



## **PX 201: Advanced Features**

VERSION 5.1

# PX 201: Advanced Features

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## Lesson 1 : 5.1 Patient File Module New Additions

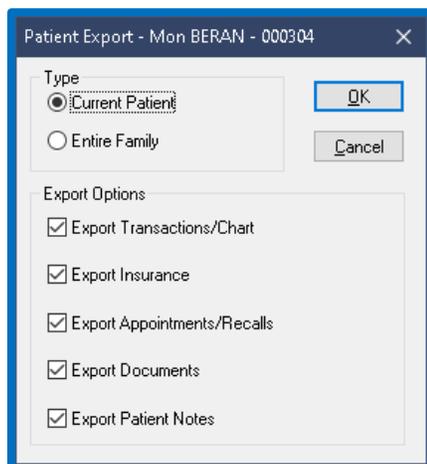
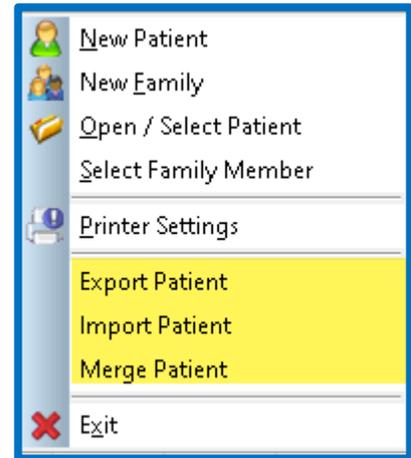
### 1.1 Export/Import & Patient File Merge



Online article: [5.1 - Export & Import Patients - Power Practice](#)

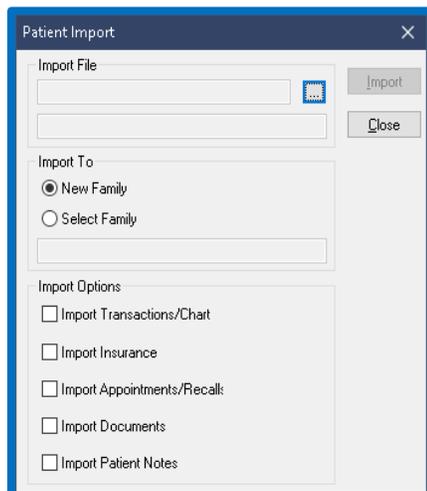
Offices can now export and import patient data with ease. To access these new features:

- Activate the target patient/family account.
- Visit the Patient Module.
- Right click anywhere in the background of the module.
- Select the File option, then Export, Import or Merge patient file.



#### Export

- You can choose to export the active patient, or the entire family at once.
- All tick boxes offered should be included as to maximize the accuracy of the patient file.
- The program will prompt you to Email the exported file immediately. This is a good option if you wish to send it to another office or store it in a new directory.
- Your exported patient or family data will default to saving in the data in your C:\Powerptx\Export folder.



#### Import

- The import process is very similar to the Export, we simply need to direct the program to the exported family file.
- You can designate where to add this new file, as an entirely new family or as members of an existing file.
- The family should be imported with the same settings that were used during export; typically, we include all tick boxes.
- After pressing Import, the file will be available in your system in the same state as it was exported from the other database.

**Items not included in the export/import process:** the dollar value of Payments/Charges/Adjustments (imported as \$0 records), Ortho plans, Proposals, Links between Appointment and Recalls (your R lines will be red & unlinked), and finally Patient Forms (these can be exported/imported separately).

## 1.2 Merge

Online article: [5.1 - Patient Merge - Power Practice](#)

You can now combine two files in your database into one. This will be useful when tidying up your database of duplicate files. This option is best used when a patient has little to no information on one file, but a lot of history on the other. The utility was primarily designed to handle simple consolidation of duplicate files into a main master file so there are some key points to consider below.

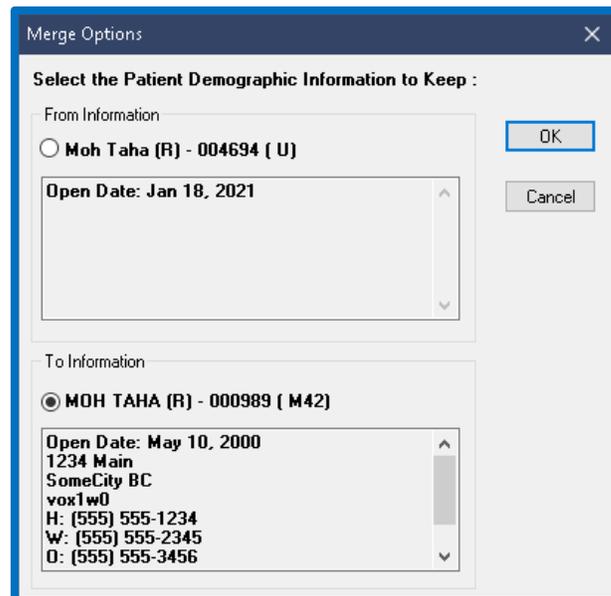
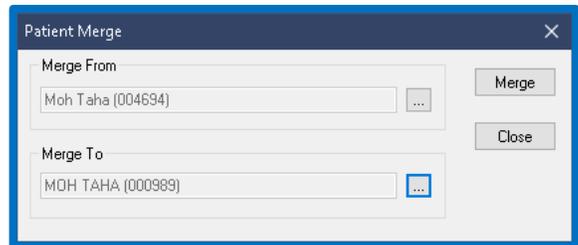
*Please note you cannot merge a patient file if they are already part of a family account which has Payments and Adjustment records. This is to preserve the ledger and A/R integrity of all accounts involved. A workaround method for such a patient, if desired, is to move them into their own family file first, then use the merge function.*

*Single files can be merged into a family account without issue. They just cannot come from a family file with payments and adjustments on record.*

*Second, the patient files involved in the merge cannot have outstanding Check Out data to be processed.*

The Merge operation will present the window shown on the right.

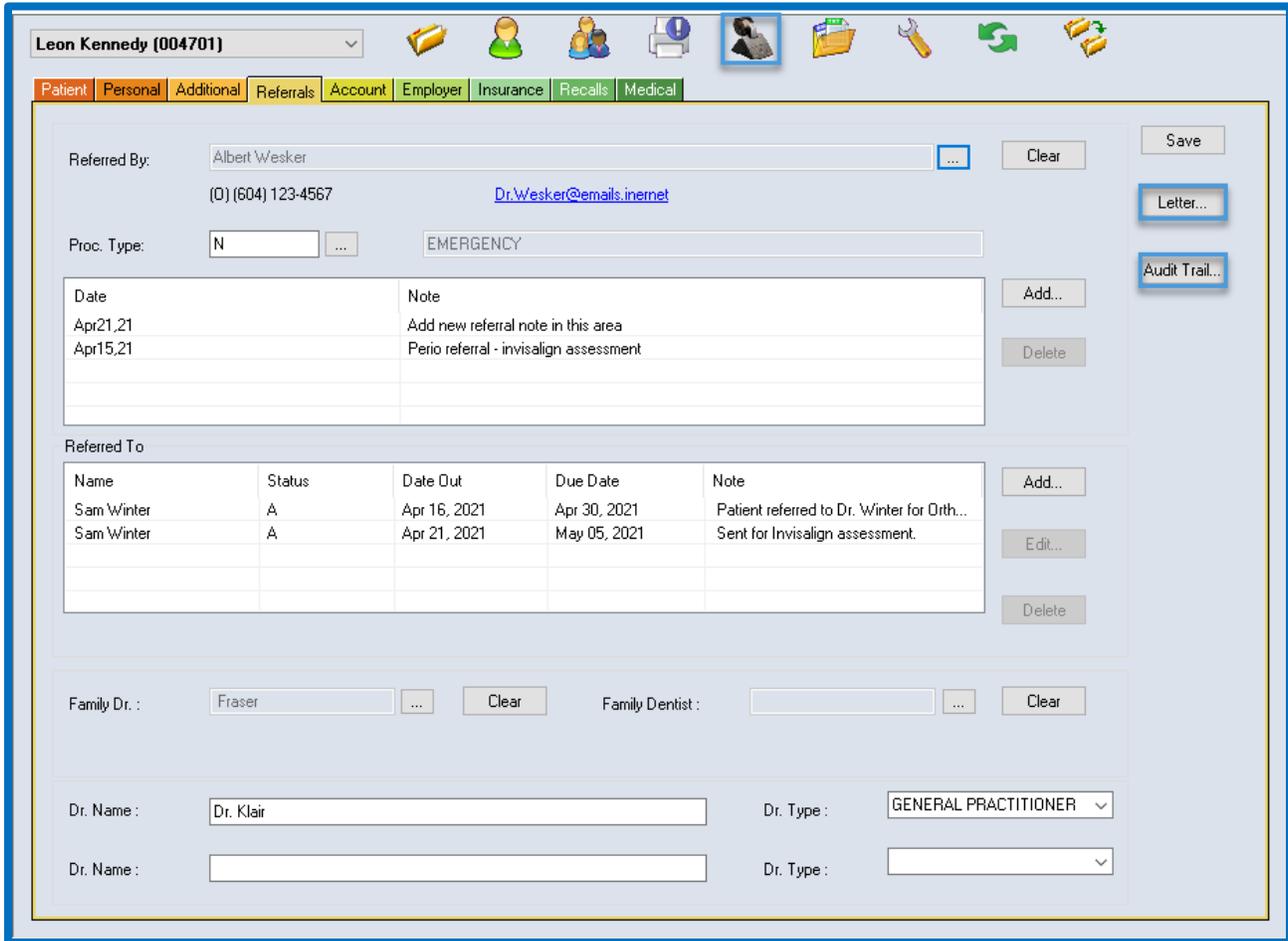
- You can set the From field to the patient file you wish to incorporate/absorb.
- Then set the Merge To field to the “good” file, the file you wish to keep.
- Once you press Merge the Merge Options window shown below is presented.
- Here you must select the demographic info (address, phone number etc.) you wish to keep.
- With your bullet selection set appropriately, press Ok to complete the operation.



### 1.3 Referrals

Online article: [5.1 - Referral Revamp - Power Practice](#)

Referral options have been improved in this release. Most of these changes can be found on the Patient Referral tab of the Patient File module.



- The Referral tab can now provide an Audit Trail of referral history for each patient; shown below. You can reach this window via the Audit Trail button on the Referral tab, shown in the image above.

Audit Trail - George Washington - 004693

From: [ ] To: [ ]

Generate Cancel

Date	Time	User	Type	Module	Action	Description
Jan 19, 2021	08:05:18 AM	AK	Patient Notes	Patient	Add	REF
Jan 19, 2021	08:05:24 AM	AK	Patient Referral	Referral	Add	Referred By: JOSEPH CHONG
Jan 19, 2021	08:05:40 AM	AK	Patient Notes	Patient	Delete	REF
Jan 19, 2021	08:06:10 AM	AK	Patient Notes	Patient	Add	REF
Jan 19, 2021	08:06:47 AM	AK	Patient Referral	Referral	Edit	Referred To: Dr. Aaron Berant
Jan 19, 2021	08:07:07 AM	AK	Patient Referral	Referral	Add	Letter Sent: Dr. Aaron Berant,...
Jan 20, 2021	07:24:00 AM	AK	Patient Notes	Patient	Add	REF
Jan 20, 2021	07:24:15 AM	AK	Patient Notes	Patient	Edit	REF
Jan 20, 2021	07:24:22 AM	AK	Patient Referral	Referral	Edit	Referred By: Sam Winter
Grand Total:	9	9		9	9	

- The Audit Trail will track new entries, notes, deletions, edits, and letters sent.
- The Referral Manager module can now print labels using the familiar label icon.



- Letter merges have been improved and expanded. You can now send Referral letters to the Referred By source, the Referred To source, Family Dentist and Family Doctor. These actions are all recorded in the Audit Trail. The Letter Merge feature is now available for all these options.
- The image above demonstrates the Letter Merge function in action.
- The data merge fields are highlighted in yellow for demonstration purposes only.

Date	Note
Apr21,21	Add new referral note in this area
Apr15,21	Perio referral - invisalign assessment

Name	Status	Date Out	Due Date	Note
Sam Winter	A	Apr 16, 2021	Apr 30, 2021	Patient referred to Dr. Winter fo...
Sam Winter	A	Apr 21, 2021	May 05, 202...	Sent for Invisalign assessment.

Date	Code	Quantity	Code	Code	Description
Mar08,21	NEW		C	D01	0 New Patient Visit
Mar08,21	33111	12	C	D01	0 1 Canal Root Therapy
Mar05,21	33111	21	C	D01	0 1 Canal Root Therapy
Mar05,21	01201		C	D01	0 Standard Oral Exam.N.P.

- You can now also manage your referral from the Odontogram. This option is found under the right click menu while using the Odontogram.
- As you can see, the module is fully accessible and functional, even when accessed indirectly via the Odontogram.

## Lesson 2: Understanding Insurance Policies

Setting up insurance policies correctly is one of the most important tasks to be mastered. It is the foundation for good financial management. In Power Practice, it is the combination of three pieces of information that creates a unique policy: Employer Name, Insurance Company, and Group Policy Number. Based on this principle, once a unique policy is created, it is then available in the system to be added to other patients who have identical insurance policies. It is important to note that future changes to the parameters of the policy will affect all families that share the same policy. This can be a time saver for your office.

**Note:** All policies are added in the same way. It doesn't matter if they're primary or secondary.

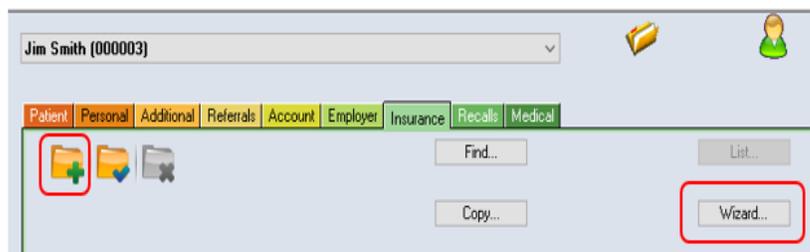
### 2.1 Adding an Insurance Policy

#### How to Search for an Insurance Policy using the Wizard

1. In the **Patient** module, select the **Insurance** tab.
2. Select the **Create New Record** icon.
3. Select the **Wizard** button.

4. Enter the **Group Number**, **Insurance Company**, and **Employer** in the appropriate fields and select **Search**.

5. **Note:** Existing employer's list is found in the ellipses button. If a different



spelling is used for the same employer, then an additional employer will be created. If the employer name is unknown, then the Insurance Company + group number can be used temporarily.

6. Highlight a policy to activate bottom buttons.

**Info:** Displays the Policy Details of the highlighted policy.

**List:** Will list policy holders who have the highlighted policy.

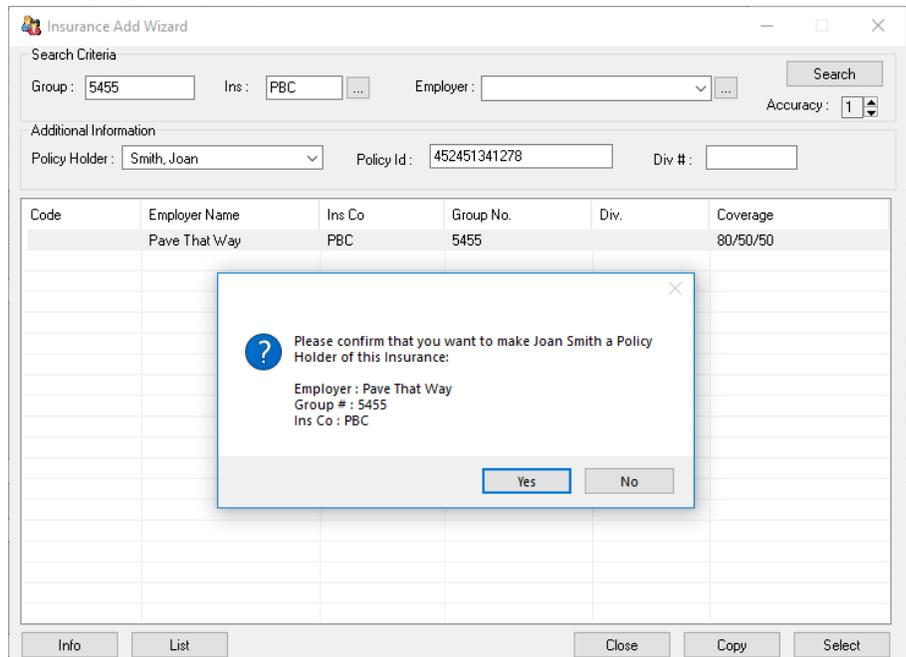
**Close:** Will close the Insurance Add Wizard.

**Copy:** Will create a duplicate of the highlighted policy. A warning message will display:

**Select:** Will select current policy to add to the patient. This will also add any limits and deductibles related to the policy.

7. If the policy is found, select the **Policy Holder** from the dropdown list.

**Note:** If the Policy Holder is not in the dropdown list, they must be added to the Account prior to this step.



8. Enter the **Policy Id** (and **Div No.** if required).

**Note:** This number is unique to the Policy Holder. It is the number that the insurance company uses to identify its members e.g. employee number.

9. Click **Select** and continue below. If Policy is not found, proceed to **Adding a New Policy**.

## Continue with Existing Policy

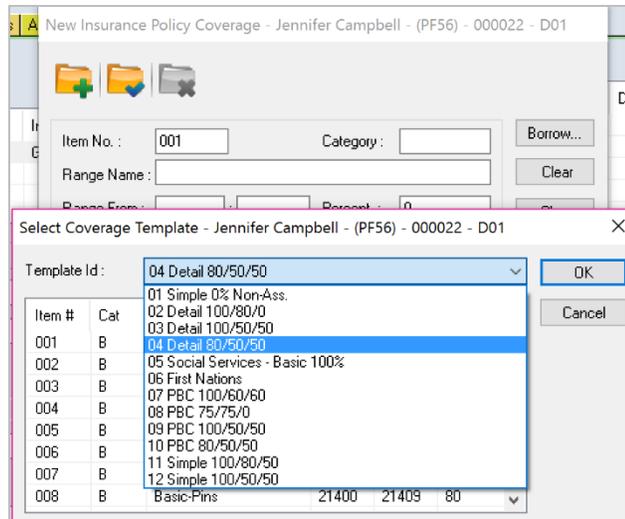
1. A confirmation window will appear. Select **Yes** to confirm the Policy Holder of the highlighted policy.
2. In the secondary window, select **No** to add another policy, or **Yes** to exit out of the Wizard.
3. Highlight the dependent (upper right box) and select the **Dependent** button (or double-click on the dependent). Add or confirm **Dependent No.**, **Relationship**, and if the dependent is **Covered**. Do this step for each dependent.
4. **Limit Start Date field(s)** can be cleared unless roll over is longer than 12 months/1 year. Click **OK**.

**Note:** *Deductibles and/or Limits may need adjusting if the patient has made previous claims on their policy.*

## Adding a New Policy

1. If the Policy is not found, Power Practice will prompt you to add it as a New Policy. Confirm the Policy Information is correct and select **Yes**.
2. You will be prompted to enter the Limits and Deductibles for the new policy. Select **Yes**.  
**Note:** *Patient Deductible is the dollar amount that is deducted from each patient in the family, however if there is a Family Deductible it is the maximum amount deducted regardless of the number of family members.*
3. In the next window, enter the Limits and Deductibles and click **OK**.  
**Note:** *These limits refer to a combined maximum allowable for the policy regardless of the type of treatment. The roll-over period can be set in months, years or lifetime.*
4. Next you will be prompted to enter the Policy Coverage Ranges. Select **Yes**.

5. The **Policy Coverage Box** opens. Click **Borrow**.



- Click on the dropdown arrow and select the closest template to the policy coverage, select the **OK** button. Enter **Employer** name.
- adjust the **Coverage Template** according to the parameters of the policy. **Note:** Percent adjustments can be made for a single range line (Item#) or for the Category (B, M, and O). Highlight the Item line, go to the Percent: field, highlight and enter the new percentage.
- Save each change. An **Insurance Policy Coverage** window will appear. Select **Yes** to affect every range item in the category or **No** to adjust a single range line only.
- Select the **Close** button once all adjustments are made within the **Edit Insurance Policy Coverage** window.

6. A confirmation window will open to confirm the creation and addition of the New Policy. To add another policy under this patient, click **Yes** and search for the secondary policy. To finish and close out of the Wizard, click **No**.

7. Choose the Fee Schedule in the **Sched.** field that the insurance company pays on from the dropdown menu. (Default is set to R Regular Current Schedule).

8. Confirm **Coverage Type** (Family is default). **Note:** Some Insurances only cover the Policy Holder, Coverage Type would then be Patient.

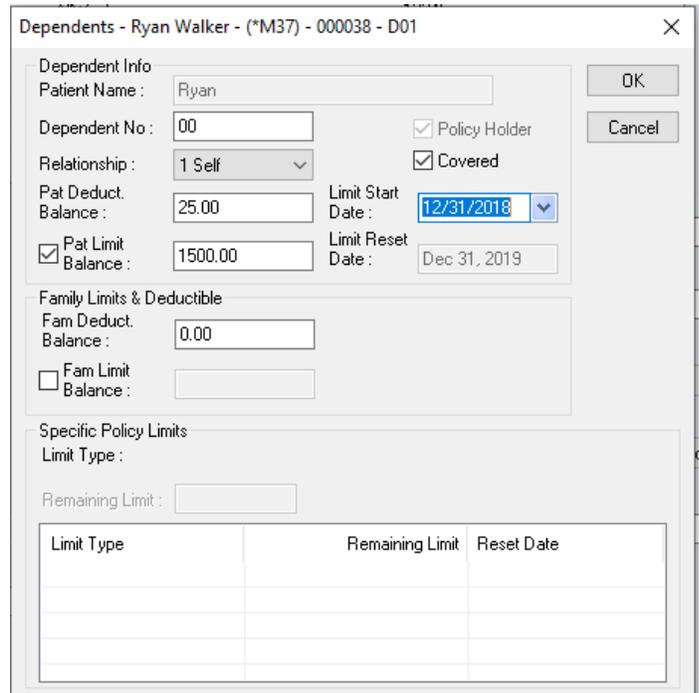
9. Enter the **Year End** of the plan (Default is 12, December).

10. Confirm **Assignment, Signature Required,** and **Accept EDI**. These are defaulted by the Insurance Company selected. Click the **Save Record** icon.

11. Enter the breakdown/overview of the plan in the **Comments** box.

12. Highlight the dependent (upper right box) and select the **Dependent** button. Add or confirm **Dependent No., Relationship,** and if the dependent is **Covered**. Do this step for each dependent. **Limit Start Date** field(s) can be cleared unless roll over is longer than 12 months/1 year.

13. Click **OK**.



## 2.2 Understanding Frequencies, Limits, and Deductibles

### Entering Insurance Frequencies

Some insurance policies limit the number of times a procedure(s) is allowed over a time period. Insurance frequencies for specific items are found in the coverage section.

#### How to Edit Insurance Frequencies

1. From the **Insurance** tab, select the **Coverage** button to open the **Edit Insurance Policy Coverage** window.
2. Select the line item that has the frequency limit.
3. Edit the **# Times** field and adjust the time period (Every: field).
4. Select the **Save** icon with every change.

Item #	Cat	Description	From	To	%
004	B	Basic-Comp.Exam	01100	01103	80
001	B	Basic-RC/NP Exam	01200	01203	80
020	B	Basic-Spex/Emerg	01204	01700	80
005	B	Basic-N/P End Exam	01701	01701	80
002	B	Basic-Endel.RC.Ex	01702	01702	80
036	O	Ortho-Exams	01900	01902	50
023	B	X-Rays	02100	02599	80
024	B	X-Rays-Panorex	02600	02609	80
016	B	Basic-Biopsy	04300	04599	80
012	B	Basic-Models	04900	04919	80
037	O	Ortho-X-Rays	04930	04931	50

#### Insurance Deductibles

In the **Policy Defaults** section of the **insurance** tab, enter in the Pat. Deduct. or a Fam. Deduct. If applicable. Click the **Save Record** icon.

#### Combined Limits

These limits refer to a combined maximum allowable regardless of the type of treatment. The roll over period can be set in months, years or lifetime.

1. In the **Policy Defaults** section of the **insurance** tab, **Check** if there is a **Pat. Limit** or a **Fam. Limit** and add the Limit Amount and **Period**.
2. Select the **Save Record** icon.



## Updating Remaining Limits and Deductibles

Deductibles and/or Limits may need adjusting if the patient has made previous claims on their policy.

1. Highlight the dependent (upper right box) and select the **Dependent** button. Add or confirm **Dependent No.**, **Relationship**, and if the dependent is **Covered**. If the patient has paid the deductible already for the year enter 0.00. Do this step for each dependent.
2. Under the **Patient Limit Balance**, enter the value that the patient has remaining.
3. If there are **Specific Policy Limits** (Category Limits) that have been used during the limit cycle, highlight the limit line, update the **Remaining Limit** amount, and select the **Update** button.
4. Limit Start Date field(s) can be cleared unless roll over is longer than 12 months/1 year. If the rollover is longer than 12 months/1 year, the Limit Start Dates should display a date that is in the month prior to the Limit Reset Date.

**Note:** Limits reset when Month End is performed, so if you want the limits to start fresh in January you must pick a limit start date in December. It does not matter which day in December though as it will rollover with months end.

