Carestream DENTAL

Initial Training Workbook

PracticeWorks Practice Management Software

Your Guide to a Successful Transition

carestreamdental.com
800.944.6365

DE250-16

PracticeWorks Practice Management Software

Initial Training Workbook

Notice

NEITHER CARESTREAM DENTAL LLC NOR ITS PARENTS, AFFILIATES, OR ANY OF ITS SUBSIDIARIES MAKE ANY WARRANTY OF ANY KIND WITH RESPECT TO THIS MATERIAL, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY, NONINFRINGEMENT, AND FITNESS FOR A PARTICULAR PURPOSE, WHICH ARE HEREBY DISCLAIMED IN THEIR ENTIRETY.

The information in this document is subject to change. Neither Carestream Dental LLC nor its parents, affiliates, or any of its subsidiaries shall be liable for errors contained herein, omissions herefrom, or for indirect, incidental, consequential, or special damages (including, without limitation, lost profits or lost revenue) in conjunction with the furnishing, performance, or use of this material.

Manual Name: *PracticeWorks Practice Management Software Initial Training Workbook*
Part Number: DE250
Revision Number: 16
Print Date: April 2022

The names of persons and the data reflected in this guide are fictitious and are not intended to represent any real individual, event, or condition. Any resemblance or similarity of the names of persons or data reflected in this guide to any actual person's name or any event or condition is purely coincidental and unintended.

Contents

Lesson 14—Making Appointments

Lesson 15—Using Yellow Stickies

Lesson 16—Checking Patients In and Out

Lesson 17—Using Line Item Accounting

Lesson 18—Processing Payments

Lesson 19—Estimating Insurance

Introduction

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

See the PracticeWorks online help for more information. To access the help, in the software, select **Help > Help** from the menu bar.

Backing Up Data

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

Using the Skill Sharpeners

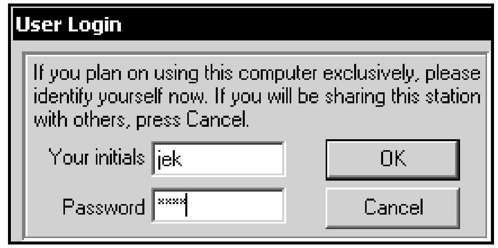
The software comes with a tutorial, which contains data. The exercises in each lesson enable you to use the data and add your own. After you do any of the exercises, you can reset the tutorial data to its original state.

Accessing the Tutorial

To access the tutorial:

1 Select **Start > All Programs > PracticeWorks > Tutorial > Tutorial.** A message is displayed.

2 Click **OK.** The **User Login** window is displayed.



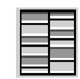
Note

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

3 In the **Your initials** field, type **jek**; in the **Password** field, type **1234.**

4 Click **OK.** The **Practice Central** window is displayed.

5 To toggle between Practice Central and the appointment book, click the **Practice Central** button. When you close the **Practice Central** window, the appointment book is displayed.



Practice Central

6 To exit the tutorial, select **File > Exit.**

Resetting the Tutorial Data

To reset the tutorial data, close the tutorial, and then select **Start > All Programs > PracticeWorks > Tutorial > Reset Tutorial Data.**

Important

Make sure you do these exercises in the tutorial and not in your live data.

Printing the Workbook

You can print the *PracticeWorks Practice Management Software Initial Training Workbook* from the **Start** menu and from the Carestream Dental Institute (CDI).

From the Start Menu

To print from the **Start** menu:

1. On the Windows task bar, select **Start > All Programs > PracticeWorks > Documentation > Initial Training Workbook.**
2. In the workbook, select **File > Print**. The **Print** window is displayed.
3. Select the options you want and click **Print.**

From the CDI

To print from the CDI:

1. Log in to the CDI.
2. Select **Course Catalog > Product Training > PracticeWorks**.
3. Click the **Documentation** tab.
4. Press Ctrl+F, and in the **Find** field at the top of the window, type **initial training workbook** and click **Next.**
5. When you locate the workbook, click **Click here to start this course.**
6. When the workbook opens, click the **Print file** icon. The **Print** window is displayed.
7. Select the options you want and click **Print.**

Lesson 1

Navigating in the Software

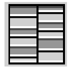
You can access the software in the following ways:

- Double-click the **PracticeWorks** icon on the desktop.

  OR

- Select **Start > All Programs > PracticeWorks > PracticeWorks**.

The **Practice Central** window is displayed. To toggle between Practice Central and the appointment book, click the **Practice Central** button. When you close the **Practice Central** window, the appointment book is displayed.



Practice Central

Logging In and Logging Out

To log in to the software, select **Activities > Log in** and enter your user name and password. Click **OK**.

To log out of the software, select **Activities > Log out** and click **OK**.

Restoring a User's Access

If an employee makes five unsuccessful attempts to log in with a valid user name and invalid password, the employee is locked out of the software for ten minutes.

If you have a security access level of **10**, you can restore a locked-out user's access. To restore access:

1 Select **File > Security > Unlock locked out employees**. The **Unlock Employees** window is displayed.

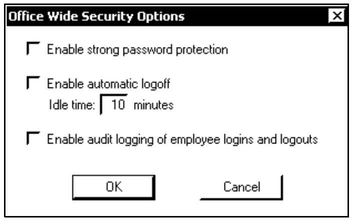
2 Select the employee for whom you want to restore access, and click **Unlock**.

Enabling Automatic Logoff

If enabled, automatic logoff shuts down the software if there has been no activity for a specified number of minutes.

To enable automatic logoff:

1 Select **File > Security > Security options**. The **Office-Wide Security Options** window is displayed.



2 Select **Enable automatic logoff**.

3 Type the number of minutes to wait before automatic logoff occurs. The default is **10**.

4 Click **OK**.

Tip

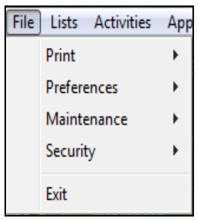
You can no longer disable audit logging of user logins and logouts.

Menus

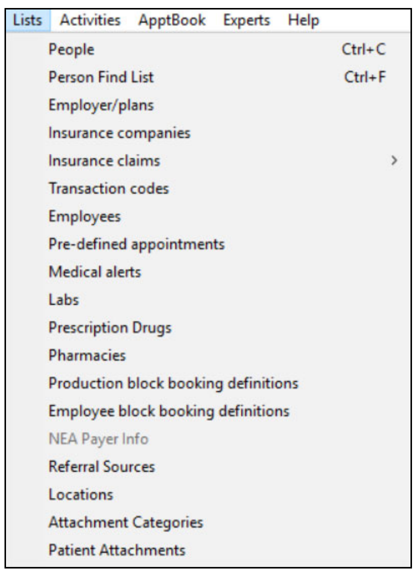
At the top of the window are six drop-down menus:

- **File**
- **Lists**
- **Activities**
- **ApptBook**
- **Experts**
- **Help**

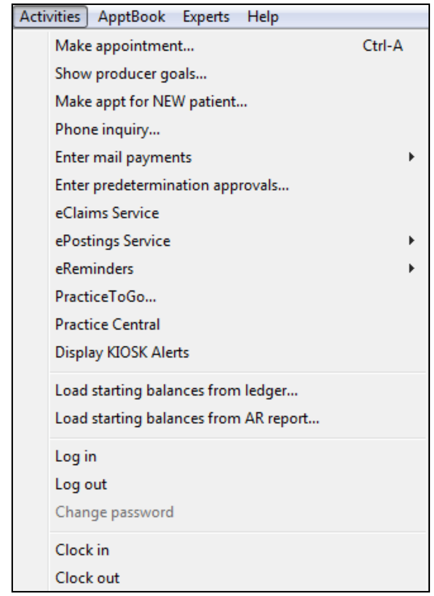
From the **File** menu, you can print reports and statements, choose software preferences, reset insurance benefits, define security options, and exit the software.



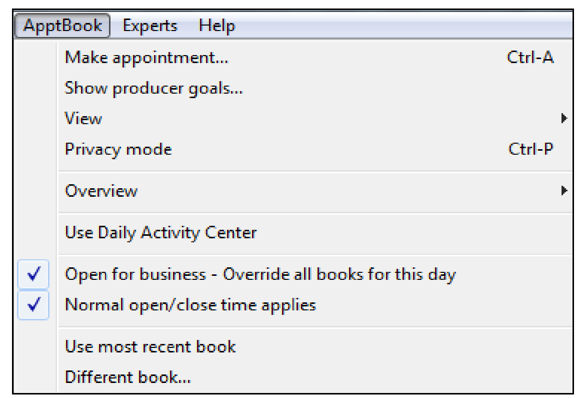
From the **Lists** menu, you can add, edit, or delete entries.



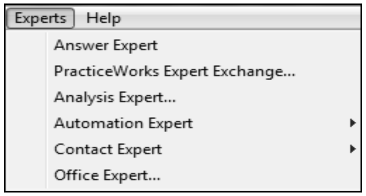
From the **Activities** menu, you can access tasks that you perform on a daily basis.



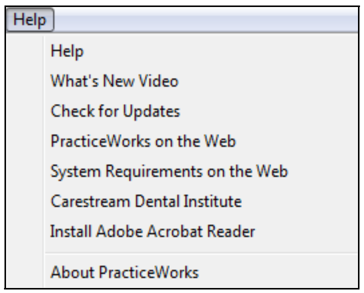
From the **ApptBook** menu, you can display alternate views of the appointment book and change appointment book settings.



From the **Experts** menu, you can access the experts, which are tracking reports, and the automation expert, which can automate documents, messages, and other tasks.



From the **Help** menu, you can access information about using the software.



Pick Lists

A *pick list* is a series of items; you can select, add, edit, or delete an item. One pick list is of people, another of transaction codes, another of medical alerts, and so on. You access most pick lists from the **Lists** menu.

Each pick list has a **Find** field. Enter letters in the field, and the software moves to the first item in the list that starts with those letters.

Clipboards

A *clipboard* is a collection of demographic and clinical information about an individual. To access a patient's clipboard:

Phone Inquiry

- If a patient calls on the phone, click the **Phone Inquiry** button. The **Select person on the phone** window is displayed. Find the person you want and click **OK**. The **Phone Inquiry** window is displayed. Click **Clipboard.**
- On the appointment book, right-click an appointment. A shortcut menu is displayed. Click **Clipboard for. . .**, and the person's clipboard is displayed.
- Select **Lists > People**. The **Person Pick List** window is displayed. Find the person you want, and click **OK**. The person's clipboard is displayed.
- Select **Lists > Person Find List** to quickly search by first or last name, address, city, phone numbers, or email address. Find the person you want, and click **OK**. The person's clipboard is displayed.

Tip

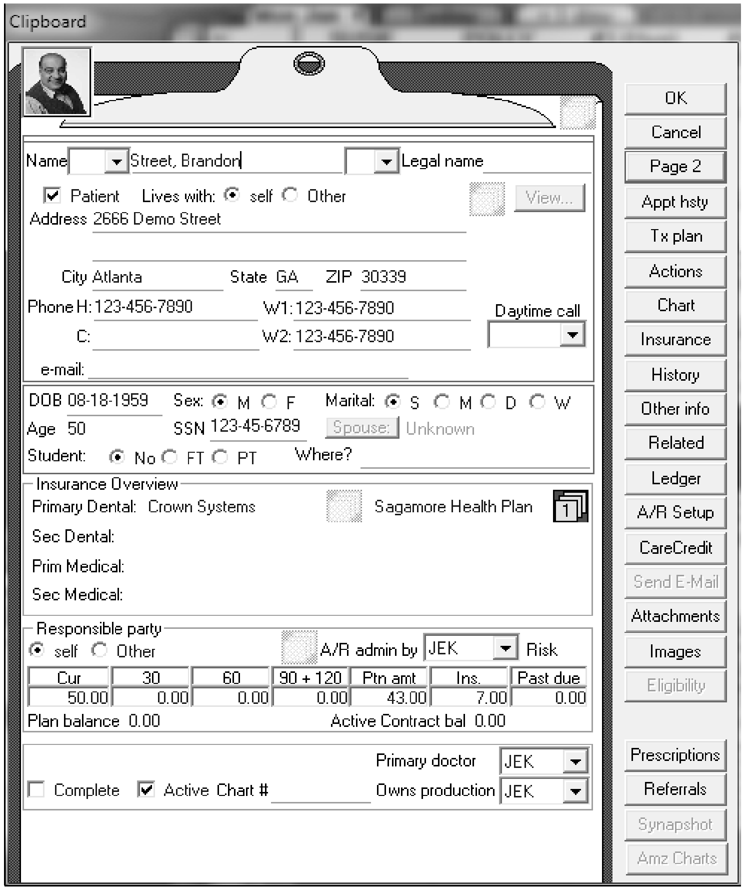
To access the **Person Find List** window from anywhere in the software, press Ctrl+F.

Tip

Find fields have multiple search options. While **Name** is the default search criterion, you can click the **SSN** or **Chart #** column headers to set either of them as the **Find** criterion.

Tip

The PracticeWorks Charting module now integrates with CS Imaging software. See the online help for more information.



Page 1 contains the following information:

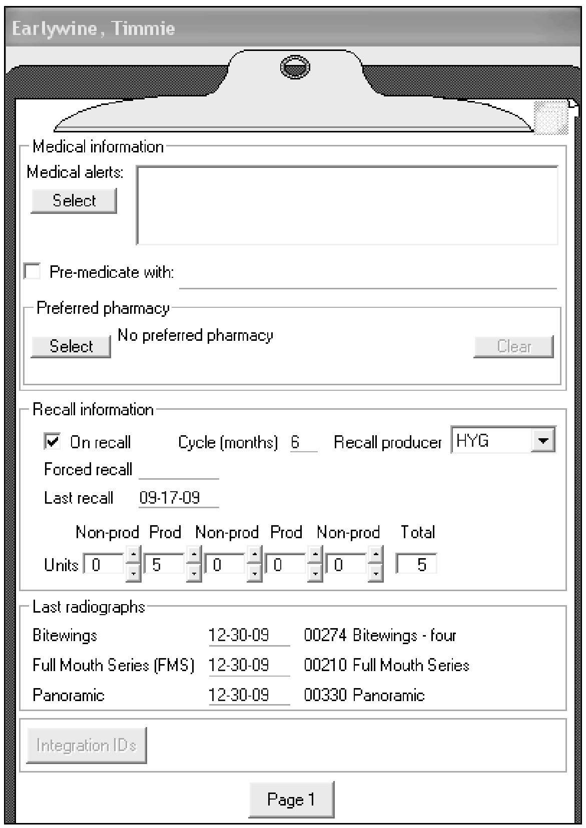
- Name and contact information
- Demographic data
- Insurance information
- Account balance information
- Account owners and primary doctor

When the clipboard opens, **Page 1** is displayed. The buttons to the right of the clipboard access other areas of information about this patient, including:

- **Appt hsty**–Displays the appointment history, including the number of cancellations.
- **Tx Plan**–Displays a patient's treatment plans along with the current status. You can add and edit treatment plans.
- **Actions**–Activates any Automation Expert AutoLinks. To add, edit, or remove AutoLinks, right-click this button.
- **Chart**–Accesses a patient's clinical chart.
- **Insurance**–Opens the patient's insurance information, enabling you to add, edit, and view insurance information.
- **History**–Accesses the **Patient History** window, displaying the patient's clinical history, such as prescriptions, procedures, progress notes, and forms. You can add and view contact notes about a patient.
- **Other info**–Contains fields to enter additional data.
- **Related**–Provides an interactive list of people with the same responsible party, lives with, or insured party.
- **Ledger**–Opens the ledger for an account. In this window, you can add and correct payments and procedures, and you can resubmit insurance claims.
- **A/R Setup**–Accesses the **Account Information** window for the responsible party associated with a patient.
- **CareCredit**–Launches the CareCredit system.
- **Send E-Mail**–Enables you to send e-mail messages to the address listed in the clipboard.
- **Attachments**–Enables you to attach files to a record.

- **Images–**Launches the Patient Image Viewer.
- **Eligibility–**Launches online eligibility verification.
- **Prescriptions–**Enables you to prescribe drugs for the patient and view the patient's prescription history.
- **Referrals–**Enables you to enter patient and professional referrals; it also displays the history of referrals related to a patient.
- **Snapshot–**Displays a picture of a patient.

To go to the next page of the clipboard, click **Page 2.** The following window is displayed:



Page 2 contains:

- Medical alerts
- Premedication information
- Preferred pharmacy
- Recall information
- Dates of last radiographs

To exit the clipboard, click **OK** to save changes or **Cancel** to exit without saving changes.

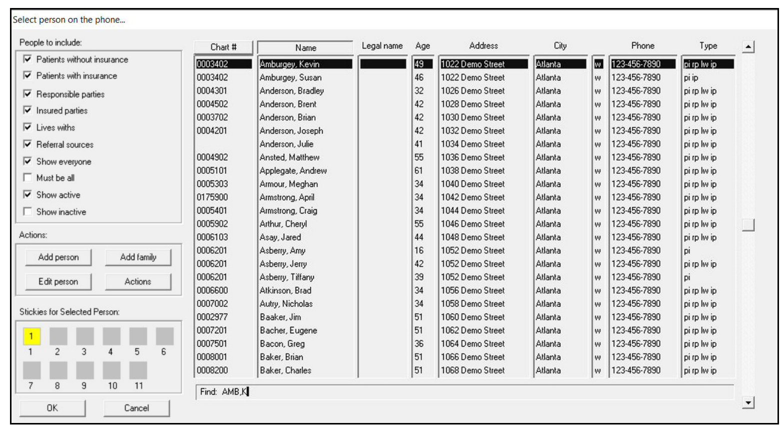
Tip

Most of the buttons on the right side of the clipboard access parts of the software in which data can be entered.

Phone Inquiry Feature

You can access a patient's clipboard using the **Phone Inquiry** button. Click the button, and the **Select person on the phone** window is displayed.

Phone Inquiry



By default, the list is sorted alphabetically by last name. To find someone quickly, type the first letters of the person's last name in the **Find** field. When you see the name you want, select it and click **OK.** The clipboard is displayed.

Tip

You can access yellow stickies in this window.

Note

The buttons in your software might vary, based on configuration.

To sort the patients by chart number, click **Chart #** at the top of the column. To sort by Social Security number, click **SSN**.

The last column on the window is **Type.** The following codes can be displayed here:

- **pi**–Patient who has insurance
- **pu**–Patient who is uninsured
- **lw**–Lives with
- **rp**–Responsible party
- **ip**–Insured party
- **rf**–Referral source

Near the bottom of the window is the **People to include** section. The options here serve as filters: ways to refine your list. For example, to display a list of active patients without insurance, click the **Patients without insurance** option and the **Show active** option.

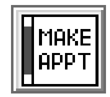
The buttons at the bottom of the window perform these functions:

- **OK**–Opens the **Phone Inquiry** window.
- **Cancel**–Closes the window.
- **Add**–Opens a blank clipboard, where you can enter data for a new patient.
- **Add family . . .**–Accesses the patient's clipboard so that a family member can be added.
- **Edit**–Opens the clipboard of the person selected, and enables you to change data on the clipboard.
- **Actions**–Activates any associated Automation Expert AutoLinks. Right-click on this button and select **Define AutoLinks** to add, edit, or remove an AutoLink.

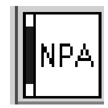
Navigation Buttons and Shortcuts

The buttons at the top of the main window serve as shortcuts to functions.

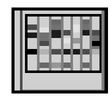
Pick List button–Displays the **Person Pick List** window.



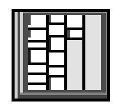
Make New Appointment button–Displays the **Select Producer** window, to begin making an appointment by producer.



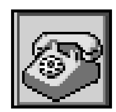
New Patient Appointment button–Initiates the process of making an appointment for a new patient, starting with the producer.



Show Overview button–Shows one week of the appointment book. Click it again to toggle to normal view.



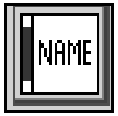
Pending page button–Accesses the **Show Pending Appointments** window. Select criteria, click **OK**, and a list of pending appointments is generated.



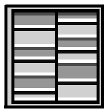
Phone inquiry button–Accesses the **Select person on the phone** window. Start typing the caller's last name in the **Find field**, select the caller, and click **OK** to open the **Phone Inquiry** window.

Individual payments button–Accesses the **Payment From/For Pick List** to apply a payment to an account.

Bulk payments button–Accesses the **Bulk Check Pick List.**



Privacy mode button–Displays the patient's initials instead of name in the appointment book. Click the button to toggle to the full-name display.

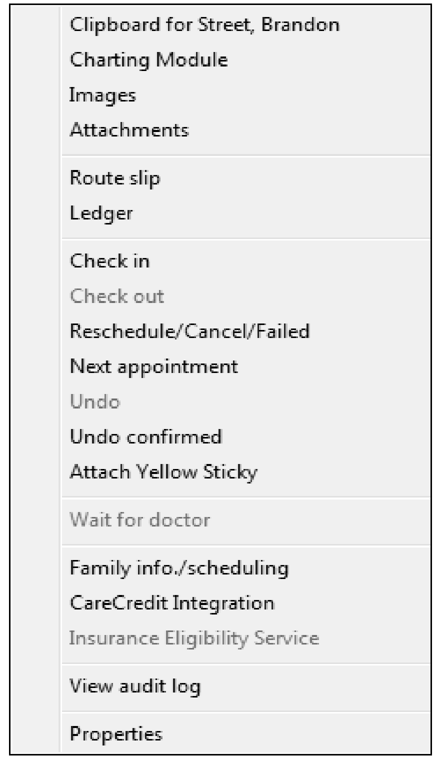


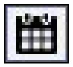
Practice Central button–Provides a snapshot of your day, including the following lists:

- New patients
- Patients requiring radiographs
- Patients with appointments in different chairs
- Patients with high balances

CareCredit button–Accesses the CareCredit Payment integration.

Right-click an appointment in the appointment book to display the clipboard, print a route slip, open the ledger, check in, check out, and make or reschedule an appointment.




Calendar

Looking at Different Dates

Each day when you access the software, the appointment book is displayed. The current date is displayed at the top of the window and highlighted on the calendar, but you can navigate to any date.

Using the Go-Forward Buttons

The buttons on the top right portion of the window enable you to navigate forward from the displayed date, or back to the current day.

In the example, clicking one of these buttons does the following:

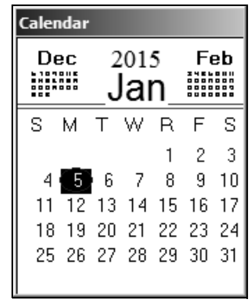
- Click the button labeled **Today** to display the appointment book for the current date.
- Click the button labeled **+1 day** to advance the appointment book one day.
- Click the button labeled **+ 1 week** to advance the appointment book one week.
- Click the button labeled **+ 1 month** to advance the appointment book one month.
- Click the button labeled **+ 6 months** to advance the appointment book 180 days. For example, if the date currently displayed is July 6th, and you click **+ 6 months**, the appointment book displays **January 4.**

Tip

To hide the Time Tracker from the Appointment book display, select **Appt Book > View > Turn Off Time Tracker Line.**

Using the Calendar

The Calendar provides another way to change the date displayed in the appointment book. To show or hide the Calendar, click the **Calendar** icon next to the date.

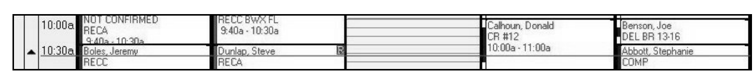


You can:

- Click any date on the calendar, and the appointment book displays the date.
- Click the next month or the previous month at the top of the calendar to move to that month.
- Click to the right of the year to move forward one year, or to the left of the year to move back one year.
- Click the letter of a day to go to that day week by week.
- Click in the middle of the month to go to today's date.

Using the Time Tracker

The Time Tracker is a red line that lets you know exactly where you are in the current day. The line extends the width of the appointment book on the current day. For pending and future dates, the line is displayed in the **Time** column on the left.



Skill Sharpeners

Exercise 1—What is the home phone number of Mandy Stephens, a patient?

To find out:

1 Click the **Phone inquiry** button. The **Select person on the phone . . .** window is displayed.

2 In the **Find** field, start typing **stephens**. The cursor automatically moves to the first entry in the list that begins with **st**.

3 Select **Stephens, Mandy**. Her home phone number is in the **Phone** column: 123-456-7890.

4 Click **Cancel** to close the window.

Exercise 2—Does Dr. Klein have any appointments next Tuesday afternoon?

To find out:

1 In the appointment book, click the red tab with the label **+1 week**. The appointment book displays the appointments next Monday.

2 Click the yellow tab with the label **+1 day**. The appointment book displays the appointments for next Tuesday.

Dr. Klein's appointments are scheduled in two columns, but the only afternoon appointment for him is from 2:30 to 4:00. The appointment is for Bradley Anderson.

3 To find out what the appointment is for, double-click the appointment. The **Edit Existing Appointment** window is displayed.

The **Description** field contains **CR 19**. Below that is the **Tx class**, which contains the entry **Crown**, the definition of the code **CR**, and **19** refers to the tooth number.

4 At the lower-right of the appointment is a yellow sticky. Click once on the yellow sticky, and a note is displayed. Click **OK** to close the yellow sticky.

5 To return to today's date, click the green tab with the label **Today** at the top of the appointment book, or click the current date on the calendar.

Exercise 3—Change the appointment book so that initials are displayed for the patients rather than full names.

Click the **Name** button to change the privacy display on the appointment book.

Exercise 4—Add the following patient:

Christopher J. Bell (likes to be called "Chris")
5750 N. Meridian Street
Indianapolis, Indiana 46299

Chris is a single male, employed by the Crunchy Frog Chocolate Company. He has dental coverage through his employer's Platinum Plan. He stopped in your office to make his first appointment, so you asked him to fill out a new patient form and you made a copy of his insurance card.

To add Chris as a patient:

1 Click the **Phone inquiry** button. The **Select person on the phone** window is displayed. The cursor is in the **Find** field.

2 Start typing Chris's last name. Even though he is a new patient, you want to make sure that he is not already in the system.

3 Click **Add**. A message asks if this person is also a patient.

Note

The **A/R Admin by** field indicates the doctor or facility that owns the accounts receivable for this account. The provider is whose information prints on the patient's statement.

Note

Dr. Klein is indicated by his initials in the appointment book–**JEK**.

4 Click **Yes.** A blank clipboard is displayed.

5 Type **chris j bell** in the **Name** field. After you press Tab, the system capitalizes appropriately, last name first. The cursor moves to the **Legal Name** field.

6 Type **christopher**, the legal name, and press Tab. The legal name prints on all insurance-related items. The **Patient** option is already selected, as is **Lives with self**. This indicates that Chris has his own mailing address. If he did not, you would click **Other**, and then choose his **Lives with** from the **Person Pick List** window.

7 Press Tab until you are on the first line of the address. Type **5750 n. meridian st**, and then press Tab until you are in the **ZIP** field.

8 Type **46299**, and then press Tab. The city and state are populated automatically. The cursor moves to the **Phone: H** field (home phone), and the area code is generated automatically. In the live software, the default area code is the same as the office's area code. In the tutorial, the default area code is **999**.

9 Type the rest of the phone number: **5551212**, and press Tab. The cursor moves to the first work phone field.

10 Type **2225151x1234**, and press Tab. The cursor moves to the second work phone field. Chris doesn't have a second work phone, so press Tab to move to the **e-mail** field.

11 Type **cbell@crunchy.com**, and then press Tab. The cursor moves to the **DOB** field.

12 Type **09221967** (MMDDYYYY) and press Tab. The cursor moves to the **Sex** field.

13 **M** is the default sex; **S** is the default marital status. In this case, both are correct. Press Tab to move to the **SSN** field.

14 Type **333445555** in the **SSN** field.

15 From the **A/R Admin by** drop-down list, select **JEK.** This is the doctor who administers Chris's accounts receivable.

16 From the **Primary doctor** drop-down list, select **JEK.** This is Chris's primary doctor.

17 Select **JEK** for **Owns production.** This is the doctor who receives the fees paid for any work done on Chris by a hygienist or by a doctor who does not own production.

18 Click **Insurance** on the right side of the clipboard. The **Insurance page** of the clipboard is displayed.

19 From the **Relationship to insured party** drop-down list, select **Self.** The **Insurance Plan Pick List** window is displayed.

20 Select **Crunchy Frog Chocolate Co - Platinum Plan**, and click **OK.** The insurance page of Chris's clipboard is displayed again.

21 Click **OK.** The first page of Chris's clipboard is displayed again with the **Primary Dental** section completed.

22 Click **OK**, and select **No** when asked if the clipboard is complete. The **Select person on the phone . . .** window is displayed again.

23 Click **Cancel.**

Exercise 5—Add a family member.

Chris Bell is married to Laurie Bell (formerly Laurie Bailey), and she is now a patient covered under her husband's insurance.

To add Laurie Bell:

1 Click the **Phone inquiry** button. The **Select person on the phone** window is displayed.

2 Find out if Laurie is in the system under her maiden name, Bailey. Type **BAI** in the **Find** field, and you see that there is no Bailey in the system.

3 Use the Backspace key to delete the letters **BAI**, and type **BEL**, to find her husband, Chris Bell.

4 Select **Chris Bell** in the list, and then click **Add Family**. A clipboard is displayed with **Chris Bell** already entered as the **Lives With** and **Responsible Party**.

5 Type **laurie a bell** in the **Name** field, and press Tab.

6 Type **laura** in the **Legal Name** field, and press Tab.

7 The address and home phone for Laurie have been copied into Laurie's clipboard from Chris's clipboard. Laurie has a different work number, so press Tab to move to the **Phone (W1)** and type **9992221515**. Press Tab twice to move to the **E-mail** field.

8 Laurie does not have an e-mail address, so press Tab to move to the **DOB** field. Type **06241968** (MMDDYYYY).

9 Change **Sex** to **F**; change **Marital** from **S** (single) to **M** (married). Once the marital status is changed, the **Spouse** button is active.

10 Click **Spouse,** and the **Spouse Pick List** window is displayed. Select **Chris Bell** from the list, and click **OK.** Laurie's clipboard is displayed again.

11 In the **SSN** field, enter Laurie's number: **444332222.**

12 Click **Insurance** on the right side of the clipboard, and the **Insurance page** is displayed. Most of the necessary data is already displayed, but the **Relationship to insured party** might indicate **child.** Select **spouse** from the drop-down list. The **Insured Party Pick List** window is displayed.

13 Select **Chris Bell** from the list, and click **OK.** The **Person Insurance Plan List** is displayed.

14 Click **OK.** The **Insurance Page** is displayed.

15 Click **OK**, and **Page 1** of Laurie's clipboard is displayed again.

16 Click **OK** to close the clipboard, and select **No** when asked if the clipboard is complete. Before exiting, however, you need to change her husband's marital status from single to married.

17 Near the top of Laurie's clipboard is the **Lives With** area. Click **View** to the right of Chris's name in that area. Chris's clipboard is displayed as the active window.

18 Click **M** in the **Marital** section to change Chris's marital status. The **Spouse** button becomes active.

19 Click the **Spouse** button, and the **Spouse Pick List** window is displayed.

20 Select **Laurie Bell** and click **OK.** Chris's clipboard is displayed.

21 Click **OK.** Chris's clipboard is saved and closed. Laurie's is left open.

22 Click **OK** to close Laurie's clipboard.

Lesson 2

Configuring the Software

Before you use the software on a daily basis, you must enter certain information. To help you set up the software, answer the following questions.

- What categories best describe the type of dentistry your office provides?
- How many appointment chairs do you want?
- What are your office hours for scheduling purposes?
- Which calendar advance tabs would you prefer? One week? Three weeks? Four months?
- Does the doctor or hygienist like to do certain procedures at specific times of the day?
- Which security level should be assigned to each employee?
- What transaction codes do you use?
- From which printer do you want documents to print?

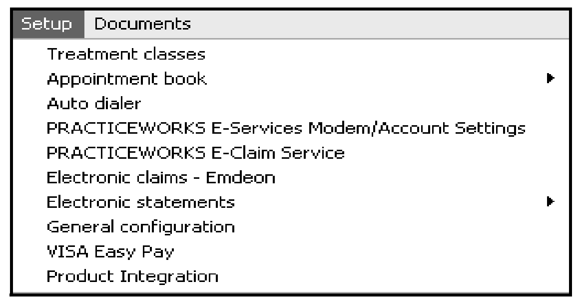
You can configure the software to reflect your management practices. To access the configuration utility, click **Start > All Programs > PracticeWorks > Configuration of PracticeWorks**. The **Configuration** utility window is displayed.

The following menus are available:

- **File**
- **Setup**
- **Documents**

Setup Menu

Click the **Setup** menu, and the following options are displayed:



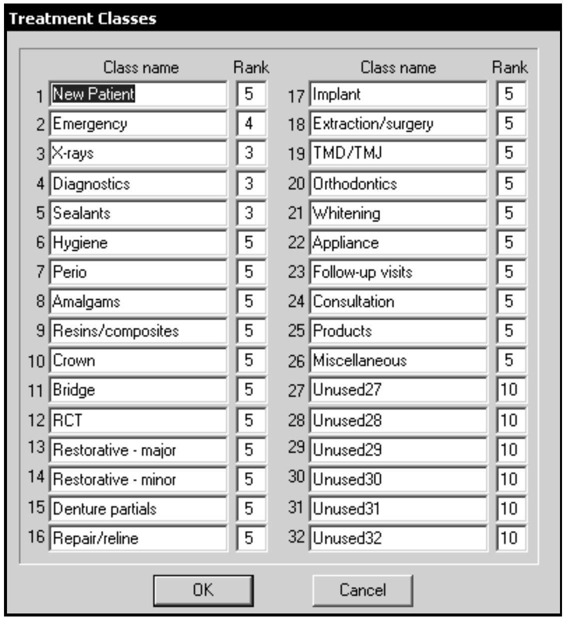
Treatment Classes

Treatment classes are a way of organizing ADA codes and your appointment types into categories. Treatment classes facilitate scheduling appointments, reporting, and treatment-plan management.

The ADA groups treatment codes into categories, including diagnostic, restorative, periodontics, preventive, oral surgery, and general services. You can also set up your own categories.

To set up treatment classes:

1 In the **Configuration** utility window, select **Setup > Treatment Classes**. The **Treatment Classes** window is displayed.



2 Enter new treatment classes by editing existing entries or editing any entry with a class name containing the word “unused.” To edit, click and drag over the part of the name that you want to replace and then type the new text.

3 Click **OK.**

Note

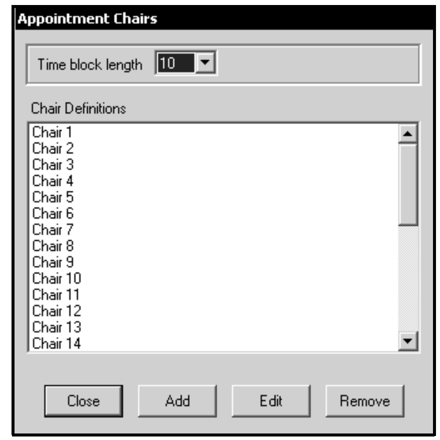
After the time block length is set and appointments are in the appointment book, you must contact a Technical Support Representative to change the length of the time block.

Appointment Book Chairs and Colors

Two appointment book features are accessed from the **Configuration Utility** menu: **Chair names** and **Appointment colors.** To set up these features:

1 Select **Setup > Appointment Book**, and two choices are displayed: **Chair names** and **Appointment colors.**

2 Select **Chair Names.** The **Appointment Chairs** window is displayed.



3 In the **Time Block Length** field, type the shortest period of time for an appointment. All appointments are in multiples of the time block length.

For example, if the time block length is 10 minutes, an appointment can be 10 minutes, 20 minutes, sixty minutes, and so on.

Chair Names

In addition to determining the time block length in your office, the **Appointment Chairs** window is used to add chairs, delete chairs, and name chairs. The names given to chairs appear at the top of columns in the appointment book.

In the **Appointment Chairs** window on the previous page, the office has 14 chairs. Your office can have only one chair or as many as 300. A single chair is equivalent to one column in the appointment book.

The chair definitions are numbered by default. To change the chair definition from a number to a name:

1 Select a chair definition.

2 Click **Edit** at the bottom of the window.

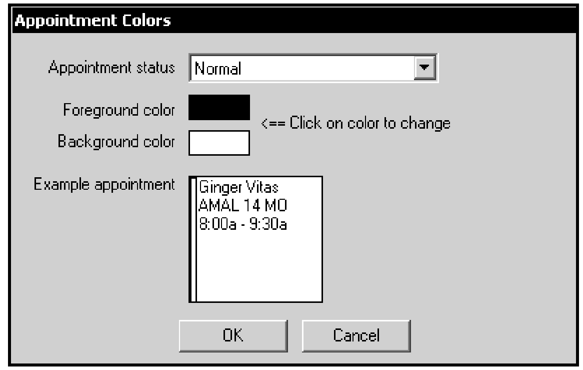
3 Type the new name of the chair, and click **OK**.

4 Repeat for each chair you want to name.

5 Click **Close**.

Appointment Colors

Select **Setup > Appointment Book > Appointment Colors**. The **Appointment Colors** window is displayed.



You can assign a combination of foreground and background colors to a particular appointment status. Choose among eleven different appointment statuses:

- **Normal**
- **Normal ASAP**
- **Late**
- **Checked In**
- **Suspended**
- **Checked Out**
- **Block Book Conflict**
- **Pending**
- **Pending ASAP**
- **Seated**
- **Waiting for Doctor**

Tip

If you change the default colors, make a note to remind yourself of the significance of each color.

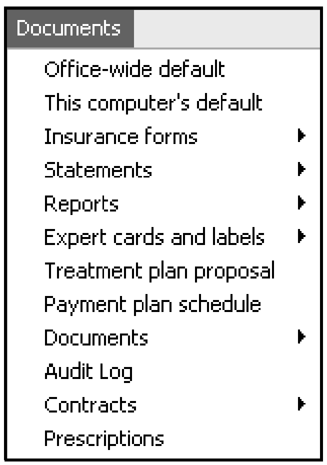
To assign colors:

1. Click the **Appointment Status** drop-down arrow. A list is displayed.
2. Select the status to which you want to assign color.
3. Click in the **Foreground color** field and select the color.
4. Click in the **Background color** field and select the color.
5. Click **OK**.

Documents Menu

The **Documents** menu in the configuration utility enables you to set office-wide defaults for printing documents or set specific defaults for the workstation you are using.

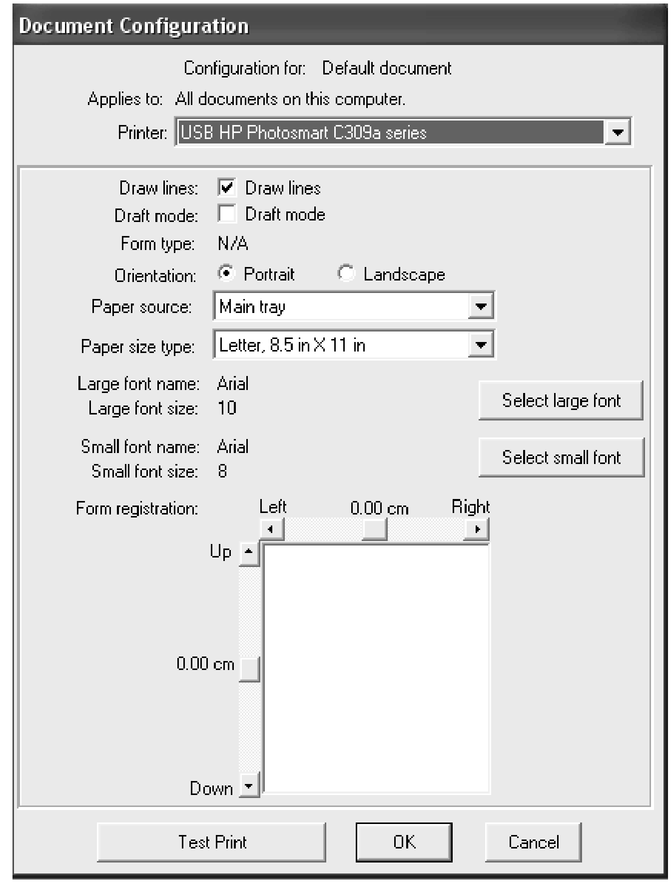
The following options are found on the **Documents** menu:



Important

For proper printing of reports, the fonts and sizes should not be changed.

Select an item from the menu and click **OK**. The **Document Configuration** window is displayed.



To configure documents:

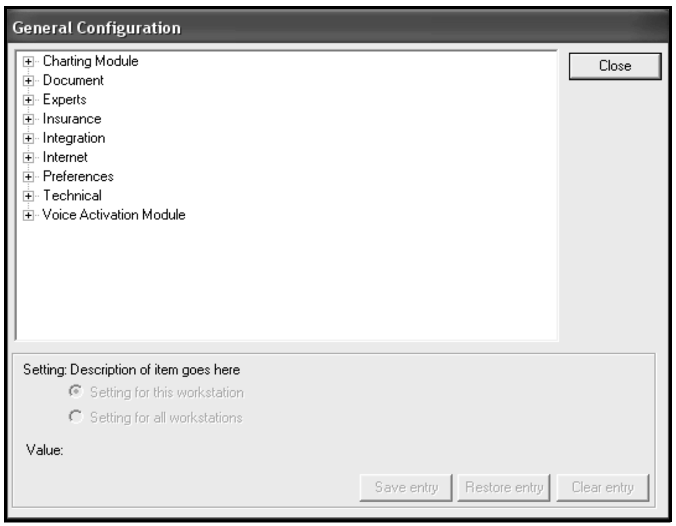
- **Printer**–Select a printer name.
- **Orientation**–Select **Portrait** or **Landscape**. Typically, landscape is used for cards; portrait is used for labels.
- **Large font name** and **Large font size**–To change, click **Select large font** and select the size you want.

- **Small font name** and **Small font size**–To change, click **Select small font** and select the size you want.
- **Form registration**–Use this field to adjust the left/right and top/bottom margins. If changes are necessary, use the Left slider and change the value to -.80; use the Up slider to change the value to .40.
- **Test Print**–Click **Test Print** to verify that this workstation can generate printed output.

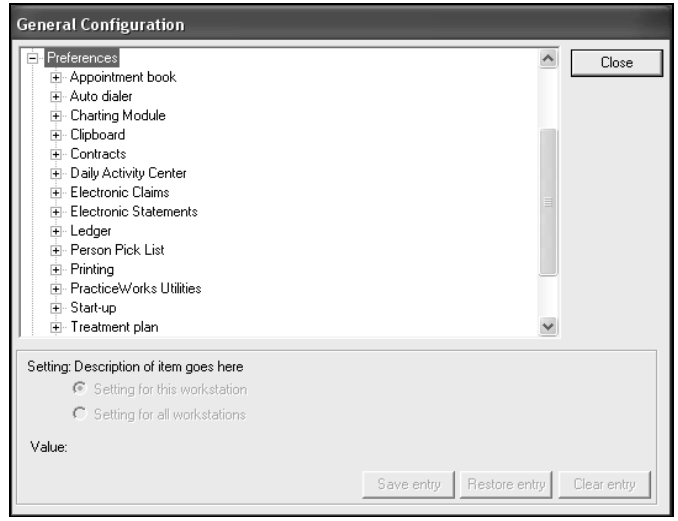
General Configuration

There are other options in the software that can be set up in the configuration utility. Select **Setup > General Configuration**, and the **General Configuration** window is displayed.

