DENTRIX

Dentrix G7.6

RELEASE GUIDE

Includes information about new features, enhancements, and fixes in the following versions of Dentrix:
G7, G7.1, G7.2, G7.3, G7.3 Update 1, G7.4, G7.4.5, G7.5, G7.6

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Dentrix G7.6

Overview and New Features

This Dentrix G7.6 Release Guide provides information about the Dentrix G7.6 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.6.

Note: For information about using the new features in Dentrix G7.6, refer to "Using the New Features and Enhancements" in this section of the Release Guide. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7.6 includes the following enhancements:

LARGER FONT SIZES

You can now choose larger font sizes in multiple note areas including: Clinical notes, Ledger payments and adjustments, Perio exam information, Insurance Plan notes, Questionnaire setup, and more.

SILENT AUTOMATIC UPDATES

You can now set Dentrix to download and install updates automatically at a specific time and day of the week.

DENTAL SAVINGS PLANS BY DENTALPLANS.COM

You can now easily enroll your uninsured patients in a dental savings plan from :DentalPlans.com, including online patient eligibility verification. Look for the :DentalPlans toolbar button in the Treatment Planner to learn more about increasing case acceptance rates with dental savings plans.

MISCELLANEOUS

- High resolution monitors are now supported.
- The eEOB service is now branded Electronic Remittance Advice or ERA.
- The Service Facility Location (box 32) is now populated on Medical Claim Forms for printed and electronic claims.
- Workstations now store the server's IP address to avoid network resolution slowing issues.
- Additional performance enhancements were made.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release.

Larger Font Sizes

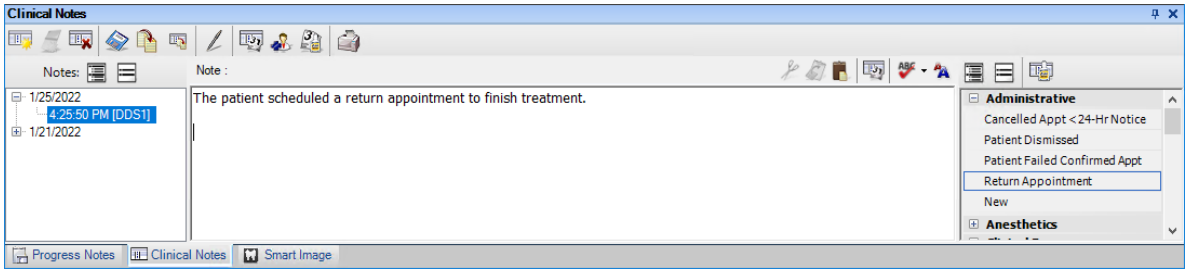
You can now increase the font size of various kinds notes to make them easier to read.

SELECTING A LARGER FONT SIZE

To select a larger font size

1. In the Patient Chart, click the **Clinical Notes** tab.

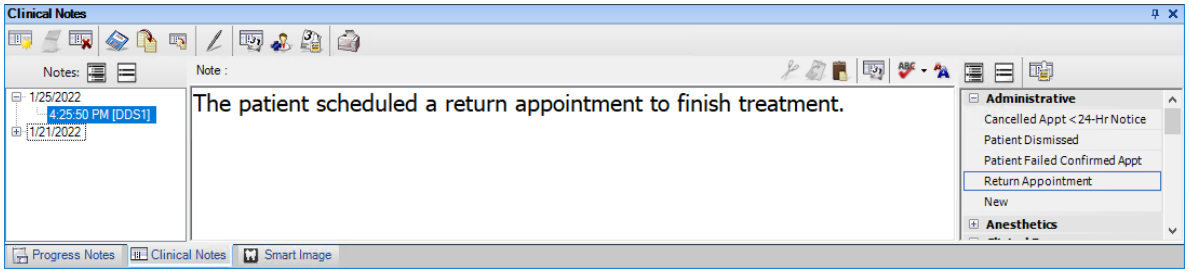
   The **Clinical Notes** panel appears.



2. To select a larger font, click the Display Font Size toolbar button , and then click one of the following options:

   - X-Large
   - Large
   - Medium
   - Small (Default)

   The font size changes.



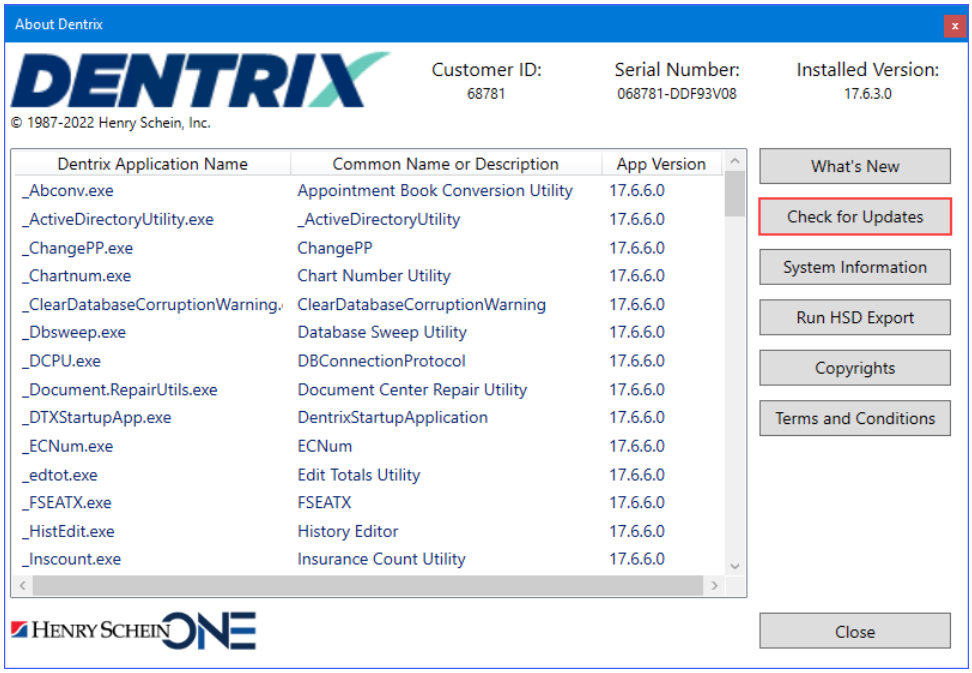
Silent Automatic Updates

You can set the Update Manager to download and install updates automatically at a specific time and day of the week. Automatic updates will be downloaded and installed on all computers connected to the Dentrix database according to your customized schedule.

To download and install updates automatically

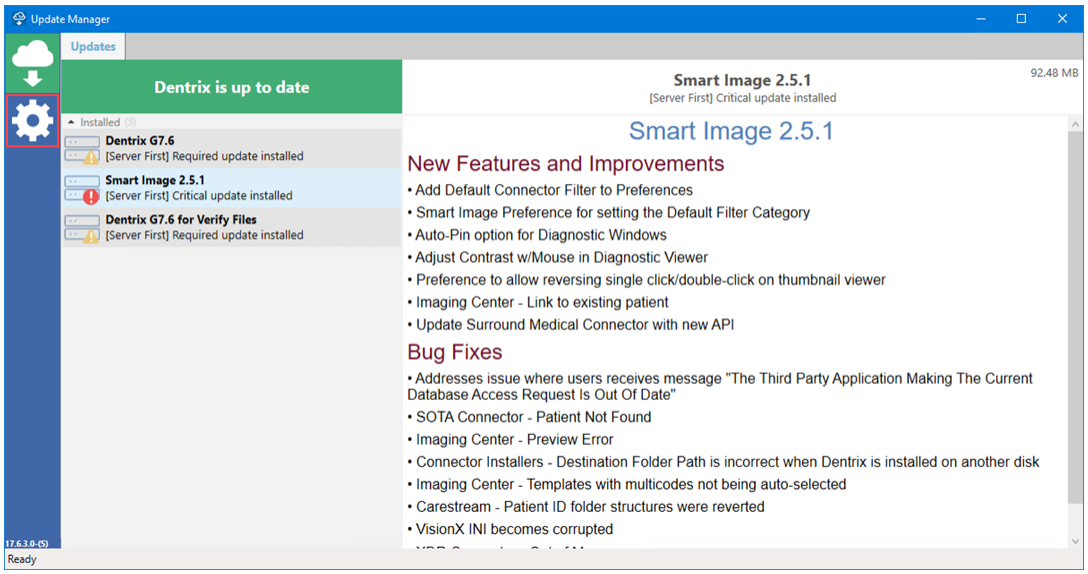
1. In a Dentrix module, click **Help**, and then click **About Dentrix**.

   The **About Dentrix** window appears.



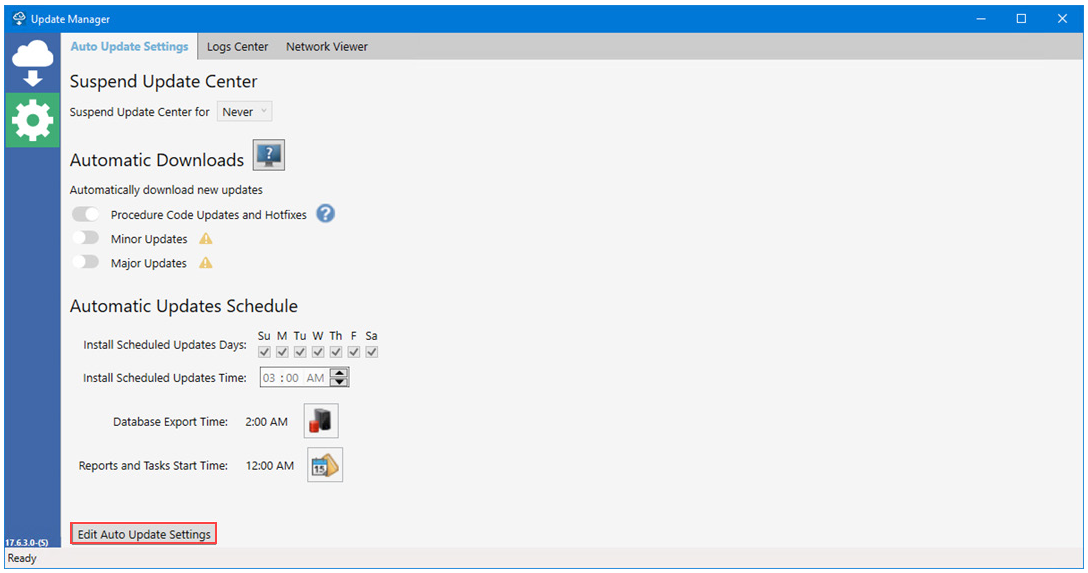
2. Click **Check for Updates**.

   The **Update Manager** appears.



3. Click the Settings button.

   The **Auto Update Settings** tab appears.



4. Click **Edit Auto Update Settings**.
5. As necessary for your practice, modify any of the default update settings:
   - **Suspend Update Center for** – **Never** (default), **Week**, **Month**.
   - **Procedure Code Updates and Hotfixes** – (Default) Install automatically within 24 hours of their release at the time of day you select.
   - **Minor Updates** – Reset to install automatically. (May run a database conversion. Back up your database regularly.)
   - **Major Updates** – Reset to install automatically. (May run a database conversion. Back up your database regularly.)
   - **Install Scheduled Updates Days** – Select the days to update.
   - **Install Scheduled Updates Time** – Select the hour of the day to update.

     Note: Must be a minimum of 30 minutes from the Database Export Time or the Reports and Tasks Start Time to avoid interfering with these processes.

   - **Database Export Time** – Click the icon to open the Server Administration utility, so you can set the time that updates install automatically.
   - **Reports and Tasks Start Time** – Click the icon to open the Reports and Tasks Scheduler, so you can set the time reports and tasks begin.

Dental Savings Plans

You can now enroll your uninsured or under insured patients in a dental savings plan from :DentalPlans.com. Through the :DentalPlans.com portal, you can:

- **Purchase Plans** – Increase treatment plan acceptance rates by enrolling your uninsured and under insured patients in a dental savings plan.
- **Verify Eligibility** – Verify your patients' plan membership eligibility.
- **Learn More** – Learn more about how to reach new patients and reactivate dormant ones and how dental savings plans benefit you and your patients.
- **Order Free Brochures** – Grow your practice with free patient marketing materials.

  Note: The Free Patient Marketing Program is a turnkey marketing program. This program gives your practice new and easy ways to increase treatment plan acceptance and revenue, motivate inactive patients to return to your practice, and attract new patients.

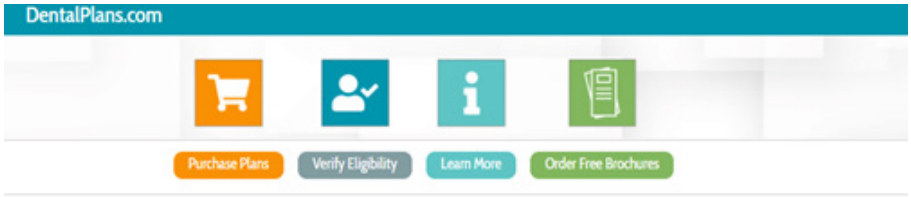
To open the :DentalPlans website

1. In the Treatment Planner toobar, click the :DentalPlans toolbar button.

   The :DentalPlans landing page opens.

2. Select a plan that you already participate in to enroll your patients in.

   Note: If you don't currently accept dental savings plans, use the portal to learn more and submit your application.



ENROLLING PATIENTS IN A DENTAL SAVINGS PLAN

From the :DentalPlans.com landing page, you can enroll your uninsured or under insured patients in a dental savings plan.

To enroll a patient in a dental savings plan

1. Select the provider from the list.
3. Select the plan that best meets your patient's needs (one of your office's preferred plans).

   Notes:

   - Patients can join individual or family plans.
   - You can print a plan brochure for patients to learn more and join later.
   - You can send a plan brochure through an email message.
   - You can select up to 5 plans as your practice's preferred plans.



3. Enter member information, including the patient's name, address, date of birth, email address, and so on.
4. To complete the enrollment process, enter the patient's credit card information.

   Note: After the enrollment process is complete, members will receive information about their plan through an email message that includes the following:

   - Order confirmation
   - Password reset for the online Member's Area
   - Welcome letter
   - Membership card

VERIFYING A PATIENT'S ELIGIBILITY

You can verify the eligibility of patients who already have a dental savings plan.

To verify a patient's eligibility

1. Select the dentist the patient is seeing.
2. Enter the patient's Member ID # and the last name of the primary member.

   Note: The Member ID # appears on the front of the patient's membership card. If you are verifying patients enrolled in a family plan, submit each patient separately.

   If the savings plan is active, the member's name, plan, and expiration date appear. If the plan is inactive, have the patient call (800) 494-9294 to renew his or her plan.



What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7.6 release:

- In the Appointment Book Month View, selecting a day would set treatment-planned procedures complete. This has been fixed.
- Patient's names that should have appeared on the Continuing Care List did not. This has been fixed.
- New patient addresses were not saved correctly. This has been fixed.
- The Reports and Task Scheduler ran immediately following a new install. This has been fixed.
- The Update Manager did not always automatically update. This has been fixed.
- eTrans users could not use special characters in usernames and passwords. This has been fixed.
- Automatically Include Attachments settings set in the Ledger were not being used in Batch Insurance Claims. This has been fixed.
- The Provider Credit Balances Manager skipped archived heads of household. As a result, some providers were excluded. This has been fixed.
- Verify billing statements included the first 700 statements only, but the preview included the full number. This has been fixed.
- Inactivating a provider failed if special adjustments were posted to the provider for a patient who was not the head of household. This has been fixed.
- Daily Collections incorrectly included a provider of a split payment. This has been fixed.
- Claims did not appear in the Secondary Insurance Claims Not Created Report if the patient's secondary insurance was changed. This has been fixed.
- The Log File did not appear after running CDT Update and then clicking **View Log File**. This has been fixed.

Dentrix G7.5

Overview and New Features

This Dentrix G7.5 Release Guide provides information about the Dentrix G7.5 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.5.

Note: For information about using the new features in Dentrix G7.5, refer to "Using the New Features and Enhancements" in this section of the Release Guide. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7.5 includes the following enhancements:

IMPROVEMENTS TO MONTH END

- New task buttons were added to the **Reports and Tasks Scheduler** dialog box for easier access to run, suspend, resume, edit, and delete scheduled tasks.
- Month End will always run at the selected time.
- The **Month End** dialog box was added to the **Reports and Tasks Scheduler** dialog box, so you can run Month End with a single mouse click.
- Warning and success icons were added to the **Reports and Tasks Scheduler** dialog box, so you can quickly determine which reports may need to be rerun.
- A warning appears if any reports could not run because of a problem. A reminder of the warning appears once a day.
- You can now use the new **Open Modules** dialog box to check for any open Dentrix modules.

APPOINTMENT BOOK

- You can now use the **Open Office** option in the **Schedule Calendar for Practice** dialog box to open the office on a day that the office is usually closed.

IMPROVEMENTS TO ERA (EEOB)

- A column (**Sec**) was added to the **Batch Insurance Payment Entry** dialog box to indicate that a patient has secondary insurance.
- Descriptions of insurance payments in the Ledger are now more descriptive (Electronic, Check, or Credit Card).
- The eEOB full and split payment amounts are displayed for multi-site offices.

  Note: This feature is available on request. Please contact Henry Schein One Customer Support to enable this feature.

HEALTH HISTORY PERMISSIONS

The permissions for Health History were modified. When you enable passwords, you can use these new permissions to better control who on your staff can make changes to your patients' health histories. If you do not use passwords, you do not need to set permissions.

Note: If your staff members currently have permissions to the previous Health History Add/Edit permissions, the new permissions will be granted to them automatically.

The new permissions are as follows:

- Health History Patient, Add – Add Health History items to patients, such as medications, allergies, medical conditions, and prescriptions.
- Health History Patient, Edit – Edit a patient's Health History items, including adding notes to alerts.
- Health History Patient, Delete – Delete a patient's Health History items.
- Health History Setup, Add – Add Health History items in the **Health History Setup** dialog box.
- Health History Setup, Edit – Edit Health History items in the **Health History Setup** dialog box.
- Health History Setup, Delete – Delete Health History items in the **Health History Setup** dialog box.
- Health History Setup, Open – Open the **Health History Setup** dialog box.
- Health History, Open – Open Health History.

UPDATE MANAGER

- Notifications now appear in the lower right corner of your screen when an update is available.
- You can now set an option to download and install updates automatically to all computers connected to the Dentrix database.
- A new Log Center provides you with quick access to all log files.
- A new Network Viewer displays all computers currently connected to the Dentrix database.

MISCELLANEOUS

- The eServices Eligibility Check icon (E) now opens your default browser instead of Internet Explorer only.
- Updates to the Totals records are less likely to be interrupted when you run month end and other processes, thus reducing or eliminating the need to run the recalculation utility.
- The Lane 3000 payment device now supports EMV chip and PIN; EMV chip and magstripe transactions; and an extensive range of contactless NFC, mobile wallet, and alternative payment methods.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release.

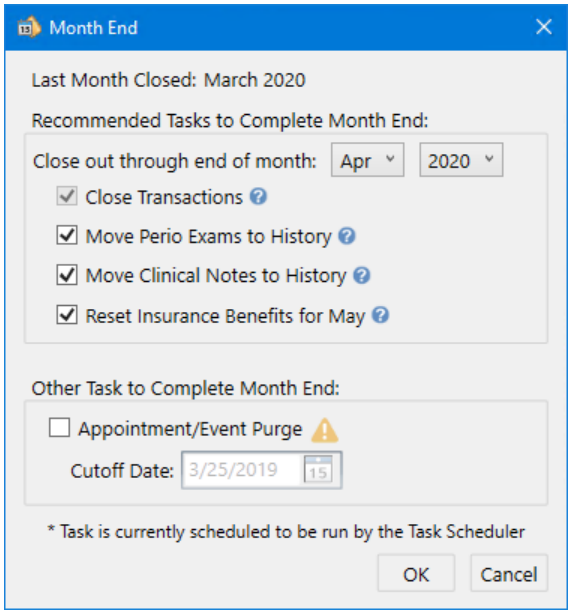
Month End Improvements

You can now run month end by clicking **Close Month** in the Ledger. The **Reports and Tasks Scheduler** dialog box has been modified to simplify scheduling and running reports and tasks.

To run month end

1. In the Ledger, click **Close Month**.

   The **Month End** dialog box appears.



2. The options under **Recommended Tasks to Complete Month End** are selected by default if they aren't already scheduled in the Reports and Tasks Scheduler. An asterisk denotes a scheduled task. You can clear all of the options except **Close Transactions**.
   - **Close out through end of month** – Select the month and year.

     Note: You cannot close out the current month. You must wait until the first day of the following month.
   - **Close Transactions** – Closes all transactions up to the end of the selected month.
   - **Move Perio Exams to History** – Moves all periodontal exams up to the end of the selected month to history. You can no longer edit periodontal exams once they are moved to history.
   - **Move Clinical Exams to History** – Moves all clinical exams up to the end of the selected month to history. You can no longer edit clinical exams once they are moved to history.
   - **Reset Insurance Benefits for May** – Resets insurance plan benefits that renew for the selected month. (The month changes according to the month closed. For example, if the month closed was April, insurance benefits would be reset for May.)
3. To remove all appointments up to the selected date, under **Other Task to Complete Month End**, select **Appointment/Event Purge**, and then set a cutoff date.
4. Click **OK**.

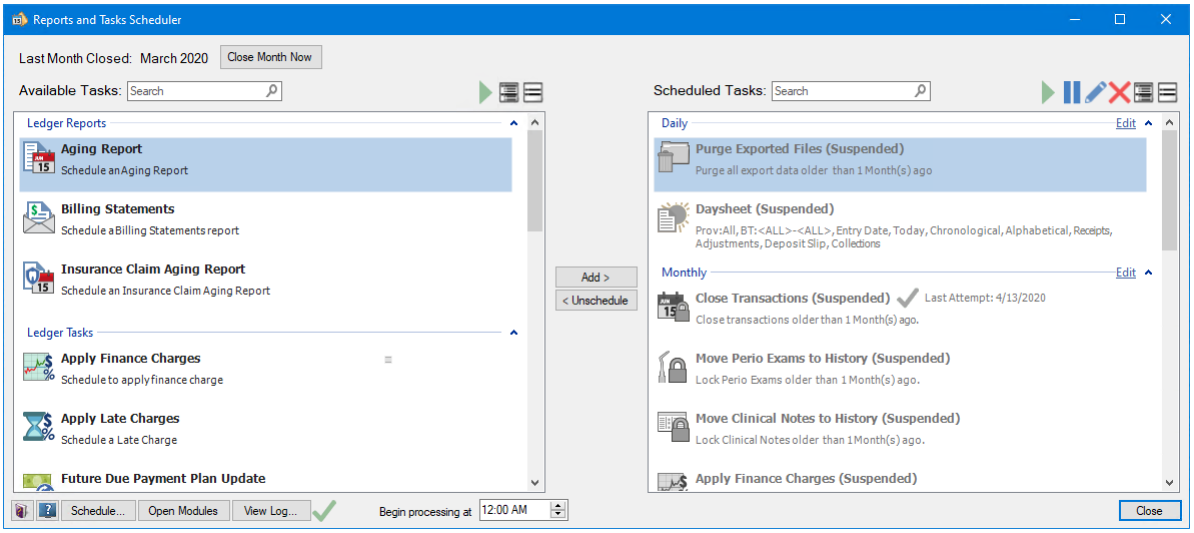
Reports and Tasks Scheduler

Task buttons were added to the **Reports and Tasks Scheduler** dialog box to make scheduling and unscheduling tasks more intuitive. New warning and success icons were also added, so you can tell at a glance whether a report needs to be rerun.

To schedule or unschedule a report or task

1. In the Ledger, click **Task Scheduler**.

   The **Reports and Tasks Scheduler** dialog box appears.



2. To schedule a report or task, click the report task in the **Available Tasks** list, click **Add**, and then click **Daily**, **Monthly**, **Yearly**, or **Add to new queue**.

   A dialog box associated with the report or task you selected appears.
3. Set the parameters of the report or task, and then click **OK**.

   The report or task is added to the queue you selected.
4. To unschedule a report or task, under **Scheduled Tasks**, select it, and then click **Unschedule**.

   A warning appears.
5. Click **Yes** to suspend the report or task.

CLOSING A MONTH

You can close a month from the **Reports and Tasks Scheduler** dialog box.

To close a month

1. In the **Reports and Tasks Scheduler** dialog box, click **Close Month Now**.

   The **Month End** dialog box appears.
2. Select the tasks you want complete, and then click **OK**.

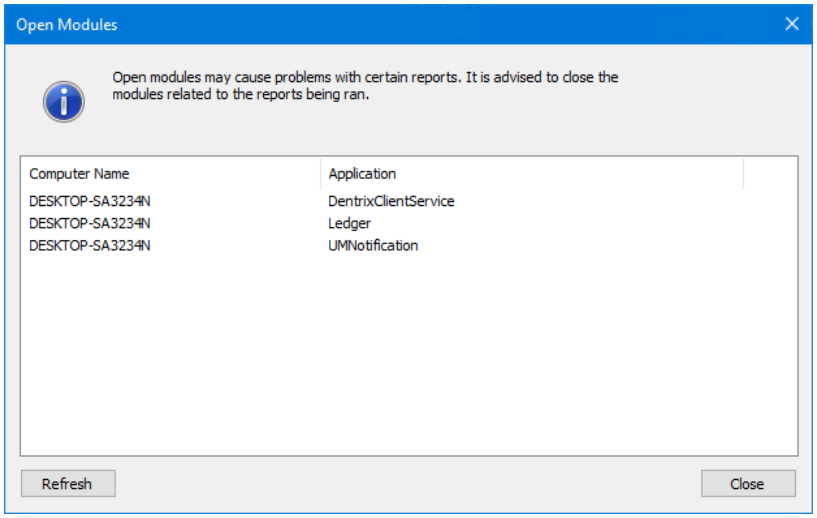
VIEWING OPEN MODULES

Some month end tasks won't run if a Dentrix module is open. You can view which of these modules remains open and on which computer using the **Reports and Tasks Scheduler** dialog box.

To view open modules

1. In the **Reports and Tasks Scheduler** dialog box, click **Open Modules**.

   The **Open Modules** dialog box appears.



2. Close the module on the computer indicated, and then click **Close**.

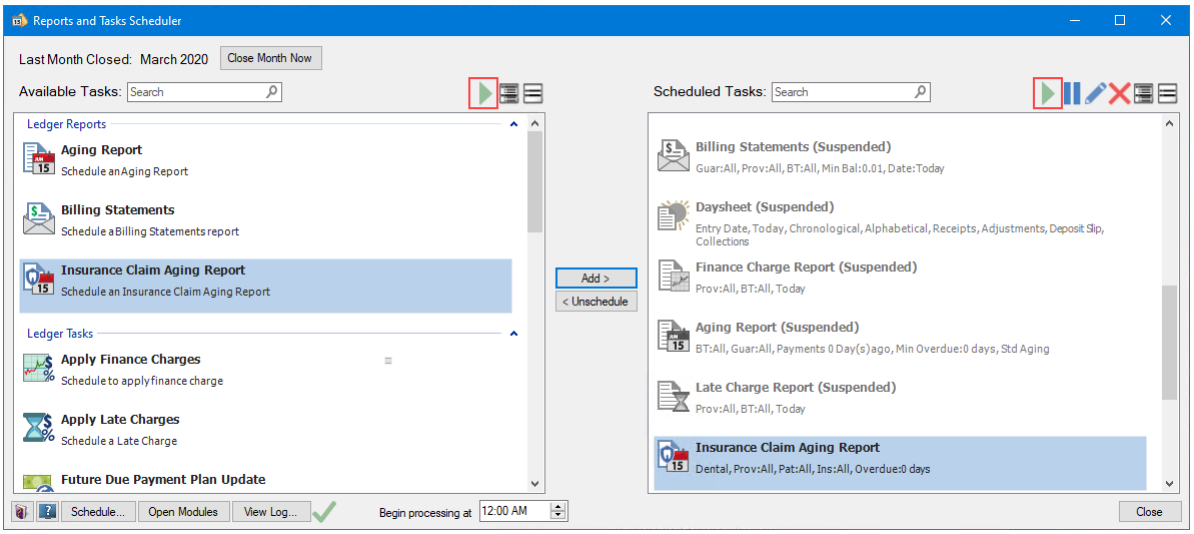
RUNNING SELECTED REPORTS OR TASKS

You can run a selected report or task from the **Available Tasks** list or the **Scheduled Tasks** list immediately with the click of a button.

To run a report or task immediately

1. In the Ledger, click **Task Scheduler**.

   The **Reports and Tasks Scheduler** dialog box appears.



2. Select the report or task you want to run in the **Available Tasks** or **Scheduled Tasks** list, and then click the Run selected task now (**Available Tasks**) or the Run selected task or queue (**Scheduled Tasks**) button respectively.

   Note: You must first add a report or task to the **Scheduled Tasks** list before you can run it.

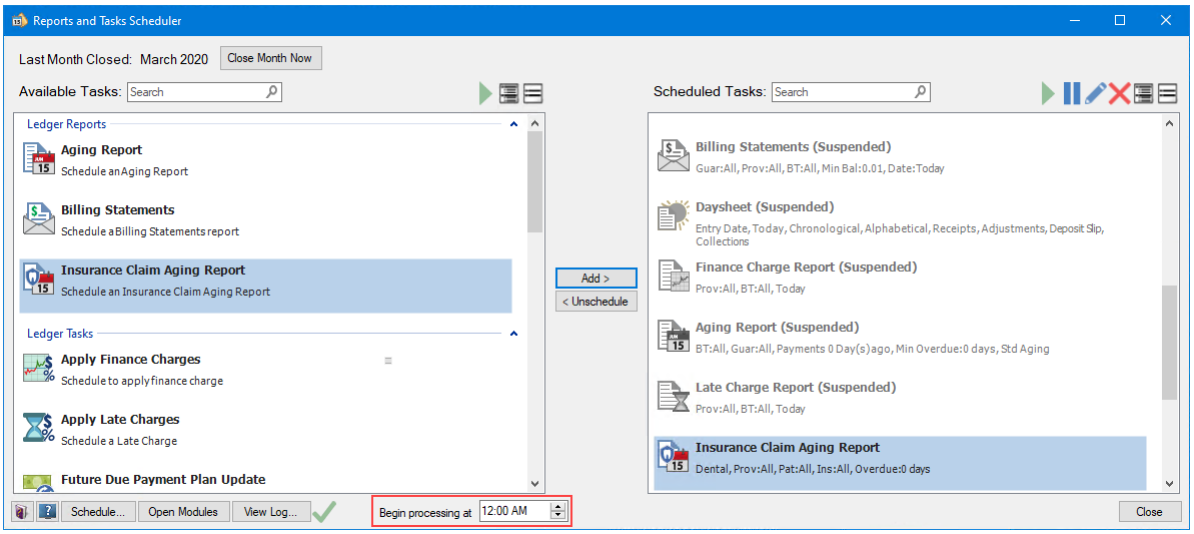
SETTING A START TIME

You no longer have to select and then set a time to run reports and tasks. Now, you simply set a time, and the reports and tasks you've selected will always run at that time.

To set a start time

1. In the Ledger, click **Task Scheduler**.

   The **Reports and Tasks Scheduler** dialog box appears.



2. Next to **Begin processing at**, select a time to begin running your reports and tasks.
3. Click **Close**.

OTHER CHANGES TO THE REPORTS AND TASKS SCHEDULER

Other changes to the **Reports and Tasks Scheduler** dialog box include the following:

- A green check mark icon appears next to any task that completed successfully.
- A red triangular icon with an exclamation point appears next to any task that didn't complete successfully.
- Expand or collapse the **Available Tasks** or **Scheduled Tasks** list by clicking the Expand All or Collapse All, respectively.
- Pause a scheduled task by clicking .
- Edit a selected task or queue by clicking .
- Delete a selected task or queue by clicking .

