak Street	Suite # 500	Eastside	NV	11111	(111)555-8961	Dennis Smith
13	Johnson	Rachelle	123 W Main St		Southside	NV	33333	(111)555-8962	Dennis Smith
14	Kenner	Spencer	123 N Olive		Southside	NV	33333	(801)555-8504	Brenda Childs
15	Little	Brian	123 N 123 W		Southside	NV	33333	(111)555-6241	Dennis Smith
16	Nelson	Chris	745 Rice Ave		Westside	NV	44444	(801)555-5824	Dennis Smith
17	Perkins	Shelly	123 S Oak St		Westside	NV	44444	(801)555-5462	Paula Pearson
18	Reeves	Elisabeth	123 N Garden Dr.		Westside	NV	44444	(801)555-2729	Dennis Smith
19	Smith	Michael	1234 Topple Rd		Westside	NV	44445	(801)555-2730	Steve Sorensen
20	Taylor	Mark	123 S Center St		Centerville	NV	55555	(801)555-3324	Dennis Smith
21	Valgardson	Adrian	123 S Opal Dr		Centerville	NV	55555	(801)555-1821	Dennis Smith
22	Winters	Carl	1234 S Main St		Centerville	NV	55555	(801)555-5495	Dennis Smith

How do I run the Letter Merge Reports?

From the Office Manager, select **Letters**, and then set up a letter merge. For additional details about merging letters, see the “Merging Dentrix Enterprise letters” and “Other create and merge options” topics in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The information displayed in this reports is customizable and depends on letter setup configurations. The following is a comprehensive list of possible data you can display:

Patient

Last Name	Status
First Name	Birth Date
Middle Initial	Family Position
Address	Preferred Name
City	First Visit Date
State	Last Visit Date
Zip	Last Referral Date
Home Phone	Salutation
Work Phone	Title
Work Phone Extension	Other ID
Social Security Number	Language
Chart Number	E-mail Address
Gender	

Practice

Name	Phone
Address	Phone Extension
City, State, and Zip	

Billing

Billing Type	Balance
Aging 0-30	Last Payment Date
Aging 30-60	Last Payment Amount
Aging 60-90	Guarantor Last Name
Aging >90	Guarantor First Name

Insurance

Primary Insurance Name	Secondary Insurance Name
Primary Remaining Benefits	Secondary Remaining Benefits
Primary Subscriber ID	Secondary Subscriber ID

Employer

Name	City, State, and Zip
Address	Phone

Referred By

Referral Source Last Name	Salutation
Referral Source First Name	Address
Middle Initial	City, State, and Zip
Title	Phone

Referred To

Referral Last Name	Address
Referral First Name	City, State, and Zip
Middle Initial	Phone
Title	Date
Salutation	

Payment Plan

Total	Payment
Balance	Payment Date

Provider

Name
Title

Appointment

Date	Provider ID
Time	Phone
Reason	Address
Name	City, State, and Zip
Provider	

Continuing Care


Due Date	Appointment Date
Type Name	Appointment Time
Type Description	Appointment Reason
Note	Appointment Provider
Prior Work Date	

Date of Service


Procedure Date	Insurance Payments
Total Charges	

Meaningful Use Measure Calculation List

The Meaningful Use Measure Calculation List displays the result of each Meaningful Use measure, the denominator and numerator used for calculating the actual percentage for that result, and the details of the requirement for that result.



Why: To view the calculated results of Meaningful Use measures for eligible providers



When: As needed

Meaningful Use Measure Calculation

Selected Report Options

Stage: Stage 1

Provider: <All>

Date: 90 days starting on 1/30/2013

Vitals Exclusions: No Exclusions

Stage 1 Alt: CPOE, Vital Signs

Calculation

Calculate and Print

Calculate Only

Meaningful Use Measure Calculation Results (From Last Calculation)

<All Providers>

Title	Numerator	Denominator	Required	Actual
Computerized Provider Order Entry (CPOE)	3	4	30%	75%
Problem List	4	8	80%	50%
Electronic Prescribing (eRx)	0	3	40%	0%
Medication List	3	8	80%	38%
Medication Allergy List	3	8	80%	38%
Record Patient Demographics	0	8	50%	0%
Vital Signs	1	6	50%	17%
Smoking Status	3	6	50%	50%
Provide patients with electronic copy of their health inform...	0	0	50%	0%
Provide clinical summaries for patients for each office visit	0	9	50%	0%
Incorporate clinical lab-test results	0	0	40%	0%
Send reminders to patients for preventive / follow up care	0	761	20%	0%
Perform medication reconciliation	0	9	50%	0%
Provide patient-specific education resources	2	8	10%	25%
Provide patients with timely electronic access	0	0	10%	0%
Provide summary of care record for each transition of care	0	1	50%	0%

Details:

Title: Computerized Provider Order Entry (CPOE)

Description: More than 30 percent of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE

How do I run the Meaningful Use Measure Calculation List?

In the Office Manager, from the **Analysis** menu, point to **Meaningful Use**, and then click **Meaningful Use Measure Calculation**. Select the desired report options, and then click **Calculate and Print** or **Calculate Only**. For additional details about running this report, see the “Meaningful Use Measure Calculation List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

You can view the list of calculations for all providers or a specific provider.

- A. Measures** – The list of measures.
- B. Numerator** – The numerator used in the calculation. Double-click to view a list of patients.
- C. Denominator** – The denominator used in the calculation. Double-click to view a list of patients.
- D. Required** – The percentage required.
- E. Actual** – The calculated actual percentage.
- F. Details** – An explanation of the requirements for a selected measure.

The tables on the pages that follow explain the calculations and requirements for each measure.

Stage 1

Measure	Requirement	Denominator	Numerator
Computerized Provider Order Entry (CPOE) Standard measure for CPOE	More than 30 percent of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE.	The number of patients who have at least one medication (active or inactive) and who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date that falls within the specified Date Range.	The number of patients (from the Denominator) who have at least one medication that was ordered using CPOE.
Alternate measure for CPOE	More than 30 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE (Alternative measure - effective 2013 onward).	The number of patients who have at least one medication (active or inactive) and who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date that falls within the specified Date Range.	The number of prescriptions that were ordered using CPOE by one of the selected Providers within the specified Date Range.
Problem List	More than 80 percent of all unique patients seen by the EP during the EHR reporting period have at least one entry or an indication that no problems are known for the patient recorded as structured data.	The number of patients who were seen by one of the selected Providers within the specified Date Range.	The number of patients (from the Denominator) who have at least one medical alert/problem or an indication that the patient has no known problems.

Measure	Requirement	Denominator	Numerator
Electronic Prescribing (eRx)	More than 40 percent of all permissible prescriptions written by the EP during the EHR reporting period are transmitted electronically using Certified EHR Technology.	The number of prescriptions (except for OTC drugs and controlled substances) that were written by one of the selected Providers within the specified Date Range.	The number of prescriptions (from the Denominator) that were written by one of the selected Providers and transmitted electronically within the specified Date Range.
Medication List	More than 80 percent of all unique patients seen by the EP during the EHR reporting period have at least one medication entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	The number of patients who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date that falls within the specified Date Range.	The number of patients (from the Denominator) who have at least one medication with an active status or an indication that no medications are known for the patient.
Medication Allergy List	More than 80 percent of all unique patients seen by the EP during the EHR reporting period have at least one medication allergy entry (or an indication that the patient has no known medication allergies) recorded as structured data.	The number of patients who were seen by one of the selected Providers within the specified Date Range.	The number of patients (from the Denominator) who have at least one medical alert/problem or an indication that the patient has no known medication allergies.
Demographics	More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data.	The number of patients who were seen by one of the selected Providers within the specified Date Range.	The number of patients (from the Denominator) who have data in their records for all the required demographics (including any specific exclusions if the patient declined to provide that information or if recording that element is contrary to state law).

Measure	Requirement	Denominator	Numerator
<p>Vital Signs</p> <p>Standard measure for vital signs</p>	<p>More than 50 percent of all unique patients age 2 and over seen by the EP have height, weight and blood pressure recorded as structured data.</p>	<p>The number of patients who are at least two years old and who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.</p>	<p>The number of patients (from the Denominator) for whom height/length, weight, and blood pressure have been recorded in a patient health assessment within the specified Date Range.</p>
<p>Alternate measure for vital signs with no vital sign exclusions</p>	<p>More than 50 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) and height/length and weight (for all ages) recorded as structured data (Optional effective 2013/ Required 2014).</p>	<p>The number of patients who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.</p>	<p>The number of patients (from the Denominator) who are at least 3 years old and for whom height/length, weight, and blood pressure have been recorded in a patient health assessment within the specified Date Range; and the number of patients younger than 3 years of age for whom height/length and weight have been recorded in a patient health assessment within the specified Date Range.</p>
<p>Alternate measure for vital signs with blood pressure exclusion</p>	<p>More than 50 percent of all unique patients seen by the EP during the EHR reporting period have height/length and weight (for all ages) recorded as structured data (Optional effective 2013/Required 2014).</p>	<p>The number of patients who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.</p>	<p>The number of patients (from the Denominator) for whom height/length and weight have been recorded in a patient health assessment within the specified Date Range.</p>

Measure	Requirement	Denominator	Numerator
<p>Vital Signs (cont'd)</p> <p>Alternate measure for vital signs with height/length and weight exclusion</p>	<p>More than 50 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) recorded as structured data (Optional effective 2013/ Required 2014).</p>	<p>The number of patients who are at least 3 years old and who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.</p>	<p>The number of patients (from the Denominator) who are at least 3 years old and for whom blood pressure has been recorded in a patient health assessment within the specified Date Range.</p>
<p>Smoking Status</p>	<p>More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.</p>	<p>The number of patients who are at least 13 years old and who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.</p>	<p>The number of patients (from the Denominator) who have a smoking status set.</p>
<p>VDT - View, Download, or Transmit Health Information</p> <p>Measure A</p>	<p>More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.</p>	<p>The number of unique patients who were seen by n EP within the specified Date Range.</p>	<p>The number of patients (from the Denominator) who have timely (within 4 business days after the information is available to the EP) online access to their health information.</p>

Measure	Requirement	Denominator	Numerator
VDT - View, Download, or Transmit Health Information (cont'd) Measure B	More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.	The number of unique patients who were seen by n EP within the specified Date Range.	The number of unique patients, or their authorized representatives, (from the Denominator) who have viewed online, downloaded, or transmitted the patient's health information to a third party.
Clinical Summary	Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days.	The number of office visits that were performed by the EP within the specified Date Range.	The number of office visits (from the Denominator) for which the corresponding patient was provided a clinical summary within three business days.
Summary Of Care Measure A	The EP that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals during the EHR reporting period.	Number of transitions of care and referrals for which the EP was the transferring or referring provider within the specified Date Range.	The number of transitions of care and referrals (from the Denominator) where a summary of care record was provided electronically.
Patient Reminders	More than 20 percent of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	The number of patients who are 5 years old or younger or who are 65 years old or older. If the EP does not have any patients that meet the age criteria, that EP is excluded from the requirement (the EP must select No next to the appropriate exclusion and then click Apply to attest to the exclusion).	The number of patients (from the Denominator) that were sent the appropriate reminder.

Measure	Requirement	Denominator	Numerator
Patient Education	More than 10 percent of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	The number of patients who were seen by the EP within the specified Date Range.	The number of patients (from the Denominator) who were provided patient-specific education resources.
Medication Reconciliation	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	The number of transitions of care within the specified Date Range for which the EP was the receiving party of the transition. If an EP was not on the receiving end of any transition of care within the specified Date Range, that EP is excluded from the requirement (the EP must select No next to the appropriate exclusion and then click Apply to attest to the exclusion).	The number of transitions of care (from the Denominator) where medication reconciliation was performed.

Stage 2

Measure	Requirement	Denominator	Numerator
Demographics	More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.	The number of patients who were seen by one of the selected Providers within the specified Date Range.	The number of patients (from the Denominator) who have data in their records for all the required demographics (including any specific exclusions if the patient declined to provide that information or if recording that element is contrary to state law).

Measure	Requirement	Denominator	Numerator
Computerized Provider Order Entry (CPOE) - Medications	More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of prescriptions that were ordered by one of the selected Providers within the specified Date Range.	The number of prescriptions (from the Denominator) that were ordered using CPOE by one of the selected Providers within the specified Date Range.
Computerized Provider Order Entry (CPOE) - Laboratory	More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of laboratory orders that were created by an EP and that have an order date that is within the specified Date Range.	The number of laboratory orders (from the Denominator) that were recorded using CPOE and that have an order date that is within the specified Date Range.
Computerized Provider Order Entry (CPOE) - Radiology	More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of radiology orders that were created by an EP and that have a creation date that is within the specified Date Range.	The number of radiology orders (from the Denominator) that were recorded using CPOE and that have a creation date that is within the specified Date Range.
Electronic Prescribing (eRx)	More than 50 percent of all permissible prescriptions, or all prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	The number of prescriptions written by one of the selected Providers (except for OTC drugs and controlled substances) within the specified Date Range.	The number of prescriptions (from the Denominator) that were queried for a drug formulary and transmitted electronically.

Measure	Requirement	Denominator	Numerator
Vital Signs No vital sign exclusions	More than 80 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) and height/length and weight (for all ages) recorded as structured data.	The number of patients who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.	The number of patients (from the Denominator) who are at least 3 years old and for whom height/length, weight, and blood pressure have been recorded in a patient health assessment within the specified Date Range; and the number of patients younger than 3 years of age for whom height/length and weight have been recorded in a patient health assessment within the specified Date Range.
Blood pressure exclusion	More than 80 percent of all unique patients seen by the EP during the EHR reporting period have height/length and weight (for all ages) recorded as structured data.	The number of patients who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.	The number of patients (from the Denominator) for whom height/length and weight have been recorded in a patient health assessment within the specified Date Range.
Height/length and weight exclusion	More than 80 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) recorded as structured data.	The number of patients who are at least 3 years old and who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.	The number of patients (from the Denominator) who are at least 3 years old and for whom blood pressure has been recorded in a patient health assessment within the specified Date Range.

Measure	Requirement	Denominator	Numerator
Clinical Summary	Clinical summaries provided to patients or patient-authorized representatives within 1 business day for more than 50 percent of office visits during the EHR reporting period.	The number of office visits conducted by the EP within the specified Date Range.	The number of office visits (from the Denominator) where the patient or a patient-authorized representative is provided a clinical summary of the patient's visit within 1 business day (or patient declined clinical summary).
Patient Reminders	More than 10 percent of all unique patients who have had two or more office visits for preventive or follow-up care with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder per patient preference (if available).	The number of unique patients who have had two or more office visits with an EP in the 24 months prior to the beginning of the specified Date Range. Exclusion: A unique patient with less than two office visits with the EP in the 24 months prior to the beginning of the specified Date Range.	The number of patients (from the Denominator) who were sent a reminder per patient preference (if available) within the specified Date Range.
Patient Education	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	The number of unique patients with office visits who were seen by the EP within the specified Date Range.	The number of patients (from the Denominator) who were provided patient-specific education resources identified by the EHR technology.

Measure	Requirement	Denominator	Numerator
Medication Reconciliation	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP during the EHR reporting period.	The number of transitions of care (defined as first encounters with a new patient and encounters with existing patients where a summary of care record of any type is provided to the receiving provider as a hard copy, scanned copy, or electronic C-CDA) for which the EP was the receiving party of the transition within the specified Date Range.	The number of transitions of care (from the Denominator) where medication reconciliation was performed.
Summary Of Care Measure A	The EP that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals during the EHR reporting period.	Number of transitions of care and referrals for which the EP was the transferring or referring provider within the specified Date Range.	The number of transitions of care and referrals (from the Denominator) where a summary of care record was provided electronically.

Measure	Requirement	Denominator	Numerator
<p>Summary Of Care (cont'd)</p> <p>Measure B</p>	<p>The EP that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals during the EHR reporting period either: (a) electronically transmitted using Certified EHR Technology to a recipient; or (b) where the recipient receives the summary of care record via an exchange facilitated by an organization that is a Nationwide Health Information Network (NwHIN) Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.</p>	<p>The number of transitions of care and referrals for which the EP was the transferring or referring provider within the specified Date Range.</p>	<p>The number of transitions of care and referrals (from the Denominator) where the recipient receives the summary of care record electronically—via an exchange facilitated by an organization that is a NwHIN Exchange participant, or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.</p>
<p>Secure Electronic Messaging</p>	<p>A secure message was sent using the electronic messaging function of Certified EHR Technology by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.</p>	<p>The number of unique patients who were seen by an EP within the specified Date Range.</p>	<p>The number of patients or patient-authorized representatives (from the Denominator) who send a secure electronic message to the EP.</p>

Measure	Requirement	Denominator	Numerator
Electronic Notes	Enter at least one electronic progress note created, edited, and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text-searchable and may contain drawings and other content.	Number of unique patients with at least one office visit with EPs with the specified Date Range.	The number of unique patients (from the Denominator) who have at least one electronic progress note from an eligible professional recorded as text-searchable data.
Family Health History	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry (health history or unknown) for one or more first-degree relatives (parents, siblings, and children).	Number of unique patients seen by the EP within the specified Date Range.	The number of patients (from the Denominator) with a structured data entry (health history or unknown) for one or more first-degree relatives.

Modified Stage 2

Measure	Requirement	Denominator	Numerator
Computerized Provider Order Entry (CPOE) - Medications	More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of prescriptions that were ordered by one of the selected Providers within the specified Date Range.	The number of prescriptions (from the Denominator) that were ordered using CPOE by one of the selected Providers within the specified Date Range.
Computerized Provider Order Entry (CPOE) - Laboratory	More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of laboratory orders that were created by an EP and that have an order date that is within the specified Date Range.	The number of laboratory orders (from the Denominator) that were recorded using CPOE and that have an order date that is within the specified Date Range.

Measure	Requirement	Denominator	Numerator
Computerized Provider Order Entry (CPOE) - Radiology	More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of radiology orders that were created by an EP and that have a creation date that is within the specified Date Range.	The number of radiology orders (from the Denominator) that were recorded using CPOE and that have a creation date that is within the specified Date Range.
Electronic Prescribing (eRx)	More than 50 percent of all permissible prescriptions, or all prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	The number of prescriptions written by one of the selected Providers (except for OTC drugs and controlled substances) within the specified Date Range.	The number of prescriptions (from the Denominator) that were queried for a drug formulary and transmitted electronically.
<p>VDT</p> <p>Measure A - Timely Online Access</p> <p>Measure B - View, Download, or Transmit Health Information</p>	<p>More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.</p> <p>At least one patient seen by the EP during the EHR reporting period (or their authorized representative) views, downloads, or transmits their health information to a third party.</p> <p>Yes or No answer.</p>	<p>The number of unique patients who were seen by n EP within the specified Date Range.</p> <p>The number of unique patients who were seen by n EP within the specified Date Range.</p>	<p>The number of patients (from the Denominator) who have timely (within 4 business days after the information is available to the EP) online access to their health information.</p> <p>The number of unique patients, or their authorized representatives, (from the Denominator) who have viewed online, downloaded, or transmitted the patient's health information to a third party.</p>

Measure	Requirement	Denominator	Numerator
Patient Education	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	The number of unique patients with office visits who were seen by the EP within the specified Date Range.	The number of patients (from the Denominator) who were provided patient-specific education resources identified by the EHR technology.
Medication Reconciliation	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP during the EHR reporting period.	The number of transitions of care (defined as first encounters with a new patient and encounters with existing patients where a summary of care record of any type is provided to the receiving provider as a hard copy, scanned copy, or electronic C-CDA) for which the EP was the receiving party of the transition within the specified Date Range.	The number of transitions of care (from the Denominator) where medication reconciliation was performed.

Measure	Requirement	Denominator	Numerator
Summary Of Care	<p>The EP that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals during the EHR reporting period (or 5 percent if the reporting period is in 2017). The provider of care must (1) use a Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary of care record to a receiving provider.</p>	<p>The number of transitions of care and referrals for which the EP was the transferring or referring provider within the specified Date Range.</p>	<p>The number of transitions of care and referrals (from the Denominator) where the summary of care record is created using a Certified EHR Technology and electronically transmitted.</p>
Secure Electronic Messaging	<p>For at least one patient seen by the EP during an EHR reporting period in 2016 (or 5 percent if the report period is in 2017), a secure message was sent to the patient either: (a) using the electronic messaging function of a Certified EHR Technology; or (b) in response to a secure message sent by the patient.</p> <p>Yes or No answer.</p>	<p>The number of unique patients who were seen by an EP within the specified Date Range.</p>	<p>The number of patients (from the Denominator) who were sent a secure electronic message.</p>

Modified Stage 3

Measure	Requirement	Denominator	Numerator
Computerized Provider Order Entry (CPOE) - Medications	More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of prescriptions that were ordered by one of the selected Providers within the specified Date Range.	The number of prescriptions (from the Denominator) that were ordered using CPOE by one of the selected Providers within the specified Date Range.
Computerized Provider Order Entry (CPOE) - Laboratory	More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of laboratory orders that were created by an EP and that have an order date that is within the specified Date Range.	The number of laboratory orders (from the Denominator) that were recorded using CPOE and that have an order date that is within the specified Date Range.
Computerized Provider Order Entry (CPOE) - Radiology/ Diagnostic Imaging	More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of diagnostic imaging orders that were created by an EP and that have a creation date that is within the specified Date Range.	The number of diagnostic imaging orders (from the Denominator) that were recorded using CPOE and that have a creation date that is within the specified Date Range.
Electronic Prescribing (ePrescribing)	More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	The number of prescriptions written by one of the selected Providers (except for OTC drugs and controlled substances) within the specified Date Range.	The number of prescriptions (from the Denominator) that were queried for a drug formulary and transmitted electronically.

Measure	Requirement	Denominator	Numerator
Patient Electronic Access	<p>For more than 80 percent of all unique patients seen by the EP during the EHR reporting, (1) the patient (or the patient-authorized representative) is provided timely (available to the patient within 48 hours after the information is available to the EP) access to view online, download, and transmit their health information; and (2) the provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in a Certified EHR Technology.</p>	<p>The number of unique patients who were seen by n EP within the specified Date Range.</p>	<p>The number of patients, or their authorized representatives, (from the Denominator) who have timely (within 48 hours after the information is available to the EP) online access to their health information, or who have access to their health information through an application that uses the API for a Certified EHR Technology.</p>


Measure	Requirement	Denominator	Numerator
View, Download, or Transmit	More than 10 percent of all unique patients (or their authorized representatives) seen by the EP during the EHR reporting period actively engage with the electronic health record made accessible by the provider and either: (1) views, downloads, or transmits to a third- party their health information; or (2) accesses their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in a Certified EHR Technology; or (3) does a combination of (1) and (2).	The number of unique patients who were seen by n EP within the specified Date Range.	The number of unique patients, or their authorized representatives, (from the Denominator) who have viewed online, downloaded, or transmitted to a third party the patient's health information; who have accessed their health information through an API; or both.
Patient Education	For more than 35 percent of all unique patients with office visits seen by the EP during the EHR reporting period, patient-specific education resources identified by a Certified EHR Technology are provided to patients.	The number of unique patients with office visits who were seen by the EP within the specified Date Range.	The number of patients (from the Denominator) who were provided patient-specific education resources identified by a Certified EHR Technology.

Measure	Requirement	Denominator	Numerator
Medication/ Clinical Information Reconciliation	For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation for the following three clinical information sets: (a) a review of the patient’s medications, including the name, dosage, frequency, and route of each medication; (b) a review of the patient’s known medication allergies; and (c) a review of the patient’s current and active diagnoses.	Within the specified Date Range, the number of transitions of care or referrals received for which the EP was the receiving party, and the number of the EP’s first encounters (encounters with a new patient).	The number of transitions of care (from the Denominator) where medication and clinical information reconciliation was performed.
Transitions of Care	For more than 50 percent of the transitions to another setting of care or referrals to another provider of care during the EHR reporting period, the EP transitioning or referring their patients (1) creates a summary of care record using a Certified EHR Technology; and (2) electronically exchanges such summary of care record.	The number of transitions of care and referrals for which the EP was the transferring or referring provider within the specified Date Range.	The number of transitions of care and referrals (from the Denominator) where the summary of care record is created using a Certified EHR Technology and electronically exchanged.

Measure	Requirement	Denominator	Numerator
Secure Messaging	For more than 25 percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent to the patient (or their authorized representative) either: (a) using the electronic messaging function of a Certified EHR Technology; or (b) in response to a secure message sent by the patient (or their authorized representative).	The number of unique patients who were seen by an EP within the specified Date Range.	The number of patients (from the Denominator) who were sent a secure electronic message.
Patient Generated Health Data	For more than 5 percent of all unique patients seen by the EP during the EHR reporting period, patient-generated health data or data from a non-clinical setting is incorporated into a Certified EHR Technology.	The number of unique patients who were seen by an EP within the specified Date Range.	The number of patients (from the Denominator) who had health data from patient-generated or non-clinical sources incorporated into a Certified EHR Technology.
Receive and Incorporate	For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.	The number of transitions of care or referrals received by the EP, and the number of patient encounters in which the provider has never before encountered the patient, within the specified Date Range.	The number of electronic summary of care documents incorporated into patient records.

Medical Code List

The Medical Code List allows you to view and print the medical codes entered in Dentrix Enterprise. Codes are grouped by code type (AMA, ICD, Modifier, Place of Service, and Type of Service).

	<p>Why: To ensure medical codes are up to date, and to view the ICD-9-CM codes associated with each AMA CPT code</p> <p>When: After Dentrix Enterprise setup, and as needed</p>
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MEDICAL CODE LIST - AMA CPT CODES A	
The Dentist Group	
Date: 04/23/2018	Page: 1
CODE	DESCRIPTION
INCLUDED ICD-9-CM CODES	
473.0	Chr Maxillary Sinusitis
	053.12 Postherpes Trigem Neural
	053.13 Postherpes Polyneuropath
	053.19 H ZosterNerv Syst NEC
478.22	Parapharyngeal Abscess
478.24	Retropharyngeal Abscess

MEDICAL CODE LIST - ICD-9-CM DIAGNOSTIC CODES C	
The Dentist Group	
Date: 04/23/2018	Page: 2
CODE	DESCRIPTION
053.12	Postherpes Trigem Neural
053.13	Postherpes Polyneuropath
053.19	H ZosterNerv Syst NEC

MEDICAL CODE LIST - MODIFIER CODES D	
The Dentist Group	
Date: 04/23/2018	Page: 3
CODE	DESCRIPTION
21	Prolonged Evaluation and Management Service
22	Unusual Procedural Services
23	Unusual Anesthesia

MEDICAL CODE LIST - PLACE OF SERVICE E	
The Dentist Group	
Date: 04/23/2018	Page: 4
CODE	DESCRIPTION
11	Office
12	Home
13	Mobile Unit

MEDICAL CODE LIST - TYPE OF SERVICE F	
The Dentist Group	
Date:	04/23/2018
	Page: 5
CODE	DESCRIPTION
0	Whole blood or packed red cells
1	Medical Care
2	Surgery

How do I run the Medical Code List?

From the DXOne Reporting module, select **Reference**, and then double-click **Medical Code List**. For additional details about running this report, see the “Medical Code List” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information is found in the **Medical/Cross Code Setup** dialog box, which can be accessed in the Office Manager. See the “Adding, editing, and deleting medical codes” topic in the Office Manager portion of the Dentrix Enterprise Help for details on how to edit codes listed on this report.

A. AMA CPT Codes – If you select **AMA CPT** when setting options for this report, AMA CPT codes appear on the report.

B. Included ICD-9-CM Codes – If you select **List Included ICD-9-CM** when setting options for this report, the ICD-9 codes associated with each AMA CPT code appear on the report.

C. ICD-9 Codes – If you select **ICD-9-CM** when setting options for this report, ICD-9 codes appear on the report.

D. Modifier Codes – If you select **Modifier** when setting options for this report, Modifier codes appear on the report.

E. Place of Service – If you select **Place of Service** when setting options for this report, Place of Service codes appear on the report.

F. Type of Service – If you select **Type of Service** when setting options for this report, Type of Service codes appear on the report.

Medical/Cross Code Setup	
Code Setup Cross Code Setup	
Code Types	Code / Description
AMA-CPT A	0004F / Tobacco Counseling
AMA-CPT Modifiers D	01995 / Anes-IV Local Upper/Lower Ext
CPT-Place Of Service E	10060 / Drain Skin Abscess
CPT-Type Of Service F	10061 / Drain Skin Abscess
ICD-10-CM	10120 / Remove Foreign Body
ICD-9-CM C	10121 / Remove Foreign Body
	10140 / Drain Hematoma/Fluid
	10160 / Puncture Drain Lesion
	10180 / Complex Drainage Wound
	11040 / Debride Skin Partial
	11041 / Debride Skin Full
	11042 / Debride Skin/Tissue
	11043 / Debride Tissue/Muscle
	11044 / Debride Tissue/Muscle/Bone
	11100 / Biopsy Skin Lesion
	11101 / Biopsy Skin Lesion Add-On

Multi-Code List

The Multi-Code List allows you to view and print the multi-codes entered in Dentrix Enterprise.

Why: To ensure treatment planning services that require multiple steps/appointments (for example, dentures) have multi-codes that have been setup properly, to ensure each multi-code contains the proper procedure codes, and to ensure each multi-code reserves a proper length of time in the Appointment Book

When: After Dentrix Enterprise setup, and as needed

MULTI-CODE LIST								
The Dentist Group								
Date: 04/22/2018								Page: 1
CODE	DESCRIPTION PROC/DIAG	ABBREV DESC DESCRIPTION	UNITS	CODE TYPE	APPT TYPE	ENABLED	PERMANENT	
xx111	Crn, Pst & Core, Insert D2752 D2954 D2761 D5-10578 D5-10002 F-A3610	CrnPcIns Crown-porc fused noble metal Prefab post&core in add to crn Crown Insert Tooth Sensitivity Tooth Disorder NOS Facial Nerve Function NOS	31	Standard	High Production	YES	NO	
xx2sA	DO Amalgam, permanent D2150 OD	DO Amalg. Amalgam-2 surf. prim/perm	3	Standard	High Production	YES	NO	
xx2sC	DO Composite, post-permanent D2386 OD	DO Comp. Resin-2 surface, post-permanent	3	Standard	High Production	YES	NO	
xx3sA	MOD Amalgam D2160 MOD	MOD Amal Amalgam-3 surf. prim/perm	4	Standard	High Production	YES	NO	
xx3sC	MOD Composite, post-permanent D2387 MOD	MOD Comp Resin-3 surface +, post-perm	4	Standard	High Production	YES	NO	
xxBRG	Bridge D6240 MOD D6750 MOD	Bridge Pontic - Pontic-porcelain fused to hnob Retainer-Crown - Retainer crn-porc fused-hi nob	4	Bridge	High Production	YES	NO	
xxCCA	Cont. Care - Prophy, Adult D1110 D0120 D0274	CCAdult Prophylaxis-adult Periodic oral evaluation Bitewings-four films	6	Standard	Low Production	YES	NO	
xxCCP	Cont. Care - Prophy, Child D0120 D1120 D0272	CCChild Periodic oral evaluation Prophylaxis-child Bitewings-two films	3	Standard	High Production	YES	NO	
xxCIm	Crown/Implant D6010 D2750	CrnImp Surg place implant: endosteal Crown-porc fuse high noble mtl	28	Standard	High Production	YES	NO	
xxNPX	New Patient Exam D0150 D1110 D0274 D0210	NP Ex Comp oral eval-new/estab pat Prophylaxis-adult Bitewings-four films Intraoral-complete series (bw)	9	Standard	Low Production	YES	NO	
xxOAM	O Amalgam, permanent D2140 O	Oamalg Amalgam-1 surf. prim/perm	5	Standard	High Production	YES	NO	
xxORS	O Resin, post-perm D2385 O	Oresin Resin-1 surface, post-permanent	6	Standard	High Production	YES	NO	
xxPDX	Partial Mand D5214 15101	PartMand Mand partial-metal base w/sdls Missing tooth	10	Standard	High Production	YES	NO	
xxPex	Initial Perio Exam D0150 D0210 D4341 D4341	PerioExam Comp oral eval-new/estab pat Intraoral-complete series (bw) Perio scale&root pln-4+per quad Perio scale&root pln-4+per quad	5	Standard	High Production	YES	NO	



How do I run the Multi-Code List?

In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Multi-Code List**. For step-by-step instructions on how to run this report, see the “Multi-Code List” topic in the Office Manager portion of the Dentrix Enterprise Help.

What important information does this report provide?

The following report information (with the exception of letter F) is found in the **Multi-Code Editor** dialog box, which can be accessed in the Office Manager. See the “Multi-Code Setup” topic in the Office Manager portion of the Dentrix Enterprise Help for information about how to edit multi-codes.

- A. Codes** – The multi-code’s code.
- B. Description** – The multi-code description.
- C. Units** – The units of time reserved for the multi-code when the code is scheduled in the Appointment Book.
- D. Code Type** – The multi-code type (i.e. Standard or Bridge).
- E. Enabled** – Indicates whether or not the multi-code is enabled for selection when posting a procedure.
- F. Permanent** – Due to the 2004 ADA code update, the data in this column is no longer relevant. All codes should have a “No.”

The screenshot shows the Multi-Code Editor dialog box with the following fields and callouts:

- B**: Description: Crn, Pst & Core, Insert
- A**: Multi-Code: xx111
- Abbrev. Desc.: CrnPCIns
- Appointment Type: High Production
- C**: Procedure Time: 31 Unit(s)
- Type: Standard (selected), Bridge
- D**: Buttons: Add, Edit, Delete
- E**: Disable This Multi-Code

Code	Description
*D2752	Crown-porc fused noble metal
*D2954	Prefab post&core in add to crn
*D2761	Crown Insert
*D5-10578	Tooth Sensitivity
*D5-10002	Tooth Disorder NOS
*F-A3610	Facial Nerve Function NOS

*Procedure requires treatment information when used

New Patient List

The New Patient List displays patients whose first visit date falls within a selected date range.

Why: To view how many new patients the practice has acquired, to keep track of how many new patients went inactive, to keep track of how many new patients were archived, and to view the total number of non-patients that had an appointment within the date range

When: Yearly and monthly

NEW PATIENT LIST (STANDARD LIST)						
PMTS - DENTRIX DENTAL SYSTEMS						
01/16/2017 - 12/23/2017						
Date:	01/18/2018				Page:	1
PATIENT NAME	FIRST VISIT DATE	FIRST PROCEDURE	PROVIDER	PATIENT STATUS	REFERRED BY	
Crosby, Brent A 1234 Farmington Ave Buffalo, NY 14223	11/18/2017	11/18/2017	DR10	Non-Patient	Yellow Page Ad 06/23/2017	
Crosby, Patricia 1234 Anita Court Hebron, KY 41840	06/09/2017	06/23/2017	DR10	Patient	Busman, James C 06/09/2017	
Hansens, Corey 123 S. Meadow Mist Kailua, TN 77301	06/24/2017	06/24/2017	DR10	Patient	Baber, Brenda 06/23/2017	
Keeler, Rachel 123 N. Saddleback Dr. Orem, UT 84007	02/22/2017	03/27/2017	DR10	Inactive	Direct Mail 1 02/22/2017	
Myers, Patrick 123 W. 1600 N Orem, UT 84057	03/03/2017	03/03/2017	DR10	Patient	Yellow Page Ad 03/03/2017	
Olsen, Paul 1234 Teakwood Dr Kannapolis, WA 20007	04/30/2017	04/30/2017	DR10	Patient	Yellow Page Ad 06/23/2017	
Perkins, Shelly M 12345 N. Dearborn Rd Hinkley, MI 47841	10/04/2017	10/04/2017	DR10	Patient	O'Neal, Thomas J. 06/23/2017	
Reeves, Elizabeth 123 Utah Valley Drive American Fork, UT 84003	11/03/2017	11/05/2017	DR10	Patient	MULTIPLE 11/05/2017	
Taylor, Mark E 12345 Queens Blvd Stamford, CT 06903	09/12/2017	09/12/2017	DR20	Archived		
Winters, Carl 123 Utah Valley Drive Apt.50 American Fork, UT 84003	11/06/2017	11/11/2017	DR20	Patient	Brackett, DMD 11/06/2017	
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> A B C </div>						
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> D </div>						
TOTAL ACTIVE NEW PATIENTS: 7 TOTAL INACTIVE NEW PATIENTS: 1 TOTAL "NON-PATIENT" NEW PATIENTS: 1 TOTAL ARCHIVED NEW PATIENTS: 1 TOTAL NEW PATIENTS: 10						

How do I run the New Patient List?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **New Patient List**. For additional details about running this report, see the “New Patient List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The information for letters A and C are found in the **Patient Information** dialog box, which can be accessed by double-clicking the Patient Information block in the Family File.

A. First Visit Date – The patient’s first appointment date. This report can be sorted by the **First Visit Date**.

B. First Procedure Date – The date of the patient’s first completed procedure.

C. Patient Status – The patient’s status.

The screenshot shows the 'Patient Information' dialog box with the following data:

Personal		Demographics		Office Info	
Last	Abbott	Patient Status	Patient (C)	Prov1	DESMITH >>
First	James	Sex	Male	Clinic	AF >>
Middle		Marital	Married	Fee Schedule	< Prov Default >
Suffix		Race	Unspecified	Chart #:	AB0030
Title		Ethnicity	Unspecified	Consent Date	11/25/2003
Birthdate	05/05/1944	Poverty Level	Unspecified	First Visit	11/25/2003 (A)
Age	73	Veteran	Unspecified	Last Missed Appt	05/25/2015
Death Date:		User Def. Cat.	Unspecified	Patient Alias	
SS#	333-22-4444	Gender Identity	Unspecified		
Other ID		Sexual Orientation	Unspecified		
Pat Ext ID:					
Driver's License #					
Address	>>				

D. Totals

- **Total Active New Patients** – The total number of new patients that are still active.
- **Total Inactive New Patients** – The total number of new patients that are now inactive.
- **Total “Non-Patient” New Patients** – The total number of “non-patients” that came in for an appointment. Patients that were changed from a non-patient status to a patient status.
- **Total Archived New Patients** – The total number of new patients that are now archived.
- **Total New Patients** – The total number of new patients.

Office Journal Report

The Office Journal Report itemizes each Office Journal correspondence by date, time, medium, provider, type of service rendered, or transaction made. This report can be run for a patient, provider, or referral provider.



Why: To view Office Journal history

When: As needed

Office Journal		Date: 05/13/2018 Page: 1
Patient: Abbott, James S[Jim]		
05/13/2018	Appointment: Date: 05/13/2018, Time: 1:00:00 PM, Provider: DDS1 PntcCtHNM#19, PntcCtHNM#20, PntcCtHNM#21, PntcCtHNM#22	
	Reminder: reminder Date: 05/13/2018, Clinic: CENTRAL Reason: called to remind him of upcoming appt	
	Phone: Post-op Date: 05/13/2018, Clinic: CENTRAL Reason: Checked in with patient - doing fine he says	
04/27/2018	Appointment: Date: 04/27/2018, Time: 10:00:00 AM, Provider: DDS1 LwParMtBs#25*26	
04/24/2018	Appointment: Date: 04/24/2018, Time: 9:10:00 AM, Provider: DDS1 CCAdult	
04/22/2018	Broken Appointment Date: 04/22/2018, Provider: DDS1, Clinic: CENTRAL CCAdult, Pano, FabPtCr+B#5	
03/02/2018	Appointment: Date: 03/02/2018, Time: 11:00:00 AM, Provider: DDS1 ExtEval	

How do I run the Office Journal Report?

In the Office Journal, from the **File** menu, click **Print**. For additional details about running this report, see the “Printing from the Office Journal” topic in the Office Journal portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The information displayed in this report is highly customizable and depends on the settings configured in the Office Journal. The following is a comprehensive list of possible data:

- HIPAA Privacy Entries
- Journal Entry Notes
- Miscellaneous Journal Entries
- Patient Archived Appointments
- Patient Billing Statements
- Patient Broken Appointments
- Patient Financing Requests
- Patient letters
- Patient Perio Letters
- Patient Purged Appointments
- Phone Calls
- Referral Gratuities
- Referral Recaps
- Referral Slips
- Reminders

Operator Day Sheet Report

The Operator Day Sheet Report lists financial transactions (charges, payments, credit adjustments, charge adjustments, and finance charges) that have been posted to the Ledger, as well as some patient and practice statistics.

\$	Why: To print a record of transactions for the current date When: Daily
-----------	------------------------------------------------------------------------------------------

OPERATOR DAY SHEET(ENTERPRISE) ALPHABETICAL

Date: 04/27/2018

04/27/2018

Page: 1

ENTRY DATE	PROCEDURE DATE	PATIENT NAME	TH	CODE	DESCRIPTION	CHARGES	PAYMENTS	BT	PROV	CLINIC	CHART	ENC
04/27/2018	04/27/2018	Abbott, James			Insurance Payment		-698.40	2		CENT	ABB101	
04/27/2018	04/27/2018	Abbott, James	25*	D5214	Mand partial-metal base w/sdls	8 98.00		2	DDS1	CENT	ABB101	
04/27/2018	04/27/2018	Perkins, Shelly		D9110	Emerg treatment, palliative	0.00		1	DDS1	CENT		
04/27/2018	04/27/2018	Perkins, Shelly		D0330	Panoramic film	0.00		1	DDS1	CENT		
04/27/2018	04/27/2018	Perkins, Peggy			Cash Payment - Thank You		-100.00	1		CENT		
04/27/2018	04/27/2018	Reeves, Joshua			-Professional Discount		-25.00	1		CENT		
04/27/2018	04/27/2018	Smith, Michael		D9310	Consultation-per session	75.00		1	DDS0	CENT	SM0010	

A

B


C

GRAND TOTALS:

TOTAL CHARGES:	973.00	Check Payment - Thank You	0.00
MEDICAID CHARGES:	0.00	Cash Payment - Thank You	-100.00
TOTAL PAYMENTS:	-798.40	Credit Card Payment -Thank Y	0.00
INSURANCE PAYMENTS:	-698.40		
MEDICAID PAYMENTS:	0.00		
CREDIT ADJUSTMENTS:	-25.00		
CHARGE ADJUSTMENTS:	0.00		
FINANCE CHARGES:	0.00		
UNIQUE COUNTERS:			
ENCOUNTERS:	0		
PATIENTS:	5		
PATIENTS WITH MEDICAID:	0		

* Medicaid Insurance without a Medicaid Number
 --- Medicaid Number without Medicaid Insurance

How do I run the Operator Day Sheet Report?


From the Office Manager, click the Operator Day Sheet Report button  on the toolbar. To find out which button this is, see the “Using the Office Manager toolbar” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Transactions** – The transactions posted to the Ledger (including the patient’s name, procedure code and description, charge or payment, provider, and clinic).
- B. Transaction Details** – Each transaction provides the following additional information:
- **Entry Date** – The date a transaction is posted to the Ledger.
 - **Procedure Date** – The date a procedure is posted to the Chart.
Note: It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the Frequent Problems to Understanding Dentrix Reports section in the Introduction of this book.
 - **TH** – The tooth number(s) associated with a procedure.
 - **BT** – Billing type.
- C. Grand Totals** – The following information appears in the Grand Totals section for the current date:
- **Charges** – The total amount of the procedures posted, the amount of the procedures that were posted for patients with Medicaid (included in the total charges), and the total amount of the finance charges posted.
 - **Payments** – The total amount of all payments made (the payments are broken down by type), and the amount of the payments made by Medicaid.
 - **Adjustments** – The total credit and charge adjustments.
 - **Statistics** – The number of unique encounters, patients, and number of patients with Medicaid (included in the Patients total) appear.


Operatory Appointment List Report


The Operatory Appointment List Report displays appointments scheduled each day and the operatories assigned to each appointment. Appointments are sorted by appointment time.




Why: To quickly view which operatory a patient is assigned to when the patient checks in
When: Daily

OPERATORY APPOINTMENT LIST (<ALL>) The Dentist Group Providers <ALL> - <ALL> Operatories <ALL> - <ALL> 01/01/2018 - 04/24/2018						
Date: 04/24/2018					Page: 1	
DATE	TIME	STATUS	PATIENT NAME	PROV/OP	APPT. REASON	LENGTH
01/08	1:00p		Abbott, James S	DDS1/DEF_OP1	C CAdult, ProphyAd	110m
01/09	11:00a	< CMPL>	Little , Brian R	DDS1/DEF_OP1	R esCmP2s#15	10m
01/09	11:00a	< CMPL>	Taylor , Mark	DDS1/DEF_OP2	Sealant#15, Sealant#18, Seal...	30m
01/09	11:00a	< CMPL>	A bbott, Shirley	DDS2/DEF_OP3	E xtErpTh#16, ExtErpTh#32, Ex...	50m
01/10	8:00a	N Oansw	Brown , Mary	DDS1/DEF_OP1	ExtEval	10m
01/10	8:10a	N Oansw	Johnson, Rachelle	D DS1/DEF_OP1	P rophyAd	50m
01/10	8:20a	N Oansw	Crosby, Brent	DDS1/DEF_OP2	NutriCnsl	10m
01/10	8:30a	N Oansw	Crosby, Shirley	DDS01/DEF_OP3	2BWX, LwParMtBs#25*26	50m
01/10	9:00a	N Oansw	Little , Carol	DDS1/DEF_OP2	ExtEval	40m
01/10	1:00p	N Oansw	Reeves, Elisabeth	DDS1/DEF_OP2	4 BWX	10m
01/10	1:50p	N Oansw	Reeves , Joshua	DDS1/DEF_OP1	F abPtCr+B#5	90m
01/10	2:00a	< CMPL>	Winters, Carl	DDS1/DEF_OP1	C CAdult, Pano, FabPtCr+B#5	80m







How do I run the Operatory Appointment List Report?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Daily Appointment List**. Ensure the **Operatory Appointment List** option is selected, and then click **OK**. For additional details about running this report, see the “Daily Appointment List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).


What important information does this report provide?

- A. Time** – The appointment start time.
- B. Prov/Op** – The provider and operatory assigned to the appointment.
- C. Length** – The appointment length.

Oral Health Education Report

The Oral Health Education Report displays the percentage of oral health patients who received oral health education (determined by specified ADA and/or condition codes) at least once during a specified time frame.

For example, you may want to track patients who received a comprehensive oral exam (ADA code D0150) or a periodic recall oral evaluation (ADA code D0120)—the denominator codes—and then received oral hygiene instructions (ADA code D1330) or tobacco counseling (ADA code D1320)—the numerator codes.



Why: To view statistics regarding the oral health education of patients

When: Yearly

Percent of Patients Who Have Received Oral Health Education

Date Range: 5/14/2018 - 5/14/2018 - Procedure Date
 Clinics: <ALL>
 Age Range: All Patients
 Providers: <ALL>
 Numerator Codes: D1330
 Denominator Codes: D0120

A
B

Report Date: 5/14/2018 Page 1 of 1

Clinic			
Provider	Numerator	Denominator	Percent
Patient Name	Chart	Procedure Codes	
CENTRAL	3	2	150.00%
DESMITH	2	1	200.00%
Abbott, Jan	AB32	Numerator: D1330	
Crosby, Tom	CR95	Numerator: D1330 Denominator: D0120	
DSMITH	1	0	0.00%
Crosby, Shirley	CR94	Numerator: 1330	
MHAYES	0	1	0.00%
Winters, Jillian	WI213	Denominator: D0120	
Totals:	3	2	150.00%

How do I run the Oral Health Education Report?

From DXOne Reporting, select **Lists**, and then double-click **Oral Health Education**. For additional details about running this report, see the "Oral Health Education Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report contains the following information:

- A. Numerator** – The specified ADA codes and/or conditions.
- B. Denominator** – The specified ADA codes and/or conditions.
- C. Clinic Totals** – The Numerator, Denominator, and Percent totals for the providers at a given clinic on the report.
- D. Provider Totals** – The Numerator, Denominator, and Percent totals for a given provider who is attached to the Numerator and/or Denominator codes.
- E. Details** – If you select **Include Details** when setting options for this report, patient names, chart numbers, and procedures codes (numerators and denominators) appear on the report.
- F. Totals** – The Numerator, Denominator, and Percent grand totals for all clinics on the report.

Patient Chart and Progress Notes Printout

The Patient Chart and Progress Notes Printout allows you to print a patient's graphical chart and progress notes.



Why: To print a patient's dental chart and progress notes as a clinical record for the patient

When: As needed

Patient Progress Notes

Patient: James S. Abbott
Birthdate: 11/11/1960
Provider: Dennis Smith
Phone: (480)555-6525
Office: 1234 South Pine
 Mesa, AZ 85210

Date: 05/13/2018
SS#: 000-00-0000
Chart #: ABB101

Progress Notes								
Date	Tooth	Surf	Proc	Prov	Description	Stat	AP	Amount
10/15/2016	14	MOD	D2160	DDS2	Amalgam-3 surf. prim/perm	C		90.00
10/15/2016	16		D7110	DDS1	Extraction-single tooth	C		71.00
07/07/2017			D1110	DR0BB	Prophylaxis-adult »	C		48.00
07/28/2017					Clinical Note			
					test note-			
12/15/2017			D8670	DR0BB	Periodic ortho visit (contract	C		950.00
12/15/2017	1		D7140	DR0BB	Extract,erupted th/exposed rt»	C	P2	135.00
12/15/2017	16		D7140	DDS2	Extract,erupted th/exposed rt	C		135.00
12/15/2017	17		D7230	DDS2	Extraction-impacted/part bony	C	P1	213.00
12/15/2017	32		D7140	DDS2	Extract,erupted th/exposed rt	C	P1	135.00
01/07/2018	30	DLB	D2160	DR0BB	Amalgam-3 surf. prim/perm »	C		90.00
01/09/2018			95831	DR0BB	Muscle testing	C		0.00
01/09/2018			90620	DR0BB	Exam and consultation	C		0.00
01/09/2018			95868	DR0BB	Electromyography	C		0.00
01/09/2018			D0270	DR0BB	Bitewing-single film	C		15.00
01/09/2018			D0350	DR0BB	Oral/Facial Photographic Image	C		0.00
01/09/2018	2-15		D5110	DR0BB	Complete denture - maxillary	C		850.00
01/09/2018	5		D7250	DR0BB	Surgic removl resid tooth roo»	C		25.00
01/09/2018	S1		D2110	DR0BB	Amalgam-1 surface, primary »	C		51.00
01/09/2018	S1		D2110	DR0BB	Amalgam-1 surface, primary »	C		51.00
01/09/2018	LR		D5120	DR0BB	Complete denture - mandibular	C		828.00
01/15/2018			90620	DR0BB	Exam and consultation	C		500.00

How do I run the Patient Chart and Progress Notes Printout?

In the Patient Chart, from the **File** menu, point to **Print**, and then click **Patient Chart**. For more detailed instructions on how to run this report, see the “Printing progress notes with the chart” topic in the Patient Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Information** – The patient’s name, birth date, chart number, and Social Security number appear on the report.
- B. Graphic Chart** – The graphical chart appears on the report.
- C. Progress Notes** – The following is a comprehensive list of what can appear in the progress notes section:

Columns	Filters
<ul style="list-style-type: none"> • Procedure Date • Tooth • Surface • Procedure Code • Provider • Procedure Description • Procedure Status • Approval Status • Procedure Amount 	<ul style="list-style-type: none"> • Treatment Plans • Completed Work • Existing Work • Conditions • Exams • Procedure Notes • Clinical Notes

Patient Chart Printout

The Patient Chart Printout allows you to print a patient's graphical chart and treatment plan.



Why: To print a patient's dental chart with a treatment plan to give to the patient
When: As needed

A

Chart

Patient: James S. Abbott	Chart #: ABB101	Date: 05/14/2018
Birthdate: 11/11/1960		SS#: 000-00-0000
Provider: Dennis Smith		
Phone: (480)555-6525		
Office: 1234 South Pine Mesa, AZ 85210		

B

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Today's Completed Work

C

Tooth	Description	Amount
27	Amalgam-1 surf. prim/perm	55.00
Charges for this Visit		55.00

Treatment Plan Estimate

Tooth	Description	Amount	Pat.	Dental Ins.
	Periodic oral evaluation	25.00	0.00	25.00
	Prophylaxis-child	34.00	0.00	34.00
	Bitewings-two films	21.00	0.00	21.00
	UR Perio scale&root pln-4+per quad	131.00	0.00	131.00
	7 Post/core + brdg retainer, fabr	230.00	0.00	230.00
	12*14 Maxil partial-metal Base W/sdls	890.00	0.00	890.00
	18 Reimplantation/stabilization	0.00	0.00	0.00
	19 Pontic-cast high noble metal	603.00	0.00	603.00
	20 Pontic-cast high noble metal	603.00	0.00	603.00
	21 Pontic-cast high noble metal	603.00	0.00	603.00
	22 Pontic-cast high noble metal	603.00	0.00	603.00
	23 Cast post/part of brdg retainer	218.00	0.00	218.00
	24 Cast post/part of brdg retainer	218.00	0.00	218.00
	25 Cast post/part of brdg retainer	218.00	0.00	218.00
	31 Extraction-single tooth	71.00	0.00	71.00
Treatment Plan Totals		4468.00	0.00	4468.00

* Treatment Plans Are Estimates Only

D

How do I run the Patient Chart Printout?

In the Patient Chart, from the **File** menu, point to **Print**, and then click **Patient Chart**. For more detailed instructions on how to run this report, see the "Printing a patient's chart" topic in the Patient Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Information** – The patient's name, birth date, chart number, and Social Security number appear on the report.
- B. Dental Chart** – If **Print Chart as Displayed** is selected when setting options for this report, the graphical chart appears on the report.
- C. Today's Work** – If **Print Today's Work** is selected when setting up options to run this report, the procedures that were completed on the current date are displayed and totaled.
- D. Treatment Plan Estimate** – If **Print Treatment Plan** and **Print TP Estimate Details** are selected when setting up options to run this report, the patient's treatment-planned procedures and total estimate appear below the dental chart.

Patient Health Assessment Report

The Patient Health Assessment Report displays health information entered for a patient, a family, or a range of patients in specified clinics. The blood pressure, pulse rate, age, height, weight, and body mass index (BMI) of each patient appears on the report.



Why: To print a patient's or multiple patients' health assessments, such as blood pressure, weight, and body mass index

When: As needed

PATIENT HEALT ASSESSMENT

Assessment Date: 8/22/2017 - 8/22/2017

Patient Range: <ALL> to <ALL>

linic(s): <A >

Date: 8/22/2017 1:57:54PM

Page 1 of 1

Date <input type="checkbox"/>	Pati nt Nam <input type="checkbox"/>	BI	P ss	P ls	Age <input type="checkbox"/>	H ight <input type="checkbox"/>	Weight <input type="checkbox"/>	BMI	P vi	Clinic
08/22/2017	Crosby, Brent [CRO124] <input type="checkbox"/>	128/76		63	64	5ft 10in	185lbs	27	DDS1	CENTRAL
08/22/2017	Crosby, Shirley [CRO102] <input type="checkbox"/>	166/70		60	52	5ft 4in	110lbs	19	DDS1	CENTRAL
08/22/2017	Raab, Kenneth <input type="checkbox"/> [RAA111] <input type="checkbox"/>	112/80		65	0	6ft 0in	200lbs	27	DDS1	CENTRAL
08/22/2017	Valgardson, Arian [VAL100] <input type="checkbox"/>	187/75		66	55	5ft 9in	153lbs	23	DDS1	CENTRAL

How do I run the Patient Health Assessment Report?

For a range of patients, from DXOne Reporting, select **Reference**, and then double-click **Patient Health Assessment Report**. Or, for an individual patient or that patient's entire family, in the Patient Chart, from the **File** menu, click **Patient Health Assessment**, and then click **Print**. For additional details about running this report, see the "Patient Health Assessment Report" topic in the DXOne Reporting portion and the "Printing patient health assessments " topic in the Patient Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

For each patient in the date range of the report, the following appear: blood pressure, pulse rate, age, height, weight, and body mass index (BMI). The provider and clinic attached to each health assessment also appear.

Patient Information Accessed Report

The Patient Information Accessed Report helps you track when any patient's record has been viewed.

Why: To ensure that patient information is being viewed in accordance with patient privacy standards in your office, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

Patient Information Accessed

Date Range: 2/1/2018 - 3/1/2018
 Family of Patient: Abbott, James S
 Users: <ALL>
 Clinics: <ALL>

Report Date: 3/1/2018 Page 1 of 1

Time	Location Module	Patient	C a r t N umber	Clinic	Status	User
2/18/2018 12:16:51PM	Family File	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE
2/18/2018 12:31:28PM	Family File	Abbott, Timothy	ABB103	CENTRAL	Viewed	ENTERPRISE
2/21/2018 12:45:17PM	Family File	Abbott, James	ABB101	CENTRAL	Viewed	ENTERPRISE
2/21/2018 3:31:18PM	Family File	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE
2/21/2018 3:35:28PM	Family File	Abbott, Timothy	ABB103	CENTRAL	Viewed	ENTERPRISE
2/21/2018 3:46:45PM	Family File	Abbott, James	ABB101	CENTRAL	Viewed	ENTERPRISE
2/22/2018 11:21:14AM	Cart	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE
2/22/2018 12:28:59PM	Ledger	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE
2/28/2018 10:27:44AM	Family File	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE
2/28/2018 10:27:54AM	ocim ent Center	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE
2/28/2018 11:31:02AM	Cart	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE
2/28/2018 11:31:14AM	Treatment Planner	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE
2/28/2018 12:09:17PM	Apprintment Book	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE
2/28/2018 3:03:58PM	Family File	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE
2/28/2018 3:04:02PM	ocim ent Center	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE
3/1/2018 8:43:28AM	ocim ent Center	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE

A

B

How do I run the Patient Information Accessed Report?