There are nine categories on the window, each of which can be expanded to offer more options.



Select **Preferences**, for example, and a subset of options is displayed.



Exiting the Configuration Utility

To exit the configuration utility, select **File > Exit.**

Skill Sharpeners

Exercise 1—You want to change the color of the Seated status for an appointment.

To change the color:

1 Click the **Appointment Status** drop-down arrow. A list is displayed.

2 Select **Seated.**

3 Click in the **Foreground color** field and select green.

4 Click in the **Background color** field and select yellow.

5 Click **Cancel**.

Exercise 2—You want to add a treatment class.

To add a treatment class:

1 In the **Configuration** utility window, select **Setup > Treatment Classes**. The **Treatment Classes** window is displayed.

2 Scroll to the end of the list of classes and click in the field.

3 Type a new treatment class name and click **OK.**

Lesson 3

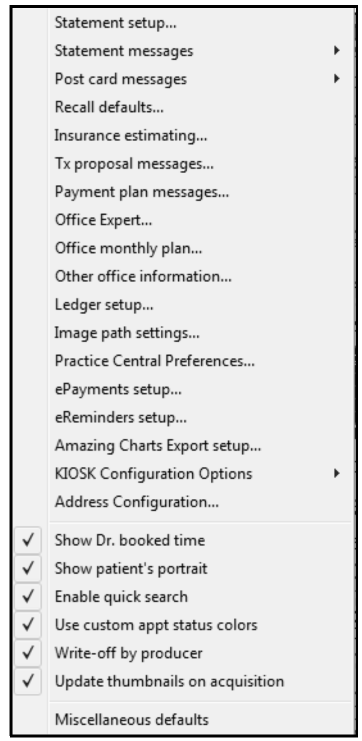
Setting System Preferences

While some default values are set up in the configuration utility, most are set up in the software itself. Many of these defaults are in the following areas:

- Preferences
  - Statement setup
  - Statement messages
  - Post card messages
  - Recall defaults
  - Insurance estimating
  - Treatment proposal messages
  - Payment plan messages
  - Miscellaneous defaults
- Appointment book
  - Adding chairs
  - Establishing business days
  - Establishing business hours
  - Block booking (for production types and employees)
- Employee attributes
  - General
  - Scheduling
  - Insurance
  - Other
- Transaction codes
- Medical alerts
- Labs

Setting Up Preferences

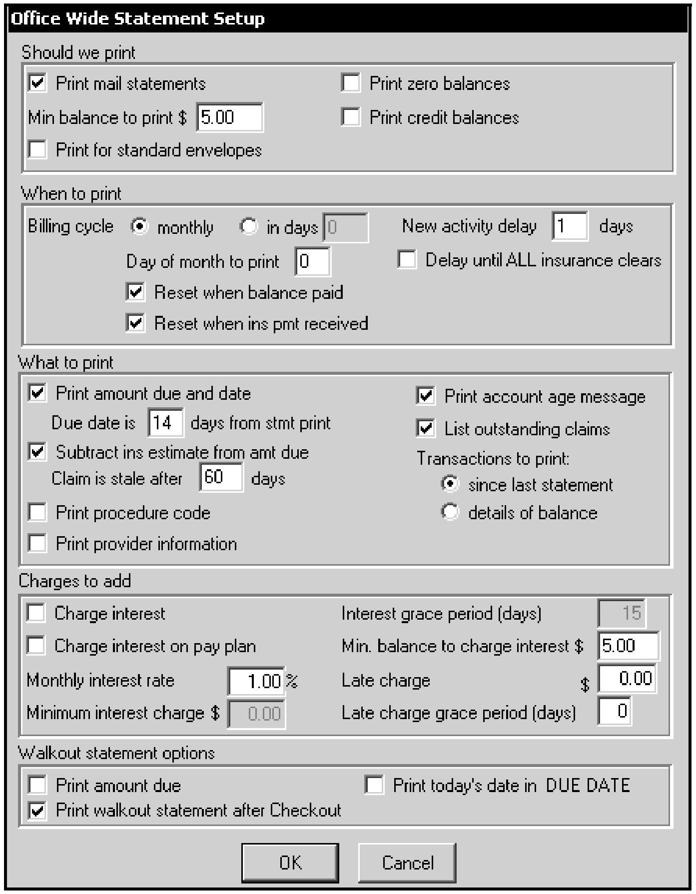
To access the options on the **Preferences** menu, select **File > Preferences**. The **Preferences** menu is displayed.



Statement Setup

To set up your statements:

1 Select **File > Preferences > Statement Setup**. The **Office Wide Statement Setup** window is displayed.



2 Specify the following options when configuring statements:

- Which statements should be printed.
- Billing cycle–When statements should be printed.
  - **Monthly**–Accounts receive a statement once a month.
  - **In days**–Accounts receive statements more than once a month. Enter the number of days between statements.
  - **Day of month**–Type the date that you want statements to print each month. If you normally print statements on the first day of each month, enter a **1** in this field. If you are sending statements once a month, be sure to deselect **Reset when insurance payment is received** and **Reset when balance is paid.**

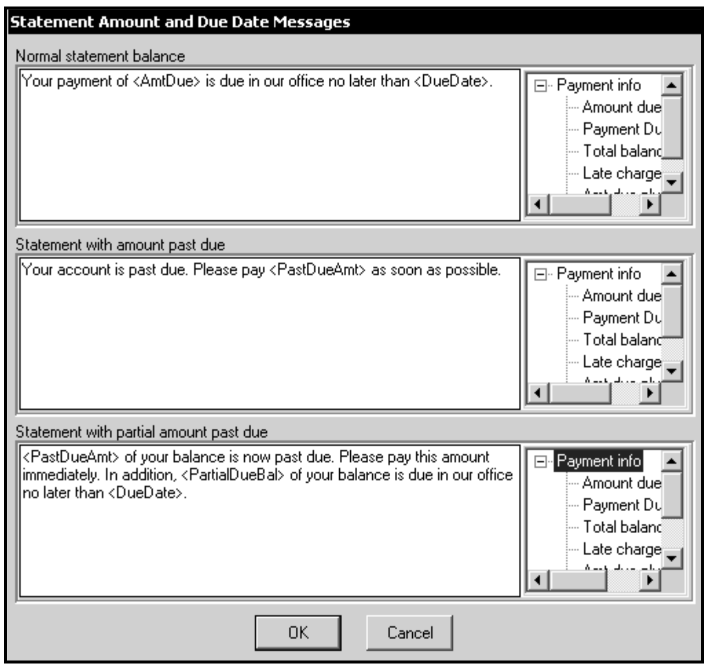
    To set up daily statements, enter a **0** in this field. Be sure to check the **Reset when insurance payment is received** and **Reset when balance is paid** checkboxes.
- What should be printed on the statement–Select each data item you want to print.
- Which charges to add on statements.
- Walkout statement options.
- Print for standard envelopes–This option determines where the patient's address prints on the statement. If it is checked, the address prints on the left; if it is unchecked, the address prints in the middle.

Statement Messages

You can create messages that print on statements automatically. To create or edit statement messages:

1 Select **File > Preferences > Statement Messages**. The **Statement Messages** menu is displayed.

2 Click an option to create a new message or edit an existing message. For example, select **Amount due and date messages**, and the **Statement Amount and Due Date Messages** window is displayed.



Three messages are displayed:

- **Normal statement balance**
- **Statement with amount past due**
- **Statement with partial amount past due**

The current message is displayed on the left. Each message contains conventional text and one or more variables, which are included in angle brackets. A *variable* is a value that changes from statement to statement, such as amount due or due date. The panes on the right display the variables that you can use when you edit a message.

3 To edit a message:

- Click inside the message you want to edit, and enter or delete text.
- To insert a variable, click where you want the variable inserted, and then double-click the variable on the right that you want to insert.
- Click **OK**.

Post Card Messages

You can send a post card message to remind a patient of an upcoming appointment. To create a post card message:

1 Select **File > Preferences > Post card messages**. The **Post Card Messages** menu is displayed.

2 Select an option.

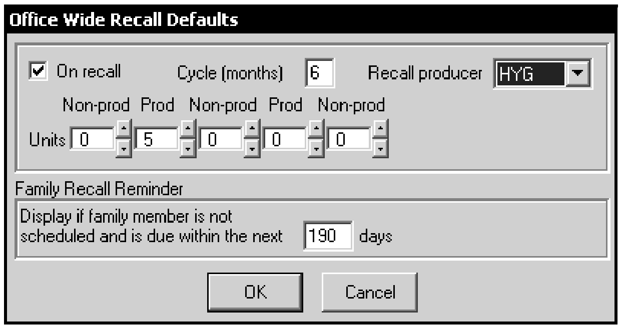
3 Create or edit the message.

Recall Defaults

When you add a new patient to the software, your office-wide recall default settings determine the patient's recall status. After the patient has had treatment, you can change the recall settings for that patient, based on the patient's needs.

To set up default values for recall:

1 Select **File > Preferences > Recall Defaults**. The **Office Wide Recall Defaults** window is displayed.



2 Select **On recall** if you want your patients to come in for regular cleanings.

3 Enter a number in the **Cycle (months)** field to indicate how frequently to recall patients. The default is **6**.

4 From the **Recall producer** drop-down list, select the producer.

5 In the **Units** fields, enter the number of time length blocks for producers and non-producers. The sum of these time blocks determines the amount of time that should be scheduled for the appointment.

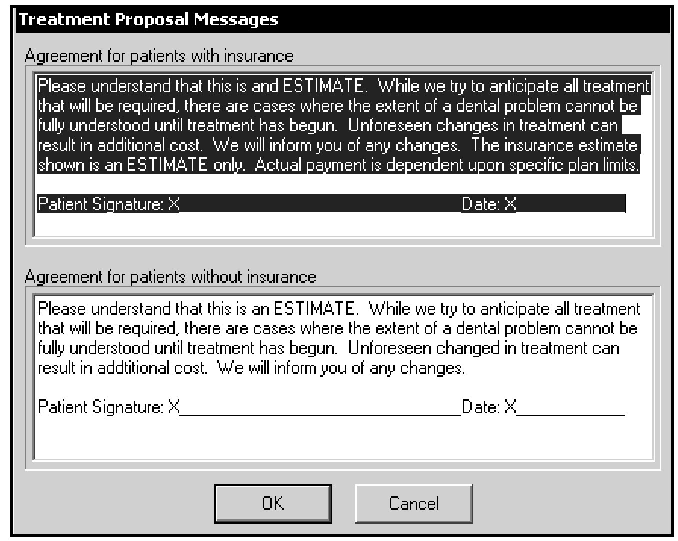
6 Enter a number in the **Family Recall Reminder** field to display a reminder that a patient, or a family member, is due for a recall appointment.

7 Click **OK**.

Treatment Proposal Messages

You can set up messages for treatment proposals. To access and edit these messages:

1 Select **File > Preferences > Tx proposal messages**. The **Treatment Proposal Messages** window is displayed.



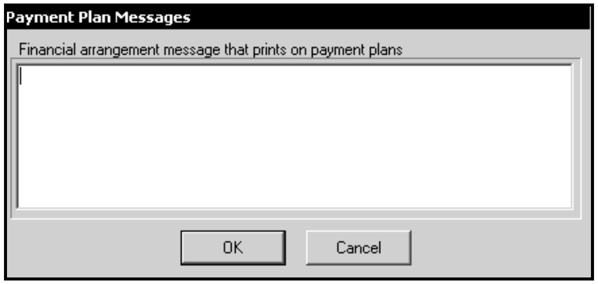
2 Edit the messages.

3 Click **OK**.

Payment Plan Messages

You can set up messages for payment plans. To create or edit these messages:

1 Select **File > Preferences > Payment plan messages.** The **Payment Plan Messages** window is displayed.



2 Type or edit the message to be printed on payment plans in the text area.

3 Click **OK.**

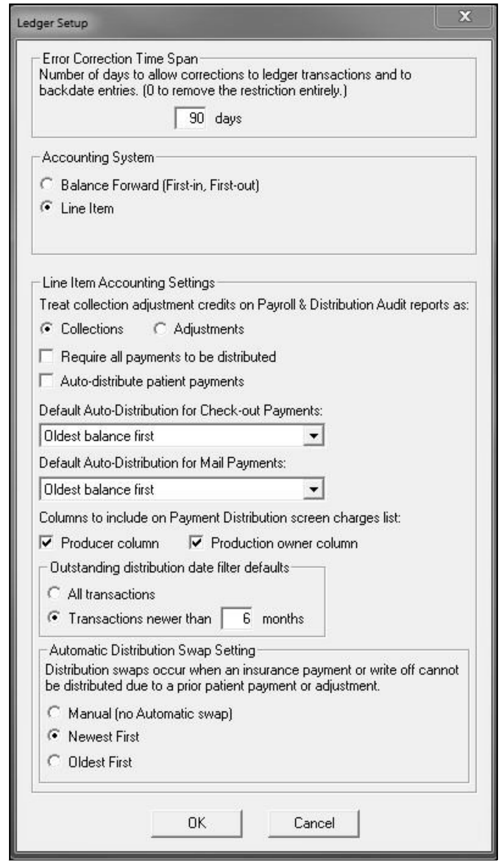
Ledger Setup

You can set up line-item accounting as an alternative to the balance-forward accounting system. Line-item accounting pays providers based on the amount collected from patients and insurance companies.

When you select **Line Item** as your accounting type, the **Error Correction Time Span** field automatically resets to **14** days. A message warns you that distributions before a certain date will be locked and asks if you want to continue. Click **No** to edit the time span, or **Yes** to continue.

To set up the ledger:

1 Select **File > Preferences > Ledger setup**. The **Ledger Setup** window is displayed.



2 Under **Accounting System**, select **Balance Forward (First-in, First-out)** or **Line Item.**

3 If you select **Line Item**, select the options you want in the **Line Item Accounting Settings** section. See Lesson 17–Using Line Item Accounting for more information.

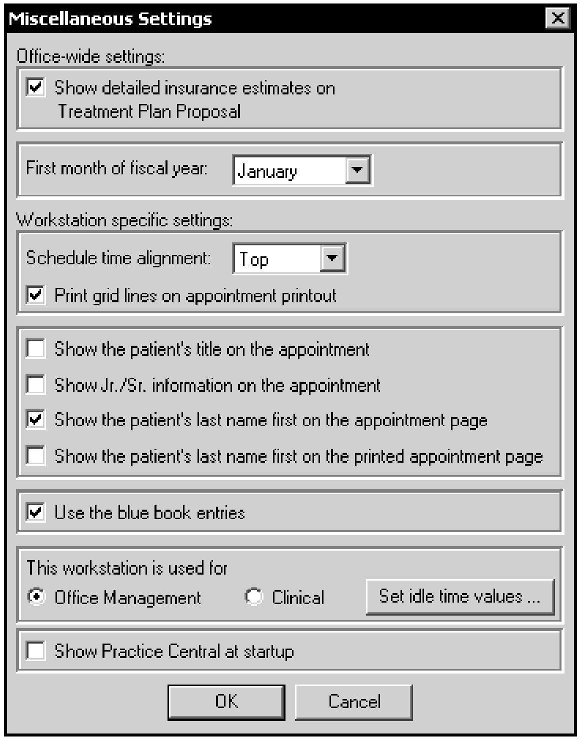
4 Click **OK.**

Note

The appointment book that you designate as the default is the first one you see.

Miscellaneous Defaults

Select **File > Preferences > Miscellaneous Defaults**. The **Miscellaneous Settings** window is displayed.



For example, the default fiscal year in the software begins in January. If you want to define a fiscal year differently, click the **First month of fiscal year** drop-down list, and select the month that begins your fiscal year.

Select **Show Practice Central at startup** if you want **Practice Central** to display automatically when you open the software.

Setting Up an Appointment Book

The appointment book is the electronic equivalent of a paper appointment book. You can create as many appointment books as you need, and each appointment book can have its own office hours.

To set up an appointment book:

- Name chairs–See “Appointment Book Chairs and Colors” on page 14.
- Assign colors–See “Appointment Book Chairs and Colors” on page 14.
- Define books–Includes the following tasks:
    - Name a book
    - Add chairs to a book
    - Identify days that the office is open
    - Establish office hours
    - Define the navigation tabs on the appointment book
- Set up block-booking definitions

Defining an Appointment Book

To define a new appointment book:

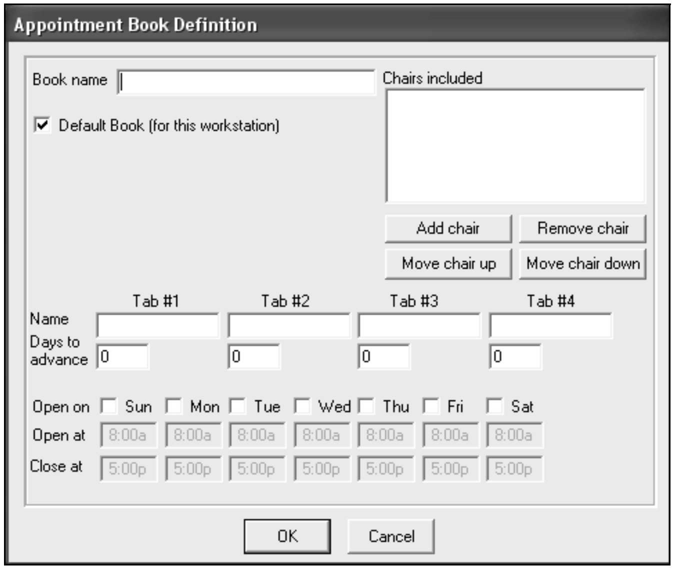
1 Select **ApptBook > Different Book.**

OR

Click **Different Book.**

The **Select Appointment Book to View** window is displayed.

2 Click **Add.** The **Appointment Book Definition** window is displayed.



3 In the **Book name** field, type the name of the book.

4 In the **Chairs included** field, click **Add chair**. The **Select chair to add to this book window** is displayed. It lists all of the chairs that you added during configuration.

5 Select the chair that you want to add to this book, and click **OK**. Repeat steps 4 and 5 until you have added all of the chairs that you want.

6 Type the name to appear on each of the four tabs; for example, **+1 Day**, **+1 Week**, **+1 Month**, and **+6 Months**.

7 Type numbers in the **Days to Advance** fields that correspond to the names you assigned to the tabs.

8 Select each day that the office is open.

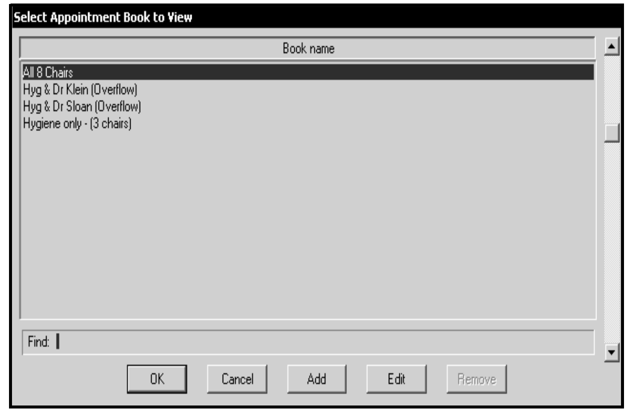
9 In the **Open at** and **Close at** fields, type the opening and closing hours for each business day.

10 Click **OK**.

Switching Appointment Books

To switch appointment books:

1 Click **Different Book** on the toolbar. The **Select Appointment Book to View** window is displayed.



2 Select the appointment book you want, and click **OK**.

To return to the original appointment book, click **Use most recent book**.

Use most recent book

Setting Up Block Booking

Block booking is defining blocks of time that are reserved for specific purposes. There are two types of block booking: production and employee.

Production block booking defines time blocks for the practice. Five time blocks are already defined:

- **Closed**
- **Holiday**
- **Lunch**
- **Seminar**
- **Vacation**

Tip

Each block has its own color in the appointment book.

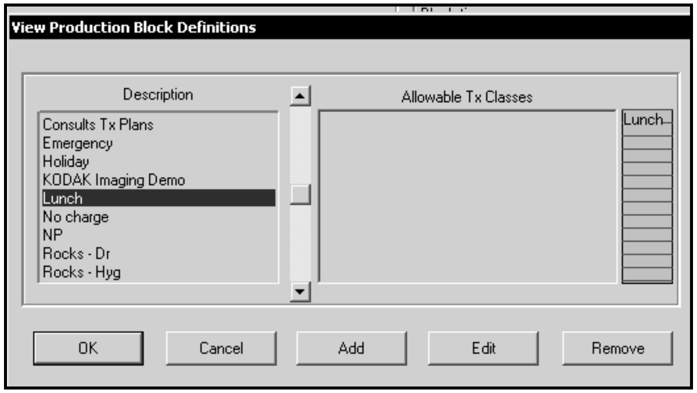
Important

Employee blocks are necessary only if you schedule more than one employee in the same column of the appointment book.

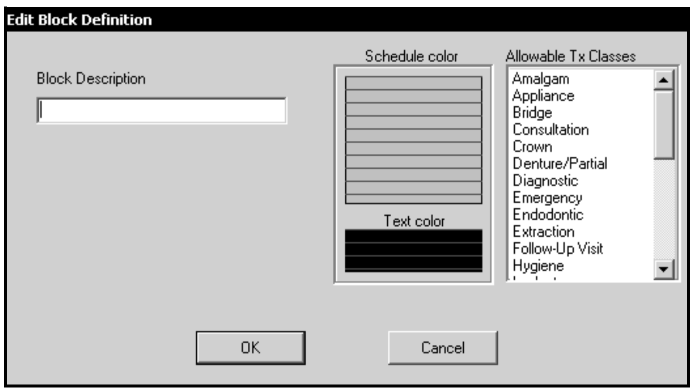
Production Block Booking

To set up a new production block:

1 Select **Lists > Production block booking definitions.** The **View Production Block Definitions** window is displayed.



2 Click **Add**. The **Edit Block Definition** window is displayed.



3 In the **Block Description** field, type a name for the new block type–for example, **Crowns** or **Root Canals.**

4 From the **Allowable Tx Classes list**, select the treatment classes that can be performed during this block type.

5 To assign a color to be displayed in the appointment book for this block type, click in the **Schedule color** area and select a color from the **Color** palette. Click **OK.**

Employee Block Booking

Employee block booking is used to block out time for individual employees. During these times, an employee is not available; for example, during seminars and training, or on vacation.

A production block is always displayed in the appointment book, while an employee block is displayed only when the **Block booking employee** view is selected or when scheduling or rescheduling an appointment.

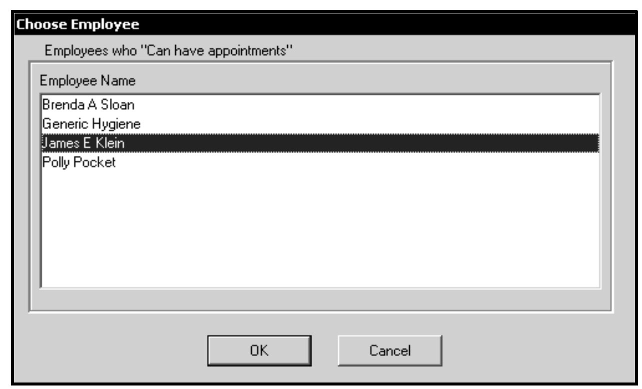
To define an employee block:

1 Select **ApptBook > View > Block booking employee.** The title bar at the top of the window indicates that you are in **View Employee Block Booking** mode.

2 Click the **Calendar** to select the date for the time block.

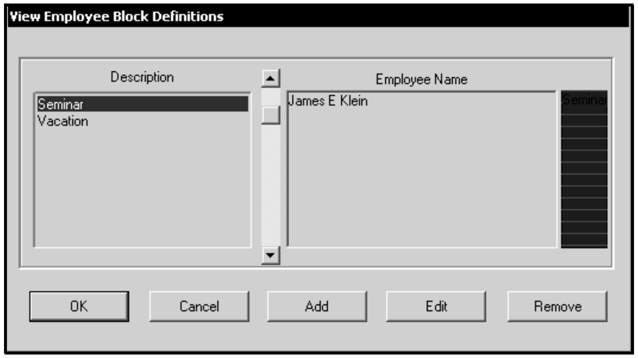
3 To define a time block, click and drag in the column for the selected employee. The block is displayed in purple.

4 Click once on the purple block. The **Choose Employee** window is displayed.

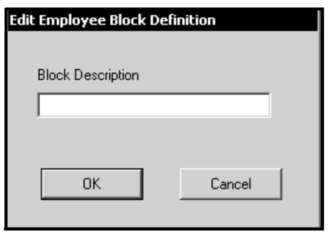


5 Select the appropriate employee name, and click **OK.** The **Block Booking Specification** window is displayed.

6 Click **Select**. The **View Employee Block Definitions** window is displayed.



7 To add a new definition, click **Add.** The **Edit Employee Block Definition** window is displayed.



8 Type a description and click **OK.**

After you have defined an employee block, select **ApptBook > View > Active appointments** to return to the normal view of the appointment book.

Skill Sharpeners

Exercise 1—Change a message.

Change the Normal Statement Balance amount due and date message so that the phrase *in our office* does not print.

To change a message:

1 Access the tutorial.

2 Select **File > Preferences > Statement messages > Amount due and date messages.** The **Statement Amount and Due Date Messages** window is displayed.

3 In the **Normal Statement Balance** message, select the phrase **in our office** and press the Delete key. Click **OK**.

Exercise 2—Change idle time.

Set the idle time limit for the office management computer to twenty minutes and for the clinical computers to ten minutes.

To set the time limit:

1 Access the tutorial.

2 Select **File > Preferences > Miscellaneous Defaults**. The **Miscellaneous Settings** window is displayed.

3 Click **Set idle time values** at the lower-right side of the window. The **Set Office Wide Idle Time Limits** window is displayed.

4 Type the number **20** in the top field and the number **10** in the bottom field.

5 Click **OK** twice.

Exercise 3—Change time and days.

Change the default length of time between recall appointments for new patients from six months to four months. Also, change the number of days to inquire if a family member is due, but not yet scheduled, from 190 days to 90.

To change the time and days:

1 Select **File > Preferences > Recall Defaults.** The **Office Wide Recall Defaults** window is displayed.

2 Type **4** in the **Cycle (months)** field and change **190** to **90** in the **Family Recall Reminder** field.

3 Click **OK**.

Exercise 4—Reset the data in the tutorial.

To do this:

1 Exit the tutorial.

2 Click **Start**, and then navigate to the **PracticeWorks Software** program heading.

3 Hold the cursor over **PracticeWorks Software,** and select **Tutorial > Reset Tutorial Data.**

Exercise 5—Create a production block.

You want to conduct 60 minutes of software training at 2:00 p.m. every Friday beginning with the 2nd Friday in January, and going through the 2nd Friday in February. You do not want any appointments made for Polly or Susie during these times. You must reserve a block of time for them. Make the color of the schedule black and the color of the text white.

To create a new production block:

1 Select **ApptBook > View > Block booking production**. The appointment book is displayed in **View Production Block Booking** view.

2 Select the second Friday in January.

3 In the column headed **Polly**, click and drag from 2:00 to 3:00 p.m. The block becomes dark purple.

4 Click once on the purple time block, and the **Block Booking Specification** window is displayed.

5 Click **Select**. The **View Production Block Definitions** window is displayed.

6 Click **Add**. The **Edit Block Definition** window is displayed.

7 Use the **Edit Block Definition** window to create the following elements of the block definition:

- In **Block description**, enter **Software Training.**
- Click **Schedule color** to open the palette, click on **black**, and click **OK.**
- Click on **Text color** to open the palette, click on **white**, and click **OK.**
- There are no treatment classes associated with training, so do not select any from the list.
- Click **OK**. The **View Production Block Definitions** window is displayed again with **Software Training** selected.

8 Type or select data in the following fields:

- Double-click in the **thru date** field, and a calendar is displayed. Click **Feb** and select the date for the second Friday in February. Click **OK**, and the date is displayed in the field.
- **Polly** is already selected; select **Susie** as well.
- Type **7** in the **Repeat every** field.

9 Click **OK**. The **Block Booking Specification** window is displayed again.

10 Click **OK.** The appointment book is displayed again. Polly and Susie are blocked for software training from 2:00 until 3:00 on January 18th.

11 Click **ApptBook > View > Active Appointments**. The appointment book is displayed in its default mode.

Exercise 6—Return to the Active Appointments view.

To return to the **Active appointments** view, select **ApptBook > View > Active appointments.** The active appointments are displayed.

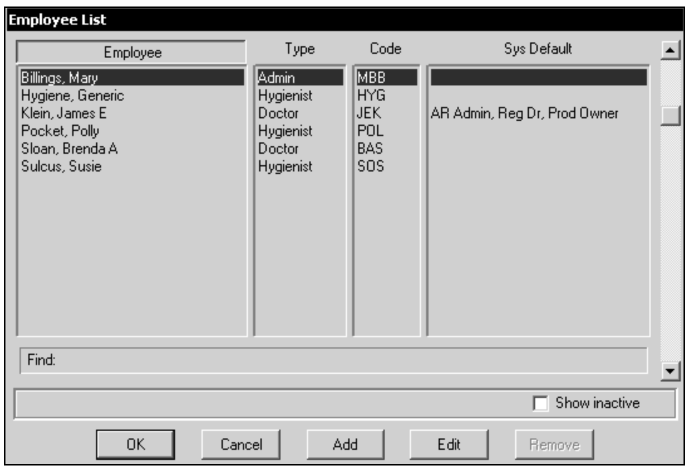
Setting Up Employees

You can set the general attributes and security levels associated with employees.

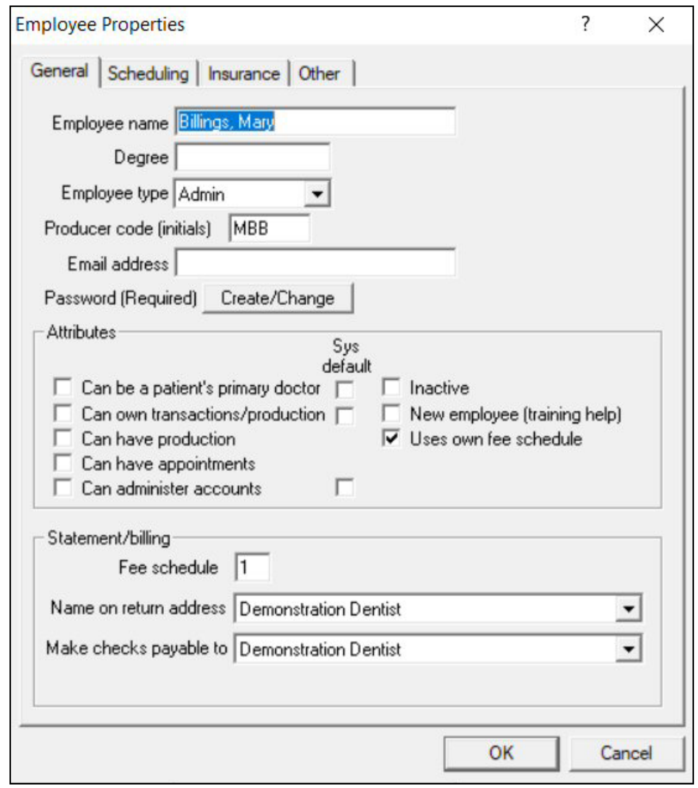
Employee Attributes

To view the general attributes currently associated with an employee:

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



2 Select the employee whose attributes you want to review, and click **OK**. The **Employee Properties** window is displayed, with the **General** tab selected by default.



The **Employee Properties** window has these tabs at the top: **General**, **Scheduling**, **Insurance**, and **Other**.

Important

Changing attributes of an employee might affect financial reports. Consult a Technical Support rep before making changes.

General Attributes

The **General** tab contains the following data about an employee:

- **Employee name**–In lowercase letters, type the first name, middle initial, and last name. Press Tab to go to the next field, and the software capitalizes the name appropriately and displays it as **Last name, First name Middle initial**.
- **Degree**–Type a degree for this employee, such as **DDS** or **DMD**.
- **Employee type**–Select from the drop-down list.
- **Producer code (initials)**–Enter the employee's initials. If you create producer codes, you can use up to four characters in any combination of letters and numbers. Each employee must have a unique producer code.
- **Email address**–Enter the employee's email address.
- **Password (Required)**–Click **Create/Change** to create or change a password.
- **Attributes**–Select from the following options:
  - **Can be a patient's primary doctor**–Select this option if the employee is a doctor who provides regular service to certain patients. If this is the default doctor for the practice, select **Sys default**.
  - **Can own transactions/production**–Select this option if the employee owns his or her own production, can own someone else's production, or owns the clipboards of the patients on whom work is performed. If this employee is the default producer for your office, select **Sys default**.
  - **Can have production**–Select this option for an employee who performs procedures on a patient. Each billed procedure indicates who performed the treatment. The system tracks the amount of treatment produced by an employee for a particular time period.
  - **Can have appointments**–Each appointment has a producer assigned to it. This is the person who performs most of the dentistry during an appointment. Select this option if this employee is the producer on any appointment.
  - **Can administer accounts**–Select this option for an employee who needs a separate deposit slip. If this employee is the default provider in your practice, select **Sys default**.
  - **Inactive**–Select this option to inactivate an employee. New treatment cannot be posted for this person, but records of treatment performed are retained.
  - **New employee (training help)**–Used in conjunction with the Automation Expert, a new employee receives customized messages when the employee performs certain activities.
  - **Uses own fee schedule**–Select this option for an employee with a separate fee schedule.
- **Statement/billing**
  - **Fee schedule**–You can set up as many as three different provider fee schedules. If you use only one fee schedule, enter **1**. If you have more than one fee schedule, enter the number of the fee schedule used.
  - **Name on return address**–Generated from the license file.
  - **Make checks payable to**–Generated from the license file.

Important

Use the **Can administer accounts** feature cautiously. It changes the way report information is displayed. To revert to an earlier setup, you would have to restore it from a backup.

Tip

To add new employees, a user must have a security access level of 5 or higher, unless the default access levels have been changed.

Creating and Changing Passwords

In the **Employee Properties** window, you create or change a password. To create a password:

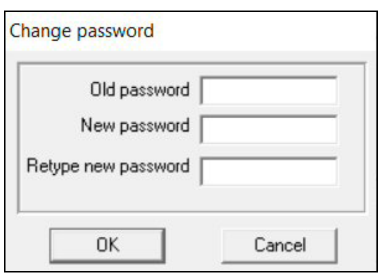
1 On the **General** tab, click **Create/Change** next to the **Password (Required)** field. The **Create new password** window is displayed.

2 Enter and retype the password.

3 Click **OK.**

To change a password:

1 On the **General** tab, click **Create/Change** next to the **Password (Required)** field. The **Change password** window is displayed.

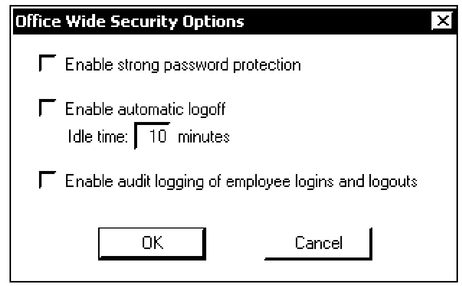


2 Enter the old password, your new password, and your new password again. A valid password is any combination of letters and numbers between one and thirteen characters.

Enabling Strong Password Protection

If you have a security access level of **10**, you can enable strong password protection in the software. To enable strong password protection:

1 Select **File > Security > Security options**. The **Office-Wide Security Options** window is displayed.



2 Select **Enable strong password protection** and click **OK.**

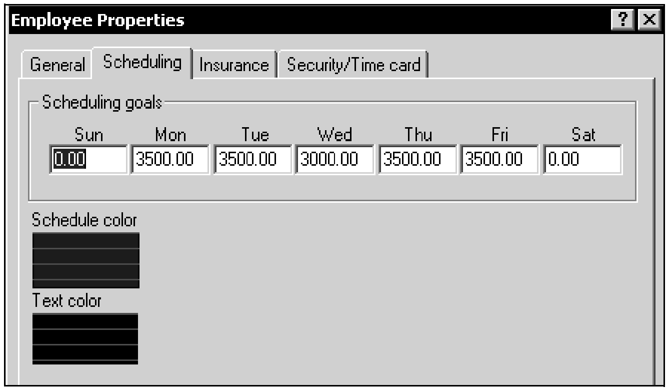
3 The next time you log in, the **Change strong password** window is displayed with the strong password criteria:

- Minimum of seven characters
- Must have at least one letter
- Must have at least one number
- Must begin and end with a letter
- Cannot contain your login initials
- Cannot contain consecutive identical characters
- Cannot be the same as any of your two previous passwords

Enter your old password, your new password, and your new password again. Click **OK.**

Scheduling Attributes

Click the **Scheduling** tab at the top of the **Employee Properties** window. The **Employee Properties—Scheduling goals** window is displayed.



The software keeps track of the dollar value of production and compares it to the scheduling goals. Results are reported on the Daily and Periodic reports.

If you select **Can have appointments**, you should assign a schedule color to this employee. To assign a schedule color:

1 Click the **Schedule color area.** The **Color** window is displayed.

2 Select the color to be displayed on the appointment book for this employee.

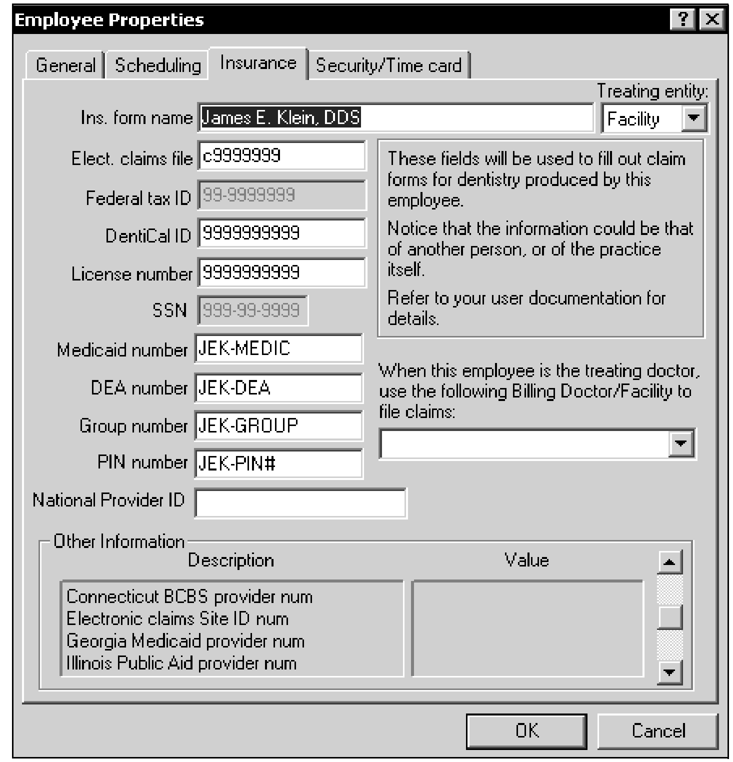
3 If you use Employee Block Booking, click the **Text color** area. The **Color** window is displayed.

4 Select the color that you want for the text.

5 Click **OK.**

Insurance Attributes

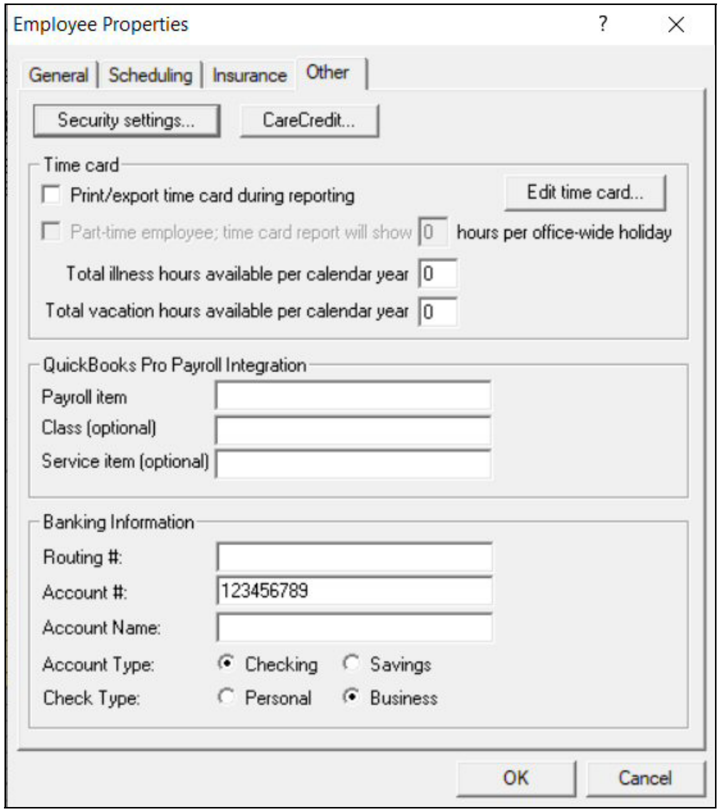
Click the **Insurance** tab on the **Employee Properties** window. The insurance data is displayed. Insurance data is necessary only for facilities and doctors.



Use this area to set up information that you want to display on insurance claims.

Other Attributes

Click the **Other** tab at the top of the **Employee Properties** window. The **Security/Time card** window is displayed.



Assigning Security Levels

Security levels for employees range from 1 to 10, the highest level of security. Security levels determine which events an employee can perform.

Assigning security levels to employees or to events can be performed only by an employee with a security level of 10. This is usually the owner of the practice.

To assign a security level for an employee:

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

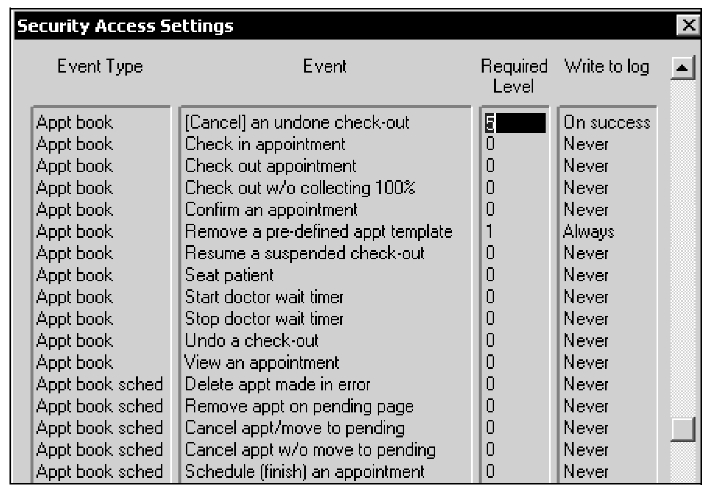
2 Select an employee and click **OK**. The **Employee Properties** window is displayed.

3 On the **Other** tab, click **Security settings**. The **Security properties** window is displayed

4 Assign or edit the security level and click **OK**.

To assign security levels to events:

1 Select **File > Security > Edit access requirements.** The **Security Access Settings** window is displayed. Use the up- and down-arrow keys to scroll through the list.



Note

The security level of zero is reserved for guest users. The security level of 10 is reserved for practice owners.

2 To change a security level for an event, select the existing number in the **Required Level** column, and type a new security number.

When you set the security level for an event, you can also designate whether the event should appear on the audit log. Click in the **Write to Log** column, and type **N** (never), **A** (always), **O** (on success), or **OO** (on failure).