5. Select **OK** to save.

**Dependents - Jennifer Campbell - (PF58) - 000022 - D01** ✕

---

**Dependent Info**

Patient Name :  OK

Dependent No :   Policy Holder Cancel

Relationship :   Covered

Pat Deduct. Balance :  Limit Start Date :

Pat Limit Balance :  Limit Reset Date :

---

**Family Limits & Deductible**

Fam Deduct. Balance :

Fam Limit Balance :

---

**Specific Policy Limits**

Limit Type :

Remaining Limit :  Limit Start Date :

Limit Type	Remaining Limit	Reset Date
Category 0	\$ 2500.00	

## 2.3 Insurance Outstanding Report

The Insurance Outstanding report will provide a list of all the patients with outstanding insurance balances. You can choose to view **Unpaid Claims**, **Claims Partially Paid**, or **Unbilled Claims**. This report is sorted by patient and shows the claim number, date, and amounts owing.

This report is found in **Reports Manager**, under the **Billings** tab.

**Note:** *If you do not allocate your payments accurately this report will not be completely accurate. This report assumes that insurance payments have been allocated correctly.*

### Unpaid Claims, Billed Before...

Shows claims not paid but billed before the selected date.

### Claims Partially Paid, Not Paid Since...

Shows claims that still have an amount owing since the date selected.

### Unbilled Claims

Shows all claims without an insurance payment, assuming these have been unbilled.

Insurance Outstanding

Unpaid Claims, Billed Before ...  
Date: [ ]

Claims Partially Paid, Not Paid Since ...  
Date: [ ]

Unbilled Claims

Date: Jun 08, 2016 14:29		INSURANCE OUTSTANDING REPORT							Page	
All Unbilled Claims										
Patient Name	Sex/Age	Sts.	Dr.	Chart No.	Claim No.	Claim Date	Ins Co.	Claim Total	Ins. Estimate	Ins. Balanc
Mk e Kelly	M42	A	01	000003	000032	Feb07,13	GW L	1,015.00	495.00	495.00
Mk e Kelly	M42	A	01	000003	000035	Feb26,13	GW L	183.00	146.40	146.40
Julie Jones	F48	A	01	000006	000027	Dec03,12	PBC	1,015.00	495.00	495.00
								<b>2,213.00</b>	<b>1,136.40</b>	<b>1,136.40</b>

## 2.4 Exclude Item Fees from Patient Insurance Limit

Online article: [5.1 - Separate Ortho Patient Limit - Power Practice](#)

Insurance coverage templates can now be updated to restrict certain items from reducing the overall patient insurance limit. This is a great option for insurance limits which affect an item limit but not the overall insurance balance.

To apply this setting:

- Visit the Patient File module.
- Visit the Insurance tab.
- Select the Coverage button.
- Highlight any line item to see the details.

If you are unfamiliar with this window, the Coverage button houses the templates from which patient/insurance splits are determined. Each line covers a range of codes and applies a coverage percentage estimate.

You can limit an item line or even an entire category using the tick box options along with some values.

In this image we see the Ortho line has been given a Category limit of 2500. It has also been set to not affect the overall patient/ins limits.

Item No. : 035 Category : 0

Range Name : Ortho

Range From : 80000 : 89999 Percent : 50

# Times: Every :

Exclude From Family/Patient limit

Cat. Limit : 2500.00 Cat. Period : Lifetime

Based on Units

Item Limit : Item Period :

Based on Units

Policy Coverage : 100/50/50

Item #	Cat	Description	From	To	%
031	M	Major-Veneers	27600	27699	50
032	M	Major-In/Onlay Rep.	27700	27899	50
011	B	Basic- Fillings	29100	29399	100
017	B	Basic-Endo/Surg	30000	39299	100
022	B	Perio-Scaling/Rt Pl.	40000	43699	100
021	B	Perio-Misc.	49100	49299	100
034	M	Denture-Partl/Comp.	51100	53799	50
015	B	Basic-Dent:Repairs	54200	56619	100
026	M	Major- Bridges	62100	69399	50
018	B	Basic-Ext/Surq.	71100	77899	100
035	O	Ortho	80000	89999	50
033	M	Lab	99111	99333	50

You can enable the check box for “Exclude from Family/Patient Limit on any line you wish.

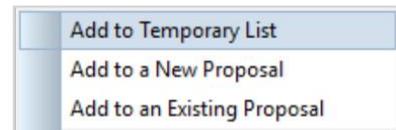
## Lesson 3: Treatment Management

### 3.1 Treatment Proposals

The Treatment Proposal module can be used for treatment options. Treatment proposals can be created from within the Odontogram or from the Treatment Proposals module. The Proposals are generally used to put in treatment options when patients are unsure of which treatment plan they are going to choose but can also be used for all treatment that requires an estimate, pre-authorization, or consult.

#### How to Create a Proposal in Power Chart

1. In the **Odontogram**, select the **Proposals** tab above the history listing box.
2. Choose the procedures you want to post to proposals the same way you enter treatment (Search or Quick Buttons).
3. Where applicable, select the tooth and/or any tooth surfaces for the procedure.
4. Select the provider who will be performing the treatment if you are not using the **Transactions Settings** default Dr in options.
5. Right-click on the **Odontogram** and choose one of three actions:
  - a. **Add to Temporary List** – will add the procedure to the left-hand side under the purple section to use for creating different combinations of treatment.
  - b. **Add to New Proposal** – will add the procedure to the right-hand side under the blue section as a new proposal.
  - c. **Add to Existing Proposal** – will add the procedure to the proposal you have highlighted on the right-hand side under the blue bar.



Treatments		Proposals (3)									
Code	Site	Suf.	Description	Date	Code	Site	Suf.	Prod.	Description		
71101	31		1 SIMPLE EXD	000032				D01			
33111	31		PERM RCT 1 CANAL	Mar19,19	33111	31		D01	PERM RCT 1 CANAL		
27201	31	MIDBL	PORCELAIN CROWN	Mar19,19	23111	31	L	D01	PERM ANT COMP 1 SURFACE		
23602	31		BOND COMP CORE W CROWN					D01			
23111	31	L	PERM ANT COMP 1 SURFACE	000031				D01			
				Mar19,19	33111	31		D01	PERM RCT 1 CANAL		
				Mar19,19	27201	31		D01	PORCELAIN CROWN		
				Mar19,19	99111	31		D01	Lab - Porcelain Crown		
				Mar19,19	23602	31		D01	BOND COMP CORE W CROWN		
				000030				D01			
				Mar19,19	71101	31		D01	1 SIMPLE EXD		

If using the **Temporary** list, once you add all the treatment to the list,

1. Select the treatment(s) that will be one proposal and select the **Create New Proposal** icon.
2. Do this for each different proposal option offered to the patient.
3. If you forget a procedure you can select it from the temporary list, select the proposal to add to, and select **Add to an Existing Proposal** from the right-click menu.



**Note:** Treatment that is entered as a proposal will not go through checkout like planned and completed treatment. You will need to right-click and select **Send a Message** from the menu to let reception know that there are new treatment proposals for the patient.

## How to Create a Proposal from the Treatment Proposals Module

**Sarah Chu (000014)**

Patient Name: Mrs. Sarah Chu Home #: (604) 945-8887 Chart: 000014  
 Address: Apt 1050 7459 Sun Street Work #: Status: Active Patient  
 City/Prov: Vancouver BC V4W 1Y1 Other #: (604) 894-5551 cell Dr #: 01  
 Contact: 0 Hyg #: H02  
 Email:

Primary: Manulife Financial Sec: Rcl:  
 Emp: Cat Enterprise Emp: Pat Bal: \$ 1839.82  
 ID: 5412 Dep: ID: Dep: Ins Bal: \$ 1888.08  
 Group: 8744 Div: Group: Div: Tot Bal: \$ 3727.90  
 Holder: Dan Chu Holder: Pln Bal: \$ 0.00  
 Cvg: 80/50/50 Cvg:

Proposals | Planned | Appointments | History

Plan #	Date	Description	Rating	Status	Prod	Code	Tooth	Pat Amt	Ins Amt	Total
Totals:								0.00	0.00	0.00

Go to the **Patient** menu and select **Treatment Proposals**.

1. Click on the **Proposals** tab.
2. From the right click menu select **New** or click on the **Create Record** icon and fill in the criteria for each treatment to be entered. Select **Save** after each procedure is entered.
3. Click **Submit**.

**New Treatment Proposal - Jennifer Campbell - (PF58) - 000022 - D01**

Billing Dr.: D01 Title: Option 1 - Crown  
 Date: 02/19/2019 Comment: Best option, large fracture lines  
 Exp Date: Rating: OK

Trt Date: 02/19/2019 Code: [ ] Tooth: [ ] Surf: [ ] Unit: 1.00 Total: 0.00 Ins. Est.: 0.00 Patient: 0.00  
 Pr: D01 Appt: [ ] Splits

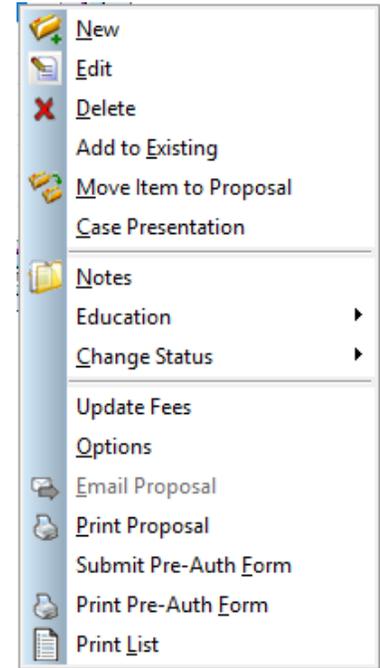
Item #	Date	Prod	Code	Tooth	Surf	Unit	Total	Insurance	Patient
1	Feb19,19	D01	27211	26		8.00	816.00	408.00	408.00
2	Feb19,19	D01	L27211	26		1.00	362.00	181.00	181.00

Claim Totals: 1178.00 589.00 589.00

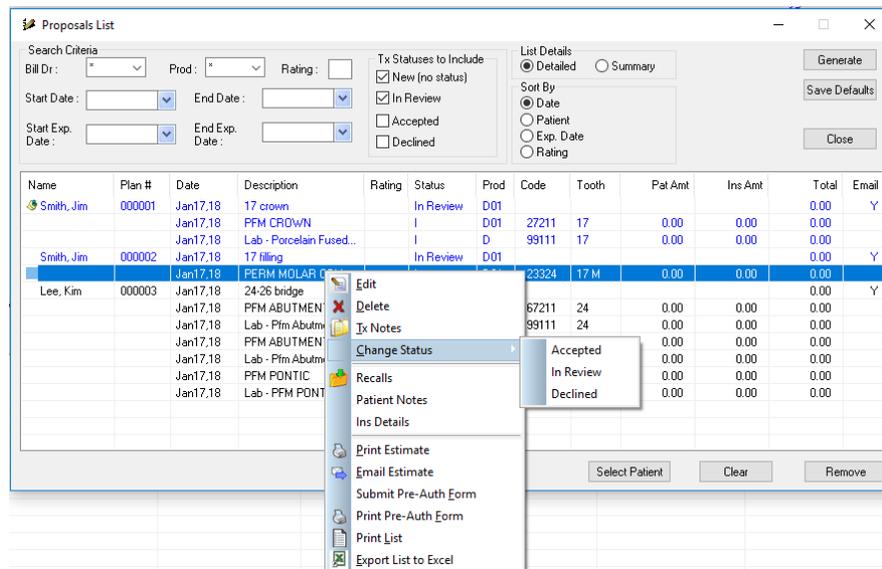
New Save Delete

Once the proposed treatment is entered, you can make changes with the right-click menu

- **New**-creates a new proposal.
- **Edit**-make changes to the highlighted line of treatment or proposal.
- **Delete**-delete the highlighted line or proposal.
- **Add to Existing**-add more treatment to the highlighted proposal.
- **Move**-move the highlighted treatment to a different proposal.
- **Case Presentation**-create or edit phase and appointment information.
- **Notes**-add or edit a note, treatment or proposal.
- **Education**
  - **Play Video**-play a short, automated video of the highlighted procedure.
  - **Print Leaflet**-informational sheet on the highlighted procedure.
- **Change Status**
  - **Accepted** – The proposal will move to the **Planned** tab. A copy of the accepted proposal shows under the **History** tab in green. The claim will also appear within the **Planned Treatment** area in the **Transactions** module.
  - **In Review** (presented but no decision made) – The proposal will remain as is but turns blue.
  - **Declined** – The proposal will be removed from the **Proposals** tab and the proposed claim shows in red under the **History** tab.
- **Update Fees**-update procedure fees to R fee guide.
- **Options**-Show Treatment Flow Screen
- **Email Proposal**-email the patient a copy of the proposal.
- **Print Proposal**-print a copy of the proposal.
- **Submit Pre-Auth Form**-submit form electronically to insurance.
- **Print Pre-Auth Form**-Print form for insurance.
- **Print List**-print the Proposals on one page as a list.



Once the proposals are entered and sent to the front, reception can print Pre-Auth forms to submit to insurance and print estimate letters for the patient to review.



## Planned

This tab shows all planned treatment the patient has just like the **Transactions** module does. Access the right-click menu for options related to planned treatment.

## Appointments

This tab shows a list of the patient's appointment history. Access the right-click menu for options related to the appointments.

## History

This tab shows a history of the proposals. Red for Declined, Green for Accepted.

## Interactive Proposals List Report

The **Treatment Proposals** module has an interactive **Proposals List** that will search for proposed treatments based on search criteria involving the **Doctor, Date Range, and Status** of the proposal.

Using this report will help to effectively remain on top of treatments that have been proposed. This report can be run as often as needed, and sorted by the Proposal **Date, Patient** or **Exp. Date** in order to prioritize the results.

A right-click menu provides other functions that will help with managing the proposals.

Name	Plan #	Date	Description	Rating	Status	Prod	Code	Tooth	Pat Amt	Ins Amt	Total	Email
Green, Travis	000003	Dec01,11				D01					735.80	Y
		Dec01,11	PFM CROWN			D01	27211	22	550.40	0.00	550.40	
		Dec01,11	Lab- PFM Crown			D01	99111	22	185.40	0.00	185.40	
Brown, Samantha	000016	Sep14,16			In Review	D01					1,104.00	Y
		Sep14,16	Gold Crown		I	D01	27211	12	0.00	742.00	742.00	
		Sep14,16	Lab- PFM Crown		I	D01	99111	12	0.00	362.00	362.00	

## CASE PRESENTATION

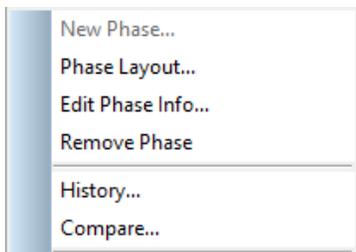


Use **Case Presentation** to further organize and prepare information such as **Phase Orders** and appointment break down for each proposal created. **Case Presentation** is available from **Power Chart** and from the **Treatment Proposal** module.

**Note:** Clicking on the **Case Presentation** icon will show all proposals. To focus on one proposal, use the **Treatment Proposal** module, select the proposal to work on, and right click **Case Presentation**.

Plan #	Date	Description	Rating	Status	Phase	Appt#	Prod	Code	Tooth	Pat Amt	Ins Amt	Total
<b>000030</b>	<b>Mar20,19</b>											
	Mar20,19	1 SIMPLE EXD					D01	71101	36	25.40	101.60	127.00
	Mar20,19	ALLOGRAFT FIRST TOOTH					D01	72421		120.40	481.60	602.00
	Mar20,19	MX SUBPERIOSTEAL IMP...					D01	79941	36	1720.00	0.00	1720.00
	Mar20,19	PORCELAIN IMPLANT CR					D01	27205	36	513.50	513.50	1027.00
	Mar20,19	PERM RCT 2 CANAL					D01	33121	35	120.80	483.20	604.00
	Mar20,19	PERM RCT 4+ CANAL					D01	33141	37	188.40	753.60	942.00
	Mar20,19	PFM CROWN					D01	27211	35	408.00	408.00	816.00
	Mar20,19	Lab - Porcelain Fused To					D01	99111	35	181.00	181.00	362.00
	Mar20,19	PFM CROWN					D01	27211	37	408.00	408.00	816.00
	Mar20,19	Lab - Porcelain Fused To					D01	99111	37	181.00	181.00	362.00
					Totals:					3866.50	3511.50	3511.50
								Totals:		3866.50	3511.50	7378.00
<b>000031</b>	<b>Mar20,19</b>											
	Mar20,19	PFM ABUTMENT					D01	67211	35	372.50	372.50	745.00
	Mar20,19	Lab - Pfm Abutment					D01	99111	35	181.50	181.50	363.00
	Mar20,19	PFM ABUTMENT					D01	67211	37	372.50	372.50	745.00
	Mar20,19	Lab - Pfm Abutment					D01	99111	37	181.50	181.50	363.00
	Mar20,19	PFM PONTIC					D01	62501	36	169.50	169.50	339.00
	Mar20,19	Lab - PFM PONTIC					D01	99111	36	131.50	131.50	263.00
	Mar20,19	BOND COMP CORE W' CR...					D01	23602	35	87.00	87.00	174.00
	Mar20,19	BOND COMP CORE W' CR...					D01	23602	37	87.00	87.00	174.00
	Mar20,19	1 PREFAB RETENTIVE P...					D01	25731	35	89.50	89.50	179.00
	Mar20,19	1 PREFAB RETENTIVE P...					D01	25731	37	89.50	89.50	179.00
	Mar20,19	1 SIMPLE EXD					D01	71101	36	25.40	101.60	127.00
	Mar20,19	PERM RCT 4+ CANAL					D01	33141	37	188.40	753.60	942.00

Additional items on the right click menu will create, edit, and review phases.



- New Phase**
- Phase Layout**
- Edit Phase Info**
- Remove Phase**
- History**
- Compare**

- Creates a new phase for highlighted items.
- Reorganize procedures within the proposal.
- Edit phase number and appointment details.
- Removes phase information.
- View procedures accepted and declined within a proposal.
- Side by side comparison of two proposals.

## How to Create a Phase

1. Highlight the procedures to include in a phase and right click **New Phase**.
2. Fill in the criteria and link the procedures for each appointment within the phase.
3. Click **Next** to continue creating the next appointment, changing the criteria as required.
4. Click **OK** after each phase.

Date	Sts	Producer	Code	Tooth #	Surf	Phase	Appt #
<input checked="" type="checkbox"/>	Mar20,19	D01	23602	35			--
<input checked="" type="checkbox"/>	Mar20,19	D01	23602	37			--
<input checked="" type="checkbox"/>	Mar20,19	D01	25731	35			--
<input checked="" type="checkbox"/>	Mar20,19	D01	25731	37			--

## How to Edit a Phase

Edit phase information by right clicking on the phase and selecting **Edit Phase Info**. A note can be added to each phase and will copy to all appointments within the phase (which will be carried forward to planned appointment).

## Proposed Procedure Statuses

Change individual procedure statuses to **In Review**, **Accepted**, or **Declined** by highlighting the procedures, right clicking, and selecting **Change Status**. To change the status for the entire phase, right click on the **Phase Title** line or **Appointment Code** line and right click **Change Status**.

Right click on the proposal and click **History** to view case acceptance status.

Plan #	Date	Description	Rating	Status	Phase	Appt#	Prod	Code	Tooth	Pat Amt	Ins Amt	Total
	Mar20,19	1 SIMPLE EXD		A	1	1 (6)	D01	71101	36	25.40	101.60	127.00
						Totals:				25.40	101.60	101.60
<b>Phase 2</b>	<b>Mar21,19</b>	<b>Patient is considering ...</b>										
		<b>37 RCT</b>				<b>RCT</b>	<b>E</b>					
	Mar20,19	PERM RCT 4+ CANAL		A	2	1 (9)	D01	33141	37	188.40	753.60	942.00
		<b>35 RCT</b>				<b>RCT</b>	<b>E</b>					
	Mar20,19	PERM RCT 2 CANAL			2	2 (9)	D01	33121	35	120.80	483.20	604.00
						Totals:				309.20	1236.80	1236.80
<b>Phase 3</b>	<b>Mar21,19</b>	<b>35-37 Bridge Prep</b>										
		<b>BPREP</b>				<b>P</b>						
	Mar20,19	BOND COMP CORE W CR...			3	1 (6)	D01	23602	35	87.00	87.00	174.00
	Mar20,19	BOND COMP CORE W CR...			3	1 (6)	D01	23602	37	87.00	87.00	174.00
	Mar20,19	1 PREFAB RETENTIVE P...			3	1 (6)	D01	25731	35	89.50	89.50	179.00
	Mar20,19	1 PREFAB RETENTIVE P...			3	1 (6)	D01	25731	37	89.50	89.50	179.00
						Totals:				353.00	353.00	353.00
<b>Phase 4</b>	<b>Mar21,19</b>	<b>35-37 Bridge Insert</b>										
		<b>BRINS</b>				<b>I</b>						
	Mar20,19	PFM ABUTMENT		I	4	1 (4)	D01	67211	35	372.50	372.50	745.00
	Mar20,19	Lab - Pfm Abutment		I	4	1 (4)	D01	99111	35	181.50	181.50	363.00
	Mar20,19	PFM ABUTMENT		I	4	1 (4)	D01	67211	37	372.50	372.50	745.00
	Mar20,19	Lab - Pfm Abutment		I	4	1 (4)	D01	99111	37	181.50	181.50	363.00

## How to Use Phase Layout

Use **Phase Layout** to reorganize procedures in phases, appointments, and update units at any time.

Plan #	Date	Description	Phase	Appt#	Units	Code	Tooth	Surf
000031	Mar20,19							
<b>Phase 1 Mar21,19</b>								
<b>Extractions</b>								
<input type="checkbox"/>	Mar20,19	1 SIMPLE EXD	1	1	6	71101	36	
					Totals:	6		
<b>Phase 2 Mar21,19</b>								
<b>Patient is consid...</b>								
<b>37 RCT</b>								
<input type="checkbox"/>	Mar20,19	PERM RCT 4+ CANAL	2	1	9	33141	37	
<b>35 RCT</b>								
<input type="checkbox"/>	Mar20,19	PERM RCT 2 CANAL	2	2	9	33121	35	
					Totals:	18		
<b>Phase 3 Mar21,19</b>								
<b>35-37 Bridge Prep</b>								
<input type="checkbox"/>	Mar20,19	BOND COMP CORE ...	3	1	6	23602	35	
<input type="checkbox"/>	Mar20,19	BOND COMP CORE ...	3	1	6	23602	37	
<input type="checkbox"/>	Mar20,19	1 PREFAB RETENTI...	3	1	6	25731	35	
<input type="checkbox"/>	Mar20,19	1 PREFAB RETENTI...	3	1	6	25731	37	
					Totals:	6		
<b>Phase 4 Mar21,19</b>								
<b>35-37 Bridge Inse...</b>								
<input type="checkbox"/>	Mar20,19	PFM ABUTMENT	4	1	4	67211	35	
<input type="checkbox"/>	Mar20,19	Lab - Pfm Abutment	4	1	4	99111	35	
<input type="checkbox"/>	Mar20,19	PFM ABUTMENT	4	1	4	67211	37	
<input type="checkbox"/>	Mar20,19	Lab - Pfm Abutment	4	1	4	99111	37	
<input type="checkbox"/>	Mar20,19	PFM PONTIC	4	1	4	62501	36	
<input type="checkbox"/>	Mar20,19	Lab - PFM PONTIC	4	1	4	99111	36	
					Totals:	4		

Phase:  Appt #:  Units:  Update

1. Right click in **Case Presentation** and select **Phase Layout**.
2. Click on the tick box beside the procedures to move.
3. Fill in desired criteria and click **Update**.

## Proposal Comparison

Compare two proposals side by side by right clicking and selecting **Compare**.

1. Click on each dropdown and choose two proposals to compare.
2. Select the **Show History** button to view procedure acceptance statuses.
3. Click **Compare**.

Plan #	Date	Description	Rating	Status	Phase	Appt#	Prod	Code	Tooth	Pat Amt	Ins Amt	Total
000030	Mar20...	36 Implant Op...										
<b>Extractions</b>												
	Mar20...	1 SIMPLE EXD	A		1	1 (4)	D01	71101	36	25.40	101.60	127.00
					Totals:	4				25.40	101.60	101.60
<b>35 RCT</b>												
	Mar20...	PERM RCT 2 CA...	R		2	1 (4)	D01	33121	35	120.80	483.20	604.00
<b>37 RCT</b>												
	Mar20...	PERM RCT 4+ C...			2	2 (6)	D01	33141	37	188.40	753.60	942.00
					Totals:	10				309.20	1236.80	1236.80
<b>36 Implant Su...</b>												
	Mar20...	ALLOGRAFT FIR...	I		3	1 (6)	D01	72421		120.40	481.60	602.00
	Mar20...	MX SUBPERIODS...	I		3	1 (6)	D01	79341	36	1720.00	0.00	1720.00
<b>Implant Crown...</b>												
	Mar21...	IMPLANT CROWN	I		3	2 (4)	D01	27205	36	513.50	513.50	1027.00
					Totals:	10				2353.90	995.10	995.10
<b>Implant Crown...</b>												
	Mar21...	Lab-IMPLANT C...	I		4	1 (4)	D01	99111	36	150.00	150.00	300.00
					Totals:	4				150.00	150.00	150.00
	Mar20...	PFM CROWN					D01	27211	35	408.00	408.00	816.00
	Mar20...	Lab - Porcelain F...					D01	99111	35	181.00	181.00	362.00
	Mar20...	PFM CROWN					D01	27211	37	408.00	408.00	816.00

Show History

4. Right click for print options.

### 3.2 Planned Treatment Management

When treatment is required but the patient is not doing it that day, it is entered as planned. Planned treatment can then be managed through statuses and interactive reports to ensure that treatment is being completed in a timely manner.