From DXOne Reporting, select **Audit**, and then double-click **Patient Information Accessed**. For additional details about running this report, see the "Patient Information Accessed Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report contains the following information:

A. Patient – The patient whose record was accessed.

B. Status – An indicator that the patient's information was viewed. A patient record is considered to have been viewed in the following situations:

- When you select a patient in the **Select Patient** dialog box and then click **OK**.
- When you select a patient in the **Select Patient** dialog box and then click **More Patient Information**.
- When you double-click a patient's appointment and then click **Patient Info**.
- When you switch from one module to another (patient-specific modules only) with a patient selected. For example, if you open a patient's Patient Chart and then switch to that patient's Family File record, Dentrix Enterprise logs two entries for the report.
- When accessing the same patient record in the same module, at the same clinic, on the same date, and/or by the same user after a specified number of minutes has elapsed since the last time that patient's record was accessed in the same module, at the same clinic, on the same date, and/or by the same user.

C. Other information – Each entry on the report provides the date and time when the patient information was accessed, the module from which it was accessed, the clinic from which it was accessed, the user that accessed it, and the chart number of the patient whose record it was.

Patient Ledger Report

The Patient Ledger report displays transactions posted for a patient.

\$	<p>Why: To provide a patient with a record of his/her transactions</p> <p>When: As needed</p>
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SINGLE PATIENT LEDGER							
The Allied Dentist Group							
Date: 05/14/2018						Page: 1	
Patient Name: Shelly Perkins 123 Street Philadelphia, PA 19102				Chart Number: PA0007			
				Billing Type: 1			
DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE	
04/22/2018		Balance Forward		0.00		0.00	
04/23/2018	9	S urg place implant: endosteal	Shelly	780.00		780.00	
04/23/2018	4	C rown-porc fuse high noble mtl	Shelly	78.00		858.00	
05/01/2018	15	M and partial-metal base w/sdls	Shelly	801.00		1659.00	
05/01/2018	9	E xtraction cml remnts-decid th	Shelly	501.00		2160.00	
TOTAL PATIENT BALANCE AS OF 05/14/2018:						2160.00	

A

B

How do I run the Patient Ledger Report?


In the Ledger, from the **Print** menu, click Patient **Ledger**. For more detailed instructions on how to generate this report, see the "Patient Ledger Report" topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Family History** – All financial transactions posted to the Ledger (starting with the specified first transaction date) for the patient.
- B. Patient Total Balance** – The patient balance as of the current date.

Patient List

The Patient List allows you to view patients entered into Dentrix Enterprise. To sort patients alphabetically, run the Patient List (Standard List) report. To sort patients by chart number, run the Patient List (Chart Number Report).

	<p>Why: To view active patients, inactive patients, non-patients, and archived patients entered in Dentrix Enterprise, to view patients who prefer a specific provider, and to view patients with a specific billing type</p> <p>When: As needed</p>
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PATIENT LIST

Last Visit Before: <ALL>
 Patient Status: Active, Inactive, Non-Patient, Archived
 Patient Range: <ALL> - <ALL>
 Clinics: CENTRAL
 Providers: <ALL>
 Billing Types: <ALL>

Report Date: 05/06/2018

Report Generated By: enterprise

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Abbott, James S
 1234 Pine Ave
 Murray, UT 84123

Dental Pri: Metropolitan Life
 Dental Sec: Aetna Life and Casualty
 Medical Pri: Aetna Medical
 Medical Sec:

Prov/Clin: DROBB/CENTRAL
 Home Phone: (J)375-1586
 Work Phone:
 Other:
 Fax:
 Pager:
 E-mail:

Birthdate: 11/11/1962
 SS: 000-00-0000
 Chart: ABB101
 Drivers Lic#:
 Med/Other ID:
 First Visit Date: 12/15/2008
 Last Visit Date: 05/05/2018

Status: Active
 Gender: Male
 Position: Married
 Billing Type: 002

Davis, Harmon P
 12345 Oak Drive
 East Granby, CT 06026

Dental Pri: Delta Dental
 Dental Sec:
 Medical Pri:
 Medical Sec:

Prov/Clin: DDS7/CENTRAL
 Home Phone:
 Work Phone:
 Other:
 Fax:
 Pager:
 E-mail:

Birthdate: 11/11/1970
 SS: 000-00-0000
 Chart:
 Drivers Lic#:
 Med/Other ID:
 First Visit Date: 12/15/2008
 Last Visit Date:

Status: Active
 Gender: Male
 Position: Single
 Billing Type: 001

Hansen, Cory S
 1234 Amhurst Street
 Brooklyn, NY 11215

Dental Pri: BLUE SHIELD PA
 Dental Sec: CIGNA
 Medical Pri:
 Medical Sec:

Prov/Clin: DDS1/CENTRAL
 Home Phone: (919) 555-2656
 Work Phone: (808) 555-5864
 Other:
 Fax:
 Pager:
 E-mail:

Birthdate: 11/11/1957
 SS: 000-00-0000
 Chart: HA0002
 Drivers Lic#:
 Med/Other ID:
 First Visit Date: 11/18/2015
 Last Visit Date:

Status: Active
 Gender: Male
 Position: Single
 Billing Type: 001

Kenner, Spencer
 12345 Lindon Place
 Miami, WA 20226

Dental Pri: MLB Insurance Plan
 Dental Sec:
 Medical Pri:
 Medical Sec:

Prov/Clin: DDS1/CENTRAL
 Home Phone: (781) 555-9616
 Work Phone: (701) 555-9885
 Other:
 Fax:
 Pager:
 E-mail:

Birthdate: 11/11/1949
 SS: 000-00-0000
 Chart:
 Drivers Lic#:
 Med/Other ID:
 First Visit Date:
 Last Visit Date:

Status: Active
 Gender: Male
 Position: Single
 Billing Type: 001

Little, Brian
 1234 Oak Street
 Glen Rock, PA 17327

Dental Pri: Metropolitan Life

Prov/Clin: DDS1/CENTRAL
 Home Phone:
 Work Phone:
 Other:
 Fax:

Birthdate: 11/11/1955
 SS: 000-00-0000
 Chart:
 Drivers Lic#:
 Med/Other ID:

Status: Active
 Gender: Male
 Position: Single
 Billing Type: 001



PATIENT LIST (CHART NUMBER REPORT)

Last Visit Before: <ALL>
 Patient Status: Active, Inactive, Non-Patient
 Patient Range: <ALL> - <ALL>
 Clinics: CENTRAL
 Providers: <ALL>
 Billing Types: <ALL>

Report Date: 05/06/2018

Report Generated By: enterprise

Page 1 of 1

PATIENT NAME	BIRTH DATE	SOC.SEC.#	CHART #
Abbott, James S	11/11/1962	000-00-0000	ABB101
Crosby, Brent P	11/11/1962	000-00-0000	CRO101
Davis Harmon S	11/11/1962	000-00-0000	DAV101
Davis, Karen	11/11/1962	000-00-0000	DAV102
Edwards, Anna	11/11/1962	000-00-0000	EDW101
Edwards, John	11/11/1962	000-00-0000	EDW102
Edwards, Kimberly	11/11/1962	000-00-0000	EDW103
Farrer, Lisa R	11/11/1962	000-00-0000	FAR101
Gleason, Alice	11/11/1962	000-00-0000	GLE101
Hansen, Corey	11/11/1962	000-00-0000	HAN101
Hayes, Sally	11/11/1962	000-00-0000	HAY101
Johnson, Rachelle	11/11/1962	000-00-0000	JOH101
Little, Brian	11/11/1962	000-00-0000	LIT101
Little, Carol	11/11/1962	000-00-0000	LIT101
Perkins, Allen	11/11/1962	000-00-0000	PER101
Perkins, Peggy M	11/11/1962	000-00-0000	PER101
Reeves, Elisabeth	11/11/1962	000-00-0000	REE101
Smith, Michael	11/11/1962	000-00-0000	SMI101
Taylor, Kerri	11/11/1962	000-00-0000	TAY101
Winters, Carl	11/11/1962	000-00-0000	WIN101
Young, Tina	11/11/1962	000-00-0000	YOU101



How do I run the Patient List?


From the DXOne Reporting module, select **List**, and then double-click **Patient/Inactive Patient List**. For step-by-step instructions on how to run this report, see the "Patient and Inactive Patient List" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Patient Details – The Patient List (Chart Number Report) displays the name, birth date, Social Security number, and chart number of each patient. The Patient List (Standard List) includes all of the information covered by the Patient List (Chart Number Report), plus general patient information (such as, address, phone numbers, and insurance information).





Patient List (Filtered)

The Patient List (Filtered) displays a list of patients according to specified criteria, such as information from their medical alerts/problems, medications, prescriptions, demographics, and laboratory test results.

	Why: To view and sort a list of patients according to specified criteria
	When: As needed

Patient Name	Age	Chart	Problem Description	Problem Date Diagnosed
Abbott, James S	51	ABB101	Asthma	
Abbott, James S	51	ABB101	Dizziness	05/15/2018
Abbott, James S	51	ABB101	Other	04/25/2018
Crosby, Brent L	48	CRO101	Arthritis	07/09/2017
Crosby, Brent L	48	CRO101	Blood Disease	06/18/2018

How do I run the Patient List (Filtered)?

In the Office Manager, from the **Analysis** menu, click **Patient List**. For as many filters as you want to set up, under **Double click on filter below**, double-click each desired item to specify the criteria of that filter. Click the **OK** button . Click the **Next** button . In the desired categories, double-click the data fields that you want to include. Click the **Next** button . Then, click the **Run** button .

For additional details about running this report, see the "Patient List (Filtered)" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Patient – The specified patient information:

- **Allergies** – Description and/or Discovery Date.
- **Appointments** – Appt Date/Time, Next Appt Date/Time, and/or Provider.
- **Completed Procedures** – ADA Code, Amount, Clinic, Entry Date, Procedure Date, and/or Provider.
- **Continuing Care** – Due Date and/or Name.
- **ICD-9-CM** – Code, Entry Date, and/or Procedure Date.
- **Immunizations** – Administered Date/Time and/or Vaccine Abbr Desc.
- **Laboratory Test Results** – Test Date, Test Name, and/or Test Result.
- **Medical Alerts/Problems** – Date Diagnosed and/or Description.
- **Medications** – Description and/or Prescribed Date.
- **Patient Information** – Age, Birth Date, Chart, City, Clinic, Contact, County, Email, Ethnicity, Gender, Home Phone, Homeless Status, Language, Mobile Phone, OtherID, Pat ExtID, Patient Name, Poverty Level, Pref Contact, Prim Prov, Race, Religion, State, Street 1, Street 2, User Def Cat, Veteran, Work Phone, Worker Status, and/or ZIP Code.
- **Prescriptions** – Drug Name and/or Rx Date.


A patient will show in the results list according to the setup of the selected filters:

- **Age** – A patient who is older or younger than the specified age or who is between the specified ages (inclusive).
- **Allergies** – A patient who has all or any one of the specified allergies that were entered on any date, before a specified date, after a specified date, or between specified dates (inclusive).
- **Appointment Date** – A patient who has an appointment on or before a specified date, on or after a specified date, or between specified dates (inclusive).
- **Assigned Clinic** – A patient who is assigned to the specified clinic.
- **Completed Procedures** –
- **Continuing Care** – A patient who has the specified continuing care types attached to his or her records and who is due for a continuing care visit on any date, on or before a specified date, on or after a specified date, or between specified dates (inclusive).
- **Ethnicity** – A patient of the specified ethnicity.
- **Gender** – A patient of the specified gender.
- **Homeless Status** – A patient with the specified homeless status.
- **ICD-9-CM Diagnostic Codes** – A patient who has been diagnosed with all or any one of the specified diagnoses that were entered on any date, before a specified date, after a specified date, or between specified dates (inclusive).
- **Laboratory Test Results** – A patient who has lab test results that are equal to, greater than, greater than or equal to, less than, or less than or equal to the specified test result that was received on any date, before a specified date, after a specified date, or between specified dates (inclusive).
- **Language** – A patient who speaks the specified language.
- **Medical Alerts/Problems** – A patient who has all or any one of the specified medical alerts that were entered on any date, before a specified date, after a specified date, or between specified dates (inclusive).
- **Medications** – A patient who has all or any one of the specified medications that were entered on any date, before a specified date, after a specified date, or between specified dates (inclusive).
- **Poverty Level** – A patient with the specified poverty level.
- **Preferred Contact** – A patient with the specified preferred contact method.
- **Prescriptions** – A patient who has all or any one of the specified prescriptions that were entered on any date, before a specified date, after a specified date, or between specified dates (inclusive).
- **Primary Provider** – A patient with the specified primary provider.
- **Race** – A patient of the specified race.
- **Religion** – A patient of the specified religion.
- **User Defined Category** – A patient with the specified user-defined category.
- **Veteran** – A patient with the specified veteran status.
- **Worker Status** – A patient with the specified worker status.

Note: A patient may show up more than once if he or she meets the search criteria for multiple filter types (for example, medical alerts, medications, and prescriptions).

Patient Notes Report

The Patient Notes Report displays notes and alerts attached to patients.



Why: To view notes and alerts by patient
When: As needed

PATIENT NOTE REPORT						
Dentrix Dental Practice						
Date:	03/08/2018			Page:	1	
PATIENT NAME	CHART NUM	SS#	HOME PHONE	WORK PHONE	LAST VISIT	
A Abbott, Timothy PATIENT ALERT NOTES - Require Payment - Always Payment must be at time of service.	AB0003	000-00-0003	(801)555-1586	(801)555-1487	11/11/2017	
B Brown, Mary PERIO EXAM NOTES Perio Date: 03/08/2018 The patient is suffering from severe suppurration and was advised to begin treatment immediately.	BR0001	000-00-0004	(801)555-4509	(801)555-2000	07/02/2017	
C Crosby, Brent L APPOINTMENT NOTES Appointment Date: 03/08/2018 The patient has a sever tooth ache.	CR001	000-00-0005	(801)555-5969	(801)555-6600	07/02/2017	
D Davis, Harmon MEDICAL ALERTS Allergy - Aspirin	DA0007	000-00-1234	(801)555-1530	()	03/22/2018	
E Davis, Karen PATIENT NOTE - Tue - Mar 8, 2018 - Karen is divorced from Harmon Davis who is listed in her file as a non-patient to provide insurance coverage for their children. He is also set up in his own Family File.	DA0003	000-00-0007	(801)555-1530	()	01/01/2018	
F CONTINUING CARE NOTES 03/08/2018 PROPHY Come in for your cleaning and receive a free tooth whitening treatment.						
G Davis, Kelly INSURANCE CLAIM STATUS NOTES Claim Date: 03/08/2018 The claim was lost somewhere between our office and the insurance carrier. We are consequently re-sending it.- Tue - Mar 8, 2011 - GW	DA0004	000-00-0123	(801)555-1530	()	03/08/2018	
H Davis, Lyle PAYMENT PLAN NOTES Provider DDS1: Since the first payment was set on the weekend. we agreed to push it back to the following Monday.	DA0005	000-00-0234	(801)555-1530	()	03/22/2018	
I Edwards, John GUARANTOR NOTE - Edwards, John John has been out of work for several weeks - Tue - Mar 8, 2018 - GW	ED0002	000-00-9876	(801)555-7101	()	01/01/2018	
J GUARANTOR STATEMENT NOTE - Edwards, John; Print Until 04/08/2018 We appreciate your prompt payment.						

How do I run the Patient Notes Report?

From the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Patient Notes Report**. For step-by-step instructions on how to run this report, see the "Patient Notes Report" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

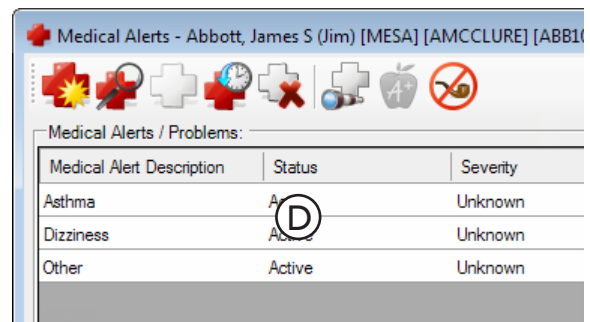
A. Patient Alert Notes – The patient alerts assigned to a patient. Patient alerts are found in the **Patient Alerts** dialog box, which can be accessed by selecting a patient in the Family File and then clicking the Patient Alerts button.

Start Date	End Date	Description
(Always)	(Always)	Extra time
05/16/2013	05/16/2014	Payment req'd

B. Perio Exam Notes – The notes attached to a patient's perio exam. Perio exam notes are found in the **Perio Clinical Notes** dialog box, which can be accessed by selecting an exam and then clicking **Diagnostics** on the Perio Chart menu bar.

C. Appointment Notes – The notes attached to a patient's appointment. Appointment notes are found in the **Appointment Information** dialog box, which can be accessed by double-clicking an appointment in the Appointment Book.

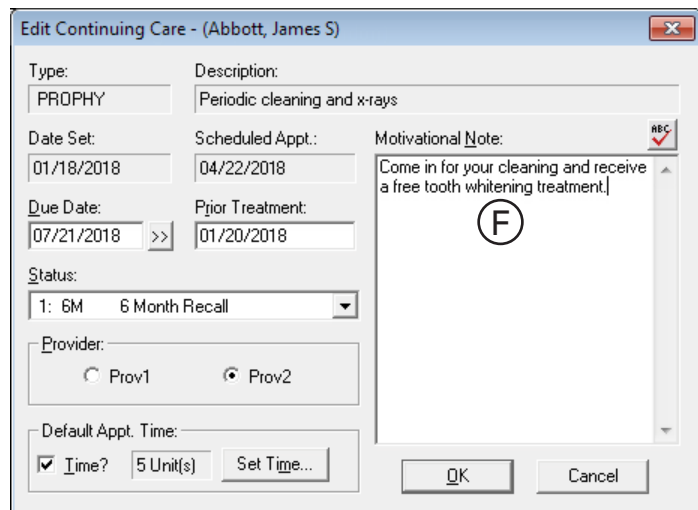
D. Medical Alerts – The medical alerts/problems, medications/prescriptions, and allergies that are attached to a patient. Medical alerts are found in the **Medical Alerts** dialog box, which can be accessed by selecting a patient in the Family File and then double-clicking the Medical Alerts block.



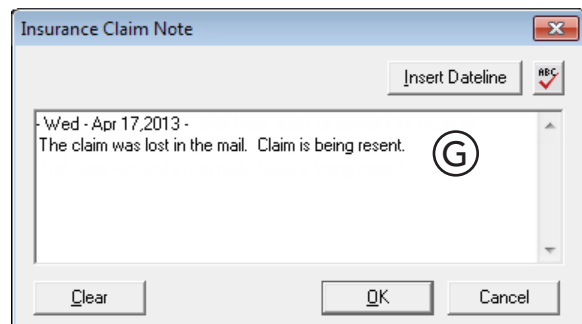
E. Patient Notes – The notes attached to a patient. Patient notes are found in the **Patient Note** dialog box, which can be accessed by selecting a patient in the Family File and then double-clicking the Patient Notes block.



F. Continuing Care Notes – The notes attached to a patient's continuing care type. Continuing care notes are found in the **Edit Continuing Care** dialog box, which can be accessed by selecting a patient in the Family File, double-clicking the Continuing Care block, and then double-clicking a continuing care type.



G. Insurance Claim Notes – The notes attached to an insurance claim. Insurance claim notes are found in the **Insurance Claim Notes** dialog box, which can be accessed by clicking the **Note** menu option in the insurance claim window.



H. Payment Plan Notes – Payment plan notes do not display notes attached to payment

agreements. Rather, they display notes attached to future payment due payment plans. Payment plan notes are found in the **Payment Plan** dialog box.

To access this dialog box, from the **Transaction** menu in the Ledger, click **Process Future Due Payment Plan**. Select a future due payment plan, and click **OK**.



- I. **Guarantor Note** – The notes attached to a guarantor. Guarantor notes are found in the **Guarantor Notes** dialog box, which can be accessed by selecting a patient in the Ledger and clicking the **Guarantor Notes** button.

J. Guarantor Statement Note –

The notes attached to guarantor statements. Guarantor statement notes are found in the **Guarantor Notes** dialog box, which can be accessed by selecting a patient in the Ledger and clicking the Guarantor Notes button.

Patient Proposed Treatment Case Report (Your Care Plan)

The Patient Proposed Treatment Case Report displays only treatment plan cases with “Proposed” statuses. This report is patient-specific (can be generated for one patient at a time). The report lists the patient’s proposed treatment plan cases and financial data regarding those cases.

	Why: To generate a list of proposed treatment plan cases along with cost information to give to a patient
	When: As needed

Your Care Plan

Patient: Brent Crosby	(A)	Date: 2/1/2018	
Phone:		Chart #: CR93	
Provider: Dennis Smith		SS #: 111-11-1111	
Office:		Birthdate: 11/11/1970	

Treatment Required	TX Case		Total TX Case Amount	Estimated Patient Portion	Estimated Insurance Portion
1	Eval	(B)	155.00	0.00	155.00
2	Restore		190.00	38.00	152.00
Total :			345.00	38.00	307.00

(C)

How do I run the Patient Proposed Treatment Case Report (Your Care Plan)?

In the Treatment Planner module, from the **File** menu, point to **Print**, and then click **Patient Proposed Tx Case Report**. For additional details about running this report, see the "Patient Proposed Treatment Case Report" topic in the Treatment Planner portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Information** – The patient's name, chart number, Social Security Number, birth date, and primary provider (from the Family File).
- B. Treatment Case Details** – The name of each proposed treatment plan case and a subtotal of the fees, estimated patient portions, and estimated insurance portions for all treatment in each case.
- C. Totals** – The total fee, estimated patient portion, and estimated insurance portion for all treatment in all proposed treatment plan cases.

Patient Questionnaire

You can print a hard copy of the patient questionnaire, which contains the patient's personal, referral, guarantor/spouse, employment, and insurance information along with any custom questions (for example, questions regarding medical or dental history).



Why: To provide the patient with a printout from which he or she can review personal and insurance information and medical and dental history

When: At patient check-in

A Patient Information		Chart#: <u>ABB101</u> <small>FOR OFFICE USE ONLY</small>
Patient Name: <u>Abbott, James S</u> <u>Jim</u> Date: <u>03/08/2018</u>		
Gender(M/F): <u>M</u> Marital Status: <u>Married</u> Birth Date: <u>11/11/1982</u> Social Security #: <u>000-00-0041</u>		
Driver's License #: _____ E-Mail Address: _____		
Address: <u>1234 S Oak,</u>		
<u>Murray</u> <u>UT</u>		Apartment # <u>84123</u>
Phone #'s: Home <u>555-1586</u> Work _____ Ext _____ Best time to call: _____		
FAX _____ Pager _____ Other _____		
Referral Information		
Name of person, office or other source referring you to our practice: <u>Crosby, Brent L</u>		
Spouse or Responsible Party Information		
Name: <u>Abbott, James S</u> <u>Jim</u> Date: <u>03/08/2018</u>		
Gender(M/F): <u>M</u> Marital Status: <u>Married</u> Birth Date: <u>11/11/1982</u> Social Security #: <u>000-00-0041</u>		
Driver's License #: _____ E-Mail Address: _____		
Address: <u>1234 S Oak,</u>		
<u>Murray</u> <u>UT</u>		Apartment # <u>84123</u>
Phone #'s: Home <u>555-1586</u> Work _____ Ext _____ Best time to call: _____		
FAX _____ Pager _____ Other _____		
Employment Information		
The following is for: <input checked="" type="checkbox"/> the patient <input type="checkbox"/> the person responsible for payment		
Employer Name: <u>Acme Bank</u>		
Address: <u>123 Hill Dr</u> <u>Provo</u> <u>UT</u> <u>84604</u> <u>555-4701</u>		
Insurance Information		
Primary		
Name of Insured: <u>Abbott, James S</u>		
Insured's Birth Date: <u>11/11/1982</u> ID #: <u>000-00-0000</u> Group #: <u>16023</u>		
Insured's Address: <u>1234 S Oak</u> <u>Murray</u> <u>UT</u> <u>84123</u>		State Zip Code
Insured's Employer Name: <u>Acme Bank</u>		
Address: <u>123 Hill Dr</u> <u>Provo</u> <u>UT</u> <u>84604</u>		
Patient's relationship to insured: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		
Insurance Plan Name and Address: <u>Allied Group Insurance Trust, P.O. Box 29109,</u>		
<u>St. Louis, MO, 63126</u>		
Secondary		
Name of Insured: <u>Abbott, Timothy</u>		
Insured's Birth Date: <u>11/11/1984</u> ID #: _____ Group #: <u>321863</u>		
Insured's Address: <u>1234 S Oak</u> <u>Murray</u> <u>UT</u> <u>84123</u>		State Zip Code
Insured's Employer Name: _____		
Address: _____		
Patient's relationship to insured: <input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		
Insurance Plan Name and Address: <u>Aetna Life and Casualty, P.O. Box 12345,</u>		
<u>Fort Wayne, IN, 46801</u>		

A Patient Information	
Patient: Abbott, James S	Date: 03/08/2018
Birth Date: 11/11/1982	Chart#: ABB101
Provider: DDS9	SS#: 000-00-0041
Phone: 555-1586	
Address: 1234 S Oak	
Murray, UT 84123	
B Patient Questionnaire	
Date of Questionnaire	<i>03/08/2018</i>
Do you have any medical conditions that we should be aware of?	<i>No</i>
If yes, please explain: _____	
Have you ever had any complications following dental treatment?	<i>No</i>
If yes, please explain: _____	

How do I run the Patient Questionnaire?

1. From any module (except the Office Manager), click the Patient Questionnaire button to open the Patient Questionnaire History window.
2. Select an existing questionnaire, and click **View** or **Edit**. Or, select a questionnaire type from the list, and click **New**.
3. To print the full questionnaire (all the patient information and custom questions), click **Print**. To print just the custom questions, click **Print Questions**. The responses to the questions will print if you are viewing or editing an existing questionnaire; new questionnaires don't have any responses, yet.

For more detailed instructions on printing a patient questionnaire, see the "Printing questionnaires" topic in the Other Features portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?



A. Patient Information

- **Full Questionnaire** – The patient's personal, referral, guarantor/spouse, employment, and insurance information stored in the Family File.
- **Questions Only** – The patient's name, birth date, chart number, and Social Security number stored in the Family File.

B. Questions – Questions regarding medical/dental history and/or other custom questions, and the patient's responses (if any).

Patient Route Slip

The Patient Route Slip report allows you to print route slips for each appointment scheduled on a selected date or date range.

	Why: To review patient details prior to an appointment, and to communicate work between the back office and front office
	When: Daily, and as needed

Tuesday - March 8, 2018 at 9:50am **PATIENT ROUTE SLIP** For Mr. Brent L Crosby

A PATIENT INFORMATION

PATIENT NAME: <input checked="" type="checkbox"/> PATIENT CLAIMS PENDING Mr. Brent L Crosby 123 E Everberry Ln Eastside, NV 11111 HOME: (801)555-5969 WORK: (801)555-6600 EMPLOYER: Allied Plumbing SOC SEC NUMBER: 000-00-0005 CHART NUMBER: CR001 MEDICAL ALERTS:	PRIMARY PROVIDER: DDS1 SECONDARY PROVIDER: FIRST VISIT DATE: 04/14/2015 YEARS AS A PATIENT: 5 LAST VISIT DATE: 07/02/2017 CCDATES: 01/03/2018 BITEWINGS LAST PROPHYLAXIS: 07/02/2017 01/03/2018 PROPHY MISSED APPT NUM: 0 LAST MISSED APPT: LAST REFERRED BY: LAST REFERRED TO: # REFERRALS: 0 LAST REFERRAL: LAST GRATUITY:
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Patient Notes:

B ACCOUNT INFORMATION

GUARANTOR NAME: <input checked="" type="checkbox"/> FAMILY CLAIMS PENDING Mr. Brent L Crosby 123 E Everberry Ln Eastside, NV 11111 HOME: (801)555-5969 WORK: (801)555-6600 EMPLOYER: Allied Plumbing SOC SEC NUMBER: 000-00-0005 BILLING TYPE: 1 LAST STATEMENT: LAST PAYMENT: NA LAST PMT AMT: 0.00 NEXT PAYMENT: NA PAYMENT DUE: NA	PRIMARY CARRIER: Ameritas SUBSCRIBER: Brent L Crosby (Self) EMPLOYER: Allied Plumbing GROUP NUMBER: 11220 MAXIMUM BENEFITS: 2000.00 BENEFITS USED: 1340.00 Jan BENEFITS REMAINING: 660.00 DED OWED S/P/O: PAT-50/50/0, FAM-0/0/0 <table border="1" style="width: 100%; font-size: small;"> <tr> <td>PREV: 100%</td> <td>BASIC: 80%</td> <td>MAJOR: 50%</td> <td>ORTHO: 50%</td> </tr> </table> SECONDARY CARRIER: Connecticut General SUBSCRIBER: Shirley H Crosby (Spouse) EMPLOYER: GROUP NUMBER: 65001 MAXIMUM BENEFITS: 2000.00 BENEFITS USED: 0.00 Jan BENEFITS REMAINING: 2000.00 DED OWED S/P/O: PAT-0/25/0, FAM-0/0/0 <table border="1" style="width: 100%; font-size: small;"> <tr> <td>PREV: 100%</td> <td>BASIC: 80%</td> <td>MAJOR: 50%</td> <td>ORTHO: 50%</td> </tr> </table>	PREV: 100%	BASIC: 80%	MAJOR: 50%	ORTHO: 50%	PREV: 100%	BASIC: 80%	MAJOR: 50%	ORTHO: 50%
PREV: 100%	BASIC: 80%	MAJOR: 50%	ORTHO: 50%						
PREV: 100%	BASIC: 80%	MAJOR: 50%	ORTHO: 50%						

C INSURANCE INFORMATION

00==>30	31==>60	61==>90	91==>99	91==>99	INS EST	INS CRED	BALANCE
100.00	0.0000	0.0000	0.00	0.00	0.0045	0.0000	1300.00

NAME (2 of 2)	POSITION	GEN	BIRTHDAY	AGE	LAST VISIT	LAST PROPHY	CCDATE	NEXT APPT	TP
*Mr. Brent L Crosby	Married	M	11/11/1967	43	07/02/2017	07/12/2018	01/03/2018(+)	04/04/2018(+)	S
Mrs. Shirley H Crosby	Married	F	11/11/1969	41	01/01/2018	01/16/2018	01/07/2019 (+)		N

E APPOINTMENT INFORMATION

APPT DATE: 04/10/2019	TIME: 10:00	SCHEDULED TIME: 40 Minutes	APPT AMOUNT: 2913.00
OPERATORY: DEF_OP1	PROVIDER: AROSE	APPT STATUS:	

NOTES:

DATE	ORDER	TOOTH	CODE	PROCEDURE	AMOUNT
04/10/2019			D0240	Intraoral-occlusal film	2515.00
04/10/2019			D0290	Skull & facial bone survey film	84.00
04/10/2019			D0320	TMJ arthrogram, incl injection	253.00
04/10/2019			D0330	Panoramic film	61.00
04/11/2019			D0320	TMJ arthrogram, incl injection	253.00

TOTAL: 3166.00

DATE	TIME	PROVIDER	REASON
04/11/2019	10:00am	AROSE	TMJarthro

F

How do I run the Patient Route Slip?

1. In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Daily Appointment List**.
2. Ensure the **Patient Route Slips** option is selected.
3. Click **OK**.

OR

From the Appointment Book, right-click an appointment, and select **Print Route Slip**.

For step-by-step instructions on how to run this report, see the "Daily Appointment List" and "Route slip" topics in the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Information** – The patient's contact information, employer, preferred provider(s), number of years as a patient, number of missed appointments, and referral information.

If a certain clinic setting is enabled, this section also includes the patient's financial information: aged balances, estimated insurance portion, suspended credits, balance, and estimated patient portion (Balance + Appt Amount – Ins Est). The estimated insurance portion is the insurance estimate for the procedures attached to the appointment for which the route slip is generated. However, if the clinic setting is not enabled, the financial information does not appear.


PATIENT INFORMATION							
PATIENT NAME: Mr. Brent L Crosby 123 E Everberry Ln Eastside, NV 11111		<input checked="" type="checkbox"/> PATIENT CLAIMS PENDING					
HOME: (801)555-5969		WORK: (801)555-6600					
EMPLOYER: Allied Plumbing							
SOC SEC NUMBER: 000-00-0005				CHART NUMBER: CR001			
MEDICAL ALERTS:							
0==>30	31==>60	61==>90	91==>	INS EST	SUS CRED	BALANCE	EST PAT PORTION
100.00	0.00	0.00	0.00	1500.00	0.00	100.00	1513.00

- B. Account Information** – The guarantor's information and the financial information for the account: aged balances, estimated insurance portion, suspended credits, and balance.

If a certain clinic setting is enabled, this section also includes the estimated guarantor portion (Balance + Appt Amount – Ins Est). The estimated insurance portion includes the insurance estimate for other family members' completed procedures (whether or not they are attached to a claim) and includes the insurance estimate for the procedures attached to the appointment for which the route slip is generated. However, if the clinic setting is not enabled, the estimated guarantor portion does not appear, and the estimated insurance portion is the insurance estimate for the patient's and the other family members' completed procedures.

ACCOUNT INFORMATION							
GUARANTOR NAME: Mr. Brent L Crosby 123 E Everberry Ln Eastside, NV 11111		<input checked="" type="checkbox"/> FAMILY CLAIMS PENDING					
HOME: (801)555-5969		WORK: (801)555-6600					
EMPLOYER: Allied Plumbing							
SOC SEC NUMBER: 000-00-0005				LAST STATEMENT:			
BILLING TYPE: 1				LAST PMT AMT:		0	
LAST PAYMENT:				PAYMENT DUE: NA			
NEXT PAYMENT: NA				EST GUAR PORTION: 1513.00			
0==>30	31==>60	61==>90	91==>	INS EST	SUS CRED	BALANCE	
100.00	0.00	0.00	0.00	1500.00	0.00	100.00	

- C. Insurance Information** – The patient's primary and secondary insurance information.
- D. Continuing Care** – The patient's continuing care due date and next appointment date.
- E. Appointment Information** – The procedures to be completed during the current appointment.
- F. Future Appointments** – The dates and times of the patient's future appointments.

Dental Insurance Benefits		Patient	
		Primary	Secondary
Annual Plan Benefits		1,500.00	2,000.00
Paid Benefits YTD		0.00	0.00
Pending Insurance Cost		0.00	0.00
Est. Benefits Remaining YTD		1,500.00	2,000.00
Benefits Expire		12/31/2018	12/31/2018
Deductible Owed YTD	Standard	50.00	25.00
	Preventive	0.00	0.00
	Other	0.00	0.00
Primary Dental Insurance	Allied Group Insurance Trust		
Secondary Dental Insurance	Aetna Life and Casualty		

How do I run the Patient Treatment Case Report?

1. In the Treatment Planner, select the appropriate patient.
2. From the **File** menu, point to **Print**, and then click **Patient Treatment Case Report**.

For additional details about running this report, see the “Printing the Patient Treatment Case Report” topic in the Treatment Planner portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Treatment** – The treatment-planned procedures are grouped by visit. A subtotal of fees, patient portions, and insurance estimates for each visit are given.
- B. Case Totals** – The total fees, patient portions, and insurance estimates totals for all visits in the case.
- C. Other Totals** – The treatment plan total, estimated insurance portion, deductible to be applied, estimated patient portion, and patient and family account balances.
- D. Insurance Benefits** – Details of the current insurance plan maximums and deductibles for the patient are shown.

Patient's Ledger Report

The Patient's Ledger Report displays all transactions posted to the Ledger for an individual patient. Depending on report settings, the total family balance, individual family balances, and guarantor payments and adjustments also appear on this report.

\$	<p>Why: To provide a patient with a record of his or her transactions</p> <p>When: As needed</p>
-----------	----------------------------------------------------------------------------------------------------------------

PATIENT'S LEDGER REPORT						
The Dentist Group					Page:	1
Date: 04/23/2018						
Patient Name: James S Abbott 123 S Oak St Murray, UT 84123				Chart Number: ABB101 Billing Type: 2		
DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
03/23/2018		Balance Forward		6407.84		6407.84
04/22/2018	5	P ost/core + brdg retainer, fabr	James	230.00		6637.84
04/22/2018		Prophylaxis-adult	James	0.00		6637.84
04/22/2018		Periodic oral evaluation	James	0.00		6637.84
04/22/2018		Bitewings-four films	James	0.00		6637.84
04/22/2018		Panoramic film	James	0.00		6637.84
04/22/2018		Professional Discount	<Family>		-10.00	6627.84
04/22/2018		Check Payment - Thank You	<Family>		-125.00	6502.84
04/23/2018	6	E xtraction-single tooth	James	71.00		6573.84
TOTAL PATIENT BALANCE AS OF 04/23/2018:						6573.84

A

B

C

How do I run the Patient's Ledger Report?

In the Office Manager, from the **Reports** menu, point to **Ledger**, and then click **Patient's Ledger Report**. For additional details about running this report, see the "Patient's Ledger Report" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Details** – The patient's name, street address, chart number, and billing type.
- B. Patient History** – All transactions posted to the patient's Ledger during the date range of the report.
- C. Total Patient Balance** – The patient's current balance.

Payment Agreement Amortization Schedule

The Payment Agreement Amortization schedule displays an amortization schedule for a patient's payment agreement. You might want to print this report and provide it to patients at the time a payment agreement is created.



Why: To provide patients with an amortization schedule
When: After creating a payment agreement, and as needed

PAYMENT AGREEMENT AMORTIZATION					
The Allied Dentist Group					
Date:	05/15/2018	Page:	1		
Guarantor Name:	Abbott, Patricia	Chart Number:	ABB102		
		Payment Interval:	Monthly		
#	DATE DUE	AGREED PAYMENT AMOUNT	INTEREST 12 % Annual f / 12 = f	PRINCIPAL	BALANCE
1	04/30/2018	1000.00	59.56	940.44	015.60
2	05/30/2018	1000.00	50.16	949.84	5,4065.76
3	06/30/2018	1000.00	40.66	959.34	3106.42
4	07/30/2018	1000.00	31.06	968.94	2137.48
5	08/30/2018	1000.00	21.37	978.63	1158.85
6	09/30/2018	1000.00	11.59	988.41	170.44
TOTALS		6000.00	214.40	5785.60	



How do I run the Payment Agreement Amortization Schedule?

1. From the Ledger, click the Payment Agreement button to open the **Billing/Payment Agreement Information** dialog box.
2. Click **Print** to open the **Print for Payment Agreement** dialog box.
3. Select **Amortization of Payments and Finance Charges**.
4. Click **Print** or **Send to Batch**.

For additional details about running this report, see the “Printing payment agreement documents” topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Payment Details** – The payment due date, amount, interest to be applied, amount to be applied to principal, and balance of the financed amount.
- B. Totals** – The total amount paid by the end of the finance period, interest to be paid, and principal to be paid.

Payment Agreement Report

The Payment Agreement Report lists the payment agreements that have not been completed.

\$

Why: To ensure the practice follows up with guarantors that fail to make payments, to identify and assist guarantors prone to default on the agreement, and to reduce the amount of bad debt the practice writes off

When: As frequently as your patients are required to make payments

PAYMENT AGREEMENT REPORT									
For Provider(s): <ALL> - <ALL>									
Date: 04/23/2018					Page: 1				
GUARANTOR NAME	PHONE#	PA DATE	BAL FOR PA	AGREE AMT	NEXT PMT DATE	LAST PMT DATE			
BT/PROV	FC%/GRACE	1st PMT	BAL REMAIN	TOT.# PMTS	NEXT AMT DUE	LAST PMT AMT			
LAST LATE CHARGE DATE/AMOUNT	PA INTERVAL	ACCT BAL	REM.# PMTS	AMT PAST DUE	# PMTS MISSED				
Reeves, Joshua	(919)555-1978	04/23/2018	7800.00	1000.00	05/01/2018				
1/DDS2	12.000/0	05/01/2018	7800.00	9	1000.00	0.00			
	none	monthly	0.00	9	0.00	0			
Jeff has paid once a month and will begin payments 13 days from the date of this payment agreement to coincide with his monthly pay check.									
Taylor, Mark L	(919)555-1045	04/23/2018	180.00	20.00	04/30/2018				
1/DDS2	12.000/0	04/30/2018	180.00	10	20.00	0.00			
	none	monthly	180.00	10	0.00	0			

TOTAL # OF PAYMENT AGREEMENTS:	2
TOTAL BALANCES REMAINING:	7980.00
TOTAL ACCOUNT BALANCES:	180.00
TOTAL AGREED PAYMENT AMOUNTS:	1020.00
TOTAL AMOUNTS PAST DUE:	0.00
TOTAL AMOUNTS DUE:	1020.00

A

B

C

GUARANTOR NAME	PHONE#	PA DATE	BAL FOR PA	AGREE AMT	NEXT PMT DATE	LAST PMT DATE			
BT/PROV	FC%/GRACE	1st PMT	BAL REMAIN	TOT.# PMTS	NEXT AMT DUE	LAST PMT AMT			
LAST LATE CHARGE DATE/AMOUNT	PA INTERVAL	ACCT BAL	REM.# PMTS	AMT PAST DUE	# PMTS MISSED				
Reeves, Joshua	(919)555-1978	04/23/2018	7800.00	1000.00	05/01/2018				
1/DDS2	12.000/0	05/01/2018	7800.00	9	1000.00	0.00			
	none	monthly	0.00	9	0.00	0			
Jeff has paid once a month and will begin payments 13 days from the date of this payment agreement to coincide with his monthly pay check.									

D

How do I run the Payment Agreement Report?

In the Office Manager, from the **Reports** menu, point to **Ledger**, and then click **Payment Agreement Report**. For additional details about running this report, see the "Payment Agreement Report" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Original Agreement Details – In addition to the name and phone number of the guarantor, the following information is included:

- **PA Date** – The date of the payment agreement.
- **Bal For PA** – The original balance of the payment agreement.
- **Agree Amt** – The monthly payment amount.

B. Future Transactions

- **Next Pmt Date** – The next payment due date.
- **Next Amt Due** – The next payment amount.


C. Current Status:

- **Last Pmt Date** – The guarantor's last payment date.
- **Last Pmt Amt** – The amount of the guarantor's last payment.
- **Rem # Pmts** – The number of payments remaining.
- **Bal Remain** – The remaining balance of the payment agreement.
- **Acct Bal** – The guarantor's current account balance.

D. PA Notes – If you check **Print Last PA Note** when setting options for the report, the last payment agreement note prints on the report.

Payment Summary Report

The Payment Summary Report displays totals by payment type.

	<p>Why: To verify bank and credit processing statements, to compare collection agencies, and to view payment totals by payment types</p> <p>When: As needed</p>
-----------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Payment Summary				
05/01/2018 - 05/05/2018 Procedure Date Clinics: <ALL> Providers: <ALL> Billing Type: <ALL> Payment Types: <ALL>				
Report Date: 05/05/2018	Report Generated By: enterprise			Page 1 of 1
Description	Quantity	Total	Average	Percent
Cash Payment - Thank You	3	-140.00	-46.67	25.93%
Check Payment - Thank You	4	-200.00	-50.00	37.04%
Credit Card Payment -Thank You	2	-23.96	-11.98	4.44%
Dental Insurance - Primary				
Grand Totals	A	B	C	D
E	13	-539.96	-41.54	

How do I run the Payment Summary Report?

From the DXOne Reporting module, select **Analysis**, and then double-click **Payment Summary**. For additional details about running this report, see the "Payment Summary Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Quantity** – The number of payments received.
- B. Total** – The total dollar amount of payments received.
- C. Average** – The average payment amount (Total / Quantity).
- D. Percent** – The payment total compared to all payments (Total / Total Of All Payments). The percent column assists you in comparing the most popular payment types. The higher the percentage, the more revenue was brought in by the payment type.
- E. Grand Totals** – The Grand Totals section includes the quantity, total, and average for all the payments on the report.

Perio - Combined Graphic & Data Chart Report

The Perio - Combined Graphic & Data Chart Report is a data chart and graphical representation of all periodontal data collected during a perio examination.

Why: To provide a patient with the results of his/her perio exam

When: After completing a perio exam, and as needed

Perio Examination

Patient: James S. Abbott
Birthdate: 11/11/1960
Provider: Dennis D. Smith D.D.S.
Phone: (801)555-9300
Office: 123 E. Valley Drive # 500
 American Fork, UT 84003

Date: 05/15/2018
SS#: 000-00-0000

Chart #: ABB101

	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD		
PD		111	414	112	222		323	332	323		333	322		213	111		PD
GM																	GM
CAL		111	414	112	222		323	332	323		333	322		213	111		CAL
MG																	MG

	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD		
PD		132	133	231	321		323	333	432		432	132		431	232		PD
GM																	GM
CAL		132	133	231	321		323	333	432		432	132		431	232		CAL
MG																	MG

RIGHT **LEFT**

	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD		
PD		113	212	212	333	321	432	132	223	143	321	443	232	132	113		PD
GM																	GM
CAL		113	212	212	333	321	432	132	223	143	321	443	232	132	113		CAL
MG																	MG

	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD		
PD		341	312	323	412	132	322	234	123	223	123	231	231	212	312		PD
GM																	GM
CAL		341	312	323	412	132	322	234	123	223	123	231	231	212	312		CAL
MG																	MG

D = Distal GM = Gingival Margin CAL = Clinical Attachment Level MG = Mucogingival Junction
 C = Central ● Bleeding ● Suppuration ● Bleeding and Suppuration © Dentrix 1990 - 2018
 M = Mesial Furcation: F1 ∨ F2 ∇ F3 ▼ F4 ▽ Mobility: 1 2 3 4 PD = Prb Depth

Dentrix Enterprise 11.0 Reports Reference

How do I run the Perio - Combined Graphic & Data Chart Report?

From the Perio Chart, from the **File** menu, click **Print**. For additional details about running this report, see the "Printing Perio Chart reports" topic in the Perio Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Note: This report prints in a landscape format.

What important information does this report provide?


This report contains the following perio exam results:

- Probing Depth
- Bleeding/Suppuration
- Gingival Margin
- Clinical Attachment Level
- Mucogingival Junction
- Plaque/Mobility/Bone Loss
- Furcation Grade
- Maxillary/Mandibular Tooth Codes

Note: A legend is provided below the chart.

Perio - Data Chart Report

The Perio - Data Chart Report is a table of all periodontal data collected during a periodontal examination.



Why: To provide a patient with the results of his/her periodontal exam

When: After completing a periodontal exam, and as needed

The Allied Dentist Group 123 East Valley Dr American Fork, UT 84003 (801)555-9300																
Patient: James S. Abbott										Report Date: 05/15/2018						
Exam by: Dennis D. Smith D.D.S.										Exam Date: 05/15/2018						
MAXILLARY TOOTH NUMBER:																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	DCM	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD
Probing Depth	- Facial	1 1 1	4 1 4	1 1 2	2 2 2	-	3 2 3	3 3 2	3 2 3	-	3 3 3	3 2 2	-	2 1 3	1 1 1	-
	- Lingual	1 3 2	1 3 3	2 3 1	3 2 1	-	3 2 3	3 3 3	4 3 2	-	4 3 2	1 3 2	-	4 3 1	2 3 2	-
Bleeding/Suppuration	- Facial	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	- Lingual	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gingival Margin	- Facial	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	- Lingual	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Clinical Attachment Level	- Facial	1 1 1	4 1 4	1 1 2	2 2 2	-	3 2 3	3 3 2	3 2 3	-	3 3 3	3 2 2	-	2 1 3	1 1 1	-
	- Lingual	1 3 2	1 3 3	2 3 1	3 2 1	-	3 2 3	3 3 3	4 3 2	-	4 3 2	1 3 2	-	4 3 1	2 3 2	-
Mucogingival Junction	- Facial	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	- Lingual	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Plaque/Mobility/Bone Loss	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Furcation Grade	- Buccal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	- Lingual	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Maxillary Tooth Codes	M				C	M	C			M			M			M
MANDIBULAR TOOTH NUMBER:																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
	DCM	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD
Probing Depth	- Facial	3 4 1	3 1 2	3 2 3	4 1 2	1 3 2	3 2 2	2 3 4	1 2 3	2 2 3	1 2 3	2 3 1	2 3 1	2 1 2	3 1 2	-
	- Lingual	1 1 3	2 1 2	2 1 2	3 3 3	3 2 1	4 3 2	1 3 2	2 2 3	1 4 3	3 2 1	4 4 3	2 3 2	1 3 2	1 1 3	-
Bleeding/Suppuration	- Facial	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	- Lingual	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gingival Margin	- Facial	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	- Lingual	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Clinical Attachment Level	- Facial	3 4 1	3 1 2	3 2 3	4 1 2	1 3 2	3 2 2	2 3 4	1 2 3	2 2 3	1 2 3	2 3 1	2 3 1	2 1 2	3 1 2	-
	- Lingual	1 1 3	2 1 2	2 1 2	3 3 3	3 2 1	4 3 2	1 3 2	2 2 3	1 4 3	3 2 1	4 4 3	2 3 2	1 3 2	1 1 3	-
Mucogingival Junction	- Facial	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	- Lingual	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Plaque/Mobility/Bone Loss	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Furcation Grade	- Buccal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	- Lingual	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mandibular Tooth Codes	M															M

LEGEND				
TOOTH CODES	GINGIVA PROBING CODES	PLAQUE	BONE LOSS	OTHER CODES
M Missing	0 to 9 mm below the CEJ	1 - Light	1 - Mild	B Bleeding
U Unerupted	> >9 mm below the CEJ	2 - Moderate	2 - Moderate	S Suppuration
P Pontic	A 1 mm above the CEJ	3 - Heavy	3 - Severe	* Bleeding & Suppuration
I Implant	B 2 mm above the CEJ			> Greater than 9 mm
C Crown	C 3 mm above the CEJ			
IC Implant+Crown	D 4 mm above the CEJ			
ID Impacted Distal	E >4 mm above the CEJ			
IM Impacted Mesial				

How do I run the Perio - Data Chart Report?

From the Perio Chart, from the **File** menu, click **Print**. For additional details about running this report, see the "Printing Perio Chart reports" topic in the Perio Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Note: This report prints in a landscape format.

What important information does this report provide?


This report contains the following perio exam results:

- Probing Depth
- Bleeding/Suppuration
- Gingival Margin
- Clinical Attachment Level
- Mucogingival Junction
- Plaque/Mobility/Bone Loss
- Furcation Grade
- Maxillary/Mandibular Tooth Codes

Note: A legend is provided below the chart.

Perio - Exam Comparison Report

The Perio - Exam Comparison Report compares the results of two or more periodontal examinations using data and graphical charts (depending on the data being compared).



Why: To provide the patient with the results of a periodontal examination

When: After completing a periodontal exam, and as needed

The Allied Dentist Group
123 East Valley Dr
American Fork, UT 84003
(801)555-9300

Patient: James S. Abbott Report Date: 05/15/2018

Probing Depth Comparison

MAXILLARY TOOTH #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																								
	DCM	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD																								
Facial 12/15/2017	5	4	5	6	1	1	1	8	8	8	1	8	9	1	2	1	6	5	1	3	2	1	6	1	6	5	1	1	5	6	1	3	1	6	3	5	1	M		
Change																																								
05/15/2018	M	1	1	1	4	1	4	1	1	2	2	2	M	3	2	3	3	3	2	3	2	3	M	3	3	3	3	2	2	M	2	1	3	1	1	1	M			
Lingual 12/15/2007	3	3	6	1	5	1	1	1	1	2	5	6	1	3	4	5	6	1	2	3	1	5	3	4	6	5	1	3	5	1	1	5	1	5	3	1	3	1	5	M
Change																																								
05/15/2018	M	1	3	2	1	3	3	2	3	1	3	2	1	M	3	2	3	3	3	3	4	3	2	M	4	3	2	1	3	2	M	4	3	1	2	3	2	M		

MANDIBULAR TOOTH #	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																																
	DCM	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD																																
Facial 12/15/2017	3	1	1	5	1	5	1	1	5	1	6	3	1	5	6	1	5	6	1	6	1	6	1	3	2	1	3	1	3	1	6	5	4	6	5	1	3	1	6	5								
Change																																																
05/15/2018	M	3	4	1	3	1	2	3	2	3	4	1	2	3	2	2	3	4	1	2	3	2	2	3	1	2	3	2	3	1	2	3	1	2	1	2	3	1	2	M								
Lingual 12/15/2017	4	4	4	4	5	1	4	5	1	4	5	1	1	4	4	4	5	1	2	1	5	6	6	3	5	5	6	2	2	1	1	5	1	2	1	2	4	4	5	3	1	2	3	1	6	5	6	4
Change																																																
05/15/2018	M	1	1	3	2	1	2	2	1	2	3	3	3	3	2	1	4	3	2	1	3	2	2	2	3	1	4	3	3	2	1	4	4	3	2	3	2	1	3	2	1	1	3	M				

LEGEND

TOOTH CODES	GINGIVAL MARGIN (GM) PROBING CODES	CHANGE SYMBOLS
M Missing	0 to 9 mm below the CEJ	↓ >1mm and 2mm worse
U Unerupted	> >9 mm below the CEJ	↘ >2mm worse
P Pontic	A 1 mm above the CEJ	↗ >1mm and 2mm better
I Implant	B 2 mm above the CEJ	↖ >2mm better
C Crown	C 3 mm above the CEJ	
IC Implant+Crown	D 4 mm above the CEJ	
ID Impacted Distal	E >4 mm above the CEJ	
IM Impacted Mesial		

How do I run the Perio - Exam Comparison Report?

From the Perio Chart, from the **File** menu, click **Print**. For additional details about running this report, see the "Printing Perio Chart reports" topic in the Perio Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Note: This report prints in a landscape format.

What important information does this report provide?

Printing a comparison of exams is only possible if you are viewing a comparison. To indicate the exams you want to compare, from the **Options** menu in the Perio Chart, click **Exam Comparison**. This report displays the following changes since the previous perio exam:

- Probing Depths are presented in a data chart.
- Gingival Margins are presented in a data or graphical chart.
- Clinical Attachment Levels are presented in a data or graphical chart.
- Mobility is presented in a data chart.
- Furcation Involvement is presented in a data chart.

Note: A legend is provided below the chart.

Perio - Graphic Chart Report

The Perio - Graphic Chart Report is a graphical representation of all periodontal data collected during a periodontal examination.