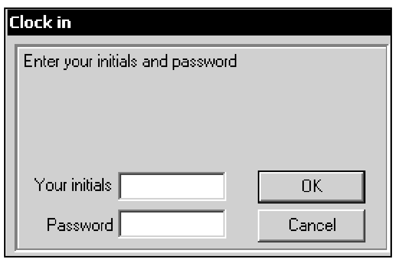
Employee Time Cards

Using the time card feature, you can clock in and out, record sick and vacation hours, and designate office holidays.

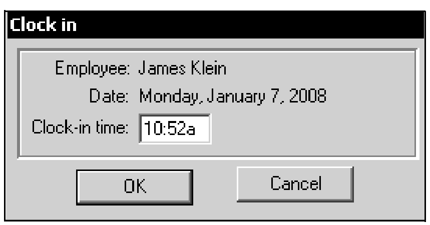
Clocking In and Out

To clock in to the software:

1 Select **Activities > Clock in**. The **Clock in** window is displayed.



2 Enter your initials and password, and click **OK**. The **Clock in date and time** window is displayed.

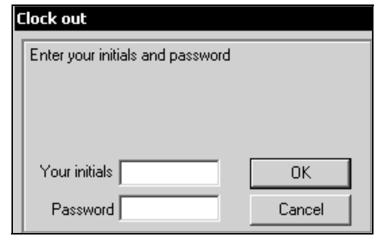


3 Click **OK**. A message is displayed asking if you want to log in.

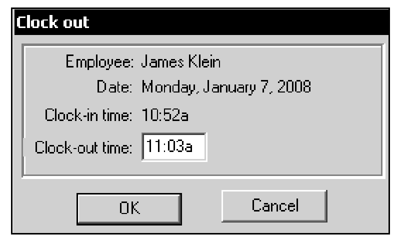
4 Click **Yes** or **No**.

To clock out of the software:

1 Select **Activities > Clock out**. The **Clock out** window is displayed.



2 Enter your initials and password, and click **OK**. The **Clock out date and time** window is displayed.

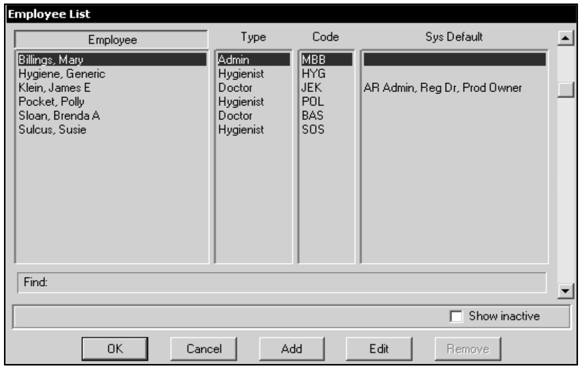


3 Click **OK**.

Entering Sick and Vacation Hours

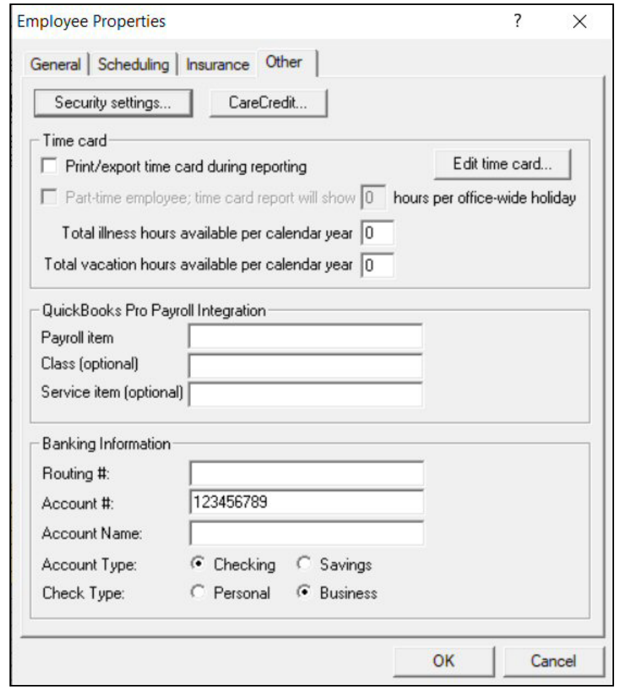
To enter the number of hours of sick time and vacation time available for an employee:

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



2 Select an employee, and click **Edit.** The **Employee Properties** window is displayed.

3 Click the **Other** tab.



4 In the **Total illness hours available per calendar year** field, type the number of hours.

5 In the **Total vacation hours available per calendar year** field, type the number of hours.

6 Click **OK.**

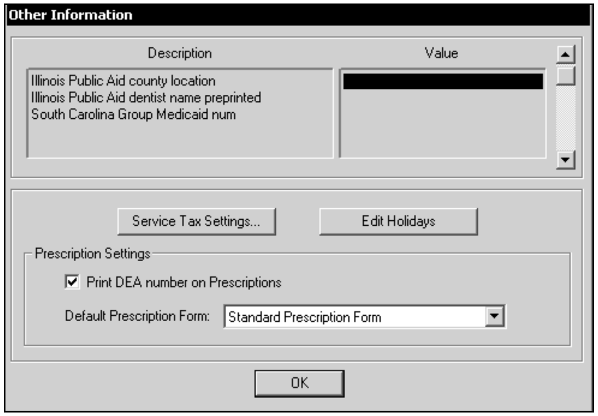
Note

Make sure the times reflect the number of hours employees should be paid. If all employees should be paid for eight hours, the start time should be 9:00a and the end time should be 5:00p.

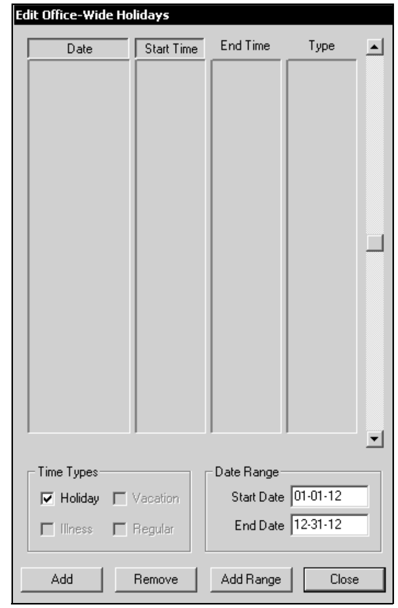
Designating Office Holidays

To automatically add paid holiday hours to all employees' time cards:

1 Select **File > Preferences > Other office information.** The **Other Information** window is displayed.



2 Click **Edit Holidays**. The **Edit Office-Wide Holidays** window is displayed.



3 To add dates, click **Add.** The **Add Timecard Record(s)** window is displayed.

4 Enter the dates, and click **OK.** The **Edit Office-Wide Holidays** window is displayed again.

5 When you have finished adding holidays, click **Close.**

Designating Employees as Inactive

When an employee becomes inactive:

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

2 Select the employee and click **OK.** The **Employee Properties** window is displayed.

3 On the **General** tab, select the **Inactive** option.

4 Deselect the **Can have appointments** option and click **OK.** The **Change Producer on Appointments** window is displayed.

5 Use the drop-down lists to assign the inactive employee's future appointments to a different employee, and click **OK.**

Skill Sharpeners

Exercise 1—How many employees have been set up in the tutorial?

To find out, select **Lists > Employees**. The **Employee List** window is displayed. You can view the employees that have been added and set up in the software.

Exercise 2—What is Dr. Sloan's DEA number? What is her security level?

To find out:

1. Select **Lists > Employees**. The **Employee List** window is displayed.
2. In the **Employee List** window, select **Dr. Sloan** and click **OK**. The **Employee Properties** window is displayed with the **General** tab active.
3. Click the **Insurance** tab. Dr. Sloan's DEA number is **BAS-DEA**.
4. Click the **Other** tab.
5. Click **Security settings**, and the security settings for **Barbara Sloan** are displayed. Dr. Sloan's security setting is **5**.
6. Click **OK**.

Lesson 5

Using Lab Tracking

Lab tracking determines whether a lab case has been returned from a lab.

To use lab tracking automatically:

- Schedule an appointment using a pre-defined appointment type that enables lab tracking.

OR

- Use a transaction code for the appointment that enables lab tracking.

Adding a Lab

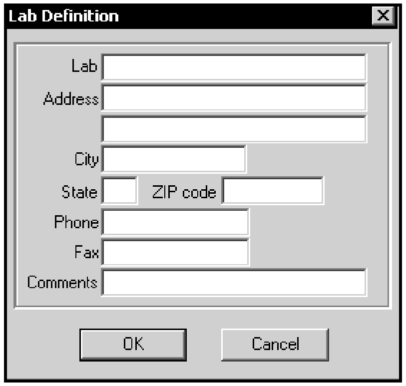
One lab definition should be added for each lab that your practice uses. If you make appliances, such as mouth guards, whitening trays, and so forth, in your office, an In-House lab should be added.

To add a lab:

1 Select **Lists > Labs**. The **Labs Pick List** window is displayed.

2 Click **Add.**

The **Lab Definition** window is displayed.

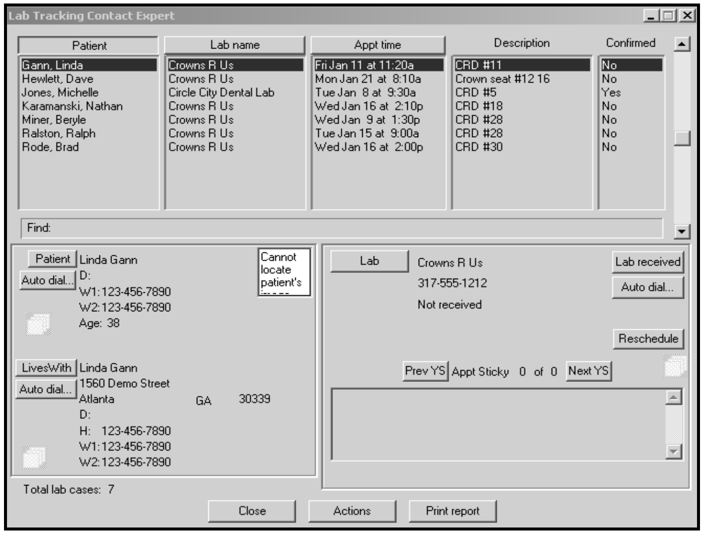


3 Add the appropriate information, and click **OK.**

Using the Lab Tracking Contact Expert

When a lab case comes back from the lab:

1 Select **Experts > Contact Expert > Lab tracking**. The **Lab Tracking Contact Expert** window is displayed.



2 Select the name of the patient for whom the lab case is intended, and click **Lab Received.**

Working with Lab Tracking

To use lab tracking:

1 When you set up office expert, decide when you want to be notified that the lab work is not back. The three status settings are: **FYI**, **Important**, and **Urgent.**

2 When you receive a lab case, open the lab tracking contact expert, and clear the case.

Each morning the office expert runs automatically. When you look at the report it generates, you see any lab cases that have a status of FYI, Important, or Urgent. You can then take the appropriate action.

Skill Sharpeners

Exercise 1—Add a lab to the software.

To add a new lab:

1 Select **Lists > Labs**. The **Labs Pick List** window is displayed.

2 Click **Add**.

3 Type a name for the lab and add the contact information. Add any comments you might have in the **Comments** field.

4 Click **OK**.

Lesson 6

Using Transaction Codes

PracticeWorks uses the following transaction codes, which you can add, edit, and delete:

- Dental codes
- Patient payment codes
- Insurance payment codes
- Adjustment codes
- Automatic codes
- Comment codes

Dental Codes

Dental codes are the ADA codes you use in your office. To determine the dental codes for your office, print, evaluate, and edit your current list of codes.

Printing Dental Codes

To print the current list of dental codes:

1 Select **File > Print > Other/Misc Reports > Treatment code by list category.** The **Treatment Code List** is displayed

2 Click **OK** to print all of the codes. The **Report Destination** window is displayed.

3 Click **Print to Printer** and **OK.**

Evaluating Dental Codes

To evaluate dental codes:

- Highlight each code you do not use in your practice. These should be removed.

- Using a different color, highlight any code that requires a different description (a description can be as long as 25 characters, including spaces).

- You can have up to three different fee schedules. Multiple fee schedules are appropriate if you have multiple providers, at least some of whom charge different fees. If you have only one fee schedule, write the fees in the column headed **Fee 1**. The fees entered here are the regular fees that the practice charges. These fee schedules are not used for insurance fees.

- Use the **Abbrev** column if you want to use an abbreviation instead of the ADA code number when entering procedures. Abbreviations are a maximum of eight characters; spaces cannot be used.

- Put a checkmark by those procedures most frequently performed in your practice. When you edit the transaction codes, select **Print on route slip** for these procedures. You are limited to 35 codes on a route slip.

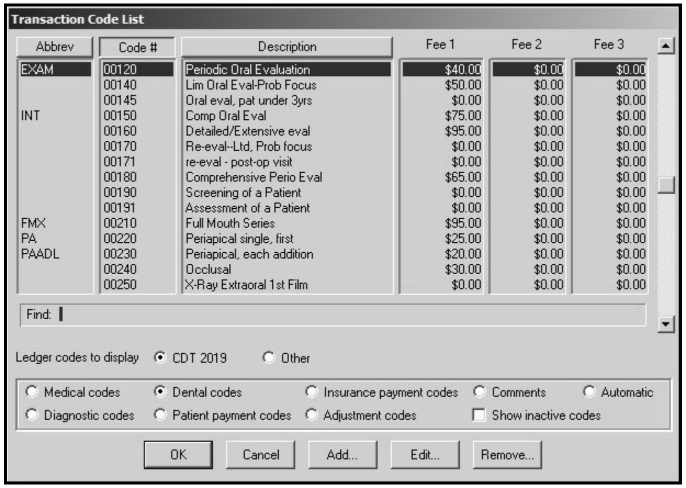
Note

After a transaction code has been used, it cannot be deleted. It can, however, be marked as inactive and removed from the list of active codes.

Editing Dental Codes

To edit dental codes:

1 Select **Lists > Transaction Codes.** The **Transaction Code List** window is displayed, sorted by **Code #.** The codes that are displayed depend on the button selected at the bottom of the window in the **Ledger codes to display** area.



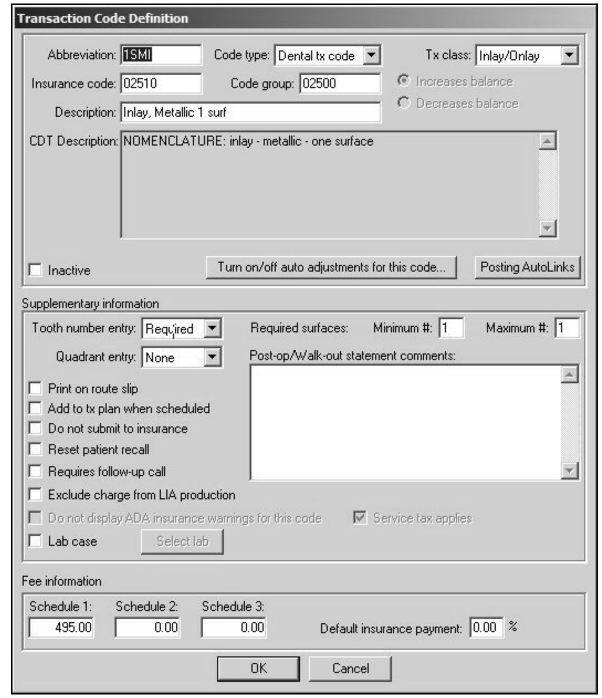
2 To delete a code, scroll to the code that you want to delete and click **Remove.**

3 To add a code, click **Add.** The **Transaction Code Definition** window is displayed. Enter all of the necessary data, and click **OK.**

Note

You cannot delete a code if it has been charged, is part of a pre-defined appointment or a treatment plan, or is scheduled.

4 To edit a transaction code, scroll to that code and click **Edit.** The **Transaction Code Definition** window is displayed.



5 Based on the edits indicated on your hard copy of the transaction codes, make the appropriate changes.

Use the following guidelines when making changes:

- Select **Inactive** to deactivate a code. You can reactivate it at any time.
- Click **Print on route slip** if this procedure is performed frequently. The procedure is added to the route slip as an optional service.
- Click **Do not submit to insurance** to prevent the transaction code from printing on insurance forms.

- Click **Reset patient recall** to reset a patient's recall cycle.
- Click **Requires follow-up call**, if appropriate. This information displays on the **Daily Production Detail** report, in the **Call Back Contact Expert**, and in Practice Central.
- Click **Lab case** if this procedure always receives a lab case. This option is typically used for delivery codes created by your office. It is not to be used on prep appointments.
- To print comments on a walkout statement when this procedure is performed, type the comments in the **Post op/Walk-out statements comments** field.
- Under **Fee Information**, enter the fees that correspond to the **Schedule 1**, **Schedule 2**, and **Schedule 3** columns on your printed list.
- Leave **Default insurance payment %** blank, unless this code is estimated for everyone at this percentage.

6 Click **OK**.

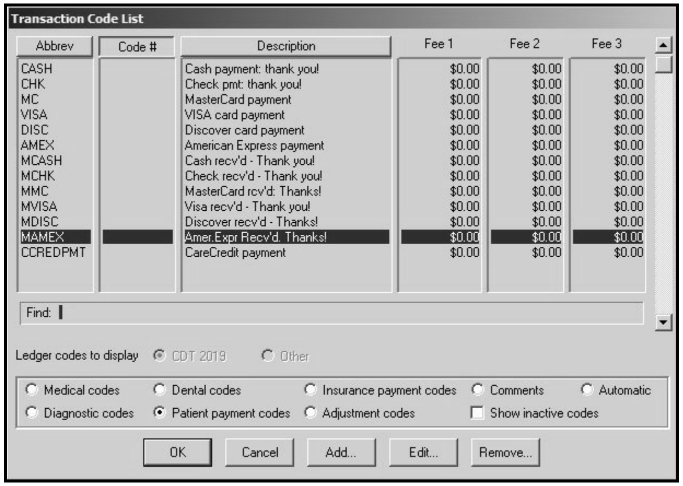
Patient Payment Codes

Patient payment codes indicate how a patient pays for services. Each payment type should have two codes: one to indicate a time of service payment and one to indicate a payment received through the mail. Abbreviations with an **M** in front of them indicate a payment received in the mail.

To display the list of patient payment codes:

1 Select **Lists > Transaction Codes**. The **Transaction Code List** window is displayed.

2 Click **Patient payment codes**. The **Transaction Code List—Patient Payment Codes** window is displayed.



Note

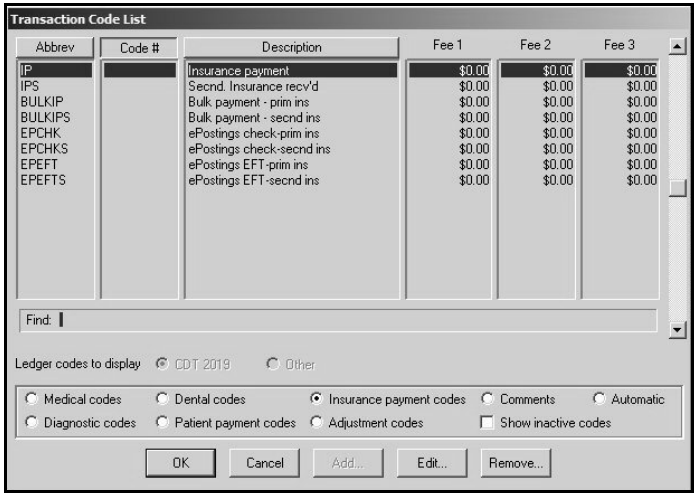
You should not change the default settings for insurance payment codes.

Insurance Payment Codes

Insurance payment codes indicate how an insurance payment is made. To display the list of insurance payment codes:

1 Select **Lists > Transaction Codes.** The **Transaction Code List** window is displayed.

2 Select **Insurance payment codes.** The **Transaction Code List—Insurance Payment Codes** window is displayed.

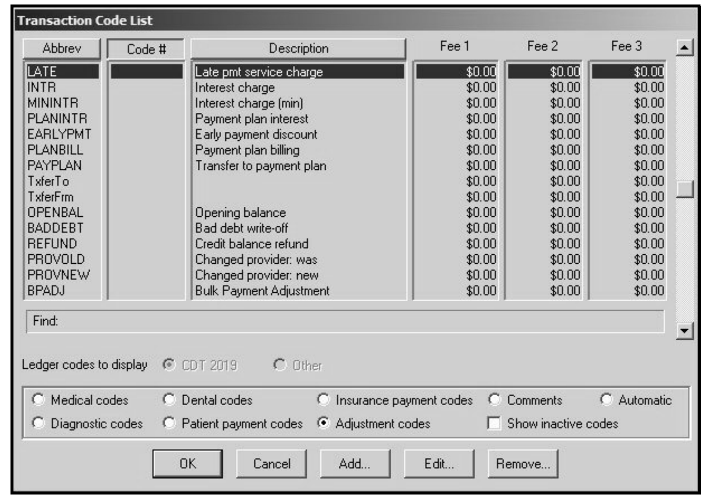


Adjustment Codes

Adjustment codes are used for necessary financial adjustments: refunds, discounts, insurance write-offs, and so on. To display the current list of adjustment codes:

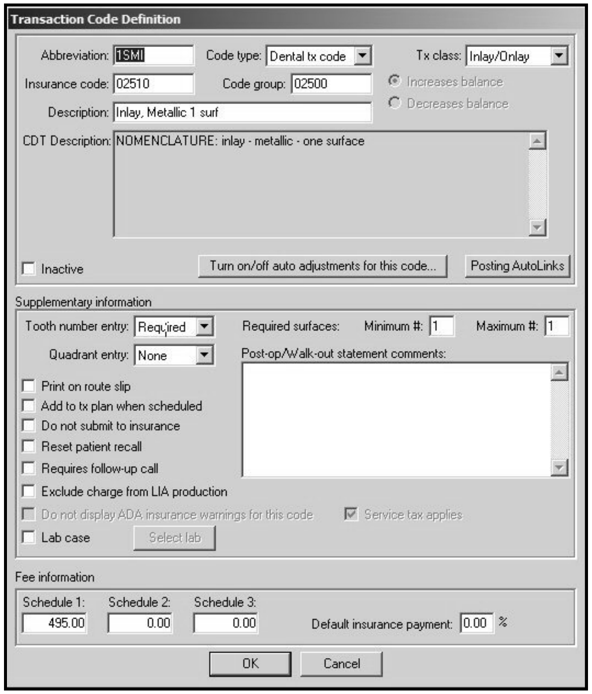
1 Select **Lists > Transaction Codes.** The **Transaction Code List** window is displayed.

2 Select **Adjustment codes.** The **Transaction Code List—Adjustment Codes** window is displayed.



To create an adjustment code:

1 Click **Add.** The **Transaction Code Definition** window is displayed.



2 Type data, or select options, in the following fields:

- **Abbreviation**–Enter an abbreviation using a maximum of 8 characters, but no spaces. This abbreviation is used when entering a code on a patient's account.

- **Description**–Enter a description using a maximum of 25 characters. This is what appears in the list and prints on patient statements.

- **Code type**–Select a code type from the drop-down list: **Adj (collection)**, **Adj (other)**, **Adj (production)**.

  - **Adj (collection)** applies to adjustments that automatically increase or decrease the revenue stream.

  - **Adj (other)** is used when the adjustment does not affect either the collection or production numbers.

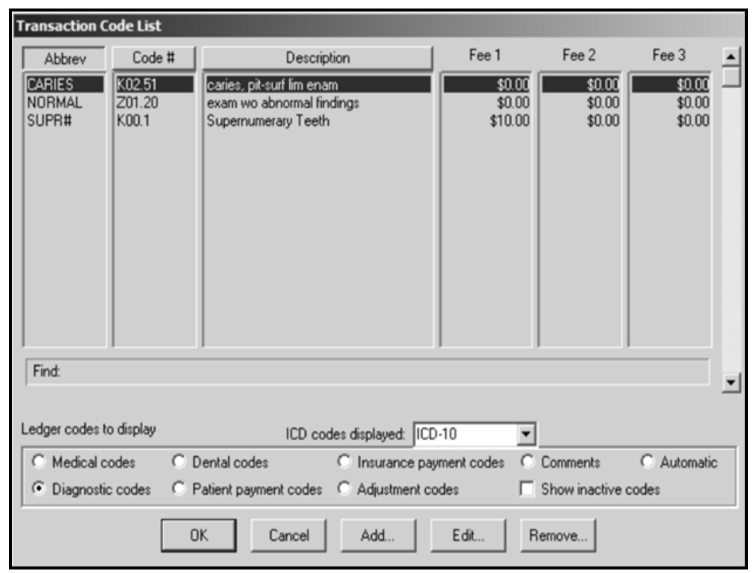
  - **Adj (production)** is used for such things as discounts, courtesies, and insurance adjustments.

- **Increases balance/Decreases balance**–Select an option.

3 Click **OK.**

Diagnostic Codes

Although you can change the setting, PracticeWorks uses ICD-10 codes as the default.

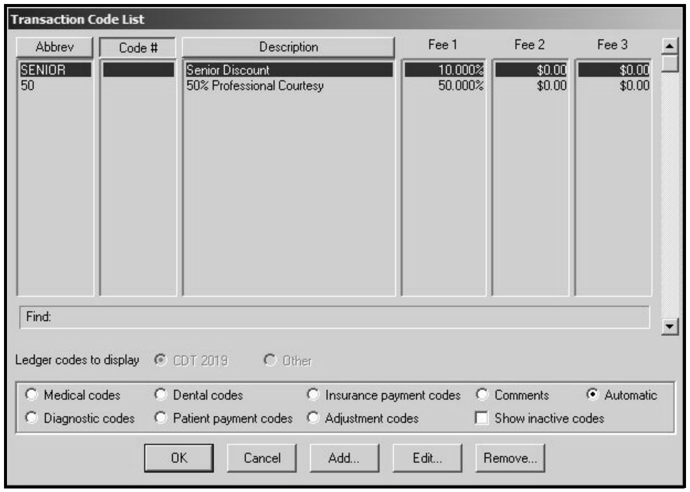


Automatic Codes

Automatic codes are adjustments that are applied automatically to the ledger. To display the current list of automatic codes:

1 Select **Lists > Transaction Codes.** The **Transaction Code List** window is displayed.

2 Select **Automatic.** The **Transaction Code List—Automatic Codes** window is displayed.



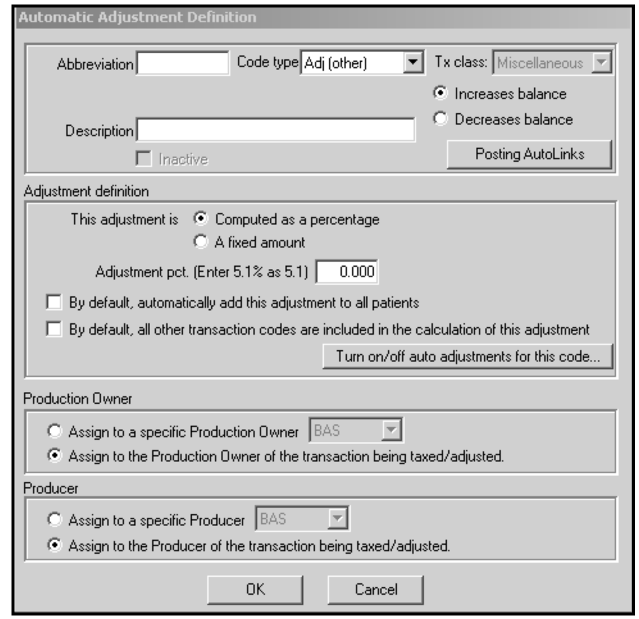
Adding Automatic Codes

To add an automatic code:

1 Select **Lists > Transaction codes.** The **Transaction Code List** window is displayed.

2 Click **Automatic.** The **Transaction Code List—Automatic Codes** window is displayed.

3 Click **Add.** If a message is displayed, click **OK.** A blank **Automatic Adjustment Definition** window is displayed.



4 Type data, or select options, in the following fields:

- **Abbreviation**—Enter an abbreviation using a maximum of 8 characters, but no spaces. This abbreviation is used when entering a code on a patient's account.

- **Description**–Enter a description using a maximum of 25 characters. This is what appears in the list, displays on ledger cards, and prints on patient statements.
- **Code type**–Select one of the following code types from the drop-down list: **Adj (collection)**, **Adj (other)**, **Adj (production)**, or **Tax related.**
    - **Adj (collection)** applies to adjustments that automatically increase or decrease the revenue stream.
    - **Adj (other)** is used when the adjustment does not affect either the collection or production numbers.
    - **Adj (production)** is used for such things as discounts, courtesies, and insurance adjustments.
    - **Tax related** is used when tax is applied to a transaction.
- **Increases balance** or **Decreases balance**–Select an option.
- **This adjustment is**–Select **Computed as a percentage** or **A fixed amount.**
- **Adjustment pct** or **Adjustment amount**–Enter the appropriate percentage or amount.
- **By default, automatically add this adjustment to all patients**–Select this option if you want the software to use this code for all patients.
- **By default, all other transaction codes are included in the calculation of this adjustment**–Select this option if you want the software to include the codes when calculating the adjustment.
    - **Assign to a specific Production Owner** or **Assign to the Production Owner of the transaction being taxed/adjusted**–Select an option.
    - **Assign to a specific Producer** or **Assign to the Producer of the transaction being taxed/adjusted**–Select an option.

5 Click **OK.**

Comment Codes

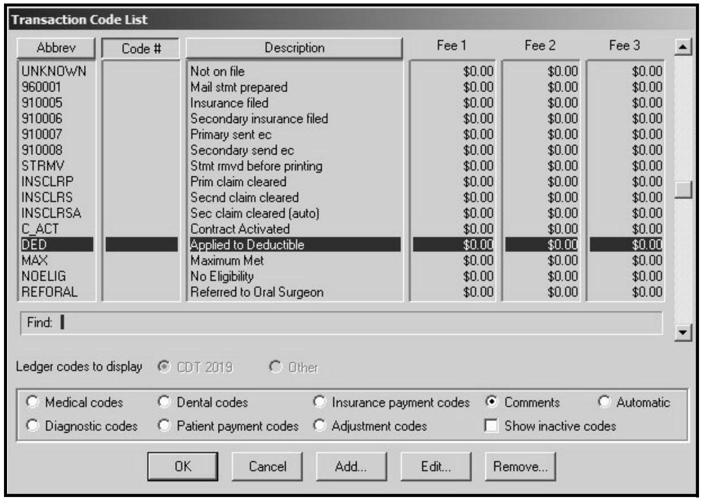
Comment codes represent general comments. A comment code can be printed on a statement. To display the current list of comment codes:

1 Select **Lists > Transaction Codes**. The **Transaction Code List** window is displayed.

2 Select **Comments.** The **Transaction Code List–Comment Codes** window is displayed.

Note

You can add or edit comment codes.



Skill Sharpener

Exercise 1—Edit the transaction code list.

Edit the existing transaction code list in the tutorial so that Fee 1 for a Maryland Bridge is increased from $850 to $900.

To edit the transaction code list:

1. Select **Lists > Transaction codes**. The **Transaction Code List** window is displayed.
2. Click the column header for **Abbrev** to sort by abbreviations.
3. In the **Find** field, type **MRY**. The transaction code for Maryland Bridge is highlighted. **Fee 1** is **$850**.
4. Click **Edit** at the bottom of the window. The **Transaction Code Definition** window is displayed.
5. Change **Schedule 1** to **900**, and click **OK**. The **Update Fees** window is displayed.
6. For this exercise, select **Don't Update At All**, and click **OK**. The **Transaction Code List** window is displayed again.
7. To exit the list, click **Cancel**.

Lesson 7

Using Medical Alerts

Medical alerts are reminders of medical conditions that the patient has. These alerts display on page 2 of the clipboard and in a patient's clinical chart. Medical alerts can be automated to display at specific times.

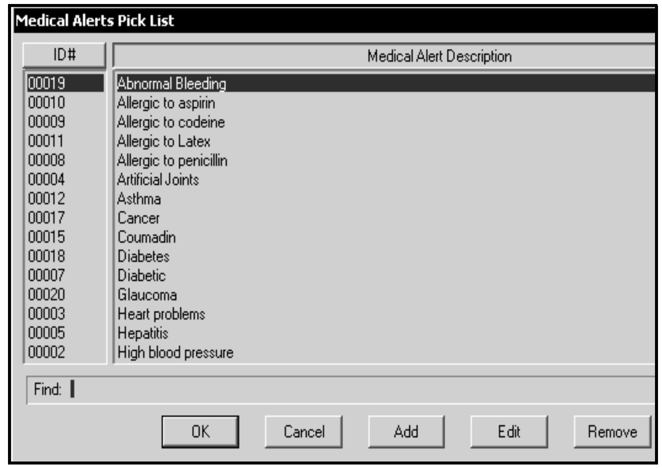
The following list shows examples of medical alerts:

- Abnormal bleeding
- Allergic to aspirin
- Allergic to codeine
- Diabetic
- Heart problems
- High blood pressure
- HIV positive
- Seizures

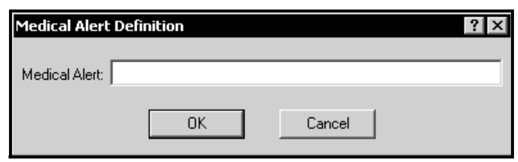
Adding a Medical Alert

To add or edit a medical alert:

1 Select **Lists > Medical Alerts**. The **Medical Alerts Pick List** window is displayed.



2 To add a medical alert, click **Add**. The **Medical Alert Definition** window is displayed.



3 Type the name of the new medical alert, and click **OK**.

4 Click **Cancel** to close the medical alert picklist.

Note

You must have the appropriate security level to add or edit medical alerts.

Skill Sharpeners

Exercise 1—Add a medical alert to a patient's clipboard.

A new patient, Brett Jones, has called to say that he forgot to mention that he is allergic to aspirin.

To add a medical alert about Brett's allergy:

1 Click the **Phone inquiry** button. The **Select person on the phone** window is displayed.

2 Find **Brett Jones**, and click **OK**. The **Phone Inquiry** window is displayed.

3 Click **Clipboard**, and the clipboard for the patient is displayed.

4 Click **Page 2** on the right side of the clipboard. **Page 2** of the clipboard is displayed.

5 Under **Medical alerts**, click **Select**. The **Patient Medical Alerts** window is displayed.

6 Scroll until you find **Allergic to aspirin.** Select it, and click **OK**. The message **Allergic to aspirin** is displayed in the **Medical alerts** section of the clipboard.

7 Click **Page 1** at the bottom of the **Page 2** window. **Page 1** of the clipboard is displayed.

8 Click **OK** and **Close**.

Exercise 2—Add a medical alert to the list of alerts.

Add an alert to the current Medical Alerts list that indicates difficulty in hearing.

1 Select **Lists > Medical Alerts**. The **Medical Alerts Pick List** window is displayed.

2 Click **Add**. The **Medical Alert Definition** window is displayed.

3 Type **Hard of Hearing** in the **Medical Alert** field, and click **OK.** The **Medical Alerts** window is displayed again, and the alert is listed.

4 Click **Cancel.**

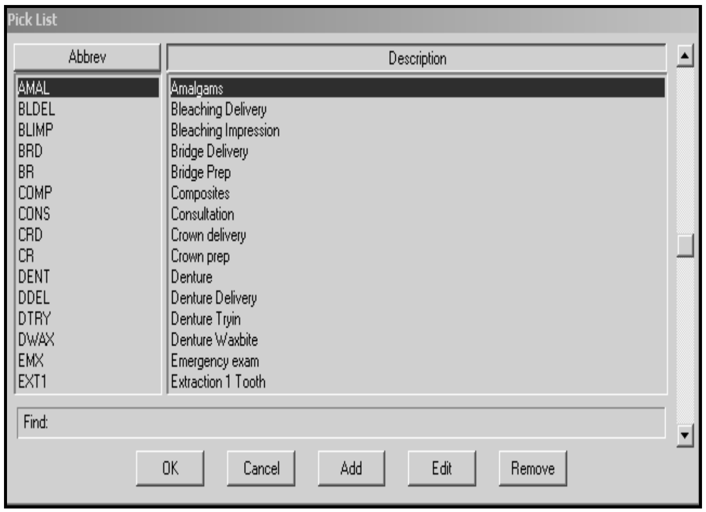
Lesson 8

Setting Up Pre-Defined Appointments

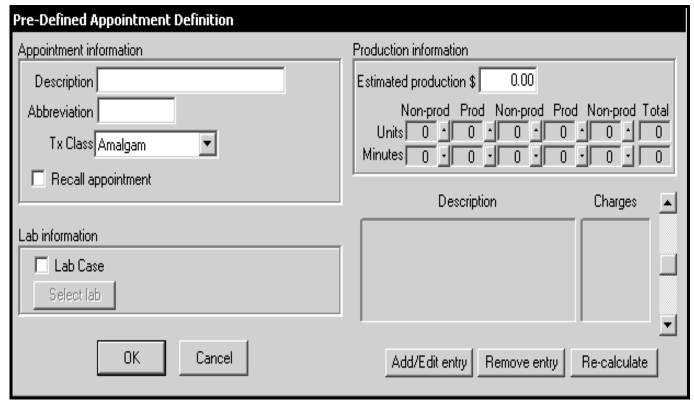
A *pre-defined appointment* has many details already filled in, saving you time when scheduling appointments.

To set up a pre-defined appointment:

1 Select **Lists > Pre-defined appointments**. The **Pre-defined Appointments Pick List** window is displayed.



2 Click **Add**. The **Pre-Defined Appointment Definition** window is displayed.



3 In the **Description** field, type a description for this type of appointment.

4 Press Tab to move to the **Abbreviation** field. Type an abbreviation, five-character maximum, with no spaces.

5 Click the **Tx Class** drop-down arrow, and select the appropriate treatment class.

6 Select **Recall appointment**, if appropriate.

7 Enter an estimated dollar amount in the **Estimated Production** field or enter the ADA codes or abbreviations in the **Description** field, pressing Tab after each code. The **Charges** column displays the standard fee for each code.

Note

When adding ADA codes to a pre-defined appointment, do not add codes that require a tooth number, surfaces, or quadrants, since these will vary from patient to patient.

Note

If you set the recall units to zero and leave the recall section on **Page 2** of the clipboard blank, the software uses the values on the **Pre-Defined Appointment Definition** window.

8 In the **Producer/Non-Producer** grid, click the arrow to enter the number of time units required for this type of appointment. Producer units are for the doctor and hygienist's time; Non-Producer units are for the assistant's time.

9 If a lab case is required for this type of appointment, select **Lab Case**. If you always use the same lab for this type of appointment, click the **Select Lab** button. The **Lab Pick List** window is displayed. Select a lab and click **OK**. The **Pre-Defined Appointment Definition** window is displayed again.

10 Click **OK** to save the data that you entered. The **Pre-Defined Appointments Pick List** window is displayed again.

11 Click **Cancel** to close the window.

Skill Sharpeners

Exercise 1—Add a pre-defined appointment for PM—Perio Maintenance.

To add the appointment:

1 Select **Lists > Pre-defined appointments**. The **Pick List** window is displayed.

2 Click **Add**. The **Pre-Defined Appointment Definition** window is displayed.

3 In the **Description** field, type **Perio Maintenance**.

4 Press Tab. The cursor moves to the **Abbreviation** field. Enter **PM**.

5 Click the **Tx Class** drop-down list, and select **Hygiene.**

6 Select the **Recall appointment** option.

7 In the **Producer/Non-Producer** grid, click the arrows to show **0/6/1/0/0/0** (0 units of non-producer time and 6 units of producer time, 1 unit of non-producer time, followed by 0's in the remaining fields).

8 Click the **Description** column, and enter **150**. This is the ADA code for Periodontal Maintenance. Press Tab. The code, a description, and the standard fee are automatically generated.

9 Press Tab to accept the fee. The cursor moves to the next line in the **Description** column.

10 Click **OK.** The **Pick List** window is displayed.

11 Click **Cancel**.

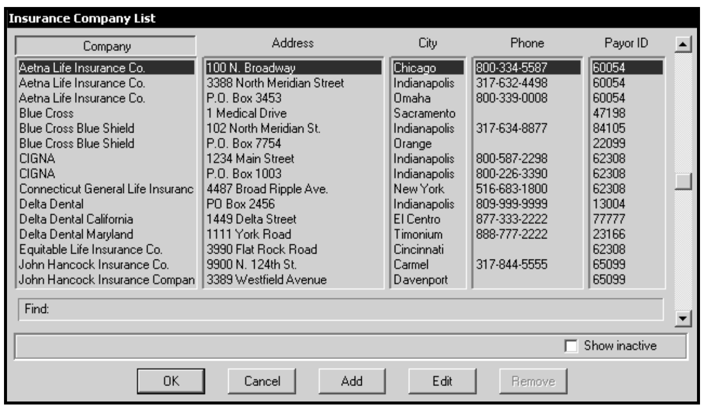
Setting Up Insurance Companies

Before you can submit a claim or add a patient's insurance information, you must have the patient's insurance company set up in the software.

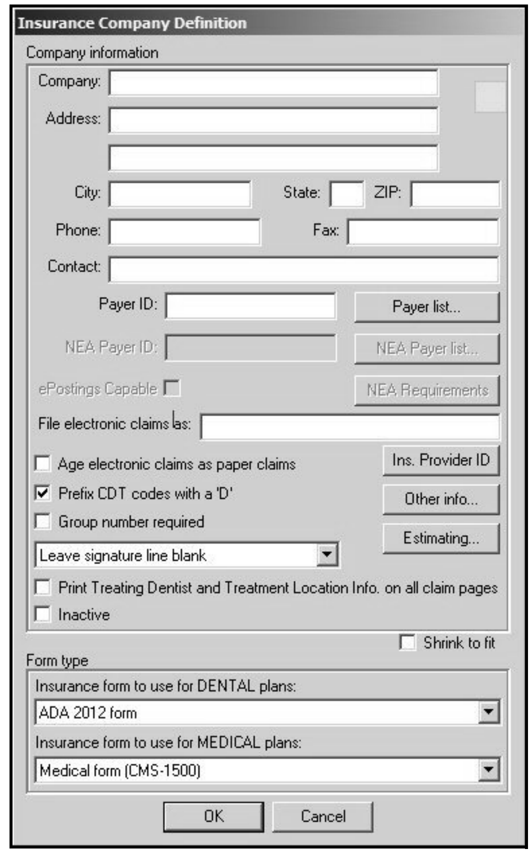
Adding an Insurance Company

To add an insurance company:

1 Select **Lists > Insurance companies.** The **Insurance Company List** window is displayed and shows the insurance companies that have already been added to the software.



2 To add an insurance company, click **Add.** The **Insurance Company Definition** window is displayed.



3 Enter the required information, and click **OK.**

Note

In many cases, one insurance company has different branches. For every branch address, set up a separate company. The company name is the same, but the address is different.

Tip

Determine your naming conventions before you start entering company names. Make sure the names are spelled consistently.

Skill Sharpener

Exercise 1—Add an insurance company.

You need to add the Travelers Life Insurance Company with this address: 3935 Eagle Creek Parkway, Omaha, Nebraska 78888.

To add the insurance company:

1 Select **Lists > Insurance Companies**. The **Insurance Company List** window is displayed with the cursor in the **Find** field.