Appointment Book

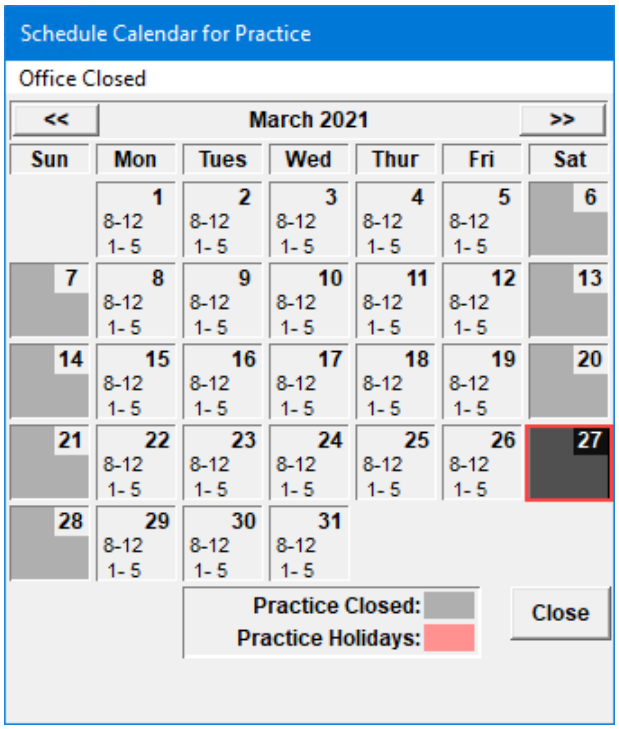
You can now easily open your practice on a day that your practice is not usually open.

Note: By default, operatory and provider schedules are also updated to the new practice schedule.

To open your practice on a day that it is usually closed

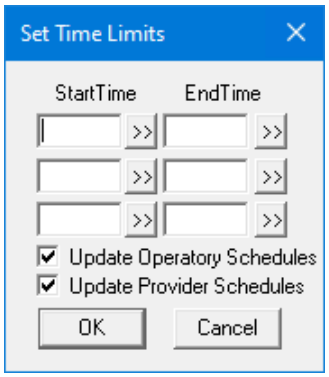
1. In the Appointment Book, click **Setup**, and then click **Practice Schedule**.

   The **Schedule Calendar for Practice** dialog box appears.



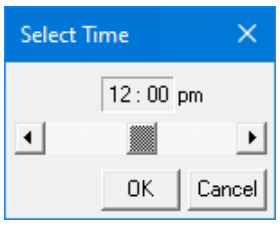
2. Click the day you want to open your practice.
3. Click **Office Closed**, and then click **Open Office**.

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



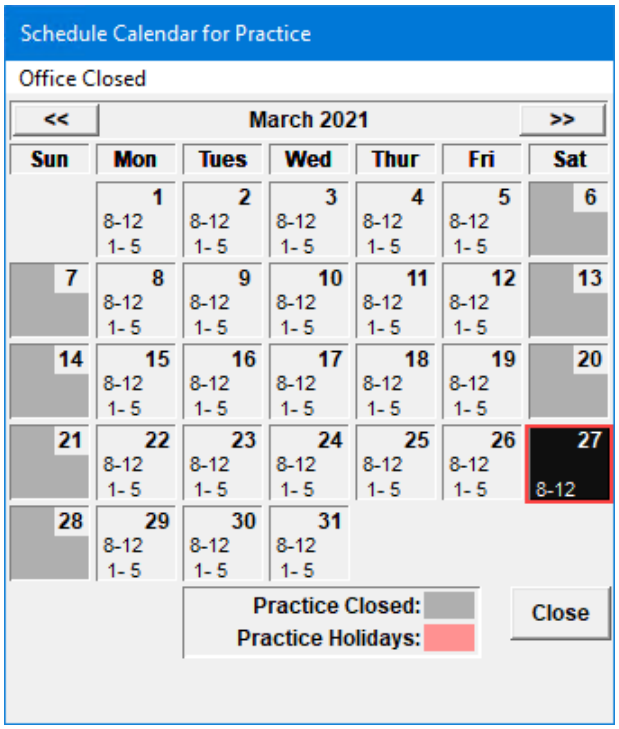
4. To set a **Start Time**, click the double-chevron button.

   The **Select Time** dialog box appears.



5. Click the buttons to the right or left of the slider to adjust the time incrementally until the desired time appears, and then click **OK**.
6. Repeat steps 4 and 5 to set an **End Time**.
7. Click **OK** to close the **Set Time Limits** dialog box.

   The hours you set appear in the **Schedule Calendar for Practice** dialog box.

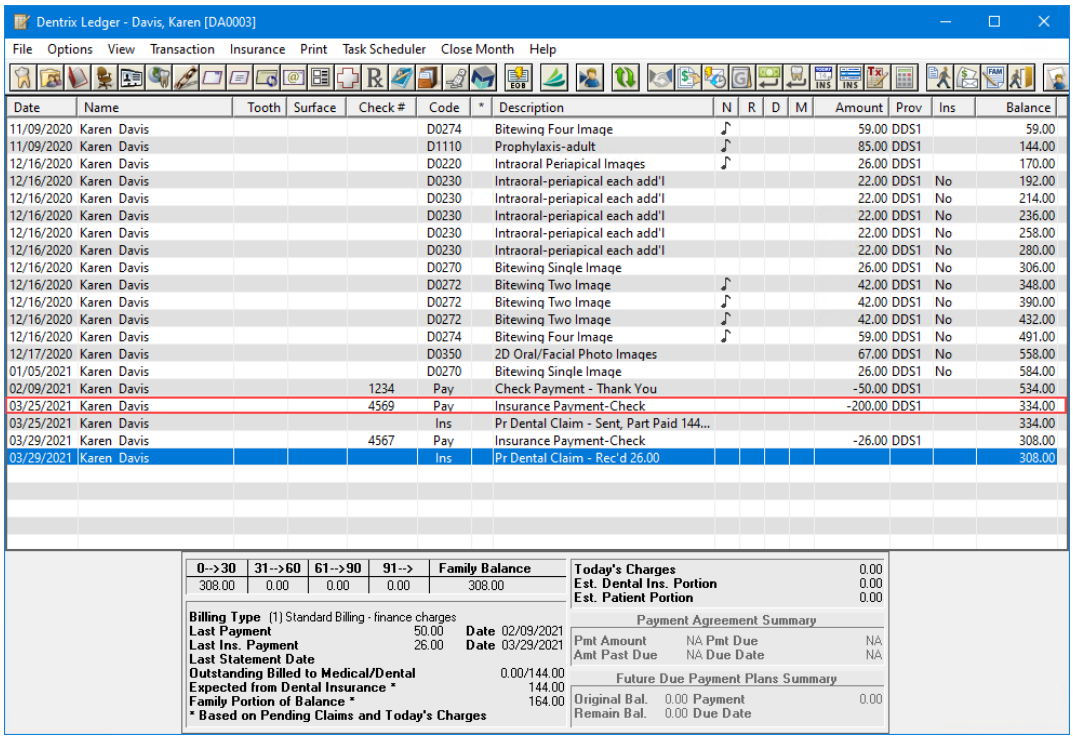


8. Click **Close**.

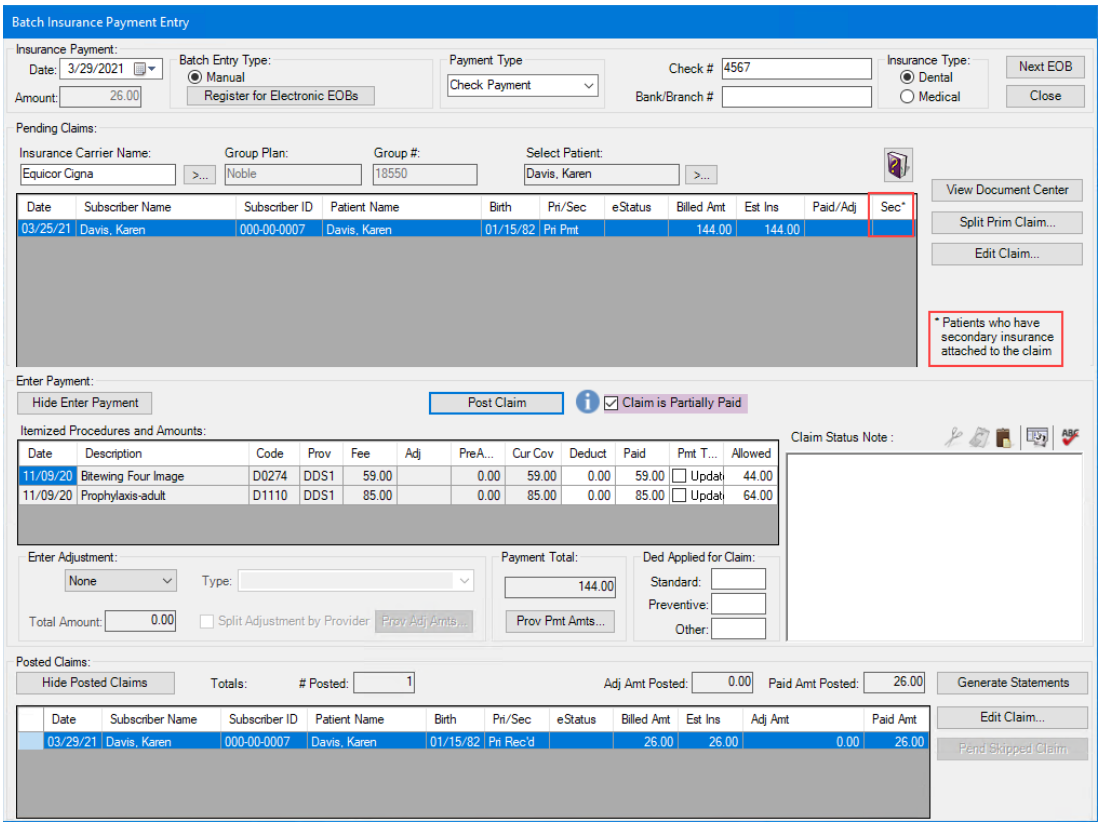
   The Appointment Book reflects the changes you made. The new hours also appear in the Daily Huddle and Practice Advisor reports.

Improvements to ERA (eEOB) and the Ledger

In Ledger, the descriptions of insurance payments in the **Description** column are now more detailed. You can see at a glance whether a payment was made electronically, by check, or with a credit card.



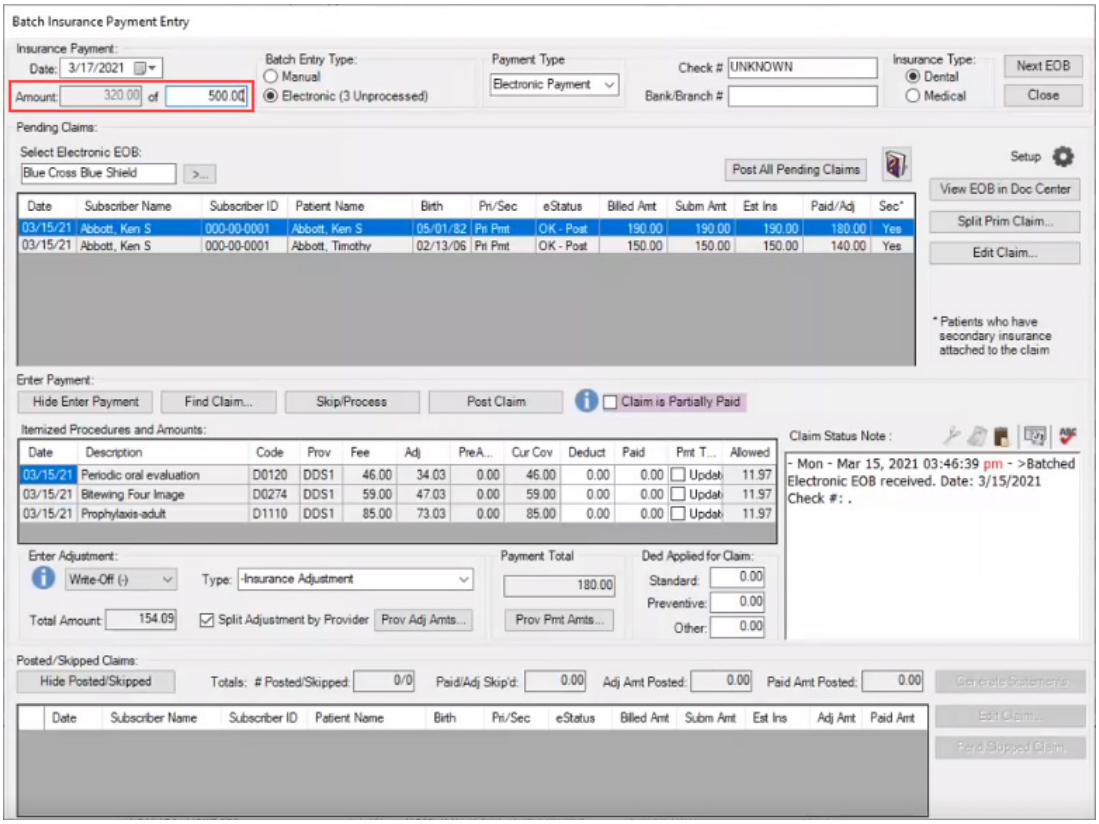
A secondary insurance column was also added to **Pending Claims** in the **Batch Insurance Payment Entry** dialog box. If a patient has secondary insurance, the word **Yes** appears in the column.



The **Batch Insurance Paymment Entry** dialog box now displays eEOB full and split payment amounts for multi-site offices.

Notes:

- This feature is available on request. Please contact Henry Schein One Customer Support to enable this feature.
- **Amount** – The amount on the right is the total payment received. If the payment is to be split between two offices, Data Services allocates the amount on the left to one office and the remainder to the second.



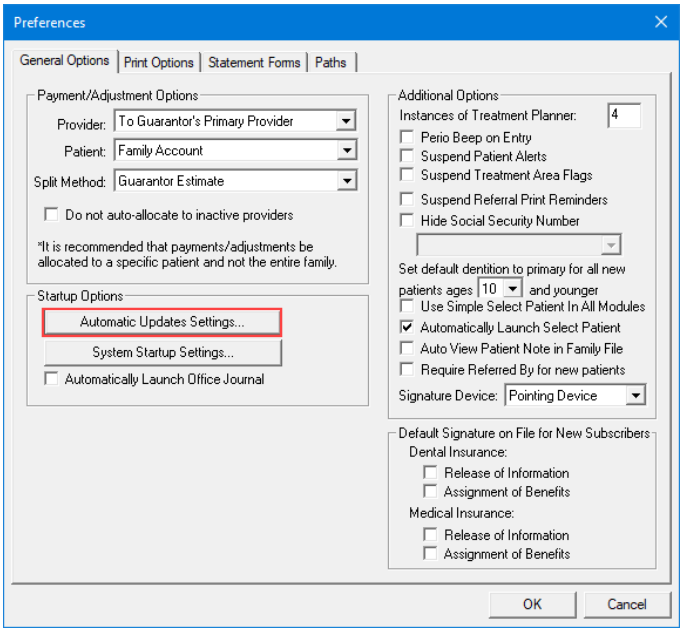
Update Manager

The Update Manager has been redesigned and improved. You can click the **Logs Center** tab to quickly view logs of each update, and the **Network Viewer** tab shows you which computers are attached to your network and whether they are connected to the server.

To open the Update Manager

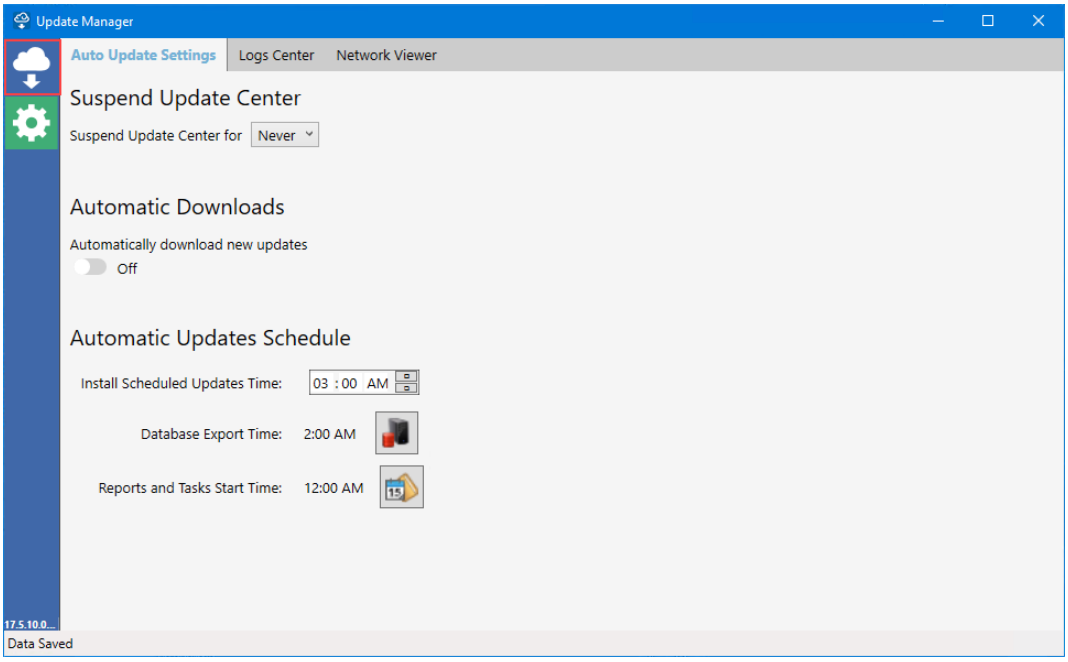
1. In the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Preferences**.

   The **Preferences** dialog box appears.



2. Click **Automatic Updates Settings**.

   The Update Manager appears.

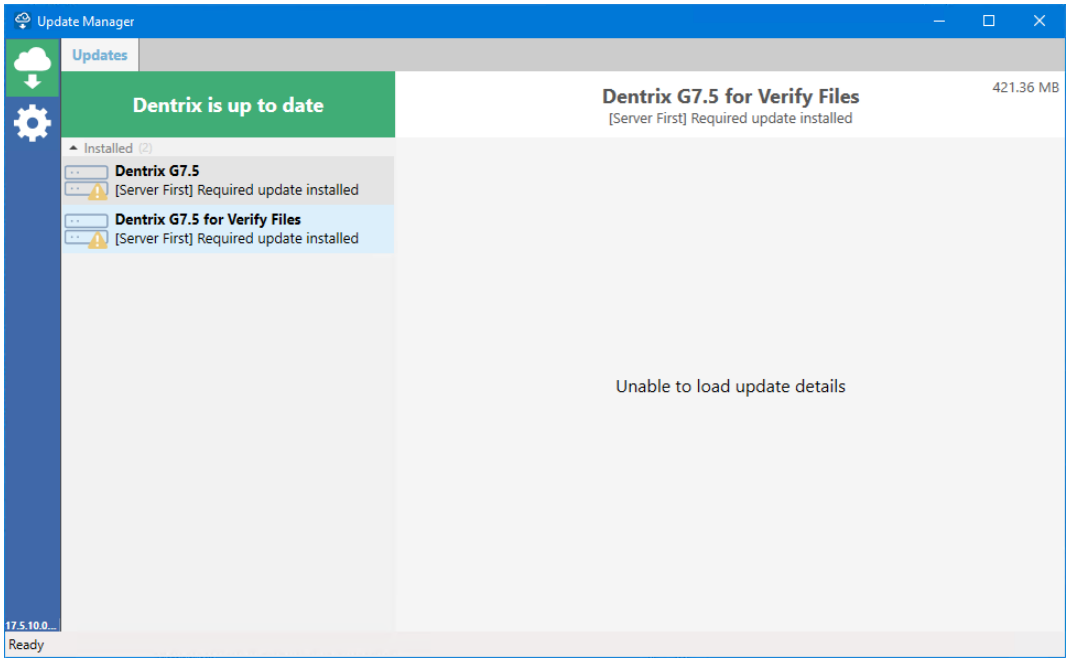


Note: When you open Update Manager, Dentrix software updates are checked for automatically. If any updates are available, a message appears in the lower-right of your screen. You cannot suspend critical or security updates.

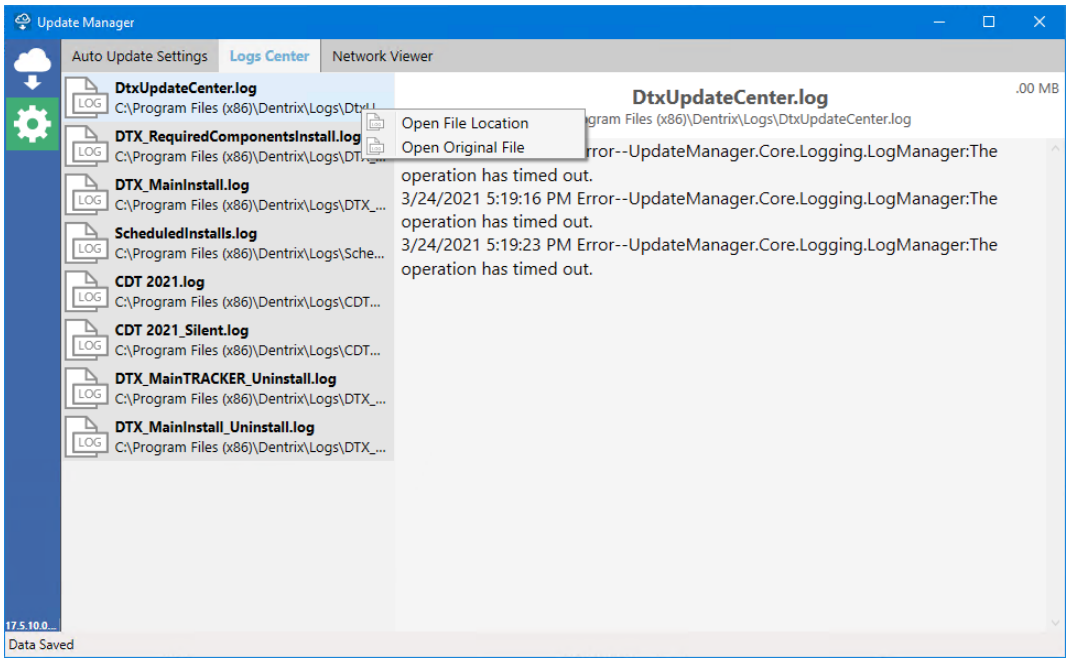
3. To view which updates are availble to install or have already been installed, click the Updates icon.

   The **Updates** pane appears listing updates waiting to be installed or that have been installed.

   Note: Click an update to view details of the update.

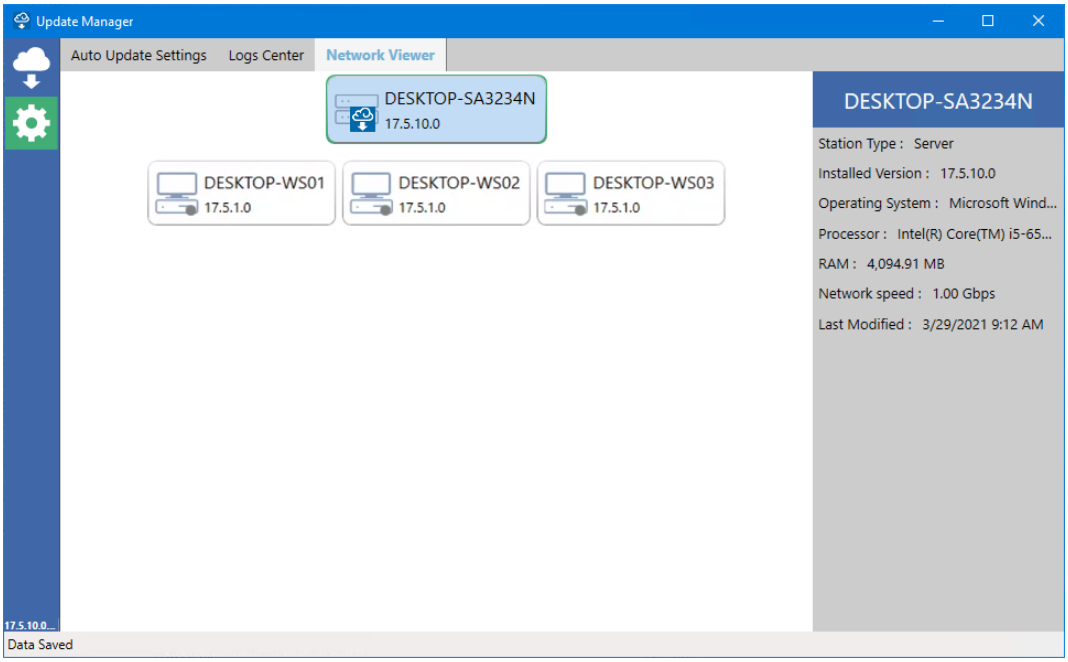


4. To view and open a log file's location or the file itself, do the following:
   - Click the **Logs Center** tab.
   - Click the file, and then click the Down arrow.
   - Click **Open File Location** or **Open Original File**, respectively.



5. To view which workstations are connected to the Dentrix server, click the **Network Viewer** tab.

   The **Network Viewer** appears.



Note: A gray dot indicates that a computer is not connected to the server. A computer can remain offline for up to 30 days. After 30 days, the computer is removed from the Network Viewer.

6. Close the Update Manager.

What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7.5 release.

LEDGER

- The **Adj Amt** column in the **Provider Amounts for Write-Off** dialog box did not display correctly. This has been fixed.
- The Insured ID number was missing from the HTML version of the ERA for some patients. This has been fixed.
- The patient's name instead of the subscriber's appeared in the **Subscriber Name** column in the **Batch Insurance Payment Entry** dialog box. This has been fixed.
- The **Batch Insurance Payment Entry** dialog box was slow to respond when eEOBs numbered 100 or more. The performance has been improved.

OFFICE MANAGER

- When printed, the status of reports was incorrectly set to Schd-1 causing printing issues. This has been fixed.

PATIENT CHART

- If a treatment-planned procedure with two lab fees is set complete, the second lab fee was incorrectly added to the procedure cost. This has been fixed.

Dentrix G7.4.5

Overview and New Features

This Dentrix G7.4.5 Release Guide provides information about the Dentrix G7.4.5 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.4.5.

Note: For information about using the new features in Dentrix G7.4.5, refer to "Using the New Features and Enhancements" in this section of the Release Guide. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7.4.5 includes the following enhancements:

IMPROVEMENTS TO ELECTRONIC EXPLANATION OF BENEFITS

- You can now post eEOBs with check numbers and payments populated automatically from the received EOB section in the **Batch Insurance Payment Entry** dialog box.
- In Dentrix, eEOBs are saved in two ways:
  - Individual patient sections of eEOBs are saved in the Document Center making the process to attach and send primary EOB documents to secondary insurance easier.
  - The entire EOB is now saved in the insurance company section of the Document Center from which you can see additional information.

PERIO CASE TYPES

- The Perio Chart now includes the new American Academy of Periodontology (AAP) classifications.
- You can create templates and record notes using the new AAP classifications.

FLAG PARTIALLY PAID CLAIMS TO REMAIN OPEN

- You can now flag a partially paid insurance claim to remain outstanding, so you can continue to track the balance as a pending claim.
- You can now set an option to view partially paid claims on the Insurance Aging Report. Partially paid claims are denoted by an asterisk.
- You can now set an option to exclude billing statements for patients who have partially paid claims.

IMPROVEMENTS TO ATTACHMENTS

- You can now attach primary EOBs to secondary claims automatically.
- When you create a secondary claim, the most recent eEOB on file in the Document Center is attached automatically when you use the Auto Claim Attachment feature.
- You can now import user specified attachment requirements in .csv or .txt files.

  Note: This feature is available on request. Please contact Henry Schein One Customer Support to enable this feature.

ADD ADA CODES TO LEDGER PRINTOUTS

- You can now include American Dental Association (ADA) codes and Provider IDs on Family and Patient Ledger Reports.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release.

eEOB Improvements

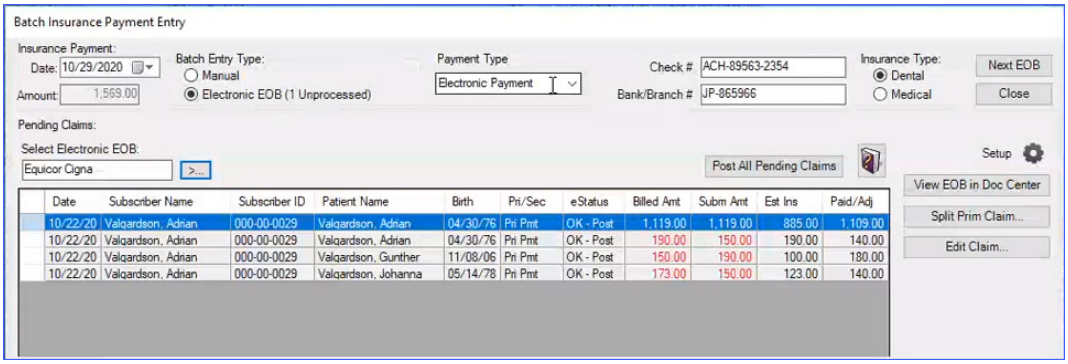
In the **Batch Insurance Payment Entry** dialog box, check numbers and payment amounts now populate automatically from the electronic EOB. In Dentrix, eEOBs are saved in the Document Center in two ways:

- Sections of eEOBs applying to individual patients are saved so you can more easily attach and send primary EOB documents to secondary insurance carriers.
- The entire EOB is now saved in the insurance company section.

To view an EOB in the Document Center

1. In the Ledger, click **File**, and the click **Enter Batch Ins. Payment**.

   The **Batch Insurance Payment Entry** dialog box appears.

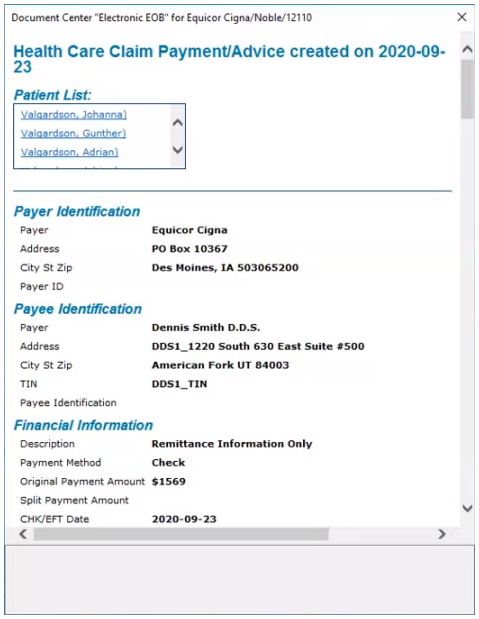


2. Click the **Select Electronic EOB** search button, select the EOB that you want to view, and then click **OK**.

   The EOB you selected appears in the **Pending Claims** list.

3. Select the claim, and then click **View EOB in Doc Center**.

   The Document Center opens for the insurance plan associated with the EOB you selected.



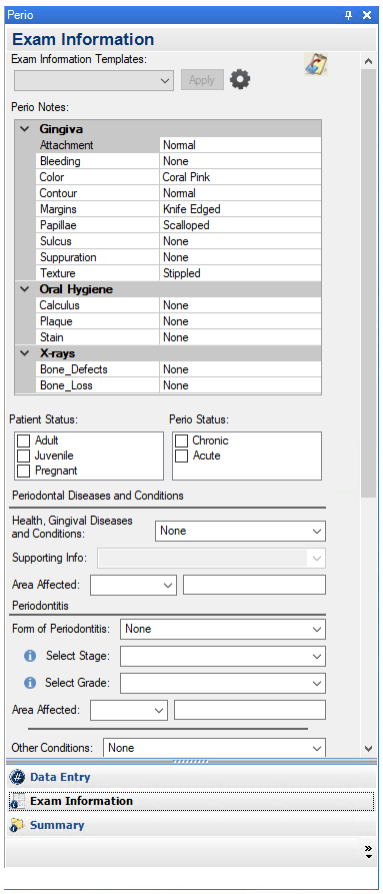
Perio Case Types

The new American Academy of Periodontology (AAP) classifications have been added to the Perio Chart. You can now record and save Periodontal Disease and Conditions information, and you can create templates using the new AAP classifications. When you lock a Perio exam, you can lock the Perio classifications lock as well. You can also attach Perio exam information to insurance claims and print the Perio exam information.