#### How to Enter Planned Treatment

1. Enter in Planned Treatments on the **Treatment Entry** screen using the status P for Planned.

The screenshot shows the 'Treatment Entry' screen with a dropdown menu for 'Status' open. The menu options are: C (COMPLETED TREATMENT), I (INCOMPLETE TREATMENT), and P (PLANNED TREATMENT). The 'P' option is selected. The screen also displays fields for Claim Number, Date (06/02/2016), Doctor (D01), and a table for treatment items. The 'Claim Totals' at the bottom show 0.00 for Unit, Total, and Insurance.

2. When entering major work that requires a lab, you will get a pop-up like the one below. If **Yes** is clicked, the lab line will be added giving a closer estimate for the total work to be done.

The dialog box titled 'Transactions' contains a question mark icon and the text: 'Do you wish to post the lab code associated with this procedure now?'. There are two buttons at the bottom: 'Yes' and 'No'.

3. Select **Save** after each treatment entry. Select **Submit** when finished entering the treatment for this claim.

The Treatment Flow dialogue box will appear here. If the Pre-Authorization requires x-rays or any other attachment, make sure you have selected **Yes** under the **Submit Claim** field. This way, the system will print a claim form to send to insurance (along with any required documentation) instead of submitting it electronically (EDI).

The 'Treatment Flow' dialog box contains the following fields and options:

- Perform the following:
- Update Recalls : No (dropdown) [OK button]
- (Next recall on : N/A)
- (Last recall on Oct 17, 2015 : 6R, Booked)
- Submit Claim : No (dropdown)
- (Primary insurance with : N/A)
- Print Estimate : Yes (dropdown)
- Add Payments : No (dropdown)

**Note:** The option **Print Estimate** is available. If you want to give the patient an estimate letter with his/her possible portion, select **Yes** on that field. You may wait until the Pre-Authorization is back to give him/her more accurate figures. In that case, select **No** for this field.

If you want to see a summary of the planned treatment you have entered, go back to the **Treatment** tab and select the **Planned/Incomplete** sub tab.

Claim #	Date	Sts	Prod	Code	Tooth	Description	Pat Amt	Ins Amt	Total
000050	Jun02,16	PN	D01	27211	26	PFM CROWN	740.00	0.00	740.00
		PN	D01	L27211	26	Lab- PFM Crown	362.00	0.00	362.00
Claim Totals:							1102.00	0.00	1102.00
Grand Totals:							3098.90	0.00	3098.90

### Treatment Pre-Determination Approval

When an EOB for a Planned Treatment is back from the Insurance Company, you can update the information in the Treatment screen.

At the **Planned/Incomplete** tab, highlight the line of the procedure you want to update the information for (one at a time) and right-click to get a menu and select the **Edit Treats** option.

The screenshot shows the 'Planned/Incomplete' tab with a table of treatments. The second row is highlighted. A right-click context menu is open over this row, listing various actions such as 'Edit Treats', 'Delete Treats', 'Change to Complete', 'Change to Incomplete', 'Treatment Notes', 'Reverse Treats', 'Ins Split Details', 'Allocation Details', 'Rebill Claim', 'Rebill Treats', 'Reprint Claim', 'Update Fees', 'Print Estimate', 'Email Estimate', 'Print List', 'Check Out History', and 'New Appointment'. The 'Edit Treats' option is currently selected.

From the edit screen, the status can be changed to **Approved** or **Declined**. If the treatment is linked to a booked appointment, the status will automatically change to **Booked**. **Splits** and **Fees** can be adjusted here in the **Splits** button as well, based on the pre-authorization information.

The screenshot shows the 'Treatment Edit' dialog box for Jennifer Campbell (PF56) - 000022 - D01. The 'Status' dropdown menu is open, showing options: N (NOT PRINTED), P (PRINTED), E (EDI SUBMITTED), A (APPROVED), B (BOOKED), and D (INS. DECLINED). The 'Status' is currently set to 'P'. Other fields include Claim Date (09/26/2015), Claim # (000047), Tx Date (09/26/2015), Code (23322), Tooth (17), and Description (PERM MOLAR COMP).

Treatment Split Detail - Jennifer Campbell - (PF56) - 000022 - D01

Date: 09/26/2015    Claim Dr.: D01    Status: P

Claim #: 000047    Pre Auth #:    Total: 226.00

OK  
Cancel  
Edit

Code	Date	Prod	Bal Fwd	#	Ins	Group	Elig	Deduct	Def%	Ins Cov	Patient
23322	Sep26,15	D01	226.00				0.00	0.00	0%	0.00	0.00

If you wish to see the full claim split details, right click on the claim and select **Ins Split Details**.

Each line of treatment will show for the claim in a format similar to an insurance pre-determination form and can be individually highlighted and edited in order to accurately reflect what the insurance company will pay out.

### Treatment Planning

The **Treatment Planning** area is a great place to regroup or isolate planned treatments for one patient in order to provide them with multiple estimates for different treatments without having to re-enter or delete any planned treatments in the process. Additional lines of treatment can easily be added to the estimates here too if unexpected changes to the course of treatment arise.

1. Select the **Treatment Plan** icon in the **Transactions** module.
2. Highlight the line(s) of treatment that you would like to separate for the estimate (press the Ctrl key to select multiple lines).
3. Use the arrow button to move the treatment to the **New Claim** side.
4. Select **Save**. Once saved you can select **Est. Letter** to print an estimate.

Treatment Planning

Existing Planned Tx's						New Claim							
Claim #	Date	Dr	Code	Tth#	Surf	Date	Dr	Code	Tth#	Surf	Apt#		
000014	Jan15,08	D01	72111	38		Jan15,08	D01	27211	42		0		
000033	Feb26,13	D01	33111	42		Jan15,08	D01	L272...	42		0		
000037	Sep22,15	D01	L272...	26		Jan15,08	D01	23321	46	0	0		
*****	Jan15,08	D01	27211	42									
*****	Jan15,08	D01	L272...	42									
*****	Jan15,08	D01	23321	46	0								
000047	Sep26,15	D01	23322	17	MO								

New Plan Tx to be Added

Clm Dr: D01    Prod: D01

Code:    Tth#:    Surf:    Appt#:

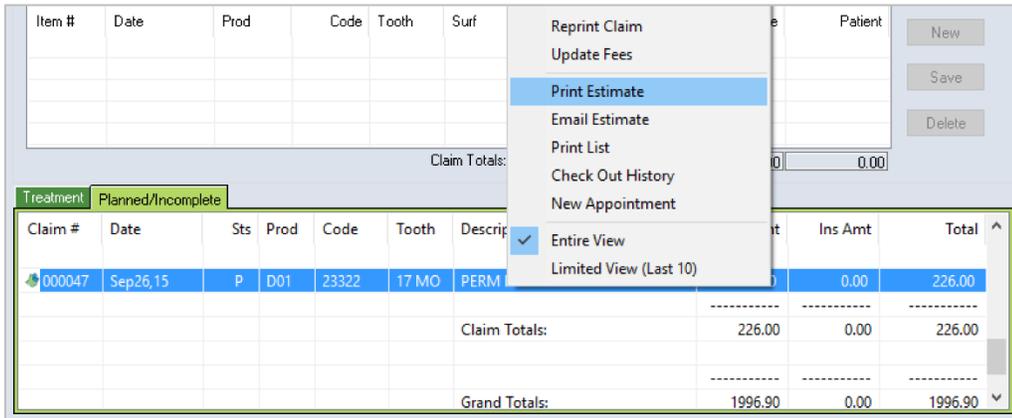
Claim Total: \$ 854.10    Ins Chg: \$ 0.00    Pat Chg: \$ 854.10

Save    Clear    Est. Letter    Close

## Estimate Letter

Besides printing an Estimate from the Treatment Planning screen, you can also print it from the **Transactions** module.

1. Highlight the claim you would like to print the estimate for under the **Planned Treatment** tab. Right click on claim line and from the menu select the **Print Estimate**.
2. The **Estimate Letter** dialogue box will open.
3. Check the settings and select **OK** to print.



Choose one of the Three Layout formats (N/A, Option 1, Option 2) for printing or customize your own with mail merge by choosing Word as Optional Format. This option is also available for Proposal Letters, Payment Receipts and Tax Receipts. A template for each area has been created and is available for use. This template can be adjusted, or a new one can be created to match your office colors, fonts, and add office logos. There is also an option to save these to the Document Manager.

**Note:** Word should be linked to Power Practice to use this feature. A working knowledge of Word is needed if altering these documents.

PROPOSED COURSE OF TREATMENT						
<b>Smiles Dental Clinic</b> 101 - 1515 Broadway Street Port Coquitlam, BC V3C 6M2 (604) 468-6820						
<b>FOR: Jennifer Campbell</b> 102 1135 Oak Street Vancouver BC V2R T6J				<b>June 03, 2016</b> <b>Account # : 000022</b>		
Tooth	Surf	Description of Treatment	Pat Fee	Ins Fee	Total Fee	
17	MO	23322 PERM MOLAR COMP 2 SURFACE	226.00	0.00	226.00	
<b>TOTAL ESTIMATED FEE</b>					<b>\$ 226.00</b>	
ESTIMATED AMOUNT COVERED by INSURANCE					\$ 0.00	
ESTIMATED AMOUNT to be PAID by PATIENT					\$ 226.00	

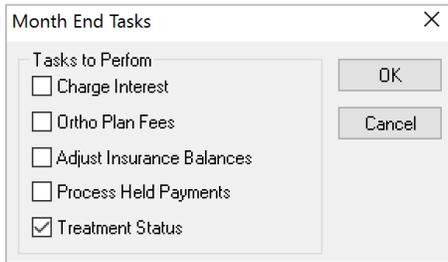
Images of Option N/A and Word.

PROPOSED COURSE OF TREATMENT						
Smiles Dental Practice 48 #113 4511 Downtown Street Vancouver, BC V2Y 1W3						
Jim Smith 8744 Street Vancouver, BC V9J 2W2						
Treatment Plan Date: August 13, 2004 Treatment Plan Number: 000012						
Procedure Description	Code	Tooth	Surf	Pat Fee	Ins Fee	Total Fee
Prm Molar Acid Etch 1Sur	23321	46	O	0.00	112.70	112.70
Prm Molar Acid Etch 1Sur	23321	47	O	0.00	112.70	112.70
<b>ESTIMATED AMOUNT to be PAID by PATIENT</b>					<b>\$ 0.00</b>	
<b>ESTIMATED AMOUNT COVERED by INSURANCE</b>					<b>\$ 225.40</b>	
<b>TOTAL ESTIMATED FEE</b>					<b>\$ 225.40</b>	
Smiles Dental Practice 48 * #113 4511 Downtown Street * Vancouver, BC V2Y 1W3 Phone: (604) 521-6645 * Fax: * Email:						

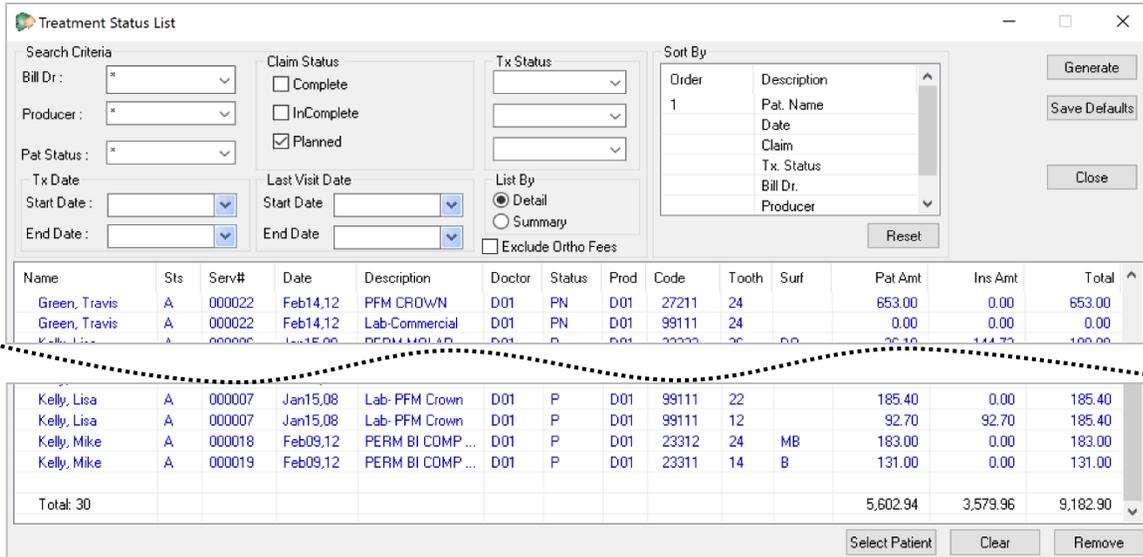
### 3.3 Treatment Status Report

Under **Month End Tasks**, there is an interactive Treatment Status report. This report can be used to track outstanding treatment plans or treatment in progress.

1. Select the **Month End Tasks** icon at the top of the **Transactions** module.



2. Select **Treatment Status** and select **OK**.
3. Choose the **Search Criteria** to display and select **Generate**. This will produce a Treatment Status List of patients with treatment details based on the chosen criteria. You can specify providers, date ranges or the claim status and the list can be organized in a variety of ways.



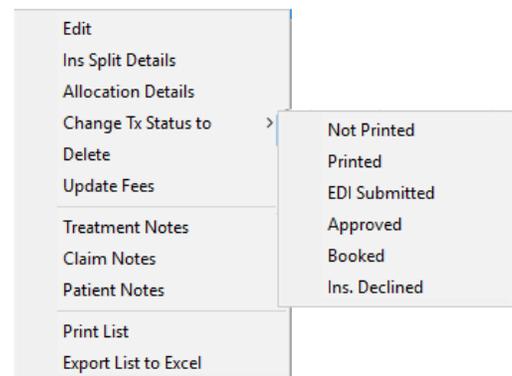
When selecting Planned claims, there is an option to select more than one status to a maximum of three providing a more specific list to work from.

The buttons at the bottom can help while working in this screen.

- **Select Patient**-makes the highlighted patient active in **Transactions**.
- **Clear**-clears the generated list.
- **Remove**-removes the selected lines from the generated report.

Right-clicking on a treatment(s) line will show a menu with different options for your selection.

**Note:** if you are choosing to Update Fees from here, it will only update to the Current Regular Fee Guide (R). If you use an Office Fee Guide (O).



## Lesson 4: Recall Lists

### 4.1 Recalls Due and Not Booked

Keep up on patients with a plan that allows reoccurring recalls. Create a recall list for those patients due the next month.

#### To create the report:

1. In **Scheduler** click on the **Lists** tab and click **Recall List**.
2. Choose the **Producer** and patient **Status** for your list.
3. Select your **Date From** and **Date To** (the start and end date of the month that you are booking).
4. Check **Exclude booked recalls?**.
5. Leave **List Filters** blank.
6. Choose **IR-Inactive Recalls** in **Exclude**.
7. Set **Sort By**; order by Recall Date then by Patient Last name.
8. Click **Search**.

Appointment Scheduler - Christine McKay - ( F46) - 000019 - D01

Christine McKay | M 2 | W 8 | D 19 | Tue Feb 19, 2019 | \$0.00

Scheduler Patient Profile Appt. Search Lists

Appointment List Recall List

Title

Producer \* Status A Date From 03/01/2019 Date To 03/31/2019

List Filters Codes Exclude

Has Email  Has Consent  Exclude booked recalls?

Sort By Order Description Pat. Chart No. Recall Date Recall Producer Recall Code

Patient Name	Age	Sts	Date	Units	Producer	Code	Email	Comment	Contact
Williams, Rochelle	F70	R	Mar1,19	6	D01	3R	N	3 Month Recall	H: (403) 266-5
McKay, Christine	F46	R	Mar16,...	6	D01	6R	N	6 Month Recall	
Williams, Gary	*M74	R	Mar20,...	6	H01	6H	Y	6 Month Hygiene	W: (403) 279-
<b>Total: 3</b>									

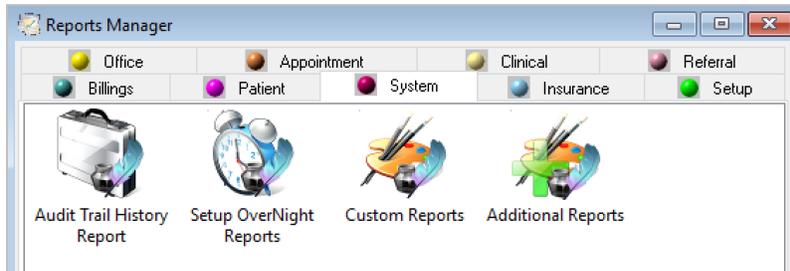
9. All the patients for the next month with a recall **not booked** will be displayed. You can call directly from the list of phone numbers. A right-click will pull up a menu with options to go to the **Patient Profile** in the scheduler (It is recommended to go to the patient profile to check for any booked recall appointments that are not linked to the recall reminder), **Email Patient**, **Go To Recall Notes** or **Schedule Appointment**.

**NOTE:** choosing *Remove* will only remove the patient from the current list.

## 4.2 Recalls Pre-Booked

If you pre book your recalls, create a report of all booked recalls for the next month. This can be created in Custom Reports. You will have the choice to print a report or Print Labels for recall cards or merge to a Word Document.

1. Go to the **System** tab in the **Reports Manager**.



2. Open **Custom Reports** and select **Create a new Record**.
3. At **1. Report Title**: give the report a title.
4. Under **2. Report Type**, Select **Appointments** and select **Yes** when prompted for mail merge and labels.
5. Under **5. Criteria**, Select **Appt Date**, at **6**, select **Between** and at **7** enter in the “start and end of month” and click **Save**.
6. Click **New** go to **5. Criteria**, select **Appt Type** at **6**, select **Is One Of [a or b]** and at **7** enter in your Appointment Types (usually R and H) and click **Save**.
7. Click **Run** and choose what you would like: **Create Report, Mail Merge, or Labels**.

Edit Report Maker

1. Report Title: Booked Recalls

2. Report Type:  Detailed Report?  Family  Recalls  Appointments  Referrals  Claims/Treatments  Office Charge  Payments  Adjustments  Ins. Companies  Ins. Policies

3. Sort By: Order Description  
 1 Pat. Last Name  
 2 Pat. First Name  
 Pat. Preferred N...  
 Pat. Chart Number

6. Condition:  Is (=)  Is Not (not =)  Is One Of (a or b)  Between (from/to)

4. File Type: Family Patient Appointment  
 5. Criteria: Apt. Chair Apt. Units Apt. Code Apt. Type Apt. Procedure

7. Value(s): H R

Selections Made: Edit Mode

File Type	Criteria	Condition	Value
Appointment	Apt. Date	Between	Feb01,17 - Feb28..
Appointment	Apt. Type	Is One Of	H, R

Buttons: Close, Run..., Reset, Help, New, Save, Delete

### 4.3 Overdue Recalls

1. Create a list of all patients from last month who are still not booked. Follow the instructions as above for **Recalls Due** and not booked.

2. Try and make second contact.

**NOTE:** you can choose the date range you want for past due recalls. So, you could run the report for last month and run the report again for the last 6 months.

### 4.4 Patient Not on a Recall List

Create a report of all Active Patients not on a recall list.



1. In **Reports Manager**, click on the **Patient** tab.
2. Open **Patient Not On Recall List**.
3. Change **Sts.** to A. (Active patients only)
4. Click either the **View** icon or the **Print** icon.

June 13, 2016		PATIENTS NOT ON RECALL LIST					Page 1 of 1	
For: (All Producers)								
<u>Patient Name</u>	<u>Age</u>	<u>Sts</u>	<u>Dr.</u>	<u>Chart #</u>	<u>Phone #</u>	<u>R/C</u>	<u>Rcl Date</u>	<u>Comment</u>
Andrews, Mrs. Sally	F63	A	01	000014	(604)468-6891			
Brown, Mrs. Samantha	F44	A	01	000001	(604)688-9597			
Davies, Jean	F14	A	01	000032	(604)525-9345			
Jameson, Jamie	M53	A	01	000027	(654)646-5464			
Jones, Jonathon	M59	A	01	000028	(465)465-4656			
Riley, Janet	F38	A	01	000026	(465)465-6546			
Test, Test	U	A	01	000029				

## 4.5 Inactive Recalls

Create recall list of inactive recalls to confirm if patient status has changed and check whether they should be re-added to the active recalls.

1. In **Scheduler**, click on **List**, click on **Recall List**.
2. Select your **Date From** and **Date To**. (or leave blank)
3. Put a check in **Exclude Booked Recalls**.
4. Select **IR-Inactive Recalls** in **Filters**.
5. **Sort By** Patient Name. Click **Search**.

The screenshot shows the 'Recall List' interface. At the top, there are two tabs: 'Appointment List' and 'Recall List'. Below the tabs, there is a search bar with the text 'Inactive Recalls'. To the right of the search bar is a 'Sort By' dropdown menu with a list of options: 'Order', 'Description', 'Pat. Chart No.', 'Recall Date', 'Recall Producer', and 'Recall Code'. Below the search bar, there are several filter sections. On the left, there are dropdown menus for 'Producer' (with an asterisk), 'Status' (set to 'A'), 'Date From' (set to '01/01/2010'), and 'Date To' (set to '01/31/2019'). Below these are checkboxes for 'Has Email', 'Has Consent', and 'Exclude booked recalls?' (which is checked). In the middle, there is a 'List Filters' section with 'Codes' set to 'IR' and an 'Exclude' dropdown. On the right, there are buttons for 'Reset', 'Search', 'Print', and 'Remove'.

## 4.6 Recall Hints

### Cards

You may want to set the **Sort By** to match how recall cards are filed. (e.g. alphabetized / by recall due date). Have the patient fill out their own name & address. They will recognize their own handwriting and it is a good way to catch any changes.

### Emails

Many patients now will choose this option. You can e-mail from the Scheduler in the Recall List or Appointment List. You must use the full version of Microsoft Outlook to use this feature.

### Phone Calls

Set View by Family to include other family members in one call. During the call, a reminder can be given for outstanding or upcoming appointments.

## LESSON 5: SCHEDULER

### 5.1 Disabling Short Notice for Past Appointments

Patients who had the Short Notice flag enabled for their appointments can now have the setting removed even if the appointment is from a past date.

- Visit the Scheduler and activate your patient file.
- Select the Patient Profile tab on the Scheduler.
- Edit or double left click the appointment you wish to remove the Short Notice status from.
- Remove the checkmark from the S/Notice box shown above and press Ok.

This should help you keep the Short Notice lists accurate and effective.

You may prefer to reach the steps above by running the Appointment List report, right clicking your patient's name, and visiting the Patient Profile directly.

Appointment Detail - Sarah Heang - ( F38) - 003397

Appt. Date: 12/17/2015 | Chair: C01 | Status: B | OK | Cancel

Time: 10:00 AM | Prod.: D01 |  Confirmed

Appt. Code: RCA | Units: | Total: | Type: R | Procedure: Adult Recall | Est.: 180.00 | Priority: | Notes: nov19 6m pregdec15e

S/Notice |  Email |  LM |  NA |  S/N |  Lab

Date	Sts	Producer	Code	Tooth #	Surf	Apt #	Lk?

Scheduler | Patient Profile | Appt. Search | Lists

Appointment List | Recall List

List Filters: Prod: | Status: \* | Appt. Date Range: From: | To: | Units Range: Use Range: | From: 0 | To: 0 | Code: | | S/Notice:  | Has Email:  | Has Consent:  | Type: | | LM:  | Email:  | NA:  | S/N:  | Lab:  | Pri: |

Title: | Sort By: | Appointment Types:  Cancelled |  No-Shows |  Unscheduled |  A.S.A.P. |  Planned |  Booked |  Other

Patient Name	Sts	Date	Time	Units	Producer	Code	Email	Note
STEFA, LAU	P	Dec22.05		3	D01	RES	Y	WANTS SATURDAYS
REID, JAM	P	Aug28.08		3	D01	RES	Y	SEPT 5
Heang, Sop	B	Dec17.15				RCA	Y	nov19 6m pregdec15e
Elfer, The	B	Nov15.16				RCA	Y	NOV 10 PT CONF VIA EM NOV 7 L...
Caspe, Cha	B	Nov22.17				RCA	Y	NOV 22 PT CLD BKD SAME DAY, ...
Jaspe, Fer	B	Dec13.16				RCA	Y	DEC 12 CONF DEC 6 PT CONF VIA...
CIDAT, Ste	B	Nov15.16				HYG	Y	conf via em nov14NOV 10 EM RMD...
WARD, KAL	B	Nov2.16				RCA	Y	NOV1 PT CLD CONFN. EM TO CON...
Gavri, Ila	B	Jul6.17				RCA	Y	LET PT KNOW ECTP \$80 PBC OK...
Escam, Raf	B	Dec13.17				PBU	Y	DEC 5 PT CLD BKD CALL SNOTIC...
Predu, Mih	B	Mar28.18				RES	Y	MAR26 CONF FEB14 PT BKD OCT...

Context Menu:  Go to Appointment |  Go to Patient Profile |  Schedule Appointment |  Reschedule Appointment |  Unschedule Appointment |  Audit Trail

Please note, this is the only method by which you can disable the S/Notice tick box for now. You cannot, for example, edit the appointment details via double clicking an appointment box on the main Scheduler tab. You must use the Patient Profile area discussed above.