2 Type the first three letters of the name of the insurance company, **TRA**, in the **Find** field. The first Traveler's in the list is selected. None of the entries, however, has the address **3935 Eagle Parkway**. Therefore, it is safe to add this branch.

3 Click **Add**. The **Insurance Company Definition** window is displayed with the cursor in the **Company** field. Type **travelers life insurance co** in lowercase letters—the software capitalizes for you. Press Tab.

4 Type **3935 eagle creek parkway**, and press Tab twice to move to the **ZIP code** field.

Note

The first time that you use a particular zip code, you must enter the city and state.

5 Enter **78888**, the zip code. After you press Tab, the system fills in the city and state fields automatically. This occurs whenever you use a zip code that has been used before.

6 Type **8005551212x100** (the telephone number and the extension) in the **Phone** field. Press Tab twice. The software formats the telephone number, and the cursor is in the **Contact** field.

7 Click **OK**, and the **Insurance Company List** window is displayed.

8 Click **Cancel**.

Lesson 10

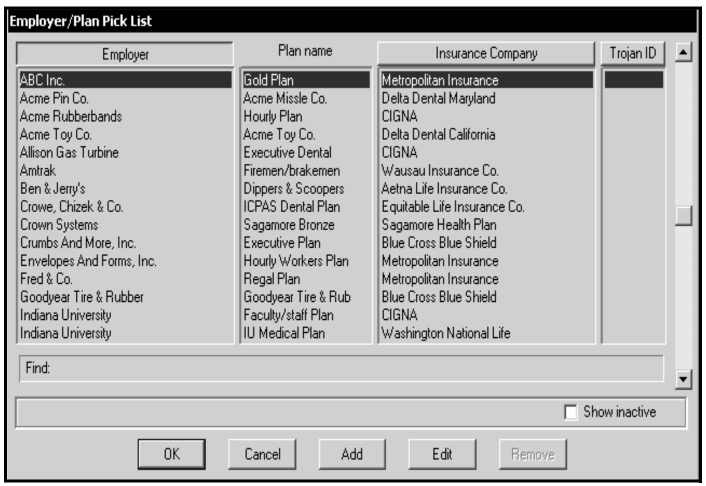
Setting Up Employer/Plans

Many employers offer insurance as a benefit to their employees. Some employers offer more than one insurance plan. An employer/plan refers to the combination of an employer with a specific insurance plan and its associated benefits.

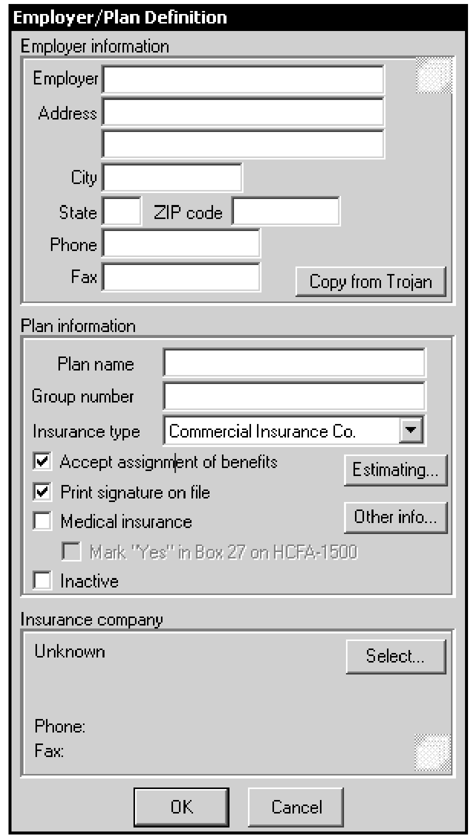
Adding an Employer/Plan

To add an employer/plan:

1 Select **Lists > Employer/plans.** The **Employer/Plan Pick List** window is displayed and shows the employer/plans that have already been added to the software.



2 To add another employer/plan, click **Add.** The **Employer/Plan Definition** window is displayed.



3 Enter the required information, and click **OK.**

Important

An employer may have several different insurance plans. Enter each one separately.

Tip

Because many employers offer more than one insurance plan, use the **Plan Name** field to summarize the benefits for that plan. For example, type **100/80/50 - 50/1000**.

Skill Sharpeners

Exercise 1—Add a company and an insurance plan.

Several of your patients work for the Crunchy Frog Chocolate Company, located at 1234 Main Street, Greenfield, Indiana, 46222. Crunchy offers just one insurance plan, the Platinum Plan. Their claims are filed with the Travelers claim processing office at 3935 Eagle Creek Parkway in Omaha. You need to add Crunchy Frog to the system.

Note

Do not use the word **The** as the first word in the **Company** field, even if that is the legal name of the company.

To add the company and plan:

1 Select **Lists > Employer/plans**. The **Employer/Plan Pick List** window is displayed. The cursor is in the **Find** field.

2 Type **cru**, the first three letters of **Crunchy Frog**, to make sure that this employer/plan has not already been entered. There might be, for example, a Crunchy Frog/Bronze plan. After looking at the list, you can see that there is no entry for Crunchy Frog.

3 Click **Add**. The **Employer/Plan Definition** window is displayed with the cursor in the **Employer** field.

4 Type **crunchy frog chocolate co.**, and press Tab. The cursor moves to the **Address** field.

5 Type **1234 main street**, and press Tab twice. The cursor moves to the **ZIP code** field.

6 Type **46222**, and press Tab. The **City** and **State** fields are filled in automatically, and the cursor moves to the **Phone** field.

7 The area code **999** has been generated automatically. Type **2994146** without spaces or punctuation. Press Tab three times, and the cursor is in the **Plan Name** field.

8 Type **platinum plan**, and press Tab. The cursor moves to the **Group Number** field.

9 Type **G 999**, and press Tab.

10 For this example, make sure that **Accept assignment of benefits** and **Print signature on file** are checked.

11 In the **Insurance Company** section, click **Select**. The **Select the insurance company that this plan is through** window is displayed with the cursor in the **Find** field.

12 You want to find the Travelers claim office in Omaha. Type **TRA**. There is more than one Travelers, so scroll down until you find the one on **Eagle Creek Parkway.** Select it, and click **OK.** The **Employer/Plan Definition** window is displayed again.

13 Click **OK**. The **Employer/Plan Pick List** window is displayed, and **Crunchy Frog Chocolate Co./Platinum Plan** has been added to the list.

14 Click **Cancel.**

Exercise 2—Add insurance estimating information for Crunchy Frog Chocolate Co.'s Platinum Plan.

Copy the information in the **Office Wide Default** fields to the Crunchy Frog Chocolate Co./Platinum Plan. Then make the following changes in the Platinum Plan:

- Change the percentage paid for preventive procedures to 90%.
- Change the individual deductible to $100.
- Change the family deductible to $300.

To copy the code-specific estimating information from the office wide defaults to the Platinum Plan and make the required changes:

1 Select **Lists > Employer/plan**, and the **Employer/Plan Pick List** window is displayed.

2 Select the **Crunchy Frog Chocolate Co./Platinum Plan**, and click **OK**. The **Employer/Plan Definition** window is displayed.

3 Click **Estimating**, and the **Benefit Table** window for the Crunchy Frog/Platinum Plan is displayed.

4 Click **Copy from**. The **Copy Estimating Info From** window is displayed.

5 Select **the office wide defaults**, and click **OK.**

6 In the **Code-Specific Estimating Information** section, select **Don't copy any code specific estimating details from the office wide defaults.**

7 Click **OK.** The **Benefit Table** window for Crunchy Frog Chocolate Co. is displayed again, but now it contains code-specific data.

8 In the **% Paid** column for code range 00120 to 01999, change **100.00** to **90.00**.

9 In the **Individual deductible amount** field, change **50** to **100**.

10 In the **Family deductible amount** field, change **150** to **300.**

11 Click **OK.** The **Employer/Plan Definition** window is displayed.

12 Click **OK.** The **Employer/Plan Pick List** window is displayed.

13 Click **Cancel.**

Lesson 11

Using Treatment Plans

A *treatment plan* is a list of one or more procedures that the doctor has diagnosed as necessary. Typically, it is submitted to a patient and then approved by the patient. The software tracks both accepted and non-accepted treatment plans.

A treatment plan–frequently written as *Tx plan*–informs a patient about what to expect: how many visits constitute the course of treatment, what is covered by insurance, and how much the patient has to pay.

Insurance pre-determinations are generated from the patient's treatment plan.

Setting Up a Treatment Plan

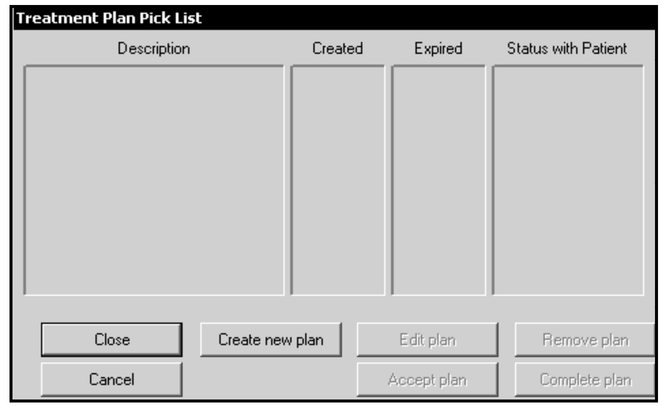
To set up a treatment plan for a patient:

1 Click the **Phone inquiry** button. The **Select person on the phone** window is displayed.

2 Find the patient that you want. Select that patient and click **OK**. The **Phone Inquiry** window is displayed.

3 Click **Clipboard.** The patient's clipboard is displayed.

4 Click **Tx Plan** on the right side of the clipboard. The **Treatment Plan Pick List** window is displayed. If no treatment plans have been created for this patient, the list is blank.

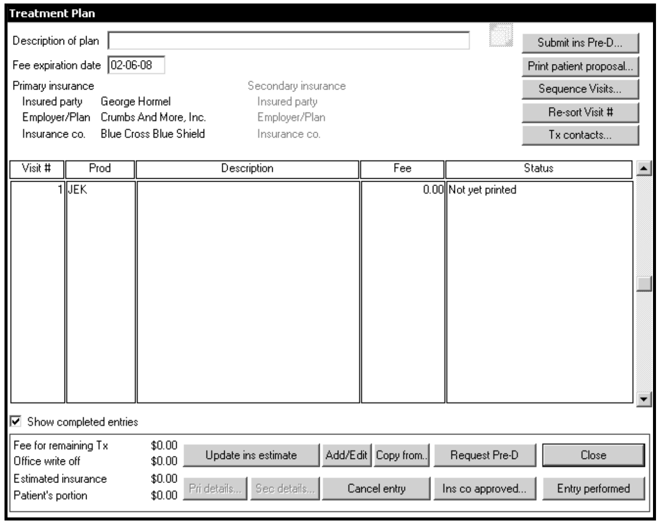


5 Click **Create new plan**. A blank **Treatment Plan** window is displayed.

Note

You can create more than one treatment plan for a patient, and give the patient a choice. Only one treatment plan, however, can be active at a time.

Phone Inquiry



Note

If a patient has multiple treatment plans, the name you give the plan distinguishes one plan from another. The description can be based on the treatment needed, option 1 or option 2, or current-year plan.

6 Type the name of the treatment plan, and then press Tab. The cursor moves to the **Fee expiration date** field. This date indicates how long the quoted price is in effect.

7 Press Tab to move to the **Visit #** field. Visit # is used when the treatment logically requires more than one visit.

8 Press Tab to accept the default, **Visit #1**. The cursor moves to the **Prod** column.

9 Press Tab to accept the default producer, or select another producer. The cursor moves to the **Description** column.

10 Enter the ADA code or the abbreviation for the procedure. If you do not know either of them, press Tab and a list of codes is displayed. Select the correct code in the list, and click **OK**.

11 Press Tab. The cursor moves to the **Fee** column. The standard fee for this procedure is displayed. If you want to change the fee, enter the new amount in this column. Press Tab to move to the next line.

12 If additional procedures are part of the treatment plan, enter them in the same way as you entered the first procedure.

13 When you have entered all of the procedures, click **Close.**

Printing Treatment Plans

To print an existing treatment plan:

1 Click the **Phone Inquiry** button. The **Select person on phone** window is displayed.

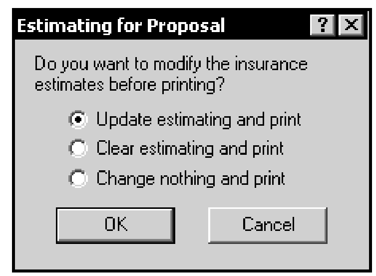
2 Find the patient that you want. Select that patient and click **OK.** The **Phone Inquiry** window is displayed.

3 Click **Clipboard.** The patient's clipboard is displayed.

4 Click **Tx plan.** The **Treatment Plan Pick List** window is displayed.

5 Select the treatment plan you want to print, and click **Edit plan.** The **Treatment Plan** window is displayed.

6 Click **Print patient proposal.** The **Estimating for Proposal** window is displayed.



7 Select one of the options, and click **OK.** The **Report Destination** window is displayed.

8 For a hard copy, click **Print to Printer**, and click **OK.** A message is displayed.

9 Click **Yes** if you want the proposal formatted to fit in a window envelope. Click **No** if you are not planning to mail the proposal.

10 Click **Close.**

Entering Acceptance of Treatment Plans

To indicate a patient's acceptance of a treatment plan:

1 Open the patient's clipboard.

2 Click **Tx plan**. The **Treatment Plan Pick List** window is displayed.

3 Select the treatment plan, and click **Accept plan**. The **Status with Patient** column changes from **Proposed** to **Accepted**.

4 Click **Close**. The clipboard is displayed again.

5 Click **OK** to close the clipboard.

Submitting Pre-Determinations

The patient has an interest in knowing what part of the cost is covered by insurance. This is accomplished through a pre-determination.

To pre-determine insurance benefits:

1 Open the patient's clipboard.

2 Click **Tx plan**. The **Treatment Plan Pick List** window is displayed.

3 Click **Edit plan**. The **Treatment Plan** window is displayed.

4 Select the procedure for which you want a pre-determination, and click **Request Pre-D**. The **Status** column on the window changes to **Waiting to submit Pre-D**.

5 Repeat step 4 for each procedure to be included on the pre-determination until each one is listed as **Waiting to submit Pre-D** in the **Status** column.

6 Click **Submit ins Pre-D**. The **Submit for Predetermination** window is displayed. Select to print the form on paper or submit it electronically. If the patient has secondary insurance you can submit the secondary predetermination now or wait until the primary approval is received.

7 Click **OK**, and the **Insurance Submittal Information** form is displayed.

8 Review the form, and when you are satisfied, click **OK**.

9 If you selected to print the form on paper, the form prints. If you selected to submit the form electronically, it is submitted in the next batch of electronic claims.

10 Click **Close** to close the treatment plan, click **Close** to close the treatment plan pick list, and click **OK** to close the clipboard.

Approvals of Pre-Determinations

A response from the insurance company includes a pre-authorization number, the total amount of benefits, and the amount that the insurance company pays for each submitted procedure.

To enter the pre-determined benefits:

1 Open the patient's clipboard.

2 Click **Tx plan**. The **Treatment Plan Pick List** window is displayed.

3 Click **Edit plan**. The **Treatment Plan** window is displayed.

4 Select the procedure, and click **Enter Approval**. The **Approved Treatment** window is displayed.

5 Type the total amount approved for the treatment plan in the **Predetermination amount** field, and press Tab. The cursor moves to the **Preauthorization #** field.

6 If the insurance company has included a preauthorization #, type the number. If there is no preauthorization #, leave the field blank.

7 For each procedure enter the preauthorization date, approval status, and the approved amount. The total of the individual approved amounts must equal the preauthorization amount at the top of the window.

8 When finished, click **OK, update the blue book** to update blue book entries, or click **Ok, don't update the blue book** to close the window.

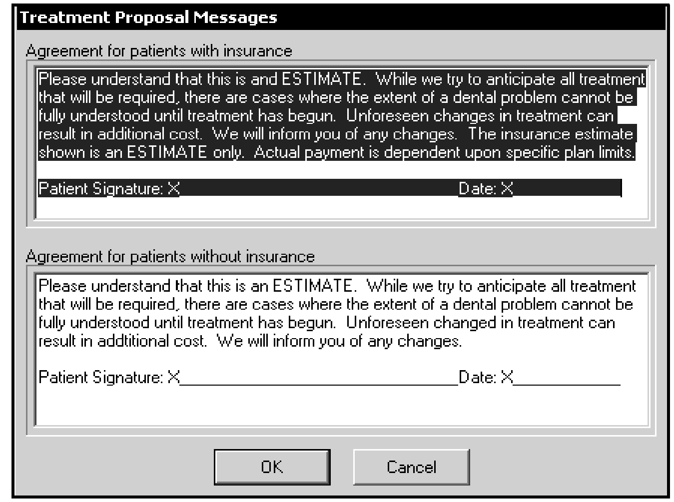
9 Click **Close** to close the treatment plan.

Creating Treatment Plan Messages

There are two categories of treatment plan messages: one for patients with insurance; one for patients without insurance. The appropriate message is displayed on a printed treatment plan.

To create the treatment plan messages:

1 Select **File > Preferences > Tx proposal messages**. The **Treatment Proposal Messages** window is displayed.



2 Click in either box and enter the message you want to print on the treatment proposal.

3 Click **OK**.

Skill Sharpeners

Exercise 1—Set up a treatment plan.

At 2:00 today, George Hormel has an appointment. Dr. Klein wants to recommend a treatment consisting of two crowns of a particular type. The ADA code for this procedure is 2750; the abbreviation for the same procedure is CRPHN, crown porcelain with high noble metal. The teeth that are affected are numbers 19 and 30. The treatment requires two visits.

To set up the treatment plan for Mr. Hormel:

1 Right-click on Mr. Hormel's appointment. A shortcut menu is displayed.

2 Select **Clipboard for Hormel, George**, and Mr. Hormel's clipboard is displayed.

3 Click **Tx plan** on the right side of the clipboard. The **Treatment Plan Pick List** window is displayed. There are no plans listed yet.

4 Click **Create new plan**. A blank **Treatment Plan** is created with the cursor in the **Visit #** field.

5 In the **Description of plan** field, type **Crowns #19 and #30**, and then click in the **Visit #** field.

6 Press Tab to accept the default, which is **Visit #1**. The cursor moves to the **Prod** column.

7 Press Tab to accept the default doctor, **JEK**. The cursor moves to the **Description** column.

8 To add the procedures that make up the treatment plan, enter the ADA code or the corresponding abbreviation. To see a list of ADA codes, press Tab, select the code, and click **OK**.

In this example, enter **2750 19** in the **Description** column—**2750** is the ADA code; **19** is the tooth number.

9 Press Tab to move to the **Fee** column, and the standard fee for this procedure is displayed.

10 Press Tab to accept the standard fee.

11 To enter the second procedure, type **2** in the **Visit #** field, and press Tab twice to move to the **Description** column.

12 Type the abbreviation **crphn 30** in the **Description** column, and press Tab.

13 Press Tab to accept the standard fee.

14 Click **Close**, click **Close** again, and then click **OK**.

Exercise 2—Print the treatment plan created for George Hormel.

To print the treatment plan:

1 Open George Hormel's clipboard.

2 Click **Tx plan**. The **Treatment Plan Pick List** window is displayed with **Crowns #19 and #30 Treatment Plan** highlighted.

3 Click **Edit plan**, and the **Treatment Plan** window is displayed.

4 Click **Print patient proposal** in the upper-right corner of the window. The **Estimating for Proposal** window is displayed.

5 Select one of the options, and click **OK**. The **Report Destination** window is displayed.

6 For a hard copy, click **Print to Printer**, and click **OK**.

7 To print a treatment plan to mail, click **Yes**. To print a treatment plan to give to a patient, click **No**.

8 Click **Close**.

Exercise 3—Indicate that George Hormel has accepted his treatment plan.

To indicate the patient's acceptance of a treatment plan:

1 Open the patient's clipboard.

2 Click **Tx plan** on the right side of the clipboard. The **Treatment Plan Pick List** window is displayed.

3 Select the treatment plan, and click **Accept plan** at the bottom of the window. The **Status with Patient** column changes from **Proposed** to **Accepted.**

4 Click **Close.** The clipboard is displayed again.

5 Click **OK** to close the clipboard.

Exercise 4—Mr. Hormel wants to know what part of the cost of his treatment is covered by insurance.

To pre-determine Mr. Hormel's insurance benefits:

1 Open George Hormel's clipboard.

2 Click **Tx plan** on the right side of the clipboard. The **Treatment Plan Pick List** window is displayed.

3 Click **Edit plan.** The **Treatment Plan** window is displayed.

4 Highlight the first procedure, and click **Request Pre-D** at the bottom of the window. The **Status** column on the window changes to **Waiting to submit Pre-D.**

5 Highlight the second procedure, and click **Request Pre-D.** Its status changes.

Note

In this exercise, the pre-determination is submitted by mail, but it can also be submitted electronically.

6 Click **Submit ins Pre-D** in the upper-right corner of the window. The **Submit for Predetermination** window is displayed. The **Submit Primary** option is selected by default.

7 Select **Print form on paper now.**

8 Click **OK.** The **Insurance Submittal Information** form is displayed.

9 Review the form, and click **OK.** The **Treatment Plan** window is displayed again, and the **Status** column has changed to **Pre-D submitted and includes the date on which it was submitted.**

10 Click **Close.**

Exercise 5—Enter a pre-determination of benefits into the system.

A few weeks later, you receive a response from the insurance company. Your estimate of benefits was $650 ($325 for each procedure), but the insurance only pays $630 ($315 for each procedure). The pre-authorization number is #012345.

To enter the pre-determined benefits:

1 Open George Hormel's clipboard.

2 Click **Tx plan** on the right side of the clipboard. The **Treatment Plan Pick List** window is displayed.

3 Click **Edit plan.** The **Treatment Plan** window is displayed.

4 Highlight the first procedure, and click **Enter Approval.** The **Enter Insurance Approval** window is displayed with the cursor in the **Predetermination amount** field.

5 Type the approved amount—**630**—and press Tab.

6 In the **Preauthorization number** field, type **012345**, and press Tab. The cursor moves to the **Preauth date** field for the first procedure.

7 Press Tab to accept the default date. Press Tab twice to move to the **Approved amt** field.

8 Enter the preauthorized amount–**315**–and press Tab to move to the second procedure.

9 Press Tab to accept today's date. Press Tab twice to move to the **Approved amt** field.

10 Enter **315** in the **Approved amt** field, and click **OK, don't update blue book.** The **Treatment Plan** window is displayed again with the **Status** column changed.

11 Click **Close**. The **Treatment Plan Pick List** window is displayed.

12 Click **Close**. The **Clipboard** window is displayed.

13 Click **OK** to close the clipboard.

Lesson 12

Working with Payment Plans

Payment plans are scheduled payments for services that have been performed.

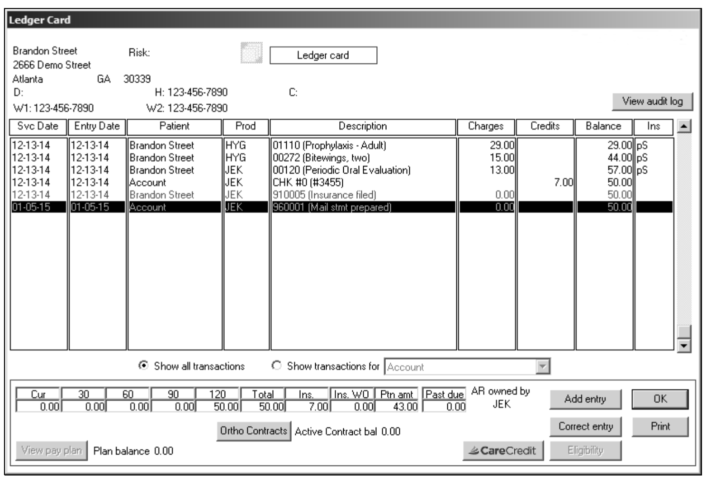
Adding a Payment Plan

To set up a payment plan:

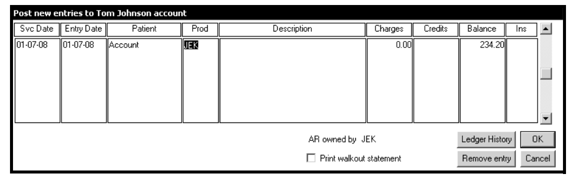
1 Select **Lists > People**. The **Person Pick List** window is displayed.

2 Select the **Responsible Party** for the payments, and click **OK**. The responsible party's clipboard is displayed.

3 Click **Ledger**. The **Ledger Card** window is displayed.

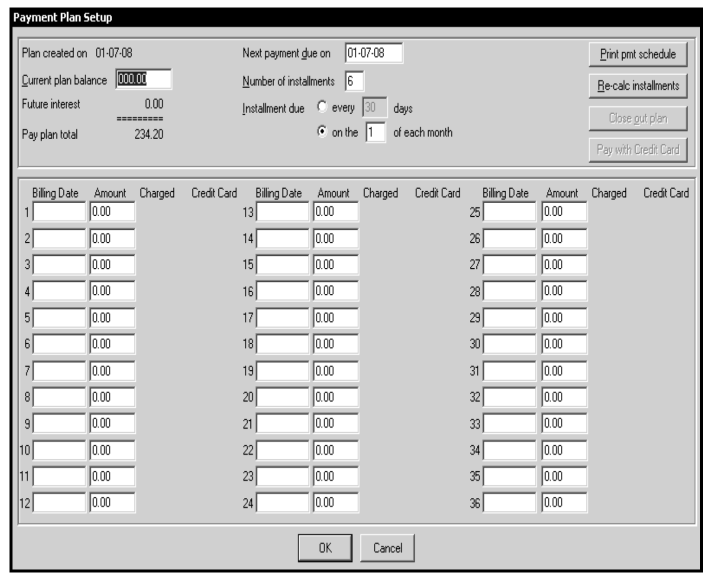


4 Click **Add entry**. The **Post new entries to** window is displayed.



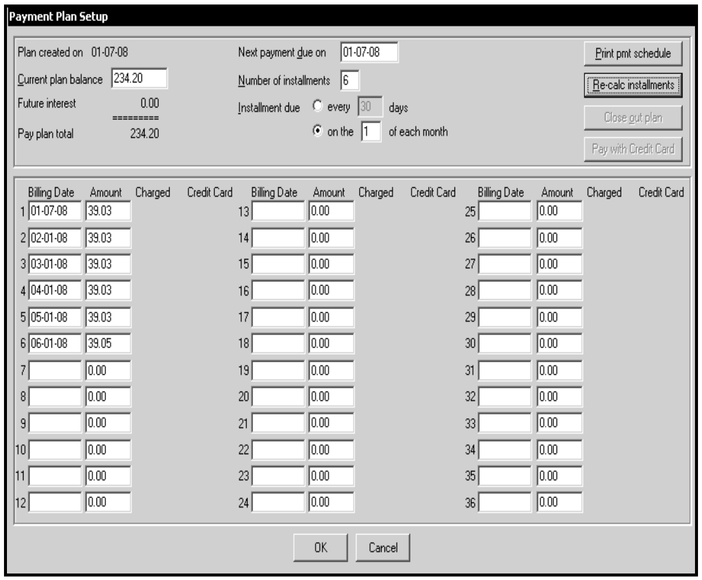
5 Press Tab to move to the **Description** column, and type **PAYPLAN**.

6 Press Tab. The **Payment Plan Setup** window is displayed.



7 Enter the total amount of the payment plan in the **Current plan balance** field. Choose a date that the next payment will be due, the number of installments, and select whether installments are due every **x** number of days or on a specific date each month.

8 When you have entered all of the necessary information, click **Re-calc installments**. The **Payment Plan Setup** window is displayed again, with the payment schedule filled out.



9 Click **Print pmt schedule** to produce a copy of the payment schedule for the patient.

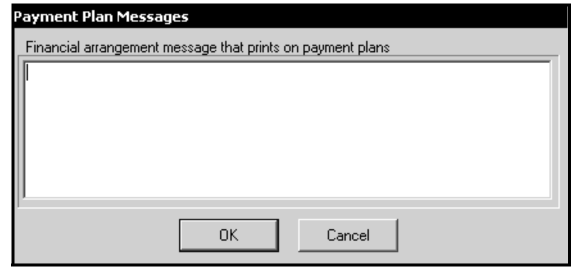
10 Click **OK** to save the data and close the window.

The ledger card is displayed. The amount of the payment plan is credited to the account, and the installments are charged to the account based on the payment plan schedule.

Creating Payment Plan Messages

To create a message that prints on a payment plan, follow these steps.

1 Select **File > Preferences > Payment plan messages**. The **Payment Plan Messages** window is displayed.



2 Type the message, and click **OK.**

Skill Sharpeners

Exercise 1—Post charges for an appointment.

Sheri Demaree has an appointment at 11:10 this morning to have a root canal. The fee is $785. Ms. Demaree has made arrangements to pay $35.00 at the time of treatment and then make fifteen payments of $50, due on the 15th of each month for the root canals.

To check her in and out and accept her payment:

1. Sheri has arrived for her appointment. Right-click on her appointment, and select **Check in.** You might receive messages related to HIPAA or referral sources.
2. Click **OK** to acknowledge any messages. Sheri's appointment is now green, indicating that she has checked in.
3. The doctor is ready to see Sheri. Right-click on her appointment, and click **Seat.** Sheri's appointment is now blue.
4. The doctor has finished Sheri's root canal, and it is time to check her out. Right-click on the appointment, and select **Check out**. Sheri's **Check out ledger card** is displayed. The $785 charge for today's root canal is displayed, giving Sheri a balance of $860. She already owed $75 for a consultation, but that is not part of the payment plan.
5. Press Tab to accept **JEK** in the **Prod** column.
6. In the **Description** column, type **CASH**, and press Tab.
7. In the **Credits** column, type **35**, and press Tab. The balance is reduced to **$825**.
8. Click **OK**. The **Print and Submit Options** window is displayed. Click **OK.**
9. Click **Close**.

Exercise 2—Set up Sheri's payment plan.

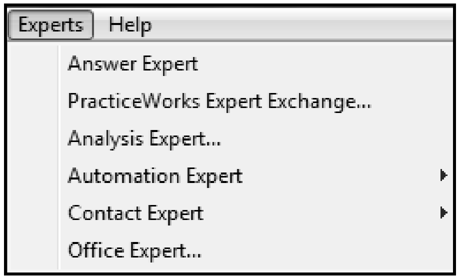
To set up the payment plan:

1. Open Sheri's **clipboard.**
2. Click **Ledger** to the right of the clipboard. The **Ledger Card** is displayed. You can see a $35 payment has been made, and an $860 balance remains.
3. Click **Add entry** near the bottom of the window. The **Post new entries to Sheri Demaree account** window is displayed.
4. Press Tab to accept **JEK** in the **Prod** column, type **PAYPLAN**, and press Tab. The **Payment Plan Setup** window is displayed, and the cursor is in the **Current Plan Balance** field.
5. Type **750** and press Tab. This is the total to be paid on the payment plan. The cursor is in the **Next Payment Due On** field.
6. Type the date that the first payment is due on this payment plan. For this example, leave the default date, and press Tab. The cursor is in the **Number of Installments** field.
7. Type **1**—the number of payments—and press Tab.
8. In the **Installment due** section, select **on the ___ of each month**. Then type **1** in the field, and press Tab.
9. Click **Re-calc installments** in the upper-right corner of the window. The table is displayed with fifteen payments of $50 each.
10. Click **Print pmt schedule to** give a copy to the patient.
11. Click **OK** to save the plan.

Lesson 13

Using Experts

Experts are components that perform certain functions automatically. Select the **Experts** menu, and you have access to the following experts:

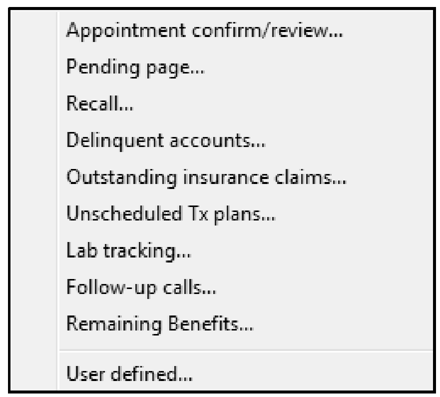


- The Answer Expert accesses the Help system.
- The PracticeWorks Expert Exchange is a tool that enables you to download experts created by others.
- The Analysis Expert enables you to display data in a spreadsheet.
- The Automation Expert is an event-driven process that enables you to incorporate your business rules into the software. You can customize the program so that documents are printed, other programs are run, important reminders are displayed, and so on.

Example: You might have a rule that if no payment has been made on a patient's account in 60 days, payment arrangements must be made when that patient checks in. You can use the Automation Expert to verify at check in whether a patient meets the criteria for such a rule. If so, a message is displayed stating that payment arrangements must be made.

Contact Experts

Contact Experts are interactive reports tracking patient, appointment, and financial information, as well as, notating contacts made with patients, insurance companies, and labs. Select **Experts > Contact Expert**, and a list of the different types of contact experts is displayed, as well as a user-defined option.



Appointment Confirm/Review Contact Expert

There are many occasions when you need to track patient's appointment information. The Appointment Confirm/Review Contact Expert creates a list of patients whom you need to contact based on the criteria that you select. For example, you might want to contact patients for the following reasons:

- You need to call patients to confirm upcoming appointments.
- You want to send post card reminders to patients who have upcoming appointments.
- You have available time in your schedule, and you want to fill them with patients who have requested to come in sooner, if possible.

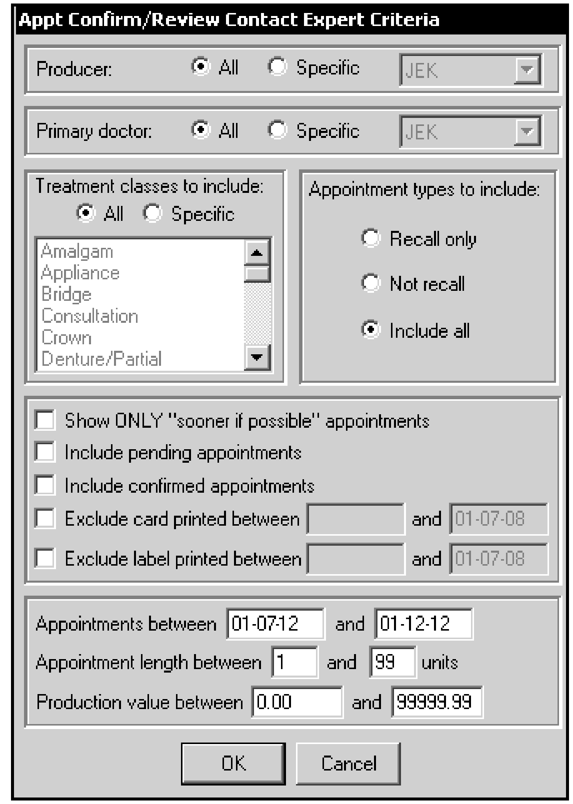
To use the Appointment Confirm/Review Contact Expert to generate a list of patients who meet your criteria:

1 Select **Experts > Contact Expert > Appointment confirm/review**. The **Appointment List Already Exists** window is displayed.

2 To use the last Contact Expert that you created, select **Use existing Contact Expert.**

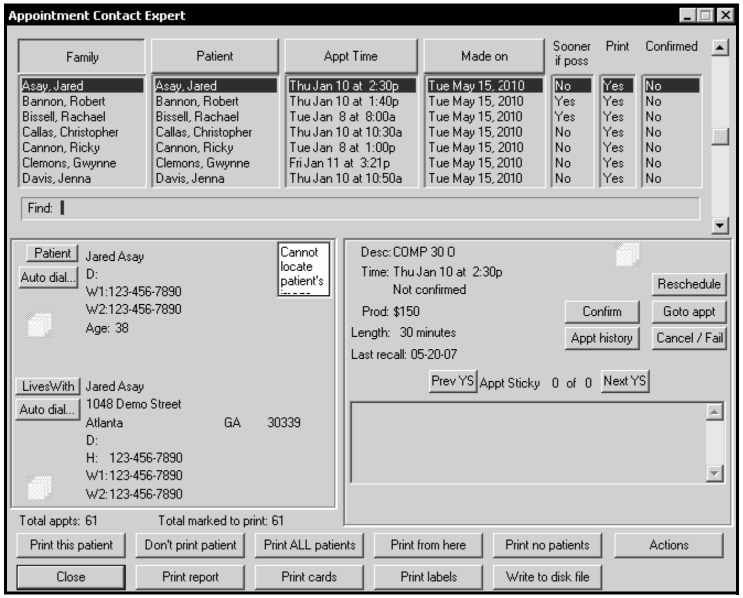
To create a new contact expert, select **Generate new Contact Expert.**

When you create a new Contact Expert, the **Appt Confirm/Review Contact Expert Criteria** window is displayed.



3 Select the options you want and click **OK.**

A list of patients meeting the criteria is displayed at the top of the **Appointment Contact Expert** window. The columns can be sorted and searched by selecting one of the column headings. Highlight a patient's name to display detailed information in the bottom half of the window.



The information in the middle of the window is related to the patient currently highlighted in the list. There following buttons are at the bottom of the window:

- **Print this patient**–Changes the **Print** column for this patient from **No** to **Yes.**
- **Don't print patient**–Changes the **Print** column for this patient from **Yes** to **No.**
- **Print ALL patients**–Changes all entries in the **Print** column to **Yes.**
- **Print from here**–Sets the status in the **Print** column to **Yes** for this patient and all patients that follow in the list.
- **Print no patients**–Sets the status in the **Print** column to **No** for all patients. Use this option to print a few patients from the list. Set them all to **No**, and then change the status for the few you want to print to **Yes.**
- **Actions**–Used to auto-link documents, labels, or cards. You choose whether to apply the selected action to the entire list or only the highlighted record.
- **Close**–Closes the list.
- **Print report**–Prints the generated list, whether the **Print** column is set to **Yes** or **No.**
- **Print cards**–Prints predefined cards for everyone on the list with a **Yes** status in the **Print** column.
- **Print labels**–Prints labels for everyone on the list with a **Yes** status in the **Print** column.
- **Write to disk file**–Copies all entries with a **Yes** in the **Print** column to a file called **APPT.LST.** This is an ASCII file that can be used by most word processors, spreadsheets, and database programs.

Note

Use the **Print Preview** option to view a document before you print it.

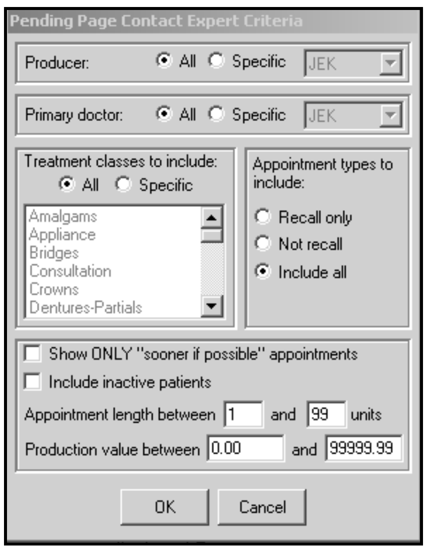
Pending Page Contact Expert

The pending page contains a list of patients who have cancelled or missed appointments. The Pending Page Contact Expert is commonly used to reschedule.

To use the Pending Page Contact Expert:

1 Select **Experts > Contact Expert > Pending Page.** The **Pending Page List Already Exists** window is displayed.

2 To create a new list using criteria that you designate, select **Generate new Contact Expert.** The **Pending Page Contact Expert Criteria** window is displayed.



3 Set the criteria that you want, and click **OK.**

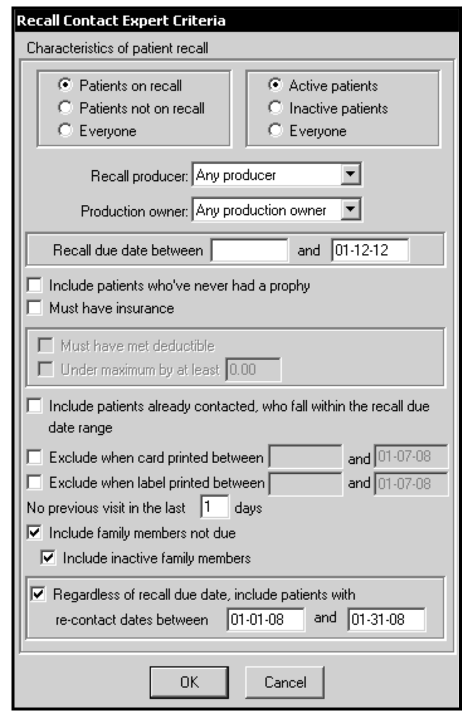
Recall Contact Expert

The Recall Contact Expert generates a list of patients who do not have a recall appointment scheduled, based on criteria you select.

To access the Recall Contact Expert:

1 Select **Experts > Contact Expert > Recall.** The **Recall Contact Expert Already Exists** window is displayed.

2 To create a new list, select **Generate new Contact Expert.** The **Recall Contact Expert Criteria** window is displayed.



You can customize your results with the following options:

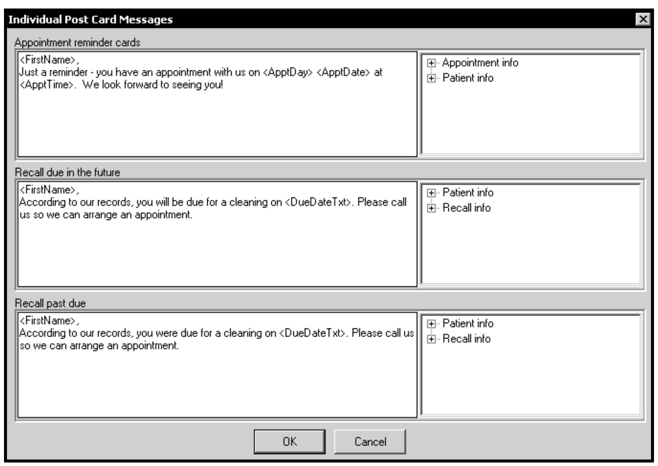
- **Patients on recall**—Includes patients who have the **On recall** option selected on **Page 2** of the clipboard.
- **Active patients**—Includes patients who have the **Active** option selected at the bottom of **Page 1** of the clipboard
- **Recall producer**—Refers to the field on **Page 2** of the clipboard (from which a doctor's initials, hygienist's initials, or the code **HYG** can be selected).
- **Recall Due Date Between**—Type the dates as MM-DD-YY.

3 Enter the appropriate criteria, and then click **OK.**

Post Card Messages

To create post card messages:

1 Select **File > Preferences > Post card messages > Individual post card messages.** The **Individual Post Card Messages** window is displayed.



2 Three types of messages are displayed: **Appointment reminder cards, Recall due in the future**, and **Recall past due.** In the left column, type the text that you want. In the right column, you can select variables to be included in the left column.

Tip

You can also create family post card messages.

3 Click **OK.**

Delinquent Accounts Contact Expert

The Delinquent Accounts Contact Expert generates a list of responsible parties, enabling you to manage overdue accounts. To access this Contact Expert:

1 Select **Experts > Contact Expert > Delinquent accounts.** The **Accounts Expert Already Exists** window is displayed.

2 To specify the criteria to be used in generating the list, select **Generate new Contact Expert**. The **Delinquent Accounts Contact Expert Criteria** window is displayed.