To diagnose a periodontal disease and condition

1. Open the Perio Chart for the selected patient.
2. Click the **Exam Information** tab in the Perio panel.

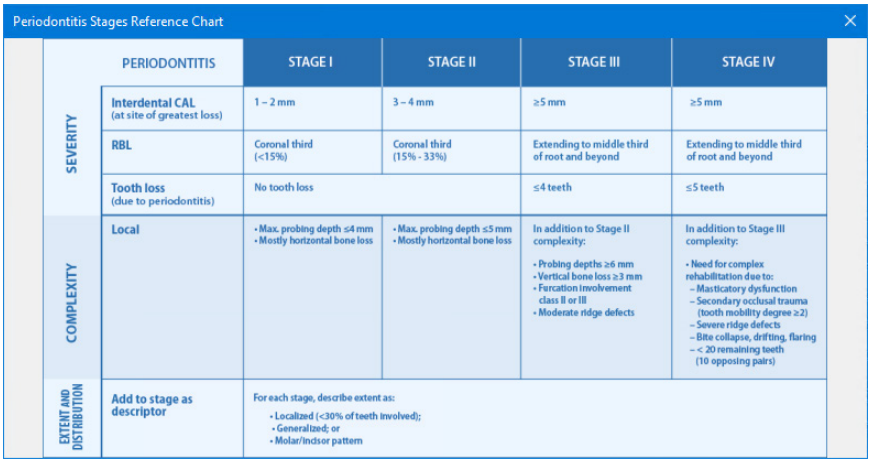
   The **Exam Information** section appears.



3. Navigate to **Periodontal Diseases and Conditions**, and then do the following:
   - **Health, Gingival Diseases, and Conditions** – Select the diagnosis from the list:
     - **None** – Default
     - **Periodontal Health and Gingival**
     - **Gingivitis: Dental Biofilm-Induced**
     - **Gingival Diseases: Non-Dental Biofilm-Induced**
   - **Supporting Info** – Select the option from the list corresponding to your selected diagnosis.
   - **Area Affected** – Select **Generalized** or **Localized**, and then type a description of up to 100 characters in the adjacent text box.
4. Under **Periodontitis**, do the following:
   - **Form of Periodontitis** – Select the diagnosis.

- **Select Stage** – Select the stage of the disease. To review the stages, click the additional info icon.

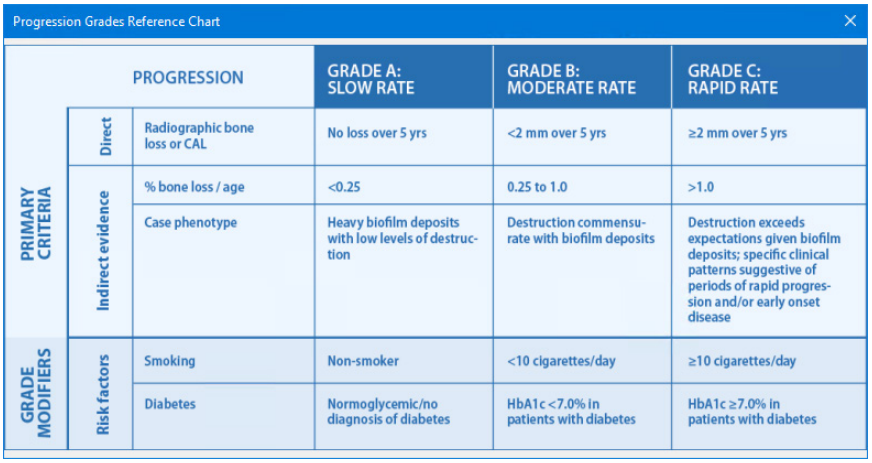
  The **Periodontitis Stages References Chart** appears.



	PERIODONTITIS	STAGE I	STAGE II	STAGE III	STAGE IV
SEVERITY	Interdental CAL (at site of greatest loss)	1 – 2 mm	3 – 4 mm	≥5 mm	≥5 mm
SEVERITY	RBL	Coronal third (<15%)	Coronal third (15% - 33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
SEVERITY	Tooth loss (due to periodontitis)	No tooth loss		≤4 teeth	≤5 teeth
COMPLEXITY	Local	• Max. probing depth ≤4 mm • Mostly horizontal bone loss	• Max. probing depth ≤5 mm • Mostly horizontal bone loss	In addition to Stage II complexity: • Probing depths ≥6 mm • Vertical bone loss ≥3 mm • Furcation involvement class II or III • Moderate ridge defects	In addition to Stage III complexity: • Need for complex rehabilitation due to: – Masticatory dysfunction – Secondary occlusal trauma (tooth mobility degree ≥2) – Severe ridge defects – Bite collapse, drifting, flaring – < 20 remaining teeth (10 opposing pairs)
EXTENT AND DISTRIBUTION	Add to stage as descriptor	For each stage, describe extent as: • Localized (<30% of teeth involved); • Generalized; or • Molar/incisor pattern			

- **Select Grade** – Select the progression grade of the disease. To review the grades, click the additional info icon.

  The **Progression Grades Reference Chart** appears.



		PROGRESSION	GRADE A: SLOW RATE	GRADE B: MODERATE RATE	GRADE C: RAPID RATE
PRIMARY CRITERIA	Direct	Radiographic bone loss or CAL	No loss over 5 yrs	<2 mm over 5 yrs	≥2 mm over 5 yrs
PRIMARY CRITERIA	Indirect evidence	% bone loss / age	<0.25	0.25 to 1.0	>1.0
PRIMARY CRITERIA	Indirect evidence	Case phenotype	Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectations given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease
GRADE MODIFIERS	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
GRADE MODIFIERS	Risk factors	Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c <7.0% in patients with diabetes	HbA1c ≥7.0% in patients with diabetes

- **Area Affected** – Select the appropriate area from the list, and then type any additional information of up to 100 characters in the adjacent text box.

5. If other conditions exist, select the diagnosis and **Supporting Info** from the list.
6. If peri-implant disease is manifest, select the diagnosis and specify the affected impalnts.
7. If applicable, select the patient's **Risk Factors** and **Health Factors**.
8. Under **Miscellaneous Notes**, type any additional information pertinent to yor diagnosis.

Flagging Partially Paid Claims to Remain Open

You can now flag paid/received claims as partially paid. You can change this flag when you add or edit an insurance payment. Partially paid claims appear as pending claims in reports and insurance estimates. The following conditions apply to partially paid claims:

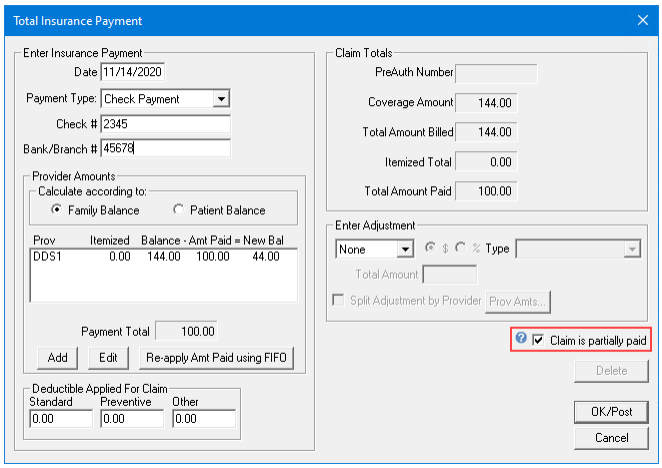
- At month end, partial payments and adjustments go to history if they are posted before the day you perform month end, and the claim remains open.
- If a claim's linked claims and/or partial payments and adjustments are in history, but the claim is not, you cannot delete the claim.

- You can add payments and adjustments to partially paid claims.
- You cannot edit partial payments and adjustments if they have been moved to history, even if the claim is not in history.
- You can edit other claim information even if the claim has been moved to history.

To flag a claim as partially paid

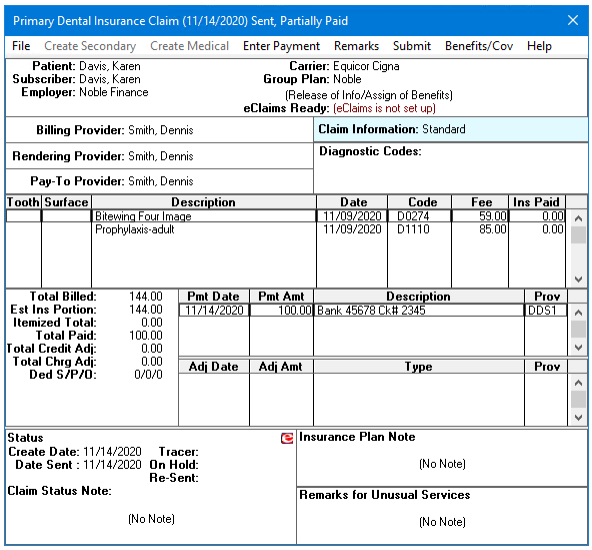
1. In the Ledger, create an insurance claim, and then double-click the claim to enter a payment.
2. Click **Enter Payment**, and then click **Total Payment Only**.

   The **Total Insurance Payment** dialog box appears.



3. Select or type the following:
   - **Payment Type** – Select **Check Payment**, **Electronic Payment**, or **Credit Card Payment**.
   - **Check #** – If applicable, type the check number.
   - **Bank/Branch #** – If applicable, type the bank/branch number.
4. Select the provider to whom you want to credit the payment, click **Edit**, enter the amount paid, and then click **OK**.
5. If the amount you received was a partial payment, select **Claim is partially paid**, and then click **OK/Post**.

   The status of the claim changes in the Primary Dental Insurance Claim window.



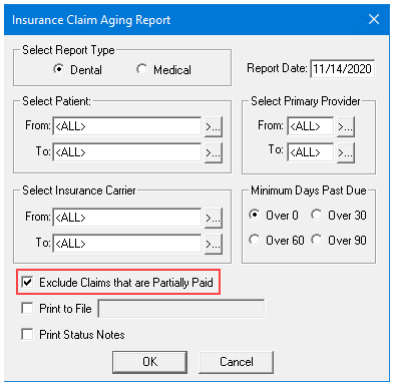
Flagging Partially Paid Claims in the Insurance Claim Aging Report

By default, partially paid claims will appear in the Insurance Claim Aging Report marked with an asterisk. If you want, you can exclude these claims from the report.

To exclude partially paid claims from the Insurance Claim Aging Report

1. In the Office Manager, click **Reports**, point to **Ledger**, and then click **Insurance Aging Report**.

   The **Insurance Claim Aging Report** dialog box appears.



2. Select **Exclude Claims that are Partially Paid**.
3. Click **OK**.

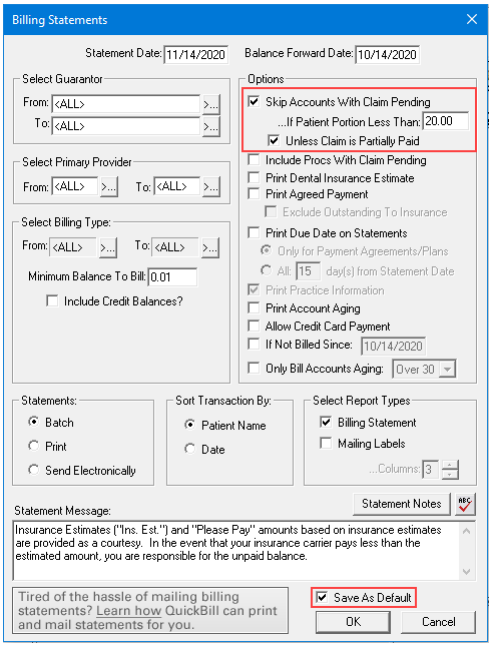
Including Partially Paid Claims in Billing Statements

You can set an option to include partially paid claims in billing statements.

To include partially paid claims in billing statements

1. In the Office Manager, click **Reports**, and then click **Billing**.

   The **Billing Statements** dialog box appears.



2. Under **Options**, select **Skip Accounts With Claim Pending**, and then select **Unless Claim is Partially Paid**.
3. To save your settings as the default, select **Save As Default**.
4. Click **OK**.

Attachment Improvements

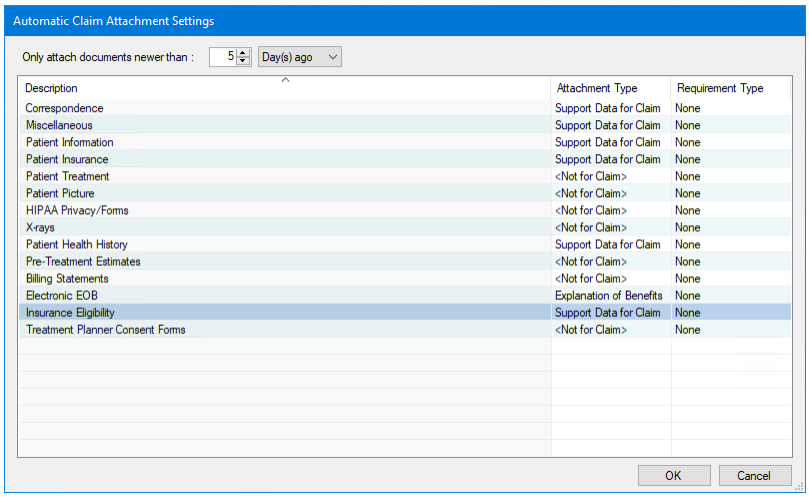
Dentrix now includes an Auto Claim Attachment feature. You can use this feature to automatically attach EOBs for primary insurance claims to secondary insurance claims.

Note: You can also import specified attachment requirements in .csv or .txt files. To enable this feature, please contact Henry Schein One Customer Support.

To set up automatic claim attachment settings

1. In the Document Center, click **Setup**, and then click **Automatic Claim Attachment Settings**.

   The **Automatic Claim Attachment Settings** dialog box appears.



2. To change the default settings for attaching documents, set the **Only attach documents newer than** parameters, by selecting a number from the list, and then one of the following options:
   - Day(s) ago
   - Week(s) ago
   - Month(s) ago
   - Year(s) ago
3. To change the **Requirement Type**, select the document type, click the corresponding **Requirement Type** cell, and then select one of the following:
   - None
   - Diagnosis
   - Full Mouth Series
   - Intra-oral Photo
   - Narrative
   - Panoramic Film
   - Periodontal Charting
   - Report

- X-RAY
- Invalid

4. Click **OK**.

ATTACHING EOBS TO SECONDARY CLAIMS

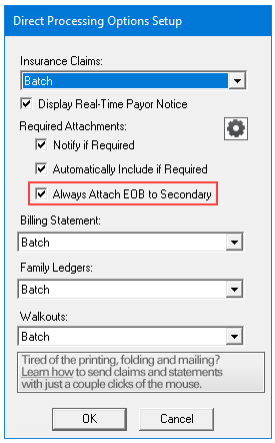
If an attachment is required for the selected patient and procedure for a secondary claim, you can attach it automatically.

Note: For more information, see "Setting up direct processing options" in the Dentrix Help.

To attach an EOB to a secondary claim automatically

1. In the Ledger, click **File**, and then click **Direct Processing Options Setup**.

   The **Direct Processing Options Setup** dialog box appears.



2. Under **Required Attachments**, select **Always Attach EOB to Secondary**.
3. Click **OK**.

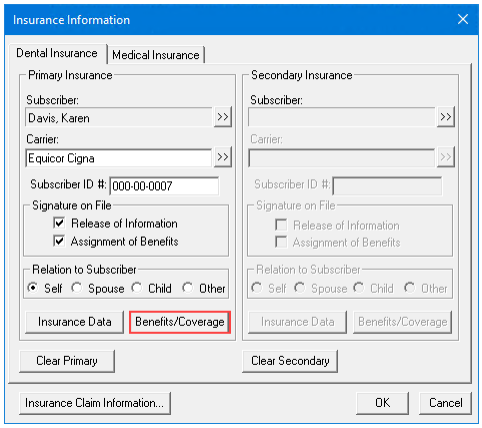
Dental Insurance Benefits and Coverage

An **Allowed** column was added to the **Payment Table & Allowed Amounts** table. You can add the dollar amount that an insurance company considers payment-in-full for a procedure. You can add, edit, and/or copy allowed amounts for both in-network and out-of-network insurance plans in the Family File or the Office Manager.

To copy allowable amounts from a fee schedule

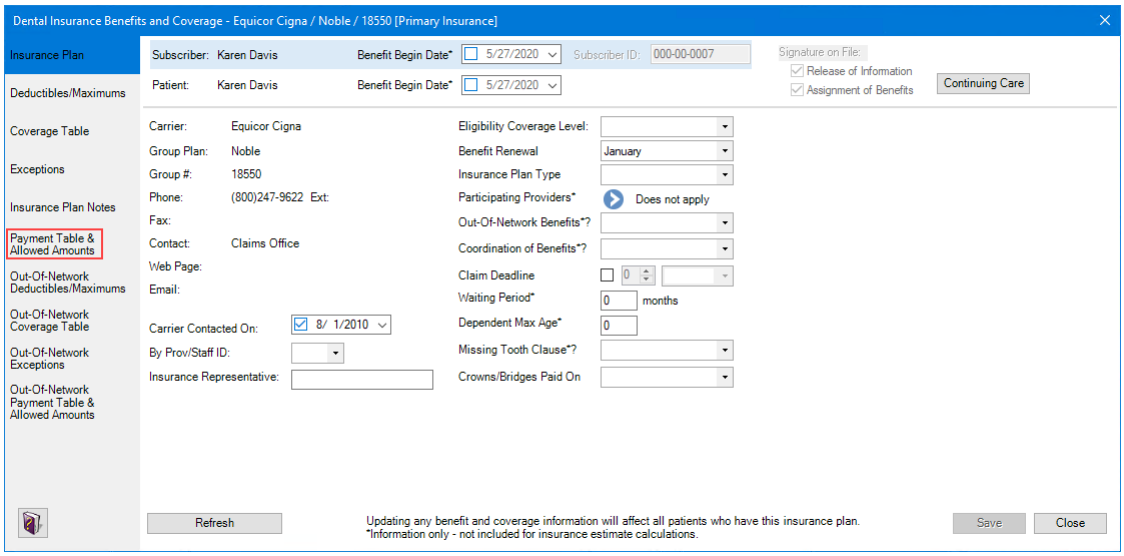
1. With a patient selected in the Family File, double-click the patient's **Insurance Information** block.

   The **Insurance Information** dialog box appears.



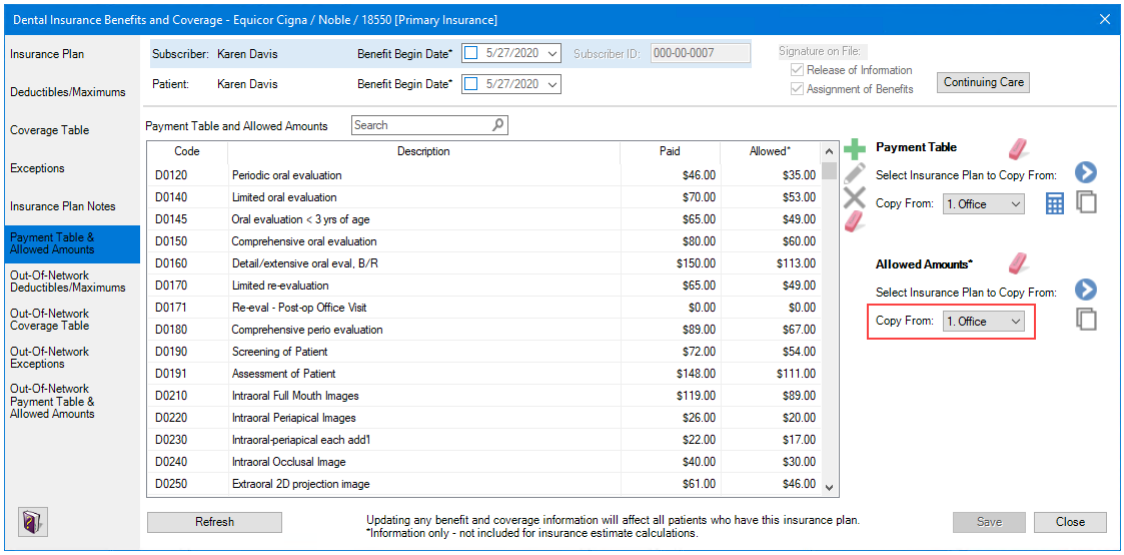
2. Click **Benefits/Coverage**.

   The **Dental Insurance Benefits and Coverage** dialog box appears.



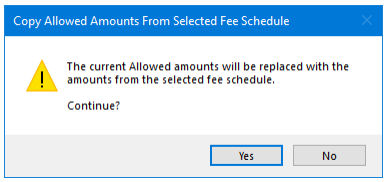
3. Click the **Payment Table & Allowed Amounts** tab.

   The **Payment Table and Allowed Amounts** table appears.



4. To copy the allowed amounts from a fee schedule, under **Allowed Amounts**, select a schedule in the **Copy From** list, and then click Copy From Fee Schedule .

   The **Copy Allowed Amounts From Selected Fee Schedule** dialog box appears.



5. Click **Yes**.

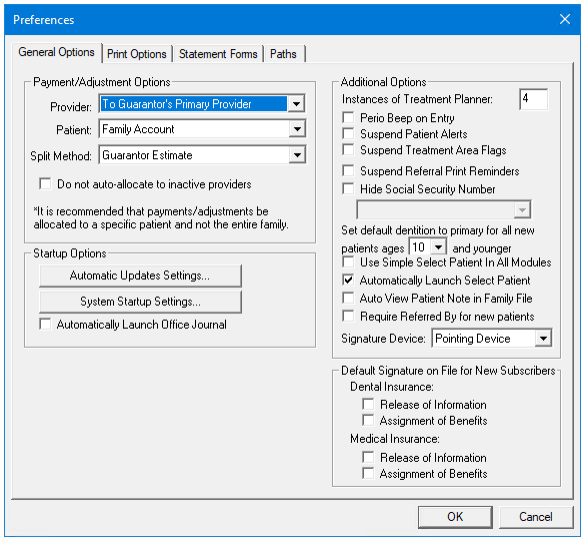
Adding ADA Codes to Ledger Printouts

In the Office Manager, you can set options to print ADA Codes and Provider IDs on Family and Patient Ledger reports.

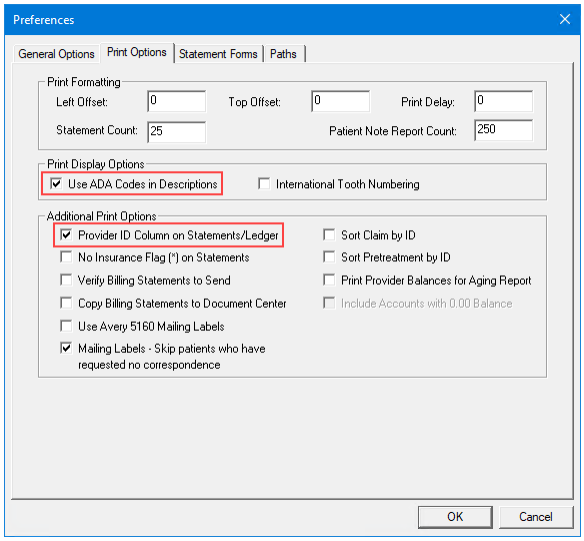
To add ADA Codes and Provider IDs to Ledger printouts

1. In the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Preferences**.

   The **Preferences** dialog box appears.



2. Click the **Print Options** tab.



3. Under **Print Display Options**, select **Use ADA Codes in Descriptions**.
4. Under **Additional Print Options**, select **Provider ID Column on Statements/Ledger**.
5. Click **OK**.

What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7.4.5 release.

FAMILY FILE

- When you changed family relationships, account balances were incorrect in the summary of the changes. This has been fixed.
- The Move and Undo All buttons no longer worked after editing family relationships. This has been fixed.

LEDGER

- The Ledger stopped responding when you deleted offsetting adjustments. This has been fixed.
- Claim status notes weren't being updated from the **Batch Insurance Payment Entry** dialog box. This has been fixed.
- When you printed recommendation notes on walkout statements, the note text overlapped the Ledger columns and didn't indicate which procedure they were associated with. This has been fixed.
- When you printed recommendation notes on walkout statements, some of the procedure notes didn't print. This has been fixed.

OFFICE MANAGER

- Providers could not be inactivated if they had scheduled appointments or appointments on the Unscheduled List. This has been fixed.
- You could enter text in a Case Note Template without first selecting a template. This has been fixed.

PATIENT CHART

- The spell checker auto-corrected Clinical Note prompt names causing prompt and prompt name mismatches. This has been fixed.
- Set Related Referral was reset when you switched to another Dentrix module. This has been fixed.

TREATMENT MANAGER

- If you included treatment-planned procedures when you printed Treatment Manager List, descriptions were cut off. This has been fixed.
- Rejecting treatment plans with invalid tooth ranges didn't remove them from the Treatment Manager List. This has been fixed.

Dentrix G7.4

Overview and New Features

This Dentrix G7.4 Release Guide provides information about the Dentrix G7.4 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.4.

Note: For information about using the new features in Dentrix G7.4, refer to "Using the New Features and Enhancements" in this section of the Release Guide. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7.4 includes the following enhancements:

INSURANCE BENEFITS AND COVERAGES

To make the process of assigning insurance easier, a database of insurance companiesis compiled as youenter them. Most insurance carriers provide patients with a schedule of benefits to declare the maximum annual benefits for the individual and for the entire family. The schedule of benefits also includes deductible amounts and plan maximums. In the Office Manager, you can set and manage network and out-of-network benefits and coverages easier now with the **Dental Insurance Benefits and Coverage** dialog box.

Additionally, the **Dental Insurance Benefits and Coverage** dialog box was modified for the Family File to include the beginning date of a subscriber's and a patient's benefits, a subscriber's ID and a patient's continuing care. To learn more about these features in the Office Manager and the Family File, refer to "Managing insurance benefits and coverages" in the Office Manager and the Family File Help.

- Record more information about the insurance plan, such as benefit begin dates, eligibility coverage level, and coordination of benefits.
- Indicate Preferred Provider Organization ("PPO"), in-network/out-of-network benefits for an insurance plan, and add and view out-of-network insurance plan benefits and coverage information.
- Add waiting period, insurance plan types, and when crowns/ bridges are paid (prep or seat dates).
- View the patient's insurance plan benefits and coverage while treatment planning procedures and when scheduling appointments.
- Select which providers participate in each insurance plan.
- Add exceptions for procedure code ranges such as max-age, minimum age, frequency limitations, downgrades, waiting periods, and if a procedure is only covered for certain tooth types.
- Add custom benefit maximum and deductible types.
- Update individual and family lifetime maximum benefits for all maximum benefit types and the amounts used.
- Copy the coverage table, payment table, or other benefit information from one insurance plan to another.
- Access insurance plan benefits and coverage information through a link in the claim window.
- New alerts are available when scheduling an appointment or treatment planning for patients with insurance plans with a missing tooth clause, a waiting period, exceptions, and so on.
- Get a warning when continuing care is scheduled before it's due, if there is a waiting period, or if the provider does not participate in the patient's insurance plan.
- Calculate payment table amounts using a selected fee schedule and the coverage table percentages.

- Access additional insurance plan contact information such as fax number and email and website addresses.
- Flag procedure codes to use the office fee schedule amount when the procedure code is posted or treatment planned. The Office fee schedule is selected in **Fee Schedule Maintenance** dialog box.

EDITING FAMILY RELATIONS

- You now have more information and choices when you're editing family relations.
- Special adjustments are no longer necessary. You can post offsetting adjustments if you choose to keep family balances the same when you move patients from one family to another. You can also select which adjustment types to use.
- You can choose whether the balance for transaction history (for patients being moved) remains with the original family or is moved with the patients.
- You can view what the new balances for both families will be and see any offsetting balances that will result. Offsetting balances are posted as current transactions and linked so that if necessary, you can later delete them as a group.
- You can move a patient even if the family has open claims as long as the patient is not a subscriber for any open claims and has no open claims.

INACTIVATING PROVIDERS

- Using the new streamlined process for inactivating a provider, you can automatically transfer that provider's balance to another provider using offsetting adjustments. The resulting offsetting adjustments appear in the new Provider/Staff Inactivation Report that replaces the Provider/Staff Audit Trail Report.

REPORT IMPROVEMENTS

Various reports were modified to include information for offseting adjustments.

- Provider A/R Totals Report: Now includes columns for offsetting adjustment totals for production and collections.
- Practice Advisor Report: Now includes rows to show production and collections offsetting adjustment totals.
- Daily Collections Day Sheet Report: Now flags which transactions are offsetting adjustments and indicates which adjustment types are applied to production and which are applied to collections with additional totals for adjustment assignments.
- Analysis Summary Report: Now includes a column for offsetting adjustment amounts.
- Adjustment Only Day Sheet Report: Now flags which transactions are offsetting adjustments and indicates which adjustment types are applied to production and which are applied to collections with additional totals for adjustment assignments.
- Day Sheet Report: Now flags which transactions are offsetting adjustments and adds a total for offsetting adjustments.
- Practice Analysis Adjustment Summary Report: Now indicates which adjustment types are applied to production and which are applied to collections with additional totals for adjustment assignments.
- Appointment Book Calendar: You can now exclude offsetting adjustments when you select **Calculate with Production Adjustments** with the option to show Scheduled Production.

ADJUSTMENTS FOR ELECTRONIC EXPLANATION OF BENEFITS (EEOBS) IN BATCH PAYMENT ENTRY

You can now select an option for eEOBs to post adjustments according to the Ledger or the claim billed amount from the eEOB in the Batch Insurance Payment Entry feature in the Ledger.

QUICKBILL UPDATES

- You can now send statements by mail, email, or both through a single electronic submission.
- You can set a default delivery method for all eStatements or an individual guarantor.
- You can use the newly enhanced electronic billing history to easily track your electronic statements.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release.

Insurance Benefits and Coverages

To make the process of assigning insurance easier, a database of insurance companies is compiled as you enter them. Most insurance carriers provide patients with a schedule of benefits to declare the maximum annual benefits for the individual and for the entire family. The schedule of benefits also includes deductible amounts and plan maximums. In Dentrix, you can manage insurance benefits and coverages in the Family File or the Office Manager.

For more information, in the Dentrix Help, refer to the "Managing insurance benefits and coverages" topics in the Family File or the Office Manager.

EDITING PLAN BENEFITS AND COVERAGES

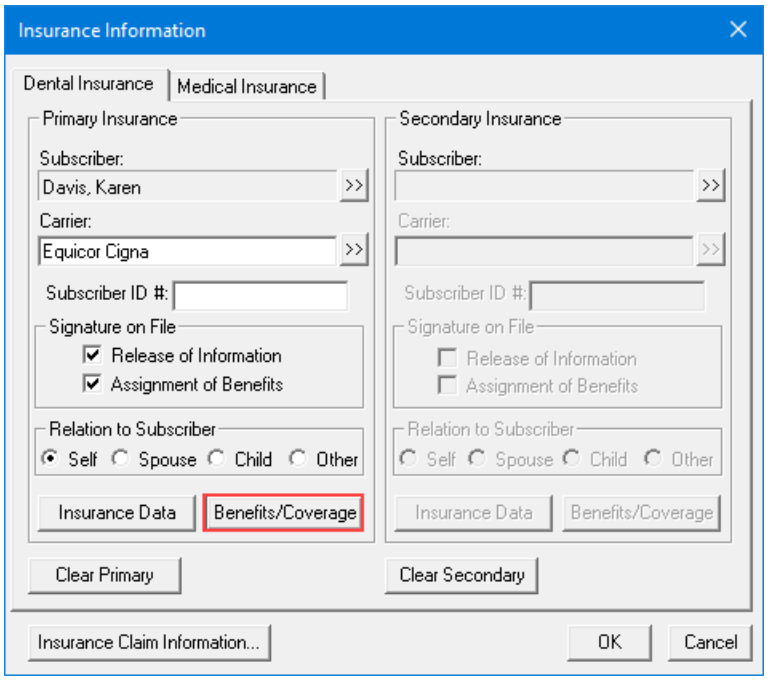
Using the new **Dental Insurance Benefits and Coverages** dialog box, you can update benefit and coverage information including deductibles, maximums, and payment and exceptions tables. You can even create and manage out-of-network benefits and coverages.

Note: Updating or changing any benefit and coverage information will affect all patients who subscribe to the selected group plan.