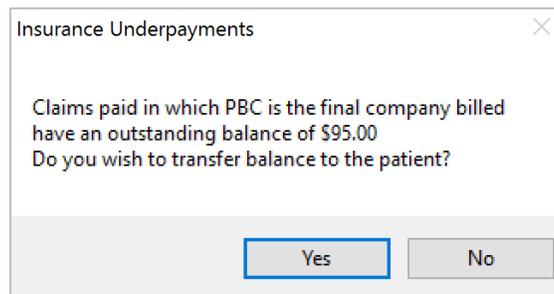
## LESSON 6: PAYMENTS

### 6.1 Insurance Underpayment

An insurance underpayment can occur if the splits were predicted incorrect and the insurance is covering less than initially calculated. If there is an underpayment, the software will notify you and give the option to Transfer Balance.

#### Entering an Insurance Underpayment for Training Purposes

1. Under the **Ins Payment** tab in **Transactions**, click **New**.
2. Enter the **Code**, **Payee** and **Amount** and click **Save**.
3. This will open the **Payment Allocations** window.
4. Select the treatment line that is being paid, enter the amount they are paying and click **Apply**.
5. Continue to select treatment, enter the amount paid for the treatment line and apply until the **Bal to Apply** is at 0.00 (the Bal to Apply will be 0.00 but the Balance will have an amount remaining).
6. Click **OK** to save.
7. You will get the **Insurance Underpayment** window.



8. If this payment is all that the insurance company is going to cover for the claim select Yes.

This will transfer the remainder owing from that claim to the patient. It will show on the ledger as TB and the patient will now owe this amount.

Date Ledger	Claim Ledger	Claim by Patient	Treatment History					
Claim #	Date	Name	Sts	Prod	Code	Description	Pat Amt	Ins Amt
000027	Dec03,12	Julie	C	D01	27211	PFM CROWN	339.00	314.00
	Dec03,12	Julie	C	D01	L27211	Lab- PFM Crown	181.00	181.00
	May27,16			D01	TB	*Transfer Bal. Owing*	95.00	95.00--
(000014)	May27,16	PBC		D01	BIC	Bulk Insurance Cheque	0.00	400.00--
							-----	-----
						<b>Claim Balance:</b>	<b>615.00</b>	<b>0.00</b>
						<b>Running Balance:</b>	<b>615.00</b>	<b>0.00</b>

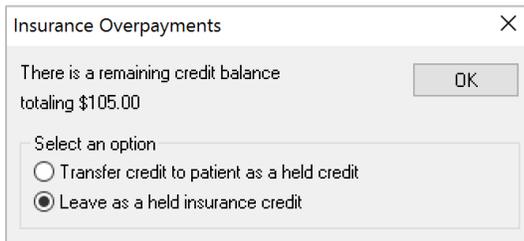
## 6.2 Insurance Overpayment

There are two reasons you will have an insurance overpayment. One, the splits were predicted incorrectly and the insurance is covering more than initially calculated. Or two, the insurance has accidentally paid in excess and will asking for a refund or take back in the future to recover the excess payment. Always hold the overpayment as an insurance credit and then you can decide what needs to be done. If insurance has overpaid you should contact them regarding the overpayment.

### Posting an Insurance Overpayment

1. Under the **Ins Payment** tab in **Transactions**, click **New**.
2. Enter the **Code**, **Payee** and **Amount** and click **Save**.
3. This will open the **Payment Allocations** window.
4. Select the claim line to apply to and click **Apply**.
5. Apply to each line until there is nothing left to apply. There will be an amount left in the **Bal to Apply** box.
6. Select **OK** to save.
7. **ALWAYS** select **Leave as a held insurance credit**.

**Note:** *This is the default selection.*



8. Select the Dr and Patient who will hold the credit.
9. The overpaid amount will now show as a red held insurance payment.

Claim #	Date	Name	Sts	Prod	Code	Description	Pat Amt	Ins Amt	Total
000027	Dec03,12	Julie	C	D01	27211	PFM CROWN	339.00	314.00	653.00
	Dec03,12	Julie	C	D01	L27211	Lab- PFM Crown	181.00	181.00	362.00
(000014)	May27,16	Julie		D01	C	Cash	520.00--	0.00	520.00--
(000015)	May27,16	PBC		D01	BIC	Bulk Insurance Cheque	0.00	495.00--	495.00--
						<b>Claim Balance:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
						<b>Running Balance:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
(000015)	May27,16	PBC	H	D01	BIC	Bulk Insurance Cheque	0.00	105.00--	105.00--
						<b>Running Balance:</b>	<b>0.00</b>	<b>105.00--</b>	<b>105.00--</b>

Decide what needs to be done with the held payment:

1. The overpayment was an accident – Hold the payment till the insurance company comes back for it.
2. The overpayment was due to an inaccurate calculation of splits – Perform a balance transfer.

If **Transfer Credit to Patient** as a **Held Credit** is selected:  
**A (PCM) Payment Credit Memo and (PDM) Payment Debit Memo** are created.

If you transfer the credit to the patient as a held credit a PDM attaches to the insurance claim and a held PCM is added to the patient side of the ledger. Though these two lines balance each other out it is not the recommended process.

Looking at the example, it shows that we transferred insurance money to the patient. This can confuse patients as the ledger should show that the insurance paid 60% of the treatment, not 50% and gave the difference to the patient.

The preferred process is to hold the insurance overpayment and transfer balance from the patient to the insurance so that the insurance has paid what the insurance owed and the patients do not see a “credit transfer to patient” on their account. If you have selected the transfer credit to patient option, it is very important to look for both adjustment lines if there needs to be changes to the account. If you delete one and not the other the account will not balance.

Date Ledger									
Claim Ledger									
Claim by Patient									
Treatment History									
Claim #	Date	Name	Sts	Prod	Code	Description	Pat Amt	Ins Amt	Total
000027	Dec03,12	Julie	C	D01	27211	PFM CROWN	339.00	314.00	653.00
	Dec03,12	Julie	C	D01	L27211	Lab- PFM Crown	181.00	181.00	362.00
	Jun01,16	PBC		D01	PDM	*\$-Credit Tsf to Pat.*	0.00	105.00	105.00
(000014)	Jun01,16	PBC		D01	IC	Insurance Cheque	0.00	600.00--	600.00--
							-----	-----	-----
						<b>Claim Balance:</b>	<b>520.00</b>	<b>0.00</b>	<b>520.00</b>
						<b>Running Balance:</b>	<b>520.00</b>	<b>0.00</b>	<b>520.00</b>
	Jun01,16	Chris	H	D01	PCM	*\$-Credit Tsf to Pat.*	105.00--	0.00	105.00--
							-----	-----	-----
						<b>Running Balance:</b>	<b>415.00</b>	<b>0.00</b>	<b>415.00</b>

## 6.3 Bulk Insurance Payments

### How to Enter Bulk Ins. Payments

1. From **Transactions**, select the first patient on the Insurance Remittance and go to the **Bulk Ins** tab.
2. Select **New Bulk Payment**.
3. Select the **Code**: BIC (Bulk Insurance Cheque) or DID (Bulk Direct Deposit).
4. Choose the **Payee**.
5. Enter the Amount being paid for that patient NOT the entire cheque amount.
6. Click **Save**.
7. This will open the **Payment Allocations** window.
8. Select the treatment line that is being paid, enter the amount in the **Apply Amt. box** and click **Apply**.
9. Continue to select treatment, enter the amount paid for the treatment line and apply until the Balance to Apply is at 0.00, then select **OK**.
10. Once you click okay, the **Select Patient** window will open. You will now select the next patient by searching and enter the payment for that patient as above.
11. Repeat the process until all the payments have been entered for the Bulk Insurance Cheque.

Current Bulk Details								
Payment #:	000014	Payment Date:	05/27/2016	Last Applied to:	Jennifer Campbell			
Payee (Ins. Co.):	PBC	Total Allocated:	660.00					Find...
Date	Name	Serv#	Code	Description	Amount	Applied	Held	
May27,16	Chris Jones	000014	BIC	Bulk Insurance Cheque	600.00	600.00	0.00	
May27,16	Travis Green	000014	BIC	Bulk Insurance Cheque	60.00	0.00	60.00	

You can enter a bulk insurance payment and not apply it to treatment and it will appear as a red held line as above.

**Note:** You can go to other areas of the program if needed and come back to the Bulk Ins tab later. Choose Continue Bulk Payment Entry to continue with the same bulk payment as before. If you need to add a new bulk cheque, select New Bulk Payment. The bottom half of the screen will show the Current Bulk Entry Details.

If more than one person is entering in Bulk Cheques it is very important that each of you log into Power Practice with a different login name. If more of you are using the same login, the bulk cheque numbers may not increment as they should-you may find bulk cheques joined together when they shouldn't be.

## 6.4 Receipts VS Statements

You can print a receipt directly from the patient payment window after accepting a payment. Patient Receipts and Statements are also available to print from the Transaction Printouts icon in the Transactions module. Receipts can also print automatically after entering a patient payment if checked in the transaction settings. The receipt will show only the patients portion and payment. The statement will show the total account owing and separate out the insurance and patient portions. Both have the option to print future appointments.

### PATIENT RECEIPT

<b>Smiles Dental Clinic</b> <b>101 - 1515 Broadway Street</b> <b>Port Coquitlam, BC V3C 6M2</b>	<b>Phone number is :</b> <b>(604) 468-6820</b>
-------------------------------------------------------------------------------------------------------	---------------------------------------------------

Travis Green  
 102 1135 Oak Street  
 Vancouver, BC  
 V2R T6J

Date : **June 22, 2016**

Balance Forward:	<b>1556.00</b>
Present Charges:	<b>26.40</b>
Payment:	<b>26.40-</b>
<b>New Account Balance</b>	<b>1556.00</b>

Name	Date	Description	Amount
Jennifer	Jun13,16	RECALL EXAM	5.52
Jennifer	Jun13,16	2 BW X-RAYS	4.72
Jennifer	Jun13,16	1U SCALING	6.58
Jennifer	Jun13,16	PROPHY	6.82
Jennifer	Jun13,16	TOPICAL FLUORIDE	2.76
Jennifer	Jun22,16	Payment-Thank You	26.40-

**NOTE:** To print receipts separately for the patients, make sure to select the **Preview Details?** tick box and select only the payments you wish to print out.

## STATEMENT

**Smiles Dental Clinic**  
**101 - 1515 Broadway Street**  
**Port Coquitlam, BC V3C 6M2**  
**(604) 468-6820**

Travis Green  
 102 1135 Oak Street  
 Vancouver, BC  
 V2R T6J

Amount Due	Account No.
1,556.00	000015
Amount Enclosed	Statement Date
	Jun22,16

*Please return this upper portion with your payment*

DATE	PATIENT NAME	DESCRIPTION	AMOUNT	INSURANCE CHARGE	PATIENT CHARGE	ACCOUNT BALANCE
		Balance Carried Forward May31,16				1556.00
Jun13,16	Jennife	RECALL EXAM	27.60	22.08	5.52	1561.52
Jun13,16	Jennife	2 BW X-RAYS	23.60	18.88	4.72	1566.24
Jun13,16	Jennife	1U SCALING	32.90	26.32	6.58	1572.82
Jun13,16	Jennife	PROPHY	34.10	27.28	6.82	1579.64
Jun13,16	Jennife	TOPICAL FLUORIDE	13.80	11.04	2.76	1582.40
Jun22,16	Jennife	Payment-Thank You	26.40-		26.40-	1556.00
Jun22,16	PBC	Ⓢ-Payment Reversal	10.00	10.00		1556.00

Total Patient Balance : 1556.00  
 Total Insurance Balance : 105.60  
 Total Account Balance : 1661.60

### Upcoming Appointments

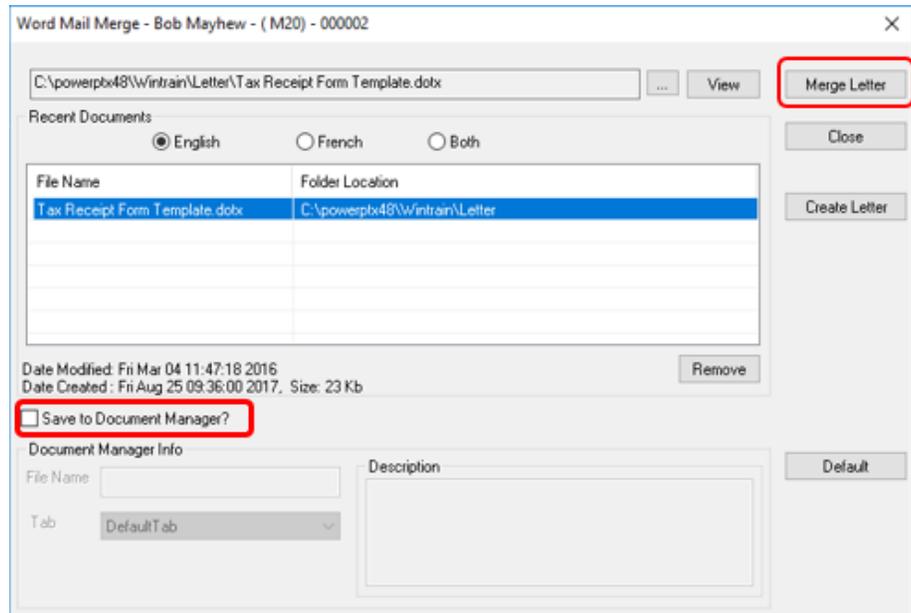
Patient	Date	Time	Mins	Procedure	With
Jennifer	Feb 01, 2017	08:00A	30	Spec Exam 14	John Smiles
Travis	Feb 01, 2017	11:30A	30	Retie	John Smiles
Jennifer	Apr 06, 2017	08:00A	90	37 RCT	James Molar
Travis	Apr 06, 2017	08:50A	90	34-36 Bridge Prep	John Smiles

PAGE	STATEMENT DATE	CURRENT	30 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS	ACCOUNT NO.	PLEASE PAY THIS AMOUNT
1	Jun22,16	0.00	0.00	0.00	1,556.00	000015	<b>1,556.00</b>

Statement sent from: Smiles Dental Clinic

## How to Use Customized Word Templates

1. In the Print window, choose Optional Format: Word.
2. Click **OK**.
3. Highlight the form template to use.
4. Select the **Merge Letter** button and the template will open with merged information in Word. **Create Letter** button will open a Word document in Mail Merge format to create your own form.
5. Print using regular Word Document menus.



## To save to the Document Manager

1. Select tick box **Save to Document Manager?**
2. Specify the tab to save to from the dropdown and add your own description.
3. Default the folder you save the documents to by selecting the **Default** button.

# INCOME TAX RECEIPT

Smiles Dental Practice 48  
#113 4511 Downtown Street  
Vancouver, BC V2Y 1W3

Janice Mayhew  
5488 Some Street  
Vancouver, BC V3Y 2V2

Date : September 07, 2018

**Total Payments from Jan01,04 to Dec31,04 :**

Name	Date	Description	Amount
Janice	Aug12,04	Payment-Thank You	37.61-
Janice	Aug12,04	Payment-Thank You	37.64-
Janice	Aug12,04	Payment-Thank You	1000.00-
Janice	Aug12,04	Payment Reversal	37.61
<b>Total Paid :</b>			<b>1037.64</b>

# PATIENT RECEIPT

Smiles Dental Practice 48  
 #113 4511 Downtown Street  
 Vancouver, BC V2Y 1W3

Janice Mayhew  
 5488 Some Street  
 Vancouver, BC V3Y 2V2

<b>Date :</b>	<b>September 07, 2018</b>
<b>Balance Forward:</b>	0.00
<b>Present Charges:</b>	122.82
<b>Payment:</b>	1037.64-
<b>New Account Balance:</b>	914.82-

## Total Payments from Aug12,04 to Aug12,04 :

Name	Description	Date	Amount
	Transferred Balance Owe	Aug12,04	25.00
Bob	Standard Oral Exam,N.P.	Aug12,04	26.02
Bob	X-Rays,Two Films	Aug12,04	3.36
Bob	Topical Fluoride	Aug12,04	2.32
Bob	Prophy	Aug12,04	5.94
Janice	Payment-Thank You	Aug12,04	37.61-
Janice	Payment Reversal	Aug12,04	37.61
Janice	Prm Mol Plast/Silv 1Surf	Aug12,04	35.62
Janice	Payment-Thank You	Aug12,04	37.64-
Janice	Payment-Thank You	Aug12,04	1000.00-
Janice	Examination,Recall	Aug12,04	4.30
Janice	Prophy	Aug12,04	5.94
Janice	Scaling 2 Unit	Aug12,04	10.96
Janice	X-Rays,Two Films	Aug12,04	3.36

## Additional Information:

Smiles Dental Practice 48 \* #113 4511 Downtown Street \* Vancouver, BC V2Y 1W3  
 Phone: (604) 521-6645 \* Fax: \* Email:

## LESSON 7: ADJUSTMENTS

### 7.1 Bulk Insurance Debit (BID)

When Insurance has accidentally overpaid and they want the payment back, you would use a **BID-Bulk Insurance Debit** adjustment.

#### Performing a BID (Bulk Insurance Debit)

1. Right-click on a treatment within the claim that was overpaid and select **Adjustment**.

Claim #	Date	Name	Sts	Prod	Code	Description	Pat Amt	Ins Amt	Total
000027	Dec03,12	Julie	C	D01	27211	PFM CROW	330.00	34.00	653.00
	Dec03,12	Julie	C	D01	L27211	Lab- PFM C		1.00	362.00
(000014)	May27,16	PBC		D01	BIC	Bulk Insura		0.00--	495.00--
						Claim Bal		0.00	520.00
						Running B		0.00	520.00
(000014)	May27,16	PBC	H	D01	BIC	Bulk Insura		0.00--	105.00--
						Running B		0.00--	415.00

Name	Age	Sts	Pat	Ins
Jones, Chris(R)	*M51	A	Y	
Jones, Julie	F48	A	Y	PBC
Jones, Nate	M22	A	Y	
Jones, Brady	M17	A	Y	

Re-View	Pat Amt	Ins Amt	Total
Patient	520.00	520.00	
Insurance	495.00	-105.00	
Total	-600.00	0.00	0.00
Plan Tot	0.00	Balance	0.00

2. Select **Insurance** for the adjustment type.
3. Select **Increase** for **Balance:** and **BID** from the Code dropdown list. (you can also type in the Code **BID** and the Balance and Description will auto-populate).
4. Enter the amount that the insurance company is taking back.
5. Select the **Bank**.
6. Decide if it will **Affect Today's Deposit**.  
*Hint: if this BID is being done on the same day and is needed to balance your bank deposit, then Affect Today's Deposit.*
7. Click **OK** to open the **Adjustment Allocations** window.
8. Highlight a \$0.00 treatment line, enter the whole amount they are taking back in the **Apply Amt:** box and select **Apply**.
9. Click **OK** to save and exit the **Payment Allocations**.

Adjustment Entry - Julie Jones - ( F48) - 000006 - D01

Adjustments Type:  Patient  Insurance

Date: 05/27/2016

Balance: Increase (+) Code: BID

Desc: \$-Bulk Ins.Debit

Amount: 105.00 Payee: PBC

Affect Today's Deposit? Bank: [Bank]

Buttons: OK, Cancel

The BID adjustment will now show in the ledger as a blue adjustment line attached to the claim that was overpaid.

Date Ledger	Claim Ledger	Claim by Patient	Treatment History						
Claim #	Date	Name	Sts	Prod	Code	Description	Pat Amt	Ins Amt	Total
000027	Dec03,12	Julie	C	D01	27211	PFM CROWN	339.00	314.00	653.00
	Dec03,12	Julie	C	D01	L27211	Lab- PFM Crown	181.00	181.00	362.00
	May27,16	PBC		D01	BID	\$-Bulk Ins.Debit	0.00	105.00	105.00
(000014)	May27,16	PBC		D01	BIC	Bulk Insurance Cheque	0.00	495.00--	495.00--
						<b>Claim Balance:</b>	<b>520.00</b>	<b>105.00</b>	<b>625.00</b>
						<b>Running Balance:</b>	<b>520.00</b>	<b>105.00</b>	<b>625.00</b>
(000014)	May27,16	PBC	H	D01	BIC	Bulk Insurance Cheque	0.00	105.00--	105.00--
						<b>Running Balance:</b>	<b>520.00</b>	<b>0.00</b>	<b>520.00</b>

### Reallocating the held overpayment

The Held overpayment now needs to be allocated to the claim.

1. Right-click on the held payment line and select **Allocate Payment**.
2. The **Payment Allocations** window will open.
3. Select the claim or treatment that you applied the BID to and apply the payment.
4. Click **OK** to save. The insurance claim balance will now be 0.00.

**Payment Allocations**

Applying funds for the following payment : Pay Amt:  Bal to Apply:

---

Pat:  Prod:  Apply Amt:

Claim #	Type	Date	Prod	Pat/Code	Tth#	Charge	Estimate	Balance	Applied
000027	C	PBC	D01	Julie		1015.00	495.00	0.00	105.00
	C	Dec 03, 2012	D01	27211	45	653.00	314.00	0.00	105.00
	C	Dec 03, 2012	D01	99111	45	362.00	181.00	0.00	0.00

The ledger will look like this:

Date Ledger	Claim Ledger	Claim by Patient	Treatment History						
Claim #	Date	Name	Sts	Prod	Code	Description	Pat Amt	Ins Amt	Total
000027	Dec03,12	Julie	C	D01	27211	PFM CROWN	339.00	314.00	653.00
	Dec03,12	Julie	C	D01	L27211	Lab- PFM Crown	181.00	181.00	362.00
	May27,16	PBC		D01	BID	\$-Bulk Ins.Debit	0.00	105.00	105.00
(000014)	May27,16	PBC		D01	BIC	Bulk Insurance Cheque	0.00	600.00--	600.00--
						<b>Claim Balance:</b>	<b>520.00</b>	<b>0.00</b>	<b>520.00</b>
						<b>Running Balance:</b>	<b>520.00</b>	<b>0.00</b>	<b>520.00</b>
						<b>Running Balance:</b>	<b>520.00</b>	<b>0.00</b>	<b>520.00</b>

## 7.2 Transfer Balance

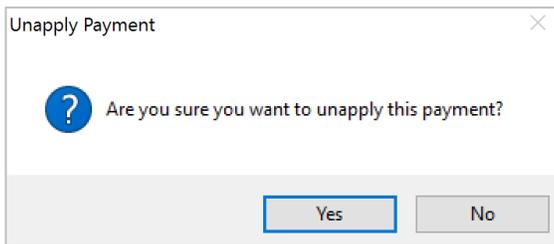
Transfer Balance is used when a balance needs to be transferred from one side of the ledger to the other because either the patient or the insurance was over charged.

There are three steps to a Transfer Balance. Unallocate the patient payment (if needed) to free up the claim, do the transfer balance and allocate the held payments, both patient and insurance, back to the claims.

### Unallocating the Patient Payment

If you have taken a patient payment you will have to unallocate it first to free up the treatment amounts to be transferred.

1. Right-click on the patient's payment in the claim ledger and select **Unallocate Payment**.
2. The **Unapply Payment** window opens.

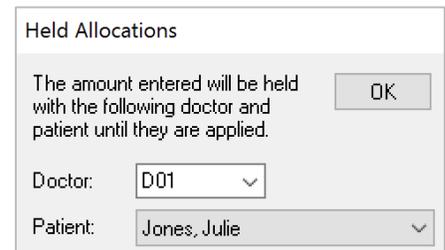


Unapply Payment

Are you sure you want to unapply this payment?

Yes No

3. Select **Yes**.
4. Choose a Doctor and Patient to hold the payment with.
5. Click **OK**.



Held Allocations

The amount entered will be held with the following doctor and patient until they are applied.

OK

Doctor: D01

Patient: Jones, Julie

The patient payment will now appear as a red held line in the ledger.

Date Ledger	Claim Ledger	Claim by Patient	Treatment History						
Claim #	Date	Name	Sts	Prod	Code	Description	Pat Amt	Ins Amt	Total
000027	Dec03,12	Julie	C	D01	27211	PFM CROWN	339.00	314.00	653.00
	Dec03,12	Julie	C	D01	L27211	Lab- PFM Crown	181.00	181.00	362.00
(000015)	May27,16	PBC		D01	BIC	Bulk Insurance Cheque	0.00	495.00--	495.00--
							-----	-----	-----
						<b>Claim Balance:</b>	<b>520.00</b>	<b>0.00</b>	<b>520.00</b>
						<b>Running Balance:</b>	<b>520.00</b>	<b>0.00</b>	<b>520.00</b>
(000014)	May27,16	Julie	H	D01	C	Cash	520.00--	0.00	520.00--
(000015)	May27,16	PBC	H	D01	BIC	Bulk Insurance Cheque	0.00	105.00--	105.00--
							-----	-----	-----
						<b>Running Balance:</b>	<b>0.00</b>	<b>105.00--</b>	<b>105.00--</b>

## Performing a Transfer Balance

Once you have unallocated the patient payment you can transfer balance from the patient to the insurance.

1. Right-click on a treatment within the claim and select **Adjustment**.

Claim #	Date	Name	Sts	Prod	Code	Description	Pat Amt	Ins Amt	Total
000027	Dec03,12	Julie	C	D01	27211	PFM CROWN	00	653.00	653.00
	Dec03,12	Julie	C	D01	L27211	Lab- PFM Cr	00	362.00	362.00
(000015)	May27,16	PBC		D01	BIC	Bulk Insurance	0--	495.00--	495.00--
						<b>Claim Balance:</b>	<b>00</b>	<b>520.00</b>	<b>520.00</b>
						<b>Running Balance:</b>	<b>00</b>	<b>520.00</b>	<b>520.00</b>
(000014)	May27,16	Julie	H	D01	C	Cash	00	520.00--	520.00--
(000015)	May27,16	PBC	H	D01	BIC	Bulk Insurance	0--	105.00--	105.00--
						<b>Running Balance:</b>	<b>0--</b>	<b>105.00--</b>	<b>105.00--</b>

2. Select **Patient** for the **Adjustment Type**. You are moving the outstanding balance from the patient side to the insurance side of the ledger.
3. Select **Balance: Transfer**. Choose **Code: TB**. (You can type in the Code TB and the Balance and Description will auto-populate.)
4. Enter the **Amount** being transferred to the insurance side.
5. Select **OK** to open the **Adjustment Allocations** window.
6. Highlight a treatment line under the claim, type in the amount to be applied in the **Apply Amt** box and click **Apply**.
7. Select **OK** to save and exit the **Adjustment Allocations** window.