3 Select the criteria, and click **OK**.

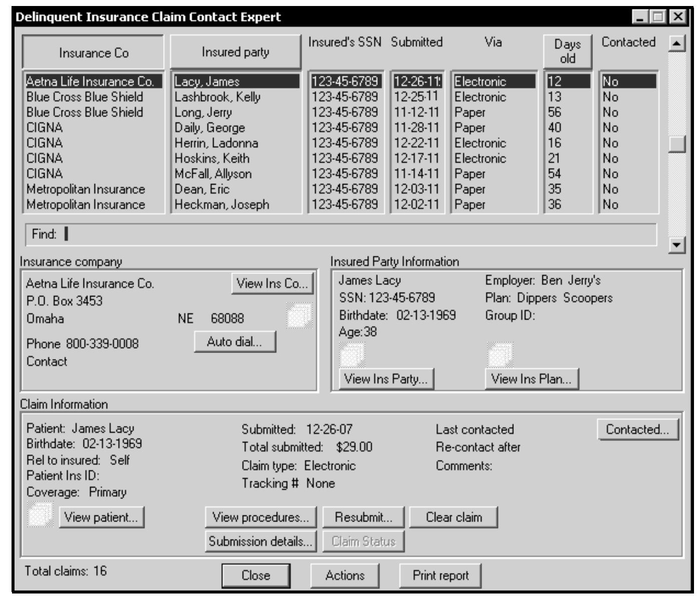
Insurance Claims Contact Expert

The Insurance Claims Contact Expert enables you to generate a list of insurance claims that have not been paid. To access this Contact Expert:

1 Select **Experts > Contact Expert > Outstanding insurance claims**. The **Insurance Expert Already Exists** window is displayed.

2 To specify the criteria to be used in generating the list, select **Generate new Contact Expert**. The **Insurance Claims Contact Expert Criteria** window is displayed.

3 Select the criteria, and click **OK**. The **Delinquent Insurance Claim Contact Expert** window is displayed.

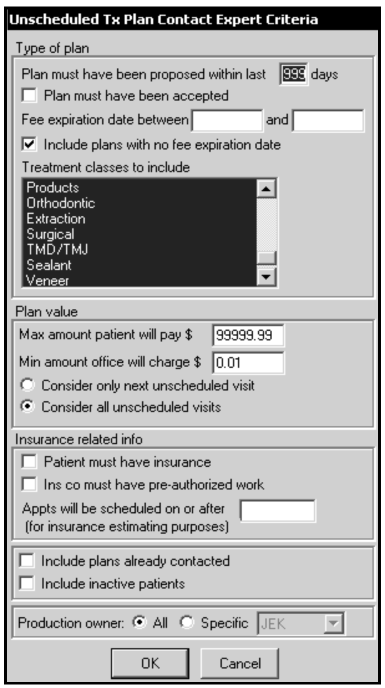


Unscheduled Treatment Plans Contact Expert

The Unscheduled Treatment Plans Contact Expert searches for patients with treatment plans that contain unscheduled visits. To use this Contact Expert:

1 Select **Experts > Contact Expert > Unscheduled Tx plans.** The **Tx Plan Contact Expert Already Exists** window is displayed.

2 Select **Generate New Contact Expert**. The **Unscheduled Tx Plan Contact Expert Criteria** window is displayed.



3 Select the criteria and click **OK.**

Lab Tracking Expert

The software enables you to track appointments that require lab cases to ensure that they are delivered prior to the appointed date and time.

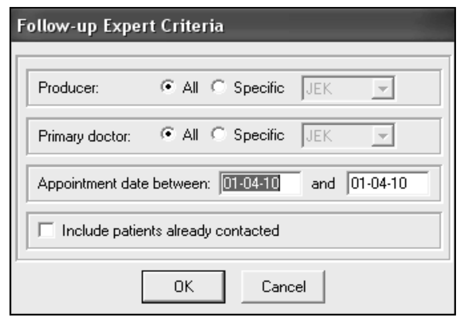
To generate a list of appointments with pending lab cases, select **Experts > Contact Expert > Lab tracking.** The expert looks for all appointments with pending cases, so there is no criteria to enter.

Follow-Up Calls Expert

The software enables you to generate a list of patients who had procedures requiring a follow-up call.

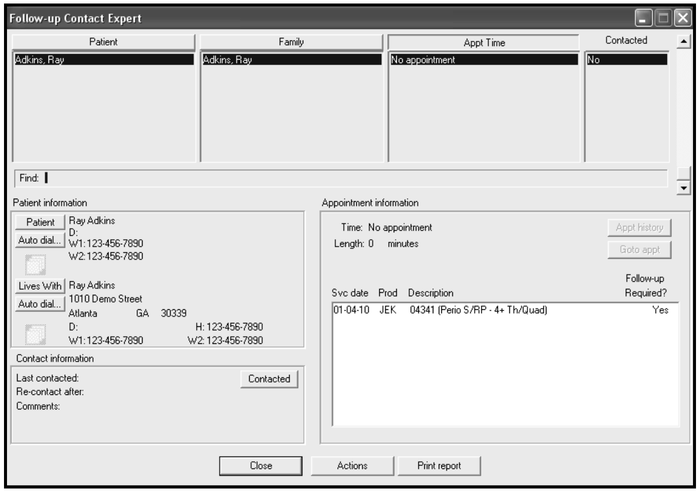
To generate a list of patients requiring a follow-up call:

1 Select **Experts > Contact Expert > Follow-up calls**. The **Follow-up Expert Criteria** window is displayed.



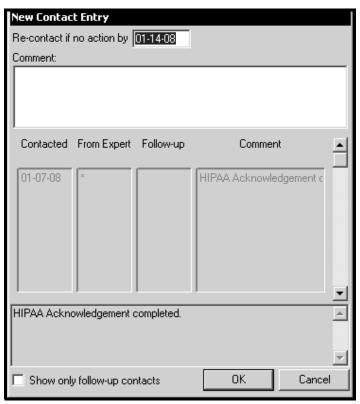
2 Select the criteria and click **OK.**

3 Click **OK**. The **Follow-up Contact Expert** window is displayed, with the most recent contact information for each patient.



In this window, you can call the patient, select **Auto dial** if your office uses this function, or print a report.

4 When you have contacted the patient, click **Contacted**. The **New Contact Entry** window is displayed.



5 Type the appropriate comments, and click **OK** when you are finished.

User-Defined Contact Experts

You can create a user-defined contact expert using PracticeScript, a basic programming language built into the software.

Office Expert

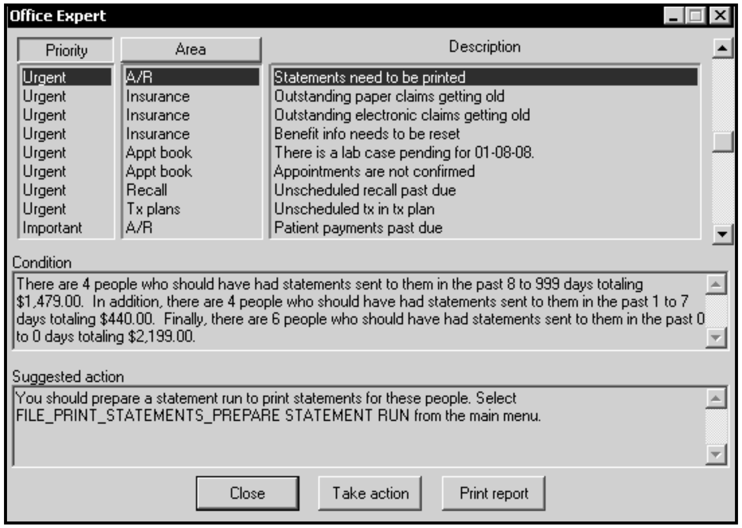
Office Expert is a component that runs automatically when the software is started each day. It examines your patients, accounts, insurance claims, and other items and produces a list of important events that need your attention.

Using Office Expert

The first person to open the software each day sees a message indicating that the Office Expert has been generated.

Click **OK**, and the **Office Expert** window is displayed.

If you choose not to view the Office Expert report at this time, close the **Office Expert** window. You can view Office Expert later by selecting **Experts > Office Expert**. The **Office Expert** window is displayed.



The **Office Expert** window lists the items that require your attention.

The top section of the window has three columns: **Priority**, **Area**, and **Description**. The **Priority** column indicates the importance of the item:

- **Urgent**
- **Important**
- **FYI**

The **Area** column indicates the general area of the software that is affected. The **Description** column provides a short description of the item.

The **Condition** section provides a summary of the highlighted item.

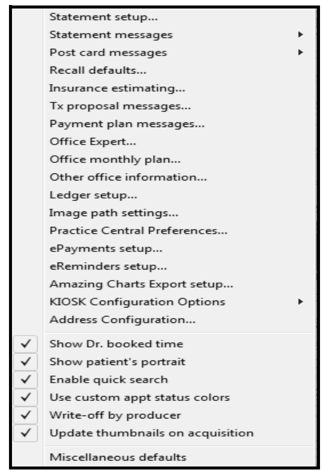
The **Suggested action** section describes an action that addresses the item. In many cases, this action can be initiated by clicking **Take action** at the bottom of the window.

To print the Office Expert report, click **Print report**.

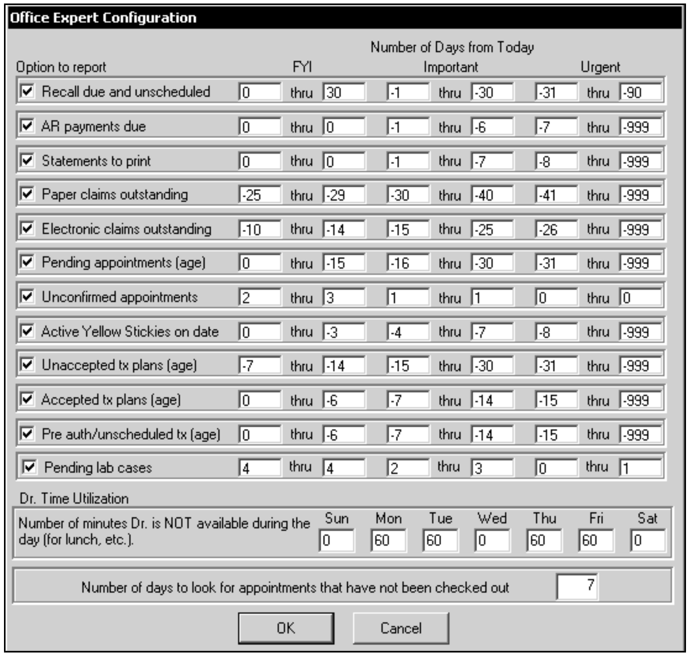
Configuring Office Expert

To configure the Office Expert:

1 Select **File > Preferences**. The **Preferences** menu is displayed.



2 Select **Office Expert**. The **Office Expert Configuration** window is displayed.



3 In the **Office Expert Configuration** window, you can set the following options:

- **Option to report**–Deselect the items you do not want to include in the Office Expert.
- **FYI**, **Important**, **Urgent**–Type numbers in each pair of columns to indicate the range of days that produces the status.

  Example: To configure the Office Expert to notify you if a lab case remains pending four days before an appointment, set the status for this condition to be **FYI**, and enter a **4** in both columns under **FYI** on the **Pending lab cases** line.

  To designate any pending lab cases not received two to three days before an appointment as **Important**, enter **2** in the first column under **Important** and **3** in the second column.

  To report any pending lab cases not received one day before the appointment as **Urgent**, enter **0** and **1** in the columns under **Urgent**.

Skill Sharpeners

Exercise 1—Use a contact expert.

You have received a lab case from Crowns R Us for Beryl Miner. Use the lab tracking contact expert to clear the lab case for Ms Miner and to see how many other lab cases have not yet been received.

To run the lab tracking contact expert:

1 Select **Experts > Contact Expert > Lab Tracking.** The expert runs and then displays the **Lab Tracking Contact Expert** report.

2 The report is sorted by the patient's name. Select **Beryl Miner**, and click **Lab Received.**

3 To find the next appointment for which a lab case has not yet been received, click the **Appt Time** column header to sort the lab cases by appointment date. The next appointment for which the lab case has not been received is Michelle Jones.

Exercise 2—Run an expert.

You need to identify distributable credits. To run the undistributed payments expert:

1 Select **Experts > Undistributed Payments Expert.** The **Undistributed Payments Expert Criteria** window is displayed.

2 Select **All Transactions** and click **OK.** The **Undistributed Payments Expert** window is displayed.

3 To view credits posted to a specific producer, click the **Prod** column; to distribute payments based on the largest distributable amount, click the **Distributable** column.

4 To distribute a credit, click **Distribute.** The **Payment Distribution** window is displayed.

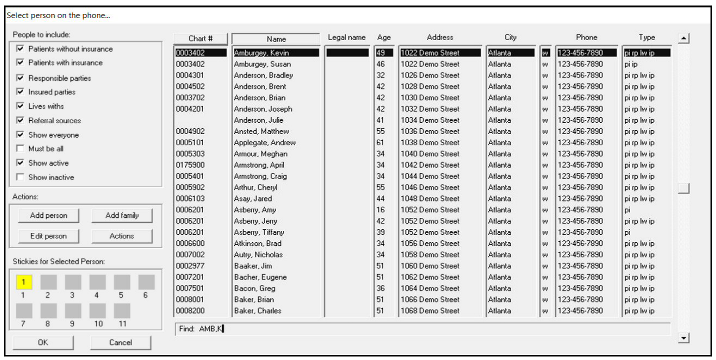
Lesson 14

Making Appointments

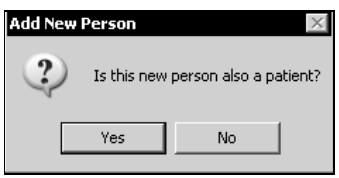
When a new patient contacts you, make sure that the patient is not already in the system. Although the person may not be a patient, he or she might be a responsible party or a dependent of another patient who is in the system.

To make a first appointment:

1 Click the **Phone Inquiry** button. The **Select person on the phone** window is displayed.

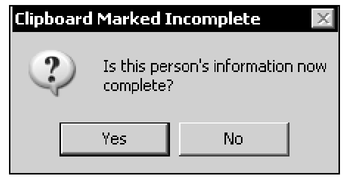


2 After you have verified that the new patient is not already in the system, click **Add.** The **Add New Person** window is displayed.



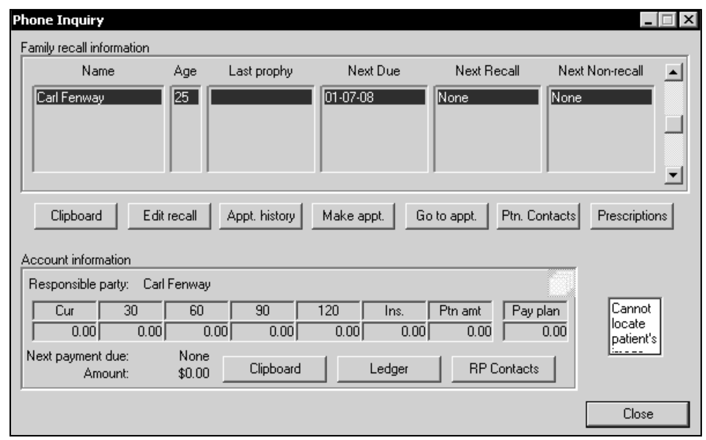
3 Since this person is a patient, click **Yes.** A blank clipboard is displayed.

4 Enter any necessary data, and click **OK.** The **Clipboard Marked Incomplete** window is displayed.



5 Click **Yes**, and the **Select person on the phone** window is displayed again. The patient you just added is selected.

6 Click **OK.** The **Phone Inquiry** window is displayed.



Tip

When you enter data on the clipboard, remember to enter the date of birth in *MMDDYYYY* format.

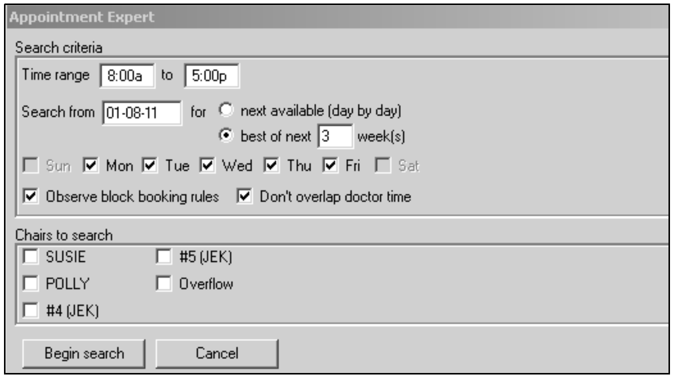
Phone Inquiry

Phone Inquiry

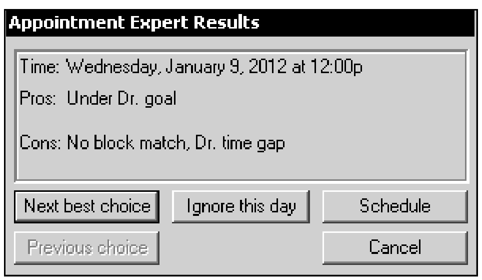
7 Click **Make appt.** The **Make New Appointment** window is displayed.

8 Type **NPA** (new patient adult) in the **Description** field in the **Appointment Information** section.

9 Click **Find.** The **Appointment Expert** window is displayed.



10 Change the appointment criteria to meet the patient's needs, and click **Begin search.** When the software finds the earliest time that meets the criteria, the **Appointment Expert Results** window is displayed.



The tentative appointment is displayed in yellow.

11 If the date and time is satisfactory, click **Schedule.** The appointment changes to white, indicating that the appointment is not yet confirmed.

Appointments Made by Current Patients

Most appointments by current patients are made by phone or at the conclusion of an appointment.

Appointments Made by Phone

If a patient calls to make an appointment:

1 Click the **Phone Inquiry** button. The **Select person on the phone** window is displayed.

2 Select the patient from the list, and click **OK.** The **Phone Inquiry** window is displayed.

3 Click **Make appt**, and the **Make New Appointment** window is displayed.

4 Click **Description**, and select the appropriate appointment type from the pre-defined appointment list.

5 The default settings from the predefined appointment are selected. Make changes to the description and time units if necessary.

6 Click **Find.** The **Appointment Expert** window is displayed.

7 Change the appointment criteria to meet the patient's needs, and click **Begin search.**

8 When the software finds the earliest time that meets the criteria, the **Appointment Expert Results** window is displayed. When you find the appropriate date and time, click **Schedule.**

Appointments Made During Check Out

While checking out, a patient's next appointment can be made. The steps for making the appointment are based on whether the appointment is with a dentist, in which case it is an operative appointment, or with a hygienist, in which case it is a recall appointment.

Operative Appointments

To schedule an operative appointment:

1 Right-click on today's appointment. A shortcut menu is displayed. Click **Next appointment**.

2 Click **Description**, and select the appropriate appointment type from the pre-defined appointment list.

3 Change the description and time units if necessary.

4 Click **OK**. The yellow, unscheduled appointment is superimposed on the appointment book.

5 Click-and-drag the appointment to move it.

To move to another day, use the calendar to select a different day. Drag the appointment to an open time slot, and double-click the appointment.

When the appointment is scheduled, it turns from yellow to white.

Recall Appointments

To schedule a recall appointment:

1 Right-click on today's appointment. A shortcut menu is displayed. Click **Next appointment**.

2 Click **Recall appt.** in the **Make New Appointment** window. The appointment information is filled in based on the patient's preferences on Page 2 of the clipboard and the predefined recall appointment. The appointment book advances to the date when the patient is due for the next recall appointment.

3 Click **OK**, and the appointment is ready to be scheduled.

4 Drag-and-drop the appointment into a time slot.

5 Double-click on the appointment to change the status from unscheduled (yellow) to scheduled (white).

Emergency Appointments

To make an emergency appointment:

Phone Inquiry

1 For an appointment made by phone, click the **Phone Inquiry** button. The **Select person on the phone** window is displayed.

2 Find the patient on the list, and click **OK**. The **Phone Inquiry** window is displayed.

3 Click **Make appt**, and the **Make New Appointment** window is displayed.

4 Click the **Description** button, and select the emergency exam from the predefined appointment list. Click **OK**. The **Make New Appointment** window is displayed again.

5 Click **OK**, and the appointment book is displayed for today's date with the emergency appointment in yellow floating on top.

6 Click and drag the emergency appointment to an appropriate spot on the appointment book.

7 Double-click the emergency appointment. It changes from yellow to white.

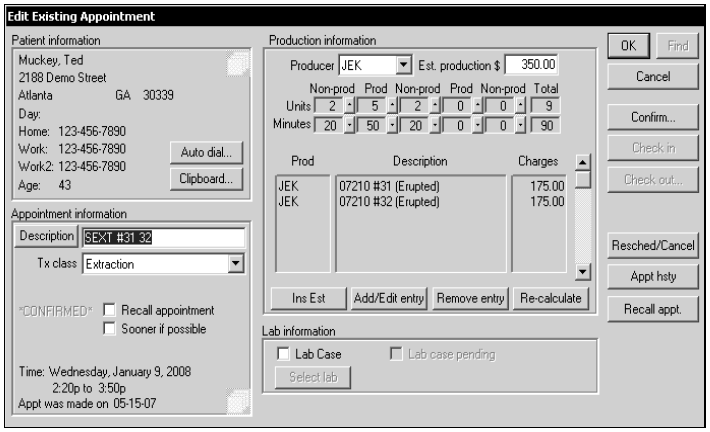
Note

To adjust the length of an appointment in the appointment book, hold the mouse over the first or last time slot of the appointment and drag it to lengthen or shorten the appointment.

Confirming Appointments

You can use the Contact Expert to generate a list of appointments scheduled for a specific date in the future or you can work directly from the appointment book to confirm appointments. To confirm appointments directly in the appointment book:

1 Double-click the appointment. The **Edit Existing Appointment** window is displayed.

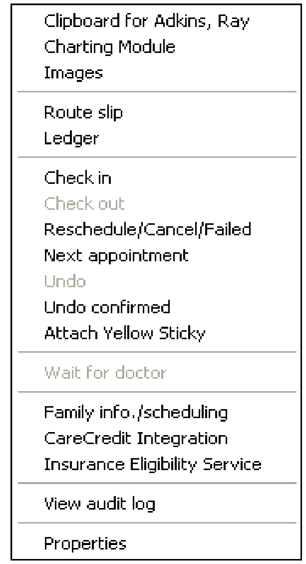


2 Click **Confirm.** The red **NOT CONFIRMED** message is no longer displayed on the appointment.

Rescheduling and Canceling Appointments

To reschedule or cancel an appointment:

1 Right-click the appointment. A shortcut menu is displayed.



2 Click **Reschedule/Cancel/Failed**. The **Reschedule/Cancel Appointment** window is displayed.

3 In the **Reasons for change** section, select one of the following options:

- **Canceled with advance notice**
- **Canceled without advance notice**
- **Failed with excuse**
- **Failed without excuse**
- **Appointment was made in error**
- **Rescheduling appt**

4 In the **Appointment handling** section, select one of the following options:

- **Reschedule now**–Puts the appointment in reschedule mode so that it can be moved to a different day or time in the appointment book.
- **Move to pending page**–Move an appointment to the pending page if the appointment is being cancelled, but the patient is not rescheduling at this time.
- **Delete appointment**–Delete an appointment if you have no expectation that the patient will reschedule.

5 Click **OK**. The selections made in this window determine what displays next.

The software keeps a history of the cancellations for each patient and the reasons for each cancellation. On any patient's clipboard, click **Appt Hst** to review the cancellations.

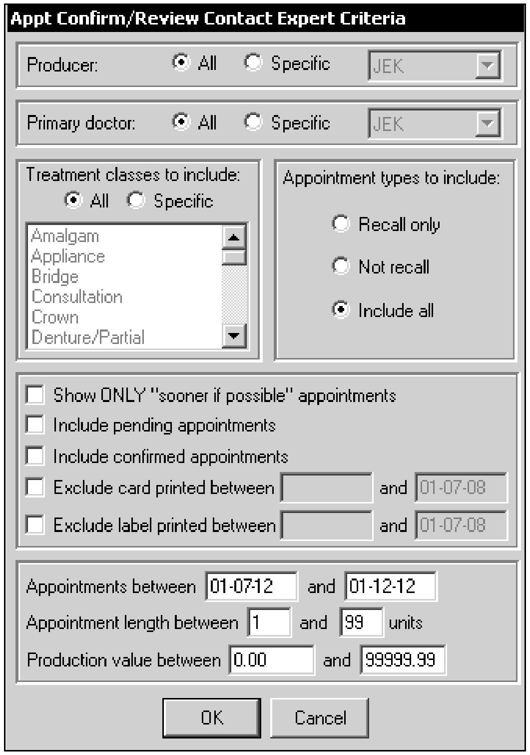
Sooner If Possible Appointments

Sooner if possible appointments are those appointments that have been scheduled, but for which the patient has requested an earlier appointment, if possible.

To schedule a sooner if possible appointment:

1 When you make the appointment, check **Sooner if possible** on the **Make New Appointment** window.

2 To use the Appointment Confirm/Review Contact Expert to generate new appointments for patients on the sooner if possible list, select **Show ONLY "sooner if possible" appointments** on the **Appt Confirm/Review Contact Expert Criteria** window.



Note

You can reschedule an appointment using "drag and drop." When you start to drag the appointment, the **Reschedule/ Cancel Appointment** window is displayed. Select **Reschedule now**, and the appointment becomes a floating yellow block that you can drag to a new time slot and double-click to drop it in.

Important

Once a patient record is deleted, it cannot be retrieved.

Deleting a Patient Record

PracticeWorks now enables you to completely delete a patient's record. The patient must have an **Inactive** status, with a zero balance and no outstanding transactions.

When the deleted patient is not their own Responsible Party (RP), the RP's ledger still lists the transactions, but the patient's name is deleted.

The Audit Log records patient deletions, as well as deletions that are cancelled before being confirmed.

To delete an inactive patient:

1. Select **Lists > People**. The **Person Pick List** is displayed.
2. Under **People to include**, select **Show inactive.**
3. If the patient has an **Active** status, use the **Show active** filter, and deselect the **Active** option on the bottom of the **Clipboard.**
4. Select the patient and click **Edit**. The **Clipboard** is displayed.
5. Click **Permanently Delete this Person.** A verification message confirms the patient's date of birth and last visit date. Verify that this is the patient you want to delete.
6. Click **OK.** The patient's record and images are permanently removed, and the action is entered into the Audit Log.

Note

If you click **Cancel** in the verification message, an entry is made in the Audit Log indicated the deletion was started and canceled.

Skill Sharpeners

Exercise 1—Schedule a new patient.

A new patient, Joan Spurgeon, has called for an initial appointment.

To make a pre-defined initial appointment:

1 Click the **Phone inquiry** button. The **Select person on the phone . . .** window is displayed.

2 Click **Add**. The **Add New Person** window is displayed, asking if this new person is also a patient.

3 Click **Yes**. A blank clipboard is displayed.

4 Type the name **joan spurgeon** as the new patient. Type her home phone number: **9995554321**. Type her work phone number: **9995556789x327**. Type her date of birth, **08041972**, and other necessary data.

5 Click **OK**. The **Clipboard Marked Incomplete** window is displayed. Click **No**. The **Select person on the phone** window is displayed, and Ms. Spurgeon is on the list.

6 Click **OK**. The **Phone Inquiry** window is displayed.

7 Click **Make appt**. The **Make New Appointment** window is displayed.

8 Click the **Description button**, and select **NPA–New patient exam–adult**.

9 Click **OK**. The appointment is created as a yellow box of the appropriate length. The appointment is floating on the appointment book—that is, it is in *reschedule mode* and has not yet been moved to the day and time that the appointment occurs.

10 Try to schedule the patient for the next day, click the **+1** tab at the top of the appointment book. The displayed page in the appointment book changes to the next day, and the appointment that you created is still floating. If no slot is available, click **+1** again until you find an available slot.

11 Drag the appointment to any open slot of the appropriate length in one of the two hygiene chairs.

12 When the yellow appointment is in an appropriate slot, double-click it. The appointment changes from yellow to white, indicating that it is scheduled.

Exercise 2—Schedule an appointment for a patient who has a treatment plan.

Kevin Amburgey needs an appointment for surgical extractions of tooth 1 and tooth 32, and an amalgam on tooth 4. The doctor wants the appointment to be seven time units (70 minutes):

- 1 unit of non-producer time
- 2 units of producer time
- 1 unit of non-producer time
- 2 more units of producer time
- 1 unit of non-producer time

To make an appointment from the treatment plan:

1 Click the **Phone inquiry** button. The **Select person on the phone. . .** window is displayed.

2 Select **Kevin Amburgey** from the list, and click **OK**. The **Phone Inquiry** window is displayed.

3 Click **Make appt.** The **Select procedures to perform during this appointment** window is displayed.

All of the procedures in the treatment plan are in green, and their **Status** is **Include in this appointment.** The doctor has decided, however, to do the amalgam and only two of the extractions during the first visit, and the other two extractions during the next visit.

4. Highlight the procedure for tooth 16, and click **Change visit #.** The **Change Visit** window is displayed and defaults to **Visit # 2.**
5. Click **OK**. The visit number on that procedure is now **2.** The procedure is displayed in black and at the bottom of the list. The status is now **Not yet scheduled**.
6. Change the visit number for the tooth 17 procedure to **Visit # 2**.
7. Click **Schedule selected items**. The **Make New Appointment** window is displayed. The procedures for visit #1 are displayed.
8. In the **Description** field on the left side of the window, type EXT 1, 32 AMAL 4, and press Tab.
9. From the **Tx Class** drop-down list, select **Extraction**.
10. At the top of the window select the appropriate time unit, and click **OK.** The appointment is in reschedule mode.
11. Drag the appointment to an appropriate day and time in a JEK column, and double-click it. The appointment has been made.

Lesson 15

Using Yellow Stickies

Yellow stickies are electronic notes that can be displayed manually or automatically. They are reminders that you create, attach to a record, and delete when they have served their purpose. This lesson describes the basic activities associated with yellow stickies:

- Creating and attaching yellow stickies
- Reading yellow stickies
- Editing and deleting yellow stickies

Yellow stickies can be attached any place you see a yellow square. There are several places to which you can attach a yellow sticky:

- To a patient's clipboard
- To an appointment
- To an employer/plan
- To an insurance company
- To a specific day in the appointment book

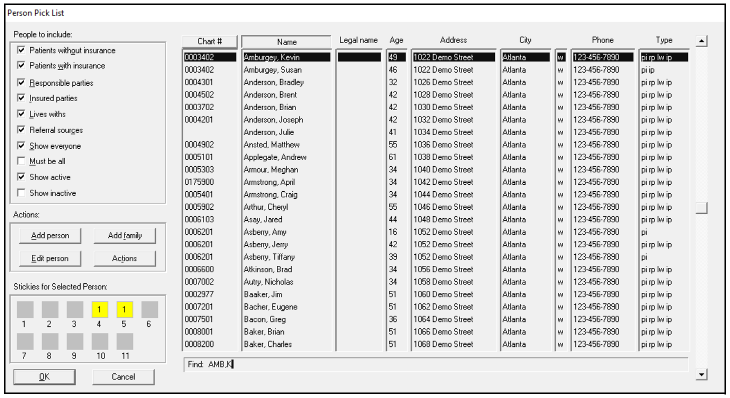
The procedures for working with yellow stickies are the same wherever you use them.

You can access active yellow stickies from the top of the appointment book, next to the toolbar.

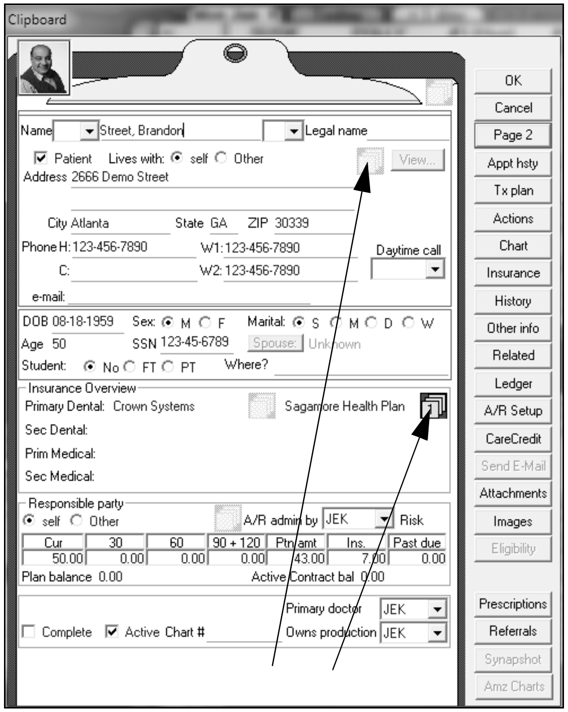
Creating a Yellow Sticky

To attach a yellow sticky to a patient's clipboard:

1 Select **Lists > People**. The **Person Pick List** window is displayed.

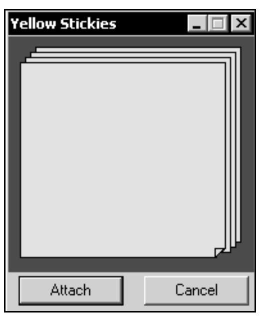


2 Select a patient, and click **OK**. The patient's clipboard is displayed. If a yellow sticky note is present, it is displayed in bright yellow, with a number indicating how many notes are present. When no notes are present, the placeholder for the sticky note area is pale yellow.



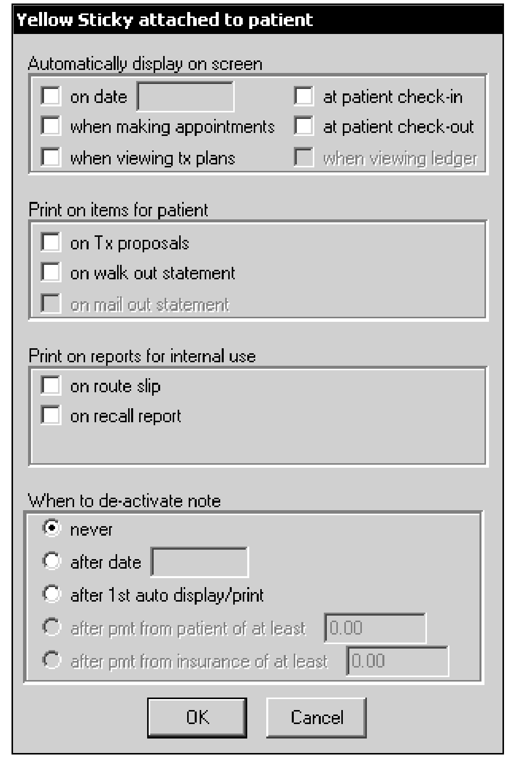
Numeral Indicates Attached Note

3 Click on a note. The **Yellow Stickies** window is displayed.



4 Click in the text area and type the note text. You can type up to 220 characters.

5 Click **Attach.** The **Yellow Sticky attached to patient** window is displayed (the title changes if you add a note associated with another section of the clipboard).



6 In the first section of the window, you can choose when you want the sticky you have created to display:

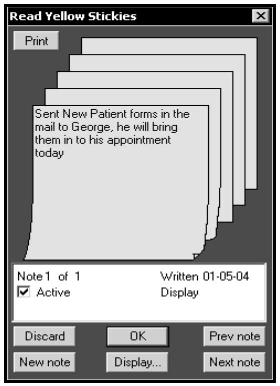
7 You can also indicate the following preferences:

- Certain items on which you want the message to print
- Reports on which you want the message to print
- A date on which you want the yellow sticky deactivated

8 Click **OK.** The clipboard is displayed again, the note is bright yellow, and there is a number on the note. The number indicates how many notes are attached in this area.

Reading a Yellow Sticky

To read a yellow sticky, click on it, and the text is displayed.



Editing and Deleting a Yellow Sticky

When you click on a yellow sticky and it displays the text, you see the following buttons at the bottom of the window:

- **Discard**–Delete the note.
- **OK**–Close the note.
- **Prev note**–If there is more than one note, display the previous one.
- **Next note**–If there is more than one note, display the next one.
- **Display**–Display the **Yellow Sticky attached to. . .** window to edit the attachment and printing selections for the note.
- **New note**–Create another note in the same place.

More About Yellow Stickies

To attach a yellow sticky to an appointment, right-click the appointment and select **Attach Yellow Sticky** from the shortcut menu.

You can also attach a yellow sticky to a date in the appointment book. To attach a yellow sticky to a date:

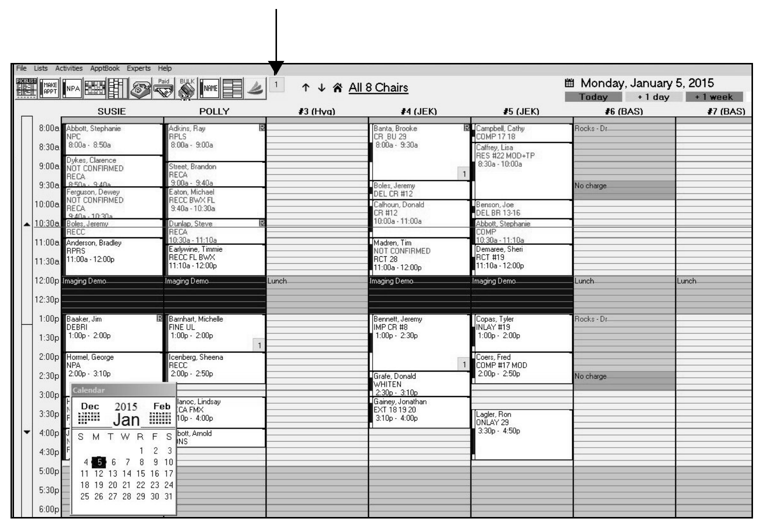
1 Navigate to the date.

2 Click the yellow sticky in the appointment book.

3 Enter the text that you want, and click **Attach.** The **Yellow Sticky attached to date** window is displayed.

4 Click **OK.**

A yellow sticky is displayed in the appointment book here:



Skill Sharpeners

Exercise 1—Attach a date-specific yellow sticky.

The doctor is going to take the entire office out for dinner. Attach a note to remind everyone of the dinner.

To attach the yellow sticky:

1 Access the appointment book, and navigate to the first Friday in March.

2 Click the yellow sticky in the appointment book. The yellow sticky text area is displayed.

3 Type **Dr. Klein is taking everyone out to dinner tonight**. Click **Attach**. The **Yellow Sticky attached to date** window is displayed.

4 Click **OK**.

Exercise 2—Attach a patient-specific yellow sticky.

Becky Peterson is a patient whose identical twin sister, Nora Dell, is also a patient. Becky gets upset when people mistake her for her sister. Attach a yellow sticky to Becky's clipboard to remind the staff of this situation.

To attach the yellow sticky:

1 Open Becky Peterson's clipboard.

2 Click the yellow sticky icon in Becky's clipboard. The yellow sticky text area is displayed.

3 Type **Do not confuse this patient with her twin sister**. Click **Attach**. The **Yellow Sticky attached to patient** window is displayed.

4 Click **at patient check-in**, and click **OK** twice.

Exercise 3—Attach a yellow sticky that pertains to a responsible party.

Christopher Lambert has bounced a couple of checks with your office. Attach a yellow sticky to Christopher's clipboard stating that only cash or a credit card should be accepted.

To attach the yellow sticky:

1 Open Christopher Lambert's clipboard, or the clipboard of anyone for whom Christopher is the responsible party.

2 In the **Responsible Party** section of the clipboard, click on the yellow sticky. A blank yellow sticky is displayed.

3 Enter something like **Accept only cash or credit card.** Click **Attach**. The **Yellow Sticky attached to Responsible Party** window is displayed.

4 Select **at patient checkout** (the time when payment is usually made). Click **OK.**

Lesson 16

Checking Patients In and Out

Between checking a patient in and the time a patient leaves the office, you can perform the following tasks:

- Enter charges
- Estimate insurance
- Accept a payment
- Print a walk-out statement

Checking a Patient In

To check a patient in:

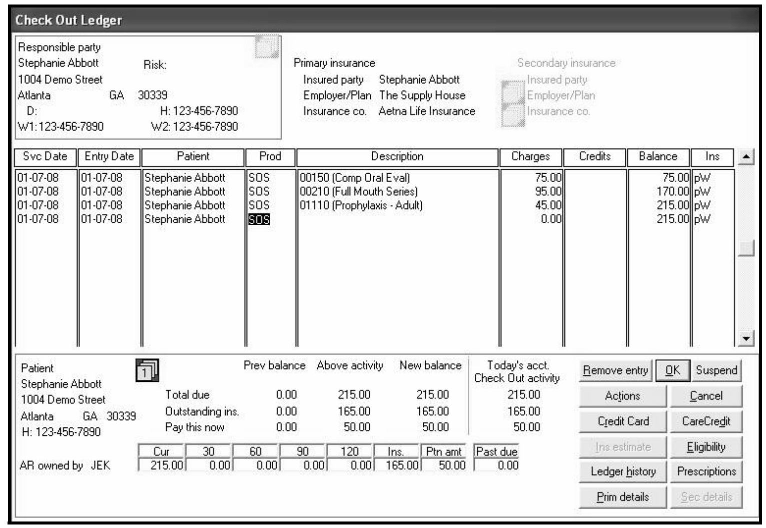
1 When the patient arrives, right-click the appointment and click **Check in.** Several alerts could display, including a note, a warning that no referral source is indicated, or a HIPAA notification.

The appointment block changes to the checked-in color, and the words **Waiting room** are displayed along with a timer that indicates how long the patient has been waiting.

2 When the patient is seated for the scheduled treatment, right-click the appointment again, and select **Seat.** The appointment block changes to the seated color, and the words **Waiting room** are replaced with **In chair.**

Checking a Patient Out

To start the check out process, right-click the appointment, and click **Check out.** The **Check Out Ledger** window is displayed.



Note

If you have turned off the patient-seating option, you will not see the waiting-room timer.

Check Out Ledger

Use the **Check Out Ledger** window to enter charges and payments or to make adjustments while the patient is in the office. The main section of the **Check Out Ledger** window contains nine columns:

- **Svc Date**–Date that the activity occurred. Today's date is the default, but it can be changed to a date in the past.
- **Entry Date**–Date the activity is entered into the system. It is generated automatically and cannot be edited.
- **Patient**–Patient's name, generated by the software.
- **Prod**–Producer who is credited with the treatment on this patient. Enter the first initial of the producer or press the space bar to cycle through the names of all producers in the system.
- **Description**–Description of the procedures, adjustments, and payments entered into the **Check Out Ledger** for the appointment. Enter the ADA code or abbreviation to add a procedure, adjustment, or payment. Press Tab in a blank description field to view the transaction code list.
- **Charges**–Amount to be charged for the procedure, automatically generated based on the fee schedule.
- **Credits**–Any amounts in this column decrease the account balance.
- **Balance**–Running total of the account's balance. This amount may contain a prior balance in addition to today's charges.
- **Ins**–Shows the status of insurance for all dental codes.

Tip

Use the **Prescriptions** button to print prescriptions.