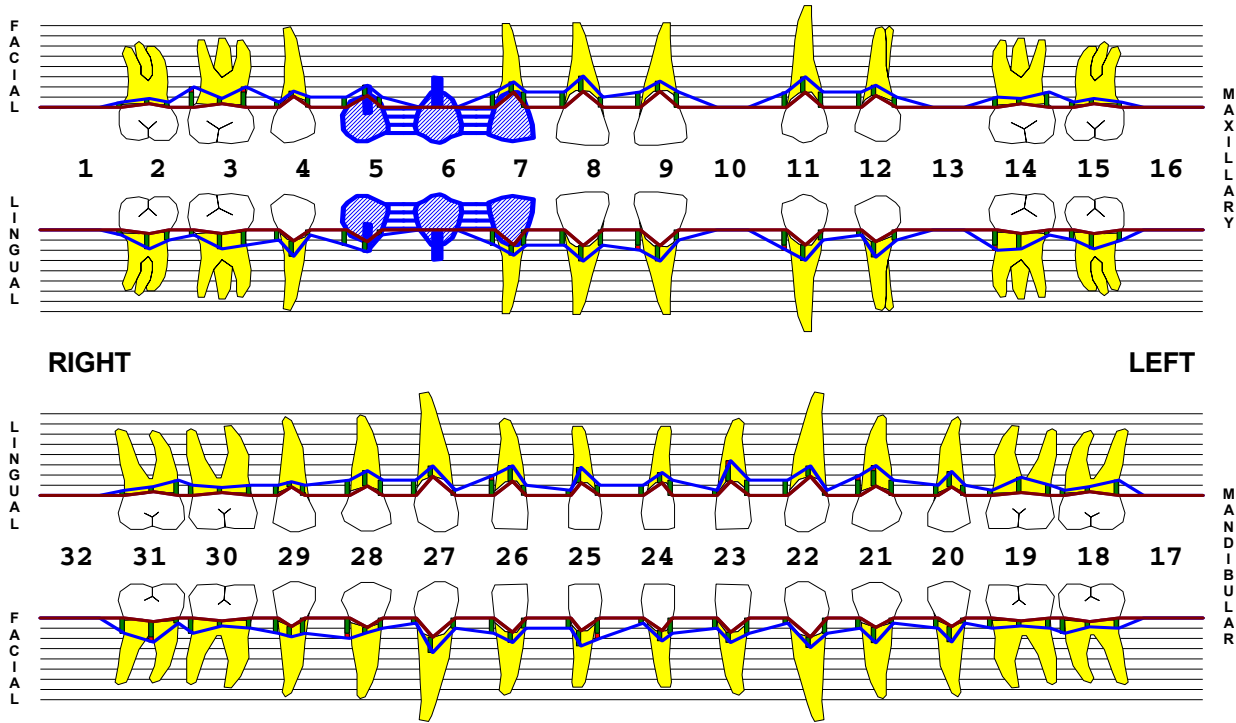
Why: To provide a patient with the results of his or her periodontal exam
When: After completing a periodontal exam, and as needed

Perio Examination

Patient: James S. Abbott
Birthdate: 11/11/1960
Provider: Dennis D. Smith D.D.S.
Phone: (801)555-9300
Office: 123 E. Valley Drive # 500
 American Fork, UT 84003

Date: 05/15/2018
SS#: 000-00-0000

Chart #: ABB101



RIGHT **LEFT**

© Dentrix 1990 - 2018

— Gingival Margin — Clinical Attachment Level — Mucogingival Junction

● Bleeding ● Suppuration ● Bleeding and Suppuration

Furcation: F1 ∨ F2 ∇ F3 ▼ F4 ▽ Mobility: 1 2 3 4 █ Prb Depth

Provider's Signature: _____ Date: _____

How do I run the Perio - Graphic Chart Report?

From the Perio Chart, from the **File** menu, click **Print**. For additional details about running this report, see the "Printing Perio Chart reports" topic in the Perio Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Note: This report prints in a landscape format.

What important information does this report provide?

This report contains the following perio exam results:

- Probing Depth
- Bleeding/Suppuration
- Gingival Margin
- Clinical Attachment Level
- Mucogingival Junction
- Mobility
- Furcation Grade

Note: A legend is provided below the chart.

Perio - Pocket Depths Only Report

The Perio - Pocket Depths Only Report is a table of the pocket depths recorded during a periodontal examination.



Why: To provide a patient with the results of his/her periodontal exam
When: After completing a periodontal exam, and as needed

The Allied Dentist Group
 123 East Valley Dr
 American Fork, UT 84003
 (801)555-9300

Patient: James S. Abbot
 Exam by: Dennis D. Smith D.D.S.

Report Date: 05/15/2018
 Exam Date: 05/15/2018

MAXILLARY TOOTH NUMBER:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
- Facial	DCM 1 1 1	DCM 1 1 1	DCM 4 1 4	DCM 1 1 2	DCM 2 2 2	DCM -	DCM 3 2 3	DCM 3 3 2	MCD 3 2 3	MCD -	MCD 3 3 3	MCD 3 2 2	MCD -	MCD 2 1 3	MCD 1 1 1	MCD -
- Lingual	M -	1 3 2	1 3 3	2 3 1	3 2 1	M -	C 3 2 3	3 3 3	4 3 2	M -	4 3 2	1 3 2	M -	4 3 1	2 3 2	M -
MANDIBULAR TOOTH NUMBER:	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
- Facial	DCM -	DCM 3 4 1	DCM 3 1 2	DCM 3 2 3	DCM 4 1 2	DCM 1 3 2	DCM 3 2 2	DCM 2 3 4	MCD 1 2 3	MCD 2 2 3	MCD 1 2 3	MCD 2 3 1	MCD 2 3 1	MCD 2 1 2	MCD 3 1 2	MCD -
- Lingual	M -	1 1 3	2 1 2	2 1 2	3 3 3	3 2 1	4 3 2	1 3 2	2 2 3	1 4 3	3 2 1	4 4 3	2 3 2	1 3 2	1 1 3	M -

TOOTH CODES	OTHER CODES
M Missing	> Greater than 9 mm
U Unrupted	
P Pontic	
I Implant	
C Crown	
IC Implant+Crown	
ID Impacted Distal	
IM Impacted Mesial	

How do I run the Perio - Pocket Depths Only Report?

From the Perio Chart, from the **File** menu, click **Print**. For additional details about running this report, see the "Printing Perio Chart reports" topic in the Perio Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Note: This report prints in a landscape format.

What important information does this report provide?


This report contains the following periodontal exam results:

- Probing Depth
- Maxillary/Mandibular Tooth Codes


Note: A legend is provided below the chart.


Perio Exam List

The Perio Exam List displays the periodontal exams the practice has performed for a selected date and/or patient range.

	<p>Why: To see if the office is using the Perio Chart feature, and to view periodontal exams the practice has performed for a selected date and/or patient range</p> <p>When: As needed</p>
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PERIO EXAM LIST	
Dentrix Dental Practice	
Date: 03/08/2018	Page: 1
DATE	NAME
03/08/2018	Abbott, Ken S
03/08/2018	Abbott, Patricia
03/08/2018	Abbott, Timothy
03/08/2018	Brown, Mary
03/08/2018	Crosby, Brent L
03/08/2018	Crosby, Shirley H
03/08/2018	Davis, Harmon
03/08/2018	Davis, Karen
03/08/2018	Davis, Kelly
03/08/2018	Davis, Lyle
03/08/2018	Edwards, Anna
03/08/2018	Edwards, John
03/08/2018	Edwards, Kimberly
03/08/2018	Farrer, Lisa
03/08/2018	Gleason, Alice
03/08/2018	Gleason, Gary N
03/08/2018	Hansen, Corey L
03/08/2018	Hayes, Sally
03/08/2018	Little, Brian
03/08/2018	Little, Carol
03/08/2018	Little, Chad
03/08/2018	Little, Dean
03/08/2018	Little, Kevin
03/08/2018	Myers, Teresa
03/08/2018	Myers, Timothy
03/08/2018	Perkins, Allen
03/08/2018	Perkins, Peggy
03/08/2018	Perkins, Shelly
03/08/2018	Reeves, Elisabeth M
03/08/2018	Reeves, Joshua
03/08/2018	Schow, Lawrence P
03/08/2018	Smith, Michael
03/08/2018	Taylor, Kerri
03/08/2018	Taylor, Mark
03/08/2018	Young, Tina





How do I run the Perio Exam List?

From the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Perio Exam List**. For additional details about running this report, see the "Perio Exam List" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).


What important information does this report provide?

- A. Date** – The date of the perio exam.
- B. Name** – The patient for which the perio exam was performed.

Periodontal Exam Report

The Periodontal Exam Report displays the percentage of oral health patients who received a periodontal exam (determined by specified ADA and/or condition codes) at least once during a specified time frame.

For example, you may want to track patients who received a comprehensive oral exam (ADA code D0150) or a periodic recall oral evaluation (ADA code D0120)—the denominator codes—and then received a periodontal exam (ADA code D0180)—the numerator code.

	Why: To view statistics regarding the periodontal examinations for patients
	When: Yearly

Percent of Patients Who Have Received a Periodontal Exam			
Date Range: 5/14/2018 - 5/14/2018 - Procedure Date			
Clinics: <ALL>			
Age Range: All Patients			
Providers: <ALL>			
Numerator Codes: D1330			
Denominator Codes: D0120			
Report Date: 5/14/2018		Page 1 of 1	
Clinic			
Provider	Numerator	Denominator	Percent
Patient Name	Chart	Procedure Codes	
CENTRAL	3	2	150.00%
DESMITH	2	1	200.00%
Abbott, Jan	AB32	Numerator: D1330	
Crosby, Tom	CR95	Numerator: D1330 Denominator: D0120	
DSMITH	1	0	0.00%
Crosby, Shirley	CR94	Numerator: 1330	
MHAYES	0	1	0.00%
Winters, Jillian	WI213	Denominator: D0120	
Totals:	3	2	150.00%

How do I run the Periodontal Exam Report?

From DXOne Reporting, select **Lists**, and then double-click **Periodontal Exam**. For additional details about running this report, see the "Periodontal Exam Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report contains the following information:

- A. Numerator** – The specified ADA codes and/or conditions.
- B. Denominator** – The specified ADA codes and/or conditions.
- C. Clinic Totals** – The Numerator, Denominator, and Percent totals for the providers at a given clinic on the report.
- D. Provider Totals** – The Numerator, Denominator, and Percent totals for a given provider who is attached to the Numerator and/or Denominator codes.
- E. Details** – If you select **Include Details** when setting options for this report, patient names, chart numbers, and procedures codes (numerators and denominators) appear on the report.
- F. Totals** – The Numerator, Denominator, and Percent grand totals for all clinics on the report.

Practice Analysis Report

The Practice Analysis report provides statistical data for production, receivables, patients, and financial contracts (payment agreements and future due payment plans).

\$	Why: To view general practice vitality for the current day, month, year, and past three months
	When: After closing out the month

Practice Analysis					
Date Type: Procedure Date Clinics: <ALL> Providers: <ALL>					
Report Date: 05/05/2018		Report Generated By: enterprise			
Production Analysis	Range 04/01/2017 - 05/05/2018	MTD 05/01/2018 - 05/05/2018	Avg 02/01/2018 - 04/30/2018	YTD 01/01/2018 - 05/05/2018	
Beginning Balance	161,633.30	182,676.90	168,846.67	163,657.34	
Charges					
Non-insured Charges	15,546.56	3,405.00	1,732.52	13,648.56	
Insured Charges	2,923.00	2,552.00	58.67	2,728.00	
Sub-Total	18,469.56	5,957.00	1,791.19	16,376.56	
Finance Charges	354.00	0.00	110.67	354.00	
Late Charges	7,951.00	0.00	2,650.33	7,951.00	
Debit Adjustments	185.00	0.00	33.33	100.00	
Other Debits	1,510.00	0.00	503.33	1,510.00	
TOTAL CHARGES	28,469.56	5,957.00	5,088.85	26,291.56	
Credits					
Guarantor Payments	-363.96	-20.00	-96.00	-340.00	
Insurance Payments	-176.00	-71.00	0.00	-71.00	
Sub-Total	-539.96	-91.00	-96.00	-411.00	
Credit Adjustments	-170.00	-50.00	-31.67	-145.00	
Other Credits	-900.00	0.00	-300.00	-900.00	
TOTAL CREDITS	-1,609.96 5.66%	-141.00 2.37%	-427.67 8.40%	-1,456.00 5.54%	
Ending Balance	188,492.90	188,492.90	173,507.86	188,492.90	

Production Analysis is calculated according to the provider attached to transactions.

Receivables Analysis		
Current	20,787.56	11.03%
31-60 Days	0.00	0.00%
61-90 Days	0.00	0.00%
Over 90 Days	188,073.64	99.78%
Suspended Credits	-20,368.30	-10.81%
Total Receivables	188,492.90	
Credit Balances as of: 05/05/2009	-20,368.30	

Activity Analysis	Range 04/01/2017 - 05/05/2018	MTD 05/01/2018 - 05/05/2018	Avg 02/01/2018 - 04/30/2018	YTD 01/01/2018 - 05/05/2018	
New Patients:	18	0	2	12	
Referred Patients:	3	0	0	2	
Active Patients:	4,593				
Insured Active Patients:	216				
Number Of Families:	3,060				
Number of Missed Payments:	83				

Activity Analysis is calculated according to the primary provider attached to the patients.

Contract Analysis	
Payment Agreements	18,323.04
Future Due Payment Plans	28,314.44

Contract Analysis is calculated according to the provider attached to the payment plans.

How do I run the Practice Analysis Report?

From the DXOne Reporting module, select **Analysis**, and then double-click **Practice Analysis**. For additional details about running this report, see the "Practice Analysis Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report is divided into the following sections:

- A. Production Analysis** – Provides an overview of charges, payments, and adjustments. The following columns appear in this section:
- **Range** – Totals for the date range of the report.
 - **MTD** – Month-to-date totals.
 - **AVG** – The average for the past three months.
 - **YTD** – Year-to-date totals.
- B. Receivables Analysis** – Displays outstanding balance totals. Balances are broken down by current, 31-60, 61-90, over 90, and suspended credits.
- C. Activity Analysis** – Breaks down the number of new patients and referred patients seen. The number of active patients, active patients with insurance, families, and missed payments figures are calculated according to the primary providers attached to patients' records from the Family File. The following columns appear in this section:
- **Range** – Totals for the date range of the report.
 - **MTD** – Month-to-date totals.
 - **AVG** – The average for the past three months.
 - **YTD** – Year-to-date totals.
- D. Contract Analysis** – Displays the total of future due payment plans and payment agreements.

Practice Organization List

The Practice Organization List displays provider information.

Why: To ensure provider information has been entered properly, and to keep a printed record of provider identification numbers on hand

When: After Dentrix Enterprise setup, and as needed

PRACTICE ORGANIZATION LIST			
Clinics: MESA Providers/Staff: <ALL>			
Report Date: 05/16/2018	Report Generated By: DSMITH		
Page 1 of 2			
Clinic: MESA			
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">A</div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Provider Name: McClure, Angela Title: Dr. ID: AMCCCLURE Clinic: MESA Address: 7856 South State Mesa, AZ 85210 Phone: (480)555-6525 NPI: 1234567890 BC/BS ID#: 345678 Specialty: Dentist Provider Class: Primary</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Fee Schedule:1: Office RVU Schedule:1 SS#:111-11-1111 State ID#:12345 Medicaid#:12345 DrugID#:112233 Provider#:987654 Office#:2222 TIN#:<Default>: 460909000</p> </td> </tr> </table>	<p>Provider Name: McClure, Angela Title: Dr. ID: AMCCCLURE Clinic: MESA Address: 7856 South State Mesa, AZ 85210 Phone: (480)555-6525 NPI: 1234567890 BC/BS ID#: 345678 Specialty: Dentist Provider Class: Primary</p>	<p>Fee Schedule:1: Office RVU Schedule:1 SS#:111-11-1111 State ID#:12345 Medicaid#:12345 DrugID#:112233 Provider#:987654 Office#:2222 TIN#:<Default>: 460909000</p>
<p>Provider Name: McClure, Angela Title: Dr. ID: AMCCCLURE Clinic: MESA Address: 7856 South State Mesa, AZ 85210 Phone: (480)555-6525 NPI: 1234567890 BC/BS ID#: 345678 Specialty: Dentist Provider Class: Primary</p>	<p>Fee Schedule:1: Office RVU Schedule:1 SS#:111-11-1111 State ID#:12345 Medicaid#:12345 DrugID#:112233 Provider#:987654 Office#:2222 TIN#:<Default>: 460909000</p>		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Provider Name: Hayes, Deborah Title: DDS ID: DHAYES Clinic: MESA Address: 1234 Oak St Mesa, AZ 12345 Phone: (801)555-1234 NPI: 123456789 BC/BS ID#: 2222 Specialty: Dentist Provider Class: Primary</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Fee Schedule:1: Office RVU Schedule:1 SS#:111-11-1111 State ID#:1234 Medicaid#:12345 DrugID#:123456 Provider#:3333 Office#:4444 TIN#:</p> </td> </tr> </table>	<p>Provider Name: Hayes, Deborah Title: DDS ID: DHAYES Clinic: MESA Address: 1234 Oak St Mesa, AZ 12345 Phone: (801)555-1234 NPI: 123456789 BC/BS ID#: 2222 Specialty: Dentist Provider Class: Primary</p>	<p>Fee Schedule:1: Office RVU Schedule:1 SS#:111-11-1111 State ID#:1234 Medicaid#:12345 DrugID#:123456 Provider#:3333 Office#:4444 TIN#:</p>
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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Provider Name: Robbins, David Title: ID: DROBB Clinic: MESA Address: 7856 South Marigold Mesa, AZ 85210 Phone: (480)555-6525 NPI: 0 BC/BS ID#: 154863 Specialty: Dentist Provider Class: Primary</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Fee Schedule:1: Office RVU Schedule:1 SS#:111-11-1111 State ID#:154896 Medicaid#:65491835984 DrugID#:123456 Provider#: Office#: TIN#:</p> </td> </tr> </table>	<p>Provider Name: Robbins, David Title: ID: DROBB Clinic: MESA Address: 7856 South Marigold Mesa, AZ 85210 Phone: (480)555-6525 NPI: 0 BC/BS ID#: 154863 Specialty: Dentist Provider Class: Primary</p>	<p>Fee Schedule:1: Office RVU Schedule:1 SS#:111-11-1111 State ID#:154896 Medicaid#:65491835984 DrugID#:123456 Provider#: Office#: TIN#:</p>
<p>Provider Name: Robbins, David Title: ID: DROBB Clinic: MESA Address: 7856 South Marigold Mesa, AZ 85210 Phone: (480)555-6525 NPI: 0 BC/BS ID#: 154863 Specialty: Dentist Provider Class: Primary</p>	<p>Fee Schedule:1: Office RVU Schedule:1 SS#:111-11-1111 State ID#:154896 Medicaid#:65491835984 DrugID#:123456 Provider#: Office#: TIN#:</p>		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Provider Name: Kimball, Jacob A Title: ID: JKD1 Clinic: MESA Address: 789 W Acorn St Mesa, AZ 84601 Phone: (801)555-7845 NPI: 1234567890 BC/BS ID#: 132456 Specialty: Dentist Provider Class: Primary</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Fee Schedule:1: Office RVU Schedule:1 SS#:460-93-9333 State ID#:123345 Medicaid#:123541 DrugID#: Provider#: Office#: TIN#:<Default>: 460939333</p> </td> </tr> </table>	<p>Provider Name: Kimball, Jacob A Title: ID: JKD1 Clinic: MESA Address: 789 W Acorn St Mesa, AZ 84601 Phone: (801)555-7845 NPI: 1234567890 BC/BS ID#: 132456 Specialty: Dentist Provider Class: Primary</p>	<p>Fee Schedule:1: Office RVU Schedule:1 SS#:460-93-9333 State ID#:123345 Medicaid#:123541 DrugID#: Provider#: Office#: TIN#:<Default>: 460939333</p>
<p>Provider Name: Kimball, Jacob A Title: ID: JKD1 Clinic: MESA Address: 789 W Acorn St Mesa, AZ 84601 Phone: (801)555-7845 NPI: 1234567890 BC/BS ID#: 132456 Specialty: Dentist Provider Class: Primary</p>	<p>Fee Schedule:1: Office RVU Schedule:1 SS#:460-93-9333 State ID#:123345 Medicaid#:123541 DrugID#: Provider#: Office#: TIN#:<Default>: 460939333</p>		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Staff Name: Smith, Mary Kaye Title: Office Manager ID: MSMITH</p> </td> <td style="width: 50%; vertical-align: top;"> <p>SS#:111-11-1111</p> </td> </tr> </table>	<p>Staff Name: Smith, Mary Kaye Title: Office Manager ID: MSMITH</p>	<p>SS#:111-11-1111</p>
<p>Staff Name: Smith, Mary Kaye Title: Office Manager ID: MSMITH</p>	<p>SS#:111-11-1111</p>		

How do I run the Practice Organization List?

From the DXOne Reporting module, select **Reference**, and then double-click **Practice Organization List**. For additional details about running this report, see the “Practice Organization List” topic in the DXOne Reporting portion of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?


The following report information is found in the **Provider Information** dialog box, which can be accessed in the Office Manager. For details about how to edit this information, see the “Adding, editing, inactivating, and reactivating providers” topic in the Office Manager portion of the Dentrax Enterprise Help.

- A. Provider Details** – The provider’s name, title, provider ID, address, phone number, specialty, and provider class (primary or secondary).
- B. Provider Numbers and Fee Schedule** – The provider’s NPI, BC/BS ID, Social Security, State ID, TIN, Medicaid, DEA, Provider, and Office numbers. This section also includes the provider’s default fee schedule and practice’s RVU schedule.

The screenshot shows the "Provider Information" dialog box with two callout boxes, A and B, highlighting specific sections. Callout A points to the left side of the dialog, which includes fields for Name (Last: Smith, First: Dennis), ID (DSMITH), Title (DDS), Specialty (Dentist), Address (1234 Oak Street, American Fork, UT, 84003), Phone ((801)555-1234, Ext: 2), and E-Mail (Desmithdds@henryschein.com). Callout B points to the right side of the dialog, which includes fields for Fee Schedule (1. Office), RVU Schedule (1.), Clinic (CENTRAL), TIN # (<CLINIC>), SS # (111-11-1111), State ID # (123456, State: UT), State License Expiration (11/11/2020), Medicaid # (1234), DEA # (123456), DEA License Expiration (11/11/2020), DEA Schedule (checked for II, III, IV, V), NPI (1234567890), Blue Cross ID # (111), Blue Shield ID # (111), Provider # (222), Office # (333), Other ID # (444), and UPIN # (98765).

Practice Statistics Report

The Practice Statistics Report allows you to review statistical information about your patients.



Why: To view patient demographics, and to assist you in developing strategic business plans

When: As needed

Practice Statistics			
Clinics: <ALL>			
Providers: <ALL>			
Report Date: 04/23/2018		Report Generated By: enterprise	
		Page 1 of 19	
A	Patient Statistics	Total	Percent
	Total Number Entered in Family File (any status)	4,592	100.00%
	Number of guarantors that are not patients	3	0.07%
	Number of patients that are not guarantors	1,533	33.38%
	Number of guarantors that are active patients	3,054	66.51%
	Number of male patients	2,818	61.37%
	Number of female patients	1,769	38.52%
	Number of other patients	0	0.00%
	Number of unknown patients	0	0.00%

B	Age Statistics	Total	Percent
	Patient(s) that are 0 to 2 years old	1	0.02%
	Patient(s) that are 3 to 4 years old	0	0.00%
	Patient(s) that are 5 to 6 years old	0	0.00%
	Patient(s) that are 7 to 8 years old	2	0.04%
	Patient(s) that are 9 to 10 years old	1	0.02%
	Patient(s) that are 11 to 12 years old	5	0.11%
	Patient(s) that are 13 to 14 years old	9	0.20%
	Patient(s) that are 15 to 16 years old	30	0.65%

C	Continuing Care Statistics				Total	Percent
	Number of patients that are eligible for Prophy Continuing Care				3	0.07%
	Due for prophy April 2018	0	0.00%	Due for prophy October 2018	1	0.02%
	Due for prophy May 2018	0	0.00%	Due for prophy November 2018	0	0.00%
	Due for prophy June 2018	2	0.04%	Due for prophy December 2018	0	0.00%
	Due for prophy July 2018	0	0.00%	Due for prophy January 2019	0	0.00%
	Due for prophy August 2018	0	0.00%	Due for prophy February 2019	0	0.00%
	Due for prophy September 2018	0	0.00%	Due for prophy March 2019	0	0.00%
	Number of patients who are not on Prophy Continuing Care or are past due				4,632	100.87%

D	New Patient Statistics											
	New	Referred	New	Referred	New	Referred	New	Referred	New	Referred		
	Apr/2018	0	0	Jan/2018	5	0	Oct/2017	0	0	Jul/2017	0	0
	Mar/2018	0	0	Dec/2017	6	1	Sep/2017	0	0	Jun/2017	0	0
	Feb/2018	0	0	Nov/2017	0	0	Aug/2017	0	0	May/2017	0	0
	Number of new patients and number of new patients who were referred, by month for the past year.											

Provider Statistics		Total	Percent
Number of patients that prefer each provider			
Abbott, James (DDS7)		2	0.04%
Brown, Mary D (DDS2)		370	8.06%
Kenner, Spencer A (JKD1)		1	0.02%
Little, Brian (AMCCLURE)		8	0.17%
Perkins, Peggy (DROBB)		14	0.30%
Smith, Michael D (DDS1)		4,192	91.29%

Patient by Zip Code Statistics		Total	Percent
Number of patients with no zip code on file			
6447		44	0.96%
7828		1	0.02%
00720		1	0.02%
00731		1	0.02%
01111		3	0.07%
01129		1	0.02%
01291		2	0.04%
02030		1	0.02%
02125		2	0.04%
06001		1	0.02%

How do I run the Practice Statistics Report?

From the DXOne Reporting module, select **Management**, and then double-click **Practice Statistics**. For additional details about running this report, see the "Practice Statistics Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Patient Statistics

- Total number of patients.
- Number of guarantors that are not patients.
- Number of guarantors/non-guarantors.
- Number of male/female patients.
- Number of married/single/child/other/widowed/divorced/separated patients.
- Breakdown of patients by insurance status.

B. Age Statistics – A breakdown of the patients by age group.

C. Continuing Care Statistics – A breakdown of the number of patients due for prophylaxis in the next 12 months and the number of patients not on Prophylaxis Continuing Care.

D. New Patients – A breakdown of the number of new patients entered in the Family File in the past 12 months.

E. Provider Statistics – A breakdown of the number of patients that prefer each provider.

F. Patient by Zip Code Statistics – A breakdown of patients by ZIP Code.

Practice Treatment Case Report

The Practice Treatment Case Report displays treatment plan cases for a range of patients within specific procedure and case expiration dates. The report may also include items, such as procedure details, case status history, and patient and insurance estimates.

Why: To print the treatment cases created in the practice
When: As needed

Practice Treatment Case Report

All Providers: Patients Abbott, James S - Crosby, Brent L, All Billing Types
 Procedure Code Date Range: <ALL> - <ALL>
 Fee Expiration Date Range: <ALL> - <ALL>
 Print Subtotals by Visit, Include Finance Status, Include Procedures for Treatment Case, Use Patient Friendly Descriptions, Include Case Status History

Patient	Provider	Chart #	SS#	Birthdate	Billing Type					
Case Name: Abbott, James S	Severity: A			Finance Status:						
Alternate Cases:	Status:	Last Updated:	Comment:							
Date	Visit	Tooth	Surface	Code	Pro	Description	Fee	Pat	Prim Ins	Sec Ins
3/8/2018	3/8/2018	1	4	D	D2110	DDS9	151.00	0.00	60.00	91.00
Visit 1 Subtotal							151.00	0.00	60.00	91.00
3/8/2018	3/8/2018	2	13		D7280	DDS9	350.00	240.00	100.00	10.00
3/8/2018	3/8/2018	2	14		D7280	DDS9	350.00	345.00	0.00	5.00
3/8/2018	3/8/2018	2	15		D7280	DDS9	350.00	0.00	100.00	250.00
Visit 2 Subtotal							1050.00	585.00	200.00	265.00
3/8/2018	3/8/2018	3	19		D2750	DDS9	713.00	142.60	0.00	570.40
Visit 3 Subtotal							713.00	142.60	0.00	570.40
Total							1914.00	727.60	260.00	926.40
Expiration Date:	3/8/2019+									

Accepted	Pre-Authorize	Scheduled	Completed	Referred	Scheduled Appt	Unscheduled	Total Cases	Total Tx Planned	Amount
Totals	0.50	0.00	0.00	0.25	0.00	1	3	4	5,097.00

How do I run the Practice Treatment Case Report?

In the Treatment Planner, from the **File** menu, point to **Print**, and then click **Practice Treatment Case Report**. For additional details about running this report, see the “Printing the Practice Treatment Case Report” topic in the Treatment Planner portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Case Information** – The report displays the case name, status, and severity; and a history of changes made to the status of the treatment plan case.
- B. Treatment** – The treatment-planned procedures are grouped by visit. A subtotal of fees, patient portions, and insurance estimates for each visit are given.
- C. Case Totals** – The total fees, patient portions, and insurance estimated totals for all visits in the case. The expiration date of the case is also shown.
- D. Other Totals** – The report displays the percentage of accepted, pre-authorized, scheduled, completed, and referred treatment plan cases on the report in decimal format; the number of scheduled and unscheduled appointments for cases on the report, the total number of cases on the report; and the total treatment-planned amount of all cases on the report.

Prescription Printout

A prescription printout is a copy of a prescription for a patient, including dosage, date, refills, and instructions or notes for the patient.



Why: To quickly print a prescription

When: As needed

The Allied Dentist Group
123 East Valley Dr
American Fork UT 84003

PRESCRIBER: Dennis Smith
TELEPHONE: (801)555-9300
DEA NO:
NPI: 0

PATIENT: James S. Abbott
ADDRESS: 123 S Pine St
Murray, UT 84123

TELEPHONE: 555-1586
DOB: 11/11/1980
DATE: 12/22/2017

Rx Erythromycin 250 mg
Disp: 24
1 tab TID
Refills: zero

DISPENSE AS WRITTEN

GENERIC SUBSTITUTION PERMITTED

SIGNATURE OF PRESCRIBER

Copyright 1997-2009 Henry Schein, Inc. RX01

cut here

PATIENT: James S. Abbott
PRESCRIPTION: Erythromycin 250 mg
PRESCRIBED BY: David Robb

DATE: 12/22/2017

Please advise our office immediately if you
experience an adverse reaction. Our emergency
phone number is (555)555-5555

How do I print a prescription?


1. From any module (except the Office Manager), click the Prescriptions button to open the Patient Prescriptions window.
2. Select a prescription, and click **Edit** to view an existing prescription (skip step 3). Or, click **New** to open the **New Patient Prescription** dialog box.
3. Enter the prescription details.
4. Click **Print** to print the prescription.

For additional details about running this report, see the topics for "Prescriptions" in the Other Features portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Pre-Treatment Estimate Aging Report

The Pre-treatment Estimate Aging Report allows you to view pre-treatment estimates sent to insurance carriers.

Note: This report does not show pre-treatment estimates entered the same day as the report.

	<p>Why: To view pre-treatment estimates sent to insurance carriers</p> <p>When: As needed</p>
-----------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

Dental Pre-Treatment Estimate Aging																			
Days Past Due: Over 0 Patient Range: <ALL> - <ALL> Carrier Range: <ALL> - <ALL> Clinics: <ALL> Providers: <ALL> Billing Types: <ALL>																			
Report Date: 04/23/2018				Report Generated By: enterprise				Page 1 of 1											
INSURANCE COMPANY/GROUP PLAN				PHONE #				GROUP NUM.											
SUBSCRIBER	ID NUM	TYPE	SENT	TRACER	ON HOLD	RE-SENT	PATIENT NAME	BIRTHDAY ESTIMATE	1-30	31-60	61-90	91-120	121-150	151-180	181+	TOTAL			
Allied Group Insurance Trust/Allied Group Insurance Trust				(800) 555-7635				16023											
Smith, Dorothy		PRM	4/12/18				Smith, Dorothy	11/11/1979	600.00	0.00	0.00	0.00	0.00	0.00	0.00	900.00			
Blue Cross Blue Shield of FL/Dental Claims				(800) 555-3398				45067											
Smith, Michael K		PRM	4/12/18				Smith, Michael	11/11/1979	872.00	0.00	0.00	0.00	0.00	0.00	0.00	900.00			
Acme Company/A.c.s.								SS#											
Little, Brian		PRM	4/12/18				Little, Brian	11/11/1979	262.00	0.00	0.00	0.00	0.00	0.00	0.00	524.00			
Insurance/Group Plan																			
Winters, Carl		PRM	4/12/18				Winters, Carl	11/11/1979	301.00	0.00	0.00	0.00	0.00	301.00	0.00	301.00			
Metropolitan Life/Metropolitan				(415) 555-3222				74170											
Abbott, James S		PRM	4/12/18				Abbott, James S	11/11/1979	108.00	0.00	0.00	0.00	135.00	0.00	0.00	135.00			
		ESTIMATE		1 - 30		31 - 60		61 - 90		91-120		121-150		151-180		181+		TOTAL	
PRIMARY CLAIM TOTALS:		2,143.00		0.00		0.00		0.00		135.00		301.00		0.00		2,324.00		2,760.00	
SECONDARY CLAIM TOTALS:		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL ALL CLAIMS:		2,143.00		0.00		0.00		0.00		135.00		301.00		0.00		2,324.00		2,760.00	

A

B

C

How do I run the Pre-Treatment Estimate Aging Report?


From the DXOne Reporting module, select **Ledger**, and then double-click **Pre-Estimate Aging**. For additional details about running this report, see the "Pre-Estimate Aging Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).







What important information does this report provide?

- A. Insurance Carrier** – The insurance carrier name, group number, and phone number.
- B. Estimate** – The pre-treatment estimate submitted to the insurance carrier.
- C. Aging Totals** – The aged balances pre-treatment estimates included on the report.

Pre-Treatment Estimates Not Sent Report

The Pre-treatment Estimates Not Sent Report lists estimates that have been created from the Ledger but not sent to the Batch Processor, printed, or sent through eClaims. Estimates are sorted by claim expiration date.

	<p>Why: To ensure estimates are processed after being created from the Ledger</p> <p>When: Daily or weekly</p>
-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

Dental Pre-Treatment Estimates Not Sent																
Date Range: 04/23/2018 - 04/23/2018 Patient Range: <ALL> - <ALL> Carrier Range: <ALL> - <ALL> Clinics: <ALL> Providers: <ALL> Billing Types: <ALL>																
Report Date: 04/23/2018				Report Generated By: enterprise			Page 1 of 1									
CLAIM DATE	TYPE	PATIENT NAME	INSURANCE COMPANY NAME	PROVIDER	CLINIC	AMOUNT	EXPIRES									
04/23/2018	SEC	Abbott, James S	Aetna Life and Casualty	DDS01	CENTRAL	898.00	10/20/2018									
04/23/2018	PRM	Abbott, James S	Metropolitan Life	DDS01	CENTRAL	654.00	07/22/2018									
						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"></td> <td style="text-align: right;">TOTAL OF PRIMARY NOT SENT:</td> <td style="text-align: right;">654.00</td> </tr> <tr> <td></td> <td style="text-align: right;">TOTAL OF SECONDARY NOT SENT:</td> <td style="text-align: right;">898.00</td> </tr> <tr> <td></td> <td style="text-align: right;">TOTAL OF CLAIMS NOT SENT:</td> <td style="text-align: right;">1,552.00</td> </tr> </table>			TOTAL OF PRIMARY NOT SENT:	654.00		TOTAL OF SECONDARY NOT SENT:	898.00		TOTAL OF CLAIMS NOT SENT:	1,552.00
	TOTAL OF PRIMARY NOT SENT:	654.00														
	TOTAL OF SECONDARY NOT SENT:	898.00														
	TOTAL OF CLAIMS NOT SENT:	1,552.00														
																

How do I run the Pre-treatment Estimates Not Sent Report?


From the DXOne Reporting module, select **Ledger**, and then double-click **Pre-Estimates Not Sent**. For additional details about running this report, see the “Pre-Estimates Not Sent Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Claim Date** – The date on which the estimate was created from the Ledger.
- B. Amount** – The estimate amount.
- C. Expires** – The deadline by which the claim (not the estimate) must be submitted to the insurance carrier after the service date. The expiration date is found in the **Insurance Coverage** dialog box. To access the **Insurance Coverage** dialog box, double-click the Insurance block in the Family File, and then click **Coverage Table**.
- D. Totals** – The amount of the primary, secondary, and all pre-treatment estimates not sent.

Procedure Code List

The Procedure Code List allows you to view and print the procedure codes entered in Dentrix Enterprise.



Why: To ensure Dentrix Enterprise procedure codes match current ADA codes, to view AMA and CPT codes associated with each procedure, and to view dental diagnostic codes associated with each procedure

When: After Dentrix Enterprise setup, and after ADA codes are updated

PROCEDURE CODE LIST									
The Dentist Group									
Codes D0120 - D9999									
Date: 04/22/2018								Page: 1	
CODE	DESCRIPTION	ABBREV DESC	CPT	MEDICAL	CODE 5	TIME	APPT TYPE	PAINT TYPE	TREAT. INS?
INCLUDED DIAGN. CODES		INCLUDED AMA CPT CODES							
D0120	Periodic oral evaluation	PeriodicX				1	Low Product		Mouth
D0140	Limited oral evaluation	LimitedEx				2	High Product		Mouth
	D5-10000 Dental Disease NOS		99201	Office Visit					
	D5-10001 Disease of Teeth NOS		99202	Office Visit New Patient					
	D5-10002 Tooth Disorder NOS		99211	Office Visit Est Patient					
	D5-10578 Tooth Sensitivity		99281	Emergency Dept Visit					
	D5-22071 Painful Lips								
	F-51540 Expectoration of bloody sputum								
	F-51541 Expectoration of hemorrhagic sputum								
	F-A3610 Facial Nerve Function NOS								
	T-53120 Dorsal Surface of Tongue								
D0145	Oral evaluation < 3 yrs of age	Eval<3yrs				1	High Product		Mouth
D0150	Comp oral eval-new/estab pat	CompEx				1	High Product		Mouth
D0160	Detail/extensive oral eval, B/R	ExtEval				1	High Product		Mouth
D0170	Limited re-evaluation estab pat	ReEval				1	Medium Pro		Mouth
D0180	Comprehensive perio evaluation	CmpPerEvl				1	Medium Pro		Mouth
D0210	Intraoral-complete series (bw)	FMX				2	High Product		Mouth
D0220	Intraoral-periapical-1st film	PA1st				1	High Product		Mouth
D0230	Intraoral-periapical-each add'l	PAadd				1	High Product		Mouth
D0240	Intraoral-occlusal film	OcclusalX				1	High Product		Mouth
D0250	Extraoral-first film	Extraor1s				1	High Product		Mouth
D0260	Extraoral-each additional film	ExtraorX+				1	High Product		Mouth
D0270	Bitewing-single film	BW1Xray				1	High Product		Mouth
D0272	Bitewings-two films	2BWx				1	High Product		Mouth
D0273	Bitewings-three films	3BWx				1	High Product		Mouth
D0274	Bitewings-four films	4BWx				1	Low Product		Mouth
D0277	Vertical bitewings-7 to 8 films	VertBWx				1	Medium Pro		Mouth
D0290	Skull &facial bone survey film	SurvXray				1	High Product		Mouth
D0310	Sialography	Salio				1	High Product		Mouth
D0320	TMJ arthrogram, incl injection	TMJarthro				1	High Product		Mouth
D0321	Other TMJ films, by report	OtherTMJX				1	High Product		Mouth
D0322	Tomographic survey	Tomograph				1	High Product		Mouth
D0330	Panoramic film	Pano				1	High Product		Mouth
D0340	Cephalometric film	Cephalo				1	High Product		Mouth
D0350	Oral/Facial Photographic Images	Orallmags				1	Medium Pro		Mouth
D0360	Cone beam-CT/craniofacial data	CnCTReco				1	High Product		Mouth
D0362	Cone beam-2D multi img reconst	Cn2dlmgRc				1	High Product		Mouth
D0363	Cone beam-3D multi img reconst	Cn3dlmgRc				1	High Product		Mouth
D0415	Collection of microorg culture	BactStud				1	High Product		Mouth
D0416	Viral Culture	VriCultr				1	High Product		Mouth
D0417	Collection of saliva sample	CltSaliva				1	High Product		Mouth
D0418	Analysis of saliva sample	AnlSaliva				1	High Product		Mouth
D0421	Genetic test-suscept oral dis	GenetTest				1	High Product		Mouth
D0425	Caries susceptibility tests	CarisTest				1	High Product		Mouth
D0431	Adjunc pre-diag test-detect muc	TestMucAb				1	High Product		Mouth
D0460	Pulp vitality tests	PulpVitTe				1	High Product		Mouth
D0470	Diagnostic casts	DiagCasts				1	High Product		Mouth
D0471	Diagnostic photographs	DiagPhoto				1	High Product		Mouth
D0472	Accession of tiss, gr exam/rpt	AcTisExam				1	Medium Pro		Mouth
D0473	Acc of tissue, gr mic exam/rpt	AcTisGrEx				1	Medium Pro		Mouth
D0474	Acc of tiss-gr mic ex surg mar	AcTisDsEx				1	Medium Pro		Mouth
D0475	Decalcification Procedure	DecalcPrc				1	High Product		Mouth
D0476	Special stains for microorg	StnsMicro				1	High Product		Mouth
D0477	Special stains-not for microorg	StnsNotMi				1	High Product		Mouth
D0478	Immunohistochemical stains	ImmunStns				1	High Product		Mouth

Current Dental Terminology (CDT) Copyright © 2002, 2004, 2007 American Dental Association (ADA). All rights reserved.



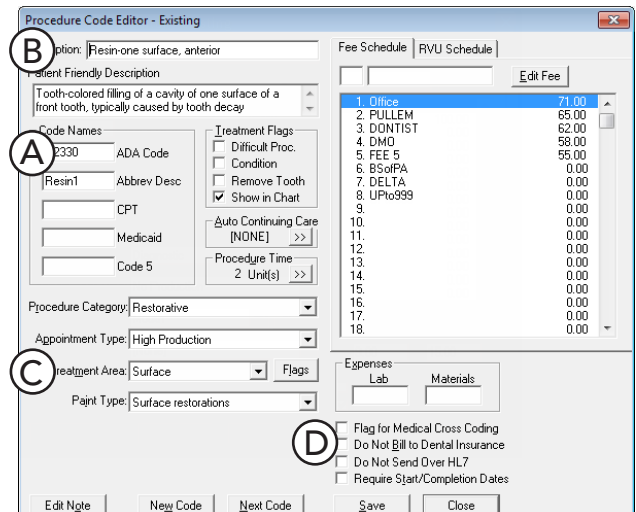
How do I run the Procedure Code List?

From the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Procedure Code List**. For additional details about running this report, see the "Procedure Code List" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

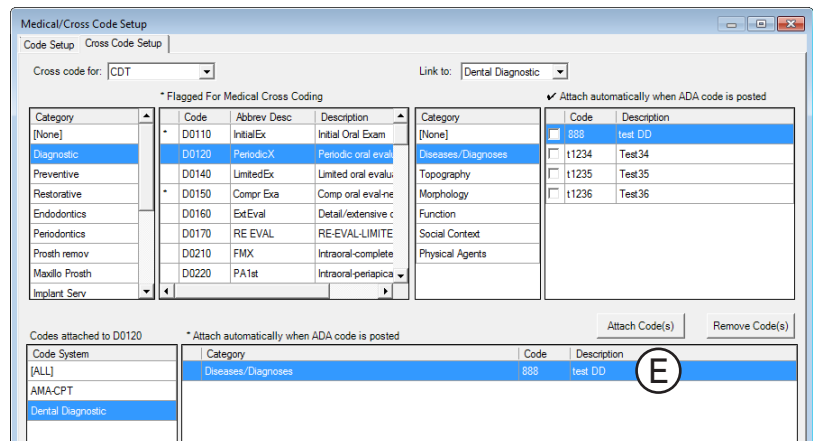
What important information does this report provide?

The following report information (with the exception of letters E and F) is found in the **Procedure Code Editor** dialog box, which can be accessed in the Office Manager. See the topics for "Procedure Code Setup" in the Office Manager portion of the Dentrix Enterprise Help for details on how to edit this information.

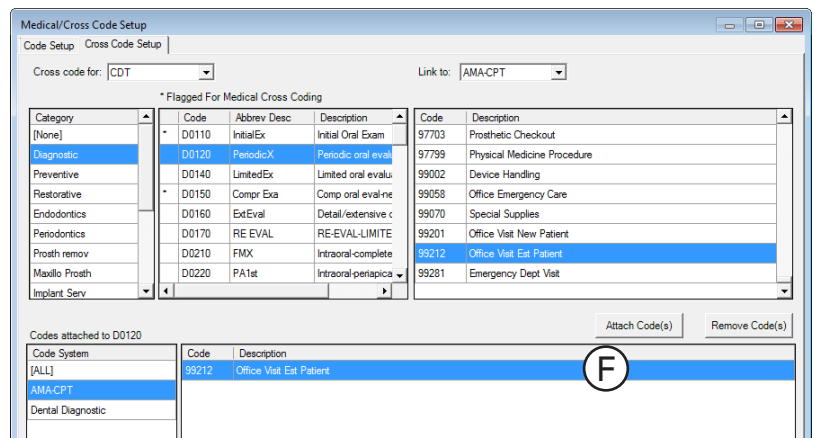
- A. Code** – The ADA code associated with a procedure.
- B. Description** – The procedure's description.
- C. Treat** – The procedure's treatment area.
- D. INS** – Indicates whether or not a procedure is set to be billed to insurance.



- E. Included Dental Diagnostic Codes** – The dental diagnostic codes associated with each procedure code. This information is found in the **Medical/Cross Code Setup** dialog box. Dental diagnostic cross coding must be set up for dental diagnostic codes to appear on this report. See the "Dental diagnostic cross coding" topic in the Dentrix Enterprise Help for details about how to set up dental diagnostic cross coding.



- F. Included AMA CPT Codes** – The AMA and CPT codes associated with each procedure code. This information is found in the **Medical/Cross Code Setup** dialog box. Medical cross coding must be set up for AMA and CPT codes to appear on this report. See the "Medical cross coding" topic in the Dentrix Enterprise Help for details on how to set up medical cross coding.



Procedures Not Attached to Insurance Report

The Procedures Not Attached to Insurance Report displays insured patients with completed procedure(s) that have not had an insurance claim created for the procedure(s).

\$	Why: To ensure procedures are billed to a patient's insurance
	When: Daily

Procedures Not Attached to Insurance							
Either Date Range: 04/01/2018 - 05/04/2018 Patient Range: <ALL> - <ALL> Clinics: <ALL> Providers: <ALL> Billing Types: <ALL>							
Report Date: 05/04/2018		Report Generated By: enterprise			B	Page 1 of 1	
PATIENT NAME	DATE	TOOTH	CODE	BT DESCRIPTION	AMOUNT	EXPIRES	CLINIC PROVIDER
Abbott, James S				2	Total: 3,029.00		
	04/22/2018	5	D6970	Post/core + brdg retainer, fabr	2 30.00	07/21/2018	CENTRAL D DS1
	04/22/2018		D1110	Prophylaxis-adult	90.00	07/21/2018	CENTRAL D DS1
	04/22/2018		D0120	Periodic oral evaluation	3 0.00	07/21/2018	CENTRAL D DS1
	04/22/2018		D0274	Bitewings-four films	2 50.00	07/21/2018	CENTRAL D DS1
	04/22/2018		D0330	Panoramic film	1 58.00	07/21/2018	CENTRAL D DS1
	04/23/2018	6	D7110	Extraction-single tooth	71.00	07/22/2018	CENTRAL DDS2
	04/27/2018	25*26	D5214	Mand partial-metal base w/sdls	898.00	07/26/2018	CENTRAL DDS1
	05/01/2018	12	D5214	Mand partial-metal base w/sdls	8 01.00	07/30/2018	CENTRAL DDS2
	05/01/2018	13	D7111	Extraction crnl remnts-decid th	5 01.00	07/30/2018	CENTRAL DDS2
Abbott, Patricia				2	Total: 1,100.00		
	04/23/2018		D3221	Pulpal debridemnt-prim/perm th	1,100.00	04/23/2019	CENTRAL D DS1
Gleason, Gary				1	Total: 3 00.00		
	04/23/2018		D1110	Prophylaxis-adult	300.00	07/22/2018	DRAPER DDS1
Little, Brian				1	Total: 1 25.00		
	04/23/2018		D1110	Prophylaxis-adult	125.00	07/22/2018	DRAPER DDS1
Little, Carol				1	Total: 1 27.00		
	04/22/2018	12	D2150	Amalgam-2 surf. prim/perm	1 56.00	04/22/2019	CENTRAL D DS1
	04/23/2018	12	D7120	Extraction-each additional	7 1.00	04/23/2019	CENTRAL D DS1
Perkins, Peggy				1	Total: 2 ,160.00		
	04/23/2018	9	D6010	Surg place implant: endosteal	7 80.00	10/20/2018	CENTRAL D DS1
	04/23/2018	4	D2750	Crown-porc fuse high noble mtl	7 8.00	10/20/2018	CENTRAL D DS1
	05/01/2018	15	D5214	Mand partial-metal base w/sdls	8 01.00	10/28/2018	CENTRAL DDS3
	05/01/2018	9	D7111	Extraction crnl remnts-decid th	5 01.00	10/28/2018	CENTRAL D DS3
Smith, Michael				1	Total: 1 ,377.00		
	04/27/2018		D9310	Consultation-per session	7 5.00	10/24/2018	CENTRAL D DS1
	05/01/2018	12	D5214	Mand partial-metal base w/sdls	8 01.00	10/28/2018	CENTRAL D DS1
	05/01/2018	7	D7111	Extraction crnl remnts-decid th	5 01.00	10/28/2018	CENTRAL DDS1
Taylor, Kerri L				1	Total: 6 9.00		
	04/23/2018	4	D2386	Resin-2 surface, post-permanent	69.00	10/20/2018	CENTRAL D DS2
Winters, Carl				1	Total: 1 05.56		
	04/23/2018		D8690	Ortho treatment (bill/contract)	105.56	04/23/2019	CENTRAL D DS1

A

C

COMPLETED PROCEDURES TOTAL: 8,492.56

How do I run the Procedures Not Attached to Insurance Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Procedures Not Attached to Insurance**. For additional details about running this report, see the “Procedures Not Attached to Insurance Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Procedure Details** – The patient’s name, procedure date, tooth number(s) involved in the procedure, procedure code, description, and procedure total.
- B. Expires** – The deadline for submitting a claim for the procedure.
- C. Total** – The total amount of the completed procedures included on the report.

Production Summary Report

The Production Summary Report displays production for procedures that have been posted to the Ledger.

Why: To compare procedure production statistics, to print a record of transactions each day, to review production totals for a date or date range

When: Yearly, at the beginning of each budgeting cycle, or daily (the frequency depends on how the report is run)

Production Summary						
05/05/2018 - 05/05/2018 Procedure Date						
Clinics: <ALL>						
Provider: <ALL>						
Billing Types: <ALL>						
Report Date: 05/05/2018		Report Generated By: enterprise			Page 1 of 1	
Procedure Date	Entry Date	Patient Name	BT	Description	Amount	
		Quantity	Total	Average	Percent	
05/05/2018	05/05/2018	Abbott, James S	2	D5214 - Mand partial-metal base w/sdls		801.00
05/05/2018	05/05/2018	Little, Brian	1	D2386 - Resin-2 surface, post-permanent		120.00
05/05/2018	05/05/2018	Little, Brian	1	D2761 - Crown Insert		110.00
05/05/2018	05/05/2018	Little, Brian	1	D2752 - Crown-porc fused noble metal		110.00
05/05/2018	05/05/2018	Little, Brian	1	D2954 - Prefab post&core in add to cm		110.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6240 - Pontic-porcelain fused to hnob		200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6750 - Retainer cm-porc fused-hi nob		200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6750 - Retainer cm-porc fused-hi nob		200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6240 - Pontic-porcelain fused to hnob		200.00
GRAND TOTALS:						
			0	0.00	0.00	0.00%
			9	2,051.00	227.89	100.00%
		Total	9	2,051.00	227.89	100.00%

A

B

C

DDS1						
CENTRAL						
05/05/2018	05/05/2018	Little, Brian	1	D2386 - Resin-2 surface, post-permanent		120.00
05/05/2018	05/05/2018	Little, Brian	1	D2761 - Crown Insert		110.00
05/05/2018	05/05/2018	Little, Brian	1	D2752 - Crown-porc fused noble metal		110.00
05/05/2018	05/05/2018	Little, Brian	1	D2954 - Prefab post&core in add to crn		110.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6240 - Pontic-porcelain fused to hnob		200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6750 - Retainer crm-porc fused-hi nob		200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6750 - Retainer crm-porc fused-hi nob		200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6240 - Pontic-porcelain fused to hnob		200.00
CENTRAL						
Medicaid		0		0.00		0.00%
Non-Medicaid		8		1,250.00		156.25 100.00%
Total		8		1,250.00		156.25 100.00%
<hr/>						
DDS1						
Medicaid		0		0.00		0.00%
Non-Medicaid		8		1,250.00		156.25 100.00%
Total		8		1,250.00		156.25 60.95%

D

CENTRAL						
DDS1						
05/05/2018	05/05/2018	Little, Brian	1	D2386 - Resin-2 surface, post-permanent		120.00
05/05/2018	05/05/2018	Little, Brian	1	D2761 - Crown Insert		110.00
05/05/2018	05/05/2018	Little, Brian	1	D2752 - Crown-porc fused noble metal		110.00
05/05/2018	05/05/2018	Little, Brian	1	D2954 - Prefab post&core in add to crn		110.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6240 - Pontic-porcelain fused to hnob		200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6750 - Retainer crm-porc fused-hi nob		200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6750 - Retainer crm-porc fused-hi nob		200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6240 - Pontic-porcelain fused to hnob		200.00
DDS1						
Medicaid		0		0.00		0.00%
Non-Medicaid		8		1,250.00		156.25 100.00%
Total		8		1,250.00		156.25 60.95%
<hr/>						
DDS2						
05/05/2018	05/05/2018	Abbott, James S	2	D5214 - Mand partial-metal base w/sdls		801.00
DDS2						
Medicaid		0		0.00		0.00%
Non-Medicaid		1		801.00		801.00 100.00%
Total		1		801.00		801.00 39.05%
<hr/>						
CENTRAL						
Medicaid		0		0.00		0.00%
Non-Medicaid		9		2,051.00		227.89 100.00%
Total		9		2,051.00		227.89 100.00%

How do I run the Production Summary Report?

From the DXOne Reporting module, select **Analysis**, and then double-click **Production Summary**. For additional details about running this report, see the “Production Summary Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information can be used to monitor production for each provider and/or clinic:

A. Procedures – The procedures posted to the Ledger are listed if **Include Patient Detail** is selected when setting up the options to run this report. Each procedure provides the following information:

- **Entry Date** – The date a procedure is posted to the Ledger.
- **Procedure Date** – The date a procedure is posted to the Chart.

Note: It is essential that you understand the difference between Entry Dates and Procedure Dates. For details about these dates, see the “Tips for Understanding Dentrix Enterprise Reports” section in the Introduction of this book.

- **Patient Name** – The name of the patient on whom the procedure was performed.
- **Code and Description** – The ADA code and description of the procedure.
- **Amount** – The fee for the procedure posted in the Ledger.

B. Grand Totals – The Grand Totals section displays the following information:

- **Quantity** – The number of procedures posted during the date range of the report.
- **Total** – The total amount of the procedures billed for the procedures.

Note: This amount is not affected by payment adjustments (for example, if \$500 was posted for a procedure, but the patient was given a \$400 charity care adjustment, \$500 would be used to calculate the procedure total).

- **Average** – The average amount charged for a procedure (Total / Quantity).
- **Percent** – The Total divided by the Total Production Charges. The percent column assists you in comparing procedures. The higher the percentage, the more money the procedure is bringing into the office.
- **Medicaid Totals** – If **Separate Totals for Medicaid and Non-Medicaid Patients** is selected when setting up options to run this report, the Grand Totals section will divide up the Totals to reflect production from patients with Medicaid and those without Medicaid.
- **Totals** – The combined amounts of the Medicaid and Non-Medicaid totals.

C. Provider Totals – The production is shown for the provider with a breakdown of the procedures for each clinic the provider works in. Each clinic’s production is subtotaled. After the clinic subtotals, a totals summary for the provider appears.

D. Clinic Totals – The production is shown for the clinic with a breakdown of the procedures performed by each provider at that clinic. Each provider’s production is subtotaled. After the provider subtotals, a totals summary for the clinic appears.

Provider A/R Totals - Daily Report

The Provider A/R Totals - Daily Report displays daily production totals. For additional information on this report, see the "Provider A/R Totals - Standard Report" on page 270.

\$	Why: To view daily production totals for a date range
	When: As needed

Report Date: 04/23/2018		Report Generated By: enterprise								Page 1 of 2		
Beginning Balance	Production					Collection				Ending Balance	Net Change	% Collected
	Charges	+Adj	-Adj	Total		Payments	+Adj	-Adj	Total			
Debit Initial Balances	Debit Special Adjustments	Finance Charges	Late Charges	Insurance Payments	Credit Initial Balances	Credit Special Adjustments						
04/22/2018												
2,205.00	386.00	10.00	0.00	417.00	-30.20	0.00	-20.00	-50.20	2,571.80	366.80	12.04%	
0.00	0.00	0.00	0.00	21.00	0.00	0.00	0.00	0.00				
04/23/2018												
2,571.80	0.00	0.00	0.00	8,262.00	0.00	0.00	0.00	0.00	10,833.80	8,262.00	0.00%	
0.00	0.00	0.00	332.00	7,930.00	0.00	0.00	0.00	0.00				
GRAND TOTALS												
2,205.00	386.00	10.00	0.00	8,679.00	-30.20	0.00	-20.00	-50.20	10,833.80	8,628.80	0.58%	
0.00	0.00	0.00	332.00	7,951.00	0.00	0.00	0.00	0.00				

DDS1												
04/22/2009												
1,722.00	386.00	10.00	0.00	417.00	-23.00	0.00	-10.00	-33.00	2,106.00	384.00	7.91%	
0.00	0.00	0.00	0.00	21.00	0.00	0.00	0.00	0.00				
04/23/2009												
06.00	0.00	0.00	0.00	8,262.00	0.00	0.00	0.00	0.00	10,368.00	8,262.00	0.00%	
0.00	0.00	0.00	332.00	7,930.00	0.00	0.00	0.00	0.00				
1,722.00	386.00	10.00	0.00	8,679.00	-23.00	0.00	-10.00	-33.00	10,368.00	8,646.00	0.38%	
0.00	0.00	0.00	332.00	7,951.00	0.00	0.00	0.00	0.00				

Production Adjustments				Collection Adjustments			
04: +Debit Adjustment				01: -Professional Discount			
05: +Patient Refund				02: -Cash Discount			
				03: -Credit Adjustment			
				06: -Write-Off			

How do I run the Provider A/R Totals - Daily Report?