Adjustment Entry - Julie Jones - ( F48) - 000006 - D01

Adjustments Type:  Patient  Insurance

Date: 05/27/2016

Balance: Transfer Code: TB

Desc: Transfer Balance Owing

Amount: 105.00 Payee: Bank:

Affect Today's Deposit?

OK Cancel

The Transfer Balance will now show as a blue adjustment line tied to the claim. In this example, the Transfer Balance was from Patient to Insurance. The insurance side will now be owing the amount that was transferred and you can now allocate the insurance overpayment.

Claim #	Date	Name	Sts	Prod	Code	Description	Pat Amt	Ins Amt	Total
	Dec03,12	Julie	C	D01	L27211	Lab- PFM Crown	181.00	181.00	362.00
	May27,16			D01	TB	Transfer Balance Owing	105.00--	105.00	0.00
(000015)	May27,16	PBC		D01	BIC	Bulk Insurance Cheque	0.00	495.00--	495.00--
						<b>Claim Balance:</b>	<b>415.00</b>	<b>105.00</b>	<b>520.00</b>
						<b>Running Balance:</b>	<b>415.00</b>	<b>105.00</b>	<b>520.00</b>
(000014)	May27,16	Julie	H	D01	C	Cash	520.00--	0.00	520.00--
(000015)	May27,16	PBC	H	D01	BIC	Bulk Insurance Cheque	0.00	105.00--	105.00--
						<b>Running Balance:</b>	<b>105.00--</b>	<b>0.00</b>	<b>105.00--</b>

## Reallocating the Payments

Once the transfer balance is complete you need to allocate the insurance overpayment and reallocate the patient payment.

### Reallocate the Insurance Payment

1. Right-click on the red held insurance payment line and select **Allocate Payment** from the menu.

The screenshot shows a software window with a menu bar (General, Treatment, Pat Pmt, Ins Pmt, Bulk Ins, Charges, Adjustments, Ortho Plan) and a patient record for Mrs. Julie Jones. Below the patient info is a ledger table with columns: Claim #, Date, Name, Sts, Prod, Code, Description, Pat Amt, Ins Amt, Total. A context menu is open over the row (000015) dated May27,16, PBC, D01, BIC, Bulk Insurance Cheque. The menu options are: Edit, Delete, Adjustment (1015.00), Payment (520.00), Show Notes, Show Offsetting Adjs., Entire View, Limited View (Last 10), Allocate Payment (highlighted), Unallocate Payment, Allocation Details, Print Ledger, and Print Audit History.

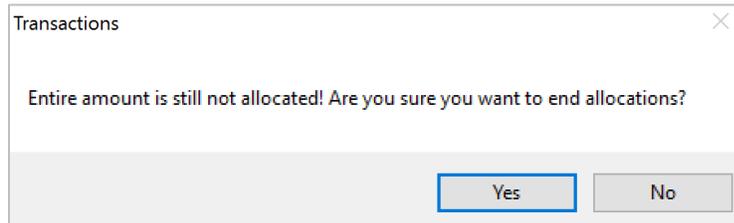
2. This will open the **Payment Allocations** window.
3. Select the claim or treatment line(s) to apply the payment to and click **Apply**.
4. Click **OK** to save and exit from the **Payment Allocations** window.

The claim now looks like the insurance paid all that they were supposed to.

Claim #	Date	Name	Sts	Prod	Code	Description	Pat Amt	Ins Amt	Total
000027	Dec03,12	Julie	C	D01	27211	PFM CROWN	339.00	314.00	653.00
	Dec03,12	Julie	C	D01	L27211	Lab- PFM Crown	181.00	181.00	362.00
	May27,16			D01	TB	Transfer Balance Owing	105.00--	105.00	0.00
(000015)	May27,16	PBC		D01	BIC	Bulk Insurance Cheque	0.00	600.00--	600.00--
						<b>Claim Balance:</b>	<b>415.00</b>	<b>0.00</b>	<b>415.00</b>
						<b>Running Balance:</b>	<b>415.00</b>	<b>0.00</b>	<b>415.00</b>
(000014)	May27,16	Julie	H	D01	C	Cash	520.00--	0.00	520.00--
						<b>Running Balance:</b>	<b>105.00--</b>	<b>0.00</b>	<b>105.00--</b>

## Reallocate the Patient Payment

1. Right-click on the red held patient payment line and select **Allocate Payment** from the menu.
2. This will open the **Payment Allocations** window.
3. Select the claim line and click **Apply**.
4. The **Bal to Apply** will have an amount remaining but the Balance will be 0.00.
5. Click **OK** to save.
6. The transaction dialog box will appear, select **Yes** to end allocation.



The patient payment will now show as two separate lines, one will be the green payment line attached to the claim and the second will be a red held payment line for the patient overpayment or patient credit.

Date Ledger	Claim Ledger	Claim by Patient	Treatment History						
Claim #	Date	Name	Sts	Prod	Code	Description	Pat Amt	Ins Amt	Total
000027	Dec03,12	Julie	C	D01	27211	PFM CROWN	339.00	314.00	653.00
	Dec03,12	Julie	C	D01	L27211	Lab- PFM Crown	181.00	181.00	362.00
	May27,16			D01	TB	Transfer Balance Owing	105.00--	105.00	0.00
(000014)	May27,16	Julie		D01	C	Cash	415.00--	0.00	415.00--
(000015)	May27,16	PBC		D01	BIC	Bulk Insurance Cheque	0.00	600.00--	600.00--
						<b>Claim Balance:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
						<b>Running Balance:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
(000014)	May27,16	Julie	H	D01	C	Cash	105.00--	0.00	105.00--
						<b>Running Balance:</b>	<b>105.00--</b>	<b>0.00</b>	<b>105.00--</b>

Decide what needs to be done with the held payment:

1. Leave it and apply to the patient's next visit.
2. Perform a refund.

## 7.3 Refunding Payments

### Payment Reversal

A payment reversal is performed **ONLY** when a payment is entered incorrectly (e.g. incorrect payment code, payment applied to the wrong account) or if the payment is NSF. This adjustment will increase the balance on the account and will affect the deposit if the original payment was entered today.

### How to Reverse a Payment

1. Select the desired patient.
2. Click on the **Pat Pmt** or **Ins Pmt** tab.
3. Highlight the payment line to be reversed and right click.

Date	Name	Serv#	Sts	Prod	Code	Description	Amount	Paid	Balance
Jun01,16	Julie	(000014)			C	Cash		520.00--	
Dec03,12	Julie	000027	C	D01	27211	PFM CF		234.00	0.00
Dec03,12	Julie	000027	C	D01	L27211	Lab- PF		181.00	0.00
Jun01,16	Chris	Visit	H	D01		Produc		105.00	

4. Select **Reverse Payment**. A Reverse Payment window will open.
5. Select **Yes** to proceed.
6. Select **PR (\$--Payment Reversal)** or **NSF (\$-NSF Cheque Returned)** from the **Code** dropdown list.
7. The **Desc (Description)** field is populated but can be modified.
8. Confirm **Affect Daily Deposit Report?** has been ticked if reversing on the same day the payment was made.

Reverse Payment ✕


Are you sure you want to reverse this payment?

Payment Reversal ✕

Date :   Code :

Desc :

Amount :   Affect Daily Deposit Report?

The payment is now reversed.

Date	Name	Serv#	Sts	Prod	Code	Description	Amount	Paid	Balance
Jun01,16	Julie	(000014)			C	Cash		520.00--	
Jun01,16	Julie	000014	R		PR	\$-Payment Reversal		520.00	

## Refund Adjustments

A refund adjustment is done when you are refunding a patient or insurance company. Do you Affect Deposit? If you are giving the patient/insurance a cheque then no. If you are refunding the debit machine, then yes.

### How to use a Refund Adjustment

1. In the **Claim Ledger** right-click on a treatment line within the claim and select **Adjustment**.

Claim #	Date	Name	Sts	Prod	Code	Description	Pat Amt	Ins Amt	Total
000027	Dec03,12	Julie	C	D01	27211	PFM CROWN	181.00	181.00	362.00
	Dec03,12	Julie	C	D01	L27211	Lab- PFM C			0.00
	May27,16			D01	TB	Transfer Ba			0.00
(000014)	May27,16	Julie		D01	C	Cash			415.00--
(000015)	May27,16	PBC		D01	BIC	Bulk Insura			600.00--
						Claim Bala			0.00
						Running B			0.00
(000014)	May27,16	Julie	H	D01	C	Cash			105.00--
						Running B			105.00--

2. Select Patient or Insurance for the **Adjustment Type**. (we are doing a patient refund)
3. Select **Balance: Increase** and **Code: RP-Refund Payment** or type in the Code RP and the Balance and Description will auto-populate.
4. Enter the amount being refunded to the patient.
5. Select the **Payee**.
6. Select the **Bank**.
7. Choose if it will **Affect Today's Deposit?**
8. Select **OK** to open the **Adjustment Allocations** window.
9. Highlight a treatment line, enter the refunded amount in the **Apply Amt** box, and click **Apply**.
10. Click **OK** to save and exit the **Adjustment Allocations** window. The refund will now show as a blue adjustment line and you can allocate the held payment to it.
11. Right-click on the red held patient payment line and select **Allocate Payment** from the menu.
12. This will open the **Payment Allocations** window. Select the claim or treatment line(s) line and click **Apply**.
13. Click **OK** to save and exit the **Payment Allocations** window.

The payment is now attached to the claim.

Claim #	Date	Name	Sts	Prod	Code	Description	Pat Amt	Ins Amt	Total
	Dec03,12	Julie	C	D01	L27211	Lab- PFM Crown	181.00	181.00	362.00
	May27,16	Julie		D01	RP	\$-Refund Payment	105.00	0.00	105.00
	May27,16			D01	TB	Transfer Balance Owing	105.00--	105.00	0.00

## Partial Held Reversals

You may encounter payments that need to be refunded where there is no treatment to apply the refund type adjustment to, either the insurance paid for the wrong patient or the treatment has been deleted. These refunds will be completed using a **Partial Held Reversal**. Unlike other adjustment types, a Partial Held Reversal cannot be undone once performed.

When you are in the payment tabs a Partial Held Reversal is an option you will see in your right click menu.

1. From either the **Ins Pmt** tab or the **Pat Pmt** tab, right click on the main payment line (the black line) and Select **Partial Held Reversal**.

The screenshot shows a table titled "Family Payments" with columns: Date, Name, Serv#, Sts, Prod, Code, Description, Amount, Paid, and Balance. The table contains several rows, with the row for "Jun01,16" selected. A context menu is open over this row, listing options: Edit Payment, Allocate Payment, Unallocate Payment, Reverse Payment, Partial Held Reversal (highlighted), Entire View (checked), Limited View (Last 10), Allocation Details, Print List, and Print Statement.

Date	Name	Serv#	Sts	Prod	Code	Description	Amount	Paid	Balance
Jun01,16	Julie	(000014)			C	Cash			
Dec03,12	Julie	000027	C	D01	27211	PFM CROWN			0.00
Dec03,12	Julie	000027	C	D01	L27211	Lab- PFM Crown			0.00
Jun01,16	Julie	Visit	H	D01		Producer Alloc.			

2. The **Partial Payment Reversal** window will open.

The screenshot shows the "Partial Payment Reversal" dialog box. It has fields for Date (06/01/2016), Code (RP), Desc (\$-Refund Payment), and Amount (105.00). There is also a checkbox for "Affect Daily Deposit Report?".

3. Select the **Code:** from the drop-down list.
4. Verify the **Amount** is correct.
5. **Affect Daily Deposit Report?** Do you want this reversal type to show on the Bank Deposit?

**NOTE:** if the amount is incorrect, there is no easy way to correct this. To get the amount back on the ledger, a Payment Re-entry adjustment will need to be done.

**HINT:** If you've forgotten to tick or untick Affect Today's Deposit on the payment type adjustments, just make a manual note on the Bank deposit. The Day End will still record the adjustment.



## 8.2 A/R Manager

The A/R Manager module can be used instead of the Aged Receivable Report.

This interactive module gives the user the same capabilities as the Accounts Receivable report but can be worked from without printing the whole report. Once an A/R list is generated based on selected criteria, adjustments, statements and A/R notes can be produced for a patient account without leaving the screen.

This module is found under the **Office** Menu and an icon can be placed on the top bar.

### Generate an A/R Report

1. Choose the appropriate criteria selection and click **Generate**.
2. If the user chooses to adjust the aging date ranges from the standard ones, click on the **Setup** button. Example: Account Balances over 365 days.
3. Click on any line and it will make that patient the Active one in Power Practice.
4. Click on the **Patient Details** tab to easily access the selected patient's information (contact, address, last visit, ledger, and A/R notes).
5. Right-click on a patient to access a menu.

The screenshot shows the A/R Manager window for patient Francis Murray (000009). The interface includes a search bar, a patient selection dropdown, and a report generation area with various filters and buttons. A table displays the A/R report with columns for Name, Phone #, C., Current, 30-60, 60-90, Over 90, and Total. A context menu is open over the table, listing actions such as Statement, A/R Note, Recalls, Email, Adjustment, A/R Details, Ins. Details, Transactions, Patient File, Appointment, Treatment Proposals, Odontogram, Print List, and Export to Excel.

Name	Phone #	C..	Current	30-60	60-90	Over 90	Total
		T..	1,025.82	0.00	0.00	0.00	1,025.82
Murray, Francis	*H: (604) 688-2456	P..	325.60	0.00	0.00	100.00	425.60
		I...	1,302.41	0.00	0.00	0.00	1,302.41
		T..	1,628.01	0.00	0.00	100.00	1,728.01
Wong, Sam	*H: (604) 789-6352	P..	0.00	0.00	0.00	1,073.00	1,073.00
wongfamily@telu...		I...	0.00	0.00	0.00	0.00	0.00
		T..	0.00	0.00	0.00	1,073.00	1,073.00
<b>Grand Totals</b>			<b>P. 1,099.55</b>	<b>68.40</b>	<b>0.00</b>	<b>4,542.16</b>	<b>5,710.11</b>
			<b>I. 4,255.18</b>	<b>168.70</b>	<b>0.00</b>	<b>1,001.50</b>	<b>5,425.38</b>
			<b>T. 5,354.73</b>	<b>237.10</b>	<b>0.00</b>	<b>5,543.66</b>	<b>11,135.49</b>
<b>Percentage of ...</b>			<b>48.09%</b>	<b>2.13%</b>	<b>0.00%</b>	<b>49.78%</b>	<b>100.00%</b>

**Notes:** Using Over Due: All Balance Accounts with Report Detail: Patient, will give you a “true” reading of each family member in accounts that are outstanding; credit or debit. In some cases, the credit from one family member can be applied to another’s outstanding claim, giving a true zero balance account. Having outstanding balances on older claims can affect statement printouts etc. because these look at claim balances and not account balances. If you are on top of your A/R, for Over Due: you can use Overdue Balance Accounts.

## 8.3 Statements

Statements should be run once a month for your practice. You can mail them or email them (if set up on the Account to email). You can also give patients “walk-out” statements. Following are the fields and options for statements.

**Account Holder’s Dr.:** Defaults to all (\*)  
Can choose a specific account holder’s Dr.

**Statement Date:** Defaults to today.

**Last Stmt Period:** Drop-down options:

**NA:** No date chosen. Will print statements for all families. **1Week:** Will not print statements for families that have had walk-out statements printed in the last week. **2 Weeks:** Will not print statements for families that have had walk-out statements printed in the last 2 weeks. **3 Weeks:** Will not print statements for families that have had walk-out statements printed in the last 3 weeks.

**Overdue Period:** Drop-down menu options: **Overdue Balance Accounts:**

Print for all accounts that have an overdue balance (suggested default). **Over 30 Days Due:** Print for only accounts outstanding over 30 days. **Over 60 Days Due:** Prints only for accounts outstanding over 60 days. **Over 90 Days Due:** Print for only accounts outstanding over 90 days. **All Active Accounts:** Print for all active accounts regardless of account balance.

### Last Statements

**Stmts Created:** Displays the number of statements created the last time Statements were generated.

**Total Billed:** Total amount on all statements created.

**Print statements for patients with names in the following range: (From/To)** Print for a range of accounts in a specific alphabetical range. Leave blank to print for all.

**Print detail on the statement for the date period (From-defaults to today but can be changed. To-is today. This cannot be changed)**

**Com1:** Room for a short comment of your choosing.

**Com2:** Room for a short comment of your choosing.

**General Note:** Can create a note stored in the database and have it display here by choosing it from the ellipses button.

**Calculate Interest Charges:** Charge interest as set up in the Interest Options button.

## Statement Buttons

**Print:** Create the statements with the options chosen.

**Close:** Close out of Account Statements. Will not save the changes made.

**Options....:**(see description) Set chosen options to print on the statements.

**Set as Default:** Save settings as default.

**History:** See a history of statement run dates.

**Interest Options:** Set up interest charge options to charge to accounts.

## Interest Charges

### Charge Interest By

**Family Dr.:** Dr listed on the account holder's Patient File. Can choose the Dr under the Doctor drop-down. Default is For All (\*)

**Billing Dr.:** The claim Dr on the ledger.

### Charge Interest As of Date:

Defaults to today. The date you want to use to calculate the interest.

**Minimum Account Balance:** Account has greater than this amount or interest won't be charged.

**Minimum Amount to Charge:** Regardless of the outstanding account amount, charge this as a minimum.

**Don't charge any interest if it is less than the stated amount:** Don't charge interest to accounts with less than the set amount in Minimum Account Balance.

**Charge the stated amount as a minimum if interest is less:** Will charge to account what is entered in Minimum Amount to Charge if interest is less.

### Interest Options

Set up what you would like to charge for interest. Fill only the fields where you want to charge interest under Monthly. The calculation for Annually will display.

### Print Interest Charges Report

Print a list of all accounts where interest was charged.

### Print Exception Report

Print list of all accounts where interest wasn't charged where account was overdue but the account didn't have a minimum balance.

### Charge Interest

This will charge interest to all accounts where Charge Interest is set under the Account tab in the Patient file.

Interest Rates		
	Monthly	Annually
31 - 60 Days	0.00	
61 - 90 Days	0.00	
Over 90 Days	0.00	

## Statement Options

Statement Options
✕

<input checked="" type="checkbox"/> Print Practice Name?    Or    Dr. <input type="text"/> <span style="font-size: small;">▼</span> <input checked="" type="checkbox"/> Print Practice/Doctor Name at Bottom? <input type="checkbox"/> Print Practice Email/Website?	<input type="checkbox"/> Include Post-dated Payments? <input checked="" type="checkbox"/> Print Default Payment/Charges Code Description? <input type="checkbox"/> Print Default Adjustment Code Description? <input type="checkbox"/> Show Running Balances Column? <input type="checkbox"/> List by Claim Order?
<input checked="" type="checkbox"/> Show Insurance Transactions? <input type="checkbox"/> Patient Owing is Total Balance? <input type="checkbox"/> Show Patient Owing Line? Pt Owing Prompt <input type="text"/> <input checked="" type="checkbox"/> Show Insurance Owing Line? Ins Owing Prompt <input type="text" value="Total Insurance Balance :"/> <input type="checkbox"/> Show Total Owing Line? Total Owing Prompt <input type="text"/> <input type="checkbox"/> Show Dr. Subtotals <input type="checkbox"/> Show Insurance Aging	<input type="checkbox"/> Consolidate all treatments within a claim onto one line? Claim Line Desc.: <input type="text"/> <input type="checkbox"/> Consolidate all fee adjustments and transfers into original claim? <input type="radio"/> In the Same Day <input type="radio"/> Within the Statement Period <input type="checkbox"/> Exclude payments that were reversed on the same day? <input type="checkbox"/> Print future appointments? Title for 'Producer' Column <input type="text"/>
<div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;">Email Statements</div> Default Email Subject <input type="text" value="Statement from your Dentist"/> Default Email Body <input style="height: 20px;" type="text" value="Please find attached a statement, as of your last visit to our dental office."/> <input checked="" type="checkbox"/> Send Emails to Draft Folder	<div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;">Additional notes for Treatments with status 'F'</div> Additional Desc for Treatments <input type="text"/> General Note <input style="height: 20px;" type="text"/>

- Print Practice Name?:** Display the practice name or display a specific Dr. in the statement header.
- Print Practice/Doctor Name at Bottom?:** Display practice name or Dr at the bottom of the statement.
- Print Practice Email/Website?:** Display company website and email in the statement header.
- Show Insurance Transactions?:** Display payments made by insurance.
  - Patient Owing is Total Balance?:** Total owing is the total for the account, insurance and patient.
- Show Patient Owing Line?:** Display a line for Patient Owing.
  - Pt Owing Prompt:** Customize what displays as Patient Owing.
- Show Insurance Owing Line?:** Display a line for Insurance Owing.
  - Ins Owing Prompt:** Customize what displays for Insurance Owing.
- Show Dr Subtotals:** Display Payable To: for each Billing Doctor.
- Show Insurance Aging:** Display A/R aging information for insurance at bottom of statement.

**Email Statements:**

**Default Email Subject:** Customize what displays in the Subject line of emails for statements.

**Default Email Body:** Customize what displays in the body of the email.

**Send Emails to Draft Folder:** Will place all statement emails into your Outlook Draft folder.

**Include Post-dated Payments?:** Display post-dated payments on statement.

**Print Default Payment/Charges Code Description?** Will print the payment description instead of the payment method.

**Print Default Adjustment Code Description?:** Will print the adjustment description instead of the adjustment type.

**Show Running Balance Column?:** Display Insurance, patient and account running balances.

**List by Claim Order?:** Default is date order.

**Consolidate all treatments within a claim onto one line?** Show one line for the claim. Unticked will show all treatment lines.

**Claim Line Desc.:** Customize consolidated treatment description: *IE: Office Visit*

**Consolidate all fee adjustments and transfers into original claim?**

**In the Same Day:** All adjustments will be included in the claim totals if entered the same day as the claims.

**Within the statement period:** All adjustments included in the claim totals if entered the same month.

**Exclude payments that were reversed on the same day?** Do not display payments that are reversed the same day they were entered.

**Print future appointments?:** Display future appointments of the family.

**Title for the 'Producer' Column:** Customize the column description for appointments.

**Additional notes for Treatments with status "F":** For treatment marked as Future.

**Additional Desc for Treatments:** Add your own description for Future Treatment.

**General Note:** Add a general note for Future Treatment.

## 8.4 Practice Analysis

The Producer Production Analysis and Producer Payment Analysis reports will give you a snapshot of the production and payments, separated, for the practice. These two reports can be defaulted to run with the Day End and Month End or they can be printed On Demand. A date range can't be chosen for these reports so if you are running them ON Demand, it will display information for "today".

The Summary Report will show both the Producer Production Analysis and Producer Payment Analysis together and a date range can be chosen. This report can be run at any time but is more often used for year to date numbers.

The Production Analysis report shows procedures done.

### Producer Production Analysis Report

This report is a quick way to look at each producer's production without having to look at the entire Day End. This report lists each producer and total production for Today, MTD (month to date) YTD (year to date). If you use Auxiliaries, their production is not listed separately but is included with the Doctor fees.

Date: Jan 22, 2016		PRODUCER PRODUCTION ANALYSIS REPORT							Page 1
		By Working Producer (Jan 22, 2016)							
		(Auxiliaries' Totals Excluded from Doctors' Totals)							
Producer		Procedures Done	Dental Fees	Lab Charges	Office Charges	Fee Adjusts	Net Fees	(incl. Aux) Net Fees	
D01	Today	6	1,671.20	737.00	0.00	0.00	2,408.20	2,408.20	
John Smiles	MTD	6	1,671.20	737.00	0.00	0.00	2,408.20	2,408.20	
	YTD	34	6,793.80	2,268.00	0.00	0.00	9,061.80	9,061.80	
D02	Today	3	174.10	0.00	0.00	0.00	174.10	174.10	
James Molar	MTD	3	174.10	0.00	0.00	0.00	174.10	174.10	
	YTD	3	174.10	0.00	0.00	0.00	174.10	174.10	
H01	Today	7	229.60	0.00	0.00	0.00	229.60	229.60	
Sara Thompson	MTD	7	229.60	0.00	0.00	0.00	229.60	229.60	
	YTD	18	714.60	0.00	0.00	0.00	714.60	714.60	
<b>Totals:</b>	<b>Today</b>	<b>16</b>	<b>2,074.90</b>	<b>737.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2,811.90</b>	<b>2,811.90</b>	
	<b>MTD</b>	<b>16</b>	<b>2,074.90</b>	<b>737.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2,811.90</b>	<b>2,811.90</b>	
	<b>YTD</b>	<b>55</b>	<b>7,682.50</b>	<b>2,268.00</b>	<b>0.00</b>	<b>0.00</b>	<b>9,950.50</b>	<b>9,950.50</b>	

**Procedures Done:** A count of the procedures done by that producer.

**Dental Fees:** Dental fees charged to the patient and insurance.

**Lab Charges:** Lab fees charged to the patient and insurance.

**Office Charges:** Charges other than dental fees posted to the patient.

**Fee Adjusts:** All fee type adjustments posted (Fee Write Off, Fee Posting Error etc).

**Net Fees:** Plus/minus all fees, charges and adjustments is the **Net Fees**.

**(incl. Aux) Net Fees:** If an auxiliary is used, their production will be included here.

**Totals:** Totals for each producer for **Today, MTD (month to date) and YTD (year to date)**.

**Note:** The YTD numbers won't display if running your Day End and Month End by Billing Doctor.

## Producer Payment Analysis Report

This report is run with the **Producer Production Analysis Report**. This is the only report that will separate the lab payments out. All other reports will group lab payments into regular payments. If you pay your associates on payments but don't want to include lab payments, use this report.