The following status codes can be displayed in the **Ins** column:

- **pW**–Primary claim waiting to submit
- **pS**–Primary claim submitted
- **pC**–Primary claim cleared or collected
- **pN**–Primary claim no assignment
- **pR**–Primary claim refused

Estimating Insurance During Check Out

Insurance estimation is the process of estimating how much a patient's insurance pays for a given set of procedures.

The following buttons are located at the lower-right of the **Check Out Ledger** window:

- **Ins estimate**–If the button is active, click it to re-estimate insurance.
- **Prim details** (details about the primary insurance)–If the button is active, click it and the **Insurance Estimate Worksheet** is displayed.
- **Estimating**—Click it to display or edit the benefit table for the employer.
- **Re-estimate**–Click it if you changed the default values.

Taking a Payment During Check Out

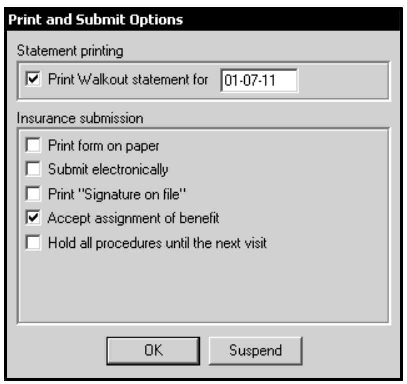
To enter a payment:

1 If you do not know the payment code:

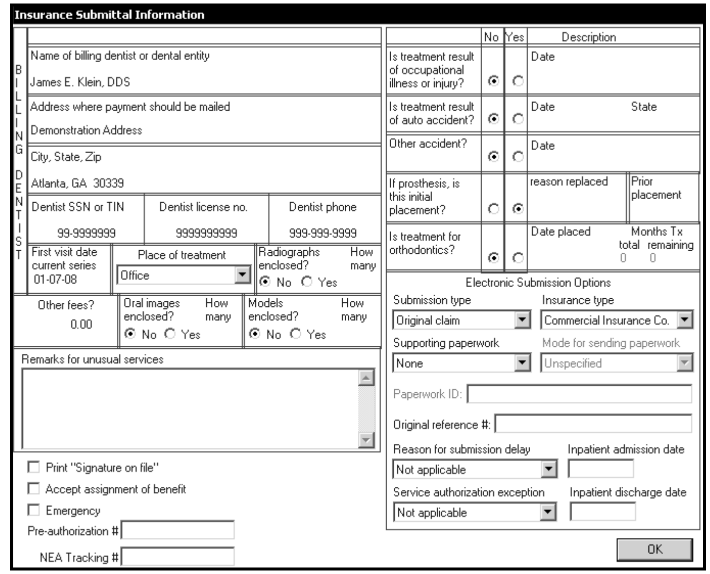
- Press Tab to display the **Transaction Code Pick List** window.
- Click **Patient payment codes.** The list of transaction codes now displays only the patient payment codes.
- Select the patient's method of payment from the list, and click **OK.** The **Check Out Ledger** window is displayed again.

2 In the **Credits** column, and enter the payment amount.

3 After all charges, payments, and adjustments are entered, click **OK**. The **Print and Submit Options** window is displayed.



4 All future appointments, including those for family members, are printed on walkout statements. Make your choices and click **OK** to print a walkout statement with today's date. The **Insurance Submittal Information** window is displayed.



5 Verify the information in the window. Click **OK.** If the current patient or a family member is not scheduled for recall, the **Family Recall Reminder** window is displayed.

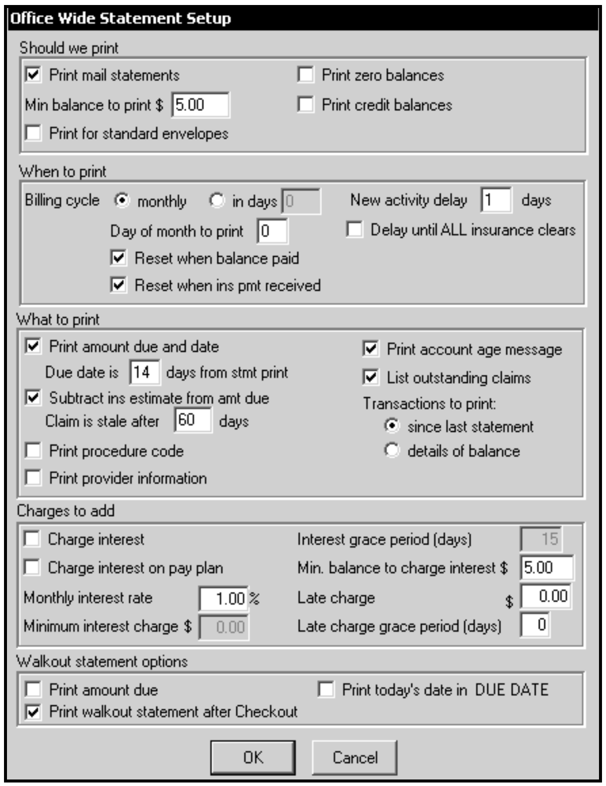
6 You can see scheduled appointments, make an appointment, or go to an appointment. When you are finished, click **Close.** The appointment book is displayed, and the completed appointment is gray.

Working with Statements

The software provides many ways to customize the process of preparing and sending statements. Statements can be printed and mailed or they can be transmitted electronically.

Setting Up Statement Defaults

In the **Office-Wide Statement Setup** window, you specify when to print, what to print, and the charges to add.



Printing Statements

To prepare and print statements:

1 Select **File > Print > Statements > Prepare Statement run.** The first time you do this, the software displays a message to remind you that once the statements are prepared, they cannot be undone.

2 Click **Yes.** If this is the first time you are running your statements, you must contact a technical support representative for an authorization code. A status window is displayed while statements are prepared.

3 When the statements are ready to print, a message is displayed.

4 Click **OK**. The statements are added to the **Statement Queue.**

5 Select **File > Print > Statements > View Statement Queue**. The **Statement Queue** window is displayed.

6 Select one of the following options:

- **Print all unprinted**–To print statements that were not previously printed.
- **Print this statement**–To print the highlighted statement.
- **View clipboard**–To access the selected patient's clipboard.
- **Print from here**–To print all the statements in the list from the selected statement to the end of the list.

- **Remove this statement–**To remove the highlighted statement from the queue. You are then prompted for confirmation. The account will not have another statement generated until the next statement date.
- **Remove all statements–**To remove them all from the queue. A warning message is displayed to confirm this action. The accounts will not have statements generated until their next statement date.

7 Click **Close**.

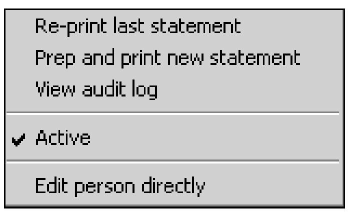
Reprinting an Individual Statement

To reprint the most recent statement for a patient:

1 Select **Lists > People**. The **Person Pick List** is displayed.

2 Select the patient whose statement you want to reprint, and click **OK**. The patient's clipboard is displayed.

3 Right-click anywhere on the clipboard. A shortcut menu is displayed.



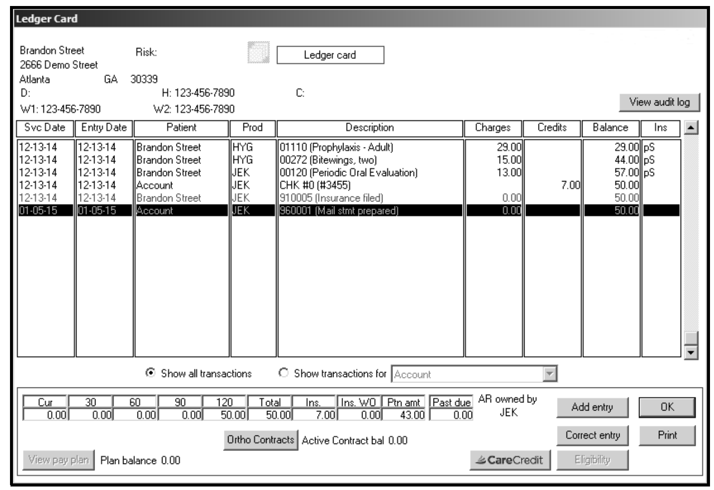
4 Click **Re-print last statement**.

Printing the Ledger for One Patient on an Account

You can print the ledger for one patient on an account with multiple patients. Printing such a ledger produces a list of procedures performed, not a statement suitable for billing purposes.

To print the ledger for one patient on an account:

1 Navigate to the patient's ledger. For example, from **Page 1** of the clipboard, click **Ledger**. The patient's **Ledger Card** window is displayed.



2 In the patient's ledger, select **Show transactions for**, near the bottom-middle of the window.

3 The default value of the **Show transactions for** field is **Account**. Click the drop-down arrow and select the name of the patient for whom you want to print transactions.

4 Click **Print**. The **Print Account History** window is displayed.

5 Enter the date range of the transactions you want to print.

6 Click the **Include procedures only** checkbox.

7 Click **OK**. The **Report Destination** window is displayed.

8 Select whether to print the report or preview it first, and click **OK**.

HIPAA Acknowledgements

If a patient has not signed a HIPAA Privacy Acknowledgement, a message displays every time you check in that patient. When a patient has signed the HIPAA form, however, you need to indicate that the patient has done so.

To indicate that a patient has signed the HIPAA Privacy Acknowledgment:

1 Open the clipboard of the patient who has signed the HIPAA Privacy Acknowledgement.

2 Click **History** at the right side of the clipboard. The **Patient History** window is displayed.

3 Click **Add Contact** at the bottom of the window. The **New Contact Entry** window is displayed.

4 Click the **Contact Type** drop-down list.

5 From the list of contact types, select **HIPAA Acknowledgement**. The **New Contact Entry** window is displayed again, this time with **HIPAA Acknowledgement** displayed in the **Contact type** field.

6 In the **Comment** field, type **Signed** and the date.

7 Click **OK**. The **Patient History** window is displayed again with the **HIPAA Acknowledgement** listed.

8 Click **Close**.

Skill Sharpeners

Exercise 1—Check in a patient.

It is 8:00 a.m, and Stephanie Abbott shows up for her appointment.

To check in Ms Abbott:

1 When Ms Abbott shows up, right-click her appointment, and click **Check in** from the shortcut menu.

2 If you see warning messages concerning HIPAA or referrals, click **OK** for each message. The **Incomplete Clipboard** window is displayed.

3 Click **Yes**.

4 Enter the data that is missing on **Page 1**, **Page 2**, and the **Insurance** page:

5 Click **OK**, and select **Yes** when asked if the clipboard is complete.

6 To seat Ms Abbott, right-click her appointment, and click **Seat**. The appointment changes from green to blue (in chair).

Exercise 2—Check out a patient.

Ms Abbott needs to be checked out. In addition to the scheduled examination, the doctor performed a periapical x-ray of tooth #30. You need to add this procedure to the check out ledger, collect the money she owes, and print a walk-out statement.

To perform these activities:

1 Right-click Ms Abbott's appointment, and select **Check out.** The **Check Out Ledger** is displayed.

2 To add the periapical x-ray of tooth #30:

- Press Tab to accept the default producer.
- Enter **0220 30** in the **Description** column and press Tab.

3 To indicate that Ms Abbott pays the balance due, $75, in cash, type **Cash $75** in the **Description** column, and press Tab.

4 Click **OK.** If warning messages are displayed, click **Yes**. The **Print and Submit Options** window is displayed.

5 Accept the default choices, and click **OK**. The **Insurance Information Submittal** form is displayed.

6 Review the form, and click **OK** to print the form. The **Family Recall Reminder** window is displayed.

7 Click **Close.**

8 At the prompt, select **New patient Adult.**

9 On the **Print Document** window, click **Print now.** The appointment book is displayed again.

Tip

If you do not know the code for a procedure, press Tab to display a list of codes and abbreviations.

Lesson 17

Using Line Item Accounting

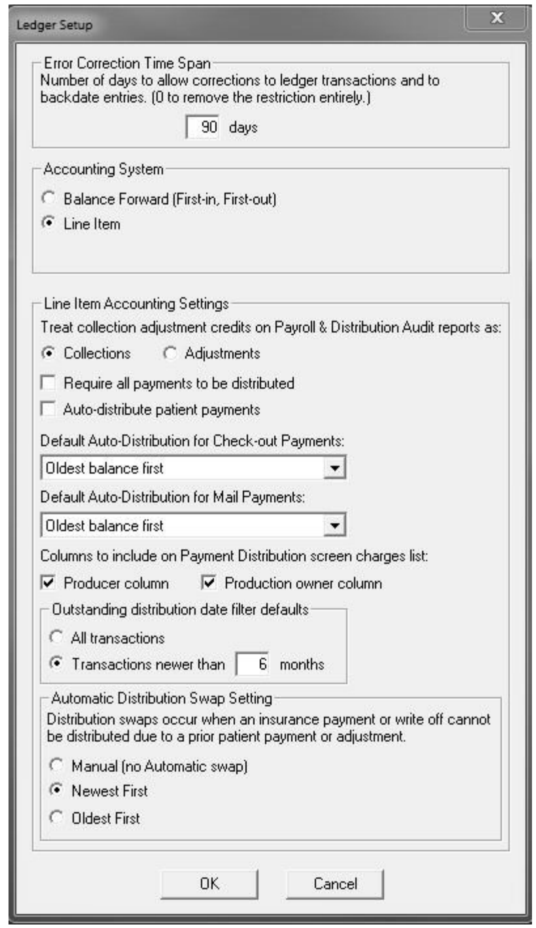
You can use Line Item accounting as an alternative to the Balance Forward accounting system. Line Item accounting:

- Pays providers based on amounts collected.
- Links charges and credits.
- Records the distribution of insurance with specific transaction details.

Setting Up the Ledger

To set up the ledger for Line Item accounting:

1 Select **File > Preferences > Ledger setup**. The **Ledger Setup** window is displayed.



2 In the **Accounting System** section, select **Line Item**.

3 In the **Line Item Accounting Settings** section, select the options you want:

- Set the **Treat collection adjustment credits on Payroll & Distribution Audit reports as:** option to:
    - **Collections**–Collection adjustment credits are processed like a cash, check, or credit card payment. The credit is paid out to the producer or production owner.

      OR

    - **Adjustments**–Collection adjustments are processed as **Production** or **Other** adjustments; they are not paid out to producers.
- Select **Require all payments to be distributed** to require that payments be distributed in full to open charges.
- Select **Auto distribute patient payments** if you want the payments to be distributed automatically.
- From the **Default Auto-Distribution for Check-out Payments** drop-down list, select an option.
- From the **Default Auto-Distribution for Mail Payments** drop-down list, select an option.
- Select whether to include columns for **Producer**, **Production Owner**, or both on the **Payment Distribution** window charges list.
- Select a default option in the **Outstanding distribution date filter defaults** section.

4 Click **OK**.

Understanding the Ledger

The ledger is displayed with these notifications in the top right corner:

COLLECT	$43.00
DISTRIBUTE	$7.00
CREDIT	$29.00

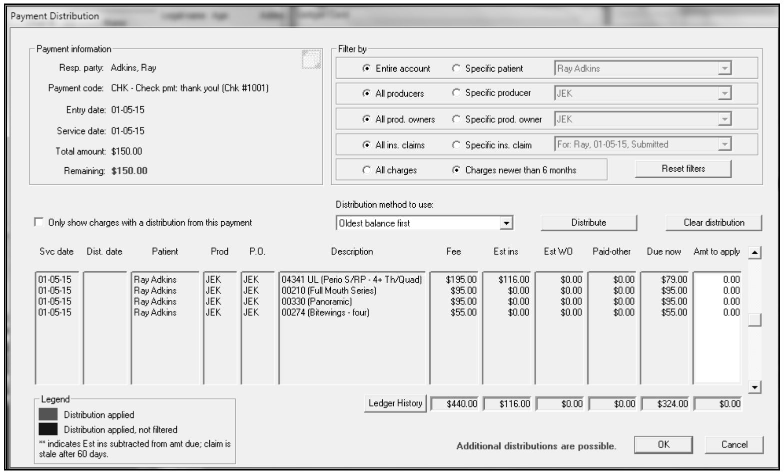
The ledger uses these color codes:

- **Blue**–Undistributed payments.
- **Black**–Open or current charges.
- **Green**–Comments, such as **Insurance filed** or **Contract activated**.
- **Red**–Corrected entries. Entries appear as corrected when a transaction entered on a previous date is modified.

Distributing Payments

To apply specific dollar amounts from a payment to specific line item charges, use the **Payment Distribution** window.

If you have set this option, the **Payment Distribution** window is displayed automatically when you click **OK** in the **Check Out Ledger**, or when you add a payment directly to the ledger.



The following details for the payment are displayed:

- Responsible party
- Payment code
- Entry date
- Service date
- Total amount of payment
- Remaining amount to be distributed

The following filters are available:

- Account
- Producers
- Production owners
- Insurance claims
- Date range of charges

A line-item list of charges is displayed. For each transaction, you can see:

- Service and distribution dates
- Producer and production owner
- Transaction code and description
- Fee and estimated insurance
- Estimated write off amount
- Paid–other
- Due now
- Amount to apply

Distributing the Payment

If you have set up a default distribution method, the payment is distributed automatically.

To manually distribute a payment across multiple charges:

1 Use the drop-down list to select a **Distribution** method.

2 Click **Distribute.** The payment amount is distributed in the **Amt to apply** column.

3 Click **Clear Distribution** if you want to select a different method, or enter amounts manually.

4 Click **OK.** The remaining amount is displayed in red, and a message alerts you when additional distributions are possible.

Viewing and Editing Distributions

To view or edit a distribution:

1 Access a patient's ledger and right-click on the entry you want to view.

2 Select **View/Edit Distributions.**

3 If you selected a credit to view or edit, the **Payment Distribution** window is displayed. To edit the distribution, click in the **Amt to apply** column and enter a new value.

If you selected a debit to view or edit, the **Payments Distributed to this Charge** window is displayed. Select the distribution you want to view or edit.

Tip

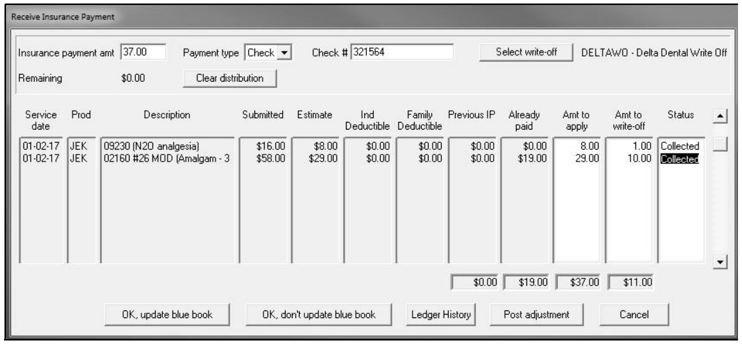
You can use filter options for displaying charges.

Note

You can enter amounts directly into the fields in the **Amt to apply** column, or you can distribute a payment across multiple charges using the **Distribute** button.

LIA and Insurance Payments

You use the **Receive Insurance Payment** window to process insurance payments. For more information about processing payments, see Lesson 18–Processing Payments.



The following features are specific to Line Item accounting.

Write-Off Codes

If the claim includes a write off, an insurance write-off code must be selected. With LIA, insurance write-offs are posted when the insurance payment is recorded, not during checkout as with Balance Forward accounting. An adjustment code must already be assigned in order for the write-off to be posted.

Write-off codes are pre-defined or entered manually.

Pre-Defined

If a code is selected for UCR write-offs in insurance estimating, it is used for insurance write-offs. The order of selection is:

1–Employer Plan

2–Insurance Company

3–Office-wide Setup

Note

If no write-off code is predefined at any level, **<no write-off selected>** is displayed next to the **Select write-off** button.

Manual

To enter a write-off code manually:

1 Click **Select write-off** to display the Transaction code list, filtered for adjustment codes.

2 Select an adjustment code. You are prompted to save this as the default write-off code.

3 Click **Yes** to save the code to the Employer Plan and use it for this payment. Click **No** to use it for this payment without saving it.

Amount to Apply

The amount of insurance applied to a procedure cannot exceed the submitted amount minus the previous IP.

Example: If the submitted amount is **$100** and the previous insurance payment is **$20**, the combined total of the amount to apply and the amount to write off cannot exceed **$80.00**.

The cumulative total of the amount to apply cannot exceed the insurance payment amount as displayed in the upper-left of the window.

Example: If the payment amount is **$40**, the sum of the amount to apply cannot exceed **$40.** If you attempt to apply more than the check amount, **Distributions exceed the payment amount. Please reduce distributions to proceed** is displayed.You cannot complete the insurance payment process until this is corrected. Click **Cancel** to return to the **Post New Entries** window.

If the sum of the amount to apply is less than the payment, **Additional distributions are possible** is displayed. You can click **OK** and distribute the payment from the **Payment Distribution** window later.

Amount to Write Off

The write-off amount cannot exceed the submitted amount minus the previous insurance payment.

If the write-off amount is not recorded in the **Receive Insurance Payment** window, you must add it manually to the ledger, distributing it in the **Payment Distribution** window.

Distributing Insurance Payments and Write-Offs

When the amount to apply and the amount to write-off entries are complete, select an option for updating the blue book. The insurance payment and write-off are recorded in the ledger.

Using the Undistributed Payments Expert

Use the Undistributed Payments Expert to identify undistributed payments, print a report, or proceed directly to the **Payment Distribution** window. The Expert lists the amounts and details for each payment and displays the total number of undistributed payments and the undistributed amount.

To use this expert, select **Experts > Undistributed Payments Expert**. For each payment, the following information is displayed:

- Responsible party
- Service date
- Producer to whom credit is posted
- Description
- Amount
- Undistributed amount

In the **Undistributed Payments Expert** window, you can:

- Select a payment in the list and click **Distribute.** The **Payment Distribution** window is displayed, indicating the amount remaining to distribute and listing the procedures to which you can apply the amount.
- Select **Only include auto-credit card payments from Payment Plans.**
- Click **Print** to view or print the report.

Setting Security and Audit Logging

PracticeWorks automatically logs certain types of Line Item accounting events. Whenever distributions are created, edited, or deleted, the changes are recorded in the Audit Log as **Payment Distribution edited**.

The following activities trigger audit logging:

- Initially distributing line items, such as adding entries, checking out, entering insurance payments, and making orthodontic contract adjustments
- Viewing distributions from the right-click menu
- Undoing check-outs
- Correcting entries
- Adjusting bulk checks

You can adjust security access levels for certain tasks to restrict who can perform them and to manage event logging.

Note

If you have selected **Write off by producer** on the **File > Preferences** menu, write-offs are generated by producer.

To manage security access levels and audit logging for Line Item accounting:

1 Select **File > Security > Edit access requirements.** The **Security Access Settings** window is displayed.

2 In the **Ledger event type** field, find the view/edit payment distribution event and requirements. This can only be set to **Always** or **On success**.

3 Scroll to the event type, such as **Printing**, and set the access levels for the new reports:

- **Print Payment by Procedure Report**
- **Print Payroll by Collections Report**
- **Print Unpaid Production Report**

4 Click **Close.**

Printing Reports

You can print the following Line Item accounting reports:

- Payroll
- Distribution Audit
- Estimated Net Production
- Unpaid Production
- Payment by Procedure
- Insurance Payment by Procedure

To print a report, select **File > Print > Accounts and Receivable > Line Item Accounting** and the report you want. The criteria window for that report is displayed.

Skill Sharpener

Exercise 1—Set Line Item accounting as your default setting, distribute a payment, and print the Unpaid Production report.

To set up the default and print the report:

1 Select **File > Preferences > Ledger setup**. The **Ledger Setup** window is displayed.

2 Under **Accounting System**, select **Line Item.**

3 Under the **Line Item Accounting Settings** section, select the following options:

- Select **Require all payments to be distributed** to require that payments be distributed in full to open charges.
- From the **Default Auto-Distribution for Check-out Payments** drop-down list, select **Oldest balance first.**
- From the **Default Auto-Distribution for Mail Payments** drop-down list, select **Oldest balance first.**
- Select to include columns for both **Producer** and **Production Owner** on the **Payment Distribution** window charges list.

4 Click **OK**, and the payments are distributed automatically.

5 Select **File > Print > Accounts and Receivable > Line Item Accounting > Unpaid production.** The **Print Unpaid Production Reports** window is displayed.

6 Select the following options:

- In the **Print report by:** field, select **Production Owner.**
- In the **Print report for:** field, select **Specific** and select **JEK.**
- In the **Patients to include:** field, select **All.**

7 Click **OK.**

8 Select **Print Preview** and click **OK.**

Lesson 18

Processing Payments

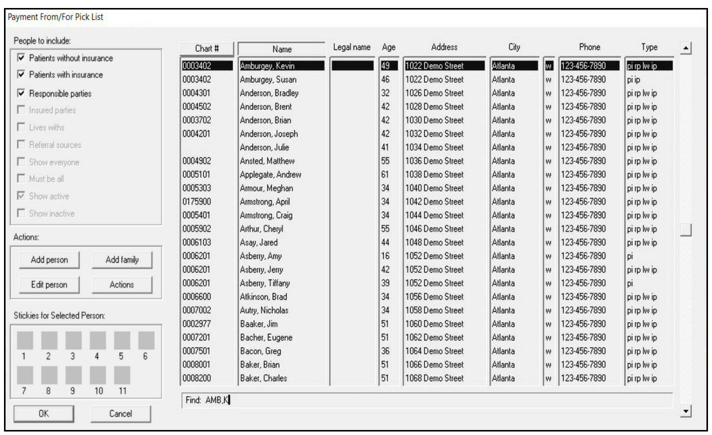
There are several ways that payments can be made:

- From a patient who has mailed a payment or walked in to make a payment
- As a check from an insurance company for one claim
- As a check from an insurance company for multiple claims

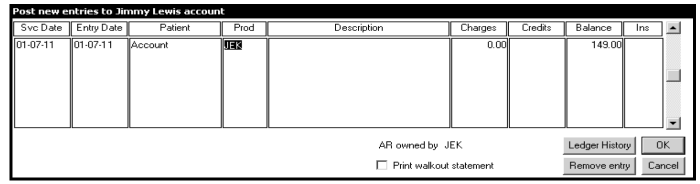
Payment from a Patient

To process a payment from an individual—in person or through the mail:

1 Click the **Individual payments** button. The **Payment From/For Pick List** window is displayed.

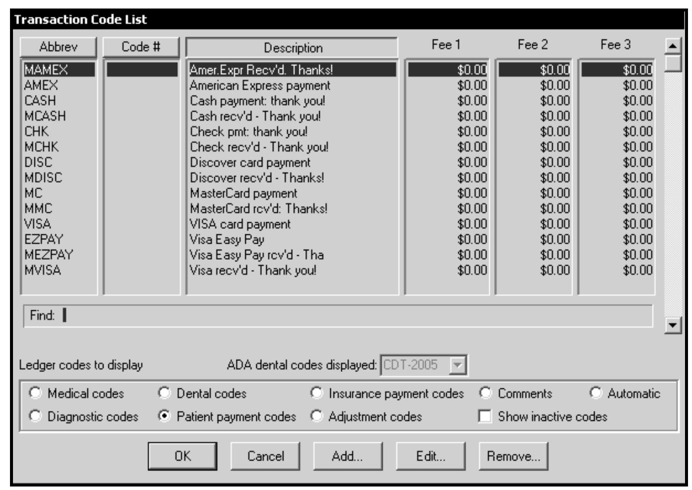


2 Select the patient from the list, and click **OK.** The **Post New Entries** window is displayed.



3 Press Tab to move to the **Description** column.

4 Press Tab again. The **Transaction Code List** window is displayed. At the bottom are buttons indicating which type of transaction code is displayed. **Patient payment codes** are displayed by default.



For this example, assume payment is in the form of a check.

Individual payments

Note

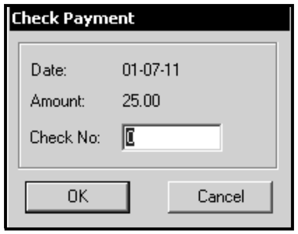
If you are using the **Line Item Accounting** feature, the **Payment Distribution** window is displayed when you click **Individual payments**.

5 Select the form of payment from the list, and click **OK**. For payments made after the time of service, choose payment types with a **M** in front of them. The **Post New Entries** window is displayed again.

6 Press Tab to move to the **Credits** column. Enter the amount of the payment.

Individual payments

7 Press Tab, and the **Check Payment** window is displayed, with the current date and the amount you entered.



8 Type the check number in the **Check No.** field, and click **OK.** The **Post new entries** window is displayed again.

9 When you have finished making entries, click **OK.**

Processing Insurance Payments

You can receive checks from an insurance company that are either for an individual claim or for a group of claims–called *bulk claims*.

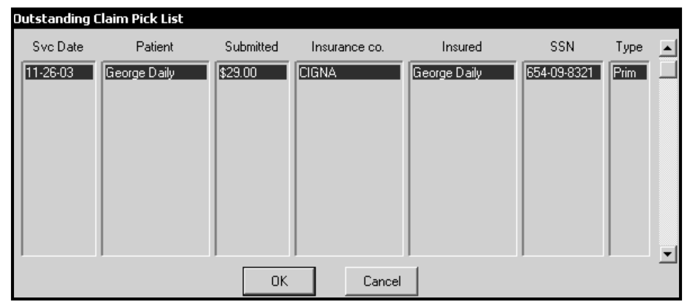
Processing Individual Claims

To enter a payment for an individual claim:

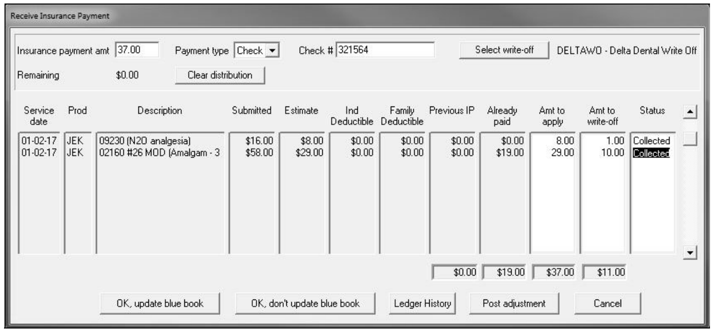
1 Click the **Individual payments** button. The **Payment From/Payment For Pick List** window is displayed.

2 Select the patient from the list, and click **OK.** The **Post New Entries** window is displayed.

3 Press Tab to move to the **Description** column. Type **IP** to indicate that this is an insurance payment. Press Tab. The **Outstanding Claim Pick List** window for the patient is displayed.



4 Select the claim that matches the payment, and click **OK.** The **Receive Insurance Payment** window is displayed.



5 In the **Insurance payment amount** field, enter the check amount and press Tab to move to the **Status** column.

Collected is the default value in the **Status** column, but you can change it to **Refused** or **Re-submit.**

6 Click **OK, update blue book,** or **OK, don't update blue book**, as appropriate.

7 Click **Cancel** to close the picklist.

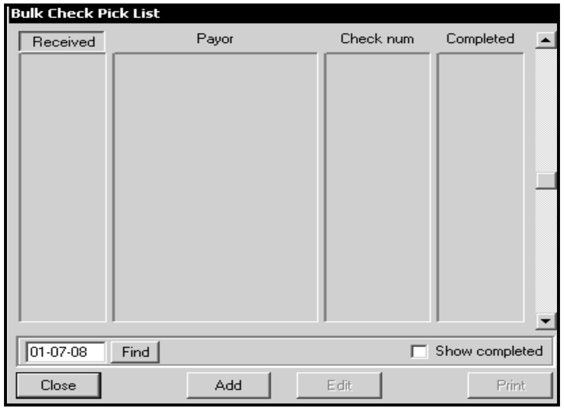
Processing Bulk Payments

The bulk insurance check entry feature enables you to clear multiple claims that were paid with one insurance check.

To enter a bulk check payment:

1 Click the **Bulk payments** button. The **Bulk Check Pick List** window is displayed.

Bulk payments



2 The list is empty unless there are checks that have been partially entered. To enter a check, click **Add**. The **Bulk Check Entry** window is displayed.

3 In the **Deposit To** field, select the A/R administrator.

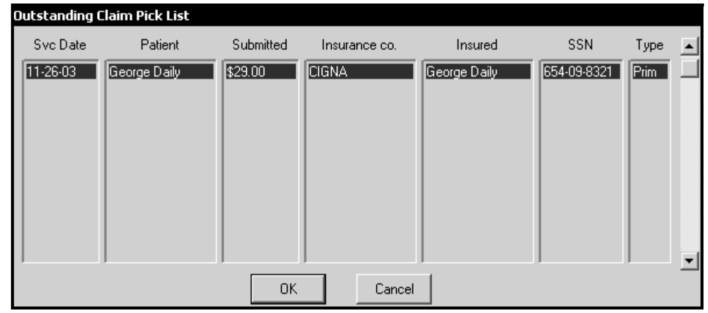
4 In the **Payor Name** field, type the name of the insurance company.

5 In the **Check number** field, type the check number.

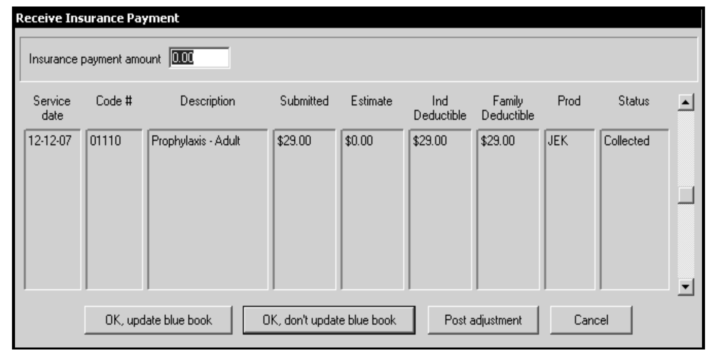
6 In the **Check amount** field, type the total amount of the check.

7 Click **Add patient payments/adj.** The **Person Pick List** is displayed.

8 Select the person whose claim is being paid, and click **OK.** The **Outstanding Claim Pick List** window is displayed.



9 Select the claim from the list, and click **OK**. The **Receive Insurance Payment** window is displayed.



10 Type the amount paid in the **Insurance payment amount** field, and click the **Status** column for the procedure being cleared by this payment until it reads **Collected**.

11 Click **OK, update blue book** or **OK, don't update blue book**. The **Person Pick List** window is displayed again. Select the next patient for whom a payment is being made.

As you enter payments from the bulk check, the software keeps track of how much of the check has been accounted for and how much remains to be entered. When the total payments entered equals the check amount, the **Payment Entry Complete** window is displayed.

12 Click **OK**. The **Bulk Check Pick List** window is displayed with the completed check.

13 Close the window.

If you begin making entries from a bulk check, but you do not finish, click **OK** to exit. The **Bulk Check Entry Not Complete** message is displayed. Click **Yes** to quit, and the record is saved in the list.

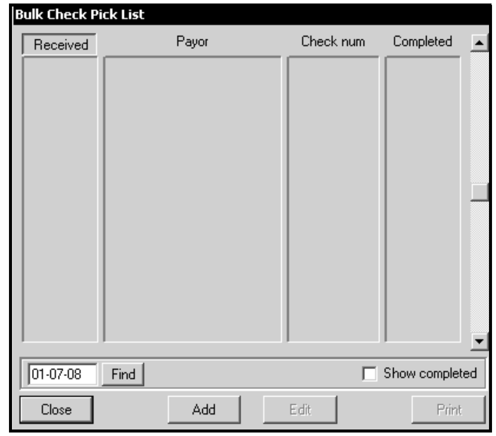
Adjustments to Bulk Payments

If an insurance company has reduced the amount of the bulk payment to compensate for a previous over-payment or under-payment, a bulk check adjustment can be made.

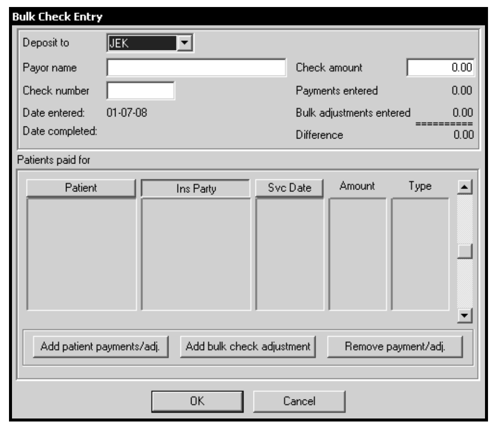
To enter a bulk check adjustment while entering a bulk payment:

1 Click the **Bulk payments** button. The **Bulk Check Pick List** window is displayed.

Bulk payments

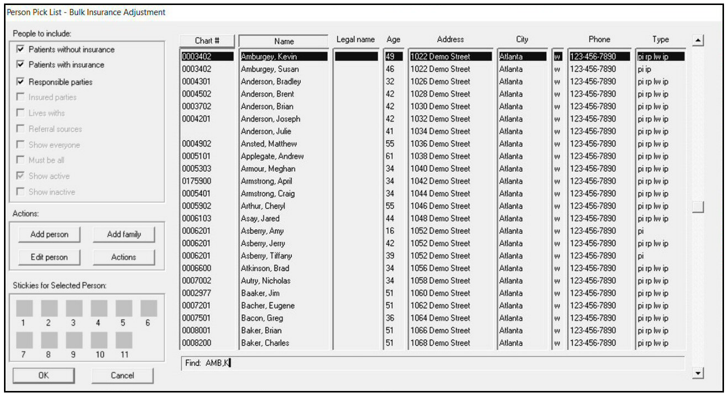


2 Click **Add**. The **Bulk Check Entry** window is displayed.

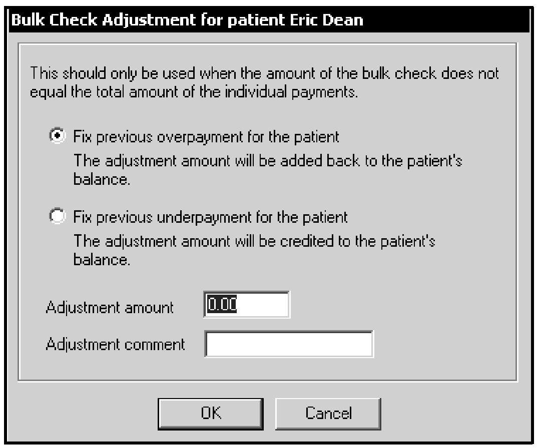


Individual payments

3 Click **Add bulk check adjustment.** The **Person Pick List - Bulk Insurance Adjustment** window is displayed.



4 Select the patient, and click **OK**. The **Bulk Check Adjustment for . . .** window is displayed.



5 Select whether the adjustment is for an over-payment or under-payment. Enter the amount and a descriptive comment. Click **OK**. The **Bulk Check Entry** window is displayed again.

6 Enter the check information and add patient payments.

7 Add the bulk check adjustment.

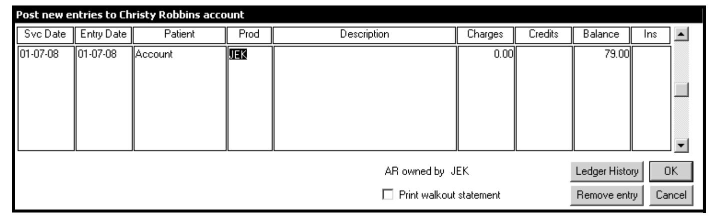
Updating the Blue Book

The blue book is a list of the insurance company's allowable fees for various procedures. If the payment from an insurance company is different from the amount that was estimated, you may want to update the blue book with the new amount.

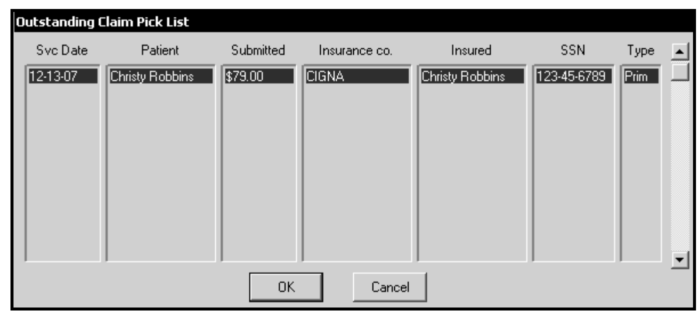
To update the blue book:

1 Click the **Individual payments** button. The **Payment From/Payment For Pick List** window is displayed.

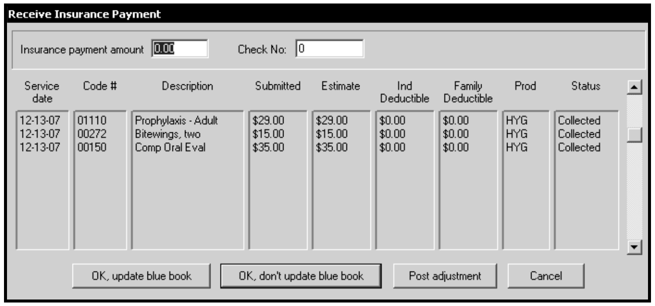
2 Select the patient from the list, and click **OK.** The **Post New Entries** window is displayed.



3 Press Tab to move to the **Description** column. Type **IP** to indicate that this is an insurance payment. Press Tab. The **Outstanding Claim Pick List** window for the patient is displayed.



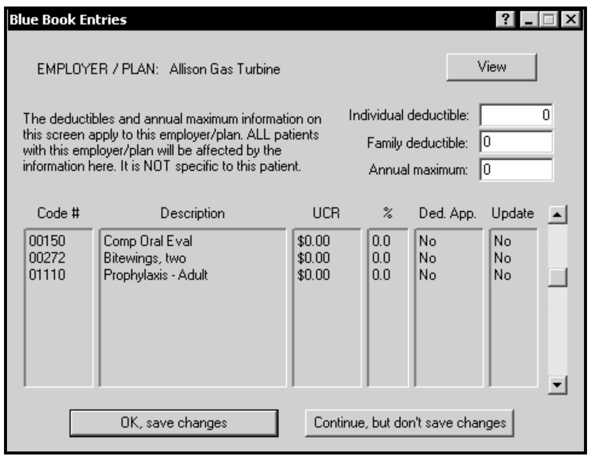
4 Select the claim that matches the payment, and click **OK.** The **Receive Insurance Payment** window is displayed.



5 In the **Insurance payment amount** field, enter the check amount and press Tab to move to the **Status** column.

6 **Collected** is the default value in the **Status** column. Type **R** to change it to **Refused.**

7 Click **OK, update blue book**. The **Blue Book Entries** window is displayed.



8 Make sure that you are on the line for the transaction code that you want to change. Type the new amount in the **UCR** column.

9 Press Tab, and type the percentage of the cost of the procedure that is covered. For example, type **100** in the **%** column if the procedure is covered at 100 percent.

10 Press Tab, and if the insurance deductible would apply to this code, type **Y** for yes.

11 Press Tab to move to the **Update** column. Type **Y** to change the **Update** column from **No** to **Yes.**

12 Click **OK, save changes**. The **Payment From/For Pick List** window is displayed again.

13 Click **Cancel** to close the window.

Disabling Blue Book Updates

By default, the blue book entries feature is enabled. To disable this feature:

1 Select **File > Preferences > Miscellaneous defaults**, and the **Miscellaneous Settings** window is displayed.

2 Deselect the **Use the blue book entries** option.

3 Click **OK.**

Skill Sharpeners

Exercise 1—Process a personal check.

You have received a check from a patient named Brett Jones. The check is for $25, and it is check #1234.