From the DXOne Reporting module, select **Management**, and then double-click **Provider A/R Totals**. For additional details about running this report, see the “Provider Accounts Receivable Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by initial or rendering provider with a daily A/R breakdown. The report contains the following information.

- A. Daily Break Down** – A daily breakdown of production totals.
- B. Standard Provider A/R Totals** – Standard provider accounts receivable totals. See the “Provider A/R Totals - Standard Report” on page 270 for details about each column on this report.
- C. Grand Totals** – The combined daily production totals for all providers on the report.
- D. Provider Totals** – If **Initial Provider** or **Rendering Provider** is selected when setting up options to run this report, the totals are grouped and subtotaled by initial or rendering provider.
- E. Adjustment Types List** – If you select **Include Adjustment Types List** when setting options for running this report, the Adjustment Types List appears on the report. This list identifies whether an adjustment type has been set as a Production or Collections adjustment for the report.

Provider A/R Totals - Standard Report

The Provider A/R Totals - Standard Report displays production totals. This report is more accurate than other production reports because it takes into account production and collection adjustments. For example, if a procedure was posted for \$1000, but a \$900 Charity Care credit was given to the patient, the Production A/R Totals Report will show the procedure produced \$100 in revenue, rather than \$1000.

\$	<p>Why: To view production totals for a date range</p> <p>When: Yearly, and monthly or weekly</p>
-----------	-----------------------------------------------------------------------------------------------------------------

Note: For accurate reporting, follow these recommendations:

- Post charge (production) and credit (collections) adjustments properly.
- Close your books nightly.
- Look at the net production figures within the date range of the report.
- To see where allocations occur, you can run the Provider Revenue Report.

PROVIDER A/R - STANDARD												
04/30/2018 - 04/30/2018 Procedure Date												
Clinics: <ALL>												
Providers: AMCCLURE, DDS01, DDS1, DDS2												
Billing Type: <ALL>												
Report Date: 04/30/2018				Report Generated By: enterprise				Page 1 of 2				
Beginning Balance	Production				Collection				Ending Balance	Net Change	% Collected	
	Charges	+Adj	-Adj	Total	Payments	+Adj	-Adj	Total				
	Debit Initial Balances	Debit Special Adjustments	Finance Charges	Late Charges	Insurance Payments	Credit Initial Balances	Credit Special Adjustments					
AMCCLURE												
7,843.00	100.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	7,943.00	100.00	0.00%	
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
DDS01												
90.00	180.00	0.00	0.00	1,690.00	-38.00	0.00	0.00	-38.00	1,742.00	1,652.00	2.25%	
	1,510.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
DDS1												
1,187.00	4,920.56	100.00	0.00	13,325.56	-132.00	0.00	-10.00	-945.40	13,567.16	12,380.16	7.09%	
	0.00	0.00	354.00	7,951.00	-803.40	0.00	0.00	0.00				
DDS2												
	552.00	0.00	0.00	552.00	-7.20	0.00	-10.00	-17.20				
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
GRAND TOTALS												
9,120.00	5,752.56	100.00	0.00	15,667.56	-177.20	0.00	-20.00	-1,000.60	23,786.96	14,666.96	6.39%	
	1,510.00	0.00	354.00	7,951.00	-803.40	0.00	0.00	0.00				

Production Adjustments	Collection Adjustments
04: +Debit Adjustment	01: -Professional Discount
05: +Patient Refund	02: -Cash Discount
	03: -Credit Adjustment
	06: -Write-Off

How do I run the Provider A/R Totals - Standard Report?

From the DXOne Reporting module, select **Management**, and then double-click **Provider A/R Totals**. For additional details about running this report, see the "Provider A/R Totals Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Beginning Balance – The outstanding amount that is owed to the provider/clinic at the end of the day prior to the beginning date range of the report.

B. Production

- **Charges** – The total charges for the provider/office within the date range.
- **Debit Initial Balances** – The total positive initial balances entered from the Ledger.
- **+ Adj** – The total production adjustments that increase (debit) accounts receivable. This amount does not include debit initial balances, debit special adjustments, finance charges, and late charges.
- **Debit Special Adjustments** – The total debit adjustments made during the editing of family relations from the Family File.
- **- Adj** – The total production adjustments that reduce (credit) accounts receivable.
- **Finance Charges** – The total finance charges for payment agreements.
- **Late Charges** – The total late fees for delinquent payments.
- **Total** – The total production.

C. Collection

- **Payments** – The total payments for the provider/office within the date range.
- **Insurance Payments** – The total payments from insurance companies for the provider/office within the date range.
- **+ Adj** – The total collection adjustments that increase (debit) accounts receivable.
- **Credit Initial Balances** – The total negative initial balances entered from the Ledger.
- **- Adj** – The total collection adjustments that decrease (credit) accounts receivable.
- **Credit Special Adjustments** – The total credit adjustments made during the editing of family relations from the Family File.

D. Ending Balance – The outstanding amount that is owed to the provider/clinic at the end date of the report.

E. Net Change – The difference between the Beginning Balance and Ending Balance (or between Production and Collections).

F. % Collected – The percentage of collections (the Production Total divided by the Collections Total) within the date range of the report.

G. Provider and Grand Totals – According to the **Group By** option selected when setting options for this report, the totals can be grouped by initial or rendering provider. The grand totals of all providers on the report also appear.

H. Adjustment Types List – If you select **Include Adjustment Types List** when setting options for running this report, the Adjustment Types List appears on the report. This list identifies whether an adjustment type has been set as a production or collections adjustment for the report.

Grouping and Clinic Selection Scenarios

Keep the following in mind when setting up the options for the Provider A/R Totals Report:

- When grouping the report by **Initial Provider**:
 - The **Collecting Clinic** and **Rendering Clinic** options are not available.
 - The report uses the **Collecting Clinic** for credits and the **Rendering Clinic** for charges.
- When using **No Group By** for the report (or grouping the report by something other than the initial provider):
 - Regardless of whether **Collecting Clinic** or **Rendering Clinic** is selected, the report always uses the **Rendering Clinic** for charges.
 - With **Collecting Clinic** selected, the report uses the **Collecting Clinic** for credits.
 - With **Rendering Clinic** selected, the report uses the **Rendering Clinic** for credits.
- Make sure the **Adjustment Types** for the report are set up correctly:
 - The adjustment types that affect production are assigned to **Production Adjustments**.
 - The adjustment types that affect collections are assigned to **Collection Adjustments**.

Report Type: Standard Summary, Daily Summary

Group By: No Group By, Initial Provider, Rendering Provider

Select Clinic: Collecting Clinic, Rendering Clinic

Select Provider: All

Report Type: Standard Summary, Daily Summary

Group By: No Group By, Initial Provider, Rendering Provider

Select Clinic: Collecting Clinic, Rendering Clinic

Select Provider: All

Allocation Date: Allocation Date, Credit's Procedure/Entry Date

Select Billing Type: All

Adjustment Types

Assign Adjustment Types

Production Adjustments	Collection Adjustments
001: +Carecredit Refund	003: -Credit Adjustment
002: +Patient Refund	005: -Professional Courtesy
004: +Debit Adjustment	006: -Write-Off
007: +CorrectedTreatment	008: -Corrected Treatment
009: +Credit Adjustment	011: -Account Transfer
010: +Account Transfers	015: -Cash Discount
012: +NSF (Return Check)	017: -Credit Transfer
013: +Neshat Debit Balance	018: -Returned Check
014: +Unicorn Refund	019: -Neshat Credit Balance
016: +Credit Transfer	021: -Initial Credit Balance Forward
020: -Initial Balance Forward	024: -PPD Adjustment
022: +CAP ADJUSTMENT	027: -Medicaid test negative
023: +SUPPLEMENTAL ADJUSTMENT	031: -Professional Discount
025: +NESHAT REFUND	
026: +Medicaid test positive	
028: +Insurance Refund	
029: +Reverse Prior Adjustment	
030: +Credit Card Refund	

OK Cancel

Beginning Balance

A charge or applied credit is included according to the following criteria:

Initial Provider	No Group By	
	Collecting Clinic	Rendering Clinic
Ending Balance, plus Credits, minus Charges	Ending Balance, plus Credits, minus Charges	One of the following types: <ul style="list-style-type: none"> • Completed Procedure Codes • Charge Adjustments • Finance Charges • Charge Special Adjustments • Charge Initial Balances
		Charges minus Applied Credits
		(Charge only) The provider is one of the specified providers
		(Charge only) The amount is greater than zero
		(Charge only) The entry date or procedure date is before the beginning date of the specified range
		(Credit only) The allocation date is before the beginning date of the specified range (Entry or procedure date is ignored)
		The corresponding charge meets the criteria to be included on the report
		(Credit only) Applied to a completed procedure for an ADA code not being excluded
The corresponding procedure meets the criteria to be included on the report		

Charges (Production)

A transaction is included as a charge on the report according to the following criteria:

Initial Provider	No Group By	
	Collecting Clinic	Rendering Clinic
One of the following types: <ul style="list-style-type: none"> Completed Procedures Charge Adjustments (+Adj or -Adj, depending on production adjustment types specified) Finance Charges Debit Special Adjustments Late Charges Debit Initial Balances 		
The amount is greater than zero		
The entry date or procedure date is within the specified range		
The billing type of the family is one of the specified billing types		
The rendering clinic is one of the specified clinics		
The patient has an initial provider	The provider is one of the specified providers	The provider is one of the specified providers
(Completed procedure only) The ADA code is not being excluded		

Credits (Collection)

A transaction is included as a credit on the report according to the following criteria:

Initial Provider	No Group By	
	Collecting Clinic	Rendering Clinic
One of the following types: <ul style="list-style-type: none"> (Guarantor) Payments Credit Adjustments (+Adj or -Adj, depending on the collection adjustment types specified) Insurance Payments Credit Special Adjustments Credit Initial Balances 		
The amount is less than zero (The full amount of the credit)	The amount is less than zero (The applied amount only)	The amount is less than zero (The applied amount only)
The entry date or procedure date is within the specified range	The allocation date is within the specified range (Entry or procedure date is ignored)	The allocation date is within the specified range (Entry or procedure date is ignored)
The billing type of the family is one of the specified billing types		
The rendering clinic is one of the specified clinics	The collecting clinic is one of the specified clinics	The rendering clinic is one of the specified clinics
The patient has an initial provider	The provider is one of the specified providers	The provider is one of the specified providers
Ignores ADA code exclusions	Applied to a completed procedure for an ADA code not being excluded	Applied to a completed procedure for an ADA code not being excluded


Ending Balance

A charge or credit is included according to the following criteria:

Initial Provider	No Group By	
	Collecting Clinic	Rendering Clinic
One of the following types: <ul style="list-style-type: none"> • Completed Procedure Codes • Guarantor Payments • Charge Adjustments • Credit Adjustments • Insurance Payments • Finance Charges • Charge Special Adjustments • Credit Special Adjustments • Late Charges • Charge Initial Balances 	One of the following types: <ul style="list-style-type: none"> • Completed Procedure Codes • Charge Adjustments • Finance Charges • Charge Special Adjustments • Charge Initial Balances 	Beginning Balance, minus Credits, plus Charges
Charges plus Credits	Charges minus Applied Credits	
The patient has an initial provider	(Charge only) The provider is one of the specified providers	
	(Charge only) The amount is greater than zero	
The entry date or procedure date is on or before the ending date of the specified	(Charge only) The entry date or procedure date is on or before the ending date of the specified range	
	(Credit only) The allocation date is on or before the ending date of the specified range (Entry or procedure date is ignored) The corresponding charge meets the criteria to be included on the report	
The billing type of the family is one of the specified billing types		
The rendering clinic is one of the specified clinics	The collecting clinic is one of the specified clinics	
(Completed procedure only) The ADA code is not being excluded	(Completed procedure only) The ADA code is not being excluded	
	(Credit only) Applied to a completed procedure for an ADA code not being excluded The corresponding procedure meets the criteria to be included on the report	

Provider IDs List

The Provider IDs List displays information about each provider and the insurance carriers for which each provider has an ID.



Why: To ensure claim forms populate with the correct provider ID

When: After Dentrax Enterprise setup, and as needed

PROVIDER IDS LIST

Insurance Carriers: <ALL> - <ALL>
 Clinics: <ALL>
 Providers: <ALL>

Report Date: 04/22/2018 Report Generated By: enterprise Page 1 of 4

Provider Name: McClure, Angela

Address: P.O. Box 123456
Hartford, CT 06104

Title: Dr.

ID: AMCCLURE

Clinic: MESA

Phone: (800) 555-4343

BC/BS ID#: 1234567

Specialty: Dentist

Provider Class: Primary

SS#: 000-00-0000

FEE Schedule: 1: Office

RVU Schedule: <Not Assigned>

State ID#: 123456

TIN#: 000000000

Medicaid#: 12345

DrugID#:

Provider#:

Office#:

NPI: 0

Clinic: CENTRAL

Dental Carrier: Connecticut General

Address: P.O. Box 1234
Hartford, CT 06104

Phone: (800) 555-4343

Contact:

Clinic TIN#:

Group Name: Acme Insurance Group

Group #: 1234567

Local (Union):

Employer: Acme Inc

Payor ID:

Provider ID Code: _____

0B State License Number

Provider ID Number: _____

1234a1234b

Provider Name: Smith, Dennis

Address: 123456 Street Name
City, UT 84003

Title: Dr

ID: DDS01

Clinic: CENTRAL

Phone:

BC/BS ID#:

Specialty: Dentist

Provider Class: Primary

SS#:

FEE Schedule: 1: Office

RVU Schedule: 1

State ID#:

TIN#:

Medicaid#:

DrugID#:

Provider#:

Office#:

NPI:

Clinic: CENTRAL

Dental Carrier: Aethna

Address: 123456 Street Name
City, UT 84003

Phone:

Contact:

Clinic TIN#:

Group Name: HSPS A

Group #:

Local (Union):

Employer:

Payor ID:

Provider ID Code: _____

0B State License Number

Provider ID Number: _____

12345abc678def

Dental Carrier: Aethna

Address: 12345 Street Name

Group Name: HSPS B

Group #:

Local (Union):

How do I run the Provider IDs List?

From the DXOne Reporting module, select **Reference**, and then double-click **Provider IDs List**. For additional details about running this report, see the “Provider IDs List” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Provider Details – Displays general information about each provider, including important numbers associated with the provider. This information is found in the **Provider Information** dialog box, which can be accessed from the Office Manager module. For details about how to edit this information, see the “Adding, editing, inactivating, and reactivating providers” topic in the Dentrix Enterprise Help.

B. Clinics – The clinics to which a provider has been assigned.

C. Carrier Details – Displays general information about each insurance carrier for which a provider ID has been entered. Insurance carrier information is found in the **Dental Insurance Plan Information** dialog box, which can be accessed from the Office Manager. For details about how to enter provider IDs, see the “Adding and editing insurance plans” topic in the Dentrix Enterprise Help.

D. Provider ID Details – Displays the provider’s ID code and number that has been entered for the insurance carrier. Provider ID information is found in the **Provider ID Setup** dialog box, which can be accessed from the Office Manager. For details on how to enter provider IDs, see the “Adding and editing insurance plans” topic in the Dentrix Enterprise Help.

OB State License Number	Provider ID Code	Provider ID Number	Clinic
12345abc678def	MESA	12345abc678def	MESA

Provider Revenue - Allocations Report

The Provider Revenue Detail for Allocations Report lists payments and credits allocated to charges that have been posted for each provider.

\$ Why: To have a record of revenue generated by each provider, to view the payments and adjustments that are being applied to charges, and to ensure correct allocation of payments and credits to procedures that have been performed

When: Daily

Provider Revenue Detail for Allocations

Date Range: 01/07/2018 - 04/23/2018
 Include Allocations: <ALL>
 Guarantor Range: <ALL> - <ALL>
 Clinics: <ALL>(Collecting)
 Providers: <ALL>
 Billing Type: <ALL>
 Adjustment Type(s): <ALL>
 Payment Type(s): <ALL>

Report Date: 04/23/2018

Report Generated By: enterprise

Page 1 of 1

Entry Date	Proc Date	Patient Name	Description	Amount	BT	Clinic
------------	-----------	--------------	-------------	--------	----	--------

A
B
C

Provider: DDS1

Allocate Date:	04/22/2018	04/22/2018	04/22/2018	04/22/2018	04/22/2018	04/22/2018	04/22/2018
Larson, Bill	Larson, Bill	Larson, Bill	Larson, Bill	Larson, Bill	Larson, Bill	Larson, Bill	Larson, Bill
D2150:Amalgam-2 surf. prim/perm	-Professional Discount						
Allocated Amount:	156.00	-10.00	1	CENTRAL			
D2150:Amalgam-2 surf. prim/perm							
Allocated Amount:	23.00						
D2150:Amalgam-2 surf. prim/perm	Check Payment - Thank You						
Allocated Amount:	156.00						
Check Payment - Thank You							
Allocated Amount:	23.00						
Check Payment - Thank You							
Allocated Amount:	156.00						
Check Payment - Thank You							
Allocated Amount:	23.00						
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How do I run the Provider Revenue - Allocations Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Provider Revenue**. For additional details about running this report, see the "Provider Revenue Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

For each provider, each allocation is listed with the corresponding charge, and payments and/or credit adjustments.

- A. Allocation** – The date the allocation was posted and the amount that was allocated to a charge appear.
- B. Charge** – For the charge, the following details appear: entry date, procedure date, patient name, procedure description, amount, billing type, and clinic (where service was rendered).
- C. Payment/Credit** – For each payment or credit, the following details appear: entry date, procedure date, patient name, payment/credit adjustment description, amount, date the amount was allocated to the charge, amount allocated to the charge, billing type, and collecting/rendering clinic.

***Note:** It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the "Tips for Understanding Dentrix Enterprise Reports" section in the Introduction of this book.*

- D. Provider Totals** – The insurance and non-insurance payments, credit adjustments, and total revenue (which is the sum of the payments and credits) for the provider.
- E. Grand Totals** – The totals for all providers on the report.

Provider Revenue - Charges Report

The Provider Revenue Detail for Charges Report lists payments and credits allocated to charges that have been posted for each provider.

\$	Why: To have a record of revenue generated by each provider, to view the payments and adjustments that are being applied to charges, and to ensure correct allocation of payments and credits to procedures that have been performed
	When: Daily

Provider Revenue Detail for Charges							
Date Range: 04/01/2018 - 05/05/2018 Include Allocations: <ALL> Guarantor Range: <ALL> - <ALL> Clinics: <ALL>(Collecting) Providers: <ALL> Billing Type: <ALL> Adjustment Type(s): <ALL> Payment Type(s): <ALL>							
Report Date: 05/05/2018		Report Generated By: enterprise				Page 1 of 1	
Entry Date	Proc Date	Patient Name	Description	Amount	Alloc Date	Alloc Amt	BT Clinic
Provider: DDS01							
04/23/2018	04/23/2018	Payne, Scott	D2160:Amalgam-3 surf. prim/perm	90.00			1 CENTRAL
04/23/2018	04/23/2018	Payne, Mildred <Family>	Check Payment - Thank You	-20.00	04/23/2009	20.00	1 CENTRAL
04/27/2018	04/27/2018	Payne, Mildred <Family>	Cash Payment - Thank You	-100.00	04/27/2009	18.00	1 CENTRAL
DDS01- Insurance: 0.00 Non-Insurance: 38.00 Credit Adjustments: 0.00 Total: 38.00							
Provider: DDS1							
04/22/2018	04/22/2018	Larson, Bill	D2150:Amalgam-2 surf. prim/perm	156.00			1 CENTRAL
04/22/2018	04/22/2018	Larson, Bill <Family>	Check Payment - Thank You	-23.00	04/22/2009	23.00	1 CENTRAL
04/22/2018	04/22/2018	Larson, Bill <Family>	-Professional Discount	-10.00	04/22/2009	10.00	1 CENTRAL
04/23/2018	04/23/2018	Larson, Bill	D7120:Extraction-each additional	71.00			1 CENTRAL
05/05/2018	05/05/2018	Larson, Bill	Insurance Payment	-71.00	05/05/2009	71.00	1 CENTRAL
04/23/2018	04/23/2018	Payne, Mildred <Family>	Finance Charge	100.00			1 CENTRAL
04/27/2018	04/27/2018	Payne, Mildred <Family>	Cash Payment - Thank You	-100.00	04/27/2009	82.00	1 CENTRAL
04/30/2018	04/30/2018	Larson, Bill <Family>	+Debit Adjustment	90.00			1 CENTRAL
04/29/2018	04/22/2018	Larson, Bill <Family>	Cash Payment - Thank You	-20.00	04/30/2009	20.00	1 CENTRAL
DDS1- Insurance: 71.00 Non-Insurance: 125.00 Credit Adjustments: 10.00 Total: 206.00							
Provider: DROBB							
04/07/2018	04/07/2018	Abbott, James S	D1110:Prophylaxis-adult	48.00			2 CENTRAL
04/22/2018	04/22/2018	Abbott, Patricia <Family>	Check Payment - Thank You	-125.00	04/22/2009	9.60	2 CENTRAL
04/15/2018	04/15/2018	Abbott, James S	D8670:Periodic ortho visit (contract)	950.00			2 CENTRAL
04/22/2018	04/22/2018	Abbott, Patricia <Family>	Check Payment - Thank You	-125.00	04/22/2009	108.20	2 CENTRAL
04/30/2018	04/30/2018	Abbott, Patricia <Family>	-Professional Discount	-25.00	04/30/2009	25.00	2 CENTRAL
04/15/2018	04/15/2018	Abbott, James S	90620:Exam and consultation	500.00			2 CENTRAL
05/01/2018	05/01/2018	Abbott, Patricia <Family>	Cash Payment - Thank You	-20.00	05/01/2009	20.00	2 CENTRAL
DROBB- Insurance: 0.00 Non-Insurance: 137.80 Credit Adjustments: 25.00 Total: 162.80							
Grand Totals- Insurance: 71.00 Non-Insurance: 300.80 Credit Adjustments: 35.00 Total: 406.80							

How do I run the Provider Revenue - Charges Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Provider Revenue**. For additional details about running this report, see the "Provider Revenue Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

For each provider, each charge is listed with the payments and/or credit adjustments allocated to that charge.

- A. Charges** – For each charge, the following details appear: entry date, procedure date, patient name, procedure description, amount, billing type, and clinic (where service was rendered).
- B. Allocations** – For each payment or credit, the following details appear: entry date, procedure date, patient name, payment/credit adjustment description, amount, date the amount was allocated to the charge, amount allocated to the charge, billing type, and collecting/rendering clinic.

***Note:** It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the "Tips for Understanding Dentrix Enterprise Reports" section in the Introduction of this book.*

- C. Provider Totals** – The insurance and non-insurance payments, credit adjustments, and total revenue (the sum of the payments and credits) for the provider.
- D. Grand Totals** – The totals for all providers on the report.

Provider Revenue - Credits Report

The Provider Revenue Detail for Credits Report lists payments and credits allocated to charges that have been posted for each provider.

\$	Why: To have a record of revenue generated by each provider, to view the payments and adjustments that are being applied to charges, and to ensure correct allocation of payments and credits to procedures that have been performed
	When: Daily

Provider Revenue Detail for Credits

Date Range: 01/23/2018 - 04/23/2018
 Include Allocations: <ALL>
 Guarantor Range: <ALL> - <ALL>
 Clinics: <ALL>(Collecting)
 Providers: <ALL>
 Billing Type: <ALL>
 Adjustment Type(s): <ALL>
 Payment Type(s): <ALL>

Report Date: 04/23/2018

Report Generated By: enterprise

Page 1 of 1

Entry Date	Proc Date	Patient Name	Description	Amount	Alloc Date	Alloc Amt	BT	Clinic
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Provider: DDS1

04/22/2018	04/22/2018	Larson, Bill <Family>	Check Payment - Thank You	-23.00		23.00	1	CENTRAL
04/22/2018	04/22/2018	Larson, Bill	D2150:Amalgam-2 surf. prim/perm	156.00	04/22/2018	23.00	1	CENTRAL
04/22/2018	04/22/2018	Larson, Bill <Family>	-Professional Discount	-10.00		10.00	1	CENTRAL
04/22/2018	04/22/2018	Larson, Bill	D2150:Amalgam-2 surf. prim/perm	156.00	04/22/2018	10.00	1	CENTRAL

DDS1- Insurance: 0.00 Non-Insurance: 23.00 Credit Adjustments: 10.00 Total: 33.00

Provider: DROBB

04/22/2018	04/22/2018	Abbott, Patricia <Family>	Check Payment - Thank You	-125.00		117.80	2	CENTRAL
01/27/2018	01/27/2018	Abbott, James S	D1110:Prophylaxis-adult	48.00	04/22/2018	9.60	2	CENTRAL
02/15/2018	02/15/2018	Abbott, James S	D8670:Periodic ortho visit (contract)	950.00	04/22/2018	108.20	2	CENTRAL

DROBB- Insurance: 0.00 Non-Insurance: 117.80 Credit Adjustments: 0.00 Total: 117.80

Grand Totals- Insurance: 0.00 Non-Insurance: 140.80 Credit Adjustments: 10.00 Total: 150.80

- A
- B
- C
- D

How do I run the Provider Revenue - Credits Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Provider Revenue**. For additional details about running this report, see the "Provider Revenue Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

For each provider, each payment and/or credit adjustment is listed with the charge to which it was allocated:

A. Allocations – For each payment or credit, the following details appear: entry date, procedure date, patient name, payment/credit adjustment description, amount, amount allocated, billing type, and collecting/rendering clinic.

B. Charges – For each charge, the following details appear: entry date, procedure date, patient name, procedure description, amount, date an amount was allocated to the charge, amount allocated to the charge, billing type, and clinic (where service was rendered).

Note: It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the "Tips for Understanding Dentrix Enterprise Reports" section in the Introduction of this book.

C. Provider Totals – The insurance and non-insurance payments, credit adjustments, and total revenue (the sum of the payments and credits) for the provider.

D. Grand Totals – The totals for all providers on the report.

Provider Revenue - Summary Report

The Provider Revenue Detail Summary Report lists payments and credits allocated to charges that have been posted for each provider.

\$	<p>Why: To have a record of revenue generated by each provider, to view the payments and adjustments that are being applied to charges, and to ensure correct allocation of payments and credits to procedures that have been performed</p> <p>When: Daily</p>
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Provider Revenue Detail Summary				
Date Range: 12/1/2017 - 12/23/2017 Include Allocations: <ALL> Guarantor Range: <ALL> - <ALL> Clinics: <ALL>(Collecting) Providers: <ALL> Billing Type: <ALL> Adjustment Type(s): <ALL> Payment Type(s): <ALL>				
Report Date: 12/23/2017		Report Generated By: ENTERPRISE		Page 1 of 1
Provider	Insurance	Non-Insurance	Cr Adjustments	Total Revenue
AMCCLURE	145.00	50.00	22.00	217.00
DDS1	100.00	243.96	35.00	378.96
DDS-1	260.00	108.00	0.00	368.00
DDS2	0.00	100.00	0.00	100.00
DDS-2	105.00	0.00	0.00	105.00
DROBB	511.90	345.00	321.20	1,178.10
Grand Totals	1,121.90	846.96	378.20	2,347.06

A

B

How do I run the Provider Revenue - Summary Report?


From the DXOne Reporting module, select **Ledger**, and then double-click **Provider Revenue**. For additional details about running this report, see the "Provider Revenue Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Provider Totals** – The provider is listed with the corresponding insurance and non-insurance payments, credit adjustments, and total revenue, which is the sum of the payments and credits.
- B. Grand Totals** – The totals for all providers on the report.

Referral Analysis Report

The Referral Analysis report displays the number of referrals from each referral source. The report also displays the amount of production generated as a result of the referrals.

	<p>Why: To compare referral sources and to view the total number of referrals over a specified date range</p> <p>When: As needed</p>
-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------

Referral Analysis					
First Visit Date Range: 12/01/2017 - 12/17/2017 Treatment Date Range: 12/01/2017 - 12/17/2017 - Entry Date Clinic(s): <ALL> Provider(s): <ALL> Sort by: Referral Name					
Date: 12/31/2017		Report Generated By: enterprise		Page 1 of 1	
Patient Referred By	Number of Patients	Total Production	Average Per Patient	Percent of Number of Patients	Percent of Production
Dr. Evans, Jeff	10	\$1,433.00	\$143.30	34.48%	54.74%
Dr. Tyler, Mark	5	\$950.00	\$190.00	17.24%	36.29%
Family	2	\$105.00	\$52.50	6.90%	4.01%
Phone Survey	1	\$0.00	\$0.00	3.45%	0.00%
Yellow Page Ad	11	\$130.00	\$11.82	37.93%	4.97%
Total	29	\$2,618.00	\$397.62	100.00 %	100.00 %
Clinic Name	Number of Patients	Total Production	Average per patient		
CENTRAL	3	\$225.00	\$75.00		
Total Production	3	\$225.00	\$75.00		

A

B

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D

How do I run the Referral Analysis Report?

From the DXOne Reporting module, select **Analysis**, and then double-click **Referral Analysis**. For additional details about running this report, see the "Referral Analysis Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

This report can be sorted by the name of the referral source, number of patients referred, and production as a result of the referral. The report contains the following information:

A. Referral Sources

- **Patient Referred By** – The name of the person or entity that referred the patient.
- **Number of Patients** – The number of referrals from the referral source.
- **Total Production** – The total amount of production resulting from the referral source.
- **Average Per Patient** – The average production resulting from the referral source (Total Production/Number of Patients).
- **Percent of Number of Patients** – The percent of the referred patients on the report that come from the referral source listed (the total number of patients divided by the number of patients for the given referral source).
- **Percent of Production** – The production total divided by the combined production total.


B. Total – The totals for all referral sources.

C. Clinic Totals – The number of patients, total production, and average production per patient for each clinic.

D. Total Production – The total number of patients, total production, and average production per patient for all clinics on the report.

Referral Recap Report

The Referral Recap report lists the work completed and/or treatment planned for patients referred to your practice.



Why: To inform the referring doctor of the work completed/planned as a result of the referral

When: Monthly or weekly

REFERRAL RECAP

Dennis Smith,
1234 South Pine St
Mesa, AZ 85210
(480)555-6525

A

PATIENT INFORMATION

James S Abbott
123 S Oak Rd
Murray, UT 84123
555-1586

C

REFERRAL INFORMATION

Dr. Evans, Jeff
1234 N Maple
Provo, UT 84601
555-5622

B

Date: 04/23/2018

COMPLETED TREATMENT

COMPLETED DATE	TOOTH	SURFACE	CODE	DESCRIPTION
04/15/2018	17		D7230	Extraction-impacted/part bony
04/15/2018	16		D7140	Extract,erupted th/exposed rt
04/15/2018	32		D7140	Extract,erupted th/exposed rt
04/22/2018			D0274	Bitewings-four films

D

TREATMENT STILL IN PROGRESS

REFERRED DATE	TOOTH	SURFACE	CODE	DESCRIPTION
04/23/2018	UR		D4341	Perio scale&root pin-4+per quad

E

Additional Notes:
Additional notes appear here.

F

How do I run the Referral Recap Report?

- In the Office Manager, from the **Reports** menu, point to **Ledger**, and then click **Referral Recap**.
- In the Patient Chart, from the **File** menu, click **Print Referral**.
- In the Ledger, from the **Print** menu, click **Referral Recap**.

For additional details about running this report, see the “Referral Recap Report,” “Printing the Referral Recap Report,” and “Walkout statements” topics in the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- Provider** – The provider associated with the referral.
- Referring Doctor** – The referring doctor.
- Patient** – The referred patient.
- Completed Procedures** – All procedures completed as a result of the referral.
- Treatment Plans** – All procedures treatment planned as a result of the referral.
- Additional Notes** – Additional notes entered in the **Referral Recap Report** dialog box.


The screenshot shows the "Referral Recap Report" dialog box. It features several sections for data selection:

- Select Referral Source:** Includes "From: <ALL>" and "To: <ALL>" fields with selection buttons.
- Select Patient:** Includes "From: <ALL>" and "To: <ALL>" fields with selection buttons.
- Completed Work Date Range:** Includes "From: 05/16/2013" and "To: 05/16/2013" date fields.
- Procedure Code Range:** Includes "From: <ALL>" and "To: <ALL>" fields with selection buttons.
- Select Provider:** Includes "From: <ALL>" and "To: <ALL>" fields with selection buttons.
- Select Billing Type:** Includes "From: <ALL>" and "To: <ALL>" fields with selection buttons.
- Additional Notes:** A large text area containing a circled "F".

At the bottom of the dialog are "OK" and "Cancel" buttons.

Referral Slip

The Referral Slip allows you to provide patient referral information to other doctors.



Why: To provide specialists with referral information

When: After entering a referral in Dentrix Enterprise and before a patient leaves your office after being referred to a specialist

PATIENT REFERRAL SLIP

Dennis Smith,
1234 South Pine
Mesa, AZ 85210
(480)555-6525

PATIENT INFORMATION

James S Abbott
123 S Oak St
Murray, UT 84123
555-1586

REFERRAL INFORMATION

Charles M. Clark, M.D.
1234 N Medical Way
Mesa, AZ 85210
(212)555-5511

TP DATE	TOOTH	SURFACE	CODE	DESCRIPTION
05/13/2018	18		D7270	Reimplantation/stabilization

Additional Notes:

A

B

How do I run the Referral Slip?



In the Patient Chart, from the **File** menu, point to **Print Referral**, and then click **Referral Slip**. For additional details about running this report, see the "Printing a referral slip" topic in the Patient Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Procedures** – The procedures that have been completed within the specified date range are listed.
- B. Custom Note** – The note that was entered in the **Additional Notes** field when setting up the options to run this report.

Referred By Doctor/Other Report

The Referred By Doctor/Other report displays patients that have been referred to your practice by other doctors or non-person sources (such as, advertisements). This report also lists the production totals resulting from each referral.

	Why: To identify effective referral sources, to track revenue generated as a result of a referral source, and to maintain professional relations
	When: As needed

REFERRED BY DOCTOR/OTHER REPORT				
The Dentist Group				
Referral Date: 01/16/2018 - 04/23/2018				
Date: 04/23/2018			Page: 1	
DOCTOR/OTHER'S NAME	PHONE	TREATMENT PLAN	PRODUCTION	BALANCE
REFERRED PATIENT NAME	REFERRAL DATE			
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">A</div> <div> <p>Dr. Evans, Jeff 1234 N Cherry Ln Provo, UT 84601</p> </div> </div>	555-5622		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">B</div> <div> <p>Total Referrals: 13 Listed Referrals: 4 Last Gratuity Date: 04/23/2018 Gratuity Given: money</p> </div> </div>	
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">C</div> <div> <p>James S Abbott James S Abbott James S Abbott James S Abbott</p> </div> </div>	01/25/2018 01/26/2018 01/27/2018 04/23/2018		5366.00 5366.00 5366.00 5366.00	0.00 0.00 0.00 0.00
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">C</div> <div> <p>Dr. Tyler, Mark 1235 N. Cherry Ln Provo, UT 84601</p> </div> </div>	555-5962		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">B</div> <div> <p>Total Referrals: 5 Listed Referrals: 1 Last Gratuity Date: Gratuity Given:</p> </div> </div>	6573.84 6573.84 6573.84 6573.84
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">C</div> <div> <p>Patricia Abbott</p> </div> </div>	01/25/2018		5235.00	0.00
Family			<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">B</div> <div> <p>Total Referrals: 2 Listed Referrals: 1 Last Gratuity Date: Gratuity Given:</p> </div> </div>	6573.84
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">C</div> <div> <p>Brian R Little</p> </div> </div>	01/18/2018		765.00	0.00
Yellow Page Ad			<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">B</div> <div> <p>Total Referrals: 12 Listed Referrals: 3 Last Gratuity Date: Gratuity Given:</p> </div> </div>	200.00
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">C</div> <div> <p>Kevin, Little Mark Taylor Kerri Taylor</p> </div> </div>	04/23/2018 01/17/2018 01/25/2018		0.00 484.00 484.00	194.00 130.00 130.00
D			TOTAL REFERRALS:	32
			TOTAL LISTED REFERRALS:	9

How do I run the Referred By Doctor/Other Report?

In the Office Manager, from the **Reports** menu, point to **Management**, and then click **Referred By Doctor/Other Report**. For additional details about running this report, see the “Referred By Doctor/Other Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Doctor Information – The name, mailing address, and phone number of the referring doctor.

B. Referral Details – In addition to the date and description of the last gratuity given to the referral source, the following information appears on this report:

- **Total Referrals** – The total number of patients referred by the referral source. Be aware that report filters have no affect on this number; this number represents the total number of patients ever referred by the referral source.
- **Listed Referrals** – The total number of referrals displayed on the report for the referring doctor.

*Note: This number only appears if you select **Include Referred Patients** when setting options for this report.*

C. Referred Patients – If you select **Include Referred Patients** when setting options for this report, referred patients appear on the report. In addition to the name and referral date, the following information is listed for each referral displayed on the report:

- **Treatment Plan** – The total value of treatment plans for the patient.
- **Production** – The total value of completed procedures.

*Note: If all production values are zero, clear **Include Patients With No Production or Treatment Planned Procedures** when setting options for this report.*

- **Balance** – The patient’s current balance.


D. Report Totals

- **Total Referrals** – The total number of patients referred by the referral sources.
- **Listed Referrals** – The total number of referrals listed in this report.

*Note: This number only appears if you select **Include Referred Patients** when setting options for this report.*

Referred By Patient Report

The Referred By Patient Report lists the patients that have been referred to your practice by other patients. This report also lists the production totals resulting from each referral.

	Why: To track revenue resulting from patient referrals
	When: As needed

REFERRED BY PATIENT REPORT					
The Dentist Group					
Referral Date: 03/08/2018 - 03/08/2018			Production Date: 03/08/2018 - 03/08/2018		
Date:	03/08/2018				Page:
PATIENT'S NAME	REFERRAL PATIENT NAME	PHONE	TREATMENT PLAN	PRODUCTION	BALANCE
A Crosby, Brent T. (Patient) 123 Golden Pine Rd Kailua, TN 77308 Male		(743)555-2381	B Total Referrals: 1 Listed Referrals: 1 Last Gratuity Date: 02/23/2018 Gratuity Given: 2 movie tickets		
	Shirley Crosby	03/08/2018		0.00	0.00
C Larson, Amy (Patient) 123 W. Oak St Mesa, AZ 85210 Male			Total Referrals: 3 Listed Referrals: 1 Last Gratuity Date: Gratuity Given:		
	Amy Larson	03/08/2018		220.00	292.00
Perkins, Peggy M (Patient) 12345 Oakwood East Pointe, IN 40021 Female		(343)555-2507	Total Referrals: 1 Listed Referrals: 1 Last Gratuity Date: Gratuity Given:		
	Shelly Perkins	03/08/2018		1303.00	69.00
Reeves, Elisabeth (Patient) 12345 W. Country Ln Shire Hill, MI 47032 Female		(146)555-3896	Total Referrals: 1 Listed Referrals: 1 Last Gratuity Date: Gratuity Given:		
	Joshua Reeves	03/08/2018		0.00	300.00
D				TOTAL REFERRALS:	6
				TOTAL LISTED REFERRALS:	4

How do I run the Referred By Patient Report?


In the Office Manager, from the **Reports** menu, point to **Management**, and then click **Referred By Patient Report**. For additional details about running this report, see the “Referred By Patient Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Referring Patient Information** – The name, mailing address, phone number, and gender of patients that have provided referrals to your practice.
- B. Referral Details** – In addition to the date and description of the last gratuity given to the referring patient, the following information appears on this report:
- **Total Referrals** – The total number of patients referred by the patient. Be aware that report filters have no affect on this number; this number represents the total number of patients ever referred by the patient.
 - **Listed Referrals** – The total number of referrals displayed on the report for the referring patient.
- C. Referred Patients** – In addition to the name and referral date, the following information is listed for each referral displayed on the report:
- **Treatment Plan** – The total value of treatment plans for the referral.
 - **Production** – The total value of completed procedures.
*Note: If all production values are zero, clear **Include Patients With No Production** when setting options for this report.*
 - **Balance** – The referral’s current balance.
- D. Report Totals**
- **Total Referrals** – The total number of referrals provided by the referring patients.
 - **Listed Referrals** – The total number of referrals listed in this report.

Referred To Doctor Report

The Referred To Doctor Report lists the number of patients your practice has referred to another practice. Depending on report settings, this report also lists the name and referral date of each referral.

	Why: To maintain professional relations When: As needed
-----------------------------------------------------------------------------------	--------------------------------------------------------------------------

REFERRED TO DOCTOR REPORT				
The Dentist Group				
Referral Date: All Referral Sources				
Date: 04/23/2018		Page: 1		
DOCTOR'S NAME	PHONE	REFERRAL DATE		
REFERRED PATIENT NAME				
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;">A</div> Charles M. Clark, M.D. 1234 N Medical Way Mesa, AZ 85210	(212)555-5511		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;">B</div> Total Referrals: 13 Listed Referrals: 13	
	Patricia Abbott		03/12/2018	
	Mary Brown		04/05/2018	
	Anna Edwards		02/15/2018	
	John Edwards		01/17/2018	
	Harmon Davis		01/22/2018	
	Gary Gleason		01/09/2018	
	Sally Hayes		01/09/2018	
	Rachelle Johnson		04/11/2018	
	Brian Little		04/11/2018	
	Carol Little		04/11/2018	
	Chris Nelson		02/08/2018	
	Allen Perkins		04/07/2018	
Peggy Perkins		04/23/2018		
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;">C</div> Mark Tyler, D.D.S 1234 N. Dental Plaza Mesa, AZ 85210	(212)555-5962		Total Referrals: 7 Listed Referrals: 7	
	Corey Hansen		04/11/2018	
	Spencer Kenner		04/11/2018	
	Teresa Myers		04/11/2018	
	Samuel Perkins		02/15/2018	
	Lawrence Schow		02/15/2018	
	Michael Smith		04/23/2018	
	Jamie Winters		04/23/2018	
				<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;">D</div> TOTAL REFERRALS: 20 TOTAL LISTED REFERRALS: 20

How do I run the Referred To Doctor Report?

In the Office Manager, from the **Reports** menu, point to **Management**, and then click **Referred TO Doctor Report**. For additional details about running this report, see the “Referred TO Doctor Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Doctor Information – The name, mailing address, and phone number of a doctor to which the practice provided referrals.

B. Doctor Totals

- **Total Referrals** – The total number of patients referred to the doctor. Be aware that report filters have no affect on this number; this number represents the total number of patients ever referred to the doctor.
- **Listed Referrals** – The total number of referrals listed for the doctor.

*Note: This number only appears if you select **Include Referred Patients** when setting options for this report.*

C. Referred Patients – If you select **Include Referred Patients** when running this report, the name and referral date of each referral appears on the report.


D. Report Totals

- **Total Referrals** – The total number of referred patients.
- **Listed Referrals** – The total number of referred patients listed in this report.

*Note: Listed Referrals only appears if you select **Include Referred Patients** when setting options for this report.*

Registration Information Report

The Registration Information Report displays the practice's registration information and Dentrix Enterprise serial number.

	<p>Why: To quickly access your registration information and serial number</p> <p>When: As needed</p>
-----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

REGISTRATION INFORMATION		
The Dentist Group		Page: 1
Date: 04/22/2018		
A	<p>PRACTICE TITLE: [The Dentist Group] STREET1: [123 East Valley Drive] STREET2: [] CITY: [American Fork] STATE: [UT] ZIP: [84003] PHONE: [(801)555-9300] FISCAL MONTH: [January] COUNTRY: [] SERIAL #: [<EVALUATION COPY>]</p>	
B		

How do I run the Registration Information Report?



In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Registration Information**. For additional details about running this report, see the "Registration Information Report" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Practice Information** – The practice information associated with your serial number.
- B. Serial Number** – The Dentrix Enterprise product serial number.

RVU Day Sheet Report

The RVU Day Sheet report lists RVU production for procedures that have been posted to the Ledger.

	Why: To print a record of transactions each day, to review RVU production totals for a date or date range
	When: Daily

Production RVU Day Sheet									
Date Range: 04/24/2018 - 04/24/2018 Procedure Date									
Clinics: <ALL>									
Providers: <ALL>									
Billing Type: <ALL>									
Report Date: 05/01/2018			Report Generated By: enterprise				Page 1 of 1		
Entry Date	Proc Date	Patient Name	Chart #	TH Code	Description	RVU	Lab Exp.	Net RVU	BT
04/24/2018	04/24/2018	Smith, Brandon	SM0010	D1110	Prophylaxis-adult	25.00	0.00	25.00	1
04/24/2018	04/24/2018	Smith, Brandon	SM0010	D0120	Periodic oral evaluation	25.00	45.00	-20.00	1
04/24/2018	04/24/2018	Smith, Brandon	SM0010	D0274	Bitewings-four films	374.00	0.00	374.00	1
Total Summary						424.00	45.00	379.00	

A

B

DDS1 (Dennis Smith)									
CENTRAL									
04/24/2018	04/24/2018	Baber, Tom		64550	Transcutan. electric. stimul.	2,345.00	0.00	2,345.00	1
04/24/2018	04/24/2018	Abbott, Patricia	ABB102	16 D2391	Resin composite-1s, posterior	0.00	0.00	0.00	4
04/24/2018	04/24/2018	Abbott, Patricia	ABB102	17 D2391	Resin composite-1s, posterior	90.00	0.00	90.00	4
04/24/2018	04/24/2018	Raab, Kenneth D		14 D2150	Amalgam-2 surf. prim/perm	125.00	0.00	125.00	1
04/24/2018	04/24/2018	Raab, Kenneth D		3 D2750	Crown-porc fuse high noble mtl	900.00	450.00	450.00	1
CENTRAL Summary:						3,460.00	450.00	3,010.00	
DDS1 (Dennis Smith) Summary:						3,460.00	450.00	3,010.00	
Unique Patient Count for DDS1 (Dennis Smith): 3									
Unique Visit Count for DDS1 (Dennis Smith): 3									

C

CENTRAL									
DDS1 (Dennis Smith)									
04/24/2018	04/24/2018	Baber, Tom		64550	Transcutan. electric. stimul.	2,345.00	0.00	2,345.00	1
04/24/2018	04/24/2018	Abbott, Patricia	ABB102	16 D2391	Resin composite-1s, posterior	0.00	0.00	0.00	4
04/24/2018	04/24/2018	Abbott, Patricia	ABB102	17 D2391	Resin composite-1s, posterior	90.00	0.00	90.00	4
04/24/2018	04/24/2018	Raab, Kenneth D		14 D2150	Amalgam-2 surf. prim/perm	125.00	0.00	125.00	1
04/24/2018	04/24/2018	Raab, Kenneth D		3 D2750	Crown-porc fuse high noble mtl	900.00	450.00	450.00	1
DDS1 (Dennis Smith) Summary:						3,460.00	450.00	3,010.00	
Unique Patient Count for DDS1 (Dennis Smith): 3									
Unique Visit Count for DDS1 (Dennis Smith): 3									
CENTRAL Summary:						3,460.00	450.00	3,010.00	

D

How do I run the RVU Day Sheet Report?

From the DXOne Reporting module, select **Management**, and then double-click **RVU Day Sheet**. For additional details about running this report, see the “RVU day sheet” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information can be used to monitor RVU production for each provider and/or clinic:

A. Procedures – The procedures posted to the Ledger are listed if **Include Procedures** is selected when setting up the options to run this report. Each procedure provides the following information:

- **Entry Date** – The date a procedure is posted to the Chart (and to the Ledger simultaneously).
- **Procedure Date** – The date a procedure is done in the Chart.
Note: It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the “Tips for Understanding Dentrix Enterprise Reports” section in the Introduction of this book.
- **Patient Name** – The name and chart number of the patient on whom the procedure was performed.
- **TH** – The tooth number(s) associated with a procedure.
- **Code and Description** – The ADA code and description of the procedure.
- **RVU** – The Relative Value Units that were assigned to the procedure from the **Procedure Code Editor** dialog box.
- **Lab Expenses** – The lab expenses that were assigned to the procedure from the **Procedure Code Editor** dialog box. This column appears if **Subtract Lab Expenses** is selected when setting up the options to run this report.
- **Net RVU** – The net RVU is calculated by subtracting lab expenses (if the **Subtract Lab Expenses** option was selected) from the RVU.
- **BT** – The billing type of the patient on whom the procedure was performed.



B. Total Summary – The total RVU, lab expenses, and net RVU.

C. Provider Totals – The RVU production is shown for the provider with a breakdown of the procedures for each clinic the provider works in. Each clinic’s RVU production is subtotaled. After the clinic subtotals, a totals summary for the provider appears. Also, for the provider, a unique patient count and unique visit count are given.

D. Clinic Totals – The RVU production is shown for the clinic with a breakdown of the procedures performed by each provider at that clinic. Each provider’s RVU production is subtotaled. After the provider subtotals, a totals summary for the clinic appears. Also, for the provider, a unique patient count and unique visit count are given.

RVU Production Summary Report

The RVU Production Summary Report lists RVU production for procedures that have been posted to the Ledger.

	Why: To print a record of transactions each day, to review RVU production totals for a date or date range
	When: Daily

RVU Production Summary							
04/24/2018 - 04/24/2018 Procedure Date							
Clinics: <ALL>							
Provider: <ALL>							
Billing Types: <ALL>							
Report Date: 05/01/2018		Report Generated By: enterprise				Page 1 of 1	
Procedure Date	Entry Date	Patient Name	BT	Description	Lab Exp.	Amount	
		Quantity	Total	Average	Percent		Net RVU
04/24/2018	04/24/2018	Smith, Brandon	1	D0120 - Periodic oral evaluation		25.00	
04/24/2018	04/24/2018	Smith, Brandon	1	D1110 - Prophylaxis-adult		25.00	
04/24/2018	04/24/2018	Smith, Brandon	1	D0274 - Bitewings-four films		374.00	
GRAND TOTALS:							
Medicaid		0	0.00	0.00	0.00%	0.00	0.00
Non-Medicaid		3	424.00	141.33	100.00%	45.00	379.00
Total		3	424.00	141.33	100.00%	45.00	379.00

A

B

C

DDS1							
CENTRAL							
04/24/2018	04/24/2018	Larson, Bill	1	D7120 - Extraction-each additional			171.00
CENTRAL							
Medicaid			0	0.00	0.00	0.00%	0.00
Non-Medicaid			1	171.00	171.00	100.00%	171.00
Total			1	171.00	171.00	100.00%	171.00

DDS1							
Medicaid			0	0.00	0.00	0.00%	0.00
Non-Medicaid			1	171.00	171.00	100.00%	171.00
Total			1	171.00	171.00	50.00%	171.00

D

CENTRAL							
DDS01							
04/24/2018	04/24/2018	Smith, Brandon	1	D0120 - Periodic oral evaluation			25.00
04/24/2018	04/24/2018	Smith, Brandon	1	D1110 - Prophylaxis-adult			125.00
04/24/2018	04/24/2018	Smith, Brandon	1	D0274 - Bitewings-four films			374.00
DDS01							
Medicaid			0	0.00	0.00	0.00%	0.00
Non-Medicaid			3	424.00	141.33	100.00%	379.00
Total			3	424.00	141.33	100.00%	379.00

CENTRAL							
Medicaid			0	0.00	0.00	0.00%	0.00
Non-Medicaid			3	424.00	141.33	100.00%	379.00
Total			3	424.00	141.33	100.00%	379.00

How do I run the RVU Production Summary Report?

From the DXOne Reporting module, select **Management**, and then double-click **RVU Production Summary**. For additional details about running this report, see the "RVU Production Summary Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information can be used to monitor RVU production for each provider and/or clinic:

A. Procedures – The procedures posted to the Ledger are listed if **Include Patient Detail** is selected when setting up the options to run this report. Each procedure provides the following information:

- **Procedure Date** – The date a procedure is posted to the Chart.
- **Entry Date** – The date a procedure is posted to the Ledger.

Note: It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the "Tips for Understanding Dentrix Enterprise Reports" section in the Introduction of this book.

- **Patient Name** – The name of the patient on whom the procedure was performed.
- **Code and Description** – The ADA code and description of the procedure.
- **Amount** – The Relative Value Units (RVU) that were assigned to the procedure from the **Procedure Code Editor** dialog box.

B. Grand Totals


- **Medicaid Totals** – If **Separate Totals for Medicaid** and **Non-Medicaid Patients** are selected when setting up options to run this report, the Grand Totals section will divide up the Totals to reflect production from patients with Medicaid and those without Medicaid.
- **Totals** – The Grand Totals section displays the Totals for the quantity of procedures, total amount of the procedures, average charge per procedure, percent of RVU, lab expenses assigned to the procedure from the **Procedure Code Editor** dialog box, and net RVU of the procedures, which is calculated by subtracting lab expenses (if the **Subtract Lab Expenses option** was selected) from the RVU.


C. Provider Totals – The RVU production is shown for the provider with a breakdown of the procedures for each clinic the provider works in. Each clinic's RVU production is subtotaled. After the clinic subtotals, a totals summary for the provider appears.

D. Clinic Totals – The RVU production is shown for the clinic with a breakdown of the procedures performed by each provider at that clinic. Each provider's RVU production is subtotaled. After the provider subtotals, a totals summary for the clinic appears.

RVU Schedules Report

The RVU Schedules report lists procedure RVUs for selected RVU schedules. This report also lists the lab expenses and material expenses associated with each procedure.





Why: To ensure each RVU schedule is set up properly, to compare multiple RVU schedules side by side, and to ensure lab expenses and material expenses are up to date

When: After Dentrix Enterprise setup, and as needed

RVU SCHEDULE								
277, D0290, D0310, D0320, D0321, D0322, D0350, D0360, D0362, D0363, D0415, D0416, D0417, D0418, D0421, D0425, D0431, D0460, D0472, D0473, D047								
Report Date: 04/22/2018			Report Generated By: enterprise			Page 1 of 2		
CODE	DESCRIPTION	RVU 1	RVU 2	RVU 3	RVU 4	RVU 5	LAB EXPENSE	MATERIAL
D0001	Oral Cancer Screening	15.00	16.00	0.00	0.00	0.00	9.00	15.00
D0120	Periodic oral evaluation	25.00	27.00	0.00	0.00	0.00	45.00	78.00
D0140	Limited oral evaluation	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0145	Oral evaluation < 3 yrs of age	5.00	5.00	0.00	0.00	0.00	0.00	0.00
D0150	Comp oral eval-new/estab pat	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0160	Detail/extensive oral eval, B/R	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0170	Limited re-evaluation estab pat	565.00	614.00	0.00	0.00	0.00	0.00	0.00
D0180	Comprehensive perio evaluation	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0210	Intraoral-complete series (bw)	9.00	10.00	0.00	0.00	0.00	0.00	23.00
D0220	Intraoral-periapical-1st film	6.00	7.00	0.00	0.00	0.00	0.00	24.00
D0230	Intraoral-periapical-each add'l	36.00	39.00	0.00	0.00	0.00	0.00	12.00
D0240	Intraoral-occlusal film	35.00	38.00	0.00	0.00	0.00	0.00	23.00
D0250	Extraoral-first film	6.00	7.00	0.00	0.00	0.00	0.00	25.00
D0260	Extraoral-each additional film	5.00	5.00	0.00	0.00	0.00	0.00	14.00
D0270	Bitewing-single film	321.00	349.00	0.00	0.00	0.00	0.00	24.00
D0272	Bitewings-two films	61.00	66.00	0.00	0.00	0.00	0.00	24.00
D0273	Bitewings-three films	98.00	107.00	0.00	0.00	0.00	0.00	25.00
D0274	Bitewings-four films	374.00	406.00	0.00	0.00	0.00	0.00	47.00
D0277	Vertical bitewings-7 to 8 films	67.00	73.00	0.00	0.00	0.00	0.00	326.00
D0290	Skull &facial bone survey film	3,499.00	3,802.00	0.00	0.00	0.00	0.00	233.00
D0310	Saliography	316.00	343.00	0.00	0.00	0.00	0.00	0.00
D0320	TMJ arthrogram, incl injection	64.00	70.00	0.00	0.00	0.00	0.00	2,344.00
D0321	Other TMJ films, by report	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0322	Tomographic survey	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0330	Panoramic film	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0340	Cephalometric film	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0350	Oral/Facial Photographic Images	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0360	Cone beam-CT/craniofacial data	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0362	Cone beam-2D multi img reconst	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0363	Cone beam-3D multi img reconst	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0415	Collection of microorg culture	25.00	27.00	0.00	0.00	0.00	23.00	15.00
D0416	Viral Culture	25.00	27.00	0.00	0.00	0.00	14.00	3.00
D0417	Collection of saliva sample	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0418	Analysis of saliva sample	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0421	Genetic test-suscept oral dis	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0425	Caries susceptibility tests	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0431	Adjunc pre-diag test-detect muc	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0460	Pulp vitality tests	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0470	Diagnostic casts	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0471	Diagnostic photographs	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0472	Accession of tiss, gr exam/rpt	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0473	Acc of tissue, gr mic exam/rpt	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0474	Acc of tiss-gr mic ex surg mar	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0475	Decalcification Procedure	25.00	27.00	0.00	0.00	0.00	0.00	0.00



How do I run the RVU Schedules Report?