Date: Jan 22, 2016		PRODUCER PAYMENT ANALYSIS REPORT					Page 1	
By Working Producer (Jan 22, 2016)								
(Auxiliaries' Totals Included with Doctors' Totals)								
Producer		Payments Allocated	Allocation Transfers	Payment Adjusts	Net Regular Payment	Net Lab Payment	Total Net Payment	
D01	Today	1,653.85-	0.00	1,000.00	196.85-	457.00-	653.85-	
John Smiles	MTD	1,653.85-	0.00	1,000.00	196.85-	457.00-	653.85-	
	YTD	4,666.25-	0.00	1,100.00			3,566.25-	
D02	Today	203.00-	0.00	36.65	166.35-	0.00	166.35-	
James Molar	MTD	203.00-	0.00	36.65	166.35-	0.00	166.35-	
	YTD	203.00-	0.00	36.65			166.35-	
H01	Today	49.10-	0.00	0.00	49.10-	0.00	49.10-	
Sara Thompson	MTD	49.10-	0.00	0.00	49.10-	0.00	49.10-	
	YTD	147.30-	0.00	0.00			147.30-	
<b>Totals :</b>	<b>Today</b>	<b>1,905.95-</b>	<b>0.00</b>	<b>1,036.65</b>	<b>412.30-</b>	<b>457.00-</b>	<b>869.30-</b>	
	<b>MTD</b>	<b>1,905.95-</b>	<b>0.00</b>	<b>1,036.65</b>	<b>412.30-</b>	<b>457.00-</b>	<b>869.30-</b>	
	<b>YTD</b>	<b>5,016.55-</b>	<b>0.00</b>	<b>1,136.65</b>			<b>3,879.90-</b>	

**Payments Allocated:** Payments posted to the treatment producer.

**Allocation Transfers:** Payments originally posted to one producer then allocated to another producer.

**Payment Adjusts:** Any payment type adjustments (reversals, payment re-entries etc).

**Net Regular Payment:** Payments and Payment Adjustments equal the Net Regular Payment.

**Total Lab Payment:** Payments posted to labs.

**Total Net Payment:** Net Regular Payment plus Net Lab Payment is the Total Net Payment.

**NOTE:** The YTD numbers won't display if running your Day End and Month End by Billing Doctor.

## Summary Report

This report is in **Reports Manager** under the **Billings** Tab.

The Summary Report includes all production and payments together for the date range selected and can be run at any time such as mid-month to see the production and payments for the practice. A page will display for each Producer or each Billing Dr, depending on the option chosen.

**Report Options:** Choose the same option as your Day End and Month End, by Producer or by Billing Dr and either for All or a specific producer.

**Print Practice Totals:** Will display one page (last page) will all producer numbers together.

**Print Amounts Without Commas:** Choose this to take the comma out of the total amounts. Leaving the comma in will cause the numbers to display incorrectly if the numbers are large.

**Listing By:** Daily or Monthly. If running this report for yearly numbers, choose Monthly.

**Date Range:** Choose your date range.

DAILY SUMMARIES								Page 4
PRACTICE TOTALS								
Date Range : Jan 01, 2016 - Sep 22, 2016								
Date	Fees/Chgs	Labs	Fee Adj	Net Fees	Payments	Pmt Adj.	Net Pmts	A/R Column
								0.00
Jan 22, 2016	2,074.90	737.00		2,811.90	1,905.95-	1,036.65	869.30-	1,942.60
Jan 27, 2016	151.70			151.70	164.70-		164.70-	1,929.60
Feb 02, 2016	742.00	362.00		1,104.00	122.88-		122.88-	2,910.72
Feb 18, 2016	108.30			108.30				3,019.02
Mar 22, 2016						11.60	11.60	3,030.62
Mar 24, 2016	214.00			214.00	757.41-		757.41-	2,487.21
May 09, 2016					520.00-		520.00-	1,967.21
May 17, 2016					100.00-		100.00-	1,867.21
Aug 04, 2016					450.00-		450.00-	1,417.21
Aug 08, 2016	687.40			687.40				2,104.61
Aug 11, 2016	62.40			62.40				2,167.01
Aug 24, 2016	550.40	300.00		850.40				3,017.41
Aug 25, 2016	117.00			117.00	973.10-		973.10-	2,161.31
Aug 26, 2016	1,104.51	600.00		1,704.51		0.00		3,865.82
Aug 31, 2016						10.00-	10.00-	3,855.82
Sep 02, 2016	2,894.90	375.00	0.02	3,269.92	644.60-		644.60-	6,481.14
Sep 14, 2016						0.00		6,481.14
Sep 15, 2016	776.70	362.00		1,138.70				7,619.84
Sep 19, 2016					887.00-	274.65	612.35-	7,007.49
Sep 22, 2016	742.00	362.00		1,104.00				8,111.49
<b>Totals:</b>	<b>10,226.21</b>	<b>3,098.00</b>	<b>0.02</b>	<b>13,324.23</b>	<b>6,525.64-</b>	<b>1,312.90</b>	<b>5,212.74-</b>	
* Fees/Chgs = Dental Fees + Tx Discounts + Office Charges								
Fee Adj = Net Fee Adjustments								
Pmt Adj = Payment Transfers + Net Pmt Adjustments								
Fee Adj	Fee Adjustment Description	Adj Amount	Pmt Adj	Payment Adjustment Description	Adj Amount			
PRU	Penny Round Up	0.02	PR	S-Payment Reversal	1,322.90			
			PRE	S-Payment Re-entry	10.00-			
			TSF	Inter-Producers Transfers	0.00			
Total Fee Adjustments :		0.02	Total Payment Adjustments :		1,312.90			

## Procedure Analysis Report

This report is in **Reports Manager** under the **Billings** Tab.

Procedure Analysis Report analyzes the procedures done in your office. You can run it every month at month end, or you can run it for a Fiscal or Calendar year. This report is good for seeing where your volume is with procedures.

**For Dr. \$/Producer:** Choose for All or choose a specific doctor or producer.

**Month Year:** Choose the month and year to display.

**Compare against a different Month?:** Can compare 2 months.

**Calculate YTD Totals?** Choose this to see the totals for a year.

**Fiscal: Calendar:** Can indicate either Fiscal or Calendar year for year to date.

**Calculate Professional/Technical Splits:** Generally not used. All fees will fall under Technical amount.

**Report lab under fee portion's code?:** Do you want the labs calculated in with the procedures or on a separate line?

**Print Practice Totals?:** Will display the totals for the practice with a total count for each producer by the option chosen under **Report Detail**.

### Report Detail

**Detail (By Procedure):** Lists each procedure code and their numbers.

**Summary (By Category):** Lists just the categories (Diagnostic, Preventative, etc) and their numbers.

**Totals (by Procedure):** Does not list the producers, lists the procedures for the practice.

### Report By

**Producer:** Reports the information by producer.

**Billing Dr\$:** Reports the information by Billing Dr.

**Billing Dr\$ with Hyg tot.:** Will show each hygienist with the Dr they billed under.

Date: Sep 22, 2016 14:51:51		PROCEDURE ANALYSIS REPORT				Page 1			
D01 - John Smiles									
For Month: September 2016									
Procedure	This Month				Year To Date				
	Cnt	Units	Prof Amt	Percent	Cnt	Units	Prof Amt	Percent	
01201 NEW PATIENT EX, STANDARD	0	0.0	0.00	0.00	1	0.5	41.80	33.80	
01202 RECALL EXAM	0	0.0	0.00	0.00	3	1.5	82.60	88.40	
<b>Diagnostic</b>	0	0.0	0.00	0.00	4	2.0	124.40	1.18	
11101 PROPHY	2	2.0	89.40	51.80	4	4.0	138.80	83.87	
11111 1U SCALING	1	1.0	38.90	27.43	1	1.0	38.90	18.93	
12101 TOPICAL FLUORIDE	2	2.0	28.20	20.97	3	2.8	42.30	19.40	
<b>Preventive</b>	5	5.0	134.50	4.09	8	7.8	218.00	2.08	

This example is Detail by Procedure, By Producer with the current month numbers run and Year To Date numbers.

Practice Totals Page  
For Month: September 2016

## TOTALS BY PRODUCER:

Producer	This Month				Year To Date			
	Cnt	Units	Prof Amt	Percent	Cnt	Units	Prof Amt	Percent
D01 - John Smiles	14	14.0	3290.50	59.69	42	87.6	10566.10	79.30
D02 - James Molar	4	18.0	2208.00	40.05	7	20.5	2382.10	17.88
H01 - Sara Thompson	1	1.0	14.10	0.28	12	11.4	341.30	2.58
A01 - Jane Doe	0	0.0	0.00	0.00	1	1.0	34.70	0.28
<b>Grand Totals:</b>	<b>19</b>	<b>33.0</b>	<b>5512.60</b>	<b>100.00</b>	<b>62</b>	<b>120.5</b>	<b>13324.20</b>	<b>100.00</b>

## TOTALS BY CATEGORY:

Procedure Category	This Month				Year To Date			
	Cnt	Units	Prof Amt	Percent	Cnt	Units	Prof Amt	Percent
Diagnostic	0	0.0	0.00	0.00	7	4.5	239.20	1.80
Preventive	6	6.0	148.60	2.70	20	19.0	540.30	4.08
Restorative	12	26.0	4933.00	89.49	27	82.0	10694.70	80.27
Endodontics	1	1.0	431.00	7.82	2	9.0	862.00	6.47
Prosthodontics-Fixed	0	0.0	0.00	0.00	2	2.0	524.00	3.93
Oral Surgery	0	0.0	0.00	0.00	4	4.0	464.00	3.48
<b>Grand Totals:</b>	<b>19</b>	<b>33.0</b>	<b>5512.60</b>	<b>100.00</b>	<b>62</b>	<b>120.5</b>	<b>13324.20</b>	<b>100.00</b>

**Practice Totals:** This example is the Practice Totals by Category. It shows the Producers and their total counts for the month printed and for Year To Date. It shows the totals by Category for the practice.

## Lesson 9: Transactions Module 5.1

### 9.1 Bulk Insurance Wizard

Online article: [Bulk Insurance Wizard - Power Practice](#)

Online video: [Video: 5.0 Transaction Enhancements](#)

Added in a previous release, the Bulk Insurance Wizard has seen some great improvements since release. The aim is to simplify and streamline Bulk Insurance Payments, making them easier than ever before. The linked article and video above discuss the module in detail and guide you through its use. This section will simply highlight the key features and enhancements added in this year's release.

Accessible via the "Wizard" button on the Bulk Ins. tab of the Transactions module, the popup window presented offers a few options: you can start a New payment, Continue with the Last Bulk Payment, or Find Previous Bulk Payments. You should enter this module with the first recipient's file active.

Date	Account	Patient	Payee	Total	Applied	Held	Type	Status

#### New Bulk Payment:

- The process of entering a new payment begins by detailing the Total Claimed amount, the Payee, as well as an optional Reference number and Notes area.
- You can use these fields to keep things organized, allowing you to reference the original entry notes in the future. This is a great way to communicate details to future reviewers of the payment.
- The next step is selecting the Save button in the top right corner to begin logging the payments on the cheque.
- A new window interface will appear.

We will eventually return to this window once all payments are logged and ready for allocation. At that point we will get the chance to review the Bulk Details currently listed at \$0.00 all the way across.

**New Bulk Insurance Wizard - Melissa Chan - (U) - 004722**

Type:  Payment  Debit Adjustment (+)  Credit Adjustment (-)

Date: 07/16/2021  
 Pmt #: 044652  
 Ref #:   
 Select Pat  
 Select Fam  
 Submit  
 Close  
 Print

Code: BIC Payee: PBC  
 Description: Bulk Insurance Cheque  
 Amount: 150 Bank: 1  
 Held Dr: D02 Held Patient: Chan, Melissa

**Bulk Details**  
 Total Claimed: \$500.00 Current Claimed: \$500.00 Total Allocated: \$0.00 Total Adjusted: \$0.00 Total Held: \$500.00

Account	Patient	Payee	Total	Applied	Held	Type	Status	User	Date/Time Modified
<input checked="" type="checkbox"/> Wright, Daniel	Wright, Daniel	PBC	\$500.00--	\$0.00	\$500.00--	Payment	New	AK	Jul 16, 2021 03:13P

**Payments:**

- You can log the payments one-by-one in the new popup window.
- Enter the amounts listed next to the patient’s name as you see them on the cheque.
- The three supported transaction types here are Payments, Debit Adjustments and Credit Adjustments. This will allow you to easily adapt to whatever entry is listed on the cheque.
- The Held Dr. and Held Patient drop-down menus are required fields. Typically, offices will use the practice owner as the Held Dr.
- Once you have filled in all the fields, select the Save folder icon, the blue tick mark in the top left. You should *not* use the Submit button on the right.
- This logs the payment information for further interaction later and presents the patient select window so you can proceed to the next payment.

**Adjustments:**

- The Debit and Credit Adjustment options will behave as they normally would in the Adjustments tab.
- Once you have filled in the details, use the blue check mark folder to save the adjustment.

**Bulk Insurance Wizard - Melissa Chan - (U) - 004722**

Type:  Payment  Debit Adjustment (+)  Credit Adjustment (-)

Date: 07/19/2021  
 Pmt #: 044653  
 Ref #: 2448-00  
 Select Pat  
 Select Fam  
 Submit  
 Close  
 Print

Code: BID Payee: PBC  
 Description: \$-Bulk Ins Debit  
 Amount: 100.00 Bank: 1  
 Held Dr: D02 Held Patient: Chan, Melissa

**Bulk Details**  
 Total Claimed: \$400.00 Current Claimed: \$400.00 Total Allocated: \$0.00 Total Adjusted: \$0.00 Total Held: \$400.00

Account	Patient	Payee	Total	Applied	Held	Type	Status	User	Date/Time Modified
<input checked="" type="checkbox"/> Wright, Daniel	Wright, Daniel	PBC	\$500.00--	\$0.00	\$500.00--	Payment	New	AK	Jul 19, 2021 07:21A
<input checked="" type="checkbox"/> Chan, Melissa	Chan, Melissa	PBC	\$100.00	\$0.00	\$100.00	Debit	New	AK	Jul 19, 2021 07:31A

**Allocation:**

- Having listed all the payments and adjustments, you may proceed to the allocation process.
- Use the Submit button to “complete” the process and begin the allocations.
- This will immediately trigger the allocation window for the first listing on your Bulk entry.
- Allocate the payment or adjustment as normal. Select your treatments and enter the amounts, then apply.

When you are finished, the program window will return to the prior submission window. You can simply close that window to return to the initial starting page where we can review our cheque entry for accuracy.

Claim #	Type	Date	Prod	Pat/Code	Tth#	Charge	Estimate	Balance	Applied
061532	C	PBC	D02	Daniel		550.00	486.00	550.00	0.00
	C	Jul 19, 2021	D02	33111	28	550.00	486.00	550.00	0.00

Date	Account	Patient	Payee	Total	Applied	Held	Type	Status
Jul 19, 2021	Wright, Daniel	Wright, Daniel	PBC	\$500.00--	\$500.00--	\$0.00	Payment	Applied
Jul 19, 2021	Chan, Melissa	Chan, Melissa	PBC	\$100.00	\$100.00	\$0.00	Debit	Applied

The main window of the Wizard is the final checkpoint in our cheque entry. It gives you a chance to review the Current Claimed, Total Allocated, Total Adjusted, Total Held, and finally, Last Applied to.

This should make it much easier to quickly review your work and make final adjustments. You can use the Edit button to return to the entries window. The print option is a great way to save a snapshot record of the entry as well.

We will briefly discuss the remaining key points of this module next.

## Apply Details:

The Apply Details window provides a greatly detailed allocation summary of your cheque entries.

The 'Apply Details' window displays the following information:

- Date: Jul 19, 2021; Pmt #: 044653
- Total Claimed: 400.00; Reference #: 2448-00
- Note: Daniel's pmt = \$500 Melissa's debited -\$100 from previous overpmt
- Sort By: Patient (selected)
- Summary: Current Claimed: \$400.00, Total Allocated: \$500.00, Total Adjusted: \$-100.00, Total Held: \$0.00, Last Applied to: Chan, Melissa

Serv#	Date	Patient	Payee	Code	Status	Tooth	Surf	Description	Total	Deduct	Def%	%Paid	Applied
(044653)	Jul 19, 2021		PBC	BIC	Applied			Bulk Insurance Cheque	\$500.00--				500.00
061532	Jul 19, 2021	Wright, Daniel	PBC	33111		28		1 Canal Root Therapy	550.00	0.00	100%	90%	500.00
	Jul 19, 2021		PBC	BID	Applied			\$-Bulk Ins. Debit	\$100.00				100.00
061530	Jul 16, 2021	Chan, Melissa	PBC	33111		22		1 Canal Root Therapy	500.00	0.00	100%		100.00

You can track how each payment or adjustment was applied. The treatment lines that received the allocation will be listed under each. In this simple example, the payment and adjustment each only had one allocation target. You will often see payments distributed over multiple treatment lines, however.

The 'Bulk Wizard Options' dialog box contains the following settings:

- Default Pmt Code: BIC
- Default Debit Code: BID
- Default Credit Code: PCM

## Options:

The Options button allows you to set default codes for the three main functions. It is highly recommended you set these to your preference.

## Continue & Find Bulk Payment:

Selecting the Continue with Last Bulk Payment bullet will immediately pick up the last Bulk entry worked on for this machine. This is nice and straightforward when only one person is logging the payments.

If the Continue bullet does not pickup the right entry, you can use the Find option to pick it up manually.

You will need the Payment number involved and the easiest way to find that is to visit the Ins pmt tab of the last recipient you entered a payment for on that cheque. The payment number will be listed on that tab and used to locate your old cheque.

The 'Find Bulk Payment' dialog box shows a search for Payment #: 044653. The results table is as follows:

Date	Serv#	Reference #	User
Jul 19, 2021	044653	2448-00	AK

## 9.2 Multipage Predetermination

Online article: [5.1 - Enabling Multipage Predeterminations - Power Practice](#)

Submissions for pre-approval have previously been limited to seven items per claim. You can now submit your entire treatment plan at once instead of manually breaking it up into separate seven item claims, so long as the insurance company supports the feature.

Test1 - A01 CDANET14  
PRE-DETERMINATION ACKNOWLEDGEMENT

DATE Jul 27, 2021 CARRIER CLAIM NO: PRE7A1

DISPOSITION:  
Please check Outstanding Transactions for the EOB tomorrow.

DENTIST: A Dentist UNIQUE ID NO: 530123401  
TELEPHONE :(604) 999-9999 OFFICE NO: 1234

DENTAL OFFICE CLAIM REFERENCE NO. 090885

PATIENT: Mary A Walls BIRTHDATE: Apr12,78  
POLICY#: PLAN02 DIVISION/SECTION NO:  
CERTIFICATE NO: 123432145222 DEPENDANT NO: 01

INSURED: John Smith  
INSURED ADDRESS: P.O. Box 1500  
Little Field Estates  
East Westchester ON M7F 2J9

PROCEDURE	TH#	SURF	DATE	CHARGE	LAB	TOTAL
01201 NEW PATIENT EX, STANDARD				27.50	0.00	27.50
02102 ADULT FULL MOUTH SERIES				87.25	0.00	87.25
67301 GOLD ABUTMENT	21			450.00	340.00	790.00
21223 PERM MOLAR AG 3 SURF	25	MIV		107.60	0.00	107.60
21223 PERM MOLAR AG 3 SURF	14	DIV		107.60	0.00	107.60
27211 PFM CROWN	24			450.00	238.00	688.00
27213 PFM WITH FORC MARGIN	26			450.00	245.00	695.00
TOTAL SUBMITTED \$				2502.95		

The information contained on this form has been used to process your claim electronically. Please verify the accuracy of this data and report any discrepancies to your dental office. Do not mail this form to the insurer/plan administrator.

PATIENT INFORMATION:

- Relationship to Subscriber: Spouse Date of Birth: Apr12,78  
If dependent, indicate: Student \_\_\_ Handicapped \_\_\_ If Student, Name of student's school:
- Are any Dental Benefits or services provided under any other group insurance or dental plan, WCB or gov't plan?  
Yes- X No- If Yes: Policy No: P9902 Name of Insurer/Plan Administrator: John Smith  
Certificate No: 1234307 Dependent No.: 00 Insured/Member Date of Birth: Mar02,48  
Relationship to Patient: Spouse
- Is any treatment required as the result of an accident? Yes- No- X  
If Yes, give date and details separately.
- If Denture, crown or bridge, Is this the initial placement? Upper Yes- X No- , Lower Yes- No- .  
Upper:  
If No: Initial Material: Placement Date Reason for replacement:  
Lower:  
If No: Initial Material: Placement Date Reason for replacement:
- Is any treatment provided for orthodontic purposes? Yes- No- X  
If YES, indicate the number of the missing teeth and the dates(s) on which they were removed (IT YYYY MM DD).

Test1 - A01 CDANET14  
PRE-DETERMINATION ACKNOWLEDGEMENT

DATE Jul 27, 2021 CARRIER CLAIM NO: PRE7A2

DISPOSITION:  
Please check Outstanding Transactions for the EOB tomorrow.

DENTIST: A Dentist UNIQUE ID NO: 530123401  
TELEPHONE :(604) 999-9999 OFFICE NO: 1234

DENTAL OFFICE CLAIM REFERENCE NO. 090885

PATIENT: Mary A Walls BIRTHDATE: Apr12,78  
POLICY#: PLAN02 DIVISION/SECTION NO:  
CERTIFICATE NO: 123432145222 DEPENDANT NO: 01

INSURED: John Smith  
INSURED ADDRESS: P.O. Box 1500  
Little Field Estates  
East Westchester ON M7F 2J9

PROCEDURE	TH#	SURF	DATE	CHARGE	LAB	TOTAL
39202 MOLAR O&D (SEPARATE)	36			67.50	0.00	67.50
32222 PERM MOLAR PULPOTOMY	32			65.00	0.00	65.00
TOTAL SUBMITTED \$				132.50		

The information contained on this form has been used to process your claim electronically. Please verify the accuracy of this data and report any discrepancies to your dental office. Do not mail this form to the insurer/plan administrator.

PATIENT INFORMATION:

- Relationship to Subscriber: Spouse Date of Birth: Apr12,78  
If dependent, indicate: Student \_\_\_ Handicapped \_\_\_ If Student, Name of student's school:
- Are any Dental Benefits or services provided under any other group insurance or dental plan, WCB or gov't plan?  
Yes- X No- If Yes: Policy No: P9902 Name of Insurer/Plan Administrator: John Smith  
Certificate No: 1234307 Dependent No.: 00 Insured/Member Date of Birth: Mar02,48  
Relationship to Patient: Spouse
- Is any treatment required as the result of an accident? Yes- No- X  
If Yes, give date and details separately.
- If Denture, crown or bridge, Is this the initial placement? Upper Yes- X No- , Lower Yes- No- .  
Upper:  
If No: Initial Material: Placement Date Reason for replacement:  
Lower:  
If No: Initial Material: Placement Date Reason for replacement:
- Is any treatment provided for orthodontic purposes? Yes- No- X  
If YES, indicate the number of the missing teeth and the dates(s) on which they were removed (IT YYYY MM DD).

This feature will need to be enabled first, for the carriers that support it. Follow the linked article above to get the details on how to do so.

In terms of compatibility and use cases, this feature follows a simple set of rules. If the patient only has one plan and that carrier allows multi-page predeterminations, the program will not stop you after 7 items. If primary and secondary can both handle multipage submissions, you will also be able to submit more than 7 items at once. However, new claims with the Multipage unticked will behave as normal and limits you to 7. If only 1 of the 2 carriers accepts multi-page predeterminations, you will still be limited to 7 items per claim, regardless of whether the carriers Coordinate Benefits or not.