To process the check:

1 Click the **Individual payments** button. The **Payment From/For Pick List** window is displayed.

2 Select **Brett Jones**. Click **OK**. The **Post new entries to Brett Jones Account** window is displayed. The initials **JEK** are in the **Prod** (Producer) column by default. Press Tab to accept **JEK** in the **Prod** column.

3 With the cursor in the **Description** column, type **MCHK**.

4 Press Tab. The cursor moves to the **Credits** column.

5 Type **25**, and press Tab. The **Check Payment** window is displayed. Verify that the amount is correct, type the check number in the **Check No**. field, and click **OK**.

The **Post new entries to . . .** window is displayed again with a $25 credit and the transaction code and check number in the **Description** column.

6 Click **OK**.

Exercise 2—Process an insurance check.

You have received an insurance check for $61.00 against a claim made for services provided to Kyle Tapp. Process the check, and then verify that the payment has been posted.

To process the insurance check:

1 Click the **Individual payments** button. The **Payment From/For Pick List** window is displayed.

2 Select **Kyle Tapp**, and click **OK**. The **Post New Entries to Amy Tapp (for Kyle Tapp)** window is displayed.

3 Press Tab to accept **JEK** in the **Prod** column.

4 In the **Description** column, type **IP**, and then press Tab.

5 Enter **61.00** for the payment amount, and **123456** for the check number.

6 Click **OK, don't update blue book**. Since you received the amount that you were expecting, there is no need to update the blue book. The entry is posted, and the **Payment From/For Pick List** window is displayed again.

7 Click **Cancel**.

To verify that the insurance payment was posted:

1 Open Kyle Tapp's clipboard.

2 Click **Ledger**. The **Ledger Card** window for Kyle and Amy Tapp is displayed. The $61 insurance payment has been posted.

Exercise 3—Process a bulk check.

You have received a single check, #4321, for $178 from Travelers Life Insurance Company. The check is for two claims: $29 for services provided to Jim McNulty and $149 for services provided to Jimmy Lewis.

To process a bulk check—that is, a check for more than one claim:

1 Click the **Bulk payments** button. The **Bulk Check Pick List** is displayed. Typically, the list is empty.

2 To enter a new check, click **Add**. The **Bulk Check Entry** window is displayed.

3 In the **Deposit To** field, press Tab to accept **JEK**.

4 In the **Payor Name** field, enter **Travelers Life Insurance Company**, and press Tab.

5 In the **Check number** field, enter **4321**, and press Tab.

6 In the **Check amount** field, enter **178**, and press Tab.

7 At the bottom of the window, click **Add patient payments/adj**. The **Person Pick List - Bulk Insurance Payment** window is displayed.

8 Find **Jim McNulty** in the list, and click **OK**. The **Outstanding Claim Pick List** window is displayed. There is only one outstanding claim for Jim McNulty—$29 submitted to Travelers Life—and that matches the check, so click **OK**. The **Receive Insurance Payment** window is displayed.

9 Enter **29.00** in the **Insurance Payment Amount** field.

10 Click **OK, don't update blue book**. The **Person Pick List - Bulk Insurance Payment** window is displayed again.

11 Find **Jimmy Lewis** in the list and click **OK**. The **Outstanding Claim Pick List** is displayed.

12 There are two claims for Jimmy, one for $120 and one for $29. These total $149, the amount on the check from Travelers Life Insurance. Select the first submitted claim, the one for $120, and click **OK**. The **Receive Insurance Payment** window is displayed.

13 Enter **120.00** in the **Insurance Payment Amount** field.

14 Click **OK, don't update blue book**. The **Person Pick List - Bulk Insurance Payment** window is displayed again.

15 Jimmy Lewis is still highlighted, so click **OK** and process the claim for $29.00.

16 After you have processed all of the claims, the **Payment Entry Complete** window is displayed. Click **Yes** to indicate that you are finished with the bulk payment. The following message is displayed: **The entire amount has been accounted for. Payment entry is complete. To see this payment entry in the list, click the "Show completed" checkbox.**

17 Click **OK**. The **Bulk Check Pick List** is displayed.

18 Click **Close**.

Lesson 19

Estimating Insurance

Insurance estimates vary according to insurance companies and plans. Different plans may produce different estimates for the same procedure. Data on the benefits an insurance company pays for a specific procedure is kept current by updating the blue book.

A doctor might negotiate an agreement with one or more insurers to provide dental services at a “usual, customary, and reasonable” (UCR) rate, which is not necessarily the same as the doctor’s fee schedule. The insurer agrees to pay some or all of the UCR amount, which is expressed as a flat rate or as a percentage.

The agreement between the insurer and the doctor specifies whether the doctor can charge the patient for the amount in excess of the UCR.

A doctor and an insurer might enter into a particular type of agreement called a *capitation plan*, which pays the doctor a fixed amount for each of the insurer’s customers who enroll with the dentist. The fee is paid to the doctor monthly, whether dental services are provided or not. If a patient requires dental services, the patient pays nothing or pays a co-payment.

Other factors include primary and secondary coverage, yearly deductibles, lifetime limits, and so on.

A dental office provides a service to the patient by providing an estimate and informing a patient how much he or she owes.

Methods of Estimating Insurance

At check out, the software bases the estimate of insurance on the following search procedures:

- The software looks in the blue book for code-specific coverage associated with the patient’s employer/insurance plan.
- If there is no data on a code-specific employer/plan, the software then looks for coverage associated with a range of codes for that employer/plan; for example, all codes from XXX to YYY are covered at 80 percent of the UCR.
- If there is no data on employer/plan code ranges, the software looks for code-specific coverage by the insurance company.
- If there is no code-specific coverage for the insurance company, the software looks for coverage for a range of codes for that insurance company.
- If there is no coverage for a range of codes for an insurance company, the software looks for an office-wide code-specific schedule of fees.
- If there is no office-wide, code-specific fee schedule, the software looks for an office-wide fee schedule for a range of codes.
- If there is no office-wide fee schedule, the software looks for ADA code-specific default insurance.

Note

If a dentist’s fee is less than the insurance company’s UCR, the company bases its insurance calculation on the dentist’s fee.

Example: A dentist treats three patients, patient A, patient B, and patient C. All three patients have the same treatment done, and the fee is $200.

Patient A has no insurance. Patient A pays $200. The software produces this figure from the office-wide default fees.

Patient B has insurance through his employer, Ben and Jerry's. Ben and Jerry's dental insurance is provided by Aetna. This plan states that Aetna pays 80 percent of the usual, customary, and reasonable charges for this procedure. The patient pays the difference, including any amount in excess of the UCR. Aetna has determined that the UCR in this instance is $180. Eighty percent of $180 is $144. Therefore, the patient pays $56, the difference between the $200 fee and what the insurance company pays.

The software produces this estimate from the code-specific amount for the procedure, as well as whether the patient is responsible for the amount in excess of the UCR.

Patient C has insurance through his employer, Fred and Company. The employer has the Regal Plan through Metropolitan Insurance. This plan states that the insurer will pay 80 percent of the UCR, and the patient does not have to pay anything in excess of the UCR. Metropolitan Insurance, like Aetna, has determined that $180 is the UCR. Therefore, the insurer pays $144, and the patient pays $36, the difference between what the insurer pays and the UCR. The dentist writes off $20, the difference between the combined amounts paid by the insurer and the patient and the standard fee.

Note

For identical plans, you can copy data from the first plan rather than typing it again.

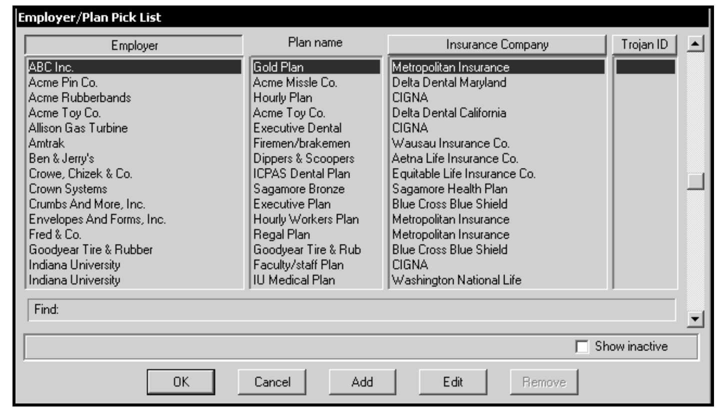
The software produces this estimate from the code-specific amount for the procedure, as well as whether the patient is responsible for the amount in excess of the UCR.

Code-Specific Estimating by Plan

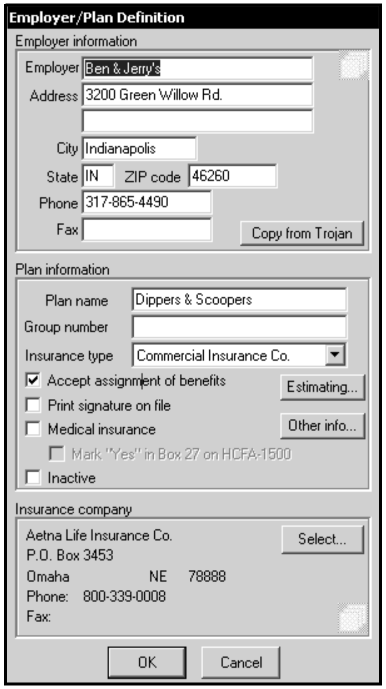
Code-specific insurance plans offer coverage based on specific dental codes. The coverage may be either a specific amount or a percentage of UCR fees.

To set up an employer/plan that offers code-specific coverage:

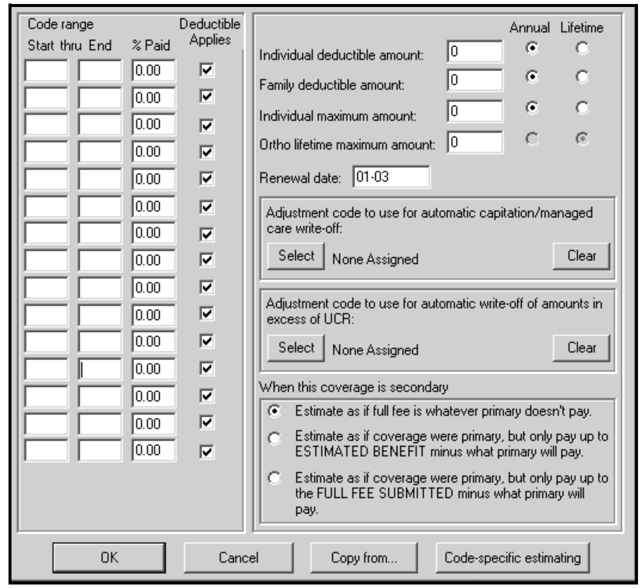
1 Select **Lists > Employer/plans**. The **Employer/Plan Pick List** window is displayed.



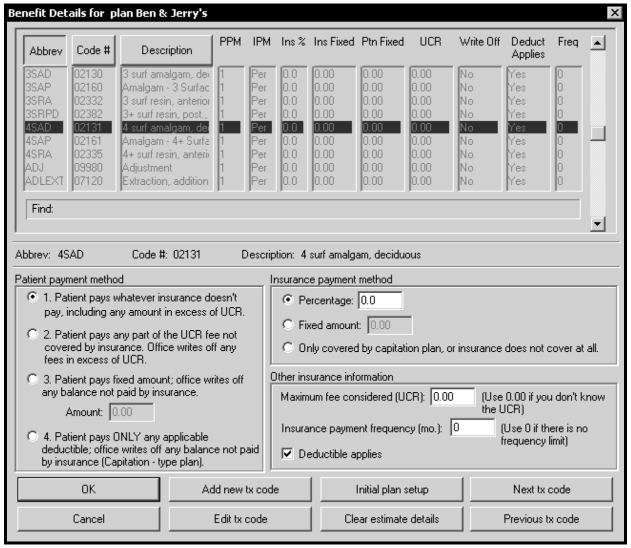
2 Select the **Employer/plan** and click **OK.** The **Employer/Plan Definition** window is displayed.



3 Click **Estimating.** The **Benefit Table** window for the employer is displayed.



4 Click **Code-specific estimating.** The **Benefit Details** window for the employer is displayed.



Note

To set up the **Benefits Details** window, click **Initial Plan Setup** and enter data in the **Initial Plan Setup** window.

The **Benefit Details** window has the following four sections:

- **Code list**
- **Patient payment method**
- **Insurance payment method**
- **Other insurance information**

All data in the last three parts of the window apply to the code that is selected in the **Code list.**

5 Click **Add new tx code** to enter data for a new transaction code; click **Edit tx code** to modify data for the code selected in the **Code list.**

6 Select a payment method from the **Patient Payment Method** section:

- **Patient pays any amount that the insurance doesn't pay, including any amount in excess of UCR.**
- **Patient pays any amount of the UCR fee not covered by insurance. Office writes off any fees in excess of UCR.**
- **Patient pays a fixed amount; office writes off any balance not paid by insurance.** If you select this method, enter the fixed amount in the **Amount** field.
- **Patient pays ONLY any applicable deductible; the office writes off any balance not paid by insurance.**

7 Select a payment method from the **Insurance payment method** section:

- **Percentage**
- **Fixed Amount**
- **Only covered by capitation plan, or Insurance does not cover at all**

8 In the **Other insurance information** section:

- In the **Maximum fee considered (UCR)** field, type the UCR. If you do not know the UCR, type **0.**
- In the **Insurance payment frequency** field, enter the limit for how often the insurance company will pay for the code. The limit is defined in months. If there is no limit, type **0.**
- Select **Deductible applies** if there is a deductible.

9 Click **OK.**

Benefit-Table Estimating by Plan

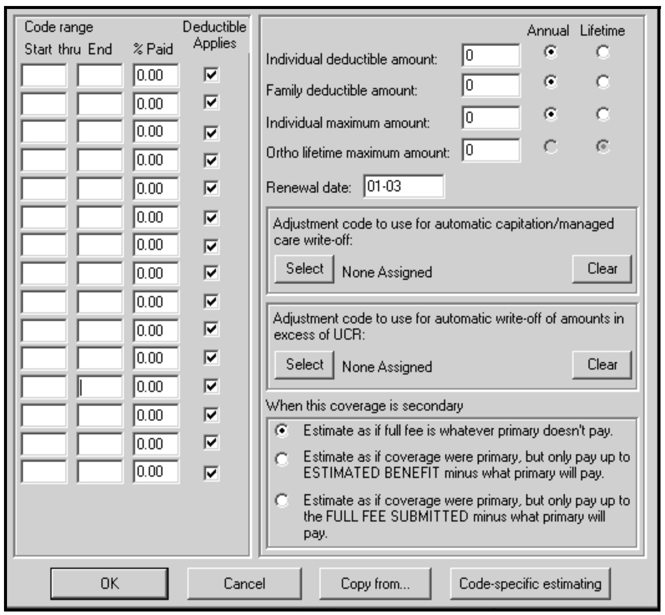
Benefit-table insurance plans offer coverage in terms of groups of related codes. The rules of coverage for any code within the group apply to all codes in the group.

To set up an employer/plan that offers coverage for groups of codes:

1 Select **Lists > Employer/plans**. The **Employer/Plan Pick List** window is displayed.

2 Select the **Employer/plan** and click **OK**. The **Employer/Plan Definition** window is displayed.

3 Click **Estimating**. The **Benefit Table** window is displayed for the employer.



4 Enter the ADA code ranges for each group of codes, the percentage to use for the estimate, and whether a deductible applies to that group of codes.

5 Type the individual deductible amount, the family deductible amount, and the maximum amount. For each of these amounts, select **Annual** or **Lifetime.**

6 Type the date of the contract renewal in the **Renewal date** field.

7 Select an option in the **When this coverage is secondary** section.

8 Click **OK.**

Note

Adjustment codes are not used with benefit-table estimating.

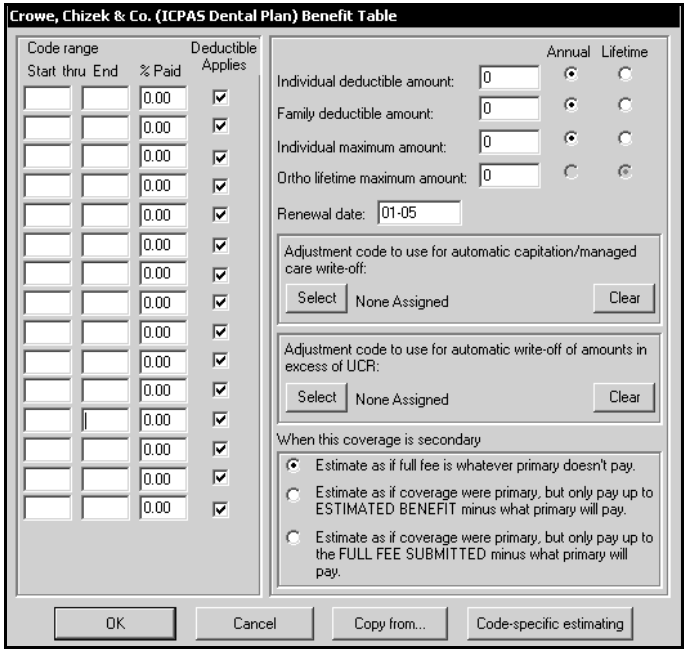
Copying Code-Specific Estimating Information

To copy code-specific estimating data:

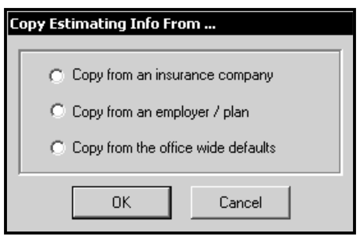
1 Select **Lists > Employer/plans.** The **Employer/Plan Pick List** window is displayed.

2 Select the combination of employer/plan that you want and click **OK.** The **Employer/Plan Definition** window is displayed.

3 Click **Estimating.** The **Benefit Table** window is displayed. This is the destination to which you want to copy existing estimation information.

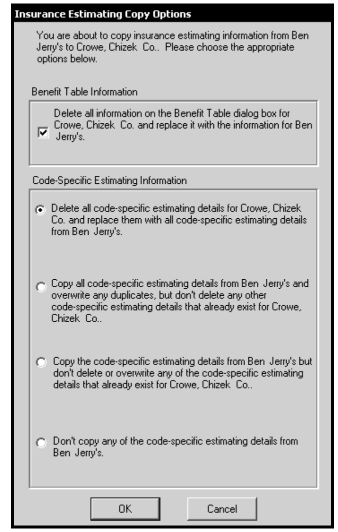


4 Click **Copy from.** The **Copy Estimating Info From** window is displayed.



5 Select an option and click **OK.** If, for example, you select **Copy from an employer/plan**, the **Employer/Plan List** window is displayed.

6 Select the employer/plan combination from which you want to copy estimating information, and click **OK.** The **Insurance Estimating Copy Options** window is displayed.



7 Select an option, and click **OK.** If a message asks you to confirm your selection, click **Yes.** The **Benefit Table** window with the copied data is displayed.

8 Edit the information and click **OK.**

Skill Sharpener

Exercise 1—Set up a code-specific plan.

One of your patients has insurance through an employer that uses a code-specific insurance plan. You must set up the plan in the software.

To set up a plan that offers code-specific coverage:

1 Select **Lists > Employer/plans.** The **Employer/Plan Pick List** window is displayed.

2 Select the **Ben & Jerry's** and click **OK**. The **Employer/Plan Definition** window is displayed.

3 Click **Estimating.** The **Benefit Table** window for the employer is displayed.

4 Click **Code-specific estimating**. The **Benefit Details for plan Ben & Jerry's** window is displayed.

5 Click **Add new tx code** and enter data for a new transaction code.

6 Select a payment method from the **Patient Payment Method** section: **Patient pays any amount that the insurance doesn't pay, including any amount in excess of UCR**.

7 Select a payment method from the **Insurance payment method** section: **Percentage.**

8 In the **Other insurance information** section:

- In the **Maximum fee considered (UCR)** field, type **0.**
- Select **Deductible applies**.

9 Click **OK.**

10 When you are finished, reset the tutorial data.

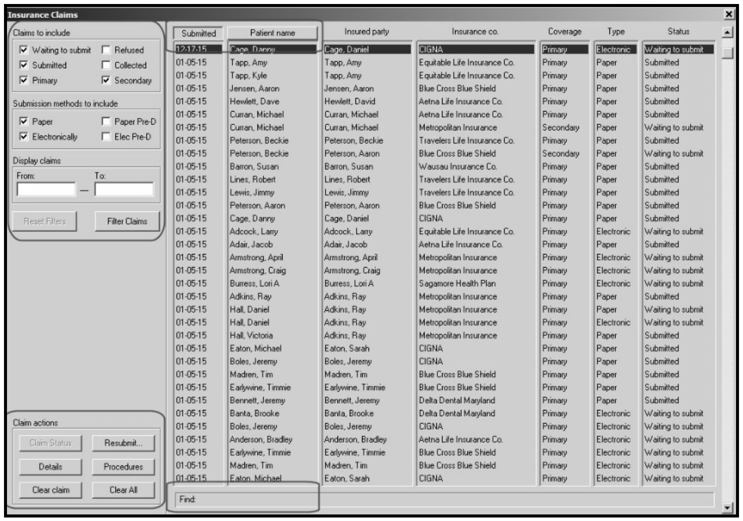
Lesson 20

Working with Claims

You can use the **Insurance Claims** window to locate specific claims and view the status, procedures, and details of a claim. All claims are stored in this list, but you can move claims from this list to an archived list to improve the search speed.

To access the **Insurance Claims** window:

1 Select **Lists > Insurance Claims > Main claims list**. The **Insurance Claims** window is displayed.



2 Use the **Claims to include** filters to select the **Status** and **Coverage** type of claims to display.

3 Use the **Submission methods to include** filters to select the type of claims to display.

4 Use the **Date** range fields to filter the list by dates.

If you are using the NEA FastAttach software integration, additional filters and action buttons are displayed on this window, as well as an **NEA Status** column.

5 Click **Filter Claims** to update the list based on the selected filters. You can sort the list by submitted date or patient name.

6 Select a claim from the list and use the **Claim actions** buttons to resubmit a claim, enter details, or access the procedures for the claim.

7 To remove a claim from the list, select it and click **Clear**. To remove all the claims displayed in the list, click **Clear All**.

Archiving Claims

You can move claims with a status of **Refused**, **Collected**, **Dead claim**, or **Not sent** to the Archived list. It is recommended that you archive claims with a date range from the oldest to one or two years old.

To archive insurance claims:

1 In the **Insurance Claims** main window, select the filters: **Refused**, **Collected**, **Paper**, and **Electronically**.

2 Use the date range and additional filters to define the list of claims to archive.

Note

Claims with a status of **Waiting to Submit** or **Submitted** cannot be archived; you must de-select these claims.

3 Click **Filter Claims.** The filtered list is displayed and the **Archive** buttons are activated under **Claim actions**.

4 Select a claim from the list and click **Archive claim**, or click **Archive all** to archive the entire list. You are prompted to continue the action.

5 Click **OK**. When the archiving process is complete, another prompt is displayed asking if you want to reset the filters and view the other claims.

6 Click **OK**. The **Insurance Claims** window displays the claims that have not been archived.

Restoring Archived Claims

To access archived claims:

1 Select **Lists > Insurance Claims > Archived claims list**. Use the filters and search features to locate the claim you want, as well as to view details and procedures for a claim.

2 To restore an archived claim, select it and click **Restore claim**, or click **Restore all** to return all claims in the list to the **Insurance Claims** window.

Skill Sharpener

Exercise 1—Archive and then restore a claim.

To archive and restore a claim:

1 Select **Lists > Insurance Claims > Main claims list**. The **Insurance Claims** window is displayed.

2 Select the filters: **Refused**, **Collected**, **Paper**, and **Electronically**.

3 Use the **Date** range filters to display a list of claims from three years ago.

4 Click **Filter Claims.** The filtered list is displayed.

5 Select a claim from the list and click **Archive claim.**

6 Click **OK** twice.

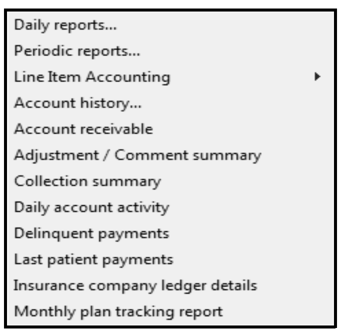
7 To restore the claim:

- Select **Lists > Insurance claims > Archived claims list.**
- Select the claim and click **Restore claim.**

Lesson 21
Generating Reports

To generate most reports, select **File > Print**. The **Print** menu is displayed.

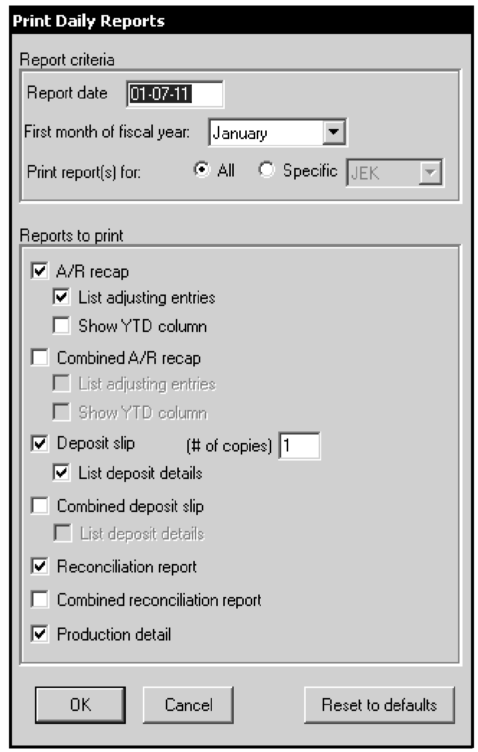
Each of the options generates one or more reports. Move your cursor to **Accounts and Receivables**, for example, and the following options are displayed.



Daily Reports

To generate a daily report:

1 Select **File > Print > Accounts and Receivables > Daily reports**. The **Print Daily Reports** window is displayed.



2 Make your choices in the **Report criteria** section. In the **Print report(s) for** field, select **All** or **Specific**. If you select **Specific**, select a producer from the drop-down list.

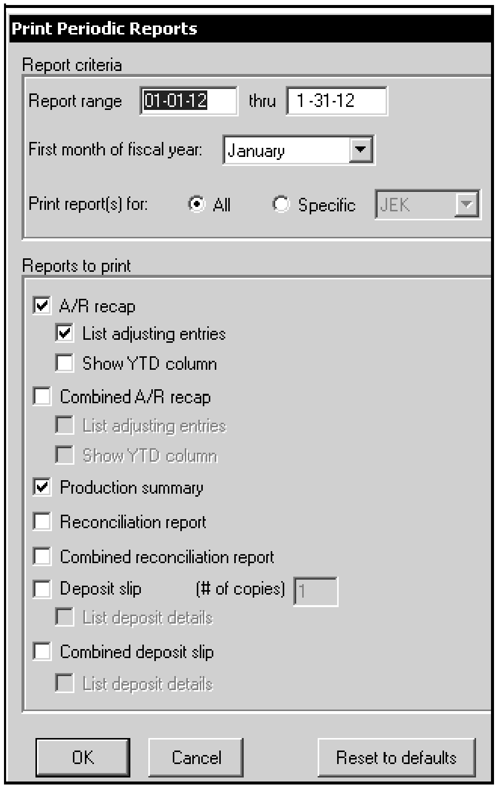
3 In the **Reports to print** section, select the reports, and click **OK**. The **Report Destination** window is displayed.

4 Select **Print to Printer** or **Print Preview**, and click **OK.**

Periodic Reports

A periodic report is generated for a specific period of time. To generate the report:

1 Select **File > Print > Accounts and Receivables > Periodic reports**. The **Print Periodic Reports** window is displayed.



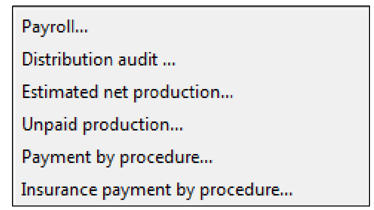
2 In the **Report range** fields, type the start date and end date for the report.

3 In the **Reports to print** section, select the reports, and click **OK**. The **Report Destination** window is displayed.

4 Select **Print to Printer** or **Print Preview**, and click **OK.**

Line Item Accounting Reports

The following Line Item accounting reports are found on the **File > Print > Accounts and Receivables > Line Item Accounting** menu:



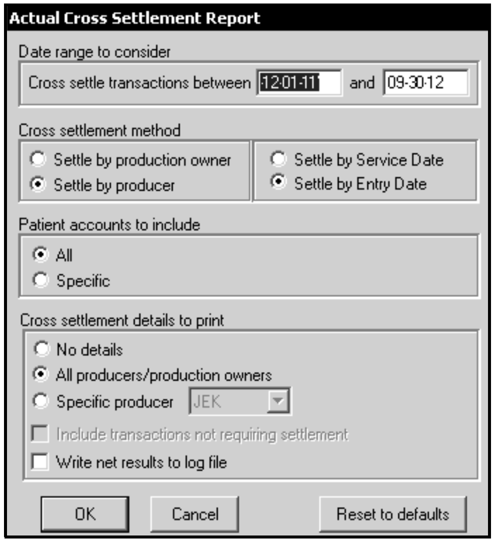
When you select the report you want to print, the print options for that report are displayed.

Multi-Doctor Cross-Settlement Report

The multi-doctor cross-settlement report can be used to track collection amounts for producers. To generate the report:

1 Select **File > Print > Accounts and Receivables > Multi-doctor cross-settlement.**

2 Select **Actual cross-settlement** or **Pending cross-settlement.** If you select **Actual cross-settlement**, the **Actual Cross Settlement Report** window is displayed.



3 Identify the following report criteria:

- Start date and end date for the report
- Production owner or producer
- By service date or entry date
- All accounts or one account
- All producers or one specific producer

4 Click **OK.** The **Report Destination** window is displayed.

5 Select **Print to Printer** or **Print Preview,** and click **OK.**

Alphabetical Appointment List

You can generate an alphabetical list of patients with appointments on a particular date. To generate the report:

1 Select **File > Print > Appointments > Alphabetical appointment list.** The **Alphabetical Appointment Lists** window is displayed.

2 Select the report options you want, and click **OK.** The **Report Destination window** is displayed.

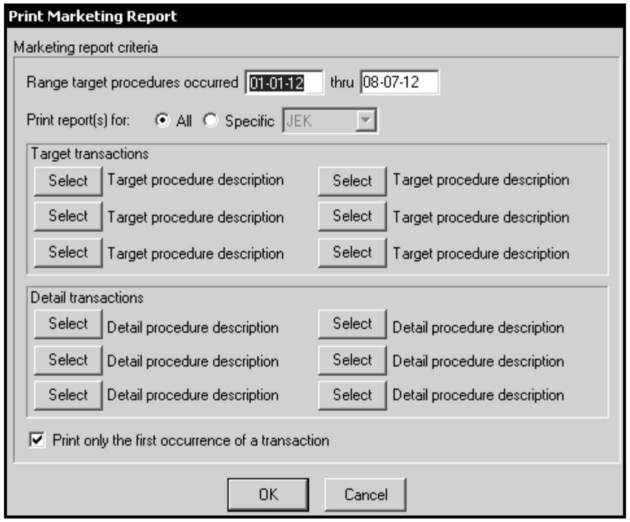
3 Select **Print to Printer** or **Print Preview,** and click **OK.**

Marketing Report

The marketing report lists patients who have had one or more specific procedures performed during a defined period of time. It can be used to find patients that have had a specific procedure, but have had no follow-up procedure. The report includes responsible party, employer, insurance, and account information.

To generate the report:

1 Select **File > Print > Other/Misc Reports > Marketing report**. The **Print Marketing Report** window is displayed.



2 In the **Range target procedures occurred** fields, type the date range for the report.

3 Select whether the report is for production owners or for a specific production owner.

4 Select one or more procedures that are the target for this report by clicking **Select**. The **Transaction Code Pick List** window is displayed. Select a transaction, and click **OK** twice.

Account History Report

The account history report summarizes the history of one account. This report does not list producers, deleted entries, or original entries that have been corrected.

To generate the report:

1 Select **File > Print > Accounts and Receivables > Account history**, and the **Select Responsible Party Pick List** window is displayed.

2 Select the responsible party, and click **OK.** The **Account History of. . .** window is displayed.

3 Type the from and to dates in the appropriate fields, and click **OK.** The **Report Destination** window is displayed.

4 Select **Print to Printer** or **Print Preview**, and click **OK.**

PracticeWorks eServices Report

The eServices report summarizes electronic transmission data. To generate a report:

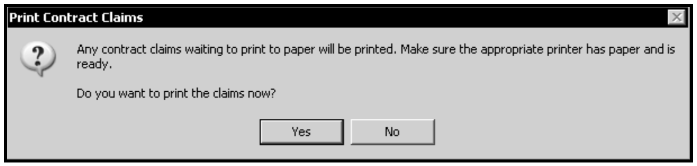
1 Select **File > Print > PRACTICEWORKS eServices > eServices reports.** The **PRACTICEWORKS eServices Reports** window is displayed.

2 Select a report from the list, specify the criteria, and click **Print.**

Contract Claims Report

The contract claims report prints all orthodontic contract claims that are in the print queue. To generate the report:

1 Select **File > Print > Insurance > Contract claims**. The **Print Contract Claims** window is displayed.



2 Click **Yes** to print the contract claims report. If there are no contract claims in the queue, a message is displayed.

Reports Not on the Print Menu

The following reports, which are not on the **Print** menu, can be generated:

- When you run Office Expert, you can print a hard copy of the information by clicking **Print report** at the bottom of the **Office Expert** window.
- When you run a contact expert, you can print the information by clicking **Print report** at the bottom of the **Contact Expert** window.
- If you have the appropriate security level, you can view and print the security audit log. Select **File > Security > View Main Security Log**, and the **Audit Log** window is displayed. Click **Print** at the bottom of the window to print the audit log.

Save User Report Options

For the following reports, the settings you select are saved and used the next time you run the report:

- Daily/Periodic report
- Actual/Pending Cross-Settlement report
- Referral report

The date-range settings, however, are not saved, and must be specified each time you run the report.

Skill Sharpeners

At the end of the day, you want to print these reports: a final copy of the day's schedule; a daily report to balance your production and collections for the day; and a list of prescription drugs.

Exercise 1—Print the day's schedule.

To print the schedule:

1. Make sure that the appointment book is displaying today's date. Select **File > Print > Appointments > Appointment page**. The **Appointment Page Printing** window is displayed.
2. Set the **Number of appointment pages to be printed** field to **1**.
3. Click **OK**.

Exercise 2—Print the Daily report.

To print the report:

1. Select **File > Print > Accounts and Receivables > Daily Reports.** The **Print Daily Reports** window is displayed. The default report date is today's date.
2. Select the options that you want to add to the report, and click **OK.** The **Report Destination** window is displayed.
3. Select **Print to printer** or **Print preview**, and click **OK.**

Exercise 3—Print a list of prescription drugs.

To print the list:

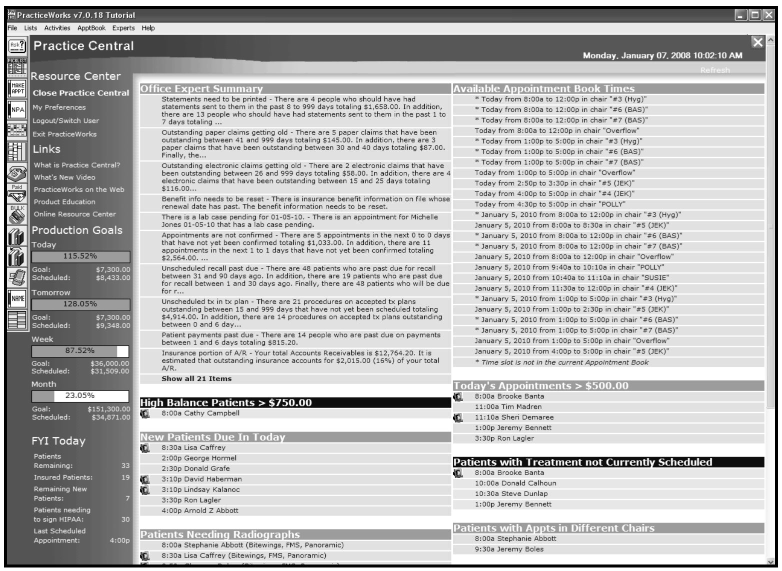
1. Select **File > Print > Rx and Pharmacies Reports > Prescription drugs report**.
2. Select **Print to printer** or **Print preview**, and click **OK.** The **Prescription Drugs List** window is displayed or printed.

Lesson 22

Using Practice Central

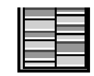
The **Practice Central** window displays essential practice and patient information on a customized home page. The specific data displayed in the **Practice Central** window depends on your preferences.

Click the **Practice Central** button. The **Practice Central** window is displayed.



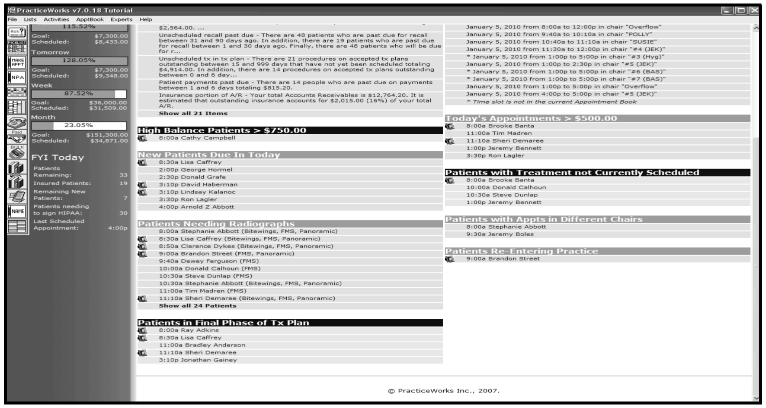
In this example, the following sections are displayed on the left side of the window: **Resource Center**, **Links**, **Production Goals**, and **FYI Today**.

- **Resource Center** provides quick access to your **Practice Central** preferences, to log out, to switch users, to close the **Practice Central** window, or to exit the software.
- **Links** provides Internet connections to information about the software.
- **Production Goals** shows the goal for the day, week, and month.
- **FYI Today** provides summary information about today's patients:
  - Number of patients remaining
  - Number of insured patients
  - Number of remaining new patients
  - Number of patients remaining who need to sign the HIPAA acknowledgment form
  - Time of the last scheduled appointment



Practice Central

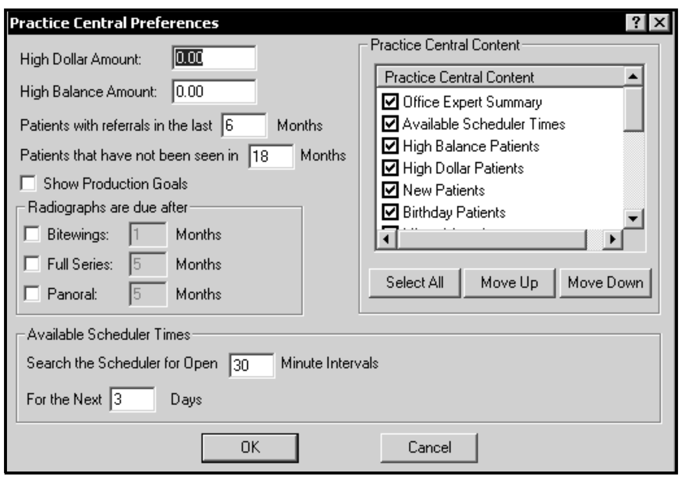
The main section of the **Practice Central** window is divided into the sub-sections. What you see depends on the preferences you identified. Depending on these preferences, you might have to scroll down to see more of the **Practice Central** window.



Customizing Practice Central

To customize the **Practice Central** window for your workstation:

1 Select **File > Preferences > Practice Central Preferences**. The **Practice Central Preferences** window is displayed.



2 Select the items you want to display; deselect the items you do not want to display.

3 To change the order of display, click an item in the **Practice Central Content** pane, and click the **Move Up** or **Move Down** button.

4 On the left side of the window, select variables to determine how to display items. In the example, a list of Available Schedule Times is displayed for three days. To change the variable, type another number.

5 Click **OK**.

Skill Sharpener

Exercise 1—Define high-balance patients as anyone who owes $1,000 or more and display them first in the Practice Central window.

To define high-balance patients and change how they are displayed in the **Practice Central** window:

1. Select **File > Preferences > Practice Central Preferences**. The **Practice Central Preferences** window is displayed.
2. In the **High Balance Amount** field, type **1000**.
3. In the **Practice Central Content** pane, select **High Balance Patients**.
4. Click the **Move Up** button until **High Balance Patients** is at the top of the list.
5. Click **OK**.

Lesson 23

Tracking Referrals

Referrals fall into two categories: practice referrals and professional referrals. Patients referred by advertising or other patients are tracked as practice referrals. Patients referred to a specialist from a general dentist are tracked as professional referrals.

Adding a Referral to a Patient's Record

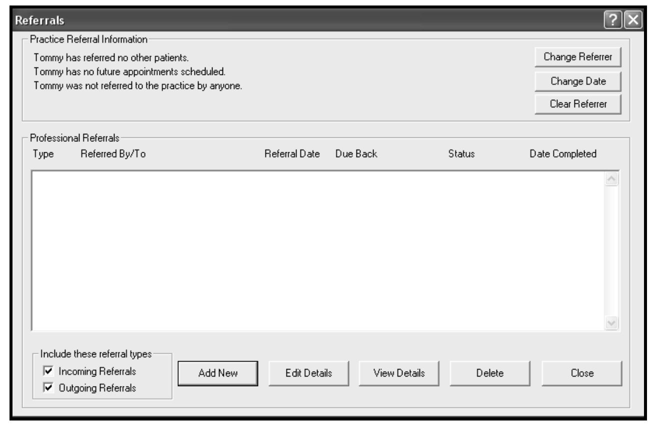
You want to know who referred a patient to your office. Was it a patient or was it a doctor? You keep track of these referrals by creating a referral source in the patient's record.

To add a referral source to a patient's record:

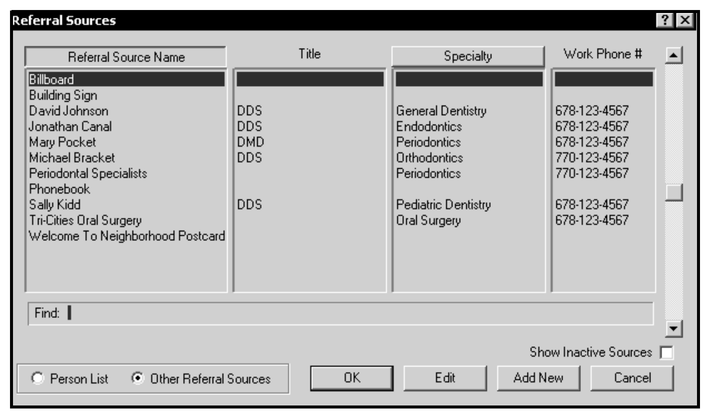
1 Select **Lists > People**. The **Person Pick List** window is displayed.

2 Select the appropriate patient, and click **OK. Page 1** of the patient's clipboard is displayed.

3 Click **Referrals.** The **Referral Information** window is displayed.



4 To add the source that referred this patient to your practice, click **Change Referrer**. The **Referral Sources** window is displayed.