From the DXOne Reporting module, select **Reference**, and then double-click **RVU Schedule**. For additional details about running this report, see the “RVU Schedule Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information is found in the **Procedure Code Editor** dialog box, which can be accessed from the Office Manager. See the “Procedure Code Setup” or “Auto RVU schedule changes” topic in the Office Manager portion of the Dentrix Enterprise Help for details on how to edit this information.

A. Code – The procedure code.

B. Fee – The RVU assigned to a procedure.


C. Lab Expense – The estimated lab expense associated with the procedure.

D. Material – The estimated materials expense for the procedure.


Item	RVU
1. Office	80.00
2. PULLEM	62.00
3. DONTIST	58.00
4. DMO	55.00
5. FEE 5	0.00
6. BSoPA	0.00
7. DELTA	0.00
8. UPto999	0.00
9.	0.00
10.	0.00
11.	0.00
12.	0.00
13.	0.00
14.	0.00
15.	0.00
16.	0.00
17.	0.00
18.	0.00

RVU Utilization Report

The RVU Utilization report lists insurance carriers and, for each carrier, the relevant RVU production and details for the procedures posted during a selected date range.



Why: To identify insurance carriers with low coverages (this is done by comparing the charges posted to the Ledger with the practice's RVU fee schedule)



When: Yearly, and as needed

RVU UTILIZATION REPORT - DENTAL

Date Range: 05/01/2018 - 05/01/2018 Procedure Date
 RVU: 002: RVU 2
 Compare RVU Schedule With: Transaction Amount
 Include: All Procedures
 Clinic(s): <ALL>
 Provider(s): <ALL>
 Billing Type(s): <ALL>
 ADA Code(s): <ALL>
 Carrier From: Aetna Life and Casualty - Aetna - 321863
 Carrier To: Aetna Life and Casualty - Aetna - 321863

Report Date: 05/01/2018 Report Generated By: enterprise Page 1 of 1

INSURANCE CARRIER NAME	SUBSCRIBER	DATE	D #	PATIENT NAME	BIRTHDATE	SS #	GROUP PLAN	CODE	DESCRIPTION	TH SURFACE	GROUP NUMBER	PROVIDER	CLINIC	PHONE	FEE	RVU
------------------------	------------	------	-----	--------------	-----------	------	------------	------	-------------	------------	--------------	----------	--------	-------	-----	-----

Aetna Life and Casualty																							
Abbot, Patricia		05/01/2018	5678910	Abbot, James S	11/11/1982	000-00-0000	Aetna	D5214	and partial-renal base		D052	CENTRAL		702.00	701.00								
Zicka		05/01/2018	5678910	Abbot, James S	11/11/1982	000-00-0000	Aetna	D7111	Extraction omi renms-ded9	13	D052	CENTRAL		402.00	401.00								
		05/01/2018	000-00-0000	Perkins, Peggy	11/11/1980	000-00-0000	Aetna	D5214	and partial-renal base	15	D0501	CENTRAL		702.00	701.00								
		05/01/2018	000-00-0000	Perkins, Peggy	11/11/1980	000-00-0000	Aetna	D7111	Extraction omi renms-ded9	9	D0501	CENTRAL		402.00	401.00								
Smith, Brandon		05/01/2018	000-00-0000	Smith, Michael	11/11/1973	000-00-0000	Aetna	D5214	and partial-renal base		D0501	CENTRAL		702.00	701.00								
Smith, Brandon		05/01/2018	000-00-0000	Smith, Michael	11/11/1973	000-00-0000	Aetna	D7111	Extraction omi renms-ded9	7	D0501	CENTRAL		402.00	401.00								
Aetna Life and Casualty Totals:														Fee:	3,312.00	Co-Pay:	3,306.00	(Fee - RVU):	6.00	Total Office Visits:	3	Total Patients Seen:	3

Grand Totals:	Fee:	3,312.00	Co-Pay:	3,306.00
	(Fee - RVU):	6.00		
	Total Office Visits:	3		
	Total Patients Seen:	3		

How do I run the RVU Utilization Report?

From the DXOne Reporting module, select **Management**, and then double-click **RVU Utilization**. For additional details about running this report, see the “RVU Utilization Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Insurance Carriers** – The report is divided by insurance carriers. The carrier’s name, group plan name and number, and phone number are shown.
- B. Procedures** – The procedures posted in the Ledger for patients with the displayed insurance carrier. For each procedure the following are shown:
- **Fee** – The RVU fee that would have been attached to a procedure had the RVU fee from the RVU schedule you selected (when setting up the report options) been used.
 - **RVU** – The RVU fee attached to the procedure posted in the Ledger.
- C. Insurance Carrier Totals** – The total fees, co-pays, (Fee - RVU), office visits, and patients seen appear for each insurance carrier. The following is an explanation of the insurance carrier’s Fee and CoPay totals:
- **Fee** – The RVU fee that would have been attached to a procedure, had the RVU fee from the RVU schedule you selected (when setting up the report options) been used.
 - **CoPay** – The RVU fee attached to the procedure posted in the Ledger.
- D. Grand Totals** – The Grand Totals section displays the following information:
- **Fee** – The total RVU fees that would have been attached to a procedure, had the RVU fee from the RVU schedule you selected (when setting up the report options) been used.
 - **Co-Pay** – The total RVU fees attached to the procedures posted in the Ledger.
 - **(Fee - RVU)** – The total RVU revenue that would have been gained or lost, had the RVU fee schedule you selected (when setting up the report options) been used when posting the procedures. A positive number indicates the practice would have gained RVU revenue. A negative number indicates the practice would have lost RVU revenue.
 - **Total Office Visits** – The total number of office visits (multiple procedures performed on a patient on the same date count as one office visit).
 - **Total Patients Seen** – The total number of patients that appear on the report.

Secondary Insurance Claims Not Created Report

The Secondary Insurance Claims Not Created Report displays primary insurance claims for which secondary insurance claims were never created. Claims are sorted according to the expiration date of the secondary insurance carrier.

\$	Why: To ensure all possible secondary insurance claims are submitted
	When: Weekly or daily

Dental Secondary Insurance Claims Not Created

Date Range: 04/01/2018 - 05/05/2018
 Patient Range: <ALL> - <ALL>
 Include Primary Claims not received: Yes
 Carrier Range: Insurance Carriers: <ALL> - <ALL>
 Clinics: <ALL>
 Providers: <ALL>
 Billing Types: <ALL>

Report Date: 05/05/2018

Report Generated By: enterprise

Page 1 of 1

PRM CLAIM DATE	PATIENT NAME	SECONDARY INSURANCE COMPANY	PROVIDER	CLINIC	CLM AMOUNT	EXPIRES
05/05/2018	Abbott, James S	Aetna Life and Casualty	DROBB	CENTRAL	801.00	11/01/2011
05/05/2018	Little, Brian	Metropolitan Life	DDS1	CENTRAL	450.00	08/03/2011
05/05/2018	Perkins, Peggy	Connecticut General	DDS1	CENTRAL	0.00	05/01/2011
	Smith, Michael	Principal Mutual Life Ins Co	DDS01	CENTRAL	0.00	05/01/2011
(D)					TOTAL OF CLAIMS NOT CREATED:	2,552.00



How do I run the Secondary Insurance Claims Not Created Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Secondary Insurance Claims Not Created**. For additional details about running this report, see the “Secondary Insurance Claims Not Created Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Prm Claim Date** – The date of the primary insurance claim.
- B. Clm Amount** – The amount of the original claim.
- C. Expires** – The date the secondary insurance claim must be submitted to the insurance carrier. The expiration date is found in the **Insurance Coverage** dialog box. To access the **Insurance Coverage** dialog box, double-click the Insurance block in the Family File, select the secondary insurance carrier, and then click **Coverage Table**.

Insurance Coverage - (Aetna Dental/HSPS Aetna)

Deductible

	Lifetime Individual	Annual Individual	Annual Family
Standard	0	500	1500
Preventive	0	1000	3000
Other	0	1500	4500

Maximum Benefit

Individual	Family
50000	15000

Ortho Plan - Use as Ortho Lifetime Max

Claim Deadline: >> ©

Coverage Table

Beg Proc	End Proc	Category	Cov %	Ded	Co-Pay	Pre Est?
D0100	D1999	Diag/Preventive	100	St	0.00	<input type="checkbox"/>
D0100	-D1999	Diag/Preventive	100	S	0.00	N
D2000	-D2699	Basic Restor	80	S	0.00	N
D2700	-D2899	Crowns	50	S	0.00	N
D2900	-D2999	Restorative	80	S	0.00	N
D3000	-D3999	Endodontics	80	S	0.00	N
D4000	-D4999	Periodontics	80	S	0.00	N
D5000	-D5999	Prosth, remov	50	S	0.00	N

Select Category

Co-Payment Calculations for Ins Portion:

- Total Fee x Coverage %
- (Total Fee - Co-Pay) x Cov %
- (Total Fee x Cov %) - Co-Pay

Select Table: >>

Buttons: Notes, OK, Cancel

- D. Total Of Claims Not Created** – The total amount of the secondary claims that were not created.

Secondary Pre-Treatment Estimates Not Created Report

The Secondary Pre-treatment Estimates Not Created Report displays primary estimates for which secondary estimates were never created. Estimates are sorted according to the expiration date of the secondary insurance carrier.

\$	Why: To ensure all possible secondary pre-treatment estimates are submitted
	When: Weekly or daily

Dental Secondary Pre-Treatment Estimates Not Created

Date Range: 04/01/2018 - 05/05/2018
 Patient Range: <ALL> - <ALL>
 Include Primary Pre-Treatment Estimates not received: Yes
 Carrier Range: Insurance Carriers: <ALL> - <ALL>
 Clinics: <ALL>
 Providers: <ALL>
 Billing Types: <ALL>

Report Date: 05/05/2018

Report Generated By: enterprise

Page 1 of 1

PRM CLAIM DATE	PATIENT NAME	SECONDARY INSURANCE COMPANY	PROVIDER	CLINIC	CLM AMOUNT	EXPIRES
04/23/2018	Abbott, James S	Aetna Life and Casualty	DROBB	CENTRAL	654.00	10/20/2018
04/23/2018	Abbott, James S	Aetna Life and Casualty	DROBB	CENTRAL	898.00	10/20/2018
05/05/2018	Little, Brian	Metropolitan Life	DDS1	CENTRAL	1,100.00	08/03/2018
05/05/2018	Perkins, Peggy	Connecticut General	DDS1	CENTRAL	270.00	05/05/2019
	Smith, Michael	Principal Mutual Life Ins Co	DDS01	CENTRAL		

A

B

C

D

TOTAL OF CLAIMS NOT CREATED: 3,742.00

How do I run the Secondary Pre-Treatment Estimates Not Created Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Secondary Pre-Treatment Est. Not Created**. For additional details about running this report, see the “Secondary Pre-Treatment Estimates Not Created Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Prm Claim Date – The date of the primary pre-treatment estimate.

B. Clm Amount – The amount of the original pre-treatment estimate.

C. Expires – The date the secondary insurance claim must be submitted to the insurance carrier. The expiration date is found in the **Insurance Coverage** dialog box. To access this dialog box, double-click the Insurance block in the Family File, select the secondary insurance carrier, and then click **Coverage Table**.

D. Total Of Claims Not Created – The total amount of the secondary pre-treatment estimates that were not created.

Insurance Coverage - (Aetna Dental/HSPS Aetna)

Deductible				Maximum Benefit	
	Lifetime Individual	Annual Individual	Annual Family	Individual:	Family:
Standard	0	500	1500	50000	15000
Preventive	0	1000	3000	<input type="checkbox"/> Ortho Plan - Use as Ortho Lifetime Max	
Other	0	1500	4500	Claim Deadline:	>> ©

Coverage Table							
Beg Proc	End Proc	Category	Cov %	Ded	Co-Pay	Pre Est?	
D0100	D1999	Diag/Preventive	100	St	0.00	<input type="checkbox"/>	
D0100	-D1999	Diag/Preventive	100	S	0.00	N	Add
D2000	-D2699	Basic Restor	80	S	0.00	N	Change
D2700	-D2899	Crowns	50	S	0.00	N	
D2900	-D2999	Restorative	80	S	0.00	N	Delete
D3000	-D3999	Endodontics	80	S	0.00	N	
D4000	-D4999	Periodontics	80	S	0.00	N	Clear Table
D5000	-D5999	Prosthodontics	50	S	0.00	N	

Select Category

Co-Payment Calculations for Ins Portion:

- Total Fee x Coverage %
- (Total Fee - Co-Pay) x Cov %
- (Total Fee x Cov %) - Co-Pay

Select Table: >>

Notes OK Cancel

Standard Coverage Tables Report

The Standard Coverage Table Report allows you to view and print standard coverage tables.

Note: If you want coverage information for a specific insurance carrier, see the "Insurance Coverage Tables Report" on page 120.

\$	Why: To ensure standard coverage tables are set up properly When: As needed
-----------	----------------------------------------------------------------------------------------------

STANDARD COVERAGE TABLES						
The Dentist Group Tables 1 - 5						
Date: 04/22/2018			Page: 1			
Coverage Table 1: Default Coverage Table						
BEGIN PROC	END PROC	CATEGORY	COV %	DEDUCTIBLE	CO PAY	PRE AUTH?
D0100	D1999	Diag/Preventive	100	Standard	0.00	N
D2000	D2699	Basic Restor	80	Standard	0.00	N
D2700	D2899	Crowns	50	Standard	0.00	N
D2900	D2999	Restorative	80	Standard	0.00	N
D3000	D3999	Endodontics	80	Standard	0.00	N
D4000	D4999	Periodontics	80	Standard	0.00	N
D5000	D5999	Prosth, remov	50	Standard	0.00	N
D6000	D6999	Prosth, fixed	50	Standard	0.00	N
D7000	D7999	Oral Surgery	80	Standard	0.00	N
D8000	D8999	Orthodontics	50	Standard	0.00	N
D9000	D9999	General Service	80	Standard	0.00	N

Coverage Table 2: All Procedures (Cap Plan)						
BEGIN PROC	END PROC	CATEGORY	COV %	DEDUCTIBLE	CO PAY	PRE AUTH?
D0110	D0110	Initial oral ex	100	Standard	0.00	N
D0120	D0120	Periodic oral x	100	Standard	0.00	N
D0130	D0130	Emergency oral	100	Standard	0.00	N
D0210	D0210	Intraoral-compl	100	Standard	0.00	N
D0220	D0220	Intraoral-peria	100	Standard	0.00	N
D0230	D0230	Intraoral-peria	100	Standard	0.00	N
D0240	D0240	Intraoral-occlu	100	Standard	0.00	N
D0250	D0250	Extraoral-first	100	Standard	0.00	N
D0260	D0260	Extraoral-each	100	Standard	0.00	N
D0270	D0270	Bitewing-single	100	Standard	0.00	N
D0272	D0272	Bitewings-two f	100	Standard	0.00	N
D0274	D0274	Bitewings-four	100	Standard	0.00	N
D0290	D0290	Skull &facial b	100	Standard	0.00	N
D0315	D0315	Sallography	100	Standard	0.00	N
D0320	D0320	TMJ arthrogram,	100	Standard	0.00	N
D0321	D0321	Other TMJ films	100	Standard	0.00	N
D0322	D0322	Tomographic sur	100	Standard	0.00	N
D0330	D0330	Panoramic film	100	Standard	0.00	N
D0340	D0340	Cephalometric f	100	Standard	0.00	N
D0415	D0415	Bacteriologic s	100	Standard	0.00	N
D0425	D0425	Carries suscepti	100	Standard	0.00	N
D0460	D0460	Pulp vitality t	100	Standard	0.00	N
D0470	D0470	Diagnostic cast	100	Standard	0.00	N
D0471	D0471	Diagnostic phot	100	Standard	0.00	N
D0501	D0501	Histopathologic	100	Standard	0.00	N
D0502	D0502	Other oral pain	100	Standard	0.00	N
D0999	D0999	Unspecified dia	100	Standard	0.00	N
D1110	D1110	Propylaxis-adu	100	Standard	0.00	N
D1120	D1120	Propylaxis-chi	100	Standard	0.00	N
D1201	D1201	Propylaxis wit	100	Standard	0.00	N
D1203	D1203	Fluoride w/o pr	100	Standard	0.00	N
D1204	D1204	Fluoride w/o pr	100	Standard	0.00	N
D1205	D1205	Propylaxis wit	100	Standard	0.00	N

(A) (B) (C) (D)

How do I run the Standard Coverage Tables Report?

In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Standard Coverage Tables**. For additional details about running this report, see the “Standard Coverage Table Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information is found in the **Insurance Coverage Table** dialog box, which can be accessed in the Office Manager. See the “Adding and editing insurance plans” topic in the Dentrix Enterprise Help for details on how to edit this information.

- A. Cov %** – The percentage of a procedure covered by the insurance carrier.
- B. Deductible** – The type of deductible (for example, None, Standard, Preventive, or Other).
- C. Co Pay** – The co-pay amount.
- D. Pre Auth?** – Indicates whether or not a procedure group requires pre-authorization from the insurance carrier.

Insurance Coverage - (Aetna Dental/HSPS Aetna)

Deductible				Maximum Benefit	
	Lifetime Individual	Annual Individual	Annual Family	Individual:	Family:
Standard	0	500	1500	50000	15000
Preventive	0	1000	3000		
Other	0	1500	4500		

Claim Deadline: >>

Ortho Plan - Use as Ortho Lifetime Max

Coverage Table							(A)	(B)	(C)	(D)
Beg Proc	End Proc	Category	%	Dea	Co-Pay	Exst				
D0100	D1999	Diag/Preventive	100	St	0.00					
D0100	-D1999	Diag/Preventive	100	S	0.00	N				
D2000	-D2699	Basic Restor	80	S	0.00	N				
D2700	-D2899	Crowns	50	S	0.00	N				
D2900	-D2999	Restorative	80	S	0.00	N				
D3000	-D3999	Endodontics	80	S	0.00	N				
D4000	-D4999	Periodontics	80	S	0.00	N				
D5000	-D5999	Prosthodontics	50	S	0.00	N				

Select Category

Co-Payment Calculations for Ins. Portion:

- Total Fee x Coverage %
- (Total Fee - Co-Pay) x Cov %
- (Total Fee x Cov %) - Co-Pay

Select Table: >>

Notes OK Cancel

Suspended Credits Report

The Suspended Credits Report lists payments and credits that have been suspended. The report includes the guarantor of the account; the date, description, and amount of the credit; the amount that has been suspended; the balance on the Ledger; and the collecting clinic.

\$	Why: To track accounts with suspended payments and/or credits
	When: Monthly

Suspended Credits Report						
All Current Suspended Credits Clinics: <ALL> Billing Types: <ALL> Guarantor Range: <ALL> - <ALL> Sort By: Date						
Report Date: 05/05/2018		Report Generated By: enterprise			Page 1 of 1	
Entry Date	Proc Date	Patient Name	Description	Amount	Suspended	Clinic
Clinic: CENTRAL						
Guarantor: Reeves, Joshua		BT:1	Ledger Balance: -100.00	L edger Suspended: -100.00		
04/27/2018	04/27/2018	<FAMILY>	- Professional Discount	- 25.00	-25.00	CENTRAL
04/30/2018	04/30/2018	<FAMILY>	- Credit Adjustment	- 25.00	-25.00	CENTRAL
05/01/2018	05/01/2018	<FAMILY>	- Credit Adjustment	- 50.00	-50.00	CENTRAL
				Guarantor's Report Total: -100.00		
Guarantor: Winters, Carl		BT:1	Ledger Balance: -900.00	L edger Suspended: -900.00		
04/30/2018	04/30/2018	<FAMILY>	Initial Balance	-900.00	-900.00	CENTRAL
				Guarantor's Report Total: -900.00		
CENTRAL Total Suspended Amount:			-1,000.00			
Clinic: MESA						
Guarantor: Smith, Michael		BT:1	Ledger Balance: -25.00	L edger Suspended: -25.00		
04/11/2018	04/11/2018	<FAMILY>	Special Adjustment	-25.00	-25.00	MESA
				Guarantor's Report Total: -25.00		
MESA Total Suspended Amount:			-25.00			
Grand Total Suspended Amount:			-1,025.00			

How do I run the Suspended Credits Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Suspended Credits**. For additional details about running this report, see the "Suspended Credits Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

For each collecting clinic on the report, the following information appears:

- A. Account Details** – For each guarantor listed on the report, the following account details are shown:
- **Ledger Balance** – The account balance.
 - **Ledger Suspended** – The total suspended credit amount on the account.
 - **Report Total** – The total amount of the suspended credits listed on the report for the guarantor.
- B. Credit Details** – For each credit, the following details are shown: entry date, procedure date, patient name, adjustment description, amount of the adjustment, amount that was suspended, and clinic.
- C. Clinic Total** – The total amount of the suspended credits listed for the clinic.
- D. Grand Total** – The total amount of the suspended credits listed for all clinics on the report.

Treatment Case Report

The Treatment Case Report displays treatment-planned procedures for a specific treatment plan case. The report may also include other items, such as the patient's graphical chart and account information, case notes, and insurance information.

	Why: To print a treatment case created for a patient
	When: As needed

The Dentist Group

Name: James S. Abbott
 Birthdate: 11/11/1962
 SSN: 000-00-0041
 Chart Number: ABB101

.: TREATMENT CASE

DATE	VISIT	TH	SURF	CODE	PROV	DESCRIPTION	FEE	PAT	PRI INS	SEC INS	BSofPA	
03/08/2018	1	4	D	D2110	DDS9		151.00	0.00	60.00	91.00	101.30	
Notes: Drilled and filled w/o problem.												
Visit 1 Totals:							151.00	0.00	60.00	91.00	101.30	
03/08/2018	2	13		D7280	DDS9	Surgical method to expose a covered tooth so it can grow in normally	350.00	240.00	100.00	10.00	101.30	
Visit 2 Totals:							350.00	240.00	100.00	10.00	101.30	
03/08/2018	3	19		D2750	DDS9	Crown restoration made of porcelain fused to high noble metal (has a strong, hypo-allergenic base)	713.00	142.60	0.00	570.40	101.30	
Visit 3 Totals:							713.00	142.60	0.00	570.40	101.30	

:: INSURANCE PROVIDER(S) ::

Primary	Secondary
Allied Group Insurance Trust	Aetna Life and Casualty

:: TOTALS ::

Fee	Pat	Pri Ins	Sec Ins	BSofPA
1214.00	382.60	160.00	671.40	303.90

:: FINANCIAL SUMMARY ::

Treatment Plan Total	1214.00
Estimated Deductible to be Applied	75.00
Estimated Insurance Payment	831.40
Estimated Patient's Portion	382.60
Finance Status	
Patient Balance	-12430.55
Family Balance	52.00
Fee Expiration Date	03/08/2012




:: DENTAL INSURANCE BENEFITS ::

	Patient		Family	
	Primary	Secondary	Primary	Secondary
Annual Plan Benefits	1500.00	2000.00	0.00	9000.00
Paid Benefits YTD	0.00	0.00	0.00	0.00
Pending Insurance Est. YTD	0.00	0.00	0.00	0.00
Est. Benefits Remaining YTD	1500.00	2000.00	0.00	9000.00
Benefits Expire	12/31/2011	12/31/2011	2011	12/31/2011
Deductible Owed YTD	Standard 50.00	25.00	50.00	0.00
	Preventative 0.00	0.00	0.00	0.00
	Other 0.00	0.00	0.00	0.00

Alternate Cases: New Case

Case Notes: - Tue - Mar 08 2018 -
 Patient will call back for an appointment if he wants to move forward with the treatment.

1234 Pine St
 American Fork, UT 84003
 PHONE: (801)555-1942
 REPORT 03/08/2012

.: Consent for Treatment	
Enter the consent form text here	
D2110:Amalgam-1 surface, primary [4 D]; Entry Date: 3/8/2011; Date: 3/8/2011;Visit: 1; Provider: DDS9; Fee: \$151.00; Other Fee BSoFPA: \$101.30; Patient Portion: \$0.00; Primary Insurance Estimate: \$100.00; Secondary Insurance Estimate: \$51.00	
D7280:Surgical access unreupted tooth [13]; Entry Date: 3/8/2011; Date: 3/8/2011;Visit: 2; Provider: DDS9; Fee: \$350.00; Other Fee BSoFPA: \$101.30; Patient Portion: \$240.00; Primary Insurance Estimate: \$100.00; Secondary Insurance Estimate: \$10.00	
D2750:Crown-porc fuse high noble mtl [19]; Entry Date: 3/8/2011; Date: 3/8/2011;Visit: 3; Provider: DDS9; Fee: \$713.00; Other Fee BSoFPA: \$101.30; Patient Portion: \$713.00; Primary Insurance Estimate: \$0.00; Secondary Insurance Estimate: \$0.00	
	
Patient/Representative Signature:	Practice Signature:
	
Name: James S. Abbott Date: 03/08/2011	Name: Dennis Smith, D.D.S Date: 03/08/2011
1224 Pine St American Fork, UT 84003 PHONE: (801)555-1942 REPORT DATE: 03/08/2011 page 02	

How do I run the Treatment Case Report?

1. In the Treatment Planner, select the case of which you want to generate a report.
2. From the **File** menu, point to **Print**, and then click **Print Treatment Case**.

For additional details about running this report, see the "Printing the Treatment Case Report" topic in the Treatment Planner portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Treatment** – The treatment-planned procedures are grouped by visit. A subtotal of fees, patient portions, and insurance estimates for each visit are given. If a treatment-planned procedure has notes entered, those notes appear after the treatment details of that procedure.
- B. Insurance Estimates** – The patient's insurance carriers are listed along with the fees, patient portions, and insurance estimates for the entire treatment plan.
- C. Graphical Chart** – The patient's graphical chart is shown with all applicable treatment and conditions that have a paint type.
- D. Financial Summary** – The treatment plan total, patient and insurance estimates, and account information are shown.
- E. Insurance Benefits** – Details of the current insurance plan maximums and deductibles for the patient and family are shown.
- F. Treatment Case Note** – Any linked cases are listed, and any notes attached to the case are shown.
- G. Consent Forms** – Any consent forms and corresponding signatures that are attached to the case are printed on separate pages.

Treatment Plan Approval Report

The Treatment Plan Approval Report displays all treatment-planned procedures.

	Why: To ensure the practice follows up on treatment plans
	When: Weekly

TREATMENT PLAN APPROVAL REPORT											
CENTRAL 03/08/2018 - 03/08/2018											
Sorted By: Patient Providers: ALL Providers											
03/08/2018 Page: 1											
Chart #	Patient	Home Phone	Patient DOB	Employer	Guarantor	Primary Insurance Carrier	Secondary Insurance Carrier	Group #	Last Elig Date	Ben Remain	Out
Prov	Date	Code	Tooth	Surfaces	Description	Order	Appt Date	Amount	Pri Ins Est	Sec Ins Est	Pri Pre-Est
LIT102	Little, Brian (801)555-6241		11/11/1981	Acme Clothing	Little, Dean	Aetna Life and Casualty	Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00	
DDS1	03/08/2018	D6792	16		Retainer crn-full cast nob met	0	03/14/2018	570.00	550.00	20.00	03/08/2018
DDS1	03/08/2018	D6792	17		Retainer crn-full cast nob met	0	03/14/2018	540.00	540.00	0.00	03/08/2018
DDS1	03/08/2018	D6970	22		Post/core + brdg retainer, fabr	0		230.00	230.00	0.00	03/08/2018
LIT101	Little, Carol (801)555-6241		11/11/1960	Acme Clothing	Little, Dean	Aetna Life and Casualty	Aetna Life and Casualty	321863 CS1740	01/01/2018 01/01/2018	2000.00 3000.00	
DDS1	03/08/2018	D6750	1		Retainer crn-porc fused-hi nob	0	03/14/2018	614.00	471.20	142.80	03/08/2018
DDS1	03/08/2018	D6240	2		Pontic-porcelain fused to hnob	0	03/14/2018	621.00	496.80	124.20	03/08/2018
DDS1	03/08/2018	D6750	3		Retainer crn-porc fused-hi nob	0	03/14/2018	614.00	491.20	122.80	03/08/2018
DDS1	03/08/2018	D6750	5		Retainer crn-porc fused-hi nob	0		614.00	491.20	122.80	03/08/2018
DDS1	03/08/2018	D6240	6		Pontic-porcelain fused to hnob	0	03/14/2018	621.00	49.60	571.40	03/08/2018
DDS1	03/08/2018	D6750	7		Retainer crn-porc fused-hi nob	0		614.00	0.00	613.00	03/08/2018
LIT105	Little, Chad (801)555-6241		11/11/1988	Acme Bank	Little, Dean	Aetna Life and Casualty	Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00	
DDS1	03/08/2018	D1120			Prophylaxis-child	0	03/14/2018	1240.00	14.00	972.00	03/08/2018
DDS1	03/08/2018	D2110		D	Amalgam-1 surface, primary	0	03/14/2018	300.00	51.00	240.00	03/08/2018
LIT100	Little, Dean (801)555-6241		11/11/1959	Acme Bank	Little, Dean	Aetna Life and Casualty	Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00	
DDS1	03/08/2018	D0140			Limited oral evaluation	0	03/14/2018	80.00	5.00	44.00	03/08/2018
DDS1	03/08/2018	D0120			Periodic oral evaluation	0	03/14/2018	31.00	20.00	11.00	03/08/2018
DDS1	03/08/2018	D2150	14	MO	Amalgam-2 surf. prim/pern	0		600.00	75.00	480.00	03/08/2018
LIT106	Little, Kevin (801)555-6241		04/23/1990		Little, Dean	Aetna Life and Casualty	Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00	
DDS1	03/08/2018	D2391	18	O	Resin composite-1s, posterior	0	03/14/2018	274.00	199.20	74.80	03/08/2018
Total of all Treatment Plans:								7563.00			
Total of all Scheduled Treatment Plans:								5505.00			

How do I run the Treatment Plan Approval Report?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Treatment Plan Approval Report**. For additional details about running this report, see the “Treatment Plan Approval Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient information** – The patient’s name, phone number, insurance company, insurance eligibility, and remaining benefits.
- B. Procedures** – The treatment-planned procedures, insurance estimates, and approval statuses.
- C. Totals**
 - **Total Treatment Plans** – The total amount of all procedures that have been treatment-planned.
 - **Total Scheduled Treatment Plans** – The total amount of all treatment-planned procedures that have been attached to appointments.

Treatment Plan Approval Status Report

The Treatment Plan Approval Status Report displays all treatment-planned procedures for selected approval statuses.

	Why: To ensure the practice follows up on treatment plans
	When: Weekly

TREATMENT PLAN APPROVAL STATUS REPORT											
CENTRAL						03/08/2018 - 03/08/2018					
Sorted By: Patient						Providers: ALL Providers			Page: 1		
Chart #	Patient	Patient DOB	Guarantor	Primary Insurance Carrier	Group #	Last Elig Date	Ben Remain	Out			
Prov	Home Phone	Employer	Surfaces	Secondary Insurance Carrier	Group #	Last Elig Date	Ben Remain	Out			
Date	Code	Tooth	Description	Order	Appt Date	Amount	Pri Ins Est	Sec Ins Est	Pri Pre-Est		
LIT102	Little, Brian (801)555-6241	11/11/1981	Little, Dean	Acme Benefits Assoc Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00				
DDS1	03/08/2018 D6792	16		Retainer crn-full cast nob met	0	03/14/2018	570.00	550.00	20.00		03/08/2
DDS1	03/08/2018 D6792	17		Retainer crn-full cast nob met	0	03/14/2018	540.00	540.00	0.00		03/08/2
DDS1	03/08/2018 D6970	22		Post/core + brdg retainer, fabr	0		230.00	230.00	0.00		03/08/2
LIT101	Little, Carol (801)555-6241	11/11/1960	Little, Dean	Aetna Life and Casualty Acme Benefits Assoc	CS1740 CS1740	01/01/2018 01/01/2018	2000.00 3000.00				
DDS1	03/08/2018 D6750	1		Retainer crn-porc fused-hi nob	0	03/14/2018	614.00	471.20	142.80		03/08/2
DDS1	03/08/2018 D6240	2		Pontic-porcelain fused to hnob	0	03/14/2018	621.00	496.80	124.20		03/08/2
DDS1	03/08/2018 D6750	3		Retainer crn-porc fused-hi nob	0	03/14/2018	614.00	491.20	122.80		03/08/2
DDS1	03/08/2018 D6750	5		Retainer crn-porc fused-hi nob	0		614.00	491.20	122.80		03/08/2
DDS1	03/08/2018 D6240	6		Pontic-porcelain fused to hnob	0	03/14/2018	621.00	49.60	571.40		03/08/2
DDS1	03/08/2018 D6750	7		Retainer crn-porc fused-hi nob	0		614.00	0.00	613.00		03/08/2
LIT105	Little, Chad (801)555-6241	11/11/1988	Little, Dean	Acme Benefits Assoc Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00				
DDS1	03/08/2018 D1120			Prophylaxis-child	0	03/14/2018	1240.00	14.00	972.00		03/08/2
DDS1	03/08/2018 D2110		D	Amalgam-1 surface, primary	0	03/14/2018	300.00	51.00	240.00		03/08/2
LIT100	Little, Dean (801)555-6241	11/11/1959	Little, Dean	Acme Benefits Assoc Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00				
DDS1	03/08/2018 D0140			Limited oral evaluation	0	03/14/2018	80.00	5.00	44.00		03/08/2
DDS1	03/08/2018 D0120			Periodic oral evaluation	0	03/14/2018	31.00	20.00	11.00		03/08/2
DDS1	03/08/2018 D2150	14	MO	Amalgam-2 surf. prim/perm	0		600.00	75.00	480.00		03/08/2
LIT106	Little, Kevin (801)555-6241	04/23/1990	Little, Dean	Acme Benefits Assoc Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00				
DDS1	03/08/2018 D2391	18	O	Resin composite-1s, posterior	0	03/14/2018	274.00	199.20	74.80		03/08/2
Total of all Treatment Plans:						7563.00					
Total of all Scheduled Treatment Plans:						5505.00					

A

B

C

How do I run the Treatment Plan Approval Status Report?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Treatment Plan Approval Status Report**. For additional details about running this report, see the “Treatment Plan Approval Status Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient information** – The patient’s name, phone number, insurance company, insurance eligibility, and remaining benefits.
- B. Procedures** – The treatment-planned procedures, insurance estimates, and approval statuses.
- C. Totals**
 - **Total Treatment Plans** – The total amount of all procedures that have been treatment-planned.
 - **Total Scheduled Treatment Plans** – The total amount of all treatment-planned procedures that have been attached to appointments.

Truth in Lending Disclosure Statement

The Truth in Lending disclosure statement is a legal document used to clarify the terms of a payment agreement. You might want to print this report and provide it to patients at the time a payment agreement is created.



Why: To ensure patients are adequately informed of the terms of a payment agreement

When: After creating a payment agreement, and as needed

PRACTICE NAME AND ADDRESS

The Allied Dentist Group
123 East Valley Dr
American Fork, UT 84003
(801)555-9300

GUARANTOR NAME AND ADDRESS

Patricia Abbott
1234 Oak St
Murray, UT 84123
555-1586

Date: 04/23/2011
Chart #: ABB102
SS #: 000-00-0000
Loan Amount: \$ 5956.04
Interest Rate: 12.000 %

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

ANNUAL PERCENTAGE RATE

The cost of your credit as a yearly rate.

12.683 %

FINANCE CHARGE

The dollar amount the credit will cost you.

\$ 214.40

AMOUNT FINANCED

The amount of credit provided to you or on your behalf.

\$ 5956.04

TOTAL OF PAYMENTS

The amount you will have paid after you have made all payments as scheduled.

\$ 6170.44

PAYMENT SCHEDULE SUMMARY

Num Payments: 6

Amt Each Payment: \$1000.00


First Payment Due: 04/30/2018

Last Payment Amt: \$1170.44

Last Payment Due: 09/30/2018

Late Charge: If any payment is late, you will be charged 0.417% of the installment, or at least \$20.00.

How do I generate a truth in lending statement?

1. From the Ledger, click the Payment Agreement button  to open the **Billing/Payment Agreement Information** dialog box.
2. Click **Print** to open the **Print for Payment Agreement** dialog box.
3. Select **Truth in Lending Disclosure Statement**.
4. Click **Print** or **Send to Batch**.

For additional details about running this report, see the "Printing payment agreement documents" topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

UDS - Age/Gender Report

The UDS - Age/Gender report lists the patients of each gender for each age group and provides totals, using the UDS (Uniform Data System) standards for reporting.

Why: To generate a record of patient genders and ages for UDS reporting for comparison with national data, and to provide gender and age data for patients to grantees, partners, and communities

When: As needed

AGE/GENDER REPORT						
01/01/2017 - 12/31/2017 Procedure Date Clinics: AF, CENTRAL, DRAPER Providers: <ALL> Billing Types: <ALL> ADA Codes: <ALL> Ages: <ALL>						
Report Date: 12/31/2017		Report Generated By: enterprise			Page 1 of 1	
AGE	MALE	FEMALE	OTHER	UNKNOWN	TOTAL	
PATIENT NAME	SOCIAL SECURITY #	EMR #		CHART #	BIRTHDATE	GENDER
AGE 21	1	1	0	0	2	
Little, Brian	000-00-0000			LIT123	11/11/1987	Male
Perkins, Shelly	000-00-0000			PER123	11/11/1987	Female
AGE 22	1	1	0	0	2	
Johnson Roger	000-00-0000			JOH123	11/11/1986	Male
Perkins, Peggy	000-00-0000			PER124	11/11/1986	Female
AGE 38	2	0	0	0	2	
Gleason, Gary	000-00-0000			GLE123	11/11/1970	Male
Smith, Michael	000-00-0000			SMI123	11/11/1970	Male
AGE 40	1	1	0	0	2	
Little, Carol	000-00-0000			LIT12 4	11/11/19 69	Female
Taylor, Mark	000-00-0000			TAY123	11/11/1969	Male
AGE 49	2	0	0	0	2	
Abbott, James S	000-00-0000			ABB123	11/11/1960	Male
Perkins, Samuel	000-00-0000			PER127	11/11/1960	Male
AGE 51	2	0	0	0	2	
Little, Matthew	000-00-0000			LIT12 9	11/11/1957	Male
Nelson, Chris	000-00-0000			NEL123	11/11/1957	Male
AGE 60	1	0	0	0	1	
Taylor, Lissa	000-00-0000			TAY123	11/11/1949	Female
GRAND TOTALS	10	3	0	0	13	

(C)

(B)

(A)

(D)

E

DDS01						
CENTRAL						
AGE 22	0	1	0	0	1	
Perkins, Peggy	000-00-0000			PER007	11/11/1987	Female
AGE 38	1	0	0	0	1	
Smith, Michael	000-00-0000			SMI008	11/11/1970	Male
AGE 49	1	0	0	0	1	
Perkins, John	000-00-0000			PER 008	11/11/1960	Male
CENTRAL TOTALS	2	1	0	0	3	
DDS01 TOTALS	2	1	0	0	3	

F

CENTRAL						
DDS01						
AGE 22	0	1	0	0	1	
Perkins, Peggy	000-00-0000			PER123	11/11/1987	Female
AGE 38	1	0	0	0	1	
Smith, Michael	000-00-0000			SMI123	11/11 /1970	Male
AGE 49	1	0	0	0	1	
Perkins, Scott	000-00-0000			PER124	1 11/11/1960	Male
DDS01 TOTALS	2	1	0	0	3	
DDS1						
AGE 21	1	0	0	0	1	
Little, Brian R	000-00-0000			LIT126	11/11 /1986	Male
AGE 51	2	0	0	0	2	
Myers, Timothy	000-00-0000			MYE123	11/11 /1957	Male
Perkins, Shelly	000-00-0000			PER125	11/11/19 57	Female
DDS1 TOTALS	3	0	0	0	3	
DROBB						
AGE 49	1	0	0	0	1	
Abbott, James S	000-00-0000			ABB125	11/11/1960	Male
DROBB TOTALS	1	0	0	0	1	
MCCLURE						
AGE 40	1	0	0	0	1	
Taylor, Mark	000-00-0000			TAY123	11/11/1969	Male
MCCLURE TOTALS	1	0	0	0	1	
CENTRAL TOTALS	7	1	0	0	8	

How do I run the UDS - Age/Gender Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Age/Gender**. For additional details about running this report, see the "UDS - Age/Gender Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).


What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information appears on the report:

- A. Age** – The patient's age.
- B. Patient** – The patient's name, Social Security number, EMR number, Chart number, birthdate, and gender. (This information appears only if **Include Patient Info** is selected when setting up options for this report.)
- C. Gender Totals** – The number of patients of the given age for each gender (male, female, other, and unknown) and a total of all genders for patients of the given age.
- D. Grand Totals** – The gender totals for all ages that appear on the report.
- E. Provider Totals** – The gender totals of patients of all the given ages whose primary provider is the given provider.
- F. Clinic Totals** – The gender totals of patients of all the given ages that visit the given clinic.

UDS - Encounters and Users by Selected Procedure Codes Report

The UDS - Encounters and Users by Selected Procedure Codes Report displays the number of patient encounters with primary and secondary providers that performed procedures in the specified range, using the UDS (Uniform Data System) standards for reporting.

	Why: To generate a record of patient encounters for UDS reporting for comparison with national data, and to provide patient encounter data to grantees, partners, and communities
	When: As needed

Encounters and Users by Selected Procedure Codes

05/13/2018 - 05/13/2018 Procedure Date
Clinics: <ALL>
Providers: <ALL>
Billing Types: <ALL>
ADA Codes: <ALL>

Report Date: 05/13/2018

Report Generated By: enterprise

Page 1 of 1

A

# Encounters:	51
# Users:	27

B

How do I run the UDS - Encounters and Users by Selected Procedure Codes Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Encounter/User Statistics**. For additional details about running this report, see the “UDS - Encounter and User Statistics Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Encounters** – The total number of patient encounters with providers.
- B. Users** – The total number of users that posted the procedures for the corresponding patient encounters total.

UDS - Encounters by Provider Report

The UDS - Encounters by Provider Report displays the number of patient encounters with primary and secondary providers that performed procedures in the specified range, using the UDS (Uniform Data System) standards for reporting.



Why: To generate a record of patient encounters for UDS reporting for comparison with national data, and to provide patient encounter data to grantees, partners, and communities

When: As needed

Encounters by Provider

05/13/2018 - 05/13/2018 Procedure Date
 Clinics: <ALL>
 Providers: <ALL>
 Billing Types: <ALL>
 ADA Codes: <ALL>

Report Date: 05/13/2018

Report Generated By: enterprise

Page 1 of 1

PRIMARY PROVIDERS

Total # Encounters: 51

SECONDARY PROVIDERS

Total # Encounters: 0

A

B

How do I run the UDS - Encounters by Provider Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Encounter/User Statistics**. For additional details about running this report, see the “UDS - Encounter and User Statistics Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Encounters (Primary)** – The total number of patient encounters with primary providers.
- B. Encounters (Secondary)** – The total number of patient encounters with secondary providers.

UDS - Insurance Financial Class Report

The UDS - Insurance Financial Class Report lists the patients of the specified financial classes that had procedures performed and provides totals, using the UDS (Uniform Data System) standards for reporting.

Why: To generate a record of financial class statistics for UDS reporting for comparison with national data, and to provide financial class statistics to grantees, partners, and communities

When: As needed

INSURANCE FINANCIAL CLASS - UDS				
05/13/2018 - 05/13/2018 Procedure Date				
Clinics: <ALL>				
Providers: <ALL>				
Billing Types: <ALL>				
ADA Codes: <ALL>				
Financial Classes: <ALL>				
Report Date: 05/13/2018		Report Generated By: enterprise		Page 1 of 1
FINANCIAL CLASS TYPES		-19 YEARS OF AGE	20+ YEARS OF AGE	TOTAL # USERS
PATIENT NAME	SOCIAL SECURITY #	EMR #	CHART #	BIRTHDATE
Uninsured/Self-Pay		0	4	4
Gleason, Gary	000-00-0000		GL0005	11/11/1970
Johnson, Ron J	000-00-0000		JO0005	11/11/1986
Little, Carol	000-00-0000		LIM0005	11/11/1969
Smith, Michael P	000-00-0000		SM0005	11/11/1950
GRAND TOTALS		0	4	4

A

B

C

D

DDS1				
DRAPER				
Uninsured/Self-Pay		0	3	3
Gleason, Gary	000-00-0000		GL0005	11/11/1970
Johnson, Ron J	000-00-0000		JO0005	11/11/1986
Little, Carol	000-00-0000		LI0005	11/11/1969
DRAPER TOTALS		0	3	3
DDS1 TOTALS		0	3	3

E

DRAPER				
DDS1				
Uninsured/Self-Pay		0	3	3
Gleason, Gary	000-00-0000		GL0005	11/11/1970
Johnson, Ron J	000-00-0000		JO0005	11/11/1986
Little, Carol	000-00-0000		LI0005	11/11/1969
DDS1 TOTALS		0	3	3
DRAPER TOTALS		0	3	3

How do I run the UDS - Insurance Financial Class Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Insurance Financial Class (2012 and Prior)**. For additional details about running this report, see the "UDS - Insurance Financial Class Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information appears on the report:

- A. Financial Class** – The financial class with totals by age range and a total number of users that posted the procedures.
- B. Patient** – The patient’s name, Social Security number, EMR number, Chart number, and birthdate. (This information appears only if **Include Patient Info** is selected when setting up options for this report.)
- C. Grand Totals** – The totals for all financial classes that appear on the report.
- D. Provider Totals** – The financial class totals for patients of the given provider.
- E. Clinic Totals** – The financial class totals for patients that visit the given clinic.

UDS - Insurance Financial Class Report (2013)

The UDS - Insurance Financial Class Report (2013) lists the patients of the specified financial classes that had procedures performed and provides totals, using the UDS (Uniform Data System) standards for reporting.

Why: To generate a record of financial class statistics for UDS reporting for comparison with national data, and to provide financial class statistics to grantees, partners, and communities

When: As needed

Insurance Financial Class						
10/01/2017 - 12/31/2017 Entry Date Insurance Type: Medical Insurance Clinics: <ALL> Providers: DSMITH Billing Types: <ALL> ADA Codes: <ALL> Financial Classes: <ALL>						
Report Date: 01/20/2018			Report Generated By: DSMITH		Page 1 of 1	
Insurance Financial Class						
Provider						
Zip Code						
Financial Class						
Patient Name	CHART #	CLINIC	COUNT	0-17 Years Old	18+ Years Old	EMR #
AF						
DSMITH			1	0	1	
84003			1	0	1	
<No Insurance>			1	0	1	
Crosby, Brent	CR0004C	AF	1	0	1	
ALPINE						
DSMITH			1	1	0	
84003			1	1	0	
Other Public, Inc Non-Medicaid CHIP (MC Capitated)			1	1	0	
Allen, Test	1234567890-12345	ALPINE	1	1	0	
Totals:			2	1	1	

A

B

C

Totals Only (with Patient Information)

PATIENT NAME	CHART #	CLINIC	PROVIDER	BIRTHDATE	SSN	EMR #
Allen, Test	AL00012	ALPINE	DSMITH	02/15/1998	123-33-4444	11225
Crosby, Brent	CR0004C	AF	DSMITH	11/11/1973	123-45-6789	
			Count	0-17 Years Old	18+ Years Old	
Totals:			2	1	1	

Grouped Only by Financial Class

Financial Class	Count	0-17 Years Old	18+ Years Old	
<No Insurance>	1	0	1	
Other Public, Inc Non-Medicaid CHIP (MC Capitated)	1	1	0	
		Count	0-17 Years Old	18+ Years Old
Totals:		2	1	1

How do I run the UDS - Insurance Financial Class Report (2013)?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Insurance Financial Class (2013)**. For additional details about running this report, see the "UDS - Insurance Financial Class Report (2013)" topic in the DXOne Reporting portion of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

There are five categories that you can use to group totals on the report: None, Clinic, Provider, ZIP Code, and Financial Class. The report displays totals without any groupings if "None" is selected for all **Group By** options when setting up options for this report; otherwise, the report groups totals by the first, and then the second, and then the third, and then the fourth selection. The following information appears on the report:

A. Group Totals – Any of the following groups and the corresponding totals may appear:

- **Clinic** – The financial class totals for patients that visit the given clinic.
- **Provider** – The financial class totals for patients with the given primary provider.
- **Zip Code** – The financial class totals for patients with the given ZIP Code.
- **Financial Class** – The financial class with totals by age range and a total number of users that posted the procedures.

B. Patient – The patient's name, Social Security number, EMR number, Chart number, primary provider, and birthdate. (This information appears only if **Include Patient Info** is selected when setting up options for this report.)

C. Grand Totals – The total number of financial classes that appear on the report. Of the total, the number of patients in the first age group appear. Of the total, the number of patients in the second age group appear.

UDS - Medicaid/Medicare Report

The UDS - Medicaid/Medicare Report displays a count of patients with Medicaid and/or Medicare and who have had a visit within the reporting period. Patients are counted on the report if they have had claims created during the reporting period for any insurance plans that have the specified financial classes attached.

Why: To generate a record of Medicaid and Medicare patients for UDS reporting for comparison with national data, and to provide Medicare/Medicaid patient statistics to grantees, partners, and communities

When: As needed

Medicaid/Medicare Insurance						
01/01/2018 - 01/04/2018 (Date based on claim create date)						
Medicaid: Medicaid, Non-Managed Care, Medicaid, Managed Care (c pitated)						
Medicare: Medicare, Non-Managed Care, Medicare, Managed Care (-for-service)						
Report Date: 1/4/2018		Report Generated By: enterprise			Page 1 of 1	
PATIENT NAME	CHART #	CLINIC	PROVIDER	BIRTHDATE	SSN	EMR #
Blair, Mark	BL84	AF	DESMITH	11/11/2006		
Blair, Mary	BL0062	AF	MCOOK	05/02/1951	111-11-1111	
Test, Test T	TESTTTLONG	CENTRAL	DSMITH	02/16/1998	222-22-2222	TEST

	Count	0-17 Years Old	18+ Years Old
Medicaid	2	1	1
Medicare	1	0	1
Both Medicaid and Medicare	0	0	0

How do I run the UDS - Medicaid/Medicare Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Medicaid/Medicare**. For additional details about running this report, see the “UDS - Medicaid/Medicare Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped by Clinic, Provider, ZIP Code, and/or Financial Class. The report includes the following information:


- A. Patient** – The patient’s name, Social Security number, EMR number, Chart number, birth date, assigned clinic, and primary provider. (This information appears only if **Include Patient Info** is selected when setting up options for this report.)
- B. Statistics** – The report presents the following statistics:
- Total number of Medicaid patients, and the count is broken down by age groups.
 - Total number of Medicare patients, and the count is broken down by age groups.
 - Total number of Medicaid and Medicare patients, and the count is broken down by age groups.

Notes:

- *The age group counts appear only if **Include Age Groups** is selected when setting up options for this report*
- *The clinics and providers for the report are determined by each patient’s default provider and clinic (as set up from the Family File).*

UDS - Patient Related Revenue Report

The UDS - Patient Related Revenue Report displays revenue totals for patients with procedures that were completed within a specified date range and for which claims have been created. This report uses the UDS (Uniform Data System) standards for reporting.



Why: To generate a record of revenue for UDS reporting for comparison with national data, and to provide revenue totals to grantees, partners, and communities

When: As needed

Server Name: <Default>

PATIENT RELATED REVENUE

12/17/2018 - 12/17/2018 Procedure Date
Clinics: <ALL>
ADA Codes: <ALL>
Report Generated By: DSMITH

Report Date: 12/17/2018 Page 1 of 1

Payer Category	Full Charges This Period	Amount Collected This Period (-)	Retroactive Settlements, Receipts and Paybacks				Allowances	Sliding Discounts	Bad Debt Write-Off
			Collection of Reconciliation/Wrap Around Current Year	Collection of Reconciliation/Wrap Around Previous Years	Collection of Other Retro Payments: P4P, Risk Pools, Withholds, etc.	Penalty/Payback			
Medicaid, MC	794.00	744.00	0.00	0.00	0.00	0.00	-50.00		
Reyes, Jose	794.00	744.00	0.00	0.00	0.00	0.00	-50.00		
Medicaid, Non-MC	794.00	794.00	-50.00	0.00	0.00	0.00	0.00		
Reyes, Olivia	794.00	794.00	-50.00	0.00	0.00	0.00	0.00		
Total Medicaid	1,588.00	1,538.00	-50.00	0.00	0.00	0.00	-50.00		
Medicare, MC	794.00	794.00	0.00	0.00	-50.00	0.00	0.00		
Reed, Sandy	794.00	794.00	0.00	0.00	-50.00	0.00	0.00		
Medicare, Non-MC	734.00	694.00	0.00	0.00	0.00	50.00	0.00		
Jackson, Paul	734.00	694.00	0.00	0.00	0.00	50.00	0.00		
Total Medicare	1,528.00	1,488.00	0.00	0.00	-50.00	50.00	0.00		
Other Public, MC	539.00	539.00	0.00	0.00	0.00	0.00	0.00		
Reyes, Emilio	539.00	539.00	0.00	0.00	0.00	0.00	0.00		
Other Public, Non-MC	544.00	544.00	0.00	0.00	0.00	0.00	0.00		
Jones, Paula	544.00	544.00	0.00	0.00	0.00	0.00	0.00		
Total Other Public	1,083.00	1,083.00	0.00	0.00	0.00	0.00	0.00		
Private Comm	544.00	544.00			0.00	0.00	0.00		
Morales, Debbie	544.00	544.00			0.00	0.00	0.00		
Private Non-MC	544.00	544.00			0.00	0.00	0.00		
Fisher, Dan	544.00	544.00			0.00	0.00	0.00		
Total Private	1,088.00	1,088.00			0.00	0.00	0.00		
Individual	994.00	669.00						-200.00	0.00
Tran, Thomas	994.00	669.00						-200.00	0.00
Self-Pay	2,099.00	1,808.00						0.00	-291.00
Jones, Michael	2,099.00	1,808.00						0.00	-291.00
Total Self-Pay	3,093.00	2,477.00						-200.00	-291.00
Total	8,380.00	7,674.00	-50.00	0.00	-50.00	50.00	-50.00	-200.00	-291.00

How do I run the UDS - Patient Related Revenue Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Patient Related Revenue**. For additional details about running this report, see the “UDS - Patient Related Revenue Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

Patients on the report are grouped by financial class within each corresponding payer category.

A. Financial class – A breakdown of the charges, collections, retroactive collections, allowances, sliding discounts, and write-offs for payers of this financial class.

B. Patient – A breakdown of the charges, collections, retroactive collections, allowances, sliding discounts, and write-offs for a patient.

*Note: The report includes patient breakdowns only if **Include Patient Info** is selected when setting up options for this report.*

C. Payer category total – A breakdown of the total charges, collections, retroactive collections, allowances, sliding discounts, and write-offs for payers of the same type of financial class.

D. Grand total – A breakdown of the sum of the total charges, collections, retroactive collections, allowances, sliding discounts, and write-offs for payers in all categories.

Notes:

- *Sliding discounts and write-offs apply only to uninsured individuals, self-pay patients, and insured patient whose charges are not billed to insurance.*
- *Retroactive collections and allowances apply only to insured patients.*
- *The report includes suspended payments and adjustments only if **Include Suspended Payments and Adjustments** is selected when setting up options for this report.*

UDS - Patient Status Report

The UDS - Patient Status Report displays the total the number of patients who have completed procedures within a specified date range and who have specified statuses (race, language, poverty level, worker status, homeless status, sexual orientation, homeless status, veteran status, ethnicity, religion, user-defined, housing status, and/or gender identity) attached to their Family File records. The report can also list patients on the report by ZIP Code (optionally sub-grouped by insurance carrier financial class) and display patient information for the patients on the report. This report uses the UDS (Uniform Data System) standards for reporting.