To edit plan benefits and coverages

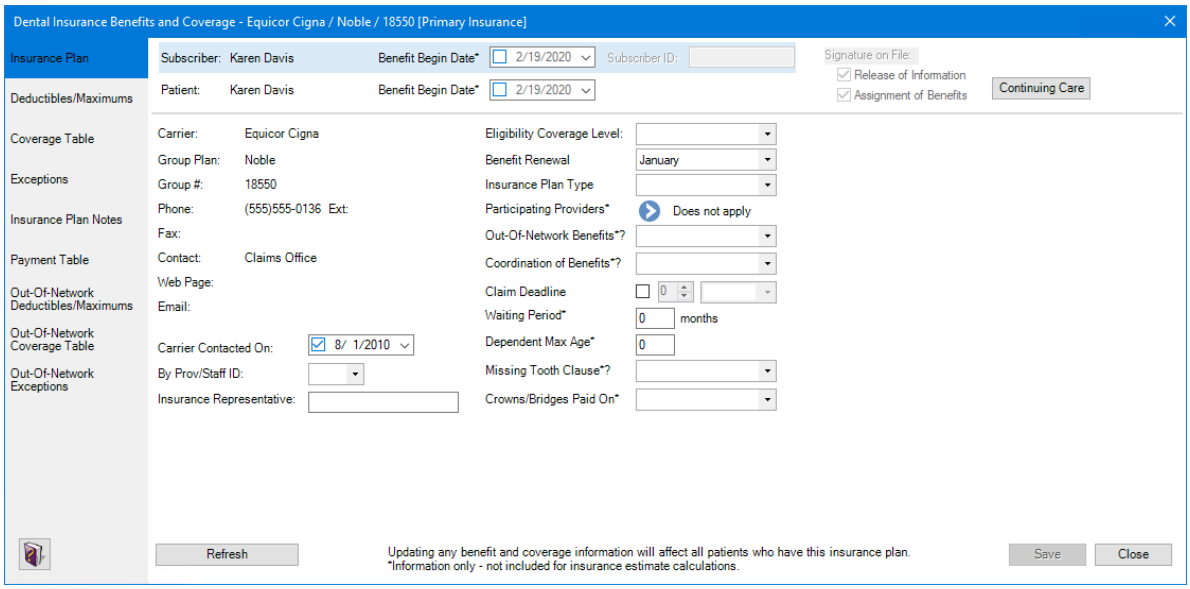
1. In the Family File, double-click a patient's **Insurance Information** block.

   The **Insurance Information** dialog box appears.



2. Click **Benefits/Coverage**.

   The **Dental Insurance Benefits and Coverage** dialog box for the selected patient appears. The carrier and group plan names appear in the title bar.



3. Edit the following information as necessary:

   - **Benefit Begin** Date (Subscriber) – The date benefits began for the subscriber. The default is the current date. To change the date, click the Down arrow, and then select the correct date from the calendar.
   - **Benefit Begin Date** (Patient) – The date benefits began for the patient. The default is the current date. To change the date, click the Down arrow, and then select the correct date from the calendar.
   - **Carrier Contacted On** – The date the carrier was most recently contacted. The date updates automatically any time you make a change to the carrier information in the **Dental Insurance Plan Information** dialog box. You can also change the date by clicking the Down arrow and selecting a date from the calendar.

- **By Prov/Staff ID** – Click the Down arrow, and then from the list, select the Provider/Staff ID of the person from your office who most recently contacted the insurance carrier.
- **Insurance Representative** – Type the name of the insurance carrier's representative the provider or staff member spoke to most recently.
- **Eligibility Coverage Level** – Click the Down arrow, and then from the list, select the appropriate coverage for the selected group plan.
- **Benefit Renewal** – Click the Down arrow, and then from the list, select the month when the plan's benefits renew.
- **Insurance Plan Type** – Click the Down arrow, and then from the list, select the appropriate plan type:
  - **Traditional/Indemnity** – Claim payment is based on the procedures performed, usually as a percentage of the charges. Can be paired with a PPO.
  - **PPO** – A regular indemnity insurance plan combined with a network of dentists under contract to deliver specified services for set fees.
  - **HMO/DMO** – A contracted dentist is "pre-paid" a certain amount each month for each patient assigned to that dentist.
  - **Capitation** – A contracted dentist must provide certain contracted services at no-cost or reduced cost to specified patients.
  - **Fee Schedule** – A type of indemnity plan that pays a set amount for each procedure regardless of the actual charges. Patients are responsible for the difference between the carrier's payment and the charged fee. May be paired with a PPO that limits contracted dentists to a maximum allowable charge.
  - **Other** – These types of plans could include Exclusive Provider Organizations (EPO), point of service plans, direct reimbursement plans, and so on.
- **Participating Providers** – Click the button, and then in the **Select Participating Providers** dialog box, select the providers who participate in the selected plan.
- **Out-Of-Network Benefits** – Click the Down arrow, and then from the list, select **Yes** or **No**.
- **Coordination of Benefits** – Click the Down arrow, and then from the list, select **Standard**, **Non-Duplication**, or **Other**.
- **Claim Deadline** – Click the Down arrow, and then from the list, select a number (1-12). Click the Down arrow in the adjacent box, and then from the list, select **Years**, **Months**, **Weeks**, or **Days**.
- **Waiting Period** – Type the appropriate number of months.
- **Dependent Max Age** – Type the maximum age that coverage applies to a dependent.
- **Missing Tooth Clause** – Click the Down arrow, and then from the list, select **Yes** or **No**.
- **Crowns/Bridges Paid On** – Click the Down arrow, and then from the list, select **Seat Date** or **Prep Date**.

4. Click **Save**.

ADDING DEDUCTIBLE TYPES

Each time patients come to your practice they use some of their insurance benefits. Some patients may even reach the maximum amount of their benefits or deductibles. To calculate insurance estimates properly, you must record these amounts. You can enter benefits used and deductibles paid in the Family File rather than through insurance claims.

To add a deductible type

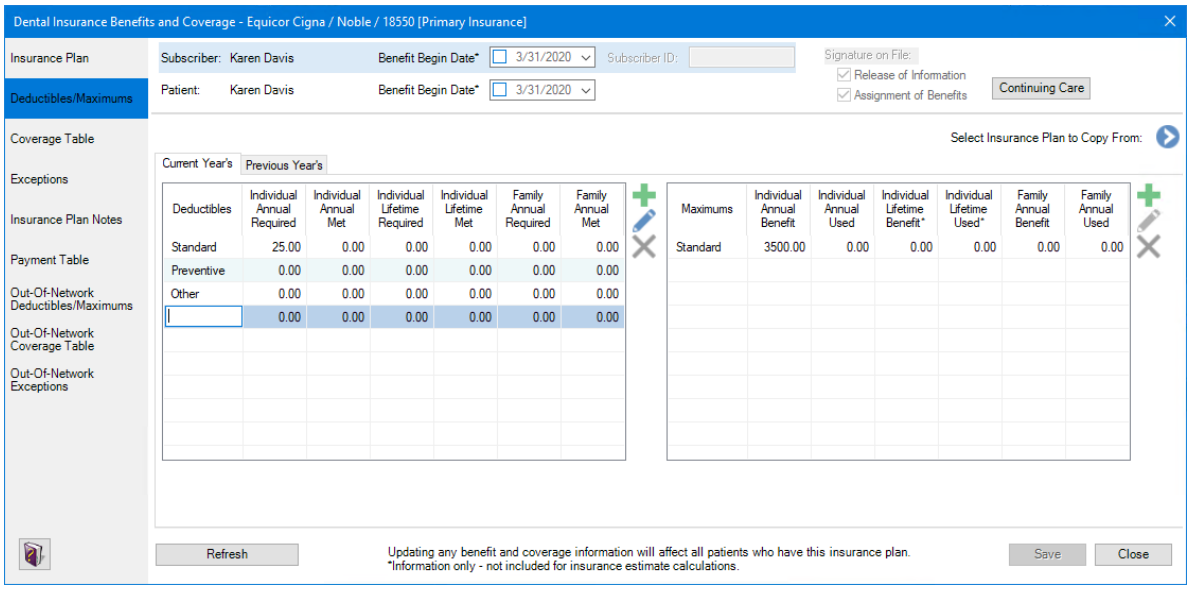
1. In the **Insurance Information** dialog box, click **Benefits/Coverage**.

   The **Dental Insurance Benefits and Coverage** dialog box appears.
2. Click the **Deductibles/Maximums** tab.

The **Deductibles** and **Maximums** tables appear.

3. To add a deductible type, click the Add new deductible type button.

   A row is added to the deductibles table.



4. Complete the following tasks:
   - **Deductibles** – Type a name for the deductibles type.
   - **Individual Annual Required** – Type the amount in dollars.
   - **Individual Annual Met** – Type the amount in dollars.
   - **Individual Lifetime Required** – Type the amount in dollars.
   - **Individual Lifetime Met** – Type the amount in dollars.
   - **Family Annual Required** – Type the amount in dollars.
   - **Family Annual Met** – Type the amount in dollars.
5. Do one of the following:
   - To reverse your changes, click **Undo**.
   - To save your changes, click **Save**.

ADDING MAXIMUM TYPES

Each time patients come to your practice they use some of their insurance benefits. Some patients may even reach the maximum amount of their benefits or deductibles. To calculate insurance estimates properly, you must record these amounts. You can enter benefits used and deductibles paid in the Family File rather than through insurance claims.

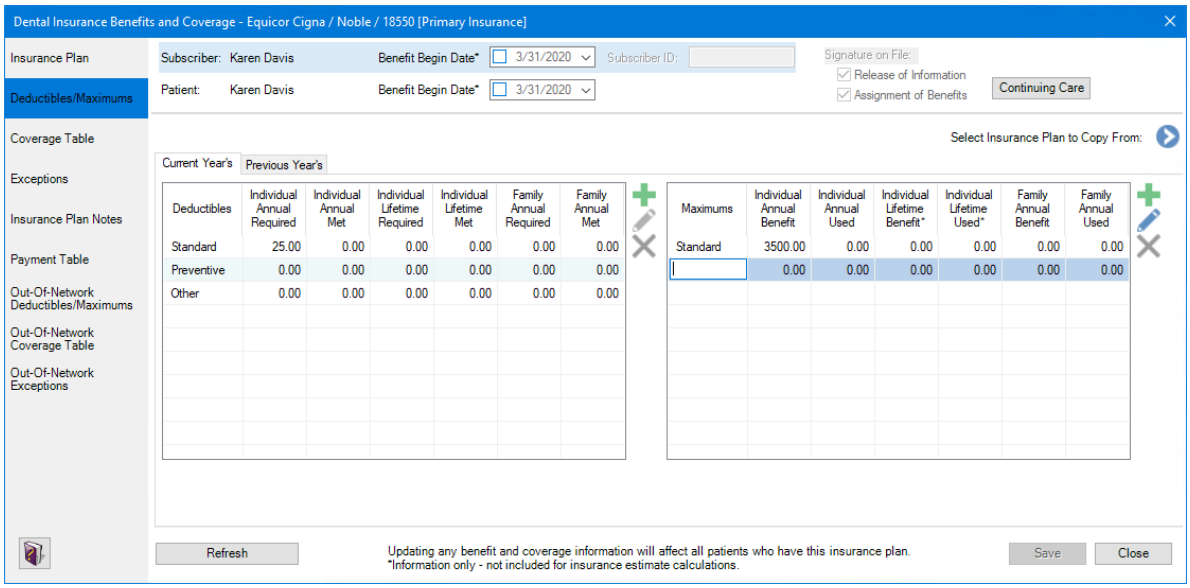
To add a maximum type

1. In the **Insurance Information** dialog box, click **Benefits/Coverage**.

   The **Dental Insurance Benefits and Coverage** dialog box appears.
2. Click the **Deductibles/Maximums** tab.

   The **Deductibles** and **Maximums** tables appear.
3. To add a maximum type, click the Add new maximum type button.

   A row is added to the table.



4. Complete the following tasks:
   - **Maximums** – Type a name for the maximums type.
   - **Individual Annual Benefit** – Type the amount.
   - **Individual Annual Used** – Type the amount used to date.
   - **Individual Lifetime Benefit** – Type the amount. This amount is for information only and is not used to calculate insurance estimates.
   - **Individual Lifetime Used** – Type the amount. This amount is for information only and is not used to calculate insurance estimates.
   - **Family Annual Benefit** – Type the amount.
   - **Family Annual Used** – Type the amount used to date.
5. Do one of the following:
   - To reverse your changes, click **Undo**.
   - To save your changes, click **Save**.

EDITING DEDUCTIBLES AND MAXIMUMS

Each time patients come to your practice they use some of their insurance benefits. Some patients may even reach the maximum amount of their benefits or deductibles. To calculate insurance estimates properly, you must record these amounts. You can enter benefits used and deductibles paid in the Family File rather than through insurance claims.

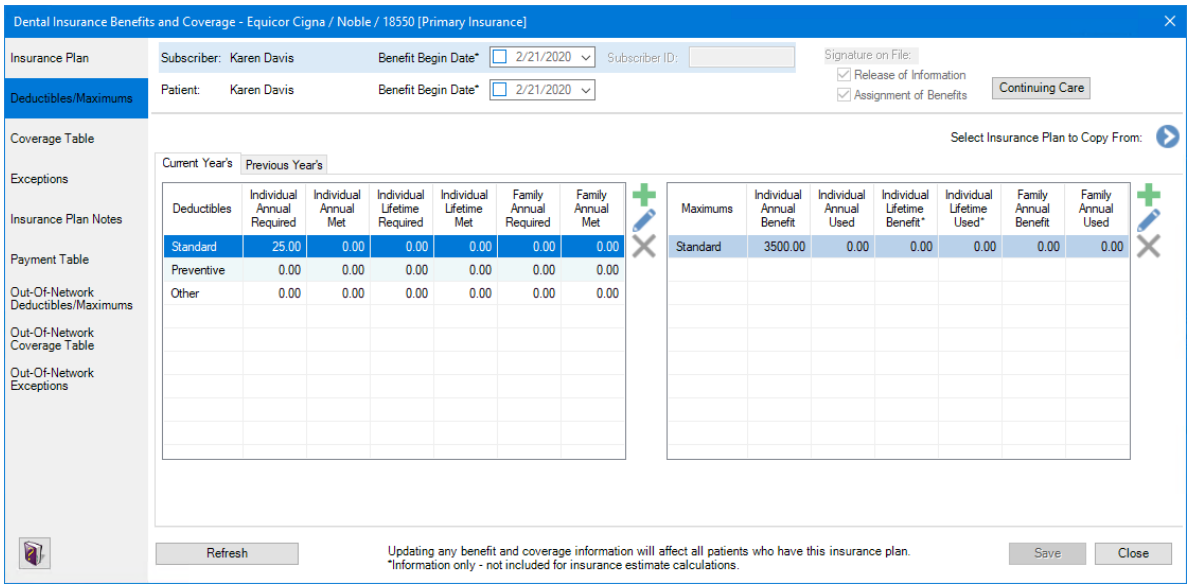
Note: To save time entering deductibles and maximums, you can copy them from other insurance plans. You can also delete deductibles and maximums. To learn more, refer to "Copying deductibles and maximums" and/or "Deleting deductibles and maximums" in the Dentrix Help.

To edit a deductible and a maximum

1. In the **Insurance Information** dialog box, click **Benefits/Coverage**.

   The **Dental Insurance Benefits and Coverage** dialog box appears.
2. Click the **Deductibles/Maximums** tab.

   The **Deductibles** and **Maximums** tables appear.



3. To edit the amount of the annual required deductibles, select the deductible type, click the Edit Deductible button, and then type the amount in the appropriate fields.
4. To edit the amount of deductibles applied to the patient's account, select the deductible type, click the Edit Deductible button, and then type the amount in the appropriate fields.

   Note: Except where noted, once you post the updated information, it is used to calculate all future insurance estimates for the selected patient or family.

5. To edit the amount of the annual maximum benefits (individual and family), select the maximum type, click the Edit Maximum button, and then type the amount in the appropriate fields.
6. To edit the annual maximum benefits used (individual and family), select the maximum type, click the Edit Maximum button, and then type the amount in the appropriate fields.
7. To view the previous year's deductible and maximum benefit information, click the **Previous Year's** tab.
8. To post the changes you have made and update the patient's benefit information, click **Save**.

CREATING COVERAGE TABLES

The coverage table is a powerful tool that you can use to create treatment plan estimates that accurately reflect the actual benefits paid by an insurance carrier.

In Dentrix, you can add a coverage table in three ways:

- Copy a coverage table from one insurance plan and then edit it to create another plan's coverage table.
- Add each category to the coverage table separately.
- Select one of the standard coverage tables included with Dentrix, and then edit it to fit your patient's insurance plan.

Note:

- Updating or changing any benefit and coverage information will affect all patients who subscribe to the selected group plan.
- Select a **Co-Payment Calculations for Ins. Portion** menu option only when one or more co-pay amounts are entered in the coverage table. Usually, Dentrix estimates the patient portion owed by subtracting the calculated insurance portion from the amount for the procedure. When you use co-payments, the patient portion is the amount shown in the **Co-Pay** column of the coverage table, or less, for procedures in the category range (even if the amount is $0.00). The **Co-Payment Calculations**

for Ins. Portion menu option you select is used to calculate the insurance portion for all procedures. When you use co-payments, the total of the patient portion and the insurance protion may be less than the procedure amount, depending on the option you selected and the percentage entered in the **Cov%** column.

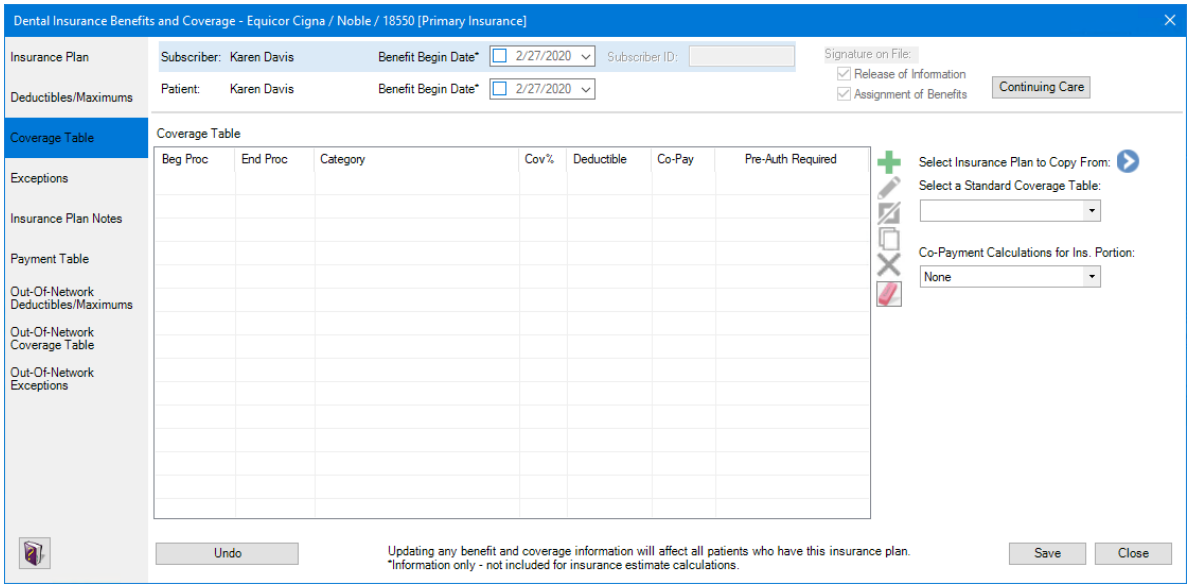
To create a coverage table

1. In the **Insurance Information** dialog box, click **Benefits/Coverage**.

   The **Dental Insurance Benefits and Coverage** dialog box appears.

2. Click the **Coverage Table** tab.

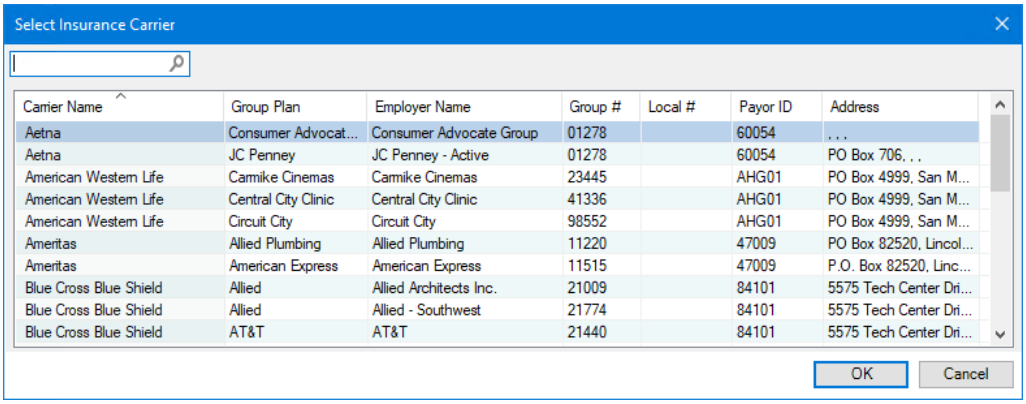
   The **Coverage Table** for the selected patient appears.



3. To create a coverage table, do one of the following:

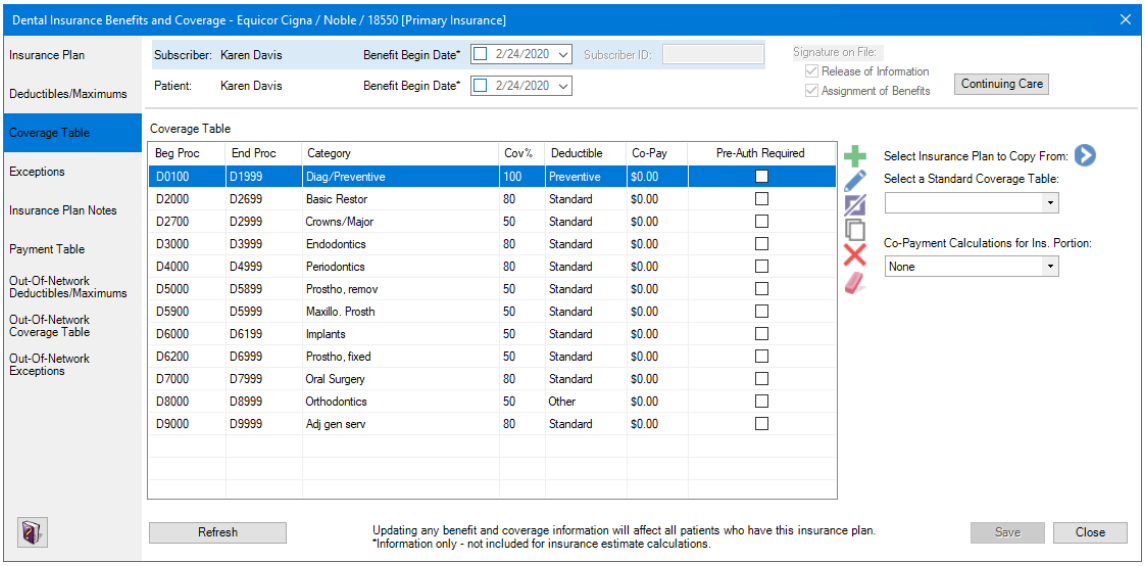
   - Copy a coverage table from another insurance plan by clicking the **Select Insurance Plan to Copy From** button. Select an insurance company from the list, click **OK**, and then edit the table entries as necessary.

     The **Select Insurance Carrier** dialog box appears.



   - Under **Select a Standard Coverage Table**, click the Down arrow, and then select one of the standard coverage tables included with Dentrix.
   - Click the Add button, and then enter each table entry manually.

     The **Coverage Table** fills in.



4. Do one of the following:
   - To undo your changes, click **Undo**.
   - To save your changes, click **Save**.

SPLITTING COVERAGE TABLE CATEGORIES

Using the coverage table, you can group several procedures into categories and assign the percentage the insurance will pay. You can split a category into smaller procedure code ranges, and you can limit a category to a single procedure. When you modify coverage table categories, you must use the ADA procedure codes, but you may not overlap the beginning and ending procedure codes in any given range.

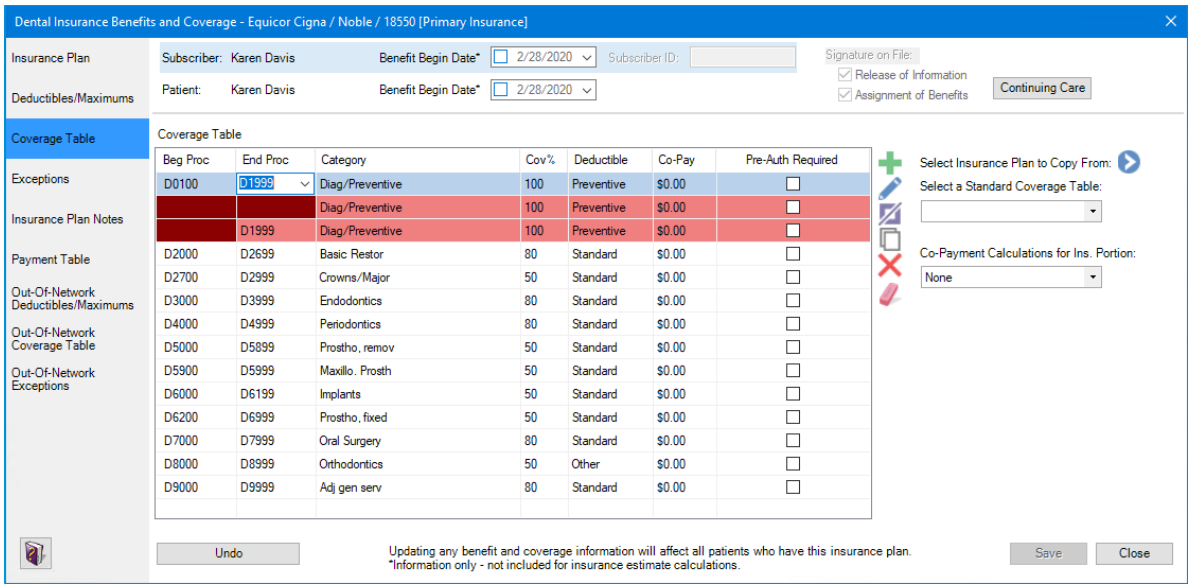
To split a coverage table category

1. In the **Insurance Information** dialog box, click **Benefits/Coverage**.

   The **Dental Insurance Benefits and Coverage** dialog box appears.
2. Click the **Coverage Table** tab.

   The **Coverage Table** appears.
3. Select the category that you want to split, and then click the Split button.

   The selected category splits.



4. In the coverage table list, do one or more of the following:
   - **Procedure code range** – Double-click, and then type or select new **Beg Proc** and **End Proc** procedure codes.

     Note: Do not overlap the beginning or ending procedure codes in any range.
   - **Category name** – Double-click the **Category** text box, and then type a new category name.
   - **Coverage percentage** – Double-click the **Cov %** text box, and then type a new percentage.

     Note: A 0% coverage is estimated for any procedure codes not listed in the **Coverage Table**.
   - **Deductible type** – Double-click the **Deductible** text box, click the Down arrow, and then select the deductible type from the list.
   - **Co-pay amount** – Double-click the **Co-Pay** text box, and then type the amount.

     Important:
     - Enter a co-pay amount only if you are setting up or modifying a capitation plan.
     - Select a **Co-Payment Calculations for Ins. Portion** menu option only when one or more co-pay amounts are entered in the coverage table. Usually, Dentrix estimates the patient portion owed by subtracting the calculated insurance portion from the amount for the procedure. When you use co-payments, the patient portion is the amount shown in the **Co-Pay** column of the coverage table, or less, for procedures in the category range (even if the amount is $0.00). The **Co-Payment Calculations for Ins. Portion** menu option you select is used to calculate the insurance portion for all procedures. When you use co-payments, the total of the patient portion and the insurance protion may be less than the procedure amount, depending on the option you selected and the percentage entered in the **Cov%** column.
   - **Pre-authorization** – Select the **Pre-Auth Required** check box if the insurance carrier requires pre-authorization for the specified procedures.
5. Do one of the following:
   - To undo your changes, click **Undo**.
   - To save your changes, click **Save**.

CREATING EXCEPTIONS TABLES

Exceptions or exclusions are services that are not covered by an insurance plan. In Dentrix, you can create an exceptions table to document and track these exceptions for in-network and out-of-network insurance plans.

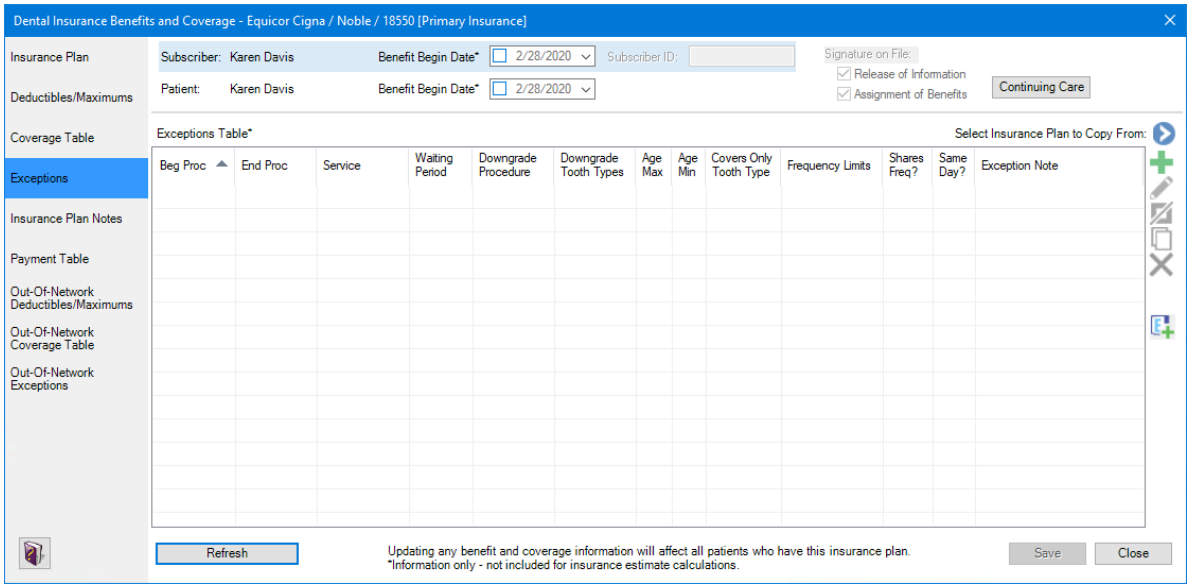
To create an exceptions table

1. In the **Insurance Information** dialog box, click **Benefits/Coverage**.

   The **Dental Insurance Benefits and Coverage** dialog box appears.

2. Click the **Exceptions** tab.

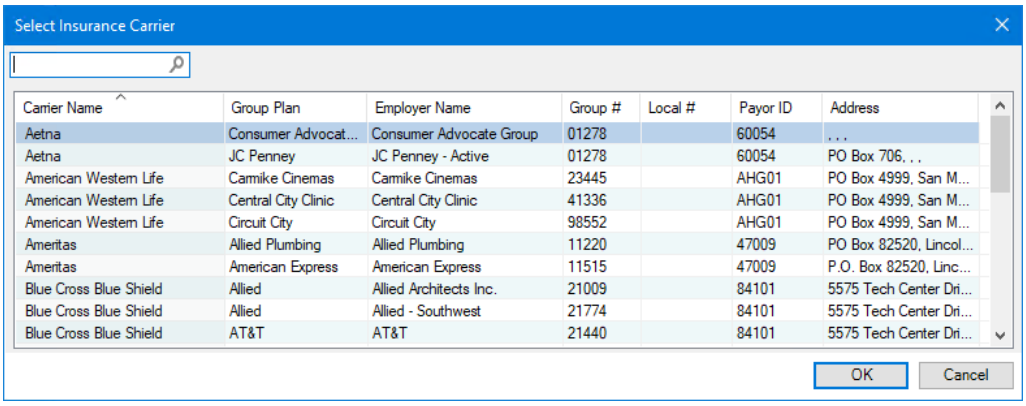
   The **Exceptions Table** appears.