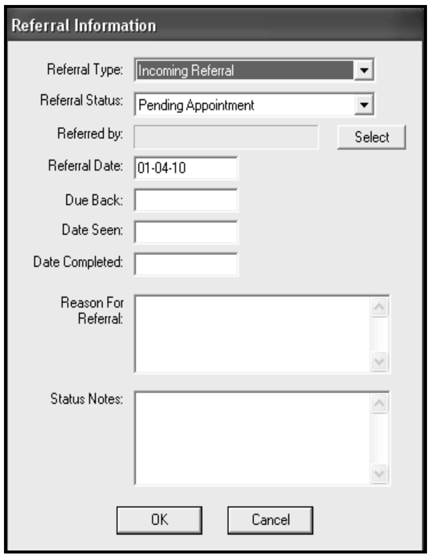
5 By default the **Other Referral Sources** option is selected, which displays a list of other doctors and other non-patients. You could select Patient List instead, if you want to indicate that a patient is the referral source. Select the name from the list, and click **OK.**

Adding Referral Sources

To add a professional referral source from this window:

1 Make sure that the **Other referral sources** option is selected.

2 Click **Add New**. The **Referral Information** window is displayed.



3 Enter the appropriate data, and click **OK.** The referral source is added to the list displayed in the **Other referral sources** window.

Entering Professional Referral Information

To add a professional with whom you have a referral relationship:

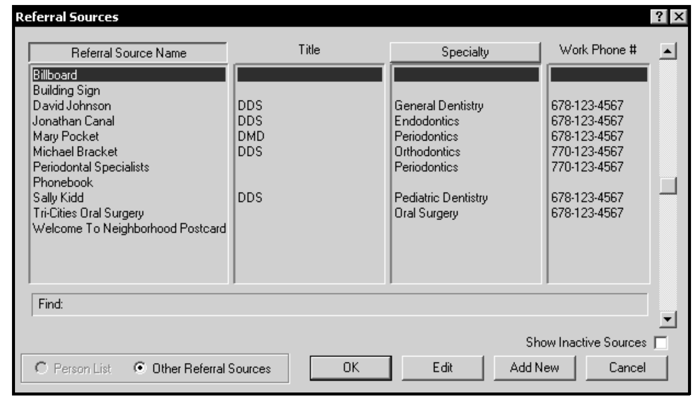
1 Navigate to any patient's clipboard.

2 Click **Referrals.** The **Referrals** window is displayed.

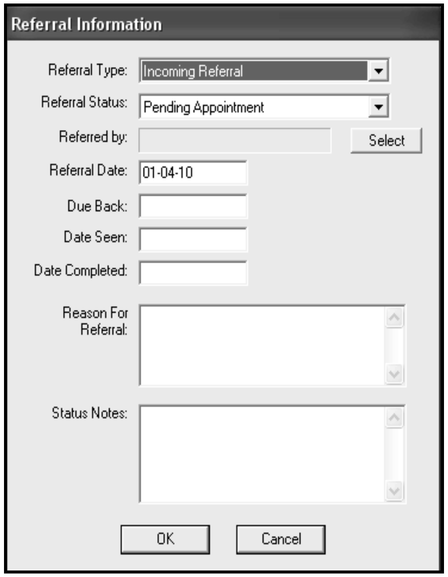
3 Click **Add New.** The data-entry fields become active.

4 Select one of the options from the drop-down list in the **Referral Status** field.

5 To populate the **Referred by** field, click **Select.** The **Referral Sources** window is displayed.



6 Click **Add New.** The **Referral Information** window is displayed.



7 Fill in the fields, and click **OK.**

Running Referral Reports

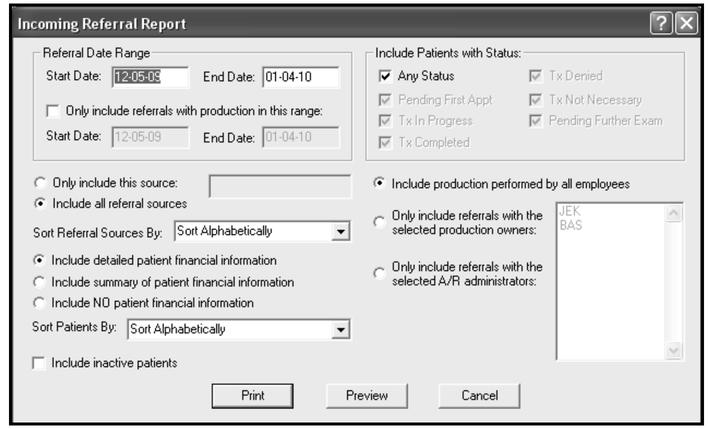
Three reports track referrals and associated financial data:

- Incoming Referral report–Identifies patients referred to you by another doctor.
- Outgoing Referral report–Identifies patients referred by you to another doctor.
- Patient Referral report–Identifies patients referred to you by patients or other sources.

Incoming Referral Report

To generate the Incoming Referral report:

1 Select **File > Print > Referral Reports > Incoming referral report.** The **Incoming Referral Report** window is displayed.



2 Enter the date range for the report.

3 Select **Include All Referral Sources** or **Only Include This Source.** If you select **Only Include This Source**, the **Referral Sources** window is displayed. Select a source and click **OK.** The **Incoming Referral Report** window is displayed again.

4 Select one of the options in the **Include Patients with Status** section.

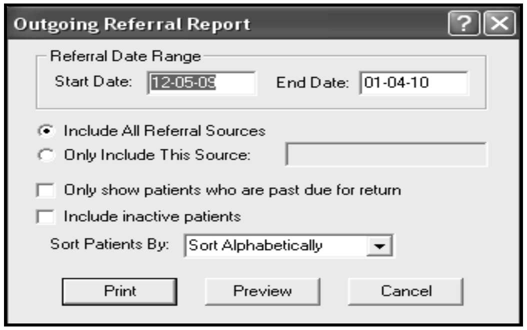
5 Select whether to include detailed, summary, or no patient financial information.

6 Click **Print** or **Preview.**

Outgoing Referral Report

To generate the Outgoing Referral report:

1 Select **File > Print > Referral Reports > Outgoing referral report**. The **Outgoing Referral Report** window is displayed.



2 Enter the date range for the report.

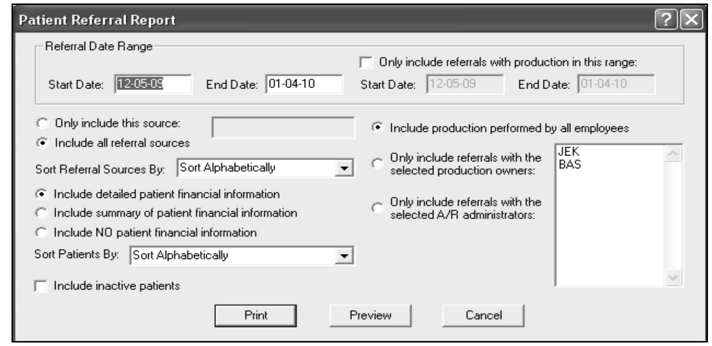
3 Select **Include All Referral Sources** or **Only Include This Source**, which displays the pick list from which to select the specific source.

4 Click **Print** or **Preview.**

Patient Referral Report

To generate the Patient Referral report:

1 Select **File > Print > Referral Reports >Patient referral report**. The **Patient Referral Report** window is displayed.



2 Enter the date range for the report.

3 Select **Include All Referral Sources** or **Only Include This Source**, which displays the pick list from which to select the specific source.

4 Select whether to include detailed, summary, or no patient financial information.

5 Click **Print** or **Preview.**

Skill Sharpener

Exercise 1—Add a referral.

Chris Bell was referred to your office by a patient named Brandon Street. This should be recorded in the software.

To indicate that Chris Bell was referred by Brandon Street:

1. Open Chris Bell's clipboard.
2. Click the **Referrals** button. The **Referral Information** window is displayed.
3. Click **Change**. The **Referral Sources** window is displayed.
4. Click **Person List** at the bottom of the window.
5. Start typing **street** in the **Find** field. When you find **Brandon Street**, click on the name and then click **OK**. The **Referral Information** window is displayed again, but now **Chris was referred to the practice by Brandon Street . . .** is at the top of the window.
6. Click **Close**. **Page 1** of the clipboard is displayed again.
7. Click **OK** and **Cancel.**

Lesson 24

Working with Pharmacies and Prescriptions

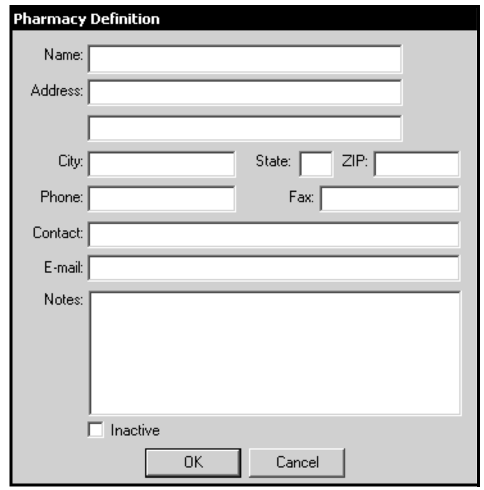
You can store a list of your patients' preferred pharmacies and a list of prescriptions that are prescribed for your patients.

Adding a Pharmacy

You can store a list of pharmacies used by your practice and your patients. To add a pharmacy to the list of pharmacies:

1 Select **Lists > Pharmacies**. The **Pharmacy List** window is displayed.

2 To add a pharmacy that is not already on the list, click **Add.** The **Pharmacy Definition** window is displayed.



3 Type information in each of the fields. Because many pharmacies are part of a chain, be sure to enter an accurate address and phone number for each.

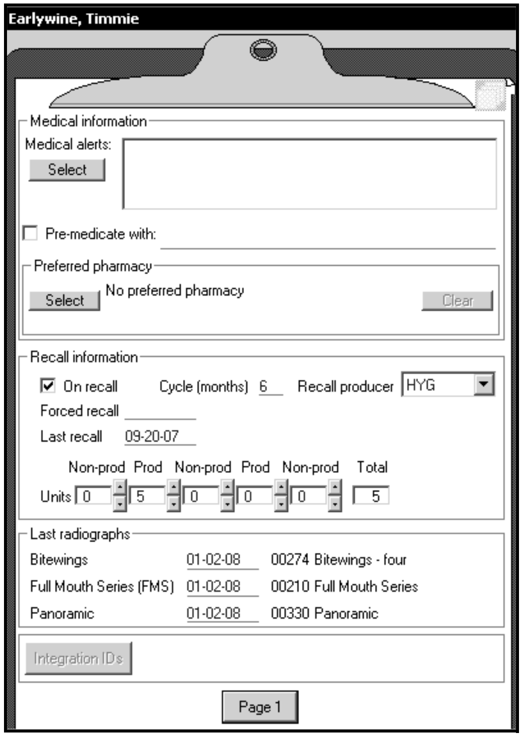
4 Click **OK.**

Adding a Patient’s Preferred Pharmacy

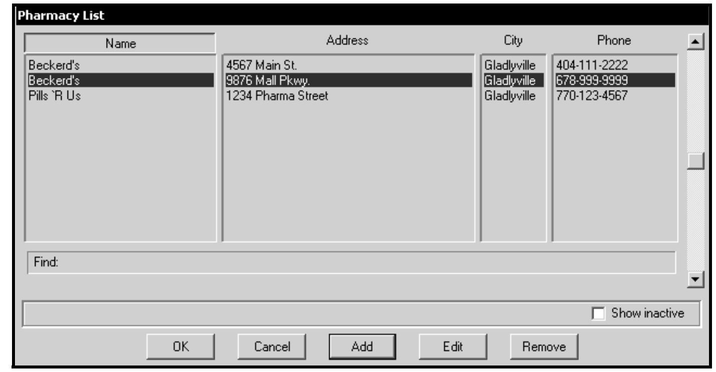
To add a preferred pharmacy to a patient’s clipboard:

1 Navigate to the patient’s clipboard.

2 Click **Page 2.** The second page of the clipboard is displayed.



3 In the **Preferred Pharmacy** section, click **Select.** The **Pharmacy List** window is displayed.



4 Select a pharmacy from the list, and click **OK.**

5 If the patient’s pharmacy is not on the list, click **Add**, type the pharmacy’s information in the **Pharmacy Definition** window, and click **OK.**

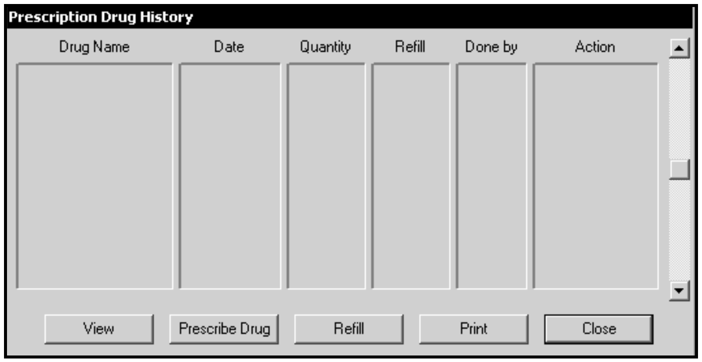
6 Click **Page 1** to return to the first page of the clipboard.

7 Click **OK.**

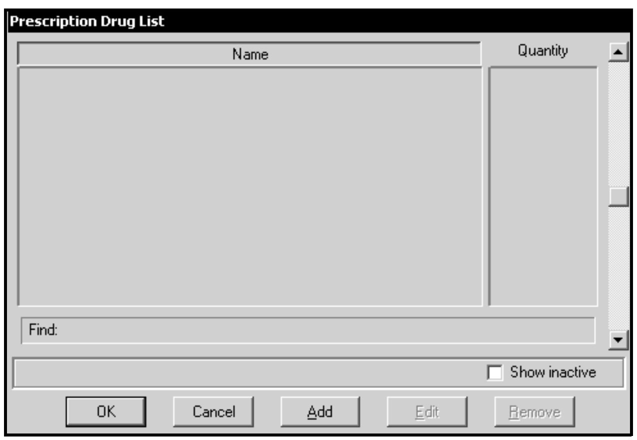
Adding a Drug

To add a drug to the Prescription Drug List and then generate a prescription:

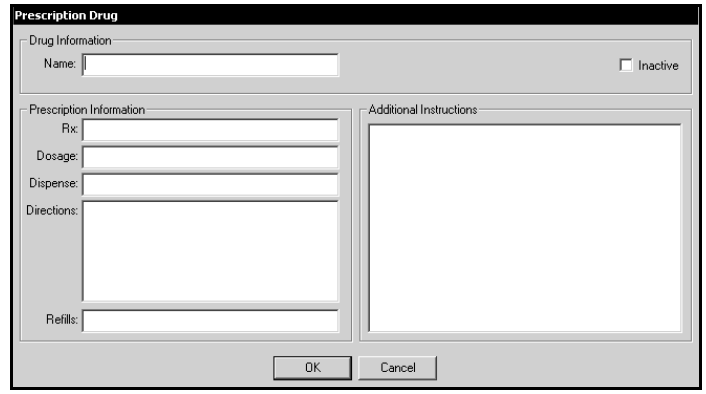
1 In the **Phone Inquiry** window or the clipboard, click **Prescriptions.** The **Prescription Drug History** window is displayed.



2 Click **Prescribe Drug**. The **Prescription Drug List** window is displayed.

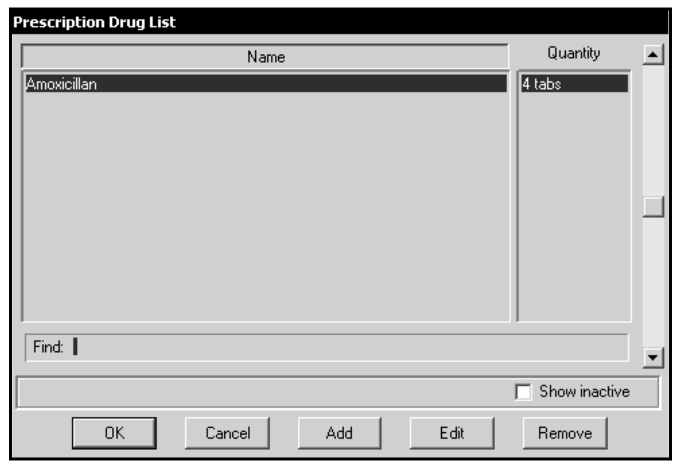


3 Click **Add.** The **Prescription Drug** window is displayed.



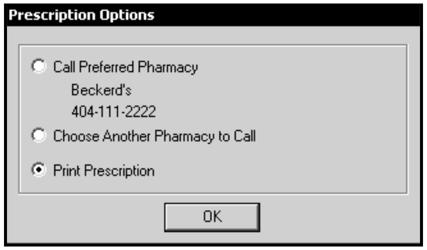
4 Type the appropriate information, as you would for a prescription that you were writing out.

5 Click **OK.** The **Prescription Drug List** window displays the drug you added.



Phone Inquiry

6 Click **OK** twice. The **Prescription Options** window is displayed.



7 Selection the option you want, and click **OK**. If you select **Print Prescription**, the **Prescription Destination** window is displayed.

Note

The **Prescription Form to Print** drop-down list includes state-required formats.

8 Select **Print to Printer** or **Print Preview** and select the form you want from the **Prescription Form to Print** drop-down list. Click **OK**.

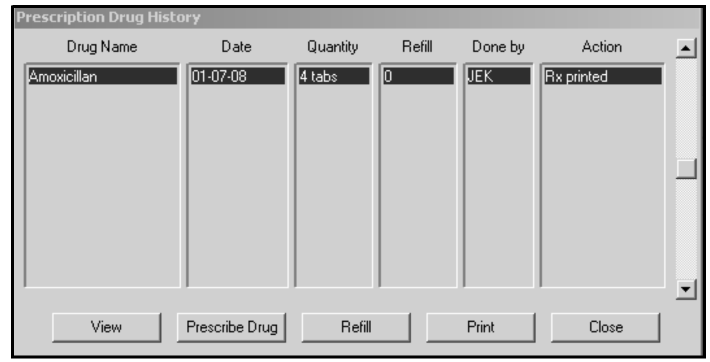
Checking Prescription History

To look at the prescription history of a patient:

1 Click the **Phone Inquiry** button. The **Select person on the phone** window is displayed.

2 Select the patient whose prescription history you want to check, and click **OK**. The **Phone Inquiry** window is displayed.

3 Click **Prescriptions**. The **Prescription Drug History** window is displayed.



4 From this window, you can see the patient's prescription history, reprint a prescription, write another prescription, or refill a prescription. When you have finished, click **Close**.

You can print prescriptions from the **Prescription Drug History** window, which can be accessed from the **Phone Inquiry** window, from the **Prescriptions** button on **Page 1** of the patient's clipboard, and from other locations in the software.

Skill Sharpeners

Exercise 1—Add a pharmacy.

A patient, Jacob Adair, has told you that he fills his prescriptions at a new pharmacy called Test. The pharmacy is located at 1234 Exchange Way, Atlanta, Georgia 30339. The telephone number is 678-321-4567.

To add Test Pharmacy:

1 Select **Lists > Pharmacies**. The **Pharmacy List** window is displayed.

2 As you can see, Test Pharmacy is not on the list. Therefore, click **Add**. The **Pharmacy Definition** window is displayed.

3 In the **Name** field, type **Test Pharmacy**, and press Tab. The cursor moves to the **Address** field.

4 In the **Address** field, type **1234 Exchange Way**, and press Tab twice. The cursor moves to the **Zip** field.

5 In the **Zip** field, type **30339**, and press Tab. The **City** and **State** fields are populated automatically, and the cursor is now in the **Phone** field.

6 Type **678-321-4567**, and press Tab.

7 Enter any other data that you feel is pertinent.

8 Click **OK** and **Cancel**.

Exercise 2—Indicate that Test Pharmacy is the preferred pharmacy of Jacob Adair.

To identify the patient's preferred pharmacy:

1 Navigate to the clipboard of Jacob Adair.

2 On **Page 1** of Jacob Adair's clipboard, click **Page 2**.

3 In the **Preferred pharmacy** field on **Page 2**, you see the notation **No preferred pharmacy**. Click **Select**. The **Pharmacy List** window is displayed.

4 Select **Test Pharmacy** from the list, and click **OK**.

Page 2 of Jacob Adair's clipboard is displayed again, but now the **Preferred pharmacy** field indicates that Test Pharmacy is his preferred pharmacy. The telephone number is also displayed.

5 To exit, click **Page 1**.

6 Click **OK**.

Working with Attachments

You can use categories for different types of documents that you attach to a patient's file. In the **Attachments** window, you can attach, access, and manage the documents.

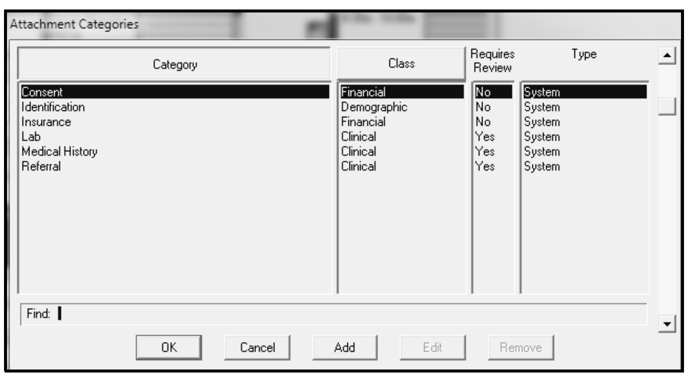
Using Attachment Categories

Categories enable you to sort and manage the documents you attach to a patient's record. You can create a category or use the following system categories:

- **Consent**–Financial class
- **Identification**–Demographic class
- **Insurance**–Financial class
- **Lab**–Clinical class
- **Medical History**–Clinical class
- **Referral**–Clinical class

To create a user-defined category:

1 Select **Lists > Attachment Categories**. The **Attachment Categories** window is displayed.



2 Click **Add.** A new **Attachment Category** window is displayed. Enter a name for the category, and select a class from the list.

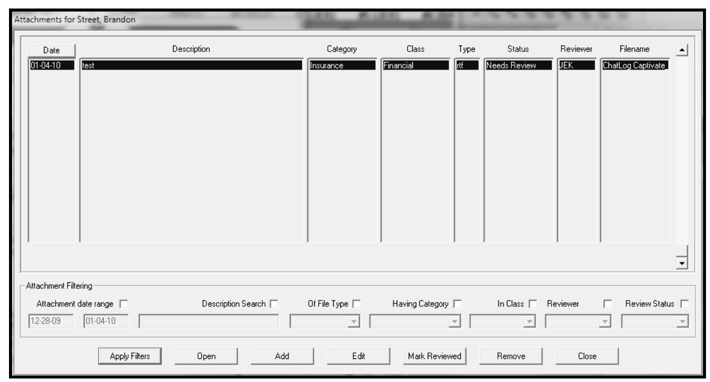
3 If you want items in this category to be reviewed, select **Requires Review.**

4 Click **OK.**

Adding an Attachment

To add an attachment to a patient's record:

1 In the patient's clipboard, click **Attachments.** The **Attachments** window is displayed with a list of files attached to the patient's record.



Tip

Attachments that need a review are added to Office Expert, and you can configure Practice Central to display the items.

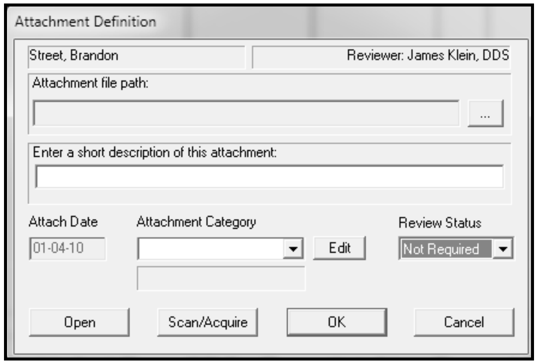
Note

Items in the Clinical class require review, but you can change the review status.

Note

The reviewer's name is based on the current login name.

2 Click **Add**. The **Attachment Definition** window is displayed with the patient's and reviewer's names.



3 In the **Attachment file path:** field, click the ellipsis button and navigate to the file you want to attach.

4 Click **Open**. The file path is entered in the window.

5 Enter a description of the attachment.

6 Use the list to select a category. One of the following classes is displayed based on the category: **Financial**, **Clinical**, or **Demographic.**

7 Set the **Review Status** field to **Needs Review**, **Reviewed**, or **Not Required.**

Using the Attachment List Window

You can view a list of all documents attached to patient records.

To use the **Attachment List** window:

1 Select **Lists > Patient Attachments**. The **Attachment List** window is displayed.

2 To find a particular attachment, use the filters to sort through the list.

3 To add an attachment, click **Add.** The **Select a patient to add this attachment for** window is displayed. Select a patient and continue adding the attachment.

4 To edit an attachment, select it in the list and click **Edit.** The **Attachment Definition** window is displayed.

5 To remove an attachment, select it in the list and click **Remove.** You are prompted to verify the deletion.

6 When you are finished with the Attachment List, click **Close.**

Skill Sharpener

Exercise 1—Attach a document to a patient record.

To add an attachment to a patient's record:

1. In a patient's clipboard, click **Attachments**. The **Attachments** window is displayed.
2. Click **Add.** The **Attachment Definition** window is displayed.
3. In the **Attachment file path:** field, click the ellipsis button and navigate to a file you can attach.
4. Click **Open.** The file path is entered in the window.
5. Enter a description of the attachment.
6. Use the list to select a category.
7. Set the **Review Status** field to **Not Required**.

Appendix A
Daily Checklist

1. [ ] Verify Backup and Change Tape
2. [ ] Open PracticeWorks
3. [ ] Clock In and Log In
4. [ ] Confirm Tomorrow's Appointments
5. [ ] Print Route Slips for Tomorrow
6. [ ] Print Schedule for Tomorrow
7. [ ] Work the Office Expert
8. [ ] Move All Cancellations and Failed Appointments to Pending Page
9. [ ] Enter Treatment Plans for Today
10. [ ] Enter Payment Plans for Today
11. [ ] Post Mail Payments
12. [ ] Print Daily Reports
13. [ ] Balance Route Slips and Schedule Against Daily Report
14. [ ] Print Cross Settlement Report
15. [ ] Print All Items Sent to the Document Queue
16. [ ] Send Electronic Claims for Today
17. [ ] Report All Error Messages
18. [ ] Check Everyone In and Out Today
19. [ ] Print Final Copy of Today's Appointment Page for Legal Record
20. [ ] Balance Money to Deposit
21. [ ] Clock Out and Log Out
22. [ ] Close PracticeWorks
23. [ ] Back Up Data

Quick Reference for Daily Checklist

1 **Verify Backup and Change Tape**

A backup of your data files should be done every day. Check with your hardware consultant about the best way to do a backup.

2 **Open PracticeWorks**

Launch the software *after* you verify that the files were backed up.

3 **Clock In and Log In**

Select **Activities > Clock in**. Enter your initials and password. The time on the computer is displayed. After clocking in, you are asked if you want to log in. Click **Yes** if you are the primary user on this workstation; otherwise, click **No**.

4 **Confirm Tomorrow's Appointments**

Go to next day on the appointment book by clicking the **+1** tab at the top of the appointment book. Double-click on the first appointment that is marked in red, **Not Confirmed**. The **Edit Existing Appointment** window is displayed. The window displays the patient's phone number. Call the patient to confirm the appointment.

Perform one of the following actions, as appropriate:

- Click **Confirm** on the right side of the window.
- Click **Resched/Cancel** on the right side of the window. Move the appointment to the pending page if the patient cannot reschedule.

Repeat the process for each unconfirmed appointment.

5 **Print Route Slips for Tomorrow**

Be sure you have the next day's schedule in front of you, and then click **File > Print > Rout e Slips**.

6 **Print Schedule for Tomorrow**

Be sure you have the next day's schedule in front of you, and select **File > Print > Appointment page.** Use the Up and Down arrows to indicate the quantity to print.

7 **Work the Office Expert**

For each item, select the item and click **Take Action.** If you don't get through each item each day, those items are carried forward to the Office Expert for the next day.

8 **Move All Cancellations and Failed Appointments to the Pending Page**

At the end of the day, right-click on each appointment that remains in **red** and click **Cancel/Fail**. Decide whether to move the appointment to the pending page.

9 **Enter Treatment Plans for Today**

Right-click on the appointment, and select **Clipboard.** On the right side of the clipboard, click **Tx plan.** Create a new plan, and enter the treatment. You can request an insurance pre-determination by right-clicking each procedure that you want to appear on the form. You can print the form from this window as well as print the treatment proposal for the patient.

10 **Enter Payment Plans for Today**

Payment plans are entered from the ledger, not the check out ledger. Access the ledger by right-clicking the appointment, clicking **Clipboard**, and then clicking **Ledger**. In the **Ledger**, click **Add**, and type **PayPlan**. Tab through the line, and the **Payment Plan Setup** window is displayed. Enter the amount, number of payments, and due dates. Click **Re-calc installments** to create a payment plan schedule. Print the schedule.

11 **Post Mail Payments**

Click the **Individual Payments** button. Select the **Responsible Party**, and select the payment code by pressing Tab in the **Description** field.

12 **Print Daily Reports**

Select **File > Print > Daily Reports.**

- **A/R Recap**–Lists total production, adjustments, goals, and percent of goal for each producer who worked that day, as well as the beginning and ending Accounts Receivable.
- **Deposit slip**– Breaks down patient checks, insurance checks, cash, and credit cards.
- **Production detail**–Lists a summary for each producer who worked that day, showing patients seen, procedures performed, and total dollars produced.
- **Reconciliation report**–Shows any corrections made that day for a previous service date.

Daily reports can be run at any time, but corrections can only be made for the first 90 days after the original transaction date.

13 **Balance Route Slips and Schedule Against Daily Report**

Balance the gross production shown on the top of the A/R Recap report for each producer who worked that day with the route slips for the day. Compare the gross production to the schedule to be sure that you have a route slip for all patients who had an appointment today. This report shows the gross production for each producer, but does not reflect any adjustments.

14 **Print Cross Settlement Report** (if applicable)

If producers' compensation is based on collections in your office, run a Cross Settlement report from **File > Print > Multi Doctor Cross Settlement Report > Actual cross settlement.** This report cross-settles monies collected and adjustments to the producer with the oldest balance on the account. These numbers can change for up to 90 days, so run the report at the end of the pay period and again 90 days later for that same period, and compare the numbers.

15 **Print All Items Sent to the Document Queue**

Select **File > Print > Document Queue**, and all documents that were set up to print later are displayed. You can print all documents of a specific form type or all documents of a certain name. You can also export documents or reprint a document. When you finish printing, delete the documents in the queue.

16 **Send Electronic Claims for Today**

Select **Start > All Programs > PracticeWorks > Submit electronic claims**. A submission report prints showing all claims submitted; rejected claims are listed at the top of the report, with an explanation of the problem. For each electronic claim that is accepted, a tracking number is sent to your software. When the process is complete, a transmission summary report is printed listing each claim that was processed.

17 **Report All Error Messages**

Keep a daily log of error messages encountered, noting the workstation, what was done when the error occurred, and what the error message said. If the same error occurs repeatedly, report it. Record all information on any error that occurs; this will assist Support in resolving problems.

18 **Check Everyone In and Out**

Check in: Right-click on an appointment and select **check in.**

Check out: Right-click on an appointment and select **check out.**

- Post today's treatment, entering the appropriate producer and codes on the check out ledger.
- Post payments by selecting the appropriate producer and payment codes.
- Click **OK** and print a **Walk-out statement.**
- Submit insurance electronically or print to paper and mail to the insurance company.

19 **Print Final Copy of Today's Appointment Page for Legal Record**

After all appointments have been checked out and cancelled or failed appointments have been moved to the pending page, print a final copy of the schedule as it actually occurred. This should be kept as a legal record.

20 **Balance Money to Deposit**

Balance the collection figure on the A/R Recap report with the monies collected for the day indicated on the Deposit Slip report.

21 **Clock Out and Log Out**

Select **Activities > Clock out**. Enter your initials and password, and the time is displayed. Then select **Activities > Log out**.

22 **Close the PracticeWorks Software**

You must exit the software before you perform the daily backup.

23 **Back Up Data**

After exiting the software, perform the daily data backup.

Glossary

Account
All patients who have the same person responsible for their balances. An account may be a *family*, or a grouping of people for the purposes of *recall*.

Accounts receivable
Money that people owe you. More formally, money that is owed for services rendered, which is credited to a specific account. The accounts receivable process tracks the amount of money owed to each account.

Adjustments
Those items other than payments or charges that change a patient's balance. Examples of adjustments are discounts, returned checks, and bad-debt write-offs.

Appointment book
A calendar with each date displaying a fixed combination of chairs in a specified sequence. Each chair is represented by a column in the appointment book. When you access the software, the default appointment book is the first thing displayed. A practice can have more than one appointment book (for example, one for dental procedures and another for hygiene appointments).

Associate
A dentist in your office who is an employee of the practice. An associate can be paid based on production, collections, a salary, or an hourly rate. An associate cannot be a patient's regular dentist; the status of regular dentist is reserved for providers. Fees for dentistry performed by an associate are credited to the patient's regular dentist.

Benefit-table estimating
A method of estimating insurance coverage in which insurance benefits apply to a range of codes.

Book
le, one book for dental procedures and another for hygiene appointments).A synonym for *appointment book*; a combination of chairs in a specified sequence. Each chair is represented by a column in the appointment book. When you access the software, the default appointment book is the first thing displayed. A practice can have more than one book.

Block booking
Blocks of time reserved in the appointment book for certain types of activities or for when appointments cannot be made. There are two types of block booking: *production block booking* and *employee block booking*.

Other terms for this concept include *color-coded scheduling*, *perfect day scheduling*, *ideal day scheduling*, and *target scheduling*.

Blue book
A feature of the software that tracks how much each insurance plan pays for charges submitted by your office.

Bulk payment
A check from an insurance company that includes payment for more than one claim.

Chair
One column in the appointment book. This column can represent one physical chair in your office or one individual producer (who can move among several physical chairs). You can have up to 300 different chairs in your appointment books.

Click and drag
A common Windows operating system activity in which you point at an object–for example, an appointment–and hold down the left mouse button. Then, while still holding the button down, move the mouse, and the object you are pointing at moves in the same direction as the mouse. When you have moved the object to where you want it, release the left mouse button.

Clinical appointment
An appointment for work performed by a dentist rather than a hygienist.

Clipboard
A two-page electronic representation of a patient's contact information, insurance, data, payment information, medical alerts, and other relevant information. Toggle between the two pages by clicking on the **Page 1** or **Page 2** button.

Code-specific estimating
A method of estimating insurance coverage in which benefits are associated with a specific code.

Comment codes
Transactions that do not affect the patient's balance, but that you want recorded in the patient's history. There are two categories of comment codes: printable and non-printable.

Contact expert
A generated list of people, labs, or insurance companies needing attention.

Contract
Schedules of future treatment that have not been billed yet.

Default values
Those variables that are selected before implementation of the software and are always displayed unless the user changes them. The **current day** in the appointment book, for example, is the default value for what will display when a user accesses the software.

Drop-down list
A field that, when you click on it, displays a list. There is usually a down-arrow at the right side of the field to indicate a drop-down list.

Employee block
A block of time–such as lunch, vacation, staff meetings–when an employee is unavailable for appointments.

Employer/plan
The specific combination of employer and insurance plan that provides insurance coverage for a patient. Many employers offer more than one plan.

Entry date
The date that an activity is entered into the software.

Event-driven
Software routines that are initiated automatically when specific events occur. The automation expert, for example, is event-driven.

Expert
A software component that performs common functions more quickly than you can do them manually. Examples of experts in the software include the appointment expert and the delinquent account expert.

Facility employee
A person who works in your office, but who does not offer dental services to a patient.

Family
In this software, the term *family* refers to two or more people grouped together for recall purposes. The common denominator among this group is the person entered in their **Lives with** field.

Family recall reminder
A window that displays automatically if any of three things occurs: (1) the patient checks out; (2) the patient schedules a new appointment; (3) the patient reschedules an appointment.

Fee schedule
The list of ADA codes that you use and the fee that you charge for each one. You can have as many as three different fee schedules. The fees are entered on the transaction code list.

Find
A field in a pick list used to search for a specific entry in that list. Enter a few letters in this field, and the software moves immediately to the entry in the list beginning with those letters. The Find function enables you to find entries quickly in very long lists.

Highlight bar
Indicates which entry in a pick list is currently selected.

Inactive
A status code assigned to former employees and patients. An inactive status removes references to the employee in the system while retaining historical records of any work performed by that employee while active.

Insertion point
Where the cursor is currently located on the screen. Anything you type will appear at the insertion point. You can change an insertion point by clicking on another location.

Insurance company
In this software, the name, address, phone number, and other basic information necessary to get claims submitted to the right place. More detailed information about the patient's coverage is entered when employer/plans are set up.

Insurance estimate
An approximation of how much a patient's insurance will pay for a dental procedure. The software provides this estimate to you.

Insurance status codes

- pW–Primary claim waiting to submit
- pS–Primary claim submitted
- pC–Primary claim collected
- pN–Primary claim no assignment
- pR–Primary claim refused

Insured party
The person whose name goes on the employee/subscriber line of the insurance form.

Landscape
A visual representation of a piece of paper that is oriented so that its width is greater than its height. In some printing applications, you are asked whether you want the output to be portrait or landscape.

Ledger card
A list of financial transactions that occurred for a particular account. All transactions that affect a patient's balance appear on the ledger card, as do such transactions as insurance filed. Each ledger card represents one account and one responsible party.

Line Item accounting
An alternative to balance-forward accounting. Line item accounting processes pay providers based on the amount collected from patients and insurance companies. You can post payments to individual line items in the ledger instead of applying payments to the oldest balance.

Lives with
A field on **Page 1** of a patient's clipboard. Click **self** if this person is the only patient in the household or is the responsible party for someone else in the household. Click **Other** if other members of the household are also your patients.

Menu
A list of options from which you can choose.

Ownership
An indication of who in the practice is credited financially with work done on a patient. A patient's transaction is credited to the account receivable of the person with ownership of the patient, regardless of who actually did the work.

Patient
A person who comes to your practice for treatment. All patients have to be connected to a lives with and a responsible party, and can be connected to an insured party and to a referral source.

Payment codes
A subset of transaction codes used to indicate form of payment on a ledger card. The software comes with default payment codes, which you can edit or add to. You cannot delete payment codes. The following payment codes are among the most common: CASH (cash payment at time of service), CHK (check at time of service), MCHK (check received in the mail), VISA, MC (MasterCard), AMEX (American Express), IP (insurance payment primary).

Payment plan
Scheduled payments for services that have already been performed.

Pending page
A list of all appointments that are failed or cancelled, and have not yet been rescheduled. If someone cancels an appointment, right-click on the appointment to reschedule or, if it cannot be rescheduled, click **Move to Pending Page**.

Perfect day scheduling
The concept of increasing efficiency in scheduling through the systematic use of block booking. See *Block booking*.

Pick list
The starting point for adding, editing, or viewing most things in the software. Pick lists can be accessed from the **Lists** menu, where you can select from eleven different lists, including **People**, **Employer/Plans**, **Insurance companies**, **Insurance claims**, **Transaction codes**, and **Employees**. The toolbar can be configured to enable access to the person pick list.

Portrait
A visual representation of a piece of paper that is oriented so that its height is greater than its width. In some printing applications, you are asked whether you want the output to be portrait or landscape.

Pre-defined appointment
Common patterns of appointment data, such as treatment class, procedures, and number of producer and non-producer units. Instead of entering all of this data for each appointment of this type, you can create a pre-defined appointment, in which you enter the common data once. Then when you make an appointment of that type, you select it from a list of pre-defined appointments. All of the common data will be automatically entered into the appointment, saving a great deal of time.

Pre-determination of benefits
The process of determining a patient's insurance benefits before any costs are incurred.

Producer
Anyone in your office who provides dental procedures to a patient for a fee, and whose performance of these procedures is tracked. Each appointment has an assigned producer: that is, the person who performs most of the procedures during that appointment. Procedures will vary among offices, but typically a producer is a provider, associate, or hygienist.

Production block
An amount of time reserved for a specific set of treatment classes for which appointments can be scheduled. Each type of appointment is associated with a different color and is displayed with that color in the appointment book.

Provider
A dentist who owns account receivables. A provider can be a patient's regular dentist, and therefore owns the receivables generated when treatment is provided to that patient by a hygienist or associate.

Recall appointment
A periodic appointment, typically with a hygienist. Recall appointments can be scheduled automatically using the recall default. If, for example, the recall default is six months, the software could automatically schedule the next appointment six months after today's hygiene appointment.

Recall default
A period of time that the software automatically uses to generate a reminder that a patient is due for another appointment. For example, if a new patient has his first appointment on February 8 and the recall default is six months, the system will generate a reminder that the patient is due for another appointment on August 8. The recall period can be adjusted for individual patients.

Reschedule mode
The status of an appointment when all of the necessary information has been entered, but a date and time have not been scheduled. An appointment in reschedule mode is yellow and appears to be floating above the appointment page.

Responsible party
(1) The individual who will pay for that part of the treatment not paid by insurance. The responsible party is not necessarily the patient. (2) The person on any account to whom statements will be sent.

Security level
An employee is assigned a security level from 1 to 10. Level 0 is reserved for guest users. Level 5 security is necessary to edit employee records.

Service date
The date that dental activity is performed.

Sooner if possible appointments
Those appointments that have been scheduled, but for which the patient has requested an earlier appointment.

Statement queue
A list of all statements prepared and ready to print. The statement queue is used to review statements before printing.

Strong password
A password that makes it more difficult for someone to enter under your ID. A strong password is typically at least six characters long, is composed of both letters and numbers, and is mixed case.

Time-block length
The basic unit of time used in a practice. This would be equivalent to the shortest possible appointment. All other appointments are multiples of the time-block length. In the software, the term *unit* is a synonym.

Toggle
To move back and forth between two areas in the software, such as **Page 1** and **Page 2** of the patient's clipboard.

Transaction codes
A broad term that includes the following types of codes: dental, diagnostic, patient payment, insurance payment, adjustment, comment, automatic deduction, and medical.

Treatment class
A way to organize ADA codes into groups for reporting, scheduling, and treatment-plan purposes. You might use the following treatment classes, for example: **Crown and Bridge Fillings**, **Implants**, **No Charge**, **Extractions**, and **Dentures**.

Treatment plan
Also called the **TxPlan**, a treatment plan is a list of procedures that has been submitted to, and approved by, a patient.

UCR
A frequently used abbreviation for **Usual and Customary Rate**, the amount that an insurance company would typically pay for a procedure.

Unit
The basic length of time used as a building block for making appointments. This term is a synonym for **time-block length**. If the unit of time selected by your office is ten minutes, for example, a procedure that was three units long would take thirty minutes.

Utility
An automated procedure that speeds up certain basic types of maintenance.

Variable
A value that changes based on context. For example, the values **amount due** and **due date** change from statement to statement.

View
The way the appointment book presents data. The default view of the appointment book is **active appointments.** You may change to **Pending page**, **Block booking production**, or **Block booking employee** by selecting **ApptBook > View** and selecting an option.

Yellow sticky
An electronic reminder that can be attached to different records in the software: a person's clipboard, an insurance company, and so on.

Index

D

E

P

Q

carestreamdental.com
800.944.6365