Why: To generate a record of patient statuses for UDS reporting for comparison with national data, and to provide patient and financial class statistics to grantees, partners, and communities

When: As needed

PATIENT STATUS					
5/14/2018 - 5/14/2018 Procedure Date Clinics: <ALL> viders: <ALL> Billing ypes: <ALL> ADA Codes: <ALL>					
Report Date: 5/14/2018		Report Generated By: enterprise			age 1 of 1
EPORT	TOTAL				
PATIENT NAME	SOCIAL SECURITY #	EMR #	CHAR #	BIRTHDATE	
ce					5
County: Utah					5
Black or African American					1
Crosby, Brent	111-11-1111		CR93		11/11/1970
Declined to specify					1
Abbott, James P	333-33-3333		AB31		11/11/1976
White					3
Crosby, Shirley	222-22-2222		CR94		11/11/1972
Winters, Carl	000-00-0000		WI211		11/11/1980
Winters, Barbara	000-00-0001		WI212		11/11/1982
Zip Code Statistics					5
County: Utah					5
84003					5
Crosby, Brent	111-11-1111		CR93		11/11/1970
Crosby, Shirley	222-22-2222		CR94		11/11/1972
Abbott, James P	333-33-3333		AB31		11/11/1976
Winters, Carl	000-00-0000		WI211		11/11/1980
Winters, Barbara	000-00-0001		WI212		11/11/1982

D

E

Race		5		
County: Utah		5		
Provider: DSMITH		5		
Clinic: CENTRAL		5		
Black or African American		1		
Crosby, Brent	111-11-1111		CR93	11/11/1970
Declined to specify		1		
Abbott, James P	333-33-3333		AB31	11/11/1976
White		3		
Crosby, Shirley	222-22-2222		CR94	11/11/1972
Winters, Carl	000-00-0000		WI211	11/11/1980
Winters, Barbara	000-00-0001		WI212	11/11/1982

F

Race		5		
County: Utah		5		
Clinic: CENTRAL		5		
Provider: DSMITH		5		
Black or African American		1		
Crosby, Brent	111-11-1111		CR93	11/11/1970
Declined to specify		1		
Abbott, James P	333-33-3333		AB31	11/11/1976
White		3		
Crosby, Shirley	222-22-2222		CR94	11/11/1972
Winters, Carl	000-00-0000		WI211	11/11/1980
Winters, Barbara	000-00-0001		WI212	11/11/1982

How do I run the UDS - Patient Status Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Patient Status**. For additional details about running this report, see the “UDS - Patient Status Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).


What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The report can also be grouped by county (either before or after the other grouping options) and subtotaled. The following information appears on the report:

- A. Status** – The status (race, language, poverty level, worker status, sexual orientation, homeless status, veteran status, ethnicity, religion, user-defined, housing status, or gender identity) that is being reported on and the total number of patients with that status who have a completed procedure that falls within the date range of the report.
- B. Patient** – The patient’s name, Social Security number, EMR number, Chart number, and birth date. (This information appears only if **Include Patient Info** is selected when setting up options for this report.)
- C. Zip Code Statistics** – The patients that live in each ZIP Code.
- D. County Totals** – The status totals for patients that live in the given county.
- E. Provider Totals** – The status totals for patients of the given provider.
- F. Clinic Totals** – The status totals for patients that visit the given clinic.

UDS - Sealant Statistics Report

The UDS - Sealant Statistics Report displays the percentage of children, ages 6 through 9, who are at a moderate to high risk for caries and who received a sealant on a permanent first molar during the reporting period.

	<p>Why: To generate a record of sealant statistics for UDS reporting for comparison with national data, and to provide sealant statistics to grantees, partners, and communities</p> <p>When: As needed</p>
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Sealants

01/01/2017 - 12/31/2017 Procedure Date
 Birthdate: 01/01/2006 - 12/31/2009
 Sealant Codes: D1351, D1351e, D1353
 Visit Codes: D0110, D0120, D0140, D0150
 Carie Codes: 15105, 15106, 15107
 Sealant Ineligibility Codes: 15101, 15110, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794

Report Date: 1/4/2018 Report Generated By: enterprise age 1 of 1

PATIENT NAME	CHART #	CLINIC	PROVIDER	BIRTHDATE	SSN	EMR #
Blair, Mark	BL84	AF	DESMITH	11/11/2006		
Crosby, Tm	CR96	CENTRAL	DSMITH	11/11/2006		
Winters, Jillian	WI213	AF	DESMITH	11/11/2007		

Charts Sampled:	3
Moderate to High Risk of Caries:	2
Patients Eligible for Exclusion from Moderate to High Risk of Caries:	2
Moderate to High Risk of Caries who Received Sealant on 1st Molar:	2

How do I run the UDS - Sealant Statistics Report?

From the DXOne Reporting module, select UDS, and then double-click UDS - Sealant Statistics. For additional details about running this report, see the "UDS - Sealant Statistics Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the Help menu of any module, click Contents).

What important information does this report provide?

The report can be grouped by Clinic, Provider, and/or ZIP Code. The report includes the following information:

A. Patient – The patient's name, Social Security number, EMR number, Chart number, birth date, assigned clinic, and primary provider. (This information appears only if **Include Patient Info** is selected when setting up options for this report.)

B. Statistics – The report presents the following statistics:

- The total number of 6-9 year old children with a moderate to high risk of caries.
- The total number of 6-9 year old children that were sampled.
- The total number of 6-9 year old children with a moderate to high risk of caries who got sealants on permanent first molars (tooth 3, 14, 19, and 30).
- The total number of 6-9 year old children with a moderate to high risk of caries but who are eligible for exclusion.

Exclusions (for all permanent first molar): the tooth is unerupted, has a restoration, has a sealant already (before the start of the measurement period), or cannot be sealed (due to caries or fracture).


The measure is calculated using the following numerator and denominator:

- **Numerator** – Number of patients, ages 6 through 9, who were at a moderate to high risk for caries and who received a sealant on a permanent first molar tooth during the reporting year.
- **Denominator** – Number of patients, ages 6 through 9, who had an oral assessment, a comprehensive oral evaluation, or a periodic oral evaluation during the reporting year and who have a documented moderate to high risk for caries (for example, if the measurement year is 2015, the report includes patients whose dates of birth are between January 1, 2006 and December 31, 2009, inclusive).

Note: *The clinics and providers for the report are determined by each patient's default provider and clinic (as set up from the Family File).*

UDS - Tobacco Use and Intervention Report

The UDS - Tobacco Use and Intervention Report displays the percentage of patients, ages 18 and older, who received screenings and interventions for cessation of tobacco use during the reporting period.

	Why: To generate a record of tobacco cessation counseling statistics for UDS reporting for comparison with national data, and to provide tobacco cessation counseling statistics to grantees, partners, and communities
	When: As needed

Tobacco Use and Intervention							
1/30/2017 - 1/30/2017 Procedure Date Clinics: <ALL> Providers: <ALL> Billing Types: <ALL>							
Report Date: 1/30/2017		Report Generated By: enterprise				Page 1 of 1	
PATIENT NAME	BT	SOCIAL SECURITY #	EMR #	CHART #	BIRTHDATE	MEETS NUM	MEETS DEN EXC
A Abbott, James P	1	333-33-3333		AB31	11/11/1976		Y
Crosby, Brent	1	111-11-1111		CR93	11/11/1970	Y	
Crosby, Shirley	1	222-22-2222		CR94	11/11/1972		
GRAND TOTALS							
	B	Patient Population	Denominator	Numerator	Denominator Exception		
		3	3	1	1		

How do I run the UDS - Tobacco Use and Intervention Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Tobacco Use and Intervention**. For additional details about running this report, see the “UDS - Tobacco Use and Intervention Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped by Clinic, Provider, and/or ZIP Code. The report includes the following information:

- A. Patient (in the Patient Population)** – The patient’s name, billing type, Social Security number, EMR number, Chart number, birth date, assigned clinic, and primary provider. Also indicated are if the patient is in the numerator or if the patient is an exception in the denominator. (This information appears only if **Include Patient Detail** is selected when setting up options for this report.)
- B. Statistics** – The report presents the following statistics:
- **Patient Population and Denominator** – Number of patients, who had at least one visit encounter¹ or, depending on the codes used, at least two visit encounters, and who were 18 years old or older either at the time of the visit or, if there were multiple visits, at the time of the earlier of the two most recent visits.

Denominator Exception: A tobacco use assessment was not done either for a medical reason² or due to a limited life expectancy².
 - **Numerator** – Number of patients, ages 18 and older, who had a tobacco use assessment³ up to 24 months before the end of the reporting period, and who met one of the following criteria:
 - A reported tobacco non-user⁴ up to 24 months before the end of the reporting period, who, afterwards, did not become a tobacco user 24 months or less before the end of the reporting period.
 - A reported tobacco user⁴ up to 24 months before the end of the reporting period, who, afterwards, did not become a tobacco non-user 24 months or less before the end of the reporting period, and who started tobacco cessation counseling⁵ or pharmacotherapy⁶ 24 months or less before the end of the reporting period.


Note: *The clinics and providers for the report are determined by each patient’s default provider and clinic (as set up from the Family File).*

Footnotes:

1. Medical Encounter with an applicable AMA-CPT or SNOMED code (such as 99212 or 12843005).
2. Medical Encounter with an applicable SNOMED code (such as 162607003).
3. Medical Encounter with an applicable LOINC code (such as 68535-4).
4. Medical Encounter with an applicable SNOMED code (such as 105539002).
5. Medical Encounter with an applicable SNOMED code (such as 171055003).
6. Prescription, or prescription order, with an applicable RXNORM code (such as 1046847).

Unscheduled Appointment List (DX1)

The Unscheduled Appointment List displays appointments that have been broken or marked as wait/will call.

	<p>Why: To ensure the practice follows up on broken and wait/will call appointments</p> <p>When: Weekly</p>
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Server Name: <Default>

Unscheduled Appointment List

Date Range: 01/01/2017 - 12/31/2017
Providers: <ALL>

Report Date: 12/19/2018 Report Generated By: DSMITH Page 1 of 1

Date	Status	Patient Name	PROV	Appointment Reason	Length	Phone	Break Reason
11/08/2017	Broken	Smith, Angela	MHAYES	FMIrr	30m	(801) 555-4321	Phone Cancellation
11/08/2017	Broken	Winters, Carl	DESMITH	UnspcAdjP	10m	(801) 555-4444	In-Office Cancellation
11/09/2017	Wait / Will call	Crosby, Brent	DESMITH	PROPHY	40m		
11/22/2017	Broken	Harmon, Karen	MHAYES	Compr Exa, FMX	40m		In-Office Cancellation

Total Listed: 4

How do I run the Unscheduled Appointment List?

From the DXOne Reporting module, select **List**, and then double-click **Unscheduled Appointment List**. For additional details about running this report, see the "Unscheduled Appointment List" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The unscheduled appointments on the report can be sorted by the date broken or by the break reason. Each clinic's unscheduled appointments can start on a new page.

- A. Appointment details** – For each unscheduled appointment, the report displays the date, status, patient's name, scheduled provider, appointment reason, appointment length, patient's phone number, and break reason.
- B. Date** – The date the appointment was broken or placed on the wait/will call list.
- C. Patient** – The patient's name.
- D. Phone** – The patient's phone number.
- E. Break Reason** – The reason that the appointment was broken (applies only to broken appointments).

Also, the total number of appointments on the report appears.

Unscheduled Appointment List (OM)

The Unscheduled Appointment List displays patients that have broken an appointment and have not re-scheduled. The report includes broken appointments in all clinics.

	<p>Why: To ensure the practice follows up on broken appointments</p> <p>When: Weekly</p>
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UNSCHEDULED APPOINTMENT LIST						
The Dentist Group						
Provider <ALL>						
04/16/2018 - 04/23/2018						
Date: 04/23/2018					Page: 1	
DATE BROKEN	PATIENT NAME	PROV	APPOINTMENT REASON	LENGTH	PHONE	STATUS
04/16/2018	Abbott, James S	DDS1	CompEx	10m	55 5-1586	W/Call
04/16/2018	Brown, Mary L	DDS2	ExtSingTh#1, ExtSingTh#16, ExtSingTh#17	90m	(919)555-1045	B roken
04/16/2018	Crosby, Brent J	DDS2	CompEx, 2BWx, ImpltCnBr	30m	(919)555-1873	B roken
04/22/2018	Edwards, John S	DDS1	CCAdult, Pano, FabPtCr+B#5	80m	555 -1586	Broken
04/23/2018	Perkins, Peggy	DDS1	ProphFIAd	50m	55 5-1586	Broken
04/23/2018	Reeves, Elisabeth D	DDS2	Pano, EmergEx	40m	(919)555-1978	W /Call
04/23/2018	Winters, Carl	DDS1	CCAdult 60m Broken			
					TOTAL LISTED:	7

How do I run the Unscheduled Appointment List?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Unscheduled Appointment List**. For additional details about running this report, see the “Unscheduled Appointment List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).



What important information does this report provide?

- A. Date** – The date the appointment was broken or placed on the wait/will call list.
- B. Patient** – The patient’s name.
- C. Phone** – The patient’s phone number.

Also, the total number of appointments on the report appears.

Unscheduled Treatment Plans (Condensed) Report

The Unscheduled Treatment Plans (Condensed) Report displays treatment plans that have been posted to the Ledger but not scheduled in the Appointment Book.

	Why: To ensure the practice follows up on treatment plans
	When: Weekly

UNSCHEDULED TREATMENT PLANS (CONDENSED)			
The Dentist Group			
04/23/2018 - 04/23/2018			
Date: 04/23/2018		Page: 1	
APPT	PATIENT	AMOUNT	PHONE
S U	Abbott, James S	4397.00	(801)555-1586
	Little, Brian R	765.00	(801)555-1234
	Smith, Michael	56.00	(801)555-1586
	Taylor, Mark	484.00	(801)555-7894
U	Winters, Carl	301.00	(801)555-5567
UNSCHEDULED TREATMENT PLANS TOTAL:		6003.00	



How do I run the Unscheduled Treatment Plans (Condensed) Report?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Unscheduled Treatment Plans**. For additional details about running this report, see the “Unscheduled Treatment Plans Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Appt



- If a patient has a scheduled appointment for any work other than the treatment plan procedures, an “S” appears on the report.
- If a patient is on the Unscheduled Appointment list, a “U” appears on the report.

B. Treatment Plan Details – The patient, phone number, and treatment plan amount.

C. Report Totals – Combined total for all patients.

Unscheduled Treatment Plans (Detailed) Report

The Unscheduled Treatment Plans (Detailed) Report displays treatment plans that have been posted to the Ledger but not scheduled in the Appointment Book.

	Why: To ensure the practice follows up on treatment plans
	When: Weekly

UNSCHEDULED TREATMENT PLANS						
The Dentist Group						
04/23/2018 - 04/23/2018						
Date: 04/23/2018					Page: 1	
APPT	PATIENT	DATE	TH	PHONE #	DESCRIPTION	AMOUNT
	DENTAL INS. COMPANY			CODE	RB/RT	
	MEDICAL INS. CO.			RENEWAL DATE	BENEFITS REM.	
S U	Abbott, James S			(801)555-1586		
		04/23/18	12*	D5213		Maxil partial-metal Base W/sdls 890.00
		04/23/18	19	D6210		Pontic-cast high noble metal 603.00
		04/23/18	20	D6210		Pontic-cast high noble metal 603.00
		04/23/18	21	D6210		Pontic-cast high noble metal 603.00
		04/23/18	22	D6210		Pontic-cast high noble metal 603.00
		04/23/18	7	D6970		Post/core + brdg retainer, fabr 230.00
		04/23/18	23	D6971		Cast post/part of brdg retainer 218.00
		04/23/18	24	D6971		Cast post/part of brdg retainer 218.00
		04/23/18	25	D6971		Cast post/part of brdg retainer 218.00
		04/23/18		D0120		Periodic oral evaluation 25.00
		04/23/18		D1120		Prophylaxis-child 34.00
		04/23/18		D0272		Bitewings-two films 21.00
		04/23/18	UR	D4341	RB	Perio scale&root pln-4+per quad 131.00
	P-Metropolitan Life			Jan		1468.00
	S-Aetna Life and Casualty			Jan		1468.00
	P-Aetna Medical					
					TREATMENT PLAN TOTAL:	4397.00
	Little, Brian			(801)555-0987		
		04/23/18	16	D7140		Extract,erupted th/exposed rt 255.00
		04/23/18	17	D7140		Extract,erupted th/exposed rt 255.00
		04/23/18	32	D7140		Extract,erupted th/exposed rt 255.00
		04/23/18	18	D2393		Resin composite-3s, posterior 0.00
		04/23/18	30	D2393		Resin composite-3s, posterior 0.00
	P-Aetna			Jan		-105.00
	S-Aetna			Jan		-105.00
					TREATMENT PLAN TOTAL:	765.00
	Smith, Michael			(801)555-1586		
		04/23/18		D1204		Fluoride w/o prophylaxis-adult 56.00
	P-Aetna Life and Casualty			Jan		2000.00
					TREATMENT PLAN TOTAL:	56.00
	Taylor, Mark			(801)555-4561		
		04/23/18	32	D7140		Extract,erupted th/exposed rt 152.00
		04/23/18	2	D2160		Amalgam-3 surf. prim/perm 90.00
		04/23/18	3	D2160		Amalgam-3 surf. prim/perm 90.00
		04/23/18	17	D7140		Extract,erupted th/exposed rt 152.00
	P-Met Life			Jan		0.00
					TREATMENT PLAN TOTAL:	484.00
U	Winters, Carl			(801)555-8314		
		04/23/18		D 1110		Prophylaxis-adult 78.00
		04/23/18		D0120		Periodic oral evaluation 67.00
		04/23/18		D 0274		Bitewings-four films 1 56.00
	P-Insurance			Jan		0.00
					TREATMENT PLAN TOTAL:	301.00
UNSCHEDULED TREATMENT PLANS TOTAL:						6003.00

A

B

C

D

How do I run the Unscheduled Treatment Plans (Detailed) Report?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Unscheduled Treatment Plans**. For additional details about running this report, see the “Unscheduled Treatment Plans Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Appt

- If a patient has a scheduled appointment for any work other than the treatment plan procedures, an “S” appears on the report.
- If a patient is on the Unscheduled Appointment list, a “U” appears on the report.

B. Treatment Plan Details – The patient, phone number, and treatment plan procedures.

C. Insurance Information – The insurance carrier, renewal month, benefits remaining, and treatment plan total.

D. Report Totals – Combined total for all patients.

Updated Dental Insurance Payment Table Report

The Updated Dental Insurance Payment Table Report allows you to view and print payment tables. Payment tables list the amount an insurance carrier will pay for a procedure.

\$	<p>Why: To ensure payment tables have been set up properly</p> <p>When: After Dentrax Enterprise setup, and as needed</p>
-----------	-----------------------------------------------------------------------------------------------------------------------------------------

A

UPDATED INSURANCE PAYMENT TABLE	
The Dentist Group	
Date: 04/22/2018	Page: 1
Blue Cross Blue Shield of FL. P.O. Box 26355 Orlando, FL 84126	GROUP NAME: Dental Claims Group #: 45067
PROCEDURE CODE	PAYMENT AMOUNT
10120	25.00
11111	25.00
15000	0.00
15001	0.00
15002	0.00
15003	0.00
15004	0.00
15005	0.00
15006	0.00
15007	0.00
15008	0.00
15009	0.00
15010	0.00
15011	0.00
15012	0.00
15100	0.00
D0120	25.00
D0120d	25.00
D0120p	15.00
D0120x	25.00
D0140	35.00
D0150	36.00
D0160	38.00
D0210	67.00
D0220	13.00
D0230	10.00
D0240	2512.00
D0250	39.00
D0260	30.00
D0270	15.00
D0272	21.00
D0274	32.00
D0290	81.00
D0310	67.00
D0320	250.00
D0321	125.00
D0322	112.00
D0330	58.00
D0340	81.00
D0415	60.00
D0425	53.00
D0460	40.00
D0470	53.00
D0471	41.00
D0501	123.00
D0502	135.00
D0999	75.00
D1120	34.00
D1201	50.00
D1203	21.00
D1204	21.00
D1205	64.00

B

How do I run the Updated Dental Insurance Payment Table Report?

In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Ins Pmt Table**. For additional details about running this report, see the “Updated Dental Insurance Payment Table Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Insurance Carrier Details – The name, mailing address, group name, and group number of the insurance carrier. This information is found in the **Dental Insurance Plan Information** dialog box, which can be accessed in the Office Manager.

The screenshot shows the 'Dental Insurance Plan Information' dialog box. A circled 'A' points to the 'Carrier Name' field, which contains 'Aetna Life and Casualty'. Other fields include 'Group Plan' (Aetna), 'Employer' (Acme Inc.), 'Street Address' (P.O. Box 12345), 'City, ST, Zip' (San Francisco, CA, 94120), 'Phone' (800/555-6003), 'Group #' (1234-0000), 'Last Update' (01/17/2018), 'Benefit Renewal' (JAN), 'Claim Format' (DX-2012), 'Fee Schedule' (<NONE>), 'RVU Schedule' (<NONE>), 'Payer ID' (12345), 'Source of Payment' (Commercial Insurance Co.), and 'Insurance Claim Options' (Diagnostic Code System: Unspecified, Replace initial character of procedure code with: D, Do Not Include Group Plan Name, Do Not Bill to Dental Insurance, Do Not Bill to Dental Insurance if 0% Coverage).

B. Payment Amount – The total amount the insurance carrier will pay for a procedure. The payment amount is found in the **Edit Updated Insurance Payment Table** dialog box, which can be accessed in the Office Manager. For details about how to edit an insurance carrier’s payment table, see the “Working with payment tables” topic in the Family File portion of the Dentrix Enterprise Help.

The screenshot shows the 'Edit Updated Insurance Payment Table' dialog box. A circled 'B' points to the 'Amount' column. The table lists procedure codes and their corresponding amounts:

Code	Description	Amount
15000	Drifting - Mesial	0.00
D 7941	Osteotomy-mandibular rami	4800.00
D 7942	Osteotomy-ramus, open	7200.00
D 7943	Osteotomy-mand rami w/ gr	6400.00
D 7944	Osteotomy-segmented/subap	8000.00
D 7945	Osteotomy-body of mandibl	5600.00
D 7946	LeFort I (maxilla-total)	7025.00
D 7947	LeFort I (maxilla-segment	8200.00
D 7948	LeFort II/III-no bone gra	8250.00

Buttons include 'Add', 'Change', 'Delete', 'Delete All', 'Copy Fee Schedule', 'OK', and 'Cancel'.

Utilization Report

The Utilization Report lists insurance carriers, and for each carrier, the procedures posted during a selected date range.

\$

Why: To identify insurance carriers with low coverages (this is done by comparing the charges posted to the Ledger with the practice's UCR fee schedule)

When: Yearly, and as needed

UTILIZATION REPORT - DENTAL												
Date Range: 05/01/2018 - 05/05/2018 Procedure Date FEE: 001: Office Compare FEE Schedule With: Transaction Amount Include: All Procedures Clinic(s): <ALL> Provider(s): <ALL> Billing Type(s): <ALL> ADA Code(s): <ALL> Carrier From: Aetna Life and Casualty - Aetna - 321863 Carrier To: Aetna Life and Casualty - Aetna - 321863												
Report Date: 05/05/2018				Report Generated By: enterprise				Page 1 of 1				
INSURANCE CARRIER NAME			GROUP PLAN			GROUP NUMBER		PHONE				
SUBSCRIBER	DATE	ID #	PATIENT NAME	BIRTHDATE	SS #	CODE	DESCRIPTION	TH SURFACE	PROVIDER	CLINIC	FEE	CO-PAY
Aetna Life and Casualty			Aetna			321863		(800) 555-6444				
Abbott, Patricia	05/01/2018	5678910	Abbott, James S	11/11/1962	000-00-0000	D5214	Mand partial-metal base w/sds	12	DDS2	CENTRAL	801.00	801.00
Abbott, Patricia	05/01/2018	5678910	Abbott, James S	11/11/1962	000-00-0000	D7111	Extraction cml remnts-decid th	13	DDS2	CENTRAL	501.00	501.00
Abbott, Patricia	05/05/2018	5678910	Abbott, James S	11/11/1962	000-00-0000	D5214	Mand partial-metal base w/sds	12	DDS2	CENTRAL	801.00	801.00
Perkins, Peggy	05/01/2018	000-00-0000	Perkins, Shelly	11/11/1980	000-000-0000	D5214	Mand partial-metal base w/sds	15	DDS3	CENTRAL	801.00	801.00
Perkins, Peggy	05/01/2018	000-00-0000	Perkins, Shelly	11/11/1980	000-00-0000	D7111	Extraction cml remnts-decid th	9	DDS3	CENTRAL	501.00	501.00
Perkins, Peggy	05/05/2018	000-00-0000	Perkins, Peggy	11/11/1957	000-00-0000	D6240	Pontic-porcelain fused to hnob	10	DDS1	CENTRAL	620.00	200.00
Perkins, Peggy	05/05/2018	000-00-0000	Perkins, Peggy	11/11/1957	000-00-0000	D6240	Pontic-porcelain fused to hnob	11	DDS1	CENTRAL	620.00	200.00
Perkins, Peggy	05/05/2018	000-00-0000	Perkins, Peggy	11/11/1957	000-00-0000	D66750	Retainer crn-porc fused-hi nob	12	DDS1	CENTRAL	613.00	200.00
Perkins, Peggy	05/05/2018	000-00-0000	Perkins, Peggy	11/11/1957	000-00-0000	D6750	Retainer crn-porc fused-hi nob	9	DDS1	CENTRAL	613.00	200.00
Smith, Michael	05/01/2018	000-00-0000	Smith, Michael	11/11/1970	000-00-0000	D5214	Mand partial-metal base w/sds	12	DDS3	CENTRAL	801.00	801.00
Smith, Michael	05/01/2018	000-00-0000	Smith, Michael	11/11/1970	000-00-0000	D7111	Extraction cml remnts-decid th	7	DDS3	CENTRAL	501.00	501.00
Aetna Life and Casualty Totals:				Fee:	CoPay:	(Fee - CoPay):	Total Office Visits:	Total Patients Seen:				
				7,173.00	5,507.00	1,666.00	5	4				

A

B

C

D

Grand Totals:	Fee:	7,173.00	Co-Pay:	5,507.00
	(Fee - CoPay):	1,666.00		
	Total Office Visits:	5		
	Total Patients Seen:	4		

How do I run the Utilization Report?


From the DXOne Reporting module, select **Ledger**, and then double-click **Utilization**. For additional details about running this report, see the "Utilization Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Insurance Carriers** – The report is divided by insurance carriers. The carrier's name, group plan name and number, and phone number are shown:
- B. Procedures** – The procedures posted in the Ledger for patients with the displayed insurance carrier. (The procedures will show only if **Insurance Plan Totals Only** is cleared when setting up options for this report.) For each procedure, the following are shown:
- **Fee** – The fee that would have been attached to a procedure had the fee from the fee schedule you selected (when setting up the report options) been used.
 - **Copay** – The fee attached to the procedure posted in the Ledger.
- C. Insurance Carrier Totals** – The total fees, co-pays, (Fee - Co-pay), office visits, and patients seen appear for each insurance carrier. The following is an explanation of the insurance carrier's Fee and CoPay totals:
- **Fee** – The fee that would have been attached to a procedure, had the fee from the fee schedule you selected (when setting up the report options) been used.
 - **CoPay** – The fee attached to the procedure posted in the Ledger.
- D. Grand Totals** – The Grand Totals section displays the following information:
- **Fee** – The total fees that would have been attached to a procedures, had the fee from the fee schedule you selected (when setting up the report options) been used.
 - **Co-Pay** – The total fees attached to the procedures posted in the Ledger.
 - **(Fee - CoPay)** – The total revenue that would have been gained or lost, had the fee schedule you selected (when setting up the report options) been used when posting the procedures. A positive number indicates the practice would have gained revenue. A negative number indicates the practice would have lost revenue.
 - **Total Office Visits** – The total number of office visits (multiple procedures performed on a patient on the same date count as one office visit).
 - **Total Patients Seen** – The total number of patients that appear on the report.

Walkout - Doctor's Statement

The Walkout (Doctor's Statement) itemizes today's charges for an individual patient. This statement includes insurance information, billing details, and a line for the provider's signature.



Why: To provide a patient with the information required to submit his/her insurance claim

When: At patient check-out, and as needed

ATTENDING DOCTOR'S STATEMENT	
<p>PATIENT INFORMATION</p> <p>PATIENT NAME: Peggy Perkins 123 Street Philadelphia, PA 19102</p> <p>BIRTHDAY: 11/11/1987 (22) SOC. SEC. NUMBER: 000-00-0000 CHART NUMBER: PA0007 RELATION TO SUBSCRIBER: Other</p> <p>INSURANCE INFORMATION</p> <p>CARRIER: Aetna Life and Casualty GROUP NUMBER: 321863 EMPLOYER:</p> <p>SUBSCRIBER: Mildred Payne 123 Street Philadelphia, PA 19102</p> <p>Subscriber ID: 000-00-0000 Subscriber Birthday:</p>	<p style="text-align: right;">DATE: 05/15/2018</p> <p>PROVIDER INFORMATION</p> <p>NAME OF DENTIST: Dennis Smith, DDS The Allied Dentist Group 123 East Valley Dr American Fork, UT 84003 (801)555-9300</p> <p>SOC. SEC. OR T.I.N. NUMBER: 000-00-0000 LICENSE NUMBER:</p> <p><i>Remarks for unusual services:</i></p>

DATE	TOOTH	SURF.	CODE	PROCEDURE	CHARGE
05/15/2018	4		D2761	Crown Insert	0.00
05/15/2018	5		D2954	Prefab post&core in add to crn	175.00
05/15/2018	6		D2752	Crown-porc fused noble metal	590.00
TOTAL:					765.00

Do not eat or drink for one hour.

Signature On File _____ DATE 05/15/2018
SIGNED (TREATING DENTIST)

How do I run the Walkout - Doctor's Statement?

In the Ledger, from the **Print** menu, click **Walkout**; select **Walkout/Doctor's Statement**; and then click **Print**. For additional details about running this report, see the "Walkout statements" topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Provider Information** – The provider details required to submit an insurance claim.
- B. Patient Insurance Information** – The patient's insurance details.
- C. Services Rendered** – The itemized charges for the current day.
- D. Doctor Recommendations** – If you select **Print Doctor Recommendations** when setting options for this report, doctor recommendations appear on the walkout. See the "Adding and editing ADA-CDT dental codes" topic in the Office Manager portion of the Dentrix Enterprise Help for details on how to set up doctor recommendations for a procedure code.

Walkout - Family Walkout

The Family Walkout itemizes today's charges and payments for a family. The Family Walkout functions as a receipt and can include home care instructions and future appointment dates.

Why: To provide patients with a record of services rendered, and to provide patients with home care instructions

When: At patient check-out

STATEMENT OF SERVICES RENDERED

The Allied Dentist Group
123 East Valley Dr
American Fork, UT 84003

(801)555-9300

CHART NO.	PAGE NO.
	1

BILLING DATE
05/15/2018

GUARANTOR NAME AND MAILING ADDRESS

Peggy Perkins
123 Street
Philadelphia, PA 19102

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
Shelly	4		Crown Insert	0.00	
Shelly	5		Prefab post&core in add to crn	175.00	
Shelly	6		Crown-porc fused noble metal	590.00	
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">B</div> <p>Do not eat or drink for one hour.</p> </div>					

D

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	INSURANCE ESTIMATE	PLEASE PAY
11322.00	0.00	765.00	12087.00	800.00	11287.00

C

E

YTD Finance Charges: 100.00 YTD Late Charges: 7840.00 YTD Guar Payments: 120.00 YTD Ins Payments: 0.00

PATIENT	DATE	TIME	REASON
Shelly	Tuesday - June 2, 2018	9:20 am	R es2PosPm#4

F

G

Thanks for coming in!

How do I run the Walkout - Family Walkout?

In the Ledger, from the **Print** menu, click **Walkout**; select **Family Walkout**; and then click **Print**. For additional details about running this report, see the "Walkout statements" topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Services Rendered and Payments Received** – The services and payments made by each family member on the current day.
- B. Doctor Recommendations** – If you select **Print Doctor Recommendations** when setting options for this report, doctor recommendations notes appear on the walkout. See the "Adding and editing ADA-CDT dental codes" topic in the Office Manager portion of the Dentrix Enterprise Help for details on how to set up doctor recommendations for a procedure code.
- C. Account Balance Details** – The guarantor's prior balance, total payments today, total charges today, and current balance.
- D. Dental Insurance Estimate** – The estimated portion of charges (for procedures attached to claims or not) that are covered by the patients' insurance (for procedures that are not attached to claims, the estimated insurance portion is based on the corresponding patient's primary insurance).
- E. Year-to-date Financial Details** – If you select **Print YTD Finance Charges, Late Charges, and Payments** when setting options for this report, the guarantor's year-to-date totals appear on the report.
- F. Next Appointments** – The next scheduled appointment for each family member.
- G. Walkout Message** – The custom message entered when setting options for this report. You can only add custom messages to the Family Walkout by running the walkout from the Ledger menu bar.

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Analysis Summary Report - Daily	8	Analysis Summary Report - Standard	12
Amount of Credit Special Adjustments for Provider		Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12	Amount of Other Credit Special Adjustments for Provider	
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Charge Adjustment Amount		Subtotal of Bad Debt Write-offs for Financial Class Type	
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Analysis Summary Report - Daily	8	Subtotal of Bad Debt Write-offs for Payer Category	
Collection Adjustments		UDS - Patient Related Revenue Report	340
Provider A/R Totals - Standard Report	270	Subtotal of Sliding Discounts for Financial Class Type	
Provider A/R Totals - Daily Report	268	UDS - Patient Related Revenue Report	340
Credit Adjustment Amount		Subtotal of Sliding Discounts for Payer Category	
Insurance Carrier Production - Full Report	140	UDS - Patient Related Revenue Report	340
Billing Statement	48	Suspended Credit Adjustment Amount	
Credit Adjustment Amount for Insurance Plan		Analysis Summary Report - Standard	12
Insurance Carrier Production - Summary Report	142	Analysis Summary Report - Daily	8
Insurance Carrier Production - Full Report	140	Total Amount of - Adjustments (Collection)	
Credit Special Adjustment Amount		Provider A/R Totals - Standard Report	270
Analysis Summary Report - Standard	12	Provider A/R Totals - Daily Report	268
Analysis Summary Report - Daily	8	Total Amount of - Adjustments (Production)	
Debit Adjustment Amount		Provider A/R Totals - Standard Report	270
Insurance Carrier Production - Full Report	140	Provider A/R Totals - Daily Report	268
Debit Adjustment Amount for Insurance Plan		Total Amount of + Adjustments (Collection)	
Insurance Carrier Production - Summary Report	142	Provider A/R Totals - Standard Report	270
Insurance Carrier Production - Full Report	140	Provider A/R Totals - Daily Report	268
Debit Special Adjustment Amount		Total Amount of + Adjustments (Production)	
Analysis Summary Report - Standard	12	Provider A/R Totals - Standard Report	270
Analysis Summary Report - Daily	8	Provider A/R Totals - Daily Report	268
Grand Total Amount of Charge Adjustments		Total Amount of Adjustment Type	
Insurance Transaction Analysis Report	152	Daily Summary Report	92
Grand Total Amount of Credit Adjustments		Total Amount of Adjustment Types	
Insurance Transaction Analysis Report	152	Adjustment Summary Report	4
Grand Total Number of Charge Adjustments		Total Amount of Adjustments	
Insurance Transaction Analysis Report	152	Day Sheet (Adjustments) Report	94
Grand Total Number of Credit Adjustments		Daily Summary Report	92
Insurance Transaction Analysis Report	152	Total Amount of Adjustments for Clinic	
Other Applied Credit Adjustment Amount		Day Sheet (Adjustments) Report	94
Analysis Summary Report - Standard	12	Total Amount of Adjustments for Provider	
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Other Credit Special Adjustment Amount		Total Amount of Allowances for Financial Class Type	
Analysis Summary Report - Standard	12	UDS - Patient Related Revenue Report	340
Analysis Summary Report - Daily	8	Total Amount of Allowances for Patient	
Percent of Adjustment Type in Adjustment Type Category		UDS - Patient Related Revenue Report	340
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Quantity of Adjustment Type		Day Sheet Report	104
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Quantity of Adjustments for Clinic		Total Amount of Applied Credit Adjustments for Previous Month	
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Provider Revenue - Credits Report	282	Total Amount of Bad Debt Write-offs for Payer Category	
Provider Revenue - Summary Report	284	UDS - Patient Related Revenue Report	340
Provider Revenue - Allocations Report	278	Total Amount of Charge Adjustments	
Subtotal of Allowances for Financial Class Type		Analysis Summary Report - Standard	12
UDS - Patient Related Revenue Report	340	Day Sheet Report	104
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UDS - Patient Related Revenue Report	340	Operator Day Sheet Report	192
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Day Sheet (Charges and Receipts) Report	98	Day Sheet (Charges and Receipts) Report	98
Total Amount of Credit Adjustments		Total Amount of YTD Charge Adjustments	
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Insurance Carrier Production - Full Report	140	Day Sheet (Charges and Receipts) Report	98
Insurance Carrier Production - Summary Report	142	Total Amount of YTD Suspended Credit Adjustments	
Insurance Transaction Analysis Report	152	Day Sheet (Charges and Receipts) Report	98
Operator Day Sheet Report	192	Total Number of Charge Adjustments	
Adjustment Summary Report	4	Insurance Transaction Analysis Report	152
Total Amount of Credit Special Adjustments		Total Number of Credit Adjustments	
Analysis Summary Report - Standard	12	Insurance Transaction Analysis Report	152
Day Sheet Report	104	Total Quantity of Adjustments	
Provider A/R Totals - Daily Report	268	Day Sheet (Adjustments) Report	94
Provider A/R Totals - Standard Report	270	Total Quantity of Credit Adjustments	
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Total Amount of Current Charge Adjustments		Total Revenue from Credit Adjustments	
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Day Sheet (Charges and Receipts) Report	98	Provider Revenue - Credits Report	282
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Insurance Carrier Production - Full Report	140	Daily Summary Report	92
Insurance Carrier Production - Summary Report	142	Day Sheet (Adjustments) Report	94
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Total Amount of Debit Special Adjustments		Adjustment Types	
Analysis Summary Report - Standard	12	Custom Practice Information Report	86
Day Sheet Report	104	Amount of Adjustment Type	
Provider A/R Totals - Daily Report	268	Adjustment Summary Report	4
Provider A/R Totals - Standard Report	270	Average Amount of Adjustment Type	
Analysis Summary Report - Daily	8	Adjustment Summary Report	4
Total Amount of MTD Applied Credit Adjustments		Quantity of Adjustment Type	
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Total Amount of MTD Charge Adjustments		Total Amount of Adjustment Type	
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Number <19 Years Old for Financial Class Type		Number of Medicaid Patients in Second Age Group in ZIP Code	
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Number <19 Years Old for Financial Class Type for Clinic		Number of Medicaid Patients in Second Age Group with Financial Class	
UDS - Insurance Financial Class Report	334	UDS - Medicaid/Medicare Report	338
Number <19 Years Old for Financial Class Type for Provider		Number of Medicare Patients in First Age Group	
UDS - Insurance Financial Class Report	334	UDS - Medicaid/Medicare Report	338
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UDS - Insurance Financial Class Report (2013)	336	UDS - Medicaid/Medicare Report	338
Number 18+ for Financial Class Type		Number of Medicare Patients in First Age Group for Provider	
UDS - Insurance Financial Class Report (2013)	336	UDS - Medicaid/Medicare Report	338
Number of Medicaid and Medicare Patients in First Age Group		Number of Medicare Patients in First Age Group in ZIP Code	
UDS - Medicaid/Medicare Report	338	UDS - Medicaid/Medicare Report	338
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UDS - Medicaid/Medicare Report	338	UDS - Medicaid/Medicare Report	338
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UDS - Medicaid/Medicare Report	338	UDS - Medicaid/Medicare Report	338
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UDS - Medicaid/Medicare Report	338	UDS - Medicaid/Medicare Report	338
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Number of Patients 0 - 2 Years Practice Statistics Report	250	Number of Patients 3 - 17 Years Clinical Quality Measures List	66
Number of Patients 0 - 2 Years Seen Meaningful Use Measure Calculation List	160	Number of Patients 3 - 17 Years who Received Nutrition Counseling Clinical Quality Measures List	66
Number of Patients 0 - 2 Years with Vital Sign Readings Meaningful Use Measure Calculation List	160	Number of Patients 3 - 17 Years who Received Physical Activity Counseling Clinical Quality Measures List	66
Number of Patients 0 - 2 Years with Vital Sign Readings Meaningful Use Measure Calculation List	160	Number of Patients 3 - 17 Years with BMI Percentile Reading Clinical Quality Measures List	66
Number of Patients 11 - 12 Years Practice Statistics Report	250	Number of Patients 3 - 17 Years with Medical Encounters (with Exclusions) Clinical Quality Measures List	66
Number of Patients 13 - 14 Years Practice Statistics Report	250	Number of Patients 3 - 17 Years with Outpatient Visits (with Exclusions) Clinical Quality Measures List	66
Number of Patients 13+ Years Seen Meaningful Use Measure Calculation List	160	Number of Patients 3 - 4 Years Practice Statistics Report	250
Number of Patients 13+ Years with Smoking Status Meaningful Use Measure Calculation List	160	Number of Patients 3+ Years with Vital Sign Readings Meaningful Use Measure Calculation List	160
Number of Patients 13+ Years with Smoking Status Meaningful Use Measure Calculation List	160	Number of Patients 3+ Years Seen Meaningful Use Measure Calculation List	160
Number of Patients 15 - 16 Years Practice Statistics Report	250	Number of Patients 3+ Years with Vital Sign Readings Meaningful Use Measure Calculation List	160
Number of Patients 17 - 20 Years Practice Statistics Report	250	Number of Patients 31 - 40 Years Practice Statistics Report	250
Number of Patients 18 - 64 Years Clinical Quality Measures List	66	Number of Patients 41 - 50 Years Practice Statistics Report	250
Number of Patients 18 - 64 Years with Abnormal BMI Reading and Follow Up Clinical Quality Measures List	66	Number of Patients 5 - 6 Years Practice Statistics Report	250
Number of Patients 18 - 64 Years with Medical Encounters (with Exclusions) Clinical Quality Measures List	66	Number of Patients 51 - 60 Years Practice Statistics Report	250
Number of Patients 18 - 85 Years Clinical Quality Measures List	66	Number of Patients 6+ Months Clinical Quality Measures List	66
Number of Patients 18 - 85 Years with Abnormal Blood Pressure Reading Clinical Quality Measures List	66	Number of Patients 6+ Months who Received Influenza Vaccinations Clinical Quality Measures List	66
Number of Patients 18 - 85 Years with Hypertension Clinical Quality Measures List	66	Number of Patients 61 - 70 Years Practice Statistics Report	250
Number of Patients 18 - 85 Years with Outpatient Visits (with Exclusions) Clinical Quality Measures List	66	Number of Patients 65+ Years Clinical Quality Measures List	66
Number of Patients 18+ Years Clinical Quality Measures List	66	Number of Patients 65+ Years with Abnormal BMI Reading and Follow Up Clinical Quality Measures List	66
Number of Patients 18+ Years who Use Tobacco and Received Cessation Counseling Clinical Quality Measures List	66	Number of Patients 65+ Years with Medical Encounters (with Exclusions) Clinical Quality Measures List	66
Number of Patients 18+ Years with Current Medications Clinical Quality Measures List	66	Number of Patients 66+ Years Clinical Quality Measures List	66
Number of Patients 18+ Years with Medical Encounters or Patient Health Assessments Clinical Quality Measures List	66	Number of Patients 66+ Years Seen Clinical Quality Measures List	66
Number of Patients 18+ Years with Visits UDS - Tobacco Use and Intervention Report	346	Number of Patients 66+ Years with 1+ High-risk Medications Clinical Quality Measures List	66
Number of Patients 18+ Years with Visits Clinical Quality Measures List	66	Number of Patients 66+ Years with 2+ High-risk Medications Clinical Quality Measures List	66
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Number of Patients 7 - 8 Years Practice Statistics Report	250	Account Amount Aged 181+ Pre-Treatment Estimate Aging Report	256
Number of Patients 71 - 80 Years Practice Statistics Report	250	Account Amount Aged 31 - 60 Patient Route Slip	220
Number of Patients 81+ Years Practice Statistics Report	250	Account Amount Aged 61 - 90 Patient Route Slip	220
Number of Patients 9 - 10 Years Practice Statistics Report	250	Account Balance Amount Aged 121 - 150 Pre-Treatment Estimate Aging Report	256
Number of Tobacco Non-users 18+ Years with Tobacco Use Assessment		Account Balance Amount Aged 151 - 180 Pre-Treatment Estimate Aging Report	256
UDS - Tobacco Use and Intervention Report	346	Account Balance Amount Aged 31 - 60 Pre-Treatment Estimate Aging Report	256
Number of Tobacco Users 18+ Years with Tobacco Use Assessment and Tobacco Cessation Counseling or Tobacco Cessation Pharmacotherapy		Account Balance Amount Aged 61 - 90 Pre-Treatment Estimate Aging Report	256
UDS - Tobacco Use and Intervention Report	346	Account Balance Amount Aged 91 - 120 Pre-Treatment Estimate Aging Report	256
Patient Age		Aged Amount 0 - 30 Aging/Credit Balance Report	6
Patient List (Filtered)	210	Aged Amount 0 - 30 for Clinic Aging/Credit Balance Report	6
Patient Route Slip	220	Aged Amount 0 - 30 for Provider Aging/Credit Balance Report	6
Walkout - Doctor's Statement	360	Aged Amount 121 - 150 Aging/Credit Balance Report	6
Continuing Care Display List	80	Aged Amount 121 - 150 for Clinic Aging/Credit Balance Report	6
Percent of Patients 0 - 2 Years Practice Statistics Report	250	Aged Amount 121 - 150 for Provider Aging/Credit Balance Report	6
Percent of Patients 11 - 12 Years Practice Statistics Report	250	Aged Amount 151 - 180 Aging/Credit Balance Report	6
Percent of Patients 13 - 14 Years Practice Statistics Report	250	Aged Amount 151 - 180 for Clinic Aging/Credit Balance Report	6
Percent of Patients 15 - 16 Years Practice Statistics Report	250	Aged Amount 151 - 180 for Provider Aging/Credit Balance Report	6
Percent of Patients 17 - 20 Years Practice Statistics Report	250	Aged Amount 31 - 60 Aging/Credit Balance Report	6
Percent of Patients 21 - 30 Years Practice Statistics Report	250	Aged Amount 31 - 60 for Clinic Aging/Credit Balance Report	6
Percent of Patients 3 - 4 Years Practice Statistics Report	250	Aged Amount 31 - 60 for Provider Aging/Credit Balance Report	6
Percent of Patients 31 - 40 Years Practice Statistics Report	250	Aged Amount 61 - 90 Aging/Credit Balance Report	6
Percent of Patients 41 - 50 Years Practice Statistics Report	250	Aged Amount 61 - 90 for Clinic Aging/Credit Balance Report	6
Percent of Patients 5 - 6 Years Practice Statistics Report	250	Aged Amount 61 - 90 for Provider Aging/Credit Balance Report	6
Percent of Patients 51 - 60 Years Practice Statistics Report	250	Aged Amount 90 - 120 Aging/Credit Balance Report	6
Percent of Patients 61 - 70 Years Practice Statistics Report	250	Aged Amount 90 - 120 for Clinic Aging/Credit Balance Report	6
Percent of Patients 7 - 8 Years Practice Statistics Report	250	Aged Amount 90 - 120 for Provider Aging/Credit Balance Report	6
Percent of Patients 71 - 80 Years Practice Statistics Report	250	Aged Amount Over 180 Aging/Credit Balance Report	6
Percent of Patients 81+ Years Practice Statistics Report	250	Aged Amount Over 180 for Clinic Aging/Credit Balance Report	6
Percent of Patients 9 - 10 Years Practice Statistics Report	250	Aged Amount Over 180 for Provider Aging/Credit Balance Report	6
Total Number <19 Years Old for Financial Class Types UDS - Insurance Financial Class Report	334	Aging 0 - 30 Letter Merge Reports	156
Aging		Aging 31 - 60 Letter Merge Reports	156
Account Amount Aged >90 Patient Route Slip	220		
Account Amount Aged 0 - 30 Patient Route Slip	220		

Aging (continued)

Aging 61 - 90		Total Amount Aged 0 - 30	
Letter Merge Reports	156	Collections Manager List	74
Aging 91+		Aging/Credit Balance Report	6
Letter Merge Reports	156	Total Amount Aged 121 - 150	
Amount Aged >90		Aging/Credit Balance Report	6
Continuing Care Display List	80	Total Amount Aged 151 - 180	
Amount Aged 0 - 30		Aging/Credit Balance Report	6
Continuing Care Display List	80	Total Amount Aged 31 - 60	
Collections Manager List	74	Collections Manager List	74
Amount Aged 31 - 60		Aging/Credit Balance Report	6
Continuing Care Display List	80	Total Amount Aged 61 - 90	
Collections Manager List	74	Collections Manager List	74
Amount Aged 61 - 90		Aging/Credit Balance Report	6
Continuing Care Display List	80	Total Amount Aged 90 - 120	
Collections Manager List	74	Aging/Credit Balance Report	6
Amount Aged 91+		Total Amount Aged 91+	
Collections Manager List	74	Collections Manager List	74
Amount Aged Over 30 Days		Total Amount Aged Over 180	
Billing Statement	48	Aging/Credit Balance Report	6
Amount Aged Over 60 Days		Total Amount of Account Balances Aged 1 - 30 for Pre-treatment Estimates	
Billing Statement	48	Pre-Treatment Estimate Aging Report	256
Amount Aged Over 90 Days		Total Amount of Account Balances Aged 1 - 30 for Primary Pre-treatment Estimates	
Billing Statement	48	Pre-Treatment Estimate Aging Report	256
Amount of Account Balance Aged >90		Total Amount of Account Balances Aged 1 - 30 for Secondary Pre-treatment Estimates	
Insurance Claim Aging Report	144	Pre-Treatment Estimate Aging Report	256
Amount of Account Balance Aged 1 - 30		Total Amount of Account Balances Aged 1 - 30 with Claims	
Insurance Claim Aging Report	144	Insurance Claim Aging Report	144
Amount of Account Balance Aged 31 - 60		Total Amount of Account Balances Aged 1 - 30 with Primary Claims	
Insurance Claim Aging Report	144	Insurance Claim Aging Report	144
Amount of Account Balance Aged 61 - 90		Total Amount of Account Balances Aged 1 - 30 with Secondary Claims	
Insurance Claim Aging Report	144	Insurance Claim Aging Report	144
Patient Amount Aged >90		Total Amount of Account Balances Aged 121 - 150 for Pre-treatment Estimates	
Patient Route Slip	220	Pre-Treatment Estimate Aging Report	256
Patient Amount Aged 0 - 30		Total Amount of Account Balances Aged 121 - 150 for Primary Pre-treatment Estimates	
Patient Route Slip	220	Pre-Treatment Estimate Aging Report	256
Patient Amount Aged 31 - 60		Total Amount of Account Balances Aged 121 - 150 for Secondary Pre-treatment Estimates	
Patient Route Slip	220	Pre-Treatment Estimate Aging Report	256
Patient Amount Aged 61 - 90		Total Amount of Account Balances Aged 121 - 150 with Claims	
Patient Route Slip	220	Insurance Claim Aging Report	144
Percent of Amount Aged 0 - 30		Total Amount of Account Balances Aged 121 - 150 with Primary Claims	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	144
Percent of Amount Aged 121 - 150		Total Amount of Account Balances Aged 121 - 150 with Secondary Claims	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	144
Percent of Amount Aged 151 - 180		Total Amount of Account Balances Aged 121 - 150 with Primary Claims	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	144
Percent of Amount Aged 31 - 60		Total Amount of Account Balances Aged 121 - 150 with Secondary Claims	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	144
Percent of Amount Aged 61 - 90		Total Amount of Account Balances Aged 151 - 180 for Pre-treatment Estimates	
Aging/Credit Balance Report	6	Pre-Treatment Estimate Aging Report	256
Percent of Amount Aged 90 - 120		Total Amount of Account Balances Aged 151 - 180 for Primary Pre-treatment Estimates	
Aging/Credit Balance Report	6	Pre-Treatment Estimate Aging Report	256
Percent of Amount Aged Over 180			
Aging/Credit Balance Report	6		
Receivables Aged 31 - 60			
Practice Analysis Report	246		
Receivables Aged 61 - 90			
Practice Analysis Report	246		
Receivables Aged Over 90			
Practice Analysis Report	246		

Aging (continued)

Total Amount of Account Balances Aged 151 - 180 for Secondary Pre-treatment Estimates		Total Amount of Account Balances Aged 61 - 90 with Claims	
Pre-Treatment Estimate Aging Report	256	Insurance Claim Aging Report	144
Total Amount of Account Balances Aged 151 - 180 with Claims		Total Amount of Account Balances Aged 61 - 90 with Primary Claims	
Insurance Claim Aging Report	144	Insurance Claim Aging Report	144
Total Amount of Account Balances Aged 151 - 180 with Primary Claims		Total Amount of Account Balances Aged 61 - 90 with Secondary Claims	
Insurance Claim Aging Report	144	Insurance Claim Aging Report	144
Total Amount of Account Balances Aged 151 - 180 with Secondary Claims		Total Amount of Account Balances Aged 91 - 120 for Pre-treatment Estimates	
Insurance Claim Aging Report	144	Pre-Treatment Estimate Aging Report	256
Total Amount of Account Balances Aged 181+ for Pre-treatment Estimates		Total Amount of Account Balances Aged 91 - 120 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	256	Pre-Treatment Estimate Aging Report	256
Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates		Total Amount of Account Balances Aged 91 - 120 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	256	Pre-Treatment Estimate Aging Report	256
Pre-Treatment Estimate Aging Report	256	Total Amount of Account Balances Aged 91 - 120 with Claims	
Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates		Insurance Claim Aging Report	144
Pre-Treatment Estimate Aging Report	256	Total Amount of Account Balances Aged 91 - 120 with Primary Claims	
Total Amount of Account Balances Aged 181+ with Claims		Insurance Claim Aging Report	144
Insurance Claim Aging Report	144	Total Amount of Account Balances Aged 91 - 120 with Secondary Claims	
Total Amount of Account Balances Aged 181+ with Primary Claims		Insurance Claim Aging Report	144
Insurance Claim Aging Report	144		
Total Amount of Account Balances Aged 181+ with Secondary Claims		Alert	
Insurance Claim Aging Report	144	Alerts	
Total Amount of Account Balances Aged 31 - 60 for Pre-treatment Estimates		Appointment Book View Printout	14
Pre-Treatment Estimate Aging Report	256	Family Alert Note	
Total Amount of Account Balances Aged 31 - 60 for Primary Pre-treatment Estimates		Patient Notes Report	212
Pre-Treatment Estimate Aging Report	256	Medical Alert	
Total Amount of Account Balances Aged 31 - 60 for Secondary Pre-treatment Estimates		Patient Route Slip	220
Pre-Treatment Estimate Aging Report	256	Patient Notes Report	212
Total Amount of Account Balances Aged 31 - 60 with Claims		Patient Alert Note	
Insurance Claim Aging Report	144	Patient Notes Report	212
Total Amount of Account Balances Aged 31 - 60 with Primary Claims			
Insurance Claim Aging Report	144	Allergy	
Total Amount of Account Balances Aged 31 - 60 with Secondary Claims		Allergy Description	
Insurance Claim Aging Report	144	Patient List (Filtered)	210
Total Amount of Account Balances Aged 61 - 90 for Pre-treatment Estimates		Allergy Discovery Date	
Pre-Treatment Estimate Aging Report	256	Patient List (Filtered)	210
Total Amount of Account Balances Aged 61 - 90 for Primary Pre-treatment Estimates			
Pre-Treatment Estimate Aging Report	256	Allocate	
Total Amount of Account Balances Aged 61 - 90 for Secondary Pre-treatment Estimates		Allocate Date	
Pre-Treatment Estimate Aging Report	256	Provider Revenue - Charges Report	280
		Provider Revenue - Credits Report	282
		Provider Revenue - Allocations Report	278
		Allocated	
		Allocated Amount	
		Provider Revenue - Credits Report	282
		Provider Revenue - Allocations Report	278
		Allowance	
		Amount of Allowances for Patient	
		UDS - Patient Related Revenue Report	340
		Subtotal of Allowances for Financial Class Type	
		UDS - Patient Related Revenue Report	340
		Subtotal of Allowances for Payer Category	
		UDS - Patient Related Revenue Report	340
		Total Amount of Allowances for Financial Class Type	
		UDS - Patient Related Revenue Report	340
		Total Amount of Allowances for Patient	
		UDS - Patient Related Revenue Report	340

Allowance (continued)