3. To create an exceptions table, do one of the following:

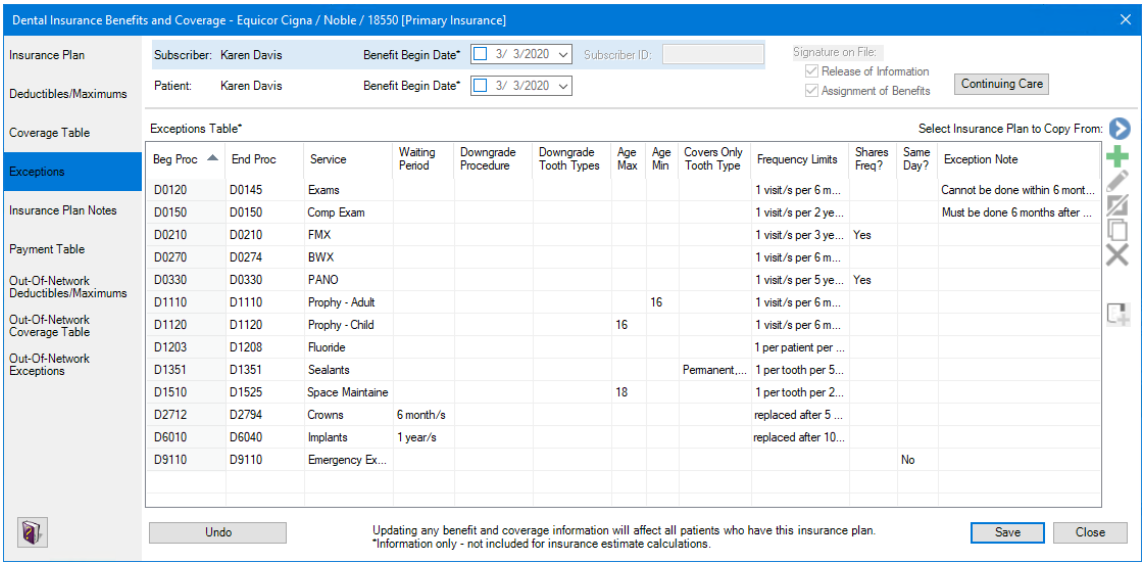
   - Copy an exceptions table from another insurance plan by clicking the **Select Insurance Plan to Copy From** button. Select an insurance company from the list, click **OK**, and then edit the exceptions as necessary.

     The **Select Insurance Carrier** dialog box appears.



   - Click the Add button, and then enter each table entry manually.

     The **Exceptions Table** fills in.



- Click the Insert Exceptions Template button.

  The **Exceptions Table** fills in, and then, as necessary, you can then edit the exceptions entries.

4. Do one of the following:
   - To undo your changes, click **Undo**.
   - To save your changes, click **Save**.

ADDING PROCEDURES TO PAYMENT TABLES

You can use the payment table to enter the dollar amount that an insurance plan pays for specific procedures. As you receive payment from insurance providers, you may update the insurance coverage. The actual payment information is stored in the payment table. You can either enter procedures into the payment table manually, or if you itemize insurance payments, you can update the payment table whenever you post a payment to a claim.

Important:

- Updating or changing any benefit and coverage information will affect all patients who subscribe to the selected group plan.
- If a procedure is in the coverage table and the payment table, the amount in the payment table overrides the amount in the coverage table.

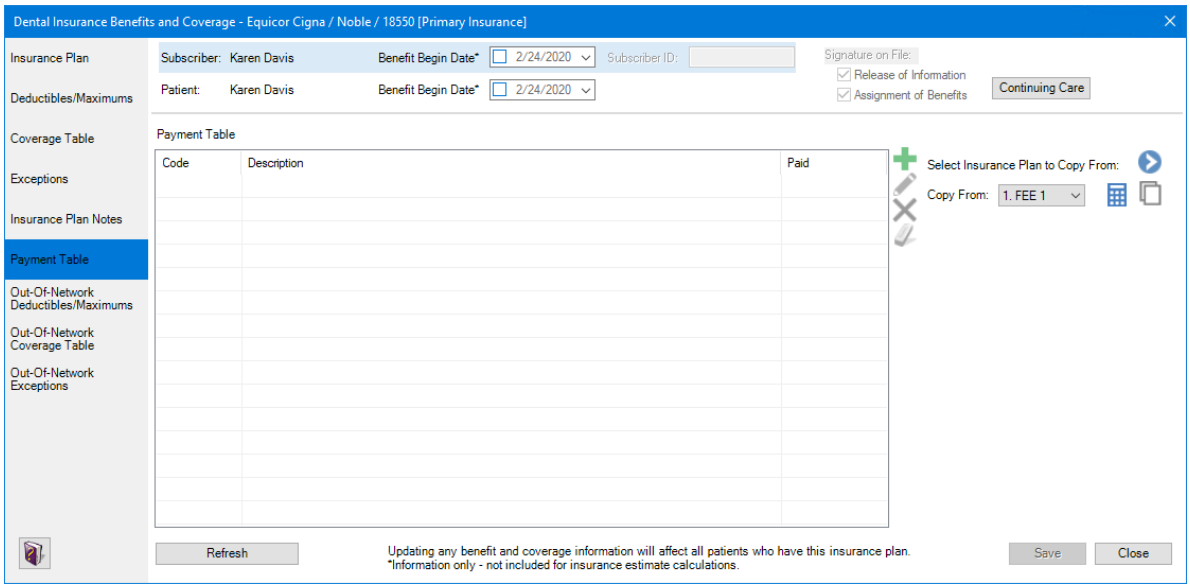
To add a procedure to a payment table

1. In the **Insurance Information** dialog box, click **Benefits/Coverage**.

   The **Dental Insurance Benefits and Coverage** dialog box appears.

2. Click the **Payment Table** tab.

   The **Payment Table** appears.



3. To add a procedure code, click the Add button, and then do one of the following:
   - Type the procedure code that you want to add under **Code**.
   - Click the Down arrow, click the type of code, and then select the code from the list.
4. If you typed the procedure code, press the Tab key, and then type a description of the code.

   Note: If you selected the code from the Procedure Code List, the description appears automatically.
5. Under **Paid**, type the amount the insurance provider paid for the procedure.
6. Click **Save**.

EDITING OUT-OF-NETWORK EXCEPTIONS

Exceptions or exclusions are services that are not covered by an insurance plan. In Dentrix, you can create an exceptions table to document and track these exceptions for in-network and out-of-network insurance plans.

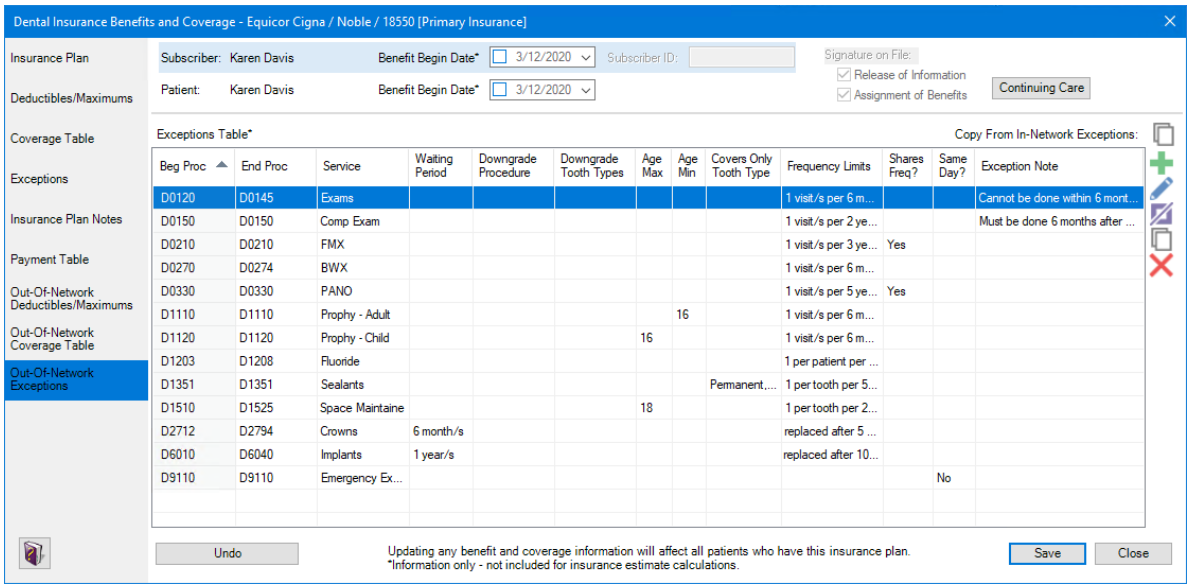
Note: Updating or changing any benefit and coverage information will affect all patients who subscribe to the selected group plan.

To edit an out-of-network exception

1. In the **Insurance Information** dialog box, click **Benefits/Coverage**.

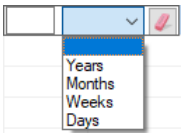
   The **Dental Insurance Benefits and Coverage** dialog box appears.
2. Click the **Out-Of-Network Exceptions** tab.

   The **Exceptions Table** appears.

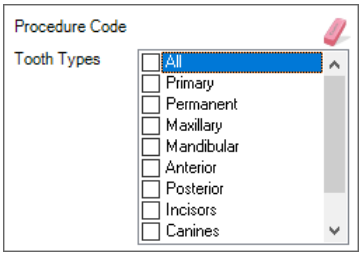


3. To edit an exception, select it, click the Edit Selected Exception button, and then do one or more of the following:

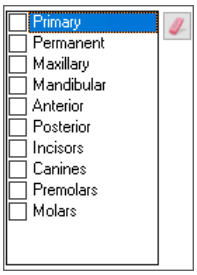
   - **Beg Proc** – Double-click the cell, and then type the beginning code of the procedure code range, or click the Down arrow and select the code from the list.
   - **End Proc** – Double-click the cell, and then type the end code of the procedure code range, or click the Down arrow and select the code from the list.
   - **Service** – Double-click the cell, and then type a description of up to 15 characters of the type of service.
   - **Waiting Period** – Double-click the cell, type the appropriate number, and then select **Years**, **Months**, **Weeks**, or **Days** in the list. To clear your entries, click the Clear button.



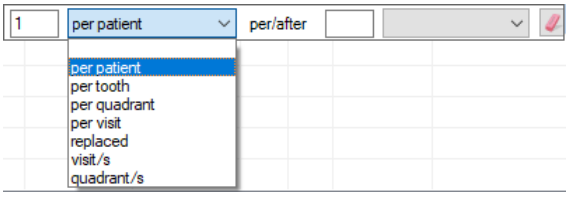
   - **Downgrade Procedure** – Double-click the cell, click the Down arrow, and then select the appropriate procedure from the list.
   - **Downgrade Tooth Types** – Double-click the cell, and then select the applicable tooth types from the list. To clear your selections, click the Clear button.



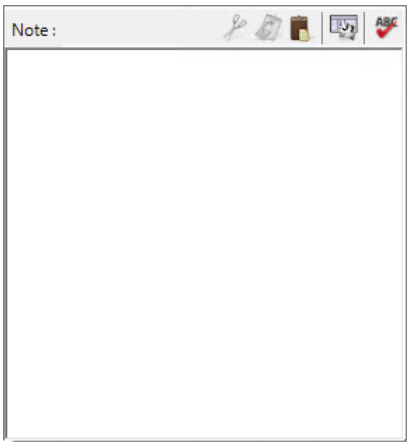
   - **Age Max** – Double-click the cell, and then type the maximum age (1-99). You can leave this cell blank.
   - **Age Min** – Double-click the cell, and then type the minimum age (1-99). You can leave this cell blank.
   - **Covers Only Tooth Type** – Double-click the cell, and then select the applicable tooth types from the list. To clear your selections, click the Clear button.



- **Frequency Limits** – Double-click the cell, type the applicable number (1-99) in each text box, and then select the applicable option in each list. To clear your entries, click the Clear button.



- **Shares Freq?** – Double-click the cell, click the Down arrow, and then select **No** or **Yes** in the list. You can leave this cell blank.
- **Same Day?** – Double-click the cell, click the Down arrow, and then select **No** or **Yes** in the list. You can leave this cell blank.
- **Exception Note** – Double-click the cell, and then type a note in the **Note** text box.



4. Do one of the following:
   - To undo your changes, click **Undo**.
   - To save your changes, click **Save**.

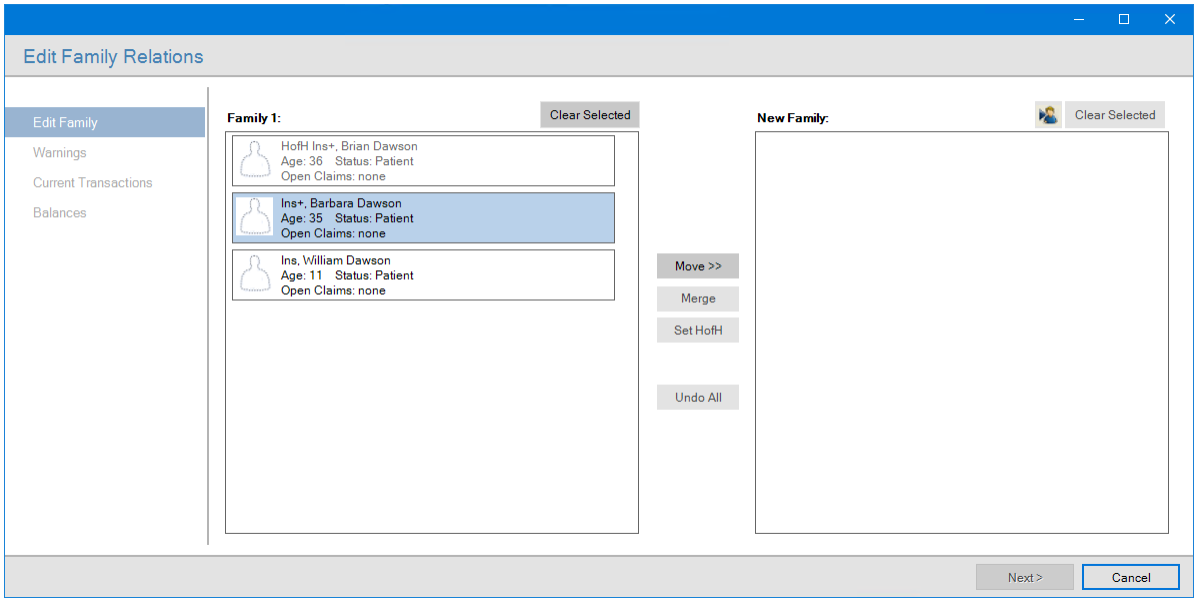
Editing Family Relations

Using the Family File, you can move a patient to a new account or combine two accounts. With the release of Dentrix G7.4, you now have more information and choices when you're editing family relations.

To edit family relationships

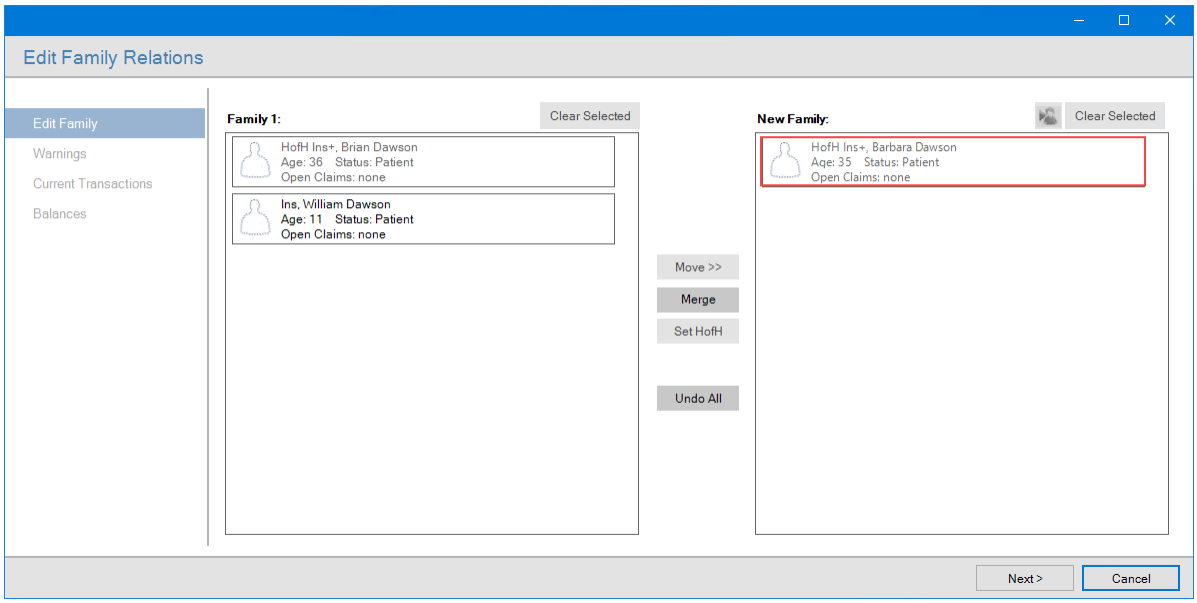
1. With a patient selected in the Family File, click **Edit**, and then click **Edit Family Relations**.

   The **Edit Family Relations** dialog box appears.



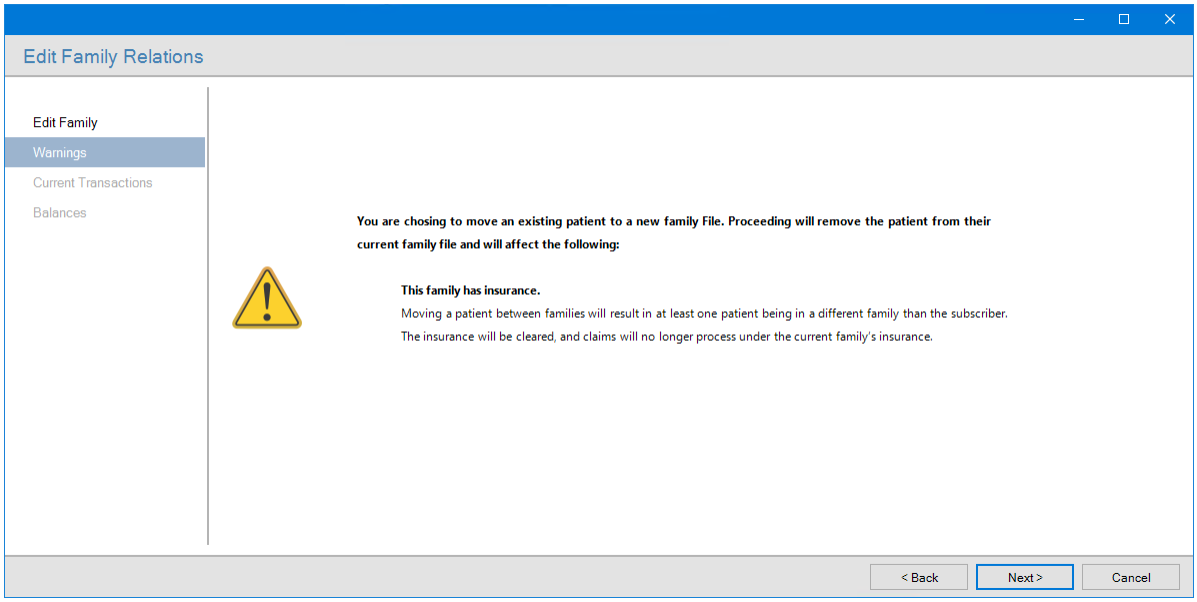
2. Select the Family member that you want to move to another account.
3. To move a patient to another family, click **Move >>**.

   The selected patient moves to the **New Family** pane as the head-of-household.



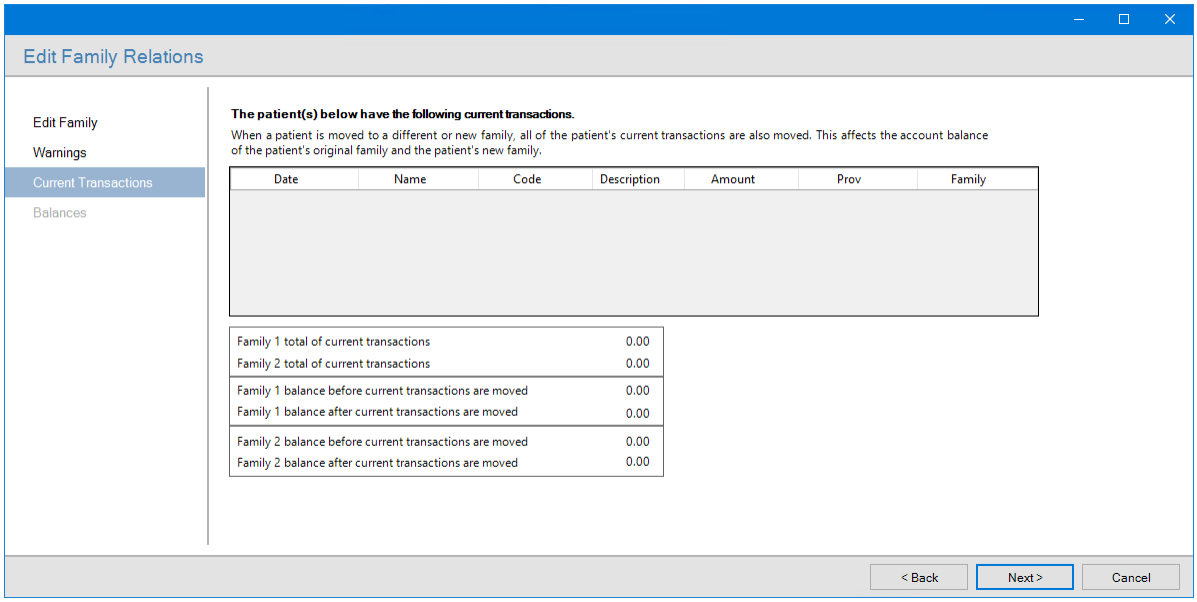
4. As necessary move any other member of the family, and then click **Next**.

   The following warning appears.



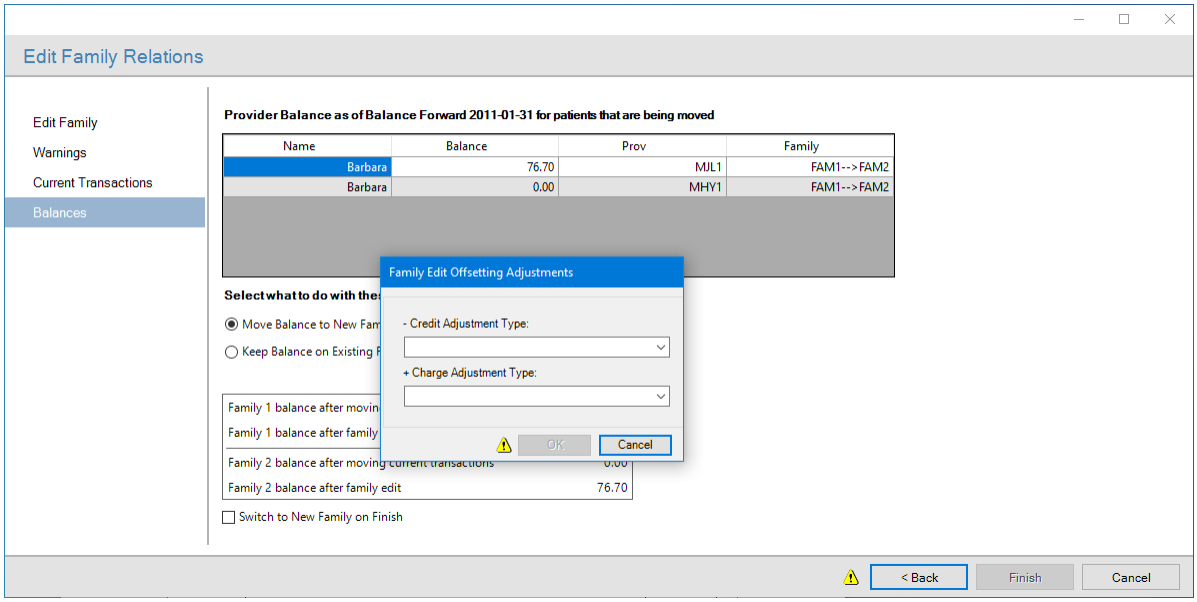
5. To continue, click Next.

   A summary of the current transactions for both families appear.



6. Click **Next**.

   A summary of the balances for both families and the **Family Edit Offsetting Adjustments** dialog box appear.



7. Select a **Credit Adjustment Type** and a **Charge Adjustment Type**, and then click **OK**.

   Note: You must select adjustment types to complete editing the family.

8. Select one of the following:
   - **Move Balance to New Family** – Posts the offsetting adjustments to the new family.
   - **Keep Balance on Existing Family** – Posts the offsetting adjustments to both families for each provider with a balance for the patients moved. To change how the adjustments post, click the Settings button.
9. Click **Finish**.

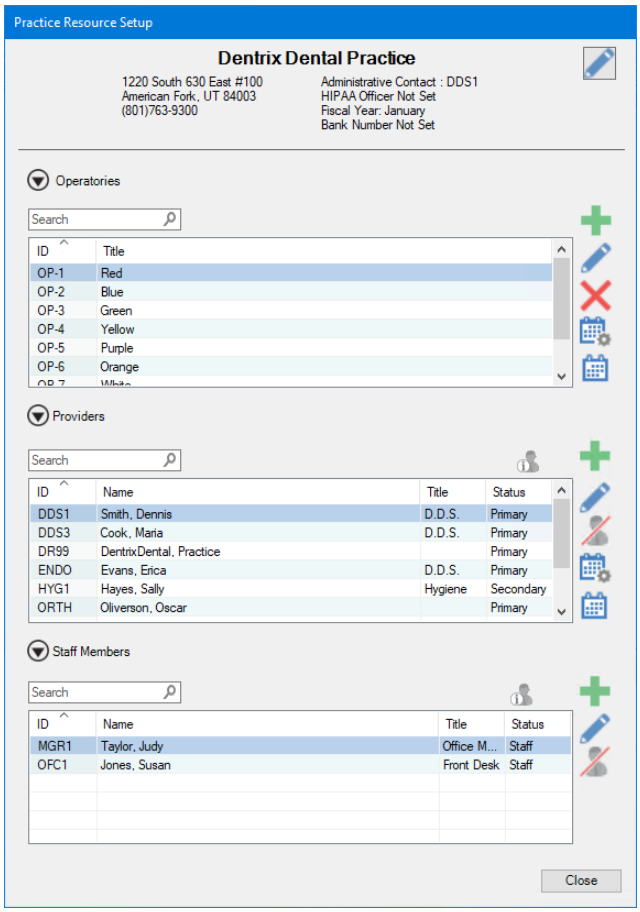
Inactivating Providers

While you cannot delete a provider in Dentrix, you can inactivate one. Using the new streamlined process for inactivating a provider, you can automatically transfer that provider's balance to another provider using offsetting adjustments. The resulting offsetting adjustments appear in the new Provider/Staff Inactivation Report that replaces the Provider/Staff Audit Trail Report.

To inactivate a provider

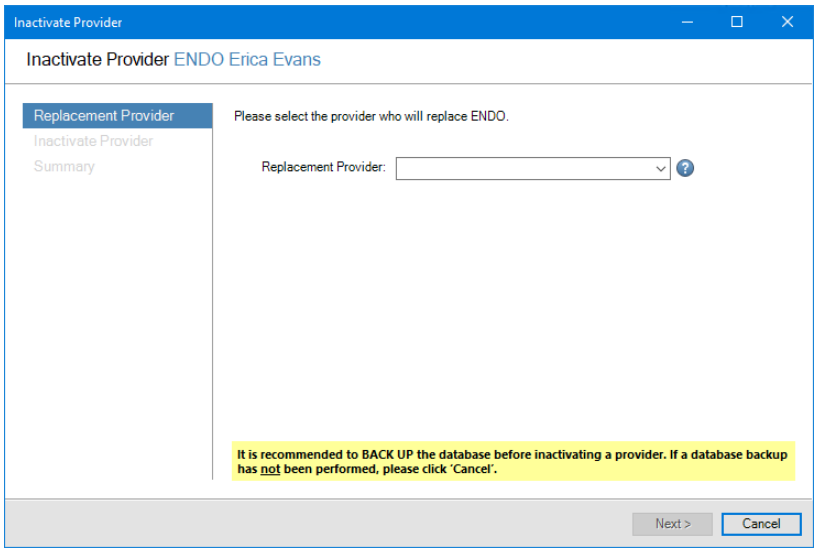
1. In the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Practice Resource Setup**.

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



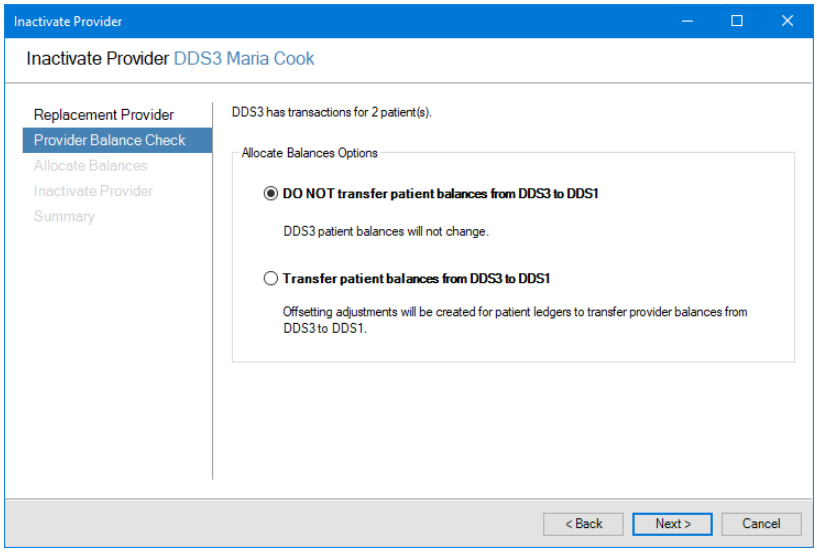
2. Under **Providers**, select the provider that you want to inactivate from the list.
3. Click the Inactivate/Activate Selected Provider button.

   The **Inactivate Provider** dialog box appears.



4. Click the **Replacement Provider** drop-down arrow, select the replacement from the list, and then click **Next**.

   If the provider you are inactivating has any patient balances remaining, the **Provider Balance Check** pane appears in the **Inactivate Provider** dialog box.

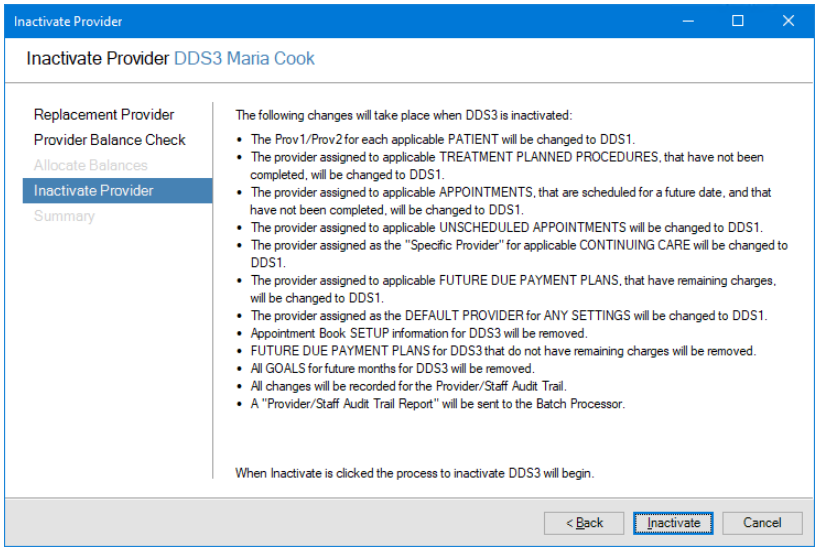


5. Do one of the following, and then click **Next**.
   - Do not transfer patient balances to the replacement provider (default).

     The **Inactivate Provider** pane appears.
   - Transfer patient balances from the archived provider to the replacement provider.

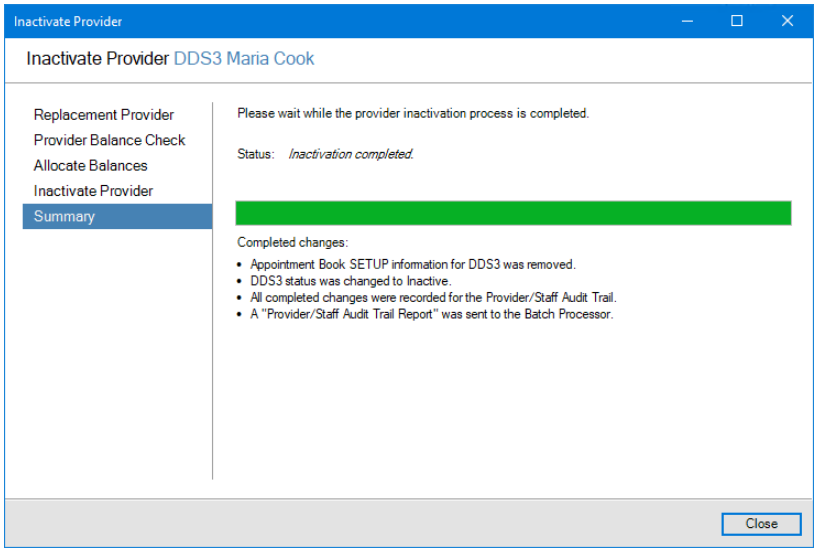
     Offsetting adjustments are created, and the **Allocate Balances** pane appears from which you can apply the credit and charge adjustment types.