### 9.3 Insurance Attachments

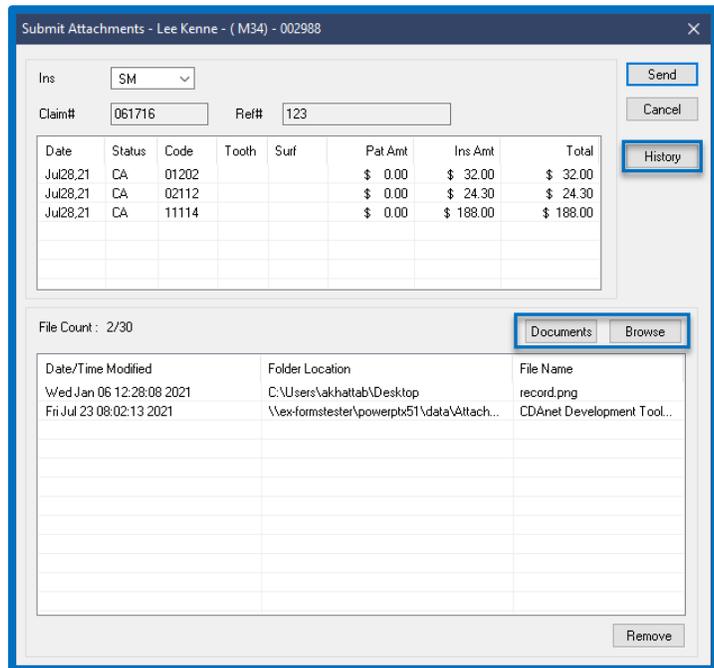
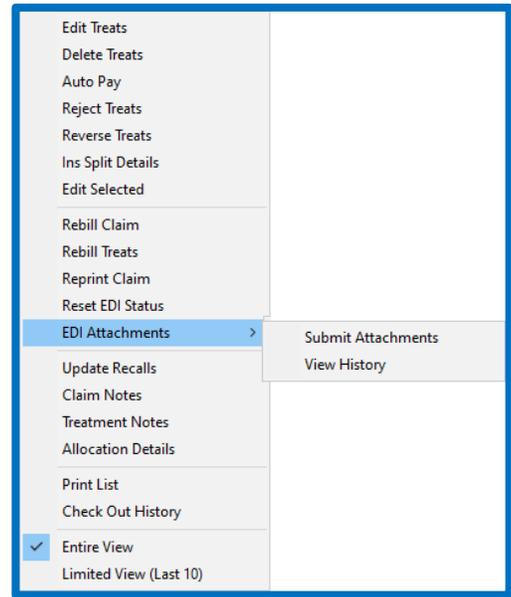
Online article: [5.1 - Insurance Attachments - Power Practice](#)

Certain carriers now allow the submission of supporting documents electronically. The Insurance companies that do and do not support the function will vary, so check in with our Support team for guidance.

The guide linked above will provide a detailed walkthrough of the feature, this section will briefly touch on the key components.

#### Usage & Requirements:

- First and foremost, your claim must be submitted electronically and have a valid, positive, EDI response like E or A (Explanation of Benefits and Acknowledged, respectively).
- If you right click a claim of this type, you will find a new menu option, EDI Attachments, displayed in the image above.
- This will present the Attachments window, shown on the right.
- You can quickly link any of the items in the patient’s Document Manager module via the Document button.
- The Browse button allows you to search your computer for the files you wish to attach.
- When you’ve gathered what you need, you can use the Submit button to send all the files listed to the carrier.
- 

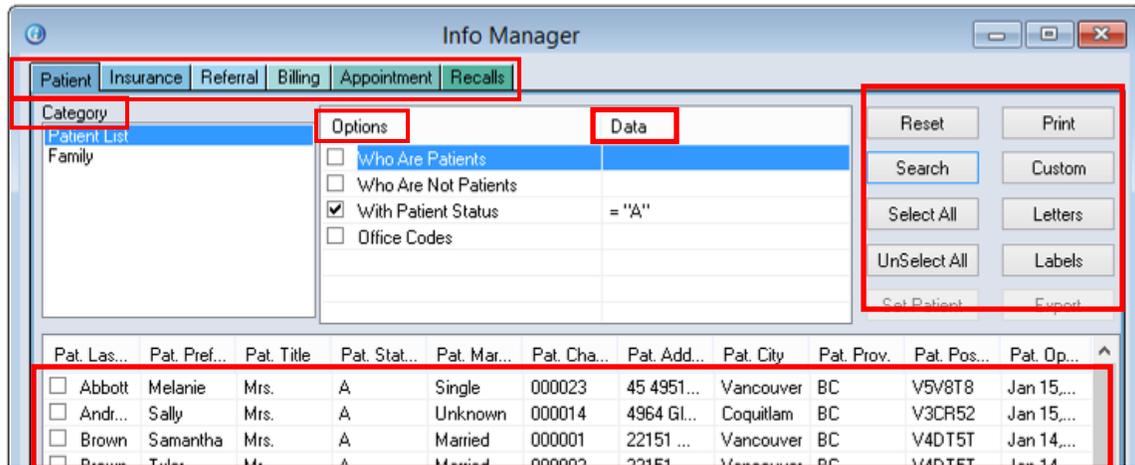


### 9.4 Transaction Module Minor Changes:

- Addressed issues related to reversing Coordination of Benefit claims.
- RAMQ/SYRA updated to utilize the latest XSD.
- Ortho Predetermination Forms can now be printed in French.
- Standard Dental Claim forms revised – S.I.N. no longer collected.
- Emailed statements will behave as expected regardless of Digital Printing settings selected.
- Future Appointments will now list in the proper chronological order on printed receipts.

## Lesson 10: Extras

### 10.1 Info Manager



#### Areas of the Info Manager

- **Tabs** representing the areas of the program that reports can be generated on.
- **Category** under those tabs. Choosing different tabs and categories will generate different report information. For example: Patient tab has Category choices of Patient List and Family.
- When you choose your report tab, and Category, you can choose a defined **Option**.
- Some **Options** will allow for **Conditional Criteria** that will show in the **Data** column if set.
- The report will display here after pressing the **Search** button.

#### The Buttons

**Reset** will remove the data displayed but will keep the columns chosen.

**Print** will print the report.

**Search** generates the report and displays the information.

**Custom** is used to create/save/edit reports that you plan on re-using.

**Select All** puts a check beside every line of your report.

**Letters** The new mail merge function for letters.

**Unselect All** will take the check off all your selections.

**Labels** create custom labels with mail merge.

**Set Patient** chooses the patient you have highlighted. Right Click options to open this patient in Patient File, Transactions, and Appointment Book.

**Export** the selected report information to Excel.

## Right Click Menu

Right-click in the body of the report to access this menu.

**Edit Report...** brings up a box that allows further customization of the current report.

**Save Report...** saves the options and criteria that you have for the current report.

**Save Report As...** save a report with your own description.

**Select Highlighted Rows** highlight specific rows, then choose this to put a tick beside them.

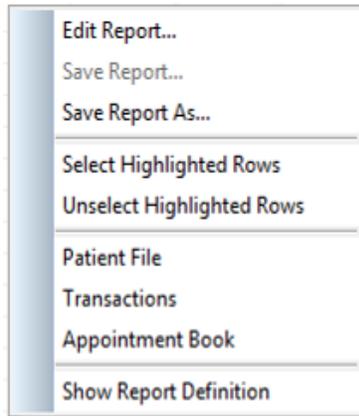
**Unselect Highlighted Rows** un-tick highlighted rows

**Patient File** will take you to the Patient File when **Set Patient** is selected.

**Transactions** will take you to Transactions when **Set Patient** is selected.

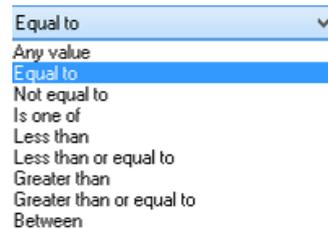
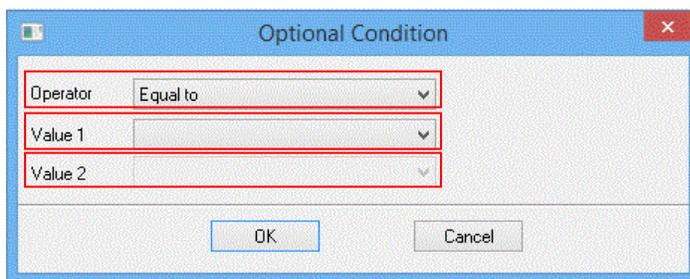
**Appointment Book** will take you to the Appointment Book (Scheduler)

**Show Report Definition** will open the Report Definition screen showing the criteria and conditions chosen for the current report.



## Optional Conditions

When you tick a selection in the **Options** box that requires a specific choice, like **Office Codes**, the **Optional Conditions** box will come up. Choosing an **Optional Condition** will add more definition to your report.



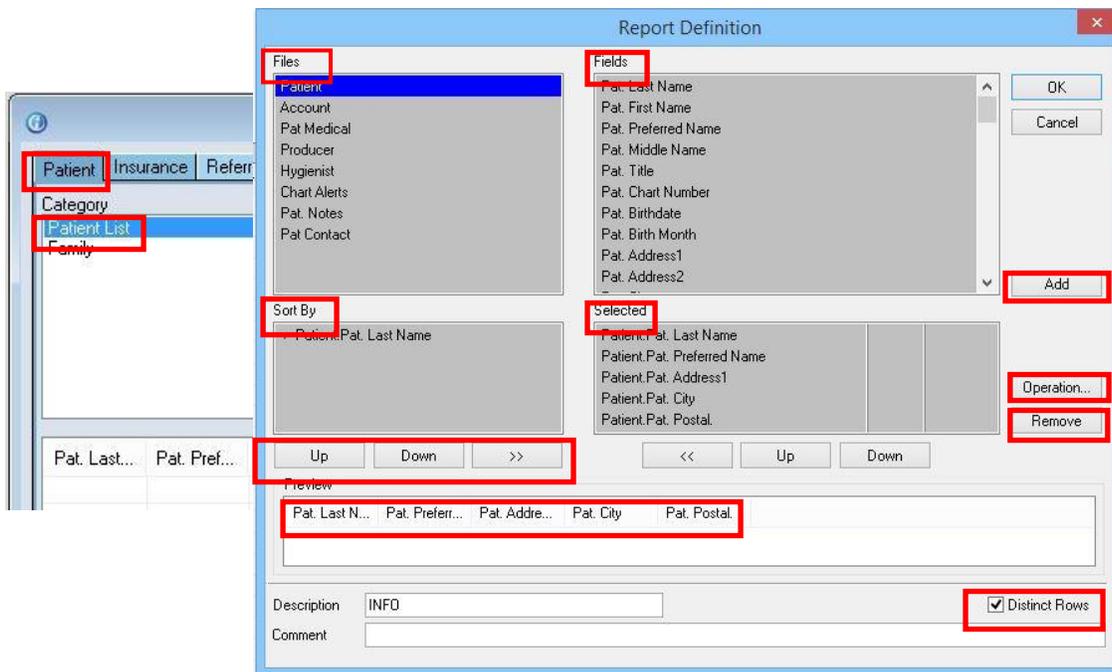
- **Operator** dropdown menu. Choose how you want the report to be filtered.
- **Value 1** dropdown menu. Choose the values related to the Operator you've chosen.
- **Value 2** dropdown menu. Will only activate when the Operator function chosen, such as Between, requires a second value to be chosen.

## Report Definition

The **Report Definition** box opens when you right-click in the body of the report screen and choose **Edit Report** or **Show Report Definition**. You will also see this box when you click on the **Custom** button. This is used to further define a report.

This screenshot shows the **Custom** button display after choosing the **Patient** tab and **Patient List**.

**Note:** the buttons, *Description* and *Comment* will not be available when choosing *Show Report Definition*.

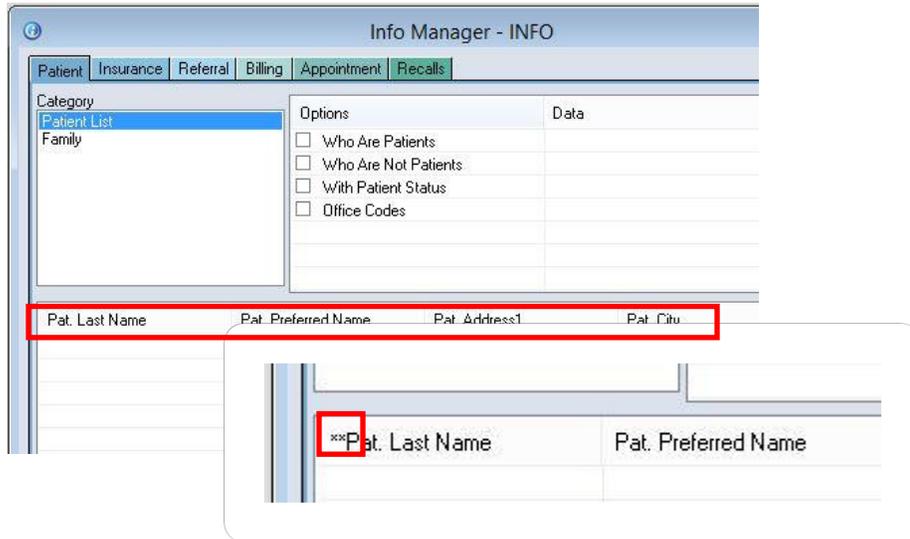


### Areas of the Custom Report Definition

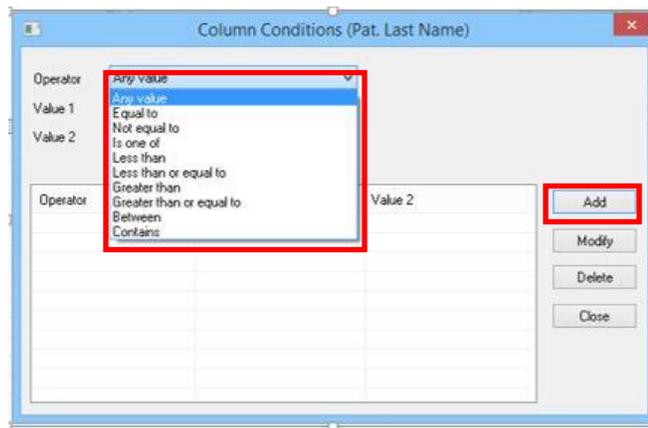
- **Files** within the **Patient** tab. Use these to customize your report.
- **Fields** will change depending on the File chosen. Double-click the field or press the **Add** button on the highlighted Field to add them to the **Selected** box. These display as column headers on the report.
- **Sort By** These are the available ways to sort your report. You can choose other options to **Sort By** from the **Selected** box.
- The **Up Down** and **>> <<** buttons will allow you to move information from **Sort By** to **Selected** and back again. You can also change their order with the **Up** and **Down** buttons.
- **Operation...** button for Column Operation. You can total by **Sum**, **Average** and more.
- **Remove** button will remove the highlighted item from the **Selected** box.
- **Preview** shows the column headers you will see on your report. These can also be modified by clicking on them, opening the **Column Conditions**.
- **Distinct Rows** Ticking this will make sure no duplicate rows are returned.

## Column Conditions

- When creating Custom reports, **Column Conditions** can be chosen by left clicking on a column name.
- When a **Condition** has been selected for a column, a double asterisk(\*\*) will show to the left of the column name.



- More than one condition can be added to a column. Make the selection with the **Operator** drop down and choose your values.
- Press the **Add** button.
- Make the next selection by choosing the **Operator**, entering in the **Value(s)** and Press the **Add** button. The conditions you add will be listed in the box.



## Creating Reports

Use the pre-defined reports built in to the Info Manager or generate custom reports. With each report you can choose the columns you want to see and which columns you want to have a count or sum for (if any).

### **TIP**

*Before creating the report, it is a good idea to have in mind what you want the report to show you.*

*What do you want the report to gather information on?*

*For example:*

- *A report showing all patients with incomplete crowns and planned appointments- showing the patient's name, the treatment and the planned appointment date.*
- *All direct insurance deposits for a month-showing deposit payee, the payment date and the total amount of each payee.*
- *How many exams were done in a 6 month period-showing the treatment code you are looking for, treatment date, treatment producer and treatment billing dr.*

## Pre-Defined Reports-Example 1

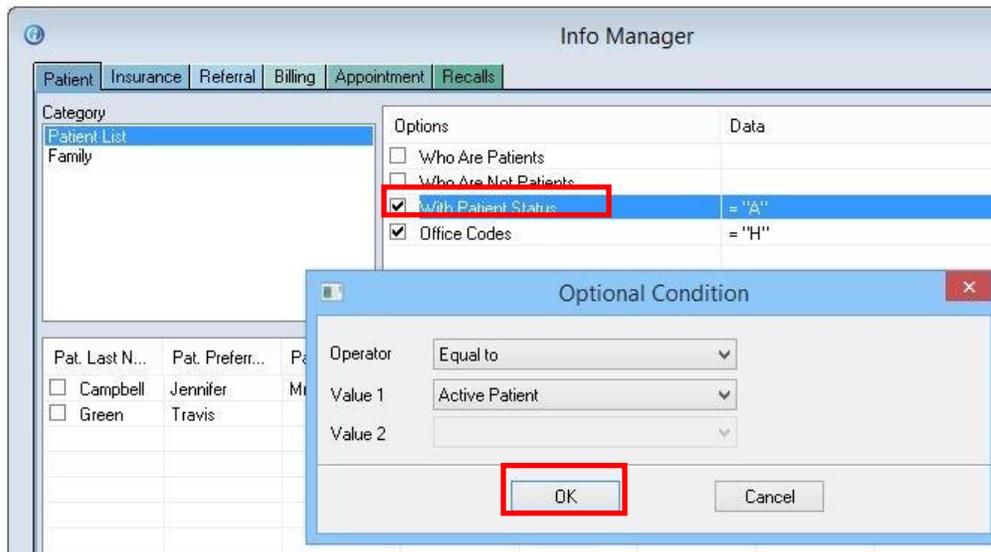
The screenshot below is an example of a report for all patients with the Office Code of "H" who have an Active patient status.

- Choose **Patient List** from the **Patient** tab.
- Under **Options** choose **With Patient Status** and **Office Codes**.

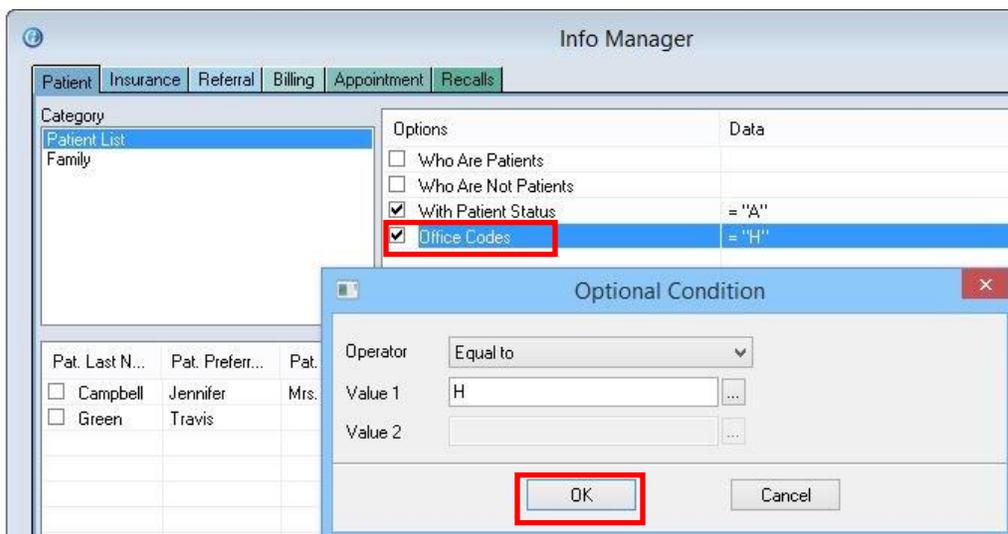
The screenshot shows the 'Info Manager' application window. The 'Patient' tab is selected, and the 'Patient List' report is chosen. The 'Options' section is configured with 'With Patient Status' and 'Office Codes' checked. The 'Search' button is highlighted. The main window displays a table of patient data.

Pat. Last N...	Pat. Preferr...	Pat. Title	Pat. Status	Pat. Marital	Pat. Chart N...	Pat. Address1	Pat. City	Pat. Prov.	Pat. Postal	Pat. Open
<input type="checkbox"/> Campbell	Jennifer	Mrs.	A	Separated	000022	1963 Lough...	Coquitlam	BC	V3K3T8	Jan 15, 20
<input type="checkbox"/> Green	Travis		A	Married	000015	1963 Lough...	Coquitlam	BC	V3K3T8	Jan 15, 20

- When you tick **With Patient Status** an **Optional Condition** box will open. Select the **Operator** Equal To and choose the **Active Patient** from the **Value 1** box. Press **OK**.



- When you tick **Office Codes** an **Optional Condition** box will open. Select the **Operator** Equal To and choose the **Office Code** from the **Value 1** box.
- Press **OK**.



- Click **Search**.

## Pre-Defined Reports—Example 2

The screenshot below shows an example of only those patients with “ABC” as the employer who are covered, including dependents.

1. Under the **Insurance** tab, choose **Policy Dependents**.
2. Under **Options** choose **Who Are Covered**.
3. Click on **Pol. Employer** and enter the employer name. If you choose **Contains** from the drop down, you can put in part of the employer name.
4. Click **Search**.

The screenshot displays the 'Info Manager - Policy Dependents' window. The 'Insurance' tab is selected, and 'Policy Dependents' is chosen in the category list. In the 'Options' section, 'Who Are Covered' is checked. The 'Pol. Employer' column in the data table is highlighted. A 'Column Conditions (Pol. Employer)' dialog box is open, showing 'Contains' as the operator and 'ABC' as the value.

Pat. Last Name	Pat. Preferred Name	Dep. No	Dep. Rela...	Dep. Covered	Dep. Pol. Holder	Dep. Deduct	Pol. Employer
<input type="checkbox"/> Brown	Samantha		2 Spouse	Yes	No	0.00	ABC Automotive
<input type="checkbox"/> Brown	Tyler		1 Self	Yes	Yes	0.00	ABC Automotive
<input type="checkbox"/> Jones	Brady						
<input type="checkbox"/> Jones	Chris						
<input type="checkbox"/> Jones	Chris						

## Custom Report-Example 1

This example will show all patients with a lab still in the Planned status with a planned treatment date after a specific date. It will also show a total amount for the treatment.

1. Choose the **Billings** tab and click on **Treatments**.
2. Click on the **Custom** button and click on **New**.
3. Highlight the category in **Files** then highlight the **Fields** that you want as columns and click the **Add** button after each one chosen. For this example, choose in the order listed:

*Treatment.Treat.Date*

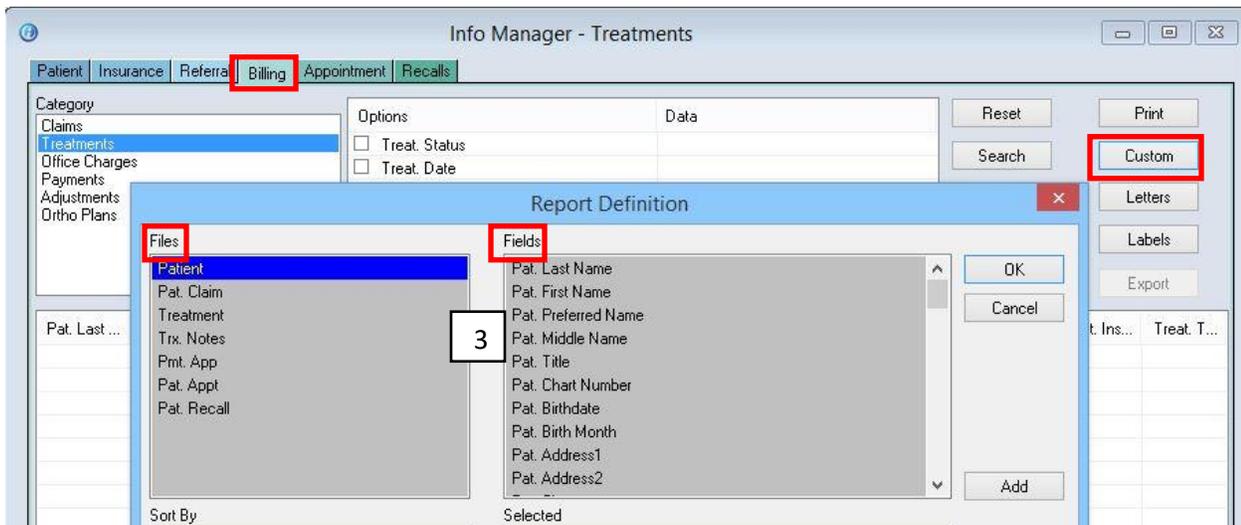
*Patient.Pat.Preferred Name*

*Patient.Pat Last Name*

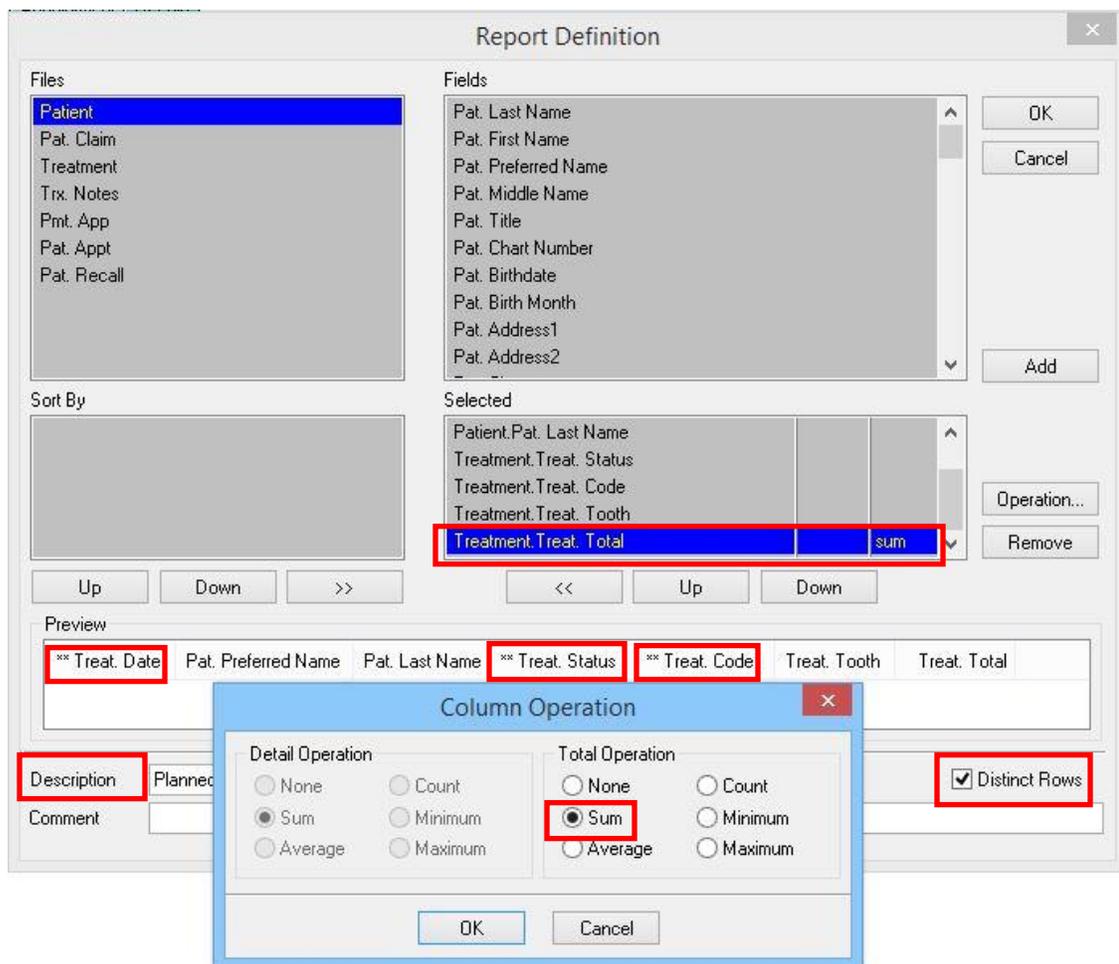
*Treatment.Treat. Status*

*Treatment.Treat. Code*

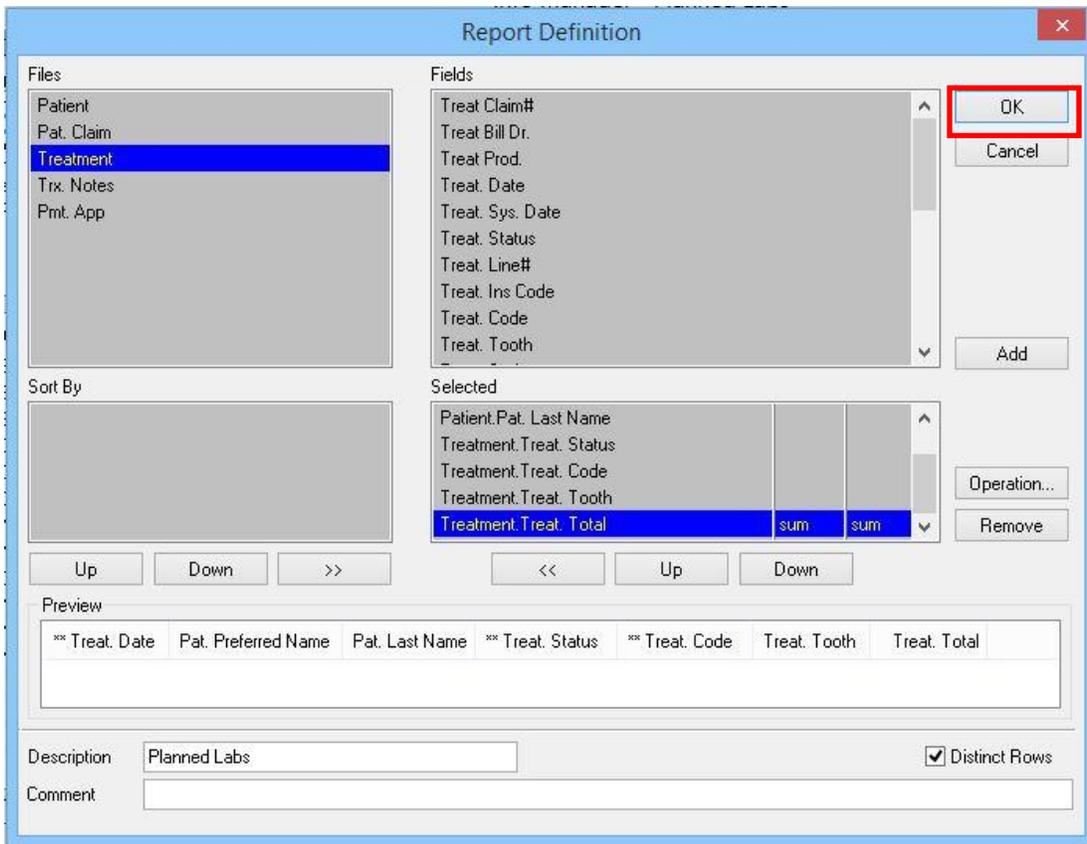
*Treatment.Treat. Total*



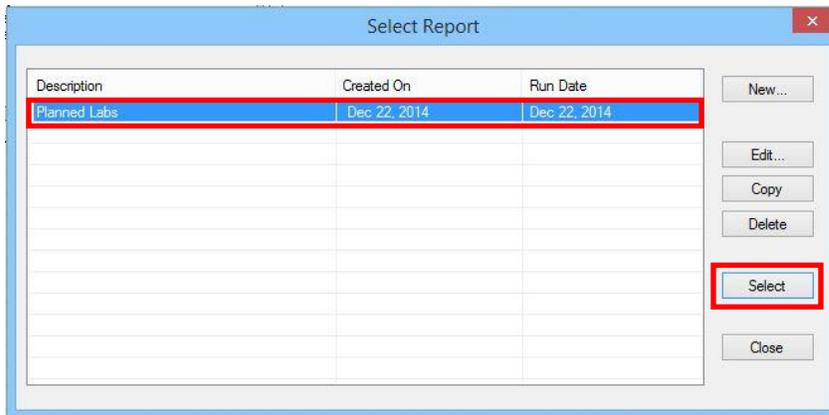
4. Highlight Treatment.Treat.Total in the **Selected** box and click on the **Operation...** button. Choose **Sum**.
5. Click on Treat.Date in the Preview and choose **Greater Than** in the **Operator** drop down and enter a date for **Value 1**. Click **Add** and **Close**.
6. Click Treat.Status in the Preview and choose **Equal to** from the **Operator** drop down and type a **P** (for planned treatment) in **Value 1**. Click **Add** and **Close**.
7. Click on Treat.Code and choose **Between** in the **Operator** drop down. In **Value 1** type in **L00000** and **Value 2** type **L99111**. Click **Add** and **Close**.
8. Give the report a **Description** and tick **Distinct Rows**.



*Note: this example does not change the sort order. You can choose a specific sort order by highlighting a line from the Selected box and moving it to the Sort By box by clicking on the << button underneath the column.*



- Press **OK**.



- Highlight the report just created and press **Select**.
- Click the **Search** button.

Your report should look like the one below.

- Note the asterisks beside the column headers. This means specific conditions for these have been chosen.
- Only the lab codes are displayed.
- There is a total amount (patient and insurance combined) for the treatment displayed.

Info Manager - Planned Labs

Patient Insurance Referral Billing Appointment Recalls

Category: Claims, **Treatments**, Office Charges, Payments, Adjustments, Ortho Plans

Options:  Treat. Status,  Treat. Date,  Treat Bill Dr.,  Treat Prod.

Buttons: Reset, Search, Select All, UnSelect All, Set Patient, Print, Custom, Letters, Labels, Export

<input type="checkbox"/>	* Treat. Date	Pat. Preferred Name	Pat. Last Name	* Treat. Status	* Treat. Code	Treat. Tooth	Treat. Total
<input type="checkbox"/>	Sep 15, 2014	Rochelle	Williams	PN	L27201	16	228.60
<input type="checkbox"/>	Sep 25, 2014	Chris	Jones	P	L27215		0.00
<input type="checkbox"/>	Sep 25, 2014	Chris	Jones	P	L27215		100.00
<input type="checkbox"/>	Oct 14, 2014	B	Davies	P	L27201	13	228.60
<input type="checkbox"/>	Oct 16, 2014	Jennifer	Campbell	PN	L27211	12	0.00
<input type="checkbox"/>	Oct 30, 2014	Jennifer	Campbell	P	L27211	12	0.00
<input type="checkbox"/>	Nov 06, 2014	Samantha	Brown	P	L27301	14	175.60
<input type="checkbox"/>	Nov 06, 2014	Samantha	Brown	PN	L27211	28	0.00
<input type="checkbox"/>	Oct 09, 2014	Jennifer	Campbell	P	L27301	43	175.60
<input type="checkbox"/>	Nov 19, 2014	John	John	PN	L27211	14	0.00
<input type="checkbox"/>	Nov 19, 2014	Rochelle	Williams	PN	L27201	12	228.60
<input type="checkbox"/>	Nov 19, 2014	Rochelle	Williams	PN	L27211	13	0.00
<input type="checkbox"/>							
<input type="checkbox"/>							1,134.00

## Custom Report-Example 2

This example will show patients referred out to a specific Dr and on what date.

1. Choose the **Referral** tab and click on **Referrals To**.
2. Click on the **Custom** button and click on **New**.
3. Highlight the category in **Files** then highlight the **Field** that you want as columns and click the **Add** button after each one chosen. For this example, choose in the following order:
  - Patient.Pat. Last Name*
  - Patient.Pat. First Name*
  - Refer To.Ref. To First Name*
  - Refer To.Ref To Name*
  - Pat. Ref.Pref. Date Out*
4. Highlight Patient.Pat.Last Name and click on the **Operation...** button. Choose **Count**.
5. Click on **Refer To.Ref. To Name** and choose **Equal To** in the **Operator** drop down and enter a referral name in **Value 1**. Click **Add** and **Close**.
6. Give the report a **Description** and tick **Distinct Rows**.

The Report Selections will look like the following screenshot.

Click **OK**.

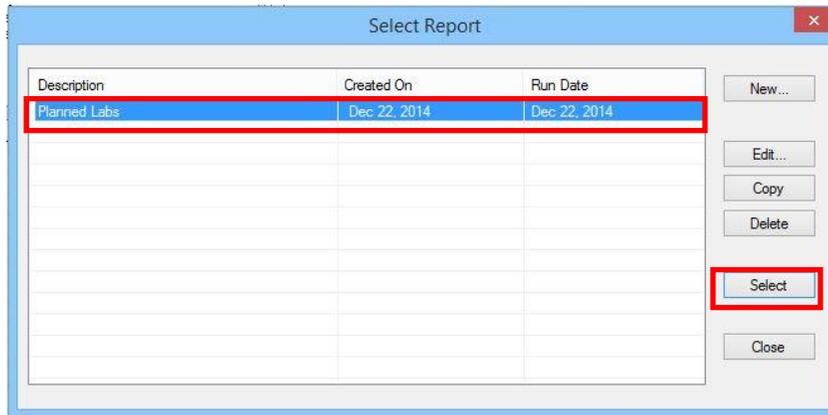
The screenshot shows the 'Report Definition' dialog box with the following configuration:

- Files:** Pat. Ref (selected)
- Fields:** Proc. Type, Pref. Date Out, Pref. Date Due, Pref. Comment, Pref. Letter Date, Pref. Letter Desc, Pref. Dr. Specialist 1, Pref. Dr. Spec. 2 Type, Pref. Dr. Specialist 2, Pref. Dr. Spec. 2 Type
- Sort By:** (Empty)
- Selected:**

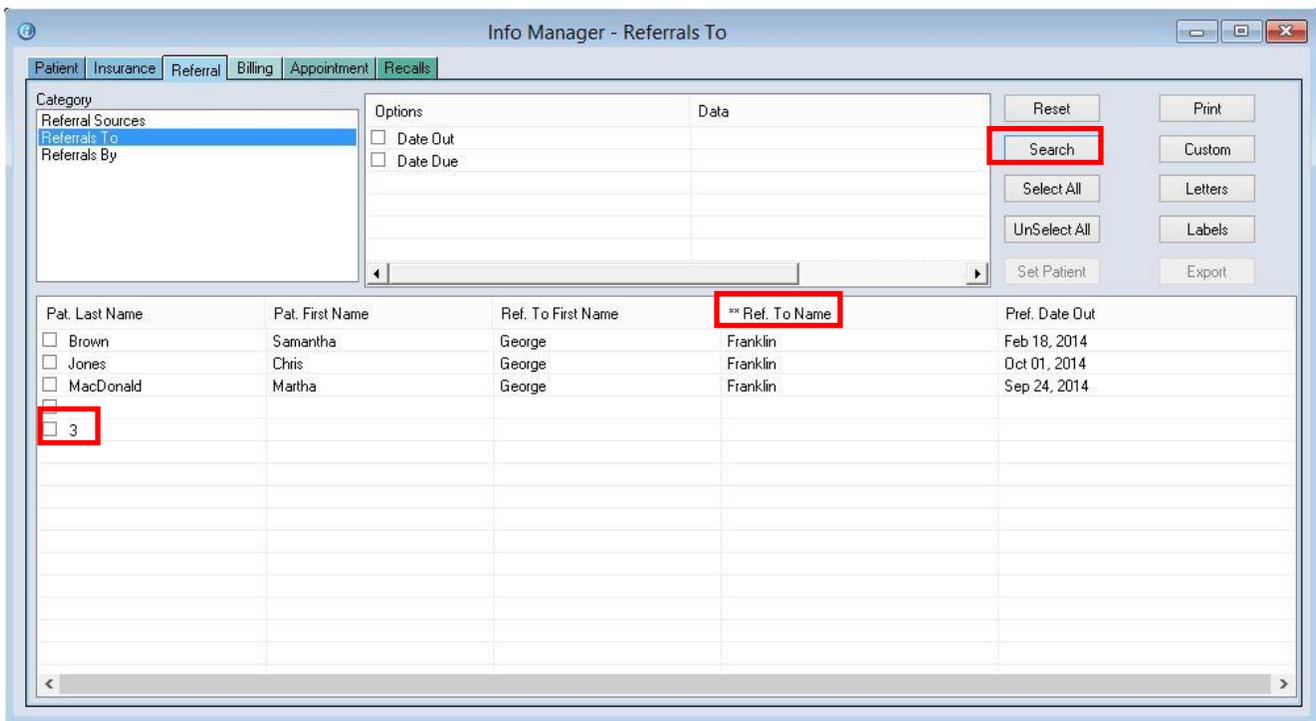
Field	Operator	Value 1	Value 2
Patient.Pat. Last Name	Count		
Patient.Pat. First Name			
Refer To.Ref. To First Name	Equal To		
Refer To.Ref. To Name			
Pat. Ref.Pref. Date Out			
- Preview:**

Pat. Last N...	Pat. First N...	Ref. To Fir...	** Ref. To Name	Pref. Date Out
- Description:** Referrals To
- Distinct Rows:**

- Highlight the report just created and press the **Select** button.



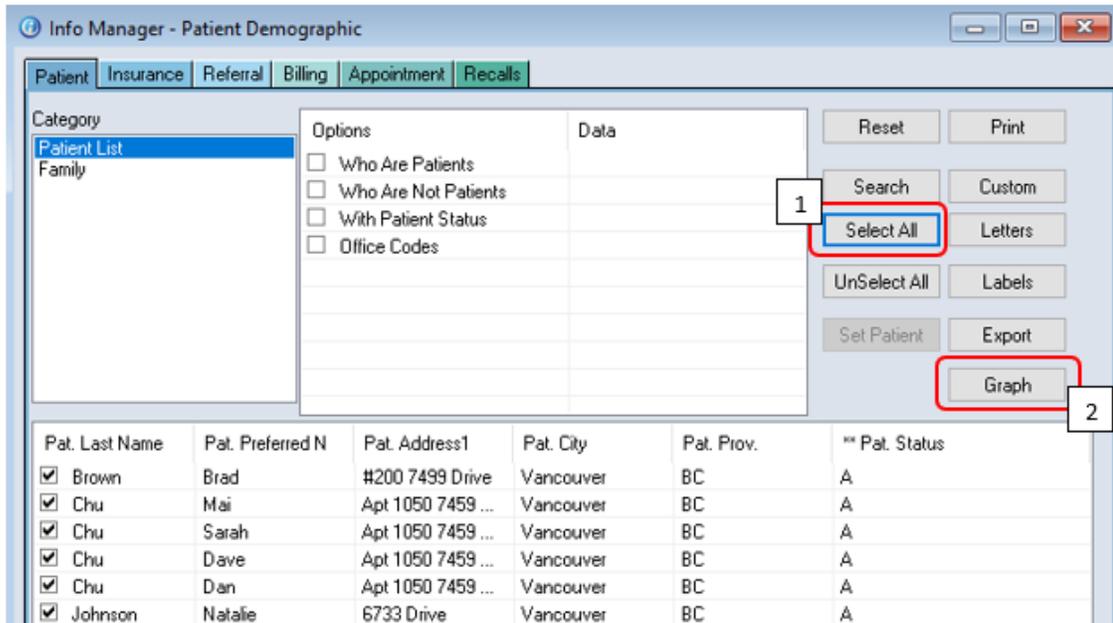
- Click the **Search** button. The report will show the data related to your customized report.
- Note the asterisks beside the column names.
- There is a count under the **Pat.LastName** column.



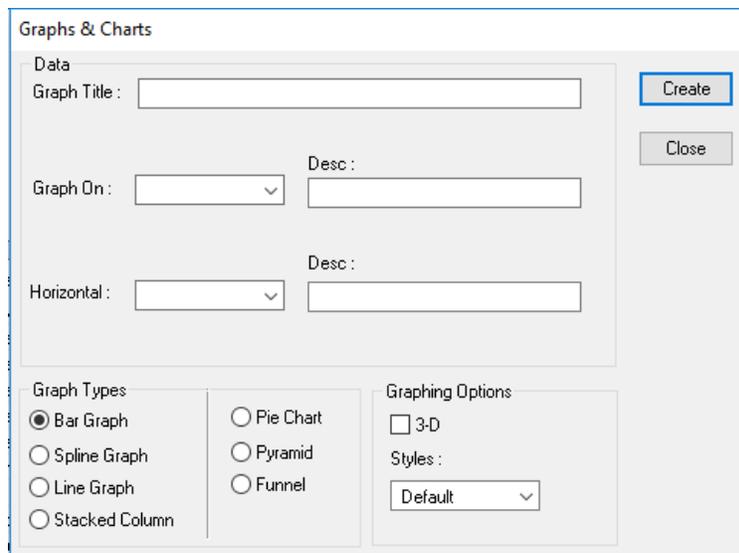
## Info Manager Graphs

Graphs can be generated from the Info Manager.

1. Create your own report then select the rows to graph or click the **Select All** button to select the whole report.
2. Select the **Graph** button.



3. Design your graph with the options available including 3D Graphing Options.
4. Select the **Create** button to see the graph.







## 10.2 Medication Manager

Online Video: [Medications Module \(Video\) - Power Practice](#)

The Medication module was added in version 5.0. It provides a unified health history profile for your patients. You can find this module under the Patient dropdown menu in the upper left of the program.

George Washington (00463)

Medical: AI1: AC, AI2: AR, AI3: , AI4: , AI5: . Patient has severe Arthritis. Patient may seek support when needed. Premeds must be taken before any major procedures!

Pharmacy: SHOP, Name: Shoppers on 10th, Phone #: 604 123-4567

Requires Premeds:  Update Date: 07/08/2021

List in Chronological Order

Code	Description	Comment	PreMed	Date/Time Modified
AMD	AMOXICILLIN ...		Y	Jul 08, 2021 07:48A
ECITA	Ecitalopram	10 mg, taken twic...	N	Jul 08, 2021 07:47A

Date	Time	Description
Jul 08, 2021	07:48:19 AM	Rx: AMOXICILLIN 500 MG 12 TABLE...

Date	Code	Description	Comment
07/08/21	RXAC	Acetaminophen Allergy	
07/08/21	HAAJ	Artificial Joints Orthopedi...	Knee surgery 2019 June

Gathering information that used to be scattered around the patient file, the new Medications Manager makes tracking patient health history a much simpler affair.

### Alerts:

- Alerts 1-5 are the standard alerts previously found in the patient's Medical tab.

### Pharmacy:

- The pharmacy information area has also been included in this module to further simplify medical information entry.

### Medications:

- New to Power Practice, you can now track patient Medications and include detailed notes about them.

### Prescriptions:

- The traditional Prescriptions function has also been migrated to this new module.
- You can also set your prescription to automatically add the information to the Medications list.

### Chart Alerts:

- If your clinic uses the Power Chart module, the Chart Alerts system included will also be accessible from here.
- If you do not have Power Chart, this button will be grayed out.

Prescription Pad - George Washington - (\*M289) - 004693

Print practice name? or  Print practice logo?  Print License?  Print Gender?

Prescription Comment: AMOXICILLIN 500 MG 12 TABLETS. Take 4 tablets 1 hour before treatment

Add comment as a Patient Clinical Note?  Add to Medications?  Add as PreMed?

Optional Information: Col 1, Row 14; Col 1, Row 26; Col 1, Row 27

Disp: 0, Refills: 0, Generic Substitution Permitted?

Use Signature Options

Pad Size:  Full Page  Quarter Page

Copies: 1









## Lesson 1: Understanding Insurance Policies

### 1.1 Adding a Policy

Add Existing Policy – Cherry Walker:

- Employer: Spectra Systems
- Insurance: SUN Policy Holder  
Group # 55669 Policy ID# 652279  
Coverage: 100%Basic, 50%Major, 50%Ortho  
Combined Limit: \$1500.00 yearly (Patient)  
Patient Deductible: \$25.00

Add New Policy - Ryan Walker:

- Employer: AllWest
- Insurance: Manulife Policy Holder  
Group # 8907 Policy ID# 12345  
Coverage: 100%Basic, 75%Major, 50%Ortho  
No Limits or Deductibles

### 1.2 Updating Frequencies, Limits, and Deductibles

Edit Policy – Ryan Walker:

- Add: 1x per 9 rolling months frequency for Recalls, Polish, and Fluoride (new fluoride codes 12111-12114)
- Add: \$25 Deductible
- Add: \$3000 Combined yearly limit
- Update Ryan's Remaining Combined Limit to \$2300 set to roll over for Jan 1, 2019
- Update the Deductible to reflect that the patient already paid it this year at another office

Edit Policy – Cherry Walker:

- Add \$2500 lifetime Ortho limit
- Ensure all dependents have their reset dates set to roll over for Jan 1, 2019

### 1.3 Insurance Outstanding Report

- Run the report and assess if any claims are unbilled

## Lesson 2: Treatment Management

### **2.1 Treatment Proposals**

- Add Treatment Proposal for Ryan Walker from the Power Practice Module
  - Option 1: 17 exo (71211)
  - Option 2: 17 RCT with Occlusal Comp Resto (33141, 23321)
  - Option 3: 17 RCT with Crown (33141, 27211)
- Add a title for each proposal with the units of time for the appointment
- Add a treatment note for the RCT pre-authorization for option 2 (ins covering %50) and option 3 (ins covering %50)
- Change proposal statuses to in review
- Change statuses to reflect patient acceptance of option 3
- Run Report of all New and In Review Proposals

### **2.2 Planned Treatment Management**

- Add 24 Crown (27211) and 25 Comp MOD (23313) as planned treatment for Cherry Walker
- Select Yes under the submit claims option in the treatment flow box
- Update the 24 Crown status to Approved and adjust the splits so the Sunlife insurance portion is \$300
- Use the Treatment Planner and separate the 24 Crown to create an estimate with only the Crown

### **2.3 Treatment Status Report**

- Run the treatment status report for Planned Claim Status only
- Find Cherry Walker and select patient
- Change the 24 Crown status to Booked

## **Lesson 3: Recall Lists**

### **3.1 Recalls Due and Not Booked**

- Create a recall list for active patients due and not booked from June 1, 2019 to June 30, 2019
- Select Cherry Walker and go to the patient profile to ensure the recall is not booked already and just not linked
- Link the recall appointment to the recall line

### **3.2 Recalls Pre-Booked**

- Create a report of all booked recalls from Feb 1, 2019 to Feb 28, 2019

### **3.3 Overdue Recalls**

- Create a list of all patients due from Jan 1, 2010 to Jan 31, 2019

### **3.4 Patients Not on a Recall List**

- Create a report of all active patients not on a recall list

## Lesson 4: Payments

### **4.1 Insurance Underpayment**

- Add an insurance payment for Tom Lawrence for \$414.00 (claim 000056)
- Transfer the balance to the patient

### **4.2 Insurance Overpayment**

- Add an insurance payment for Laura Dray for \$327.90 (claim 000041)
- Leave as a held payment

### **4.3 Bulk Insurance Cheque**

Enter a bulk insurance payment for Manulife

- Add an insurance payment for Ella Young for \$65.84 (claim 000052)
- Add an insurance payment for Ashton Young for \$200.24 (claim 000050)
- Add an insurance payment for Ashton Young for \$62.64 (claim 000051)
- Add an insurance underpayment for Hanz Young for \$112.52 (claim 000047) and transfer balance to the patient
- Add an insurance overpayment payment for Hanz Young for \$1420.00 (claim 000048) and leave as a held payment

## **Lesson 5: Adjustments**

### **5.1 Bulk Insurance Debit**

- Perform a BID for the \$284.00 overpayment for Hanz Young from the previous lesson (claim 000048)

### **5.2 Transfer Balance**

- Perform a Transfer Balance for Laura Dray from the overpayment due to inaccurate splits that you entered in the last lesson (claim 000041)

### **5.3 Refund Payments**

- Perform a refund adjustment for Byron Stanley for the payment for claim 000054
- Perform a partial held reversal for Laura Dray for the incorrect insurance payment

## Lesson 6: Managing Financials

### **6.1 Processing Held Payments**

- Run the Month End Task of Process Held Payments
- Allocate any held payments

### **6.2 Accounts Receivable Manager**

- Generate an A/R report from the A/R Manager
- Perform a Fee Write Off adjustment for Melanie Abbott

### **6.3 Statements**

- Print Statements for all overdue accounts