Total Amount of Allowances for Payer Category UDS - Patient Related Revenue Report	340	Aged Amount 121 - 150 for Clinic Aging/Credit Balance Report	6
Alternate ADA Code		Aged Amount 121 - 150 for Provider Aging/Credit Balance Report	6
Alternate ADA Code		Aged Amount 151 - 180 Aging/Credit Balance Report	6
Procedure Code List	260	Aged Amount 151 - 180 for Clinic Aging/Credit Balance Report	6
Insurance Carrier List	136	Aged Amount 151 - 180 for Provider Aging/Credit Balance Report	6
Alternate Case		Aged Amount 31 - 60 Aging/Credit Balance Report	6
Alternate Case Name		Aged Amount 31 - 60 for Clinic Aging/Credit Balance Report	6
Practice Treatment Case Report	252	Aged Amount 31 - 60 for Provider Aging/Credit Balance Report	6
Treatment Case Report	318	Aged Amount 61 - 90 Aging/Credit Balance Report	6
Patient Treatment Case Report	222	Aged Amount 61 - 90 for Clinic Aging/Credit Balance Report	6
Alternate Fee Schedule		Aged Amount 61 - 90 for Provider Aging/Credit Balance Report	6
Fee from Alternate Fee Schedule Treatment Case Report	318	Aged Amount 90 - 120 Aging/Credit Balance Report	6
Fee from Alternate Fee Schedule for Visit Treatment Case Report	318	Aged Amount 90 - 120 for Clinic Aging/Credit Balance Report	6
Total Fee from Alternate Fee Schedule for Case Treatment Case Report	318	Aged Amount 90 - 120 for Provider Aging/Credit Balance Report	6
AMA Code		Aged Amount Over 180 Aging/Credit Balance Report	6
Medical Code		Aged Amount Over 180 for Clinic Aging/Credit Balance Report	6
Procedure Code List	260	Aged Amount Over 180 for Provider Aging/Credit Balance Report	6
AMA CPT		Allocated Amount Provider Revenue - Credits Report	282
AMA CPT Code		Provider Revenue - Allocations Report	278
Procedure Code List	260	Amount	
Medical Code List	184	Patient Chart and Progress Notes Printout	198
AMA CPT Code Description		Day Sheet (Adjustments) Report	94
Medical Code List	184	Amount Aged >90 Continuing Care Display List	80
Amount		Amount Aged 0 - 30 Continuing Care Display List	80
Account Amount Aged >90 Patient Route Slip	220	Collections Manager List	74
Account Amount Aged 0 - 30 Patient Route Slip	220	Amount Aged 31 - 60 Continuing Care Display List	80
Account Amount Aged 181+ Pre-Treatment Estimate Aging Report	256	Collections Manager List	74
Account Amount Aged 31 - 60 Patient Route Slip	220	Amount Aged 61 - 90 Continuing Care Display List	80
Account Amount Aged 61 - 90 Patient Route Slip	220	Collections Manager List	74
Account Balance Amount Aged 121 - 150 Pre-Treatment Estimate Aging Report	256	Amount Aged 61 - 90 Continuing Care Display List	80
Account Balance Amount Aged 151 - 180 Pre-Treatment Estimate Aging Report	256	Collections Manager List	74
Account Balance Amount Aged 31 - 60 Pre-Treatment Estimate Aging Report	256	Amount Aged 91+ Collections Manager List	74
Account Balance Amount Aged 61 - 90 Pre-Treatment Estimate Aging Report	256	Amount Aged Over 30 Days Billing Statement	48
Account Balance Amount Aged 91 - 120 Pre-Treatment Estimate Aging Report	256	Amount Aged Over 60 Days Billing Statement	48
Account Estimated Insurance Portion Patient Route Slip	220	Amount Aged Over 90 Days Billing Statement	48
Account Suspended Credit Amount Patient Route Slip	220	Amount Billed to Insurance Analysis Summary Report - Standard	12
Aged Amount 0 - 30 Aging/Credit Balance Report	6	Collections Manager List	74
Aged Amount 0 - 30 for Clinic Aging/Credit Balance Report	6		
Aged Amount 0 - 30 for Provider Aging/Credit Balance Report	6		
Aged Amount 121 - 150 Aging/Credit Balance Report	6		

Amount (continued)

Analysis Summary Report - Daily	8	Amount of Annual Secondary Insurance Plan Benefits for Family	
Amount Billed to Insurance for Clinic		Treatment Case Report	318
Analysis Summary Report - Standard	12	Amount of Annual Secondary Insurance Plan Benefits for Patient	
Day Sheet Report	104	Treatment Case Report	318
Analysis Summary Report - Daily	8	Patient Treatment Case Report	222
Amount Billed to Insurance for Provider		Amount of Applied Credit Adjustments for Clinic	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	104	Day Sheet Report	104
Analysis Summary Report - Daily	8	Analysis Summary Report - Daily	8
Amount Collected for Patient		Amount of Applied Credit Adjustments for Previous Month for Provider	
UDS - Patient Related Revenue Report	340	Day Sheet (Charges and Receipts) Report	98
Amount Due for Payment Agreement		Amount of Applied Credit Adjustments for Provider	
Collections Manager List	74	Analysis Summary Report - Standard	12
Amount Enclosed		Day Sheet Report	104
Coupon Book - Future Due Payments	82	Analysis Summary Report - Daily	8
Coupon Book - Payment Agreements	83	Amount of Applied Insurance Payments for Clinic	
Billing Statement	48	Analysis Summary Report - Standard	12
Amount Financed		Day Sheet Report	104
Truth in Lending Disclosure Statement	324	Analysis Summary Report - Daily	8
Amount for Today's Completed Work		Amount of Applied Insurance Payments for Provider	
Patient Chart Printout	200	Analysis Summary Report - Standard	12
Amount of - Adjustments (Collection)		Day Sheet Report	104
Provider A/R Totals - Daily Report	268	Analysis Summary Report - Daily	8
Amount of - Adjustments (Collection) for Provider		Amount of Applied Payments for Clinic	
Provider A/R Totals - Standard Report	270	Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	268	Day Sheet Report	104
Amount of - Adjustments (Production)		Analysis Summary Report - Daily	8
Provider A/R Totals - Daily Report	268	Amount of Applied Payments for Previous Month for Provider	
Amount of - Adjustments (Production) for Provider		Day Sheet (Charges and Receipts) Report	98
Provider A/R Totals - Standard Report	270	Amount of Applied Payments for Provider	
Provider A/R Totals - Daily Report	268	Analysis Summary Report - Standard	12
Amount of + Adjustments (Collection)		Day Sheet Report	104
Provider A/R Totals - Daily Report	268	Analysis Summary Report - Daily	8
Amount of + Adjustments (Collection) for Provider		Amount of Bad Debt Write-offs for Patient	
Provider A/R Totals - Standard Report	270	UDS - Patient Related Revenue Report	340
Provider A/R Totals - Daily Report	268	Amount of Beginning Balances for Clinic	
Amount of + Adjustments (Production)		Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	268	Analysis Summary Report - Daily	8
Amount of + Adjustments (Production) for Provider		Amount of Beginning Balances for Provider	
Provider A/R Totals - Standard Report	270	Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	268	Analysis Summary Report - Daily	8
Amount of Account Balance Aged >90		Amount of Charge Adjustments for Clinic	
Insurance Claim Aging Report	144	Analysis Summary Report - Standard	12
Amount of Account Balance Aged 1 - 30		Day Sheet Report	104
Insurance Claim Aging Report	144	Analysis Summary Report - Daily	8
Amount of Account Balance Aged 31 - 60		Amount of Charge Adjustments for Previous Month for Provider	
Insurance Claim Aging Report	144	Day Sheet (Charges and Receipts) Report	98
Amount of Account Balance Aged 61 - 90		Day Sheet (Charges and Receipts) Report	98
Insurance Claim Aging Report	144	Amount of Charge Adjustments for Provider	
Amount of Adjustment Type		Analysis Summary Report - Standard	12
Adjustment Summary Report	4	Day Sheet Report	104
Amount of Allowances for Patient		Analysis Summary Report - Daily	8
UDS - Patient Related Revenue Report	340	Amount of Charges	
Amount of Annual Primary Insurance Plan Benefits for Family		Future Due Payment Plan Report - Monthly Totals	130
Treatment Case Report	318	Provider A/R Totals - Daily Report	268
Amount of Annual Primary Insurance Plan Benefits for Patient		Daily Summary Report	92
Treatment Case Report	318		
Patient Treatment Case Report	222		

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Amount of Charges Billed to Insurance for Previous Month for Provider		Amount of Current Finance Charges for Provider	
Day Sheet (Charges and Receipts) Report	98	Day Sheet (Charges and Receipts) Report	98
Amount of Charges for Clinic		Amount of Current Late Charges for Provider	
Day Sheet Report	104	Day Sheet (Charges and Receipts) Report	98
Amount of Charges for Patient		Amount of Current Suspended Credit Adjustments for Provider	
UDS - Patient Related Revenue Report	340	Day Sheet (Charges and Receipts) Report	98
Amount of Charges for Previous Month for Provider		Amount of Current Suspended Payments for Provider	
Day Sheet (Charges and Receipts) Report	98	Day Sheet (Charges and Receipts) Report	98
Amount of Charges for Provider		Amount of Debit Adjustments (Average)	
Provider A/R Totals - Daily Report	268	Practice Analysis Report	246
Provider A/R Totals - Standard Report	270	Amount of Debit Adjustments (for Date Range)	
Day Sheet Report	104	Practice Analysis Report	246
Amount of Claim		Amount of Debit Adjustments (MTD)	
Insurance Claims Not Sent Report	146	Practice Analysis Report	246
Amount of Completed Procedures for Patient		Amount of Debit Adjustments (YTD)	
Procedures Not Attached to Insurance Report	262	Practice Analysis Report	246
Amount of Co-pays for Insurance Carrier		Amount of Debit Initial Balances (Production)	
Utilization Report	358	Provider A/R Totals - Daily Report	268
Amount of Credit Initial Balances		Amount of Debit Initial Balances (Production) for Prov	
Provider A/R Totals - Daily Report	268	Provider A/R Totals - Standard Report	270
Amount of Credit Initial Balances for Clinic		Provider A/R Totals - Daily Report	268
Analysis Summary Report - Standard	12	Amount of Debit Initial Balances for Clinic	
Day Sheet Report	104	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Day Sheet Report	104
Amount of Credit Initial Balances for Provider		Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12	Amount of Debit Initial Balances for Provider	
Day Sheet Report	104	Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	268	Day Sheet Report	104
Provider A/R Totals - Standard Report	270	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Amount of Debit Special Adjustments	
Amount of Credit Special Adjustments		Provider A/R Totals - Daily Report	268
Provider A/R Totals - Daily Report	268	Amount of Debit Special Adjustments for Clinic	
Amount of Credit Special Adjustments for Clinic		Analysis Summary Report - Standard	12
Analysis Summary Report - Standard	12	Day Sheet Report	104
Day Sheet Report	104	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Amount of Debit Special Adjustments for Provider	
Amount of Credit Special Adjustments for Provider		Analysis Summary Report - Standard	12
Analysis Summary Report - Standard	12	Day Sheet Report	104
Day Sheet Report	104	Provider A/R Totals - Daily Report	268
Provider A/R Totals - Daily Report	268	Provider A/R Totals - Standard Report	270
Provider A/R Totals - Standard Report	270	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Amount of Dental Insurance Portion	
Amount of Current Applied Credit Adjustments for Prov		Patient Chart Printout	200
Day Sheet (Charges and Receipts) Report	98	Amount of Ending Balances for Clinic	
Amount of Current Applied Payments for Provider		Analysis Summary Report - Standard	12
Day Sheet (Charges and Receipts) Report	98	Analysis Summary Report - Daily	8
Amount of Current Charge Adjustments for Provider		Amount of Ending Balances for Provider	
Day Sheet (Charges and Receipts) Report	98	Analysis Summary Report - Standard	12
Day Sheet (Charges and Receipts) Report	98	Analysis Summary Report - Daily	8
Amount of Current Charges		Amount of Estimated Insurance Portion	
Walkout - Family Walkout	362	Insurance Claim Aging Report	144
Amount of Current Charges Billed to Insurance for Provider		Amount of Estimated Primary Insurance Benefits Remaining YTD for Family	
Day Sheet (Charges and Receipts) Report	98	Treatment Case Report	318
Amount of Current Charges Compared to Fee Schedule for Provider		Amount of Estimated Primary Insurance Benefits Remaining YTD for Patient	
Day Sheet (Charges and Receipts) Report	98	Treatment Case Report	318
Amount of Current Credits		Patient Treatment Case Report	222
Walkout - Family Walkout	362	Amount of Estimated Secondary Insurance Benefits Remaining YTD for Family	
		Treatment Case Report	318

Amount (continued)

Amount of Estimated Secondary Insurance Benefits Remaining YTD for Patient		Amount of Insured Charges (YTD)	
Treatment Case Report	318	Practice Analysis Report	246
Patient Treatment Case Report	222	Amount of Lab Expenses for Clinic	
Amount of Fees - Co-pays for Insurance Carrier		RVU Day Sheet Report	300
Utilization Report	358	Amount of Lab Expenses for Medicaid Procedures for Clinic	
Amount of Fees - RVU for Insurance Carrier		RVU Production Summary Report	302
RVU Utilization Report	308	Amount of Lab Expenses for Medicaid Procedures for Provider	
Amount of Fees for Insurance Carrier		RVU Production Summary Report	302
Utilization Report	358	Amount of Lab Expenses for Provider	
RVU Utilization Report	308	RVU Day Sheet Report	300
Amount of Finance Charges		Amount of Lab Expenses of Non-Medicaid Procedures for Clinic	
Provider A/R Totals - Daily Report	268	RVU Production Summary Report	302
Amount of Finance Charges (Average)		Amount of Lab Expenses of Non-Medicaid Procedures for Provider	
Practice Analysis Report	246	RVU Production Summary Report	302
Amount of Finance Charges (for Date Range)		Amount of Lab Expenses of Procedures for Clinic	
Practice Analysis Report	246	RVU Production Summary Report	302
Amount of Finance Charges (MTD)		Amount of Lab Expenses of Procedures for Provider	
Practice Analysis Report	246	RVU Production Summary Report	302
Amount of Finance Charges (YTD)		Amount of Last Payment Amount	
Practice Analysis Report	246	Letter Merge Reports	156
Amount of Finance Charges for Clinic		Amount of Late Charges	
Analysis Summary Report - Standard	12	Provider A/R Totals - Daily Report	268
Day Sheet Report	104	Amount of Late Charges (Average)	
Finance Charge Report	128	Practice Analysis Report	246
Analysis Summary Report - Daily	8	Amount of Late Charges (for Date Range)	
Amount of Finance Charges for Previous Month for Provider		Practice Analysis Report	246
Day Sheet (Charges and Receipts) Report	98	Amount of Late Charges (MTD)	
Amount of Finance Charges for Provider		Practice Analysis Report	246
Analysis Summary Report - Standard	12	Amount of Late Charges (YTD)	
Day Sheet Report	104	Practice Analysis Report	246
Finance Charge Report	128	Amount of Late Charges for Clinic	
Provider A/R Totals - Daily Report	268	Analysis Summary Report - Standard	12
Provider A/R Totals - Standard Report	270	Day Sheet Report	104
Analysis Summary Report - Daily	8	Late Charge Report	154
Amount of Finance Charges YTD		Analysis Summary Report - Daily	8
Walkout - Family Walkout	362	Amount of Late Charges for Previous Month for Provider	
Amount of Future Due Payment Agreements		Day Sheet (Charges and Receipts) Report	98
Practice Analysis Report	246	Amount of Late Charges for Provider	
Amount of Guarantor Payments YTD		Analysis Summary Report - Standard	12
Walkout - Family Walkout	362	Day Sheet Report	104
Amount of Insurance Estimate		Late Charge Report	154
Billing Statement	48	Provider A/R Totals - Daily Report	268
Amount of Insurance Estimates		Provider A/R Totals - Standard Report	270
Aging/Credit Balance Report	6	Analysis Summary Report - Daily	8
Amount of Insurance Payments		Amount of Late Charges YTD	
Provider A/R Totals - Daily Report	268	Walkout - Family Walkout	362
Amount of Insurance Payments for Provider		Amount of Medicaid Procedures for Clinic	
Provider A/R Totals - Standard Report	270	RVU Production Summary Report	302
Provider A/R Totals - Daily Report	268	Production Summary Report	264
Amount of Insurance Payments YTD		Amount of Medicaid Procedures for Provider	
Walkout - Family Walkout	362	RVU Production Summary Report	302
Amount of Insured Charges (Average)		Production Summary Report	264
Practice Analysis Report	246	Amount of MTD Applied Credit Adjustments for Provider	
Amount of Insured Charges (for Date Range)		Day Sheet (Charges and Receipts) Report	98
Practice Analysis Report	246	Amount of MTD Applied Payments for Provider	
Amount of Insured Charges (MTD)		Day Sheet (Charges and Receipts) Report	98
Practice Analysis Report	246		

Amount (continued)

Amount of MTD Charge Adjustments for Provider		Amount of Other Applied Credit Initial Balances for Provider	
Day Sheet (Charges and Receipts) Report	98	Day Sheet Report	104
Day Sheet (Charges and Receipts) Report	98	Amount of Other Applied Credit Special Adjustments for Clinic	
Amount of MTD Charges Billed to Insurance for Provider		Day Sheet Report	104
Day Sheet (Charges and Receipts) Report	98	Amount of Other Applied Credit Special Adjustments for Provider	
Amount of MTD Charges for Provider		Day Sheet Report	104
Day Sheet (Charges and Receipts) Report	98	Amount of Other Applied Insurance Payments for Clinic	
Amount of MTD Finance Charges for Provider		Analysis Summary Report - Standard	12
Day Sheet (Charges and Receipts) Report	98	Day Sheet Report	104
Amount of MTD Late Charges for Provider		Analysis Summary Report - Daily	8
Day Sheet (Charges and Receipts) Report	98	Amount of Other Applied Insurance Payments for Provider	
Amount of MTD Suspended Credit Adjustments for Provider		Analysis Summary Report - Standard	12
Day Sheet (Charges and Receipts) Report	98	Day Sheet Report	104
Amount of MTD Suspended Payments for Provider		Analysis Summary Report - Daily	8
Day Sheet (Charges and Receipts) Report	98	Amount of Other Applied Payments for Clinic	
Amount of Net Change		Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	268	Day Sheet Report	104
Amount of Net Change for Clinic		Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12	Amount of Other Applied Payments for Provider	
Analysis Summary Report - Daily	8	Analysis Summary Report - Standard	12
Amount of Net Change for Provider		Day Sheet Report	104
Analysis Summary Report - Standard	12	Analysis Summary Report - Daily	8
Provider A/R Totals - Daily Report	268	Amount of Other Credit Initial Balances for Clinic	
Provider A/R Totals - Standard Report	270	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Analysis Summary Report - Daily	8
Amount of Non-insured Charges (Average)		Amount of Other Credit Initial Balances for Provider	
Practice Analysis Report	246	Analysis Summary Report - Standard	12
Amount of Non-insured Charges (for Date Range)		Analysis Summary Report - Daily	8
Practice Analysis Report	246	Amount of Other Credit Special Adjustments for Clinic	
Amount of Non-insured Charges (MTD)		Analysis Summary Report - Standard	12
Practice Analysis Report	246	Analysis Summary Report - Daily	8
Amount of Non-insured Charges (YTD)		Amount of Other Credit Special Adjustments for Provider	
Practice Analysis Report	246	Analysis Summary Report - Standard	12
Amount of Non-Medicaid Procedures for Clinic		Analysis Summary Report - Daily	8
RVU Production Summary Report	302	Amount of Other Debit Adjustments (Average)	
Production Summary Report	264	Practice Analysis Report	246
Amount of Non-Medicaid Procedures for Provider		Amount of Other Debit Adjustments (for Date Range)	
RVU Production Summary Report	302	Practice Analysis Report	246
Production Summary Report	264	Amount of Other Debit Adjustments (MTD)	
Amount of Office Portion		Practice Analysis Report	246
Patient Treatment Case Report	222	Amount of Other Debit Adjustments (YTD)	
Amount of Office Portion for Case		Practice Analysis Report	246
Patient Treatment Case Report	222	Amount of Other Deductible Owed by Family to Primary Insurance	
Amount of Office Portion for Visit		Patient Route Slip	220
Patient Treatment Case Report	222	Amount of Other Deductible Owed by Family to Secondary Insurance	
Amount of Other Applied Credit Adjustments for Clinic		Patient Route Slip	220
Analysis Summary Report - Standard	12	Amount of Other Deductible Owed to Primary Insurance	
Day Sheet Report	104	Patient Route Slip	220
Analysis Summary Report - Daily	8	Amount of Other Deductible Owed to Secondary Insurance	
Amount of Other Applied Credit Adjustments for Provider		Patient Route Slip	220
Analysis Summary Report - Standard	12	Amount of Patient Portion	
Day Sheet Report	104	Patient Treatment Case Report	222
Analysis Summary Report - Daily	8	Practice Treatment Case Report	252
Amount of Other Applied Credit Initial Balances for Clinic			
Day Sheet Report	104		

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Treatment Case Report	318	Patient Treatment Case Report	222
Patient Chart Printout	200	Amount of Primary Insurance Portion for Case	
Amount of Patient Portion for Case		Practice Treatment Case Report	252
Practice Treatment Case Report	252	Patient Treatment Case Report	222
Patient Treatment Case Report	222	Amount of Primary Insurance Portion for Visit	
Amount of Patient Portion for Visit		Practice Treatment Case Report	252
Practice Treatment Case Report	252	Treatment Case Report	318
Treatment Case Report	318	Patient Treatment Case Report	222
Patient Treatment Case Report	222	Amount of Procedure	
Amount of Payment Agreements		Treatment Plan Approval Status Report	322
Practice Analysis Report	246	Treatment Plan Approval Report	320
Amount of Payment Type		Amount of Procedures for Clinic	
Payment Summary Report	230	RVU Production Summary Report	302
Amount of Payments		Production Summary Report	264
Provider A/R Totals - Daily Report	268	Amount of Procedures for Provider	
Amount of Payments for Provider		RVU Production Summary Report	302
Provider A/R Totals - Standard Report	270	Production Summary Report	264
Provider A/R Totals - Daily Report	268	Amount of Remaining Benefits for Primary Insurance	
Amount of Pending Estimated Primary Insurance Portions YTD for Family		Treatment Plan Approval Status Report	322
Treatment Case Report	318	Treatment Plan Approval Report	320
Amount of Pending Estimated Primary Insurance Portions YTD for Patient		Amount of Remaining Benefits for Secondary Insurance	
Treatment Case Report	318	Treatment Plan Approval Status Report	322
Patient Treatment Case Report	222	Treatment Plan Approval Report	320
Amount of Pending Estimated Secondary Insurance Portions YTD for Family		Amount of RVUs for Insurance Carrier	
Treatment Case Report	318	RVU Utilization Report	308
Amount of Pending Estimated Secondary Insurance Portions YTD for Patient		Amount of Secondary Insurance Benefits Remaining	
Treatment Case Report	318	Unscheduled Treatment Plans (Detailed) Report	354
Patient Treatment Case Report	222	Patient Route Slip	220
Amount of Preventative Deductible Owed by Family to Primary Insurance		Amount of Secondary Insurance Benefits Used	
Patient Route Slip	220	Patient Route Slip	220
Amount of Preventative Deductible Owed by Family to Secondary Insurance		Amount of Secondary Insurance Portion	
Patient Route Slip	220	Practice Treatment Case Report	252
Amount of Preventative Deductible Owed to Primary Insurance		Treatment Case Report	318
Patient Route Slip	220	Patient Treatment Case Report	222
Amount of Preventative Deductible Owed to Secondary Insurance		Amount of Secondary Insurance Portion for Case	
Patient Route Slip	220	Practice Treatment Case Report	252
Amount of Primary Insurance Benefits Remaining		Patient Treatment Case Report	222
Unscheduled Treatment Plans (Detailed) Report	354	Amount of Secondary Insurance Portion for Visit	
Patient Route Slip	220	Practice Treatment Case Report	252
Amount of Primary Insurance Benefits Used		Treatment Case Report	318
Patient Route Slip	220	Patient Treatment Case Report	222
Amount of Primary Insurance Paid Benefits YTD for Family		Amount of Secondary Paid Benefits for Family	
Treatment Case Report	318	Treatment Case Report	318
Amount of Primary Insurance Paid Benefits YTD for Patient		Amount of Secondary Paid Benefits for Patient	
Treatment Case Report	318	Treatment Case Report	318
Patient Treatment Case Report	222	Patient Treatment Case Report	222
Amount of Primary Insurance Portion		Amount of Sliding Discounts for Patient	
Practice Treatment Case Report	252	UDS - Patient Related Revenue Report	340
Treatment Case Report	318	Amount of Standard Deductible Owed by Family to Primary Insurance	
Patient Treatment Case Report	222	Patient Route Slip	220
Amount of Primary Insurance Portion		Amount of Standard Deductible Owed by Family to Secondary Insurance	
Practice Treatment Case Report	252	Patient Route Slip	220
Treatment Case Report	318	Amount of Standard Deductible Owed to Primary Insurance	
Patient Treatment Case Report	222	Patient Route Slip	220
Amount of Primary Insurance Portion		Amount of Standard Deductible Owed to Secondary Insurance	
Practice Treatment Case Report	252	Patient Route Slip	220
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Amount of Suspended Credit Adjustments for Clinic		Amount Paid by Insurance	
Analysis Summary Report - Standard	12	Dental Encounters Report	110
Day Sheet Report	104	Amount to Pay	
Analysis Summary Report - Daily	8	Billing Statement	48
Amount of Suspended Credit Adjustments for Previous Month for Provider		Applied Credit Adjustment Amount	
Day Sheet (Charges and Receipts) Report	98	Analysis Summary Report - Standard	12
Amount of Suspended Credit Adjustments for Provider		Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12	Applied Insurance Payment Amount	
Day Sheet Report	104	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Analysis Summary Report - Daily	8
Amount of Suspended Credits		Applied Payment Amount	
Aging/Credit Balance Report	6	Analysis Summary Report - Standard	12
Amount of Suspended Credits for Guarantor		Analysis Summary Report - Daily	8
Suspended Credits Report	316	Appointment Amount	
Amount of Suspended Insurance Payments for Clinic		Audit Report - Appointments	26
Analysis Summary Report - Standard	12	Appointment Amount Change	
Day Sheet Report	104	Audit Report - Appointments	26
Analysis Summary Report - Daily	8	Appointment Production Amount	
Amount of Suspended Insurance Payments for Provider		Appointment Book View Printout	14
Analysis Summary Report - Standard	12	Average Amount of Adjustment Type	
Day Sheet Report	104	Adjustment Summary Report	4
Analysis Summary Report - Daily	8	Average Amount of Adjustments	
Amount of Suspended Payments for Clinic		Day Sheet (Adjustments) Report	94
Analysis Summary Report - Standard	12	Average Amount of Adjustments for Clinic	
Day Sheet Report	104	Day Sheet (Adjustments) Report	94
Analysis Summary Report - Daily	8	Average Amount of Adjustments for Provider	
Amount of Suspended Payments for Previous Month for Provider		Day Sheet (Adjustments) Report	94
Day Sheet (Charges and Receipts) Report	98	Average Amount of Credit Adjustments	
Amount of Suspended Payments for Provider		Day Sheet (Adjustments) Report	94
Analysis Summary Report - Standard	12	Average Amount of Debit Adjustments	
Day Sheet Report	104	Day Sheet (Adjustments) Report	94
Analysis Summary Report - Daily	8	Average Amount of Finance Charges	
Amount of Treatment-planned Procedure		Day Sheet (Adjustments) Report	94
Patient Chart Printout	200	Average Amount of Late Charges	
Amount of YTD Applied Credit Adjustments for Provider		Day Sheet (Adjustments) Report	94
Day Sheet (Charges and Receipts) Report	98	Average Amount of Medicaid Procedures	
Amount of YTD Applied Payments for Provider		RVU Production Summary Report	302
Day Sheet (Charges and Receipts) Report	98	Production Summary Report	264
Amount of YTD Charge Adjustments for Provider		Average Amount of Medicaid Procedures for Clinic	
Day Sheet (Charges and Receipts) Report	98	RVU Production Summary Report	302
Day Sheet (Charges and Receipts) Report	98	Production Summary Report	264
Amount of YTD Charges Billed to Insurance for Provider		Average Amount of Medicaid Procedures for Provider	
Day Sheet (Charges and Receipts) Report	98	RVU Production Summary Report	302
Amount of YTD Charges for Provider		Production Summary Report	264
Day Sheet (Charges and Receipts) Report	98	Average Amount of Non-Medicaid Procedures	
Amount of YTD Finance Charges for Provider		RVU Production Summary Report	302
Day Sheet (Charges and Receipts) Report	98	Production Summary Report	264
Amount of YTD Late Charges for Provider		Average Amount of Non-Medicaid Procedures for Clinic	
Day Sheet (Charges and Receipts) Report	98	RVU Production Summary Report	302
Amount of YTD Suspended Credit Adjustments for Provider		Production Summary Report	264
Day Sheet (Charges and Receipts) Report	98	Average Amount of Non-Medicaid Procedures for Provider	
Amount of YTD Suspended Payments for Provider		RVU Production Summary Report	302
Day Sheet (Charges and Receipts) Report	98	Production Summary Report	264
Amount Paid		Average Amount of Payment Type	
Coupon Book - Payment Agreements	83	Payment Summary Report	230
Coupon Book - Future Due Payments	82	Average Amount of Payments	
		Payment Summary Report	230
		Average Amount of Procedures	
		RVU Production Summary Report	302
		Production Summary Report	264

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Average Amount of Procedures for Clinic		Credit Special Adjustment Amount	
RVU Production Summary Report	302	Analysis Summary Report - Standard	12
Production Summary Report	264	Analysis Summary Report - Daily	8
Average Amount of Procedures for Provider		Debit Adjustment Amount	
RVU Production Summary Report	302	Insurance Carrier Production - Full Report	140
Production Summary Report	264	Debit Adjustment Amount for Insurance Plan	
Average Monthly Charge Amount		Insurance Carrier Production - Summary Report	142
Future Due Payment Plan Report - Monthly Totals	130	Insurance Carrier Production - Full Report	140
Average Payment Amount		Debit Special Adjustment Amount	
Day Sheet (Receipts) Report	102	Analysis Summary Report - Standard	12
Average Payment Amount for Clinic		Analysis Summary Report - Daily	8
Day Sheet (Receipts) Report	102	Estimated Amount of Deductibles to Be Applied	
Average Payment Amount for Initial Provider		Treatment Case Report	318
Day Sheet (Receipts) Report	102	Patient Treatment Case Report	222
Average Payment Amount for Payment Type		Estimated Amount of Insurance Payments	
Day Sheet (Receipts) Report	102	Treatment Case Report	318
Average Payment Amount for Provider		Patient Treatment Case Report	222
Day Sheet (Receipts) Report	102	Treatment Case Report	318
Case Amount		Patient Proposed Treatment Case Report (Your	
Patient Proposed Treatment Case Report (Your	216	Care Plan)	216
Charge Adjustment Amount		Estimated Guarantor Portion	
Analysis Summary Report - Standard	12	Patient Route Slip	220
Analysis Summary Report - Daily	8	Estimated Insurance Portion	
Charge Amount		Patient Proposed Treatment Case Report (Your	
Analysis Summary Report - Standard	12	Care Plan)	216
Day Sheet (Charges and Receipts) Report	98	Dental Encounters Report	110
Day Sheet Report	104	Estimated Patient Portion	
Family Ledger Report	122	Patient Route Slip	220
Family Ledger Report (Single Family)	124	Finance Charge Amount	
Insurance Transaction Analysis Report	152	Analysis Summary Report - Daily	8
Operator Day Sheet Report	192	Analysis Summary Report - Standard	12
Patient Ledger Report	206	Finance Charge Report	128
Patient's Ledger Report	224	Adjustment Summary Report	4
Walkout - Doctor's Statement	360	First Payment Amount	
Walkout - Family Walkout	362	Truth in Lending Disclosure Statement	324
Analysis Summary Report - Daily	8	Future Due Payment Plan Total	
Claim Amount		Future Due Payment Plan Report - Standard	132
Secondary Insurance Claims Not Created Report	310	Grand Total Amount of Charge Adjustments	
Insurance Transaction Analysis Report	152	Insurance Transaction Analysis Report	152
Collection Amount		Grand Total Amount of Credit Adjustments	
Provider A/R Totals - Daily Report	268	Insurance Transaction Analysis Report	152
Collection Amount for Provider		Grand Total Amount of Insurance Payments Received	
Provider A/R Totals - Standard Report	270	Insurance Transaction Analysis Report	152
Provider A/R Totals - Daily Report	268	Grand Total Amount of Insured Charges	
Co-pay Amount		Insurance Transaction Analysis Report	152
Standard Coverage Tables Report	314	Grand Total Amount of Patient Payments Received	
Utilization Report	358	Insurance Transaction Analysis Report	152
Insurance Coverage Tables Report	148	Guarantor Estimate Amount	
Credit Adjustment Amount		Collections Manager List	74
Insurance Carrier Production - Full Report	140	Insurance Estimate Amount	
Billing Statement	48	Collections Manager List	74
Credit Adjustment Amount for Insurance Plan		Insurance Estimated Amount	
Insurance Carrier Production - Summary Report	142	Walkout - Family Walkout	362
Insurance Carrier Production - Full Report	140	Insurance Payment Amount	
Credit Amount		Insurance Carrier Production - Full Report	140
Walkout - Family Walkout	362	Insurance Payment Amount for Insurance Plan	
		Insurance Carrier Production - Summary Report	142
		Insurance Carrier Production - Full Report	140

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Lab Expense Amount		Outstanding Secondary Insurance Estimated Amount	
RVU Day Sheet Report	300	Treatment Plan Approval Status Report	322
Last Gratuity Amount		Treatment Plan Approval Report	320
Patient Route Slip	220	Patient Amount Aged >90	
Last Late Charge Amount		Patient Route Slip	220
Payment Agreement Report	228	Patient Amount Aged 0 - 30	
Last Payment Agreement Payment Amount		Patient Route Slip	220
Patient Route Slip	220	Patient Amount Aged 31 - 60	
Last Payment Amount		Patient Route Slip	220
Truth in Lending Disclosure Statement	324	Patient Amount Aged 61 - 90	
Aging/Credit Balance Report	6	Patient Route Slip	220
Last Payment Amount for Payment Agreement		Patient Estimated Insurance Portion	
Collections Manager List	74	Patient Route Slip	220
Late Charge Amount		Patient Suspended Credit Amount	
Analysis Summary Report - Daily	8	Patient Route Slip	220
Analysis Summary Report - Standard	12	Payment Agreement Amount	
Late Charge Report	154	Payment Agreement Report	228
Adjustment Summary Report	4	Payment Agreement Amount Past Due	
Late Charge Percent or Amount		Payment Agreement Report	228
Truth in Lending Disclosure Statement	324	Payment Agreement Last Payment Amount	
Loan Amount		Payment Agreement Report	228
Truth in Lending Disclosure Statement	324	Payment Agreement Next Payment Amount	
Maximum Primary Insurance Benefit Amount		Payment Agreement Report	228
Patient Route Slip	220	Payment Agreement Payment Amount	
Maximum Secondary Insurance Benefit Amount		Payment Agreement Amortization Schedule	226
Patient Route Slip	220	Payment Amount	
Monthly Charge Amount		Family Ledger Report	122
Future Due Payment Plan Report - Standard	132	Family Ledger Report (Single Family)	124
Next Appointment Procedure Amount		Insurance Transaction Analysis Report	152
Patient Route Slip	220	Operator Day Sheet Report	192
Next Appointment Production Amount		Patient Ledger Report	206
Patient Route Slip	220	Patient's Ledger Report	224
Next Appointment Total Amount		Truth in Lending Disclosure Statement	324
Patient Route Slip	220	Updated Dental Insurance Payment Table Report	356
Next Charge Amount (after 18 Months from Current Month)		Deposit Slip	112
Future Due Payment Plan Report - Monthly Totals	130	Payment Amount Due	
Next Payment Agreement Payment Due Amount		Coupon Book - Payment Agreements	83
Patient Route Slip	220	Coupon Book - Future Due Payments	82
Next Payment Plan Payment Amount		Payment Amount for Payment Type	
Letter Merge Reports	156	Day Sheet (Receipts) Report	102
Other Applied Credit Adjustment Amount		Payment Plan Total Amount	
Analysis Summary Report - Standard	12	Letter Merge Reports	156
Analysis Summary Report - Daily	8	Penalty or Payback Amount Collected for Patient	
Other Applied Insurance Payment Amount		UDS - Patient Related Revenue Report	340
Analysis Summary Report - Standard	12	Percent of Amount Aged 0 - 30	
Analysis Summary Report - Daily	8	Aging/Credit Balance Report	6
Other Applied Payment Amount		Percent of Amount Aged 121 - 150	
Analysis Summary Report - Daily	8	Aging/Credit Balance Report	6
Other Credit Special Adjustment Amount		Percent of Amount Aged 151 - 180	
Analysis Summary Report - Standard	12	Aging/Credit Balance Report	6
Analysis Summary Report - Daily	8	Percent of Amount Aged 31 - 60	
Other Retroactive Payment Amount Collected for Patient		Aging/Credit Balance Report	6
UDS - Patient Related Revenue Report	340	Percent of Amount Aged 61 - 90	
Outstanding Primary Insurance Estimated Amount		Aging/Credit Balance Report	6
Treatment Plan Approval Status Report	322	Percent of Amount Aged 90 - 120	
Treatment Plan Approval Report	320	Aging/Credit Balance Report	6
		Percent of Amount Aged Over 180	
		Aging/Credit Balance Report	6
		Percent of Insurance Estimate Amounts	
		Aging/Credit Balance Report	6

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Please Pay Amount		Subtotal of Bad Debt Write-offs for Financial Class Type	
Walkout - Family Walkout	362	UDS - Patient Related Revenue Report	340
Pre-treatment Estimate Amount		Subtotal of Bad Debt Write-offs for Payer Category	
Patient Route Slip	220	UDS - Patient Related Revenue Report	340
Pre-Treatment Estimate Aging Report	256	Subtotal of Charges for Financial Class Type	
Pre-Treatment Estimates Not Sent Report	258	UDS - Patient Related Revenue Report	340
Secondary Pre-Treatment Estimates Not Created Report	312	Subtotal of Charges for Payer Category	
Insurance Transaction Analysis Report	152	UDS - Patient Related Revenue Report	340
Primary Insurance Estimated Amount		Subtotal of Other Retroactive Payment Amount Collected for Financial Class Type	
Treatment Plan Approval Status Report	322	UDS - Patient Related Revenue Report	340
Treatment Plan Approval Report	320	Subtotal of Other Retroactive Payment Amount Collected for Payer Category	
Primary Production Amount		UDS - Patient Related Revenue Report	340
Insurance Carrier Production - Full Report	140	Subtotal of Penalty or Payback Amount Collected for Financial Class Type	
Primary Production Amount for Insurance Plan		UDS - Patient Related Revenue Report	340
Insurance Carrier Production - Summary Report	142	Subtotal of Penalty or Payback Amount Collected for Payer Category	
Insurance Carrier Production - Full Report	140	UDS - Patient Related Revenue Report	340
Procedure Amount		Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Current Year)	
Patient List (Filtered)	210	UDS - Patient Related Revenue Report	340
Procedures Not Attached to Insurance Report	262	Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Previous Years)	
Production Summary Report	264	UDS - Patient Related Revenue Report	340
Provider Revenue - Allocations Report	278	Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
Provider Revenue - Charges Report	280	UDS - Patient Related Revenue Report	340
Provider Revenue - Credits Report	282	Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
RVU Production Summary Report	302	UDS - Patient Related Revenue Report	340
Audit Report - Combined	32	Suspended Amount	
Production Amount		Suspended Credits Report	316
Referred By Doctor/Other Report	292	Suspended Amount on Ledger	
Referred By Patient Report	294	Suspended Credits Report	316
Provider A/R Totals - Daily Report	268	Suspended Credit Adjustment Amount	
Production Amount for Provider		Analysis Summary Report - Standard	12
Provider A/R Totals - Standard Report	270	Analysis Summary Report - Daily	8
Provider A/R Totals - Daily Report	268	Suspended Credit Amount	
Projected Amount of Remaining Benefits		Continuing Care Display List	80
Treatment Plan Approval Status Report	322	Suspended Credit Amount for Clinic	
Treatment Plan Approval Report	320	Aging/Credit Balance Report	6
Projected Amount of Remaining Benefits for Secondary Insurance		Suspended Insurance Payment Amount	
Treatment Plan Approval Status Report	322	Analysis Summary Report - Standard	12
Treatment Plan Approval Report	320	Analysis Summary Report - Daily	8
Remaining Payment Agreement Amount		Suspended Payment Amount	
Collections Manager List	74	Analysis Summary Report - Daily	8
Secondary Insurance Estimated Amount		Total Amount Aged 0 - 30	
Treatment Plan Approval Status Report	322	Collections Manager List	74
Treatment Plan Approval Report	320	Aging/Credit Balance Report	6
Secondary Production Amount		Total Amount Aged 121 - 150	
Insurance Carrier Production - Full Report	140	Aging/Credit Balance Report	6
Secondary Production Amount for Insurance Plan		Total Amount Aged 151 - 180	
Insurance Carrier Production - Summary Report	142	Aging/Credit Balance Report	6
Insurance Carrier Production - Full Report	140	Total Amount Aged 31 - 60	
Subtotal of Allowances for Financial Class Type		Collections Manager List	74
UDS - Patient Related Revenue Report	340	Aging/Credit Balance Report	6
Subtotal of Allowances for Payer Category		Total Amount Aged 61 - 90	
UDS - Patient Related Revenue Report	340	Collections Manager List	74
Subtotal of Amount Collected for Financial Class Type		Aging/Credit Balance Report	6
UDS - Patient Related Revenue Report	340	Total Amount Aged 61 - 90	
Subtotal of Amount Collected for Payer Category		Collections Manager List	74
UDS - Patient Related Revenue Report	340	Aging/Credit Balance Report	6

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Total Amount Aged 90 - 120		Total Amount of Account Balances Aged 121 - 150 for Primary Pre-treatment Estimates	
Aging/Credit Balance Report	6	Pre-Treatment Estimate Aging Report	256
Total Amount Aged 91+		Total Amount of Account Balances Aged 121 - 150 for Secondary Pre-treatment Estimates	
Collections Manager List	74	Pre-Treatment Estimate Aging Report	256
Total Amount Aged Over 180		Total Amount of Account Balances Aged 121 - 150 with Claims	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	144
Total Amount Billed to Insurance		Total Amount of Account Balances Aged 121 - 150 with Primary Claims	
Analysis Summary Report - Standard	12	Insurance Claim Aging Report	144
Collections Manager List	74	Total Amount of Account Balances Aged 121 - 150 with Secondary Claims	
Day Sheet Report	104	Insurance Claim Aging Report	144
Analysis Summary Report - Daily	8	Total Amount of Account Balances Aged 121 - 150 with Primary Pre-treatment Estimates	
Total Amount Collected for Financial Class Type		Pre-Treatment Estimate Aging Report	256
UDS - Patient Related Revenue Report	340	Total Amount of Account Balances Aged 151 - 180 for Pre-treatment Estimates	
Total Amount Collected for Patient		Pre-Treatment Estimate Aging Report	256
UDS - Patient Related Revenue Report	340	Total Amount of Account Balances Aged 151 - 180 for Secondary Pre-treatment Estimates	
Total Amount Collected for Payer Category		Pre-Treatment Estimate Aging Report	256
UDS - Patient Related Revenue Report	340	Total Amount of Account Balances Aged 151 - 180 with Claims	
Total Amount Due for Payment Agreements		Insurance Claim Aging Report	144
Collections Manager List	74	Total Amount of Account Balances Aged 151 - 180 with Primary Claims	
Total Amount for Primary Pre-treatment Estimates		Insurance Claim Aging Report	144
Pre-Treatment Estimate Aging Report	256	Total Amount of Account Balances Aged 151 - 180 with Secondary Claims	
Total Amount for Secondary Pre-treatment Estimates		Insurance Claim Aging Report	144
Pre-Treatment Estimate Aging Report	256	Total Amount of Account Balances Aged 181+ for Pre-treatment Estimates	
Total Amount of - Adjustments (Collection)		Pre-Treatment Estimate Aging Report	256
Provider A/R Totals - Standard Report	270	Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates	
Provider A/R Totals - Daily Report	268	Pre-Treatment Estimate Aging Report	256
Total Amount of - Adjustments (Production)		Pre-Treatment Estimate Aging Report	256
Provider A/R Totals - Standard Report	270	Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates	
Provider A/R Totals - Daily Report	268	Pre-Treatment Estimate Aging Report	256
Total Amount of + Adjustments (Collection)		Total Amount of Account Balances Aged 181+ with Claims	
Provider A/R Totals - Standard Report	270	Insurance Claim Aging Report	144
Provider A/R Totals - Daily Report	268	Total Amount of Account Balances Aged 181+ with Primary Claims	
Total Amount of + Adjustments (Production)		Insurance Claim Aging Report	144
Provider A/R Totals - Standard Report	270	Total Amount of Account Balances Aged 181+ with Secondary Claims	
Provider A/R Totals - Daily Report	268	Insurance Claim Aging Report	144
Total Amount of Account Bal		Total Amount of Account Balances Aged 31 - 60 for Pre-treatment Estimates	
Collections Manager List	74	Pre-Treatment Estimate Aging Report	256
Payment Agreement Report	228	Total Amount of Account Balances Aged 31 - 60 for Primary Pre-treatment Estimates	
Aging/Credit Balance Report	6	Pre-Treatment Estimate Aging Report	256
Total Amount of Account Balances Aged 1 - 30 for Pre-treatment Estimates		Total Amount of Account Balances Aged 31 - 60 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	256	Pre-Treatment Estimate Aging Report	256
Total Amount of Account Balances Aged 1 - 30 for Primary Pre-treatment Estimates		Total Amount of Account Balances Aged 181+ with Claims	
Pre-Treatment Estimate Aging Report	256	Insurance Claim Aging Report	144
Total Amount of Account Balances Aged 1 - 30 for Secondary Pre-treatment Estimates		Total Amount of Account Balances Aged 181+ with Primary Claims	
Pre-Treatment Estimate Aging Report	256	Insurance Claim Aging Report	144
Total Amount of Account Balances Aged 1 - 30 with Claims		Total Amount of Account Balances Aged 181+ with Secondary Claims	
Insurance Claim Aging Report	144	Insurance Claim Aging Report	144
Total Amount of Account Balances Aged 1 - 30 with Primary Claims		Total Amount of Account Balances Aged 31 - 60 for Pre-treatment Estimates	
Insurance Claim Aging Report	144	Pre-Treatment Estimate Aging Report	256
Total Amount of Account Balances Aged 1 - 30 with Secondary Claims		Total Amount of Account Balances Aged 31 - 60 for Primary Pre-treatment Estimates	
Insurance Claim Aging Report	144	Pre-Treatment Estimate Aging Report	256
Total Amount of Account Balances Aged 121 - 150 for Pre-treatment Estimates		Total Amount of Account Balances Aged 31 - 60 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	256	Pre-Treatment Estimate Aging Report	256

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Total Amount of Account Balances Aged 31 - 60 with Claims		Total Amount of Account Balances with Secondary Pre-treatment Estimates	
Insurance Claim Aging Report	144	Pre-Treatment Estimate Aging Report	256
Total Amount of Account Balances Aged 31 - 60 with Primary Claims		Total Amount of Adjustment Type	
Insurance Claim Aging Report	144	Daily Summary Report	92
Total Amount of Account Balances Aged 31 - 60 with Secondary Claims		Total Amount of Adjustment Types	
Insurance Claim Aging Report	144	Adjustment Summary Report	4
Total Amount of Account Balances Aged 61 - 90 for Pre-treatment Estimates		Total Amount of Adjustments	
Pre-Treatment Estimate Aging Report	256	Day Sheet (Adjustments) Report	94
Total Amount of Account Balances Aged 61 - 90 for Primary Pre-treatment Estimates		Daily Summary Report	92
Pre-Treatment Estimate Aging Report	256	Total Amount of Adjustments for Clinic	
Total Amount of Account Balances Aged 61 - 90 for Secondary Pre-treatment Estimates		Day Sheet (Adjustments) Report	94
Pre-Treatment Estimate Aging Report	256	Total Amount of Adjustments for Provider	
Total Amount of Account Balances Aged 61 - 90 with Claims		Day Sheet (Adjustments) Report	94
Insurance Claim Aging Report	144	Total Amount of Allowances for Financial Class Type	
Total Amount of Account Balances Aged 61 - 90 with Primary Claims		UDS - Patient Related Revenue Report	340
Insurance Claim Aging Report	144	Total Amount of Allowances for Patient	
Total Amount of Account Balances Aged 61 - 90 with Secondary Claims		UDS - Patient Related Revenue Report	340
Insurance Claim Aging Report	144	Total Amount of Allowances for Payer Category	
Total Amount of Account Balances Aged 91 - 120 for Pre-treatment Estimates		UDS - Patient Related Revenue Report	340
Pre-Treatment Estimate Aging Report	256	Total Amount of Applied Credit Adjustments	
Total Amount of Account Balances Aged 91 - 120 for Primary Pre-treatment Estimates		Analysis Summary Report - Standard	12
Pre-Treatment Estimate Aging Report	256	Day Sheet Report	104
Total Amount of Account Balances Aged 91 - 120 for Secondary Pre-treatment Estimates		Analysis Summary Report - Daily	8
Pre-Treatment Estimate Aging Report	256	Total Amount of Applied Credit Adjustments for Previous Month	
Total Amount of Account Balances Aged 91 - 120 with Claims		Day Sheet (Charges and Receipts) Report	98
Insurance Claim Aging Report	144	Total Amount of Applied Insurance Payments	
Total Amount of Account Balances Aged 91 - 120 with Primary Claims		Analysis Summary Report - Standard	12
Insurance Claim Aging Report	144	Day Sheet Report	104
Total Amount of Account Balances Aged 91 - 120 with Secondary Claims		Analysis Summary Report - Daily	8
Insurance Claim Aging Report	144	Total Amount of Applied Payments	
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Audit Report - Appointments	26
Daily Appointment List (DX1)	88
Daily Appointment List Report	90
Operatory Appointment List Report	194
Unscheduled Appointment List (DX1)	348
Unscheduled Appointment List (OM)	350
As Soon As Possible List	22
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Audit Report - Appointments	26
Appointment Note	
Patient Notes Report	212
Appointment Notes	
Appointment Book View Printout	14
Appointment Production Amount	
Appointment Book View Printout	14
Appointment Production Type	
Audit Report - Appointments	26
Multi-Code List	186
Procedure Code List	260
Appointment Book View Printout	14
Appointment Production Type Change	
Audit Report - Appointments	26
Appointment Provider	
Audit Report - Appointments	26
Daily Appointment List (DX1)	88
Daily Appointment List Report	90
Letter Merge Reports	156
Letter Merge Reports	156
Operatory Appointment List Report	194
Patient List (Filtered)	210
As Soon As Possible List	22
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Audit Report - Appointments	26

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Appointment Provider ID		Future Reminder Date	
Letter Merge Reports	156	Collections Manager List	74
Appointment Book View Printout	14	Future Reminder Type	
Appointment Reason		Collections Manager List	74
As Soon As Possible List	22	Inserted Appointment	
Daily Appointment List (DX1)	88	Audit Report - Appointments	26
Daily Appointment List Report	90	Last Missed Appointment Date	
Letter Merge Reports	156	Patient Route Slip	220
Operatory Appointment List Report	194	Length in Appointment Status	
Unscheduled Appointment List (DX1)	348	Appointment Cycle Time Report	16
Unscheduled Appointment List (OM)	350	Next Appointment ADA Code	
Walkout - Family Walkout	362	Patient Route Slip	220
Appointment Book View Printout	14	Next Appointment ADA Code Description	
Appointment Status		Patient Route Slip	220
As Soon As Possible List	22	Next Appointment Date	
Audit Report - Appointments	26	Patient Route Slip	220
Daily Appointment List (DX1)	88	Next Appointment Length	
Daily Appointment List Report	90	Patient Route Slip	220
Operatory Appointment List Report	194	Next Appointment Note	
Patient Chart and Progress Notes Printout	198	Patient Route Slip	220
Unscheduled Appointment List (DX1)	348	Next Appointment Operator ID	
Unscheduled Appointment List (OM)	350	Patient Route Slip	220
Appointment Cycle Time Report	16	Next Appointment Procedure Amount	
Appointment Status Change		Patient Route Slip	220
Audit Report - Appointments	26	Next Appointment Procedure Date	
Appointment Statuses		Patient Route Slip	220
Custom Practice Information Report	86	Next Appointment Production Amount	
Appointment Time		Patient Route Slip	220
As Soon As Possible List	22	Next Appointment Provider ID	
Audit Report - Appointments	26	Patient Route Slip	220
Daily Appointment List (DX1)	88	Next Appointment Status	
Daily Appointment List Report	90	Patient Route Slip	220
Letter Merge Reports	156	Next Appointment Time	
Operatory Appointment List Report	194	Patient Route Slip	220
Patient List (Filtered)	210	Next Appointment Total Amount	
Walkout - Family Walkout	362	Patient Route Slip	220
Appointment Reminder Cards	18	Next Appointment Treatment Area	
Appointment Time Change		Patient Route Slip	220
Audit Report - Appointments	26	Next Appointment Treatment Plan Visit	
Appointment Type		Patient Route Slip	220
Audit Report - Appointments	26	Next Continuing Care Appointment Date	
Appointment Cycle Time Report	16	Patient Route Slip	220
Appointment Type Change		Letter Merge Reports	156
Audit Report - Appointments	26	Next Continuing Care Appointment Provider	
Continuing Care Appointment Date		Letter Merge Reports	156
Continuing Care Display List	80	Next Continuing Care Appointment Reason	
Date Appointment Broken		Letter Merge Reports	156
Unscheduled Appointment List (OM)	350	Next Continuing Care Appointment Time	
Unscheduled Appointment List (DX1)	348	Letter Merge Reports	156
Deleted Appointment		Number of Appointments in Appointment Status for or Longer than Length of Time	
Audit Report - Appointments	26	Appointment Statistics Report	20
Future Appointment Date		Number of Appointments in Appointment Status Less than Length of Time	
Patient Route Slip	220	Appointment Statistics Report	20
Future Appointment Provider ID		Number of Broken Appointments	
Patient Route Slip	220	Appointment Statistics Report	20
Future Appointment Reason		Number of Late Appointments	
Patient Route Slip	220	Appointment Statistics Report	20
Future Appointment Time		Number of Missed Appointments	
Patient Route Slip	220	Patient Route Slip	220

Appointment (continued)

Number of New Appointments		Number of Appointments in Appointment Status Less than Length of Time	
Daily Summary Report	92	Appointment Statistics Report	20
Number of On Time Appointments		Percent of Appointments in Appointment Status for or Longer than Length of Time	
Appointment Statistics Report	20	Appointment Statistics Report	20
Number of Patients <6 or 65+ Years who Received Appointment Reminders		Appointment Type	
Meaningful Use Measure Calculation List	160	Appointment Type	
Number of Scheduled Treatment-planned Procedures		Audit Report - Appointments	26
Practice Treatment Case Report	252	Appointment Cycle Time Report	16
Number of Unscheduled Appointments Listed		Appointment Type Change	
Unscheduled Appointment List (OM)	350	Audit Report - Appointments	26
Unscheduled Appointment List (DX1)	348	Approval Status	
Number of Wait/Will Call Appointments		Treatment Plan Approval Status	
Appointment Statistics Report	20	Treatment Plan Approval Report	320
Patient Name on Appointment		Treatment Plan Approval Status Report	322
Letter Merge Reports	156	Patient Chart and Progress Notes Printout	198
Percent Broken Appointments		APR	
Appointment Statistics Report	20	Annual Percentage Rate	
Percent Late Appointments		Truth in Lending Disclosure Statement	324
Appointment Statistics Report	20	Archived	
Percent of Appointments in Appointment Status for or Longer than Length of Time		Total Archived New Patients	
Appointment Statistics Report	20	New Patient List	188
Phone Number of Patient on Appointment		Attached	
Letter Merge Reports	156	Date Attached	
Reason Appointment Broken		Document Center List	118
Unscheduled Appointment List (DX1)	348	Attestation	
Scheduled and/or Unscheduled Appointment		Number of Patients with Medication Allergies or Attestations of No Known Medication Allergies	
Unscheduled Treatment Plans (Detailed) Report	354	Meaningful Use Measure Calculation List	160
Unscheduled Treatment Plans (Condensed) Report	352	Number of Patients with Medications or Attestations of No Known Medications	
Total Length in Appointment Statuses		Meaningful Use Measure Calculation List	160
Appointment Cycle Time Report	16	Number of Patients with Problems or Attestations of No Known Problems	
Total Number of Appointments		Meaningful Use Measure Calculation List	160
As Soon As Possible List	22	Audit	
Appointment Statistics Report	20	Appointment Amount Change	
Total Number of Scheduled Appointments		Audit Report - Appointments	26
Appointment Statistics Report	20	Appointment Date Change	
Appointment Book		Audit Report - Appointments	26
Day Note		Appointment Length Change	
Appointment Book View Printout	14	Audit Report - Appointments	26
Time Blocks		Appointment Production Type Change	
Appointment Book View Printout	14	Audit Report - Appointments	26
Time Units		Appointment Provider Change	
Procedure Code List	260	Audit Report - Appointments	26
Multi-Code List	186	Appointment Status Change	
Appointment Reminder		Audit Report - Appointments	26
Number of Patients <6 or 65+ Years who Received Appointment Reminders		Appointment Time Change	
Meaningful Use Measure Calculation List	160	Audit Report - Appointments	26
Appointment Status		Appointment Type Change	
Average Length of Time Between Appointment Statuses		Audit Report - Appointments	26
Appointment Statistics Report	20	Audit Log Option	
Next Appointment Status		Audit Report - Audit Log Status	28
Patient Route Slip	220	Bank Account Number Change	
Number of Appointments in Appointment Status for or Longer than Length of Time		Audit Report - Clinics	30
Appointment Statistics Report	20	Billing Type Change	
		Audit Report - Patients	34
		Change of Address	
		Coupon Book - Payment Agreements	83
		Coupon Book - Future Due Payments	82