     The **Inactivate Provider** pane appears summarizing the changes that will take place.



6. To begin the process for inactivating the provider, click **Inactivate**.

   The **Summary** pane appears.



7. Click **Close**.

Reports Improvements

Several reports were modified to include information for offseting adjustments. To review the changes to these reports, please see the sample reports in the Reports Reference document in the Resource Center. A brief description of the changes to these reports appears in the following list:

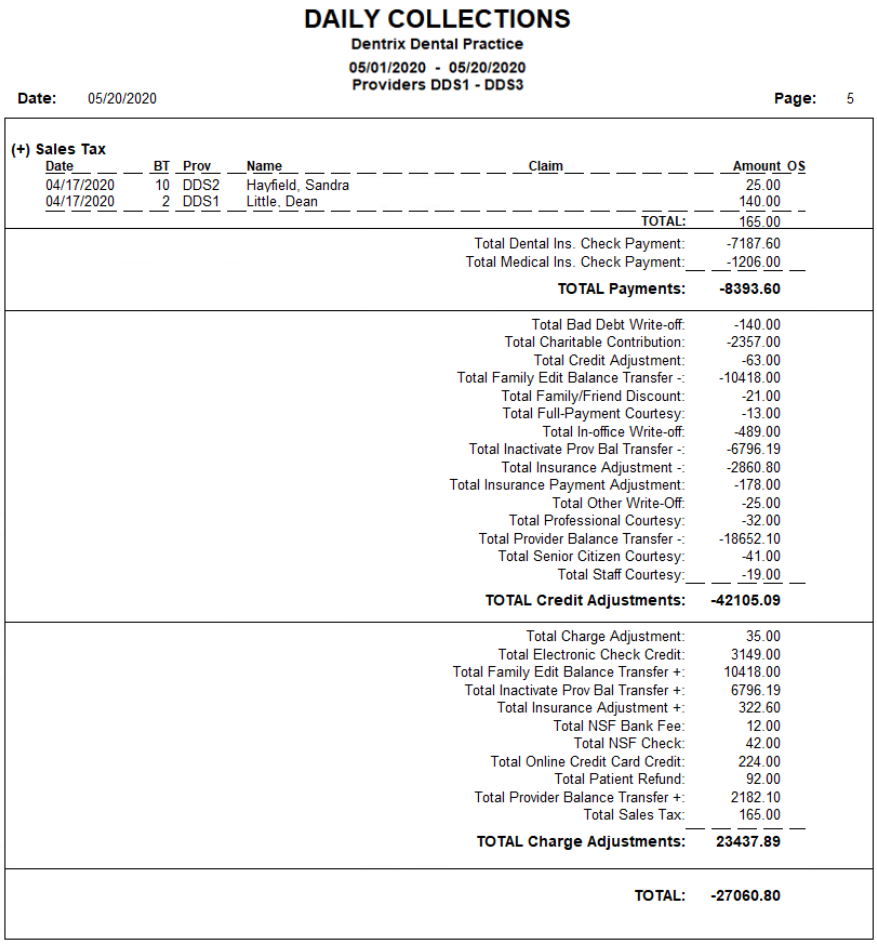
- Provider A/R Totals Report: Now includes columns for offsetting adjustment totals for production and collections.

PROVIDER A/R TOTALS
Dentrix Dental Practice
05/01/2020 - 05/20/2020
Providers DDS1 - DDS3

Date: 05/20/2020 **Page:** 2

Provider	Beginning Balance	Production: Charges	Production: +Adj	Production: -Adj	Production: Offsets	Production: Total	Collections: Payments	Collections: +Adj	Collections: -Adj	Collections: Offsets	Collections: Total	Ending Balance
DDS1												
05/16/2020	90761.52	2627.00	0.00	0.00	0.00	2627.00	0.00	0.00	0.00	0.00	0.00	93388.52
05/18/2020	93388.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16592.00	16592.00	76796.52
05/19/2020	76796.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	76796.52
TOTAL:	90761.52	2627.00	0.00	0.00	0.00	2627.00	0.00	0.00	0.00	16592.00	16592.00	76796.52
DDS2												
05/18/2020	-1122.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47.00	-47.00	-1075.72
05/20/2020	-1075.72	0.00	0.00	0.00	-3203.81	-3203.81	0.00	0.00	0.00	0.00	0.00	-4279.53
TOTAL:	-1122.72	0.00	0.00	0.00	-3203.81	-3203.81	0.00	0.00	0.00	47.00	-47.00	-4279.53
DDS3 (Inactive)												
05/18/2020	-3278.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00	-75.00	-3203.81
05/20/2020	-3203.81	0.00	0.00	0.00	3203.81	3203.81	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL:	-3278.81	0.00	0.00	0.00	3203.81	3203.81	0.00	0.00	0.00	75.00	-75.00	0.00
All												
05/16/2020	86359.99	2627.00	0.00	0.00	0.00	2627.00	0.00	0.00	0.00	0.00	0.00	88986.99
05/18/2020	88986.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16470.00	16470.00	72516.99
05/19/2020	72516.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72516.99
05/20/2020	72516.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72516.99
TOTAL:	86359.99	2627.00	0.00	0.00	0.00	2627.00	0.00	0.00	0.00	16470.00	16470.00	72516.99

- Practice Advisor Report: Now includes rows to show production and collections offsetting adjustment totals.
- Daily Collections Day Sheet Report: Now flags which transactions are offsetting adjustments and indicates which adjustment types are applied to production and which are applied to collections with additional totals for adjustment assignments.



DAILY COLLECTIONS

Dentrix Dental Practice

05/01/2020 - 05/20/2020
Providers DDS1 - DDS3

Date: 05/20/2020 **Page:** 5

(+) Sales Tax

Date	BT	Prov	Name	Claim	Amount OS
04/17/2020	10	DDS2	Hayfield, Sandra		25.00
04/17/2020	2	DDS1	Little, Dean		140.00
				TOTAL:	165.00

Total Dental Ins. Check Payment:	-7187.60
Total Medical Ins. Check Payment:	-1206.00
TOTAL Payments:	**-8393.60**

Total Bad Debt Write-off:	-140.00
Total Charitable Contribution:	-2357.00
Total Credit Adjustment:	-63.00
Total Family Edit Balance Transfer -:	-10418.00
Total Family/Friend Discount:	-21.00
Total Full-Payment Courtesy:	-13.00
Total In-office Write-off:	-489.00
Total Inactivate Prov Bal Transfer -:	-6796.19
Total Insurance Adjustment -:	-2860.80
Total Insurance Payment Adjustment:	-178.00
Total Other Write-Off:	-25.00
Total Professional Courtesy:	-32.00
Total Provider Balance Transfer -:	-18652.10
Total Senior Citizen Courtesy:	-41.00
Total Staff Courtesy:	-19.00
TOTAL Credit Adjustments:	**-42105.09**

Total Charge Adjustment:	35.00
Total Electronic Check Credit:	3149.00
Total Family Edit Balance Transfer +:	10418.00
Total Inactivate Prov Bal Transfer +:	6796.19
Total Insurance Adjustment +:	322.60
Total NSF Bank Fee:	12.00
Total NSF Check:	42.00
Total Online Credit Card Credit:	224.00
Total Patient Refund:	92.00
Total Provider Balance Transfer +:	2182.10
Total Sales Tax:	165.00
TOTAL Charge Adjustments:	**23437.89**

TOTAL:	**-27060.80**

- Analysis Summary Report: Now includes a column for offsetting adjustment amounts.
- Adjustment Only Day Sheet Report: Now flags which transactions are offsetting adjustments and indicates which adjustment types are applied to production and which are applied to collections with additional totals for adjustment assignments.

ADJUSTMENT DAY SHEET
Dentrix Dental Practice
05/01/2020 - 05/20/2020
Providers DDS1 - DDS3

Date: 05/20/2020 **Page:** 2

[C] Provider Balance Transfer - (-)

Entry Date	Proc Date	BT	Prov	Name	Amount	OS
--Continued--						
05/18/2020	05/18/2020	1	DDS1	Johnson, Rachelle	-191.00	Y
05/18/2020	05/18/2020	1	DDS1	Jones, Tom	-1300.00	Y
05/18/2020	05/18/2020	1	DDS1	Keller, Michelle	-1597.00	Y
05/18/2020	05/18/2020	2	DDS1	Little, Anne	-159.00	Y
05/18/2020	05/18/2020	2	DDS1	Little, Brian	-536.00	Y
05/18/2020	05/18/2020	2	DDS1	Little, Carol	-715.00	Y
05/18/2020	05/18/2020	2	DDS1	Little, Dean	-2937.00	Y
05/18/2020	05/18/2020	2	DDS1	Little, Matthew	-2060.00	Y
				TOTAL:	-18652.10	

Total Inactivate Prov Bal Transfer +:	6796.19
TOTAL Charge Adjustments to Production:	6796.19
Total Family Edit Balance Transfer +:	10418.00
Total Provider Balance Transfer +:	2182.10
TOTAL Charge Adjustments to Collections:	12600.10
TOTAL Charge Adjustments:	**19396.29**
Total Inactivate Prov Bal Transfer -:	-6796.19
TOTAL Credit Adjustments to Production:	-6796.19
Total Family Edit Balance Transfer -:	-10418.00
Total Provider Balance Transfer -:	-18652.10
TOTAL Credit Adjustments to Collections:	-29070.10
TOTAL Credit Adjustments:	**-35866.29**
TOTAL Adjustments to Collections:	**-16470.00**

- Day Sheet Report: Now flags which transactions are offsetting adjustments and adds a total for offsetting adjustments.

DAY SHEET (CHRONOLOGICAL)
Dentrix Dental Practice
05/01/2020 - 05/20/2020
Providers DDS1 - DDS3

Date: 05/20/2020 **Page:** 2

Entry Date	Procedure Date	Patient Name	Th	Code	Description	OS	Charges	Payments	BT	Prov	Phone #
05/20/2020	05/20/2020	Zabriski, Jenny			+Inactivate Prov Bal Transfe	Y	398.40		1	DDS2	( )
05/20/2020	05/20/2020	Zabriski, Jenny			-Inactivate Prov Bal Transfer	Y		-398.40	1	DDS3	( )
05/20/2020	05/20/2020	Crosby, Theresa H			+Inactivate Prov Bal Transfe	Y	109.00		1	DDS2	(801)797-5969
05/20/2020	05/20/2020	Crosby, Theresa H			-Inactivate Prov Bal Transfer	Y		-109.00	1	DDS3	(801)797-5969
05/20/2020	05/20/2020	Hendricks, Karl			+Inactivate Prov Bal Transfe	Y	600.00		10	DDS2	(801)797-1715
05/20/2020	05/20/2020	Hendricks, Karl			-Inactivate Prov Bal Transfer	Y		-600.00	10	DDS3	(801)797-1715
05/20/2020	05/20/2020	Blank, Kendra			+Inactivate Prov Bal Transfe	Y	109.00		3	DDS2	( )
05/20/2020	05/20/2020	Blank, Kendra			-Inactivate Prov Bal Transfer	Y		-109.00	3	DDS3	( )
05/20/2020	05/20/2020	Crosby, Shirley H			+Inactivate Prov Bal Transfe	Y	23.00		1	DDS2	(801)797-5969
05/20/2020	05/20/2020	Crosby, Shirley H			-Inactivate Prov Bal Transfer	Y		-23.00	1	DDS3	(801)797-5969
05/20/2020	05/20/2020	Blank, Thomas			+Inactivate Prov Bal Transfe	Y	61.00		3	DDS2	( )
05/20/2020	05/20/2020	Blank, Thomas			-Inactivate Prov Bal Transfer	Y		-61.00	3	DDS3	( )

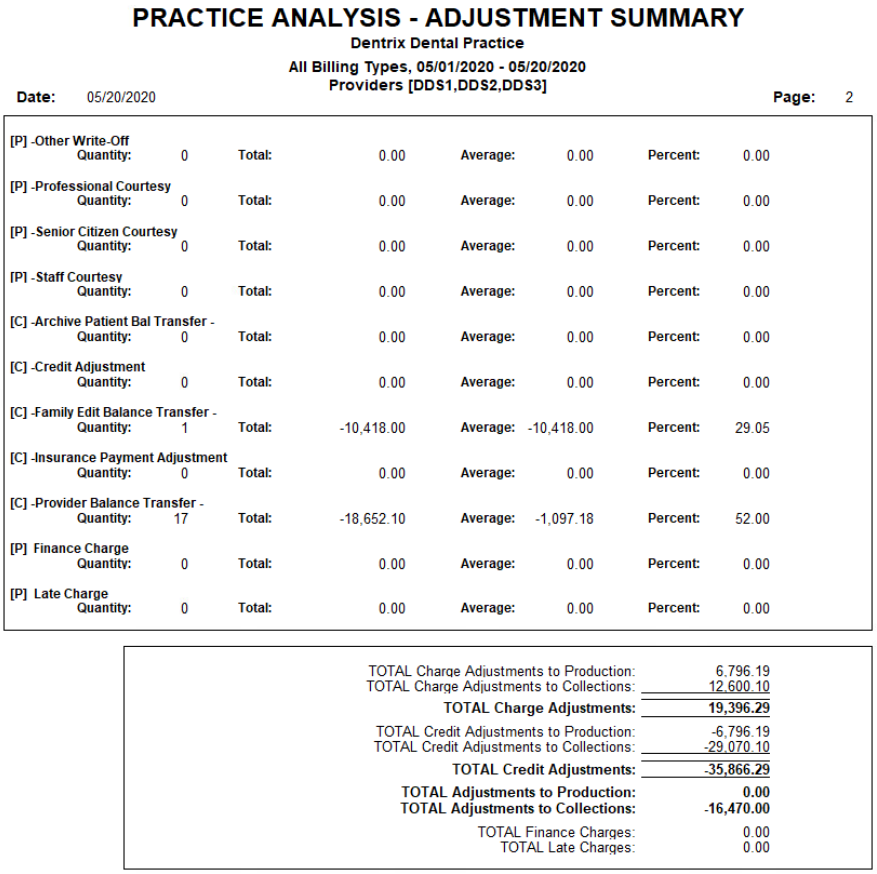
Grand TOTALS:

	Current	Month-to-Date	Year-to-Date	Previous Month
Charges:	2627.00	2627.00	0.00	0.00
Payments:	0.00	0.00	0.00	0.00
Credit Adjustments:	0.00	-35866.29	0.00	0.00
Charge Adjustments:	0.00	19396.29	0.00	0.00
Offsetting Adjustments:	-16470.00			
Finance Charges:	0.00	0.00	0.00	0.00
Late Charges:	0.00	0.00	0.00	0.00
Charges Billed to Insurance:	0.00	0.00	0.00	0.00
New Patients of Record:	0	0	0	0
Patients Seen:	6	6		
Avg Prod per Patient:	437.83	437.83		
Avg Chg per Procedure:	77.26	77.26		
Previous Balance:	0.00			
Balance as of 05/20/2020:	0.00			
Net Change:	0.00			

Smith, Dennis - DDS1 TOTALS:

Charges:	2627.00	2627.00	0.00	0.00
Payments:	0.00	0.00	0.00	0.00
Credit Adjustments:	0.00	-28691.10	0.00	0.00
Charge Adjustments:	0.00	12099.10	0.00	0.00
Offsetting Adjustments:	-16592.00			
Finance Charges:	0.00	0.00	0.00	0.00
Late Charges:	0.00	0.00	0.00	0.00
Charges Billed to Insurance:	0.00	0.00	0.00	0.00
New Patients of Record:	0	0	0	0
Patients Seen:	6	6		
Avg Prod per Patient:	437.83	437.83		
Avg Chg per Procedure:	77.26	77.26		
Previous Balance:	0.00			
Balance as of 05/20/2020:	0.00			
Net Change:	0.00			

- Practice Analysis Adjustment Summary Report: Now indicates which adjustment types are applied to production and which are applied to collections with additional totals for adjustment assignments.



PRACTICE ANALYSIS - ADJUSTMENT SUMMARY

Dentrix Dental Practice

All Billing Types, 05/01/2020 - 05/20/2020
Providers [DDS1,DDS2,DDS3]

Date: 05/20/2020 **Page:** 2

[P] -Other Write-Off	Quantity:	0	Total:	0.00	Average:	0.00	Percent: 0.00
[P] -Professional Courtesy	Quantity:	0	Total:	0.00	Average:	0.00	Percent: 0.00
[P] -Senior Citizen Courtesy	Quantity:	0	Total:	0.00	Average:	0.00	Percent: 0.00
[P] -Staff Courtesy	Quantity:	0	Total:	0.00	Average:	0.00	Percent: 0.00
[C] -Archive Patient Bal Transfer -	Quantity:	0	Total:	0.00	Average:	0.00	Percent: 0.00
[C] -Credit Adjustment	Quantity:	0	Total:	0.00	Average:	0.00	Percent: 0.00
[C] -Family Edit Balance Transfer -	Quantity:	1	Total:	-10,418.00	Average:	-10,418.00	Percent: 29.05
[C] -Insurance Payment Adjustment	Quantity:	0	Total:	0.00	Average:	0.00	Percent: 0.00
[C] -Provider Balance Transfer -	Quantity:	17	Total:	-18,652.10	Average:	-1,097.18	Percent: 52.00
[P] Finance Charge	Quantity:	0	Total:	0.00	Average:	0.00	Percent: 0.00
[P] Late Charge	Quantity:	0	Total:	0.00	Average:	0.00	Percent: 0.00

TOTAL Charge Adjustments to Production:	6,796.19
TOTAL Charge Adjustments to Collections:	12,600.10
TOTAL Charge Adjustments:	**19,396.29**
TOTAL Credit Adjustments to Production:	-6,796.19
TOTAL Credit Adjustments to Collections:	-29,070.10
TOTAL Credit Adjustments:	**-35,866.29**
TOTAL Adjustments to Production:	**0.00**
TOTAL Adjustments to Collections:	**-16,470.00**
TOTAL Finance Charges:	0.00
TOTAL Late Charges:	0.00

- Appointment Book Calendar: You can now exclude offsetting adjustments when you select **Calculate with Production Adjustments** with the option to show Scheduled Production.

To learn more, refer to the sample reports in the Reports Reference.

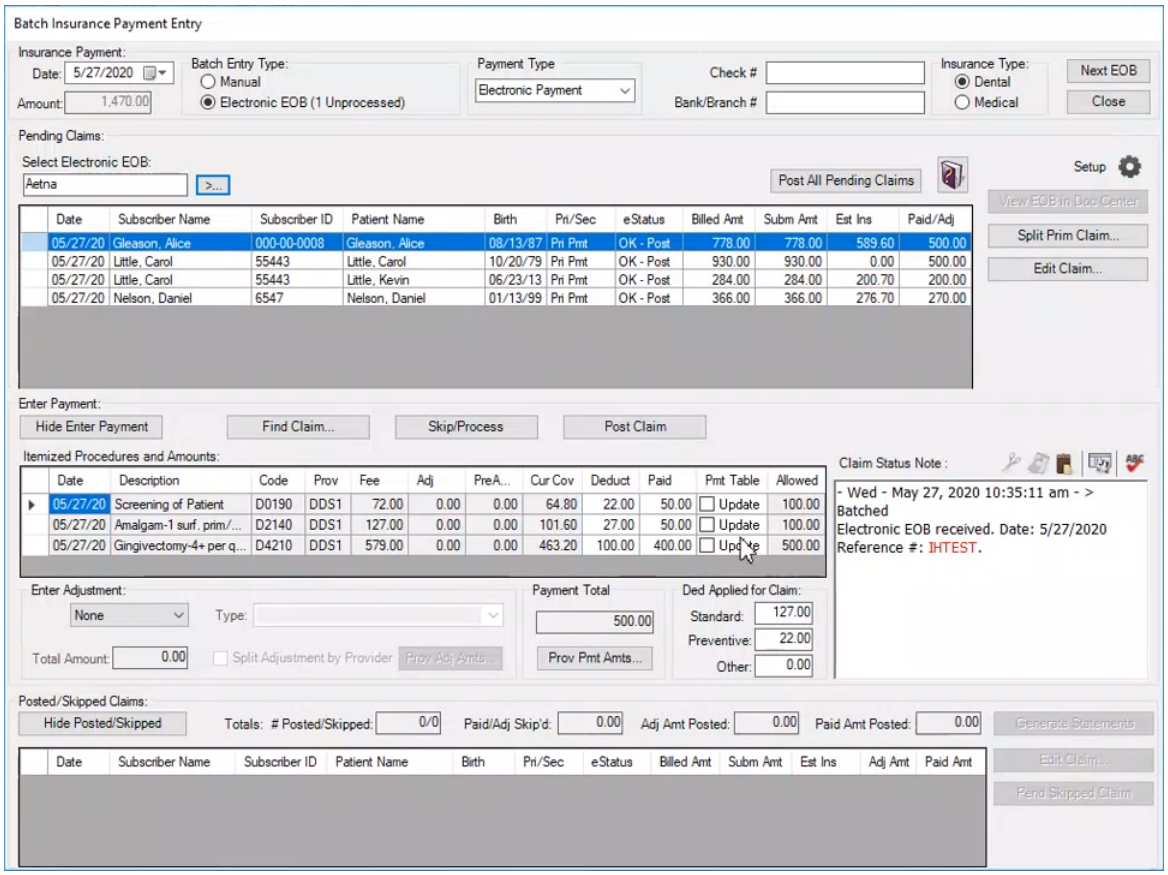
Posting Adjustments for eEOBs

You can now select an option to post adjustments to eEOBs according to the Ledger fees or the claim billed amount from the eEOB in the **Batch Insurance Payment Entry** dialog box.

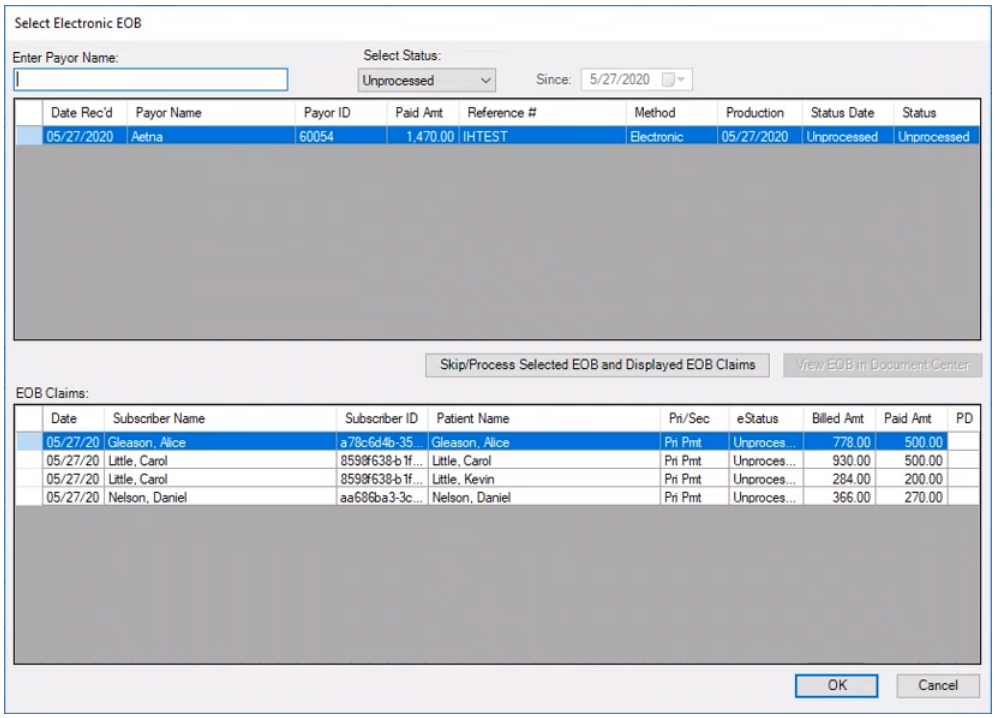
To post an adjustment for an eEOB

1. In the Ledger, click **File**, and then click **Enter Batch Ins. Payment**.

   The **Batch Insurance Payment Entry** dialog box appears.

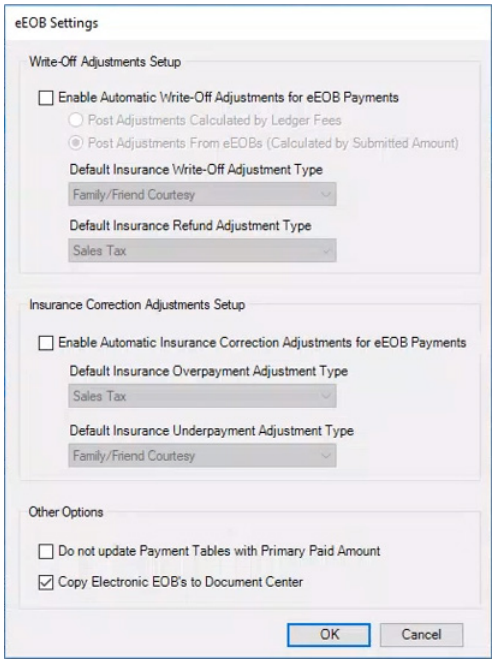


2. Under **Pending Claims**, click the **Select Electronic EOB** search button.
   The **Select Electronic EOB** dialog box appears.



3. Type the payor's name, or select an eEOB from the list, and then click **OK**.
   All claims associated with the eEOB appear in the **Pending Claims** list.
4. To set up automatic write-off and insurance correction adjustments, click the Setup icon.

The **eEOB Settings** dialog box appears.



5. Do one or more of the following:
   - Write-Off Adjustments Setup
     - Select **Enable Automatic Write-Off Adjustments for eEOB Payments**, and then select **Post Adjustments Calculated by Ledger Fees** or **Post Adjustments From eEOBs (Calculated by Submitted Amount)**.
     - Set the **Default Insurance Write-Off Adjustment Type** and the **Default Insurance Refund Adjustment Type**.
   - Insurance Correction Adjustment Setup
     - Select **Enable Automatic Insurance Correction Adjustments for eEOB Payments**, and then set the **Default Insurance Overpayment Payment Adjustment Type** and the **Default Insurance Underpayment Adjustment Type**.
   - **Other Options** – Select one of the following options:
     - **Do not update Payment Tables with Primary Paid Amount**
     - **Copy Electronic EOBs to Document Center**
6. Click **OK**.

QuickBill Updates

In QuickBill, you can now do the following:

- Send statements by mail, email, or both through a single electronic transmission.
- Set a default delivery method for all eStatements or an individual guarantor.
- Track your electronic statements more easily using the newly enhanced electronic billing history.

SENDING QUICKBILL STATEMENTS ELECTRONICALLY

In addition to sending your billing statements through Henry Schein One, you can now send billing statements by email using QuickBill eStatements or by using both mail and email.

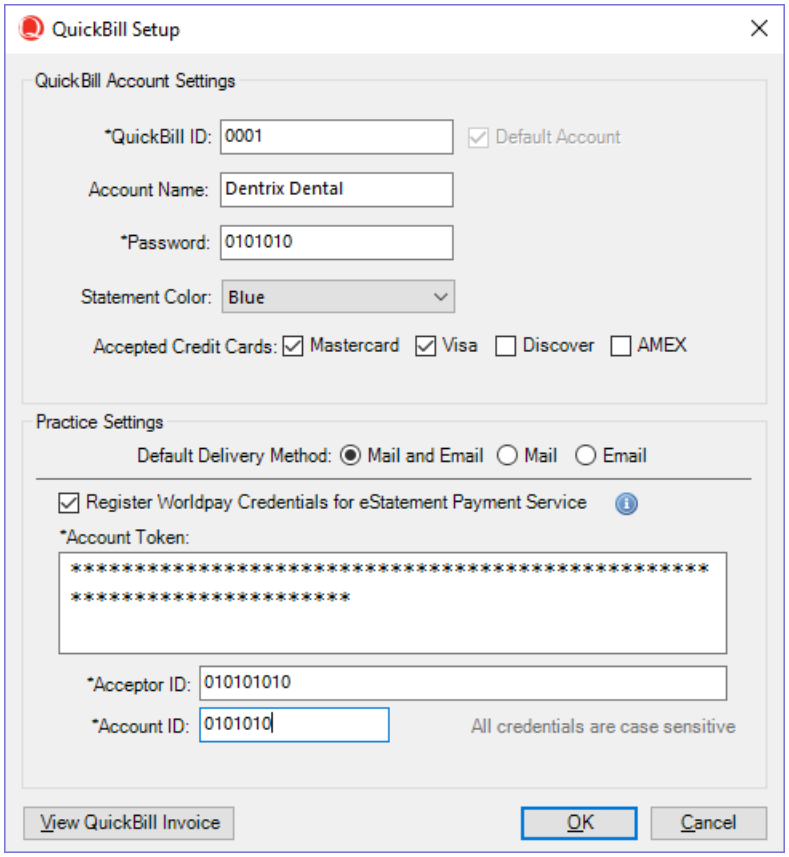
Note: To send your billing statements electronically, you must first register for the QuickBill or QuickBill

eStatements service. For details on registering for these services, contact eServices Sales at 844-918-0210. As part of the QuickBill and/or QuickBill eStatements registration process, you will receive a QuickBill ID and password for your account.

To send a QuickBill statement through a single electronic transmission

1. In the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Electronic Billing Setup**.

   The **QuickBill Setup** dialog box appears.



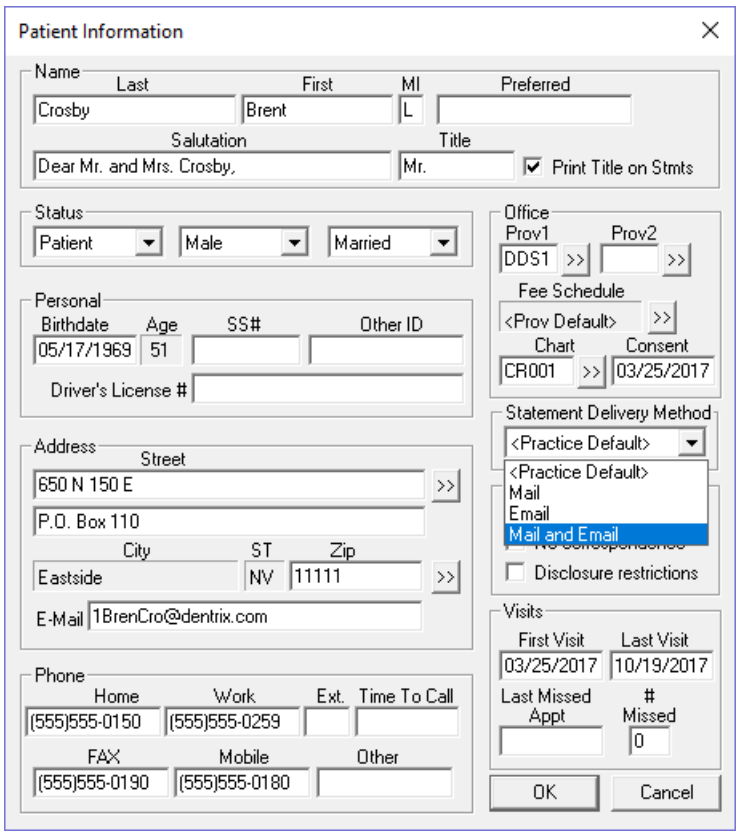
2. Under **Practice Settings**, select the **Default Delivery Method** that you will use to send statements electronically (**Mail and Email**, **Mail**, or **Email**).
3. Do one of the following:
   - If you have not registered for the eStatement Payments service and/or have not yet received your Worldpay merchant account credentials, clear the **Register Worldpay Credentials for eStatement Payment Service** checkbox.
   - If you have registered for the eStatement Payments service and have also received your Worldpay merchant account credentials, select the **Register Worldpay Credentials for eStatement Payment Service** checkbox, and then complete the Worldpay merchant credential fields as follows:
     - **Account Token** – Copy and paste your Worldpay Account token.
     - **Acceptor ID** – Type your Worldpay Acceptor ID.
     - **Account ID** – Type your Worldpay Account ID.
4. Click **OK**.

CHANGING THE DEFAULT DELIVERY METHOD

You can change the default delivery method for a guarantor or a family.

To change default delivery method

1. Open the Family File and select the desired guarantor's account.
2. Open the **Patient Information** dialog box.



3. Under **Statement Delivery Method**, select the appropriate delivery method (**Mail**, **Email**, or **Mail and Email**) for the guarantor/family.
4. Click **OK**.

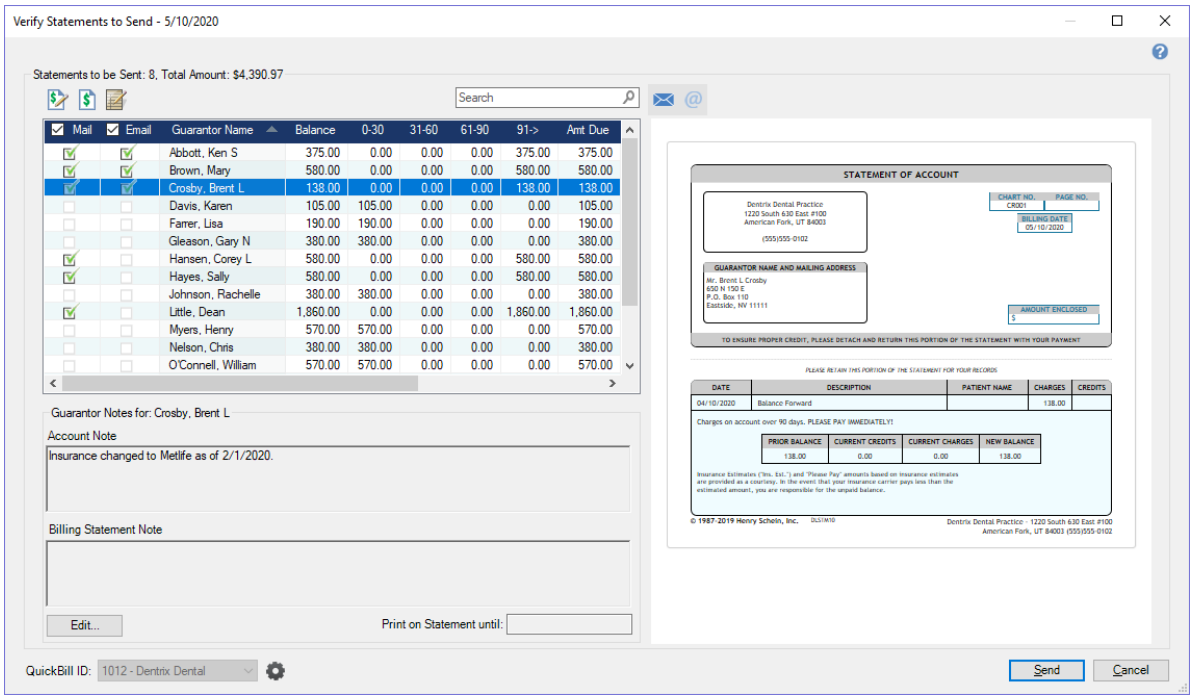
TRACKING ELECTRONIC STATEMENTS

The Electronic Submission History feature replaces the electronic billing transmission reports that appeared in the Batch Processor after each submission in versions of Dentrix prior to G7.4.

To track electronic statements

1. In the **Preferences** dialog box in the Office Manager, select **Verify Billing Statements to Send**.
2. From the Office Manager or the Ledger, send your billing statements electronically.

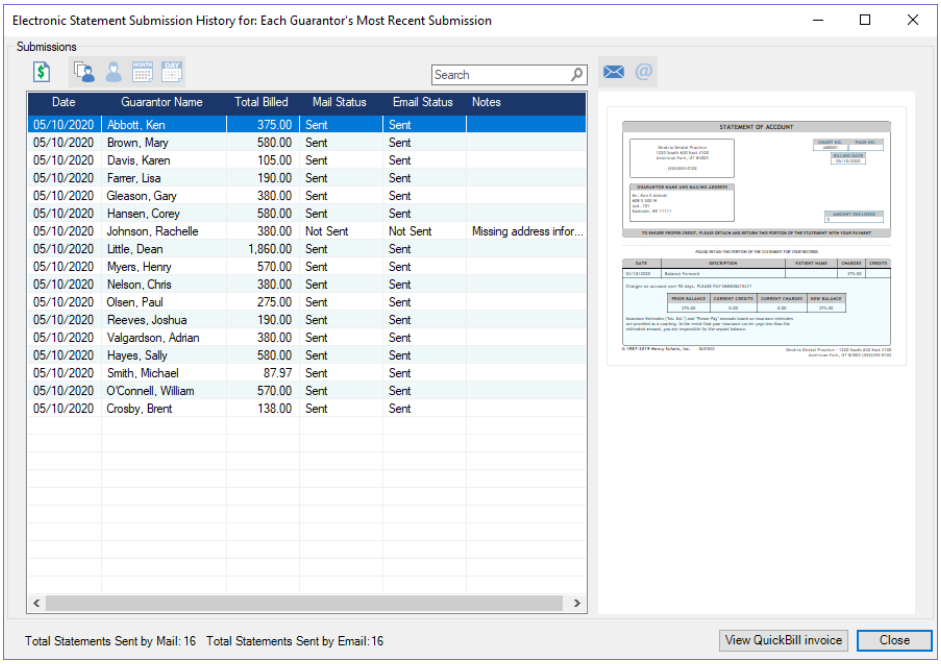
   The **Verify Statements to Send** dialog box appears.



3. From this dialog box, you can do the following:
   - Review and verify statements before sending them electronically.
   - Verify or change the delivery method for your electronic statements: Mail, Email, or both.
   - Enter missing email addresses or guarantor birthdates, which are required for statements to be delivered by email.
   - Verify details for the statement, as necessary, from the searchable and sortable data grid or the statement preview pane.
4. After verifying statements, click **Send**.

   A progress window appears, and once the electronic submission process is completed, a notification appears.
5. To view the **Electronic Statement Submission History** dialog box, click the **View Report** button on the notification.

   Tips: You can also access the **Electronic Statement Submission History** dialog box in the following ways:
   - In the Office Manager, click **File**, and then click **Electronic Billing Submission History**.
   - In the Office Manager, Family File, or Ledger, click the Electronic Billing Submission History toolbar button.



6. Click **Close**.

What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7.4 release.

DOCUMENT CENTER

- The screen capture feature in the Document Center was not working correctly. This has been fixed.

LEDGER

- The **Batch Insurance Payment Entry** dialog box was slow to load claims. This has been fixed.

PRESCRIPTIONS

- The Standard form in the **Prescriptions Setup** dialog box did not remain highlighted after it was selected as the default form. This has been fixed.
- The spell checker was incorrectly flagging the entry, OneQ 6 H, as a spelling error. This has been fixed.

REPORTS

- The Practice Advisor and Daily Huddle reports reported treatment accepted and treatment diagnosed totals incorrectly. This has been fixed.
- The Provider A/R Totals Report incorrectly included two identical Totals rows. This has been fixed.

MISCELLANEOUS

- After Dentrix was uninstalled and then reinstalled, the path in the Windows Registry incorrectly pointed to the previous database location. This has been fixed.
- A warning and the Match button did not appear if the patid (patient ID) does not have a match with the identid (guarantor ID). This has been fixed.

- WebSync incorrectly referred to MSXML versions that Microsoft no longer supports. This has been fixed.
- The **User Permissions** dialog box failed to open after passwords were enabled. This has been fixed.

Dentrix G7.3 Update 1

Overview and New Features

This Dentrix G7.3 Update 1 Release Guide provides information about the Dentrix G7.3 Upddate 1 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.3 Update 1.

Note: For information about using the new features in Dentrix G7.3 Update 1, refer to "Using the New Features and Enhancements" in this section of the Release Guide. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7.3 Update 1 includes the following enhancements:

PASSWORD ADMINISTRATION

Setting up and administering passwords has been enhanced to make the process more intuitive. Setting up passwords was simplified through enhanced search options and customizable user-permission templates.

ACTIVE DIRECTORY

Active Directory is a directory service developed for Windows domain networks. If you enable Active Directory, you can reduce the number of user IDs and passwords your Dentrix users must remember by aligning their Dentrix accounts to their Microsoft network accounts, and then letting them log into Dentrix using their Microsoft network credentials. If you have up to 250 providers and 250 staff members, you can let users who are logged into your network automatically access Dentrix without re-entering their network credentials.

ADJUSTMENT TYPES

You are no longer limited to 40 adjustment types. You can now enter up to 255 adjustment types in the Office Manager, and to more quickly select them, you can sort and search adjustment types anywhere they appear. To learn more about adding adjustment types, refer to "Adding adjustment types" in the Dentrix Help.

HEALTH HISTORY

In Health History Setup, you can now select multiple Medical Conditions, Allergies, and Medications to change the Critical, Pop-up Alert, or Show on Questionnaires Forms status. You can also apply changed statuses for all patients who have the selected Health History items in their charts, or only use status changes for future Health History entries.

CDT CODE UPDATES

You can now update CDT codes without closing all Dentrix modules. The **Procedure Code Setup** dialog box was modified, so you can view information about the latest CDT code update, including the CDT year currently installed on your system. You can also run the CDT Update to update descriptions and replace removed codes used for multi-codes and appointment reasons.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release.

Password Administration

The main reason for using passwords in your office is security. For example, you can use passwords to prevent unauthorized persons from performing sensitive tasks, such as changing information, deleting transactions, accessing financial information, and so forth. You can also use passwords, in conjunction with the Audit Trail Report, to track who in your office has made changes to information in Dentrix.

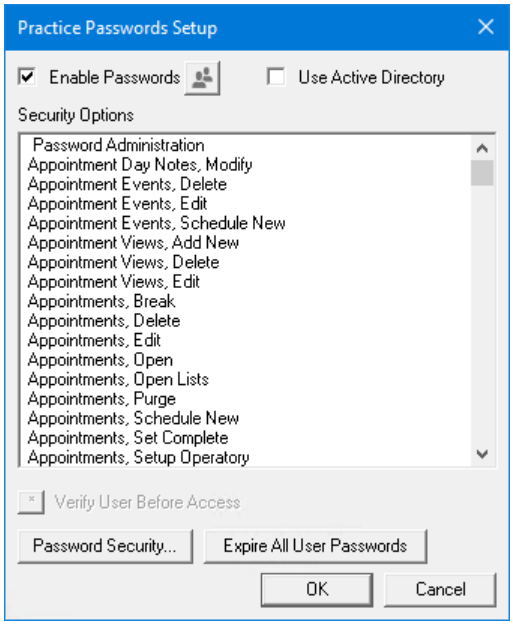
SETTING UP A PASSWORD ADMINISTRATOR

Because passwords are not enabled when you install Dentrix, the first step in setting up passwords is to enable passwords and set up a password administrator. After you enable passwords, users must log in each time they start Dentrix.

To set up a password administrator

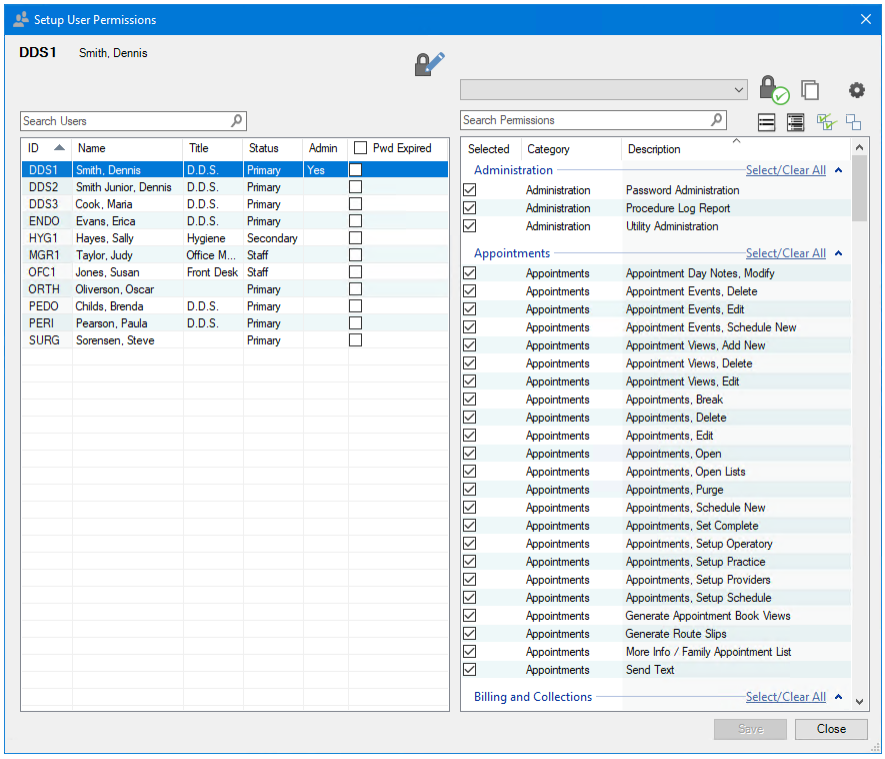
1. In the **Maintenance** menu in the Office Manager, point to **Practice Setup** > **Passwords**, and then click **Practice Passwords Setup**.

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



2. Select **Enable Passwords**., and then click **OK**.

   The **Setup User Permissions** dialog box appears.



3. In the User list, select a password administrator.
4. **(Required)** To grant permissions to the administrator, do one of the following:
   - Under **Administration**, click **Password Administration**. The **Office Manager, Open** permission is selected automatically. These are the minimum permissions required.
   - To grant all permissions to the administrator, click the Check All Permissions button.
5. To save the user as a password administrator, click the **Save** button.

Active Directory

To set up Active Directory, you must first enable passwords in Dentrix and set up a password administrator.

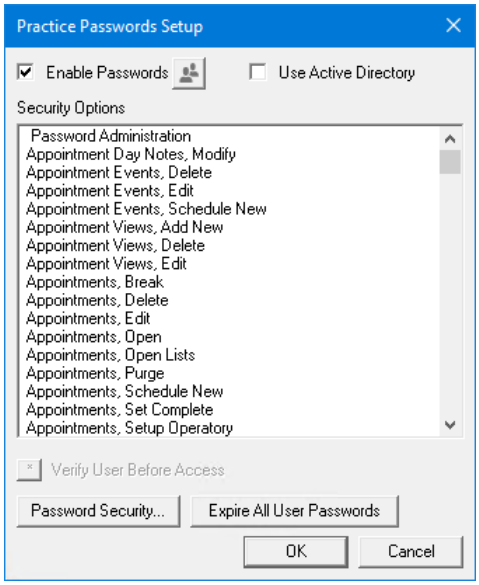
SETTING UP ACTIVE DIRECTORY

You can set up Active Directory only after first enabling passwords.

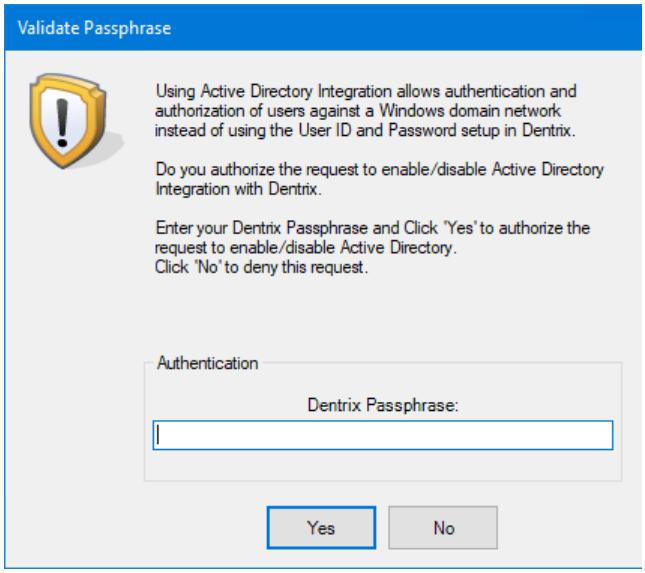
To set up Active Directory

1. In the **Maintenance** menu in the Office Manager, point to **Practice Setup** > **Passwords**, and then click **Practice Passwords Setup**.

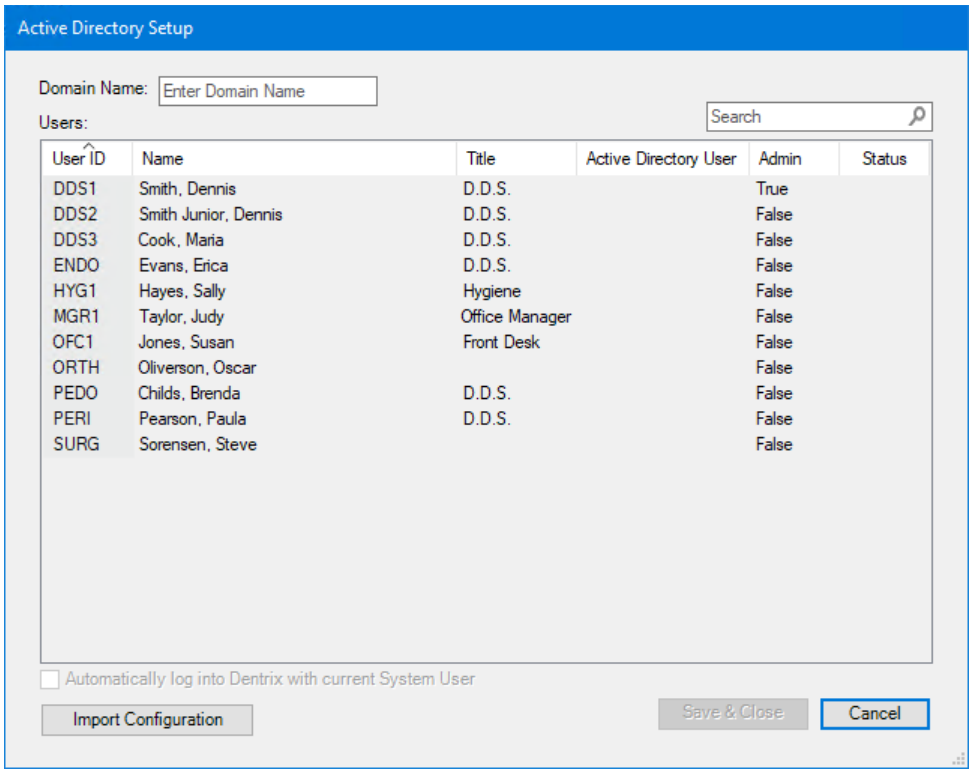
   The **Practice Passwords Setup** dialog box appears.



2. Select **Use Active Directory**, and then click **OK**.
   The **Validate Passphrase** dialog box appears.



3. Type your Dentrix passphrase, and then click **Yes**.
   The **Active Directory Setup** dialog box appears.



4. In the **Domain Name** text box, type the name of the domain you want to authenticate to.
5. In the **Search** box, enter the domain name of a domain user, and then click **Save & Close**.

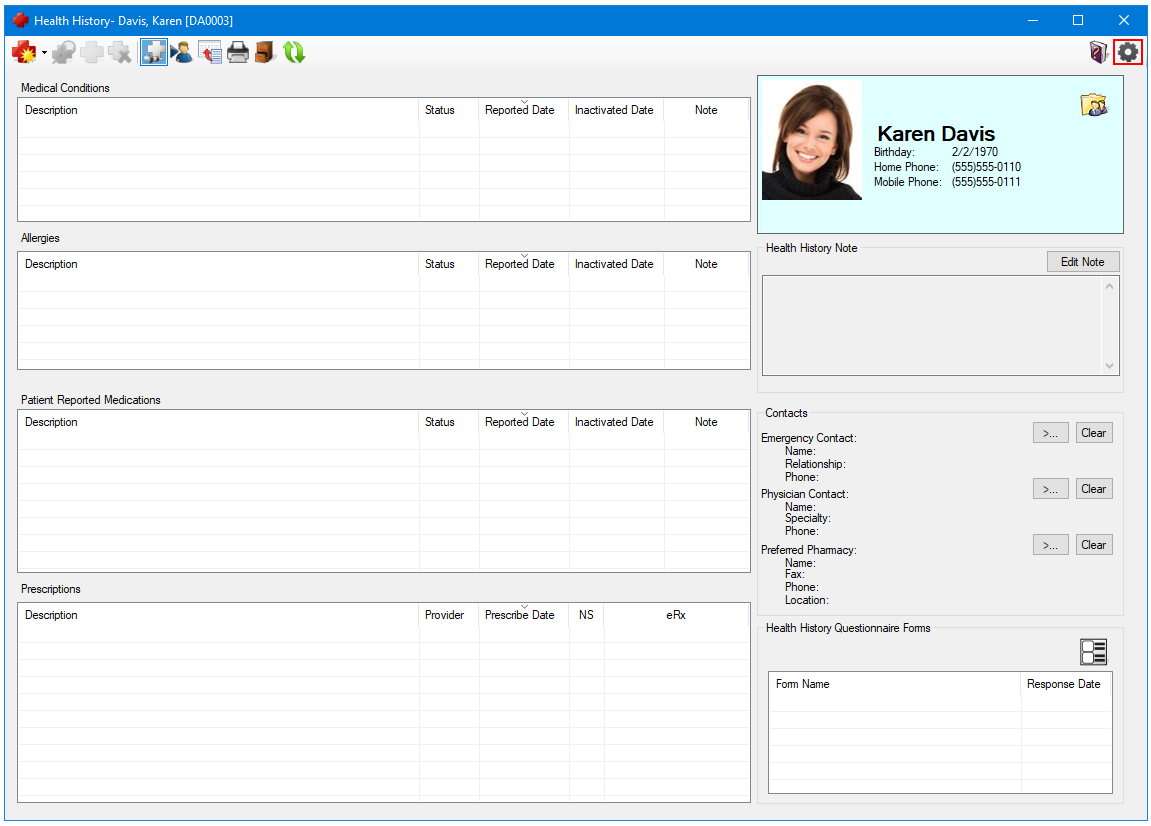
Health History

You can select multiple Medical Conditions, Allergies, and Medications to change the Critical, Pop-up Alert, or Show on Questionnaires Forms status.

To change the critical status of multiple medical conditions

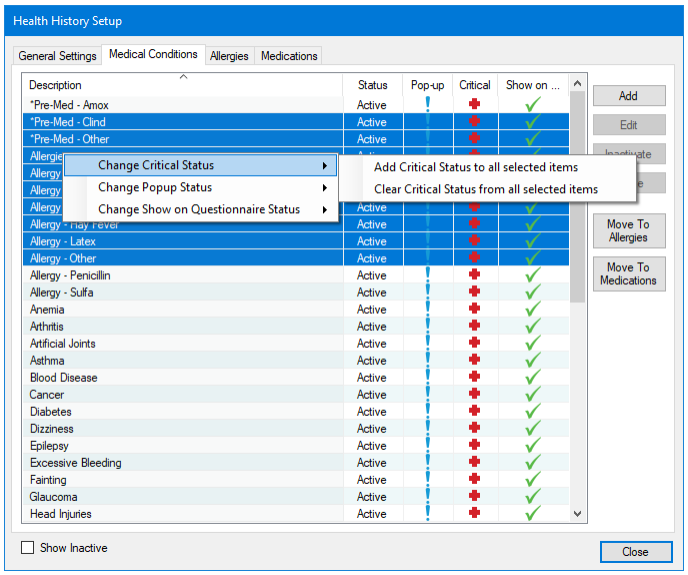
1. Open the Health History module.

   The Health History window appears.



2. Click the Setup button.

   The **Health History Setup** dialog box appears.



3. Select the medical conditions whose critical status you want to change.
4. Right-click your selections, point to **Change Critical Status**, and then click one of the following options:
   - **Add Critical Status to all selected items**
   - **Clear Critical Status from all selected items**

   The critical status of the selected items changes.

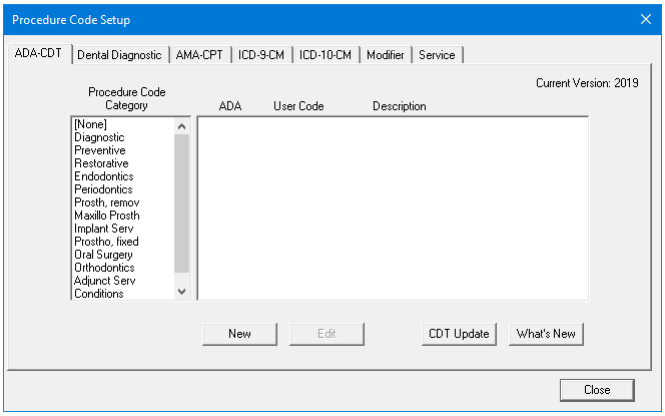
CDT Code Updates

After you install Dentrix G7.3 Update 1, from time to time, a check for CDT Code updates will run automatically. If an update is found, the update will download and install automatically. You can also reset procedure code descriptions, update removed CDT codes, and view the changes to the CDT codes.

To reset procedure code descriptions

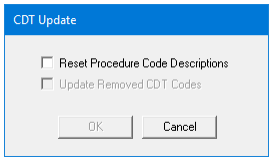
1. In the **Maintenance** menu in the Office Manager, point to **Practice Setup**, and then click **Procedure Code Setup**.

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



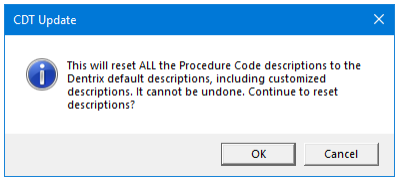
2. Click **CDT Update**.

   The **CDT Update** dialog box appears.



3. Select **Reset Procedure Code Descriptions**, and then click **OK**.

   The following message appears.



4. To reset all procedure code descriptions to the Dentrix default descriptions, including customized descriptions, click **OK**.

   Warning: You cannot undo resetting procedure code descriptions.

What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7.3 Update 1 release.

APPOINTMENT BOOK

- The Appointment Book stopped responding when you hovered your cursor over a patient appointment with 20 procedures. This has been fixed.

- If you set a treatment-planned procedure with surfaces set to MODL5, and then created an appointment for that procedure, the surfaces in the Appointment Book showed as MODL and not MODL5. This has been fixed.

DOCUMENT CENTER

- If you dragged an unfiled document from the Unfiled Documents window to the Document Center, the document type was always incorrectly set to Billing Statements. This has been fixed.

LEDGER

- The Copy keystroke command (Ctrl+C) was missing from the context menu in the Provider Credit Balances Manager window. This has been fixed.
- The option "**Prompt to close claims without Assignment of Benefits**" was missing form the **Insurance Payment Setup** dialog box. This has been fixed.
- If you edited a claim after it was it was posted as a credit card payment and then changed the payment type to check or electronic payment, the **Bank/Branch #** text box showed the credit card name instead of being blank. This has been fixed.
- When you split a claim, attachments were not copied to both claims. This has been fixed.
- If you typed the tooth surfaces OL (Occlusal & Lingual) as LO (Lingual & Occlusal), the number is deleted when you post the procedure. This has been fixed.
- If you printed the Walkout/Doctor's Statement, adjustments did not print on the enhanced form. This has been fixed.
- Insurance claim forms were set to **Self** in Box 10 regardless of the "Relation to Subscriber" setting in the Family File. This has been fixed.

PATIENT CHART

- If you posted the D0220 procedure code as a treatment-planned procedure and then posted it as completed procedure, the procedure code changed to D0230. This has been fixed.

QUESTIONNAIRES

- The alignment of lines and boxes in printed forms were different from how they appeared in print preview. This has been fixed.

MISCELLANEOUS

- If you switched to the Sample database and clicked Perform WebSync, the following error message appeared: "The User ID or Password you entered is invalid. Please check this information in the DXWeb Practice Setup." Since WebSync cannot be run from the Sample database, the error message is incorrect. This has been fixed.
- If you set Windows to the 24-hour clock format, and the Dentrix Time Clock was set to the 12-hour clock format, you could not edit a clock punch out to 12:00 P.M. This has been fixed.
- If you set Windows to the 24-hour clock format, and the Dentrix Time Clock was set to the 12-hour clock format, the Dentrix Time Clock used the 24-hour clock format. This has been fixed.
- If you chose to update the payment table when posting an eEOB, the payment table was not updated. This has been fixed.
- The 06126 payor ID was not listed in the **Select Payor** dialog box. This has been fixed.

Dentrix G7.3

Overview and New Features

This Dentrix G7.3 Release Guide provides information about the Dentrix G7.3 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.3.

Note: For information about using the new features in Dentrix G7.3, refer to "Using the New Features and Enhancements" in this section of the Release Guide or "What's New in Dentrix G7.3?" in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7.3 includes the following enhancements:

QUICKBILL ESTATEMENTS

- You can control billing costs and delivery options by choosing between new email statements or traditional electronic statements delivered by mail.

ECLAIM ATTACHMENTS

- You can ensure proper eClaim attachments using the new Dentrix Smart Image automated workflow, available from some imaging vendors.
- You can save time and avoid potential mistakes by examining the procedures for a claim, identifying required attachments for the intended payor, and finding and attaching the necessary claim attachments from providers to the claim.
- You can create or modify the workflow with your own attachment requirements.
- You can add a required clinical note directly to a claim.
- You can preview any attachment in Dentrix.
- Dentrix now integrates with both Dentrix Smart Image vendors and Dexis.

ALLOCATE CREDIT BALANCES

- You can now transfer patient/provider balances without affecting the aging of the account.
- You can view and adjust individual family member and family account balances by provider without changing views in the Ledger.
- You can now transfer balances from archived patients and inactive providers.
- Allocation (offsetting) balances are not itemized on walkout statements if you did not itemize them on billing statements.
- A password security option was added to the Allocate Credit Balances feature in the Ledger.
- You can now edit and/or delete offsetting adjustments to maintain the integrity of an account.
- When you delete an offsetting adjustment, you are notified that all offsetting adjustments for that day will be deleted before you can complete the deletion.
- When you edit an offsetting adjustment, the **Allocate Credit Balances** dialog box appears with all of the offsetting adjustments for the same day to ensure that any edit to an adjustment still results in a $0.00 balance.

PROVIDER CREDIT BALANCES MANAGER

- You can use the new Provider Credit Balances Manager in the Ledger to find accounts and providers with credit balances and then to easily transfer those balances.

- You can also open the **Allocate Credit Balances** dialog box for the selected family to create offsetting adjustments to transfer any provider balances.

SPLIT CREDIT ADJUSTMENTS

- You can now split credit adjustments and discounts that use credit adjustments by patient and provider just as you can split payments.
- You can now split discounts that use credit adjustments by patient and provider.

ARCHIVE PATIENT

- When you archive a patient, patient provider balances are checked and, if found, are reported. Offsetting adjustments are displayed so you can transfer any balances before archiving the selected patient.
- The right to the "Patients, Archive" password security option will be removed during installation for those users who do not have rights to "Password Administration," so that you can grant the right to archive patients to only those staff members who you want to create offsetting adjustments.

REQUIRE A REFERRAL SOURCE FOR NEW PATIENTS

- A new option (**Require Referred By for new patients**) was added to the **Preferences** dialog box. If you select this option, you must select a referral source before you can add a new patient appointment or create a new patient in the Family File.
- You can now select a referral source in the **Patient Information** dialog box also.

AUTOMATIC WORKSTATION UPDATES

- For future Dentrix updates, you can save time installing updates to workstations. Updates that you install to the Dentrix server will be installed automatically to each Dentrix workstation.

BATCH INSURANCE PAYMENT ENTRY IMPROVEMENTS FOR EEOBS

- Settings for eEOBs are now in one central location, and settings were added to give you more control.
- You can now change the settings for write-off and insurance corrections adjustments, updating the payment table, and sending to the Document Center.
- The **Select EOB** dialog box includes a new **Status** column. You can also filter by status and move an eEOB back to Unprocessed if it was erroneously skipped.

SMART IMAGE UPDATES

- An update feature was added to Smart Image. The update feature automatically checks for both required and optional updates to Smart Image. If an update is required, you receive a notification of the update automatically, and the **Smart Image Auto Update** dialog box appears from which you can download and install the update immediately or choose to be reminded later. You must check for optional updates manually.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of features and enhancements, refer to the Dentrix Help.