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Date of Last Case Status Update		Provider Social Security Number Change	
Practice Treatment Case Report	252	Audit Report - Providers/Staff	36
Patient Treatment Case Report	222	Record Type Change	
Deleted Appointment		Audit Report - Patients	34
Audit Report - Appointments	26	Audit Report - Transactions	38
Deleted Entry		Audit Rights Report - Assigned Individually	40
Audit Report - Patients	34	Audit Rights Report - Assigned to Groups	42
Deleted Procedure		Audit Rights Report - Group Names	44
Audit Report - Combined	32	Audit Rights Report - Users to Groups	46
Deleted Transaction		Audit Report - Combined	32
Audit Report - Transactions	38	Staff Social Security Number Change	
Encounter Number Change		Audit Report - Providers/Staff	36
Audit Report - Transactions	38	Time of Change	
Fiscal Year Month Change		Audit Report - Appointments	26
Audit Report - Clinics	30	Audit Report - Audit Log Status	28
Guarantor Name Change		Audit Report - Clinics	30
Audit Report - Patients	34	Audit Report - Combined	32
Initial Entry		Audit Report - Patients	34
Audit Report - Patients	34	Audit Report - Providers/Staff	36
Inserted Appointment		Audit Report - Transactions	38
Audit Report - Appointments	26	Audit Rights Report - Assigned Individually	40
Inserted Transaction		Audit Rights Report - Assigned to Groups	42
Audit Report - Transactions	38	Audit Rights Report - Group Names	44
Login Name Change		Audit Rights Report - Users to Groups	46
Audit Report - Providers/Staff	36	Appointment Cycle Time Report	16
Operatory Change		Transaction Amount Change	
Audit Report - Appointments	26	Audit Report - Transactions	38
Other ID Change		Transaction Description Change	
Audit Report - Patients	34	Audit Report - Transactions	38
Patient Name Change		User Changed	
Audit Report - Patients	34	Audit Rights Report - Users to Groups	46
Audit Report - Transactions	38	Audit Rights Report - Assigned Individually	40
Audit Report - Appointments	26	User Group Change	
Patient Social Security Number or Request Date Change		Audit Rights Report - Group Names	44
Audit Report - Patients	34	Average	
Patient Status Change		Amount of Debit Adjustments (Average)	
Audit Report - Patients	34	Practice Analysis Report	246
Perio Measurement Change		Amount of Finance Charges (Average)	
Perio - Exam Comparison Report	236	Practice Analysis Report	246
Perio - Combined Graphic & Data Chart Report	232	Amount of Insured Charges (Average)	
Practice Change		Practice Analysis Report	246
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Practice Title Change		Practice Analysis Report	246
Audit Report - Clinics	30	Amount of Non-insured Charges (Average)	
Primary Provider ID Change		Practice Analysis Report	246
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Procedure Date Change		Practice Analysis Report	246
Audit Report - Transactions	38	Average Amount of Adjustment Type	
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Audit Report - Providers/Staff	36	Average Amount of Adjustments	
Provider Fee Schedule Change		Day Sheet (Adjustments) Report	94
Audit Report - Providers/Staff	36	Average Amount of Adjustments for Clinic	
Provider ID Change		Day Sheet (Adjustments) Report	94
Audit Report - Transactions	38	Average Amount of Adjustments for Provider	
Audit Report - Providers/Staff	36	Day Sheet (Adjustments) Report	94
Provider Name Change		Average Amount of Credit Adjustments	
Audit Report - Providers/Staff	36	Day Sheet (Adjustments) Report	94
		Average Amount of Debit Adjustments	
		Day Sheet (Adjustments) Report	94
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		Day Sheet (Adjustments) Report	94

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Average Amount of Late Charges		Average Payment Amount	
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RVU Production Summary Report	302	Day Sheet (Receipts) Report	102
Production Summary Report	264	Average Payment Amount for Initial Provider	
Average Amount of Medicaid Procedures for Clinic		Day Sheet (Receipts) Report	102
RVU Production Summary Report	302	Average Payment Amount for Payment Type	
Production Summary Report	264	Day Sheet (Receipts) Report	102
Average Amount of Medicaid Procedures for Provider		Average Payment Amount for Provider	
RVU Production Summary Report	302	Day Sheet (Receipts) Report	102
Production Summary Report	264	Average Production per Patient	
Average Amount of Non-Medicaid Procedures		Analysis Summary Report - Standard	12
RVU Production Summary Report	302	Day Sheet Report	104
Production Summary Report	264	Analysis Summary Report - Daily	8
Average Amount of Non-Medicaid Procedures for Clinic		Average Production per Patient for Clinic	
RVU Production Summary Report	302	Analysis Summary Report - Standard	12
Production Summary Report	264	Day Sheet Report	104
Average Amount of Non-Medicaid Procedures for Provider		Analysis Summary Report - Daily	8
RVU Production Summary Report	302	Average Production per Patient for Provider	
Production Summary Report	264	Analysis Summary Report - Standard	12
Average Amount of Payment Type		Day Sheet Report	104
Payment Summary Report	230	Analysis Summary Report - Daily	8
Average Amount of Payments		Average Production Per Patient from Referral Source	
Payment Summary Report	230	Referral Analysis Report	286
Average Amount of Procedures		Average Production Per Patient from Referral Sources	
RVU Production Summary Report	302	Referral Analysis Report	286
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RVU Production Summary Report	302	Average Production per Patient MTD for Provider	
Production Summary Report	264	Day Sheet (Charges and Receipts) Report	98
Average Amount of Procedures for Provider		Average Wait Time	
RVU Production Summary Report	302	Appointment Cycle Time Report	16
Production Summary Report	264	Beginning Balance (Average)	
Average Charge per Patient		Practice Analysis Report	246
Analysis Summary Report - Standard	12	Current Average Charge per Patient	
Day Sheet Report	104	Day Sheet (Charges and Receipts) Report	98
Analysis Summary Report - Daily	8	Current Average Charge per Patient for Provider	
Average Charge per Patient for Clinic		Day Sheet (Charges and Receipts) Report	98
Analysis Summary Report - Standard	12	Current Average Production per Patient	
Day Sheet Report	104	Day Sheet (Charges and Receipts) Report	98
Analysis Summary Report - Daily	8	Current Average Production per Patient for Provider	
Average Charge per Patient for Provider		Day Sheet (Charges and Receipts) Report	98
Analysis Summary Report - Standard	12	Ending Balance (Average)	
Day Sheet Report	104	Practice Analysis Report	246
Analysis Summary Report - Daily	8	New Patients (Average)	
Average Charge per Patient MTD		Practice Analysis Report	246
Day Sheet (Charges and Receipts) Report	98	Referred Patients (Average)	
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Average Length of Time Between Appointment Sta-		Practice Analysis Report	246
tuses		Total Average Charge per Patient	
Appointment Statistics Report	20	Analysis Summary Report - Standard	12
Average Monthly Charge Amount		Analysis Summary Report - Daily	8
Future Due Payment Plan Report - Monthly Totals	130	Total Average Production per Patient	
Average Number of Charges		Analysis Summary Report - Standard	12
Future Due Payment Plan Report - Monthly Totals	130	Analysis Summary Report - Daily	8
		Total Average Production per Patient at Clinics from Referral Source	
		Referral Analysis Report	286
		Total Charges (Average)	
		Practice Analysis Report	246

Balance

Account Balance		Amount of Ending Balances for Provider	
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Family Ledger Report	122	Analysis Summary Report - Daily	8
Family Ledger Report (Single Family)	124	Amount of Other Applied Credit Initial Balances for Clinic	
Insurance Claim Aging Report	144	Day Sheet Report	104
Letter Merge Reports	156	Amount of Other Applied Credit Initial Balances for Provider	
Patient Route Slip	220	Day Sheet Report	104
Patient's Ledger Report	224	Amount of Other Credit Initial Balances for Clinic	
Payment Agreement Report	228	Analysis Summary Report - Standard	12
Pre-Treatment Estimate Aging Report	256	Analysis Summary Report - Daily	8
Aging/Credit Balance Report	6	Amount of Other Credit Initial Balances for Provider	
Account Balance Amount Aged 121 - 150		Analysis Summary Report - Standard	12
Pre-Treatment Estimate Aging Report	256	Analysis Summary Report - Daily	8
Account Balance Amount Aged 151 - 180		Balance (as of a Date)	
Pre-Treatment Estimate Aging Report	256	Day Sheet Report	104
Account Balance Amount Aged 31 - 60		Day Sheet (Charges and Receipts) Report	98
Pre-Treatment Estimate Aging Report	256	Balance (as of a Date) for Clinic	
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Pre-Treatment Estimate Aging Report	256	Balance (as of a Date) for Provider	
Account Balance Amount Aged 91 - 120		Day Sheet Report	104
Pre-Treatment Estimate Aging Report	256	Day Sheet (Charges and Receipts) Report	98
Amount of Account Balance Aged >90		Balance Due	
Insurance Claim Aging Report	144	Coupon Book - Payment Agreements	83
Amount of Account Balance Aged 1 - 30		Coupon Book - Future Due Payments	82
Insurance Claim Aging Report	144	Beginning Balance	
Amount of Account Balance Aged 31 - 60		Analysis Summary Report - Standard	12
Insurance Claim Aging Report	144	Provider A/R Totals - Daily Report	268
Amount of Account Balance Aged 61 - 90		Analysis Summary Report - Daily	8
Insurance Claim Aging Report	144	Beginning Balance (Average)	
Amount of Beginning Balances for Clinic		Practice Analysis Report	246
Analysis Summary Report - Standard	12	Beginning Balance (for Date Range)	
Analysis Summary Report - Daily	8	Practice Analysis Report	246
Amount of Beginning Balances for Provider		Beginning Balance (MTD)	
Analysis Summary Report - Standard	12	Practice Analysis Report	246
Analysis Summary Report - Daily	8	Beginning Balance (YTD)	
Amount of Credit Initial Balances		Practice Analysis Report	246
Provider A/R Totals - Daily Report	268	Beginning Balance for Provider	
Amount of Credit Initial Balances for Clinic		Provider A/R Totals - Standard Report	270
Analysis Summary Report - Standard	12	Provider A/R Totals - Daily Report	268
Day Sheet Report	104	Credit Balance (as of Date)	
Analysis Summary Report - Daily	8	Practice Analysis Report	246
Amount of Credit Initial Balances for Provider		Credit Initial Balance	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	104	Analysis Summary Report - Daily	8
Provider A/R Totals - Daily Report	268	Current Account Balance	
Provider A/R Totals - Standard Report	270	Billing Statement	48
Analysis Summary Report - Daily	8	Debit Initial Balance	
Amount of Debit Initial Balances (Production)		Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	268	Analysis Summary Report - Daily	8
Amount of Debit Initial Balances for Clinic		Debit Initial Balance	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	104	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Ending Balance	
Amount of Debit Initial Balances for Provider		Analysis Summary Report - Standard	12
Analysis Summary Report - Standard	12	Provider A/R Totals - Daily Report	268
Day Sheet Report	104	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Ending Balance (Average)	
Amount of Ending Balances for Clinic		Practice Analysis Report	246
Analysis Summary Report - Standard	12	Ending Balance (for Date Range)	
Analysis Summary Report - Daily	8	Practice Analysis Report	246

Balance (continued)

Ending Balance (MTD)		Total Amount of Account Balances Aged 1 - 30 for Pre-treatment Estimates	
Practice Analysis Report	246	Pre-Treatment Estimate Aging Report	256
Ending Balance (YTD)		Total Amount of Account Balances Aged 1 - 30 for Primary Pre-treatment Estimates	
Practice Analysis Report	246	Pre-Treatment Estimate Aging Report	256
Ending Balance for Provider		Total Amount of Account Balances Aged 1 - 30 for Secondary Pre-treatment Estimates	
Provider A/R Totals - Standard Report	270	Pre-Treatment Estimate Aging Report	256
Provider A/R Totals - Daily Report	268	Total Amount of Account Balances Aged 1 - 30 with Claims	
Family Balance		Insurance Claim Aging Report	144
Treatment Case Report	318	Total Amount of Account Balances Aged 1 - 30 with Primary Claims	
Patient Treatment Case Report	222	Insurance Claim Aging Report	144
Family Member Balance (as of a Date)		Total Amount of Account Balances Aged 1 - 30 with Secondary Claims	
Patient's Ledger Report	224	Insurance Claim Aging Report	144
Ledger Balance		Total Amount of Account Balances Aged 121 - 150 for Pre-treatment Estimates	
Suspended Credits Report	316	Pre-Treatment Estimate Aging Report	256
Net Change in Balance		Total Amount of Account Balances Aged 121 - 150 for Primary Pre-treatment Estimates	
Day Sheet (Charges and Receipts) Report	98	Pre-Treatment Estimate Aging Report	256
Net Change in Balance for Provider		Total Amount of Account Balances Aged 121 - 150 for Secondary Pre-treatment Estimates	
Day Sheet (Charges and Receipts) Report	98	Pre-Treatment Estimate Aging Report	256
New Balance		Total Amount of Account Balances Aged 121 - 150 with Claims	
Walkout - Family Walkout	362	Insurance Claim Aging Report	144
Other Credit Initial Balance		Total Amount of Account Balances Aged 121 - 150 with Primary Claims	
Analysis Summary Report - Standard	12	Insurance Claim Aging Report	144
Analysis Summary Report - Daily	8	Total Amount of Account Balances Aged 151 - 180 for Pre-treatment Estimates	
Patient Balance		Pre-Treatment Estimate Aging Report	256
Patient Route Slip	220	Total Amount of Account Balances Aged 151 - 180 for Primary Pre-treatment Estimates	
Patient Treatment Case Report	222	Pre-Treatment Estimate Aging Report	256
Patient's Ledger Report	224	Total Amount of Account Balances Aged 151 - 180 with Claims	
Referred By Doctor/Other Report	292	Insurance Claim Aging Report	144
Referred By Patient Report	294	Total Amount of Account Balances Aged 151 - 180 with Secondary Claims	
Treatment Case Report	318	Insurance Claim Aging Report	144
Continuing Care Display List	80	Total Amount of Account Balances Aged 151 - 180 with Primary Claims	
Patient Running Balance		Insurance Claim Aging Report	144
Patient Ledger Report	206	Total Amount of Account Balances Aged 151 - 180 with Secondary Claims	
Payment Agreement Remaining Balance		Insurance Claim Aging Report	144
Payment Agreement Report	228	Total Amount of Account Balances Aged 181+ for Pre-treatment Estimates	
Payment Agreement Report	228	Pre-Treatment Estimate Aging Report	256
Payment Agreement Amortization Schedule	226	Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates	
Payment Plan Remaining Balance		Pre-Treatment Estimate Aging Report	256
Letter Merge Reports	156	Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates	
Previous Balance		Pre-Treatment Estimate Aging Report	256
Day Sheet Report	104	Total Amount of Account Balances Aged 181+ for Primary Claims	
Day Sheet (Charges and Receipts) Report	98	Insurance Claim Aging Report	144
Previous Balance for Clinic		Total Amount of Account Balances Aged 181+ for Secondary Claims	
Day Sheet Report	104	Insurance Claim Aging Report	144
Previous Balance for Provider		Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates	
Day Sheet Report	104	Pre-Treatment Estimate Aging Report	256
Day Sheet (Charges and Receipts) Report	98	Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates	
Prior Account Balance		Pre-Treatment Estimate Aging Report	256
Walkout - Family Walkout	362	Pre-Treatment Estimate Aging Report	256
Remaining Balance		Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates	
Future Due Payment Plan Report - Standard	132	Pre-Treatment Estimate Aging Report	256
Total Account Balance		Pre-Treatment Estimate Aging Report	256
Insurance Claim Aging Report	144		
Billing Statement	48		
Total Amount of Account Bal			
Collections Manager List	74		
Payment Agreement Report	228		
Aging/Credit Balance Report	6		

Balance (continued)

Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates		Total Amount of Account Balances Aged 91 - 120 with Primary Claims	
Pre-Treatment Estimate Aging Report	256	Insurance Claim Aging Report	144
Total Amount of Account Balances Aged 181+ with Claims		Total Amount of Account Balances Aged 91 - 120 with Secondary Claims	
Insurance Claim Aging Report	144	Insurance Claim Aging Report	144
Total Amount of Account Balances Aged 181+ with Primary Claims		Total Amount of Account Balances with Claims	
Insurance Claim Aging Report	144	Insurance Claim Aging Report	144
Total Amount of Account Balances Aged 181+ with Secondary Claims		Total Amount of Account Balances with Pre-treatment Estimates	
Insurance Claim Aging Report	144	Pre-Treatment Estimate Aging Report	256
Total Amount of Account Balances Aged 31 - 60 for Pre-treatment Estimates		Total Amount of Account Balances with Primary Claims	
Pre-Treatment Estimate Aging Report	256	Insurance Claim Aging Report	144
Total Amount of Account Balances Aged 31 - 60 for Primary Pre-treatment Estimates		Total Amount of Account Balances with Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	256	Pre-Treatment Estimate Aging Report	256
Total Amount of Account Balances Aged 31 - 60 for Secondary Pre-treatment Estimates		Total Amount of Account Balances with Secondary Claims	
Pre-Treatment Estimate Aging Report	256	Insurance Claim Aging Report	144
Total Amount of Account Balances Aged 31 - 60 with Claims		Total Amount of Account Balances with Secondary Pre-treatment Estimates	
Insurance Claim Aging Report	144	Pre-Treatment Estimate Aging Report	256
Total Amount of Account Balances Aged 31 - 60 with Primary Claims		Total Amount of Balances Remaining for Payment Agreements	
Insurance Claim Aging Report	144	Payment Agreement Report	228
Total Amount of Account Balances Aged 31 - 60 with Secondary Claims		Total Amount of Beginning Balances	
Insurance Claim Aging Report	144	Analysis Summary Report - Standard	12
Total Amount of Account Balances Aged 61 - 90 for Pre-treatment Estimates		Provider A/R Totals - Daily Report	268
Pre-Treatment Estimate Aging Report	256	Provider A/R Totals - Standard Report	270
Total Amount of Account Balances Aged 61 - 90 for Primary Pre-treatment Estimates		Analysis Summary Report - Daily	8
Pre-Treatment Estimate Aging Report	256	Total Amount of Credit Initial Balances	
Total Amount of Account Balances Aged 61 - 90 for Secondary Pre-treatment Estimates		Analysis Summary Report - Standard	12
Pre-Treatment Estimate Aging Report	256	Day Sheet Report	104
Total Amount of Account Balances Aged 61 - 90 with Claims		Provider A/R Totals - Daily Report	268
Insurance Claim Aging Report	144	Provider A/R Totals - Standard Report	270
Total Amount of Account Balances Aged 61 - 90 with Primary Claims		Analysis Summary Report - Daily	8
Insurance Claim Aging Report	144	Total Amount of Debit Initial Balances	
Total Amount of Account Balances Aged 61 - 90 with Secondary Claims		Analysis Summary Report - Standard	12
Insurance Claim Aging Report	144	Day Sheet Report	104
Total Amount of Account Balances Aged 91 - 120 for Pre-treatment Estimates		Analysis Summary Report - Daily	8
Pre-Treatment Estimate Aging Report	256	Total Amount of Debit Initial Balances (Production)	
Total Amount of Account Balances Aged 91 - 120 for Primary Pre-treatment Estimates		Provider A/R Totals - Standard Report	270
Pre-Treatment Estimate Aging Report	256	Provider A/R Totals - Daily Report	268
Total Amount of Account Balances Aged 91 - 120 for Secondary Pre-treatment Estimates		Total Amount of Ending Balances	
Pre-Treatment Estimate Aging Report	256	Analysis Summary Report - Standard	12
Total Amount of Account Balances Aged 91 - 120 with Claims		Provider A/R Totals - Daily Report	268
Insurance Claim Aging Report	144	Provider A/R Totals - Standard Report	270
		Analysis Summary Report - Daily	8
		Total Amount of Other Applied Credit Initial Balances	
		Day Sheet Report	104
		Total Amount of Other Credit Initial Balances	
		Analysis Summary Report - Standard	12
		Analysis Summary Report - Daily	8
		Total Family Balance (as of a Date)	
		Family Ledger Report (Single Family)	124
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		Meaningful Use Measure Calculation List	160
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Practice Statistics Report	250	Meaningful Use Measure Calculation List	160
Number of Patients 18 - 64 Years		Number of Patients 3+ Years with Vital Sign Readings	
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Number of Patients 18 - 64 Years with Abnormal BMI Reading and Follow Up		Number of Patients 31 - 40 Years	
Clinical Quality Measures List	66	Practice Statistics Report	250
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Clinical Quality Measures List	66	Practice Statistics Report	250
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Clinical Quality Measures List	66	Practice Statistics Report	250
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Clinical Quality Measures List	66	Clinical Quality Measures List	66
Number of Patients 18 - 85 Years with Outpatient Visits (with Exclusions)		Number of Patients 6+ Months who Received Influenza Vaccinations	
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Clinical Quality Measures List	66	Clinical Quality Measures List	66
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UDS - Insurance Financial Class Report	334	Patient Chart and Progress Notes Printout	198
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UDS - Sealant Statistics Report	344	Percent of Divorced Patients	
UDS - Tobacco Use and Intervention Report	346	Practice Statistics Report	250
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Clinical Notes Report	64	Percent of Male Patients	
Patient Social Security Number or Request Date		Practice Statistics Report	250
Audit Report - Patients	34	Percent of Married Patients	
Patient Social Security Number or Request Date		Practice Statistics Report	250
Change		Percent of Other Patients	
Audit Report - Patients	34	Practice Statistics Report	250
Patient State		Percent of Patient Non-guarantors	
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Audit Report - Patients	34	Practice Statistics Report	250
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Audit Report - Patients	34	Practice Statistics Report	250
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Percent of Appointments in Appointment Status for or Longer than Length of Time		Percent of Patients 41 - 50 Years	
Appointment Statistics Report	20	Practice Statistics Report	250
Percent of Caries Free Patients		Percent of Patients 5 - 6 Years	
Caries Prevalence and Periodontal Index Report	52	Practice Statistics Report	250
Percent of Completed Cases		Percent of Patients 51 - 60 Years	
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Percent of Divorced Patients		Percent of Patients 61 - 70 Years	
Practice Statistics Report	250	Practice Statistics Report	250
Percent of Female Patients		Percent of Patients 7 - 8 Years	
Practice Statistics Report	250	Practice Statistics Report	250
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Practice Statistics Report	250	Practice Statistics Report	250
		Percent of Patients Due for Prophy (Month and Year)	
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Patient Route Slip	220
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Preventative Deductible Owed by Family to Primary Ins		Patient List (Filtered)	210
Treatment Case Report	318	Primary Provider ID	
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Treatment Case Report	318	Audit Report - Patients	34
Patient Treatment Case Report	222	Primary Provider ID Change	
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Secondary Insurance Claims Not Created Report	310	Standard Deductible Owed by Family to Primary Insurance	
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Patient List	208	Standard Deductible Owed by Patient to Primary Insurance	
Primary Eligibility Date		Treatment Case Report	318
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Primary Insurance Benefits Expiration Date for Family		Subscriber Address for Primary Insurance	
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Letter Merge Reports	156	Subscriber Name for Primary Insurance	
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Primary Insurance Carrier Name		Subscriber's Employer Address for Primary Insurance	
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Total Amount for Primary Pre-treatment Estimates Pre-Treatment Estimate Aging Report	256	Total Amount of Primary Pre-treatment Estimates not Sent Pre-Treatment Estimates Not Sent Report	258
Total Amount of Account Balances Aged 1 - 30 for Primary Pre-treatment Estimates Pre-Treatment Estimate Aging Report	256	Total Amount of Primary Production Insurance Carrier Production - Summary Report	142
Total Amount of Account Balances Aged 1 - 30 with Primary Claims Insurance Claim Aging Report	144	Insurance Carrier Production - Full Report	140
Total Amount of Account Balances Aged 121 - 150 for Primary Pre-treatment Estimates Pre-Treatment Estimate Aging Report	256	Principle	
Total Amount of Account Balances Aged 121 - 150 with Primary Claims Insurance Claim Aging Report	144	Payment Agreement Payment Portion Applied to Principle	
Total Amount of Account Balances Aged 151 - 180 for Primary Pre-treatment Estimates Pre-Treatment Estimate Aging Report	256	Payment Agreement Amortization Schedule	226
Total Amount of Account Balances Aged 151 - 180 with Primary Claims Insurance Claim Aging Report	144	Printed	
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Total Amount of Account Balances Aged 181+ with Primary Claims Insurance Claim Aging Report	144	Prior Balance	
Total Amount of Account Balances Aged 31 - 60 for Primary Pre-treatment Estimates Pre-Treatment Estimate Aging Report	256	Prior Account Balance	
Total Amount of Account Balances Aged 31 - 60 with Primary Claims Insurance Claim Aging Report	144	Walkout - Family Walkout	362
Total Amount of Account Balances Aged 61 - 90 for Primary Pre-treatment Estimates Pre-Treatment Estimate Aging Report	256	Prior Treatment	
Total Amount of Account Balances Aged 61 - 90 with Primary Claims Insurance Claim Aging Report	144	Continuing Care Prior Treatment Date	
Total Amount of Account Balances Aged 91 - 120 for Primary Pre-treatment Estimates Pre-Treatment Estimate Aging Report	256	Continuing Care Display List	80
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Total Amount of Account Balances with Primary Claims Insurance Claim Aging Report	144	Continuing Care Prior Work Date	
Total Amount of Account Balances with Primary Pre-treatment Estimates Pre-Treatment Estimate Aging Report	256	Letter Merge Reports	156
Total Amount of Estimated Insurance Portion for Primary and Secondary Claims Insurance Claim Aging Report	144	Priority	
Total Amount of Estimated Insurance Portion for Primary Claims Insurance Claim Aging Report	144	Case Priority	
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		Probing Depth (Facial)	
		Perio - Data Chart Report	234
		Perio - Exam Comparison Report	236
		Perio - Pocket Depths Only Report	240
		Perio - Combined Graphic & Data Chart Report	232
		Probing Depth (Lingual)	
		Perio - Data Chart Report	234
		Perio - Exam Comparison Report	236
		Perio - Pocket Depths Only Report	240
		Perio - Combined Graphic & Data Chart Report	232
		Problem	
		Number of Patients with Problems or Attestations of No Known Problems	
		Meaningful Use Measure Calculation List	160
		Problem Description	
		Patient List (Filtered)	210
		Problem Discovery Date	
		Patient List (Filtered)	210
		Procedure	
		ADA Code Description for Treatment-planned Procedure	
		Patient Chart Printout	200
		ADA Code Description of Treatment-planned Procedure	
		Referral Slip	290
		ADA Code of Treatment-planned Procedure	
		Referral Slip	290
		Amount of Completed Procedures for Patient	
		Procedures Not Attached to Insurance Report	262

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Amount of Lab Expenses for Medicaid Procedures for Clinic		Average Amount of Procedures	
RVU Production Summary Report	302	RVU Production Summary Report	302
Amount of Lab Expenses for Medicaid Procedures for Provider		Production Summary Report	264
RVU Production Summary Report	302	Average Amount of Procedures for Clinic	
Amount of Lab Expenses of Non-Medicaid Procedures for Clinic		RVU Production Summary Report	302
RVU Production Summary Report	302	Production Summary Report	264
Amount of Lab Expenses of Non-Medicaid Procedures for Provider		Average Amount of Procedures for Provider	
RVU Production Summary Report	302	RVU Production Summary Report	302
Amount of Medicaid Procedures for Clinic		Production Summary Report	264
RVU Production Summary Report	302	Date of Completed Procedure	
Production Summary Report	264	Walkout - Doctor's Statement	360
Amount of Medicaid Procedures for Provider		Date of Treatment-planned Procedure	
RVU Production Summary Report	302	Referral Slip	290
Production Summary Report	264	Deleted Procedure	
Amount of Non-Medicaid Procedures for Clinic		Audit Report - Combined	32
RVU Production Summary Report	302	First Procedure	
Production Summary Report	264	New Patient List	188
Amount of Non-Medicaid Procedures for Provider		Inserted Procedure	
RVU Production Summary Report	302	Audit Report - Combined	32
Production Summary Report	264	Modified Procedure	
Amount of Procedure		Audit Report - Combined	32
Treatment Plan Approval Status Report	322	Net RVU for Medicaid Procedures	
Treatment Plan Approval Report	320	RVU Production Summary Report	302
Amount of Procedures for Clinic		Net RVU of Medicaid Procedures for Clinic	
RVU Production Summary Report	302	RVU Production Summary Report	302
Production Summary Report	264	Net RVU of Medicaid Procedures for Provider	
Amount of Procedures for Provider		RVU Production Summary Report	302
RVU Production Summary Report	302	Net RVU of Non-Medicaid Procedures	
Production Summary Report	264	RVU Production Summary Report	302
Amount of Treatment-planned Procedure		Net RVU of Non-Medicaid Procedures for Clinic	
Patient Chart Printout	200	RVU Production Summary Report	302
Average Amount of Medicaid Procedures		Net RVU of Non-Medicaid Procedures for Provider	
RVU Production Summary Report	302	RVU Production Summary Report	302
Production Summary Report	264	Net RVU of Procedures	
Average Amount of Medicaid Procedures for Clinic		RVU Production Summary Report	302
RVU Production Summary Report	302	Net RVU of Procedures for Clinic	
Production Summary Report	264	RVU Production Summary Report	302
Average Amount of Medicaid Procedures for Provider		Net RVU of Procedures for Provider	
RVU Production Summary Report	302	RVU Production Summary Report	302
Production Summary Report	264	Next Appointment Procedure Amount	
Average Amount of Non-Medicaid Procedures		Patient Route Slip	220
RVU Production Summary Report	302	Next Appointment Procedure Date	
Production Summary Report	264	Patient Route Slip	220
Average Amount of Non-Medicaid Procedures for Clinic		Number of Scheduled Treatment-planned Procedures	
RVU Production Summary Report	302	Practice Treatment Case Report	252
Production Summary Report	264	Number of Unscheduled Treatment-planned Procedures	
Average Amount of Non-Medicaid Procedures for Provider		Practice Treatment Case Report	252
RVU Production Summary Report	302	Percent of Medicaid Procedures	
Production Summary Report	264	RVU Production Summary Report	302
Percent of Medicaid Procedures		Production Summary Report	264
RVU Production Summary Report	302	Percent of Medicaid Procedures for Clinic	
Production Summary Report	264	RVU Production Summary Report	302
Percent of Medicaid Procedures for Clinic		Production Summary Report	264
RVU Production Summary Report	302	Percent of Medicaid Procedures for Provider	
Production Summary Report	264	RVU Production Summary Report	302
Percent of Medicaid Procedures for Provider		Production Summary Report	264
RVU Production Summary Report	302	Percent of Non-Medicaid Procedures	
Production Summary Report	264	RVU Production Summary Report	302
Percent of Non-Medicaid Procedures		Production Summary Report	264
RVU Production Summary Report	302		
Production Summary Report	264		

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Percent of Non-Medicaid Procedures for Clinic		Procedure RVU	
RVU Production Summary Report	302	RVU Utilization Report	308
Production Summary Report	264	Quantity of Medicaid Procedures for Clinic	
Percent of Non-Medicaid Procedures for Provider		RVU Production Summary Report	302
RVU Production Summary Report	302	Production Summary Report	264
Production Summary Report	264	Quantity of Medicaid Procedures for Provider	
Percent of Procedures		RVU Production Summary Report	302
RVU Production Summary Report	302	Production Summary Report	264
Production Summary Report	264	Quantity of Non-Medicaid Procedures for Clinic	
Percent of Procedures for Clinic		RVU Production Summary Report	302
RVU Production Summary Report	302	Production Summary Report	264
Production Summary Report	264	Quantity of Non-Medicaid Procedures for Provider	
Percent of Procedures for Provider		RVU Production Summary Report	302
RVU Production Summary Report	302	Production Summary Report	264
Production Summary Report	264	Quantity of Procedures for Provider	
Procedure Amount		RVU Production Summary Report	302
Patient List (Filtered)	210	Production Summary Report	264
Procedures Not Attached to Insurance Report	262	Replace Initial Zero of Procedure Code on Claims	
Production Summary Report	264	Insurance Carrier List	136
Provider Revenue - Allocations Report	278	Time Units	
Provider Revenue - Charges Report	280	Procedure Code List	260
Provider Revenue - Credits Report	282	Multi-Code List	186
RVU Production Summary Report	302	Tooth Number for Treatment-planned Procedure	
Audit Report - Combined	32	Patient Chart Printout	200
Procedure Date		Tooth Number of Treatment-Planned Procedure	
Audit Report - Transactions	38	Referral Slip	290
Billing Statement	48	Tooth Surface of Treatment-planned Procedure	
Day Sheet (Adjustments) Report	94	Referral Slip	290
Day Sheet (Charges and Receipts) Report	98	Total Amount of Completed Procedures	
Day Sheet (Receipts) Report	102	Walkout - Doctor's Statement	360
Day Sheet Report	104	Procedures Not Attached to Insurance Report	262
Operator Day Sheet Report	192	Total Amount of Lab Expenses of Medicaid Procedures	
Patient Chart and Progress Notes Printout	198	RVU Production Summary Report	302
Patient List (Filtered)	210	Total Amount of Lab Expenses of Non-Medicaid Procedures	
Patient Treatment Case Report	222	RVU Production Summary Report	302
Practice Treatment Case Report	252	Total Amount of Lab Expenses of Procedures	
Production Summary Report	264	RVU Production Summary Report	302
Provider Revenue - Allocations Report	278	Total Amount of Medicaid Procedures	
Provider Revenue - Charges Report	280	RVU Production Summary Report	302
Provider Revenue - Credits Report	282	Production Summary Report	264
RVU Day Sheet Report	300	Total Amount of Non-Medicaid Procedures	
RVU Production Summary Report	302	RVU Production Summary Report	302
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Audit Report - Combined	32	Total Amount of Non-Medicaid Procedures	
Procedure Date Change		RVU Production Summary Report	302
Audit Report - Transactions	38	Production Summary Report	264
Procedure Date for Date of Service		Total Amount of Treatment-planned Procedures	
Letter Merge Reports	156	Practice Treatment Case Report	252
Procedure Description		Patient Chart Printout	200
Day Sheet Report	104	Total Quantity of Medicaid Procedures	
Audit Report - Combined	32	RVU Production Summary Report	302
Procedure Fee		Production Summary Report	264
Utilization Report	358	Total Quantity of Non-Medicaid Procedures	
RVU Utilization Report	308	RVU Production Summary Report	302
Procedure Note		Production Summary Report	264
Treatment Case Report	318	Total Quantity of Procedures	
Treatment Plan Approval Report	320	RVU Production Summary Report	302
Treatment Plan Approval Status Report	322	Production Summary Report	264
Patient Chart and Progress Notes Printout	198	Treatment-planned Procedure Amount	
		Unscheduled Treatment Plans (Detailed) Report	354

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Treatment-planned Procedure Date		Next Appointment Production Amount	
Unscheduled Treatment Plans (Detailed) Report		Patient Route Slip	220
354		Percent of Production from Referral Source	
Treatment Case Report	318	Referral Analysis Report	286
Procedure Code Category		Percent of Production from Referral Sources	
Procedure Code Category		Referral Analysis Report	286
Standard Coverage Tables Report	314	Primary Production Amount	
Insurance Coverage Tables Report	148	Insurance Carrier Production - Full Report	140
Production		Primary Production Amount for Insurance Plan	
Amount of - Adjustments (Production)		Insurance Carrier Production - Summary Report	142
Provider A/R Totals - Daily Report	268	Insurance Carrier Production - Full Report	140
Amount of - Adjustments (Production) for Provider		Production	
Provider A/R Totals - Standard Report	270	Provider A/R Totals - Standard Report	270
Provider A/R Totals - Daily Report	268	Provider A/R Totals - Daily Report	268
Amount of + Adjustments (Production)		Production Adjustments	
Provider A/R Totals - Daily Report	268	Provider A/R Totals - Standard Report	270
Amount of + Adjustments (Production) for Provider		Provider A/R Totals - Daily Report	268
Provider A/R Totals - Standard Report	270	Production Amount	
Provider A/R Totals - Daily Report	268	Referred By Doctor/Other Report	292
Amount of Debit Initial Balances (Production)		Referred By Patient Report	294
Provider A/R Totals - Daily Report	268	Provider A/R Totals - Daily Report	268
Amount of Debit Initial Balances (Production) for Prov		Production Amount for Provider	
Provider A/R Totals - Standard Report	270	Provider A/R Totals - Standard Report	270
Provider A/R Totals - Daily Report	268	Provider A/R Totals - Daily Report	268
Appointment Production Amount		Production at Clinic from Referral Source	
Appointment Book View Printout	14	Referral Analysis Report	286
Appointment Production Type		Production from Referral Source	
Audit Report - Appointments	26	Referral Analysis Report	286
Multi-Code List	186	Secondary Production Amount	
Procedure Code List	260	Insurance Carrier Production - Full Report	140
Appointment Book View Printout	14	Secondary Production Amount for Insurance Plan	
Appointment Production Type Change		Insurance Carrier Production - Summary Report	142
Audit Report - Appointments	26	Insurance Carrier Production - Full Report	140
Average Production per Patient		Total Amount of - Adjustments (Production)	
Analysis Summary Report - Standard	12	Provider A/R Totals - Standard Report	270
Day Sheet Report	104	Provider A/R Totals - Daily Report	268
Analysis Summary Report - Daily	8	Total Amount of + Adjustments (Production)	
Average Production per Patient at Clinic from Referral		Provider A/R Totals - Standard Report	270
Source		Provider A/R Totals - Daily Report	268
Referral Analysis Report	286	Total Amount of Debit Initial Balances (Production)	
Average Production per Patient for Clinic		Provider A/R Totals - Standard Report	270
Analysis Summary Report - Standard	12	Provider A/R Totals - Daily Report	268
Day Sheet Report	104	Total Amount of Primary Production	
Analysis Summary Report - Daily	8	Insurance Carrier Production - Summary Report	142
Average Production per Patient for Provider		Insurance Carrier Production - Full Report	140
Analysis Summary Report - Standard	12	Total Amount of Secondary Production	
Day Sheet Report	104	Insurance Carrier Production - Summary Report	142
Analysis Summary Report - Daily	8	Insurance Carrier Production - Full Report	140
Average Production Per Patient from Referral Source		Total Average Production per Patient	
Referral Analysis Report	286	Analysis Summary Report - Standard	12
Average Production Per Patient from Referral Sources		Analysis Summary Report - Daily	8
Referral Analysis Report	286	Total Average Production per Patient at Clinics from	
Average Production per Patient MTD		Referral Source	
Day Sheet (Charges and Receipts) Report	98	Referral Analysis Report	286
Average Production per Patient MTD for Provider		Total Production Amount	
Day Sheet (Charges and Receipts) Report	98	Provider A/R Totals - Standard Report	270
Current Average Production per Patient		Provider A/R Totals - Daily Report	268
Day Sheet (Charges and Receipts) Report	98		
Current Average Production per Patient for Provider			
Day Sheet (Charges and Receipts) Report	98		

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Total Production at Clinics from Referral Source			
Referral Analysis Report	286		
Total Production from Referral Sources			
Referral Analysis Report	286		
Production Type			
Appointment Production Type			
Audit Report - Appointments	26		
Multi-Code List	186		
Procedure Code List	260		
Appointment Book View Printout	14		
Appointment Production Type Change			
Audit Report - Appointments	26		
Projected			
Projected Amount of Remaining Benefits			
Treatment Plan Approval Status Report	322		
Treatment Plan Approval Report	320		
Projected Amount of Remaining Benefits for Secondary Insurance			
Treatment Plan Approval Status Report	322		
Treatment Plan Approval Report	320		
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Number of Patients Eligible for Prophy Continuing Care			
Practice Statistics Report	250		
Number of Patients not on Prophy Continuing Care			
Practice Statistics Report	250		
Percent of Patients Due for Prophy (Month and Year)			
Practice Statistics Report	250		
Percent of Patients Eligible for Prophy Continuing Care			
Practice Statistics Report	250		
Percent of Patients not on Prophy Continuing Care			
Practice Statistics Report	250		
Prophylaxis			
Last Prophylaxis			
Patient Route Slip	220		
Last Prophylaxis Date			
Patient Route Slip	220		
Number of Patients Due for Prophy (on Month and Year)			
Practice Statistics Report	250		
Number of Patients Eligible for Prophy Continuing Care			
Practice Statistics Report	250		
Number of Patients not on Prophy Continuing Care			
Practice Statistics Report	250		
Percent of Patients Due for Prophy (Month and Year)			
Practice Statistics Report	250		
Provider			
20+ Years Old for Financial Class Type for Provider			
UDS - Insurance Financial Class Report	334		
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Collections Manager List	74		
Aged Amount 0 - 30 for Provider			
Aging/Credit Balance Report	6		
Aged Amount 121 - 150 for Provider			
Aging/Credit Balance Report	6		
Aged Amount 151 - 180 for Provider			
Aging/Credit Balance Report	6		
Aged Amount 31 - 60 for Provider			
Aging/Credit Balance Report	6		
Aged Amount 61 - 90 for Provider			
Aging/Credit Balance Report	6		
Aged Amount 90 - 120 for Provider			
Aging/Credit Balance Report	6		
Aged Amount Over 180 for Provider			
Aging/Credit Balance Report	6		
Amount Billed to Insurance for Provider			
Analysis Summary Report - Standard	12		
Day Sheet Report	104		
Analysis Summary Report - Daily	8		
Amount of - Adjustments (Collection) for Provider			
Provider A/R Totals - Standard Report	270		
Provider A/R Totals - Daily Report	268		
Amount of - Adjustments (Production) for Provider			
Provider A/R Totals - Standard Report	270		
Provider A/R Totals - Daily Report	268		
Amount of + Adjustments (Collection) for Provider			
Provider A/R Totals - Standard Report	270		
Provider A/R Totals - Daily Report	268		
Amount of + Adjustments (Production) for Provider			
Provider A/R Totals - Standard Report	270		
Provider A/R Totals - Daily Report	268		
Amount of Applied Credit Adjustments for Previous Month for Provider			
Day Sheet (Charges and Receipts) Report	98		
Amount of Applied Credit Adjustments for Provider			
Analysis Summary Report - Standard	12		
Day Sheet Report	104		
Analysis Summary Report - Daily	8		
Amount of Applied Insurance Payments for Provider			
Analysis Summary Report - Standard	12		
Day Sheet Report	104		
Analysis Summary Report - Daily	8		
Amount of Applied Payments for Previous Month for Provider			
Day Sheet (Charges and Receipts) Report	98		
Amount of Applied Payments for Provider			
Analysis Summary Report - Standard	12		
Day Sheet Report	104		
Analysis Summary Report - Daily	8		
Amount of Beginning Balances for Provider			
Analysis Summary Report - Standard	12		
Analysis Summary Report - Daily	8		
Amount of Charge Adjustments for Previous Month for Provider			
Day Sheet (Charges and Receipts) Report	98		
Day Sheet (Charges and Receipts) Report	98		
Amount of Charge Adjustments for Provider			
Analysis Summary Report - Standard	12		
Day Sheet Report	104		
Analysis Summary Report - Daily	8		
Amount of Charges Billed to Insurance for Previous Month for Provider			
Day Sheet (Charges and Receipts) Report	98		
Amount of Charges for Previous Month for Provider			
Day Sheet (Charges and Receipts) Report	98		
Amount of Charges for Provider			
Provider A/R Totals - Daily Report	268		
Provider A/R Totals - Standard Report	270		
Day Sheet Report	104		
Amount of Credit Initial Balances for Provider			
Analysis Summary Report - Standard	12		
Day Sheet Report	104		
Provider A/R Totals - Daily Report	268		

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Provider A/R Totals - Standard Report	270	Amount of Lab Expenses for Medicaid Procedures for Provider	
Analysis Summary Report - Daily	8	RVU Production Summary Report	302
Amount of Credit Special Adjustments for Provider		Amount of Lab Expenses for Provider	
Analysis Summary Report - Standard	12	RVU Day Sheet Report	300
Day Sheet Report	104	Amount of Lab Expenses of Non-Medicaid Procedures for Provider	
Provider A/R Totals - Daily Report	268	RVU Production Summary Report	302
Provider A/R Totals - Standard Report	270	Amount of Lab Expenses of Procedures for Provider	
Analysis Summary Report - Daily	8	RVU Production Summary Report	302
Amount of Current Applied Credit Adjustments for Provider		Amount of Late Charges for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	98	Day Sheet (Charges and Receipts) Report	98
Amount of Current Applied Payments for Provider		Amount of Late Charges for Provider	
Day Sheet (Charges and Receipts) Report	98	Analysis Summary Report - Standard	12
Amount of Current Charge Adjustments for Provider		Day Sheet Report	104
Day Sheet (Charges and Receipts) Report	98	Late Charge Report	154
Day Sheet (Charges and Receipts) Report	98	Provider A/R Totals - Daily Report	268
Amount of Current Charges Billed to Insurance for Provider		Provider A/R Totals - Standard Report	270
Day Sheet (Charges and Receipts) Report	98	Analysis Summary Report - Daily	8
Amount of Current Charges Compared to Fee Schedule for Provider		Amount of Medicaid Procedures for Provider	
Day Sheet (Charges and Receipts) Report	98	RVU Production Summary Report	302
Amount of Current Finance Charges for Provider		Production Summary Report	264
Day Sheet (Charges and Receipts) Report	98	Amount of MTD Applied Credit Adjustments for Provider	
Amount of Current Late Charges for Provider		Day Sheet (Charges and Receipts) Report	98
Day Sheet (Charges and Receipts) Report	98	Amount of MTD Applied Payments for Provider	
Amount of Current Suspended Credit Adjustments for Provider		Day Sheet (Charges and Receipts) Report	98
Day Sheet (Charges and Receipts) Report	98	Amount of MTD Charge Adjustments for Provider	
Amount of Current Suspended Payments for Provider		Day Sheet (Charges and Receipts) Report	98
Day Sheet (Charges and Receipts) Report	98	Day Sheet (Charges and Receipts) Report	98
Amount of Debit Initial Balances (Production) for Provider		Amount of MTD Charges Billed to Insurance for Provider	
Provider A/R Totals - Standard Report	270	Day Sheet (Charges and Receipts) Report	98
Provider A/R Totals - Daily Report	268	Amount of MTD Charges for Provider	
Amount of Debit Initial Balances for Provider		Day Sheet (Charges and Receipts) Report	98
Analysis Summary Report - Standard	12	Amount of MTD Finance Charges for Provider	
Day Sheet Report	104	Day Sheet (Charges and Receipts) Report	98
Analysis Summary Report - Daily	8	Amount of MTD Late Charges for Provider	
Amount of Debit Special Adjustments for Provider		Day Sheet (Charges and Receipts) Report	98
Analysis Summary Report - Standard	12	Amount of MTD Suspended Credit Adjustments for Provider	
Day Sheet Report	104	Day Sheet (Charges and Receipts) Report	98
Provider A/R Totals - Daily Report	268	Amount of MTD Suspended Payments for Provider	
Provider A/R Totals - Standard Report	270	Day Sheet (Charges and Receipts) Report	98
Analysis Summary Report - Daily	8	Amount of Net Change for Provider	
Amount of Ending Balances for Provider		Analysis Summary Report - Standard	12
Analysis Summary Report - Standard	12	Provider A/R Totals - Daily Report	268
Analysis Summary Report - Daily	8	Provider A/R Totals - Standard Report	270
Amount of Finance Charges for Previous Month for Provider		Analysis Summary Report - Daily	8
Day Sheet (Charges and Receipts) Report	98	Amount of Non-Medicaid Procedures for Provider	
Amount of Finance Charges for Provider		RVU Production Summary Report	302
Analysis Summary Report - Standard	12	Production Summary Report	264
Day Sheet Report	104	Amount of Other Applied Credit Adjustments for Provider	
Finance Charge Report	128	Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	268	Day Sheet Report	104
Provider A/R Totals - Standard Report	270	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Amount of Other Applied Credit Initial Balances for Provider	
Amount of Insurance Payments for Provider		Day Sheet Report	104
Provider A/R Totals - Standard Report	270		
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Amount of Other Applied Credit Special Adjustments for Provider		Amount of YTD Suspended Credit Adjustments for Provider	
Day Sheet Report	104	Day Sheet (Charges and Receipts) Report	98
Amount of Other Applied Insurance Payments for Provider		Amount of YTD Suspended Payments for Provider	
Analysis Summary Report - Standard	12	Day Sheet (Charges and Receipts) Report	98
Day Sheet Report	104	Appointment Provider	
Analysis Summary Report - Daily	8	Audit Report - Appointments	26
Amount of Other Applied Payments for Provider		Daily Appointment List (DX1)	88
Analysis Summary Report - Standard	12	Daily Appointment List Report	90
Day Sheet Report	104	Letter Merge Reports	156
Analysis Summary Report - Daily	8	Letter Merge Reports	156
Amount of Other Credit Initial Balances for Provider		Operatory Appointment List Report	194
Analysis Summary Report - Standard	12	Patient List (Filtered)	210
Analysis Summary Report - Daily	8	As Soon As Possible List	22
Amount of Other Credit Special Adjustments for Provider		Appointment Provider Change	
Analysis Summary Report - Standard	12	Audit Report - Appointments	26
Analysis Summary Report - Daily	8	Appointment Provider ID	
Amount of Payments for Provider		Letter Merge Reports	156
Provider A/R Totals - Standard Report	270	Appointment Book View Printout	14
Provider A/R Totals - Daily Report	268	Average Amount of Adjustments for Provider	
Amount of Procedures for Provider		Day Sheet (Adjustments) Report	94
RVU Production Summary Report	302	Average Amount of Medicaid Procedures for Provider	
Production Summary Report	264	RVU Production Summary Report	302
Amount of Suspended Credit Adjustments for Previous Month for Provider		Production Summary Report	264
Day Sheet (Charges and Receipts) Report	98	Average Amount of Non-Medicaid Procedures for Provider	
Amount of Suspended Credit Adjustments for Provider		RVU Production Summary Report	302
Analysis Summary Report - Standard	12	Production Summary Report	264
Day Sheet Report	104	Average Amount of Procedures for Provider	
Analysis Summary Report - Daily	8	RVU Production Summary Report	302
Amount of Suspended Insurance Payments for Provider		Production Summary Report	264
Analysis Summary Report - Standard	12	Average Charge per Patient for Provider	
Day Sheet Report	104	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Day Sheet Report	104
Amount of Suspended Payments for Previous Month for Provider		Analysis Summary Report - Daily	8
Day Sheet (Charges and Receipts) Report	98	Average Charge per Patient MTD for Provider	
Amount of Suspended Payments for Provider		Day Sheet (Charges and Receipts) Report	98
Analysis Summary Report - Standard	12	Average Payment Amount for Initial Provider	
Day Sheet Report	104	Day Sheet (Receipts) Report	102
Analysis Summary Report - Daily	8	Average Payment Amount for Provider	
Amount of YTD Applied Credit Adjustments for Provider		Day Sheet (Receipts) Report	102
Day Sheet (Charges and Receipts) Report	98	Average Production per Patient for Provider	
Amount of YTD Applied Payments for Provider		Analysis Summary Report - Standard	12
Day Sheet (Charges and Receipts) Report	98	Day Sheet Report	104
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ADA Code Description of Treatment Still in Progress		Date of Last Case Status Update	
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Referred Date of Treatment Still in Progress		Patient Treatment Case Report	222
Referral Recap Report	288	Date of Treatment-planned Procedure	
Tooth Number of Treatment Still in Progress		Referral Slip	290
Referral Recap Report	288	Fee for Case	
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Referral Recap Report	288	Patient Treatment Case Report	222
Treatment Plan		Next Appointment Treatment Plan Visit	
ADA Code Description for Treatment-planned Procedure		Patient Route Slip	220
Patient Chart Printout	200	Number of Scheduled Treatment-planned Procedures	
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Referral Slip	290	Number of Unscheduled Treatment-planned Procedures	
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Practice Treatment Case Report	252	Standard Coverage Tables Report	314
Patient Treatment Case Report	222	Insurance Coverage Tables Report	148
Amount of Secondary Insurance Portion for Case		Tooth Number for Treatment-planned Procedure	
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Patient Treatment Case Report	222	Treatment Case Report	318
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Practice Treatment Case Report	252	Treatment Case Report	318
Case Finance Status		Total Amount of Scheduled Treatment Plans	
Practice Treatment Case Report	252	Treatment Plan Approval Status Report	322
Treatment Case Report	318	Treatment Plan Approval Report	320
Patient Treatment Case Report	222	Total Amount of Secondary Insurance Portion for Case	
Case Name		Treatment Case Report	318
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Treatment Plan Approval Status Report	322
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UDS - Insurance Financial Class Report	334
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Type of Service Code Description	
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Audit Report - Combined	32	Patient Route Slip	220
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Audit Report - Providers/Staff	36	Meaningful Use Measure Calculation List	160
Audit Report - Transactions	38	Number of Office Visits for Insurance Carrier	
Audit Rights Report - Assigned Individually	40	Utilization Report	358
Audit Rights Report - Assigned to Groups	42	RVU Utilization Report	308
Audit Rights Report - Group Names	44	Number of Office Visits where Patient Received CS (Clinical Summary)	
Audit Rights Report - Users to Groups	46	Meaningful Use Measure Calculation List	160
Credit Card Transaction Report	84	Number of Patients 0 - 19 Years with Visit	
Patient Information Accessed Report	204	Clinical Quality Measures List	66
Patient Treatment Case Report	222	Number of Patients 18 - 85 Years with Outpatient Visits (with Exclusions)	
Assigned Rights Report	24	Clinical Quality Measures List	66
User Changed		Number of Patients 18+ Years with Visits	
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Audit Rights Report - Assigned Individually	40	Clinical Quality Measures List	66
User Defined Category		Number of Patients 3 - 17 Years with Outpatient Visits (with Exclusions)	
Patient User Defined Category		Clinical Quality Measures List	66
Patient List (Filtered)	210	Unique Visit Count for Provider	
User Defined Category		RVU Day Sheet Report	300
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User Group		Treatment Plan Approval Status Report	322
User Group		Treatment Plan Approval Report	320
Audit Rights Report - Users to Groups	46	Visit Number	
Audit Rights Report - Assigned to Groups	42	Practice Treatment Case Report	252
User Group Change		Treatment Case Report	318
Audit Rights Report - Group Names	44	Patient Treatment Case Report	222
Vaccine		Vital Sign	
Vaccine Abbreviated Description		Number of Patients 0 - 2 Years with Vital Sign Readings	
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Patient Veteran Status		Number of Patients 2+ Years with Vital Sign Readings	
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Veteran Status		Number of Patients 3+ Years with Vital Sign Readings	
UDS - Patient Status Report	342	Meaningful Use Measure Calculation List	160
View		Number of Patients 3+ Years with Vital Sign Readings	
Number of Patients who Viewed or Downloaded or Transmitted (VDT) Electronic Health Information		Meaningful Use Measure Calculation List	160
Meaningful Use Measure Calculation List	160	Number of Patients with Vital Sign Readings	
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Amount of Patient Portion for Visit		UDS - Age/Gender Report	326
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Patient Treatment Case Report	222	Patient Health Assessment Report	202
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Practice Treatment Case Report	252	Patient Health Assessment Report	202
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YTD

Amount of Debit Adjustments (YTD)

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Amount of Estimated Primary Insurance Benefits Remaining YTD for Patient

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Amount of Estimated Secondary Insurance Benefits Remaining YTD for Patient

Treatment Case Report 318

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