Allocating Credit Balances

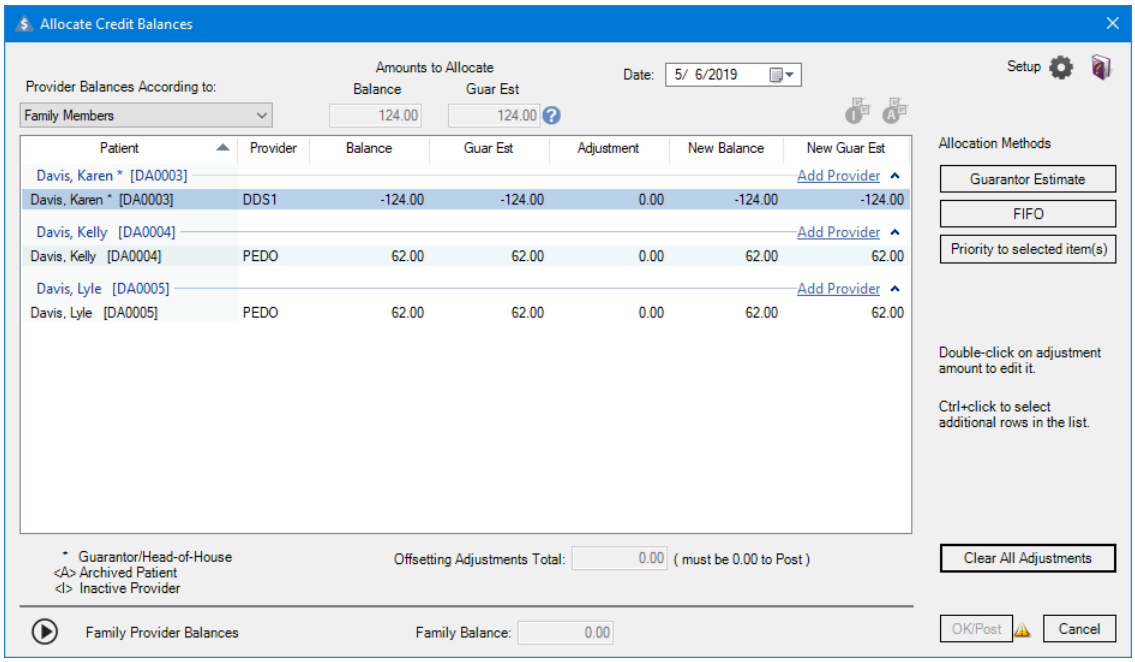
You can now more easily edit and/or delete offsetting balances to enusre that your patient accounts are accurate.

You can offset a patient's credit balance by family members or family account.

To allocate a credit balance

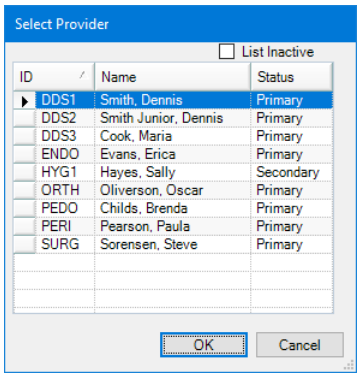
1. With a patient selected in the Ledger, in the **Transaction** menu, click **Allocate Credit Balances**.

   The **Allocate Credit Balances** dialog box appears appears.

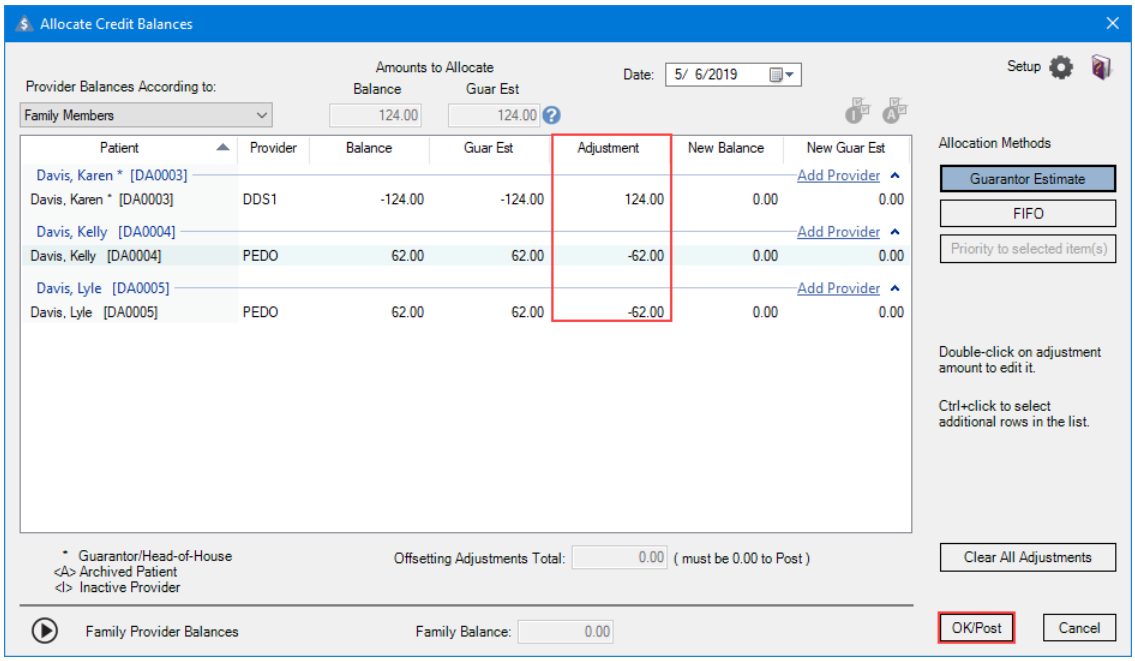


2. In the **Provider Balances According to** list, select one of the following:
   - **Family Members** – To calculate the provider s balance according to each family member's balance.
   - **Family Account** – To calculate the provider's balance according to the family balance.
3. If the provider that you want to allocate to is not listed, click **Add Provider**.

   The **Select Provider** dialog box appears.



4. Select the appropriate provider, and click **OK**.
5. To allocate a credit balance automatically according to the provider who has a balance as a guarantor estimate, click **Guarantor Estimate**.



6. Click **OK/Post**.

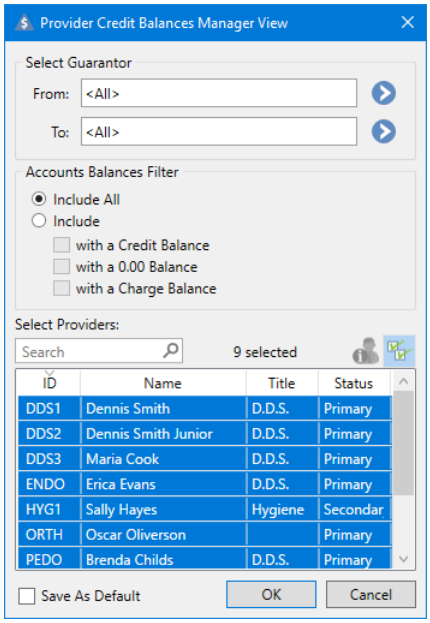
Opening the Provider Credit Balances Manager

The Provider Credit Balances Manager lists which providers have a credit balance by patient account. You can list accounts with a credit balance by a single, a selected group, or all providers. You can also open the **Allocate Credit Balances** dialog box from the Provider Credit Balances Manager to create offsetting adjustments and transfer those balances among providers.

To open the Provider Credit Balances Manager

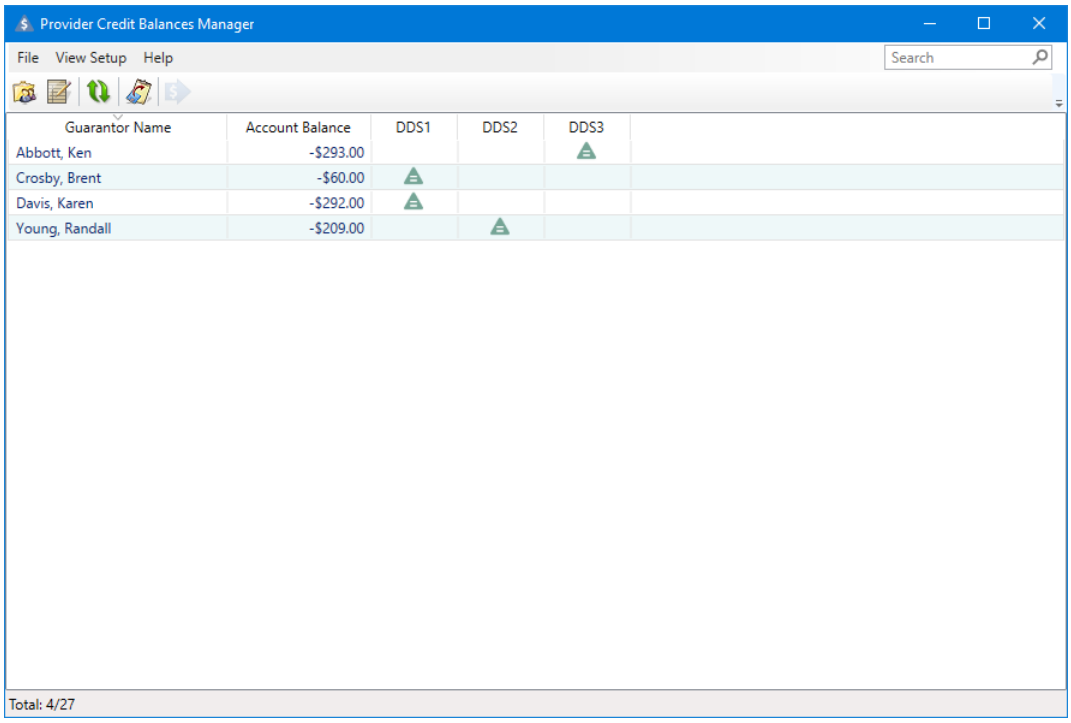
1. In the Ledger, click **File**, and then from the menu, click **Provider Credit Balances Manager**.

   The **Provider Credit Balances Manager View** dialog box appears.

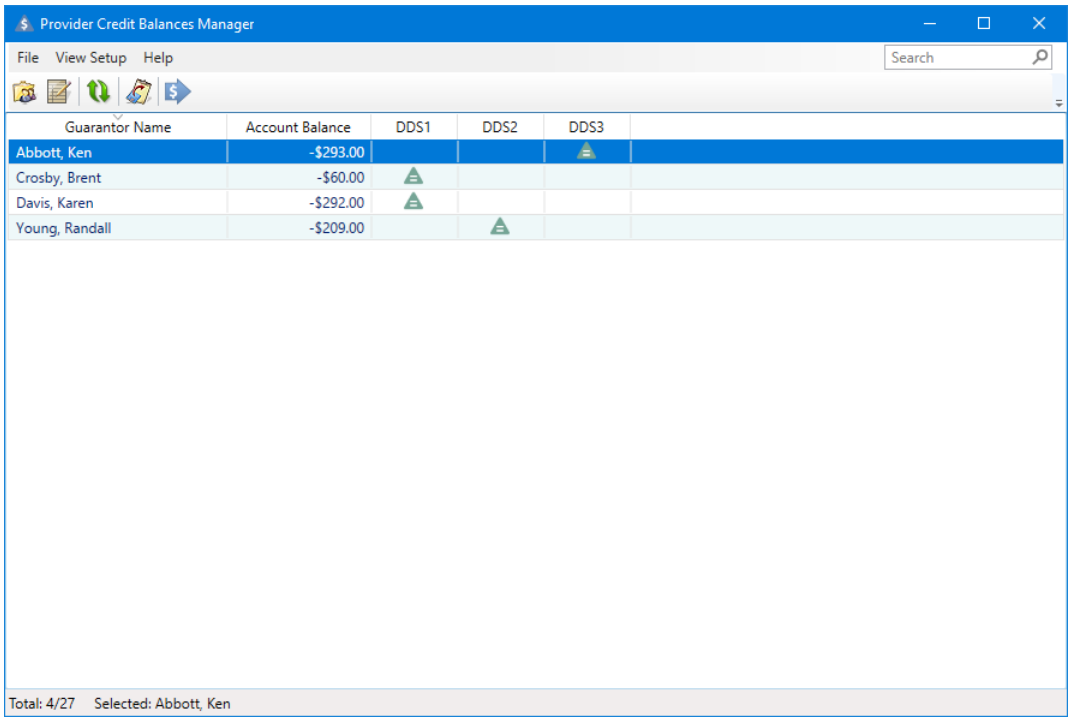


2. To open the Provider Credit Balances Manager with the default settings, click **OK**.

   The Provider Credit Balances Manager window appears.



3. To allocate the credit balances, select an account, and then click the Allocate Credit Balances toolbar button.



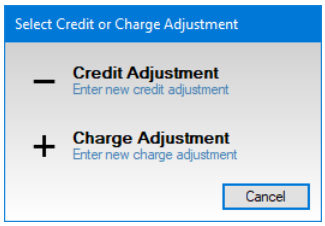
Splitting Credit Balances

Credit and charge adjustments have been separated so that you can split credit adjustments by provider and patient just as you can split payments. You can also now use the Enter Tax/Discount option to split discounts that use credit adjustments by patient and provider.

To split a credit balance

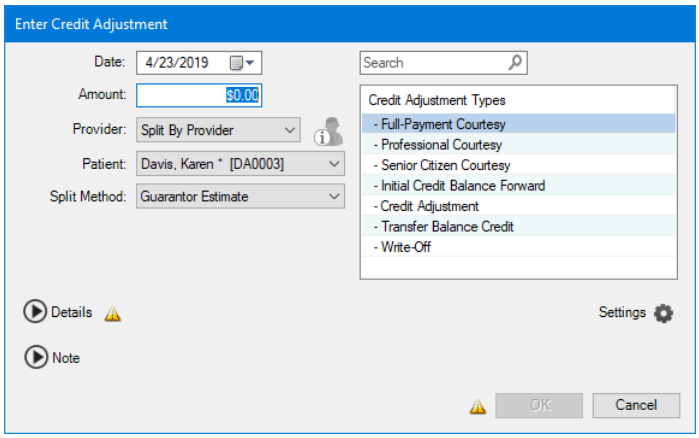
1. With a patient selected in the Ledger, in the **Transaction** menu, click **Enter Adjustment**.

   The **Select Credit or Charge Adjustment** dialog box appears.



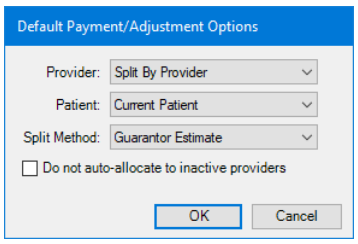
2. Click **Credit Adjustment**.

   The **Enter Credit Adjustment** dialog box appears.



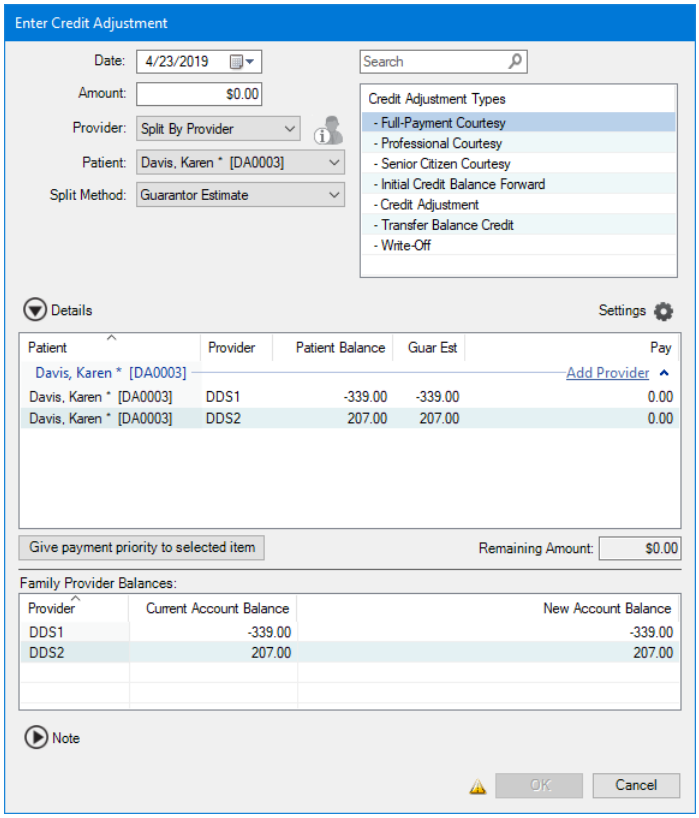
3. Do one or more of the following:
   - **Date** – Type or paste your account token.
   - **Amount** – Type your acceptor ID.
   - **Credit Adjustment Types** – Select the type of credit adjustment that you want to enter.
   - **Provider** – If necessary, select the appropriate provider from the list.
   - **Patient** – Select the appropriate patient from the list, or select **Split By Family Members**.
   - **Split Method** – Select the appropriate split method from the list:
     - **Percentage Payments** – Divides the adjustment among the providers according to the provider's percentage of the total adjustment.
     - **Guarantor Estimate** – (Default) Applies the adjustment to providers who have balances as guarantor estimates and ignores provider balances that insurance is estimated to pay the remainder of.
     - **FIFO (First In First Out)** – Applies the adjustment toward the oldest completed procedures first.
     - **Equal Adjustments** – Splits the adjustment equally among all providers.
4. To change the default adjustment settings, click the **Settings** button.

The **Default Payment/Adjustment Options** dialog box appears.



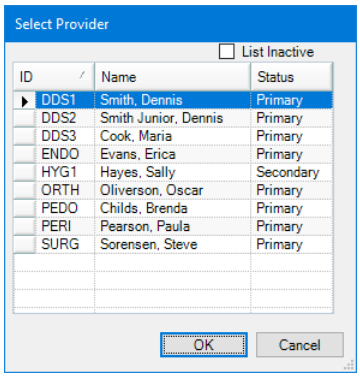
5. Make any necessary adjustments to the default settings, and then click **OK**.
6. To add a provider other than the guarantor's primary provider, in the **Enter Credit Adjustment** dialog box, click the **Details** icon.

   The **Details** pane appears.



7. Click **Add Provider**.

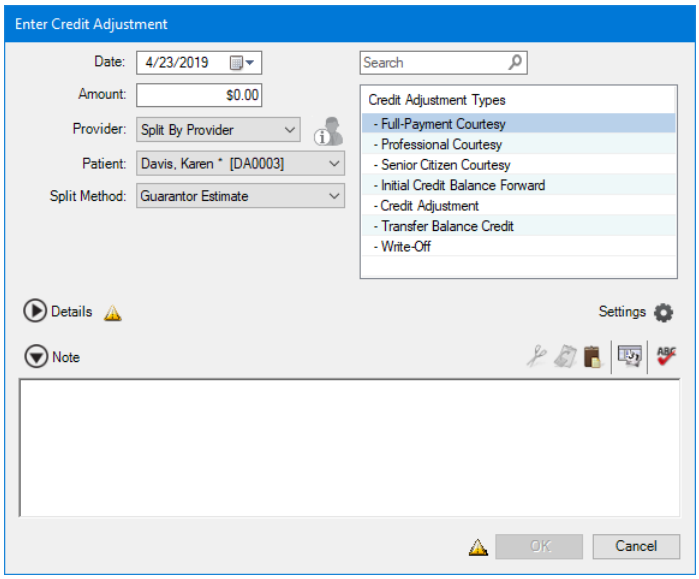
   The **Select Provider** dialog box appears.



7. Select the appropriate provider, and then click **OK**.

9. To add a note, to clarify or document the credit, click the **Note** icon.

   The **Note** pane appears.



10. Type an explanation for the credit adjustment, and then click **OK**.

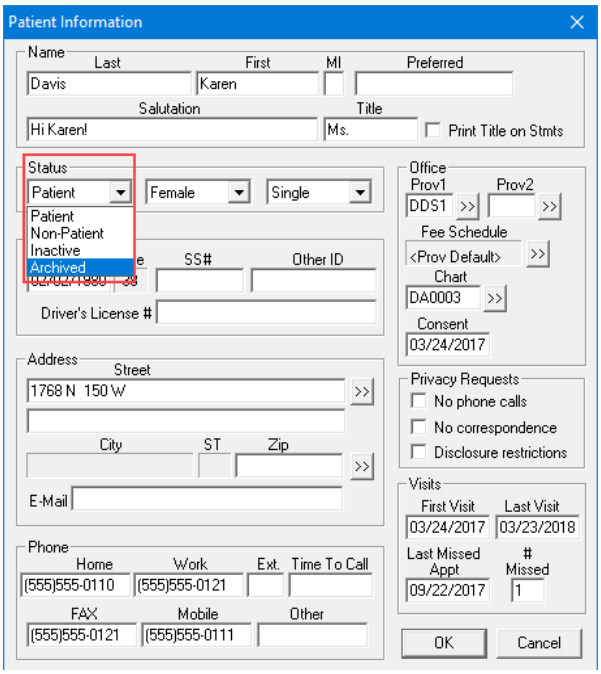
Archiving Patients with Provider Balances

Before you can archive a patient, you must allocate and post any outstanding balances the patient may have for the patient and guarantor. Using the Archive Patient Wizard, you can check for and display any outstanding balances. You can then post offsetting adjustments for the patient and guarantor according to the adjustment types you have set for allocating balances.

To archive a patient with a provider balance

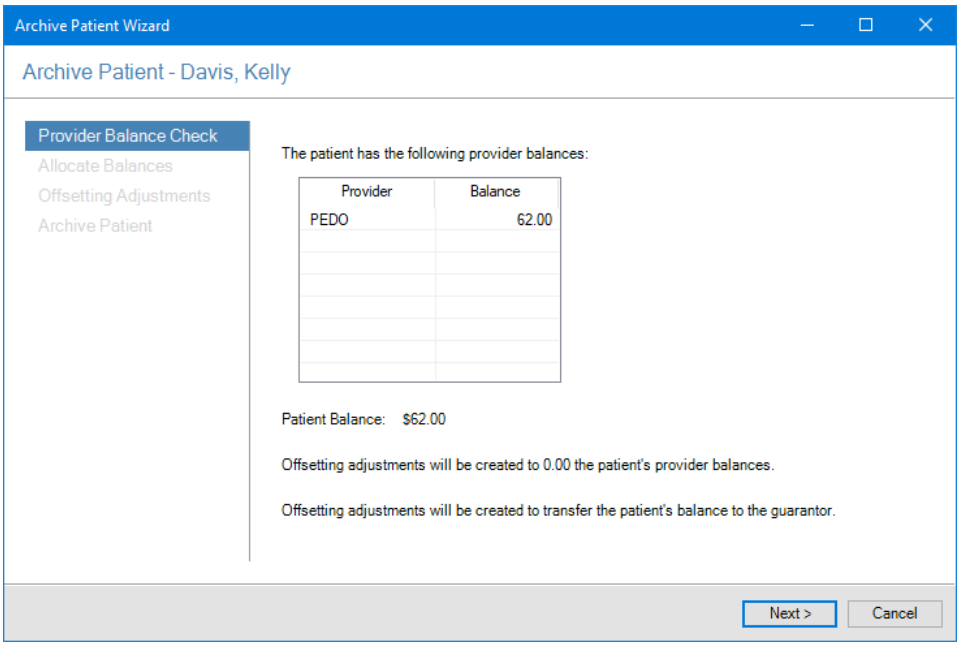
1. In the Family File, select the patient you want to archive.
2. In the Family File window, double-click the Patient Information block.

   The **Patient Information** dialog box appears.



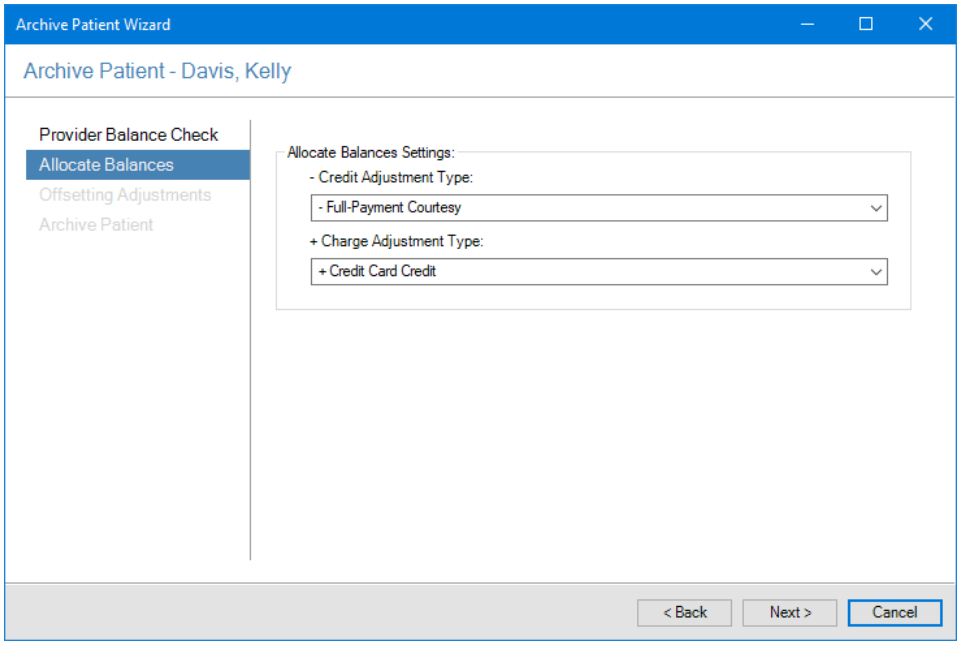
3. In the **Status** list, select **Archived**, and then click **OK**.

   The **Archive Patient Wizard** dialog box appears.



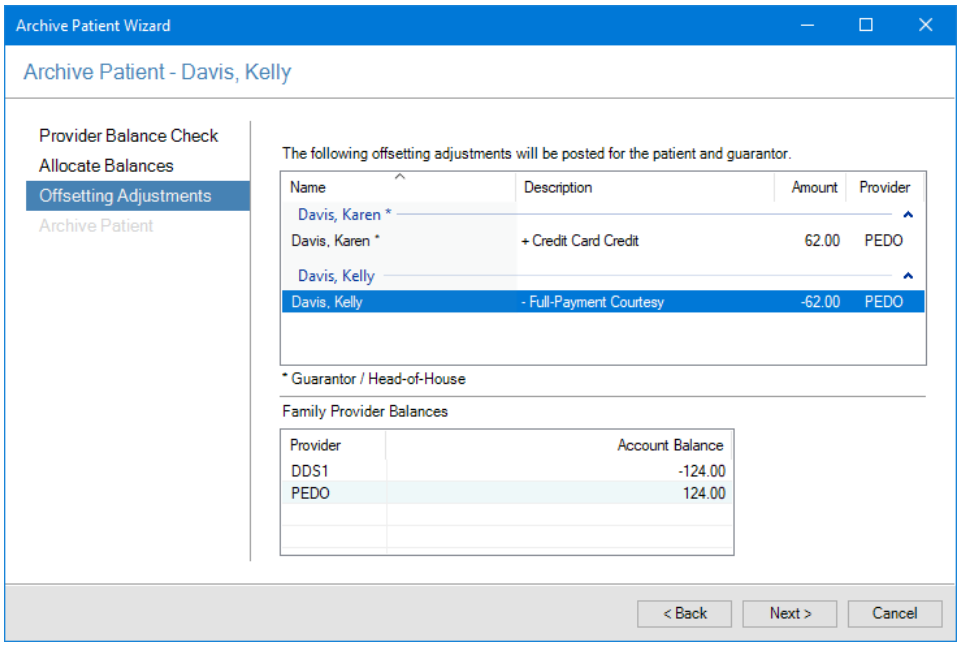
4. Click **Next**.

   The **Allocate Balances Settings** options appear.



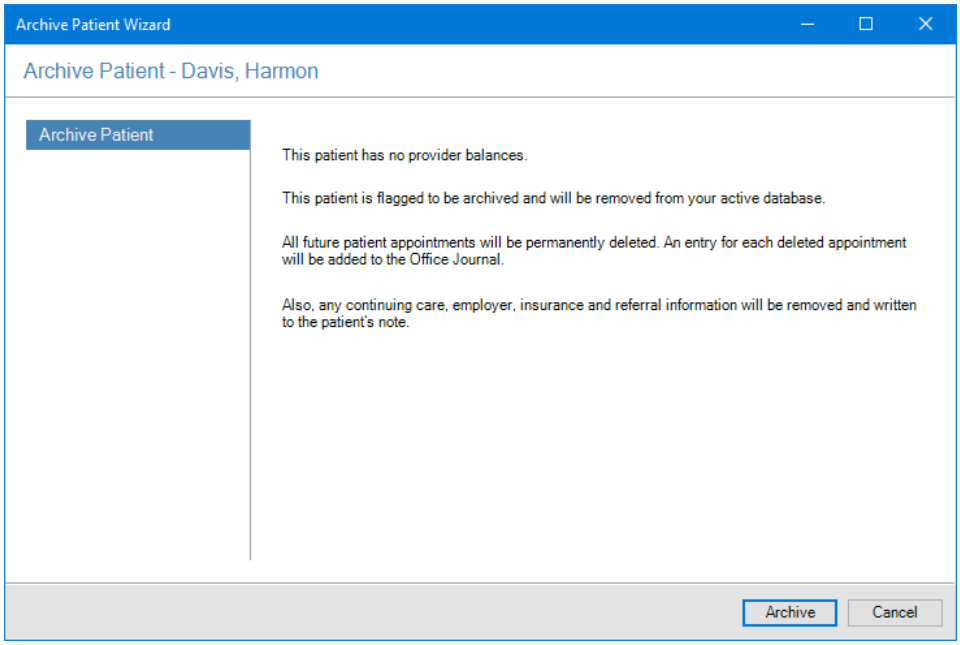
5. Do one of the following:
   - Click **Next** to accept the default **Allocate Balances Settings**.
   - Change the **- Credit Adjustment Type** and/or **+ Charge Adjustment Type**, and then click **Next**.

   The **Offsetting Adjustments** appear.



6. To post offsetting adjustments for the patient and guarantor, click **Next**.

   The **Archive Patient** summary appears.



7. To archive the patient, click **Archive**.

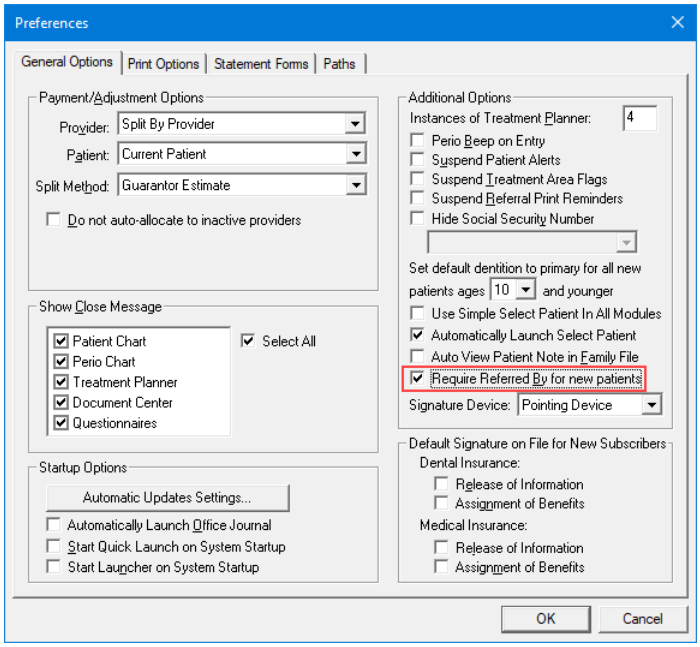
Requiring Referral Sources for New Patients

By setting a new option in the **Preferences** dialog box, you can now require a referral source for your new patients.

To require a referral source for a new patient

1. In the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Preferences**.

   The **Preferences** dialog box appears.



2. Under **Additional Options**, select **Require Referred By for new patients**.
3. Click **OK**.

Updating Smart Image

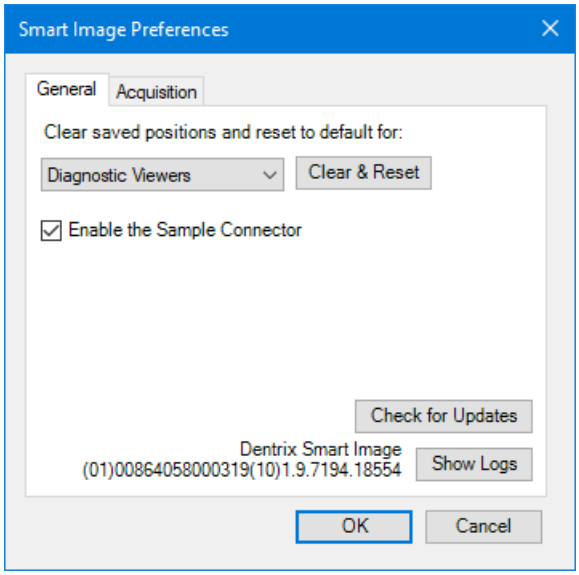
You have two ways to update Smart Image: manually or automatically.

Note: The update feature automatically checks for both required and optional updates to Smart Image. If an update is required, you receive a notification of the update automatically, and the Smart Image Auto Update dialog box appears from which you can download and install the update immediately or choose to be reminded later. You must check for optional updates manually.

To update Smart Image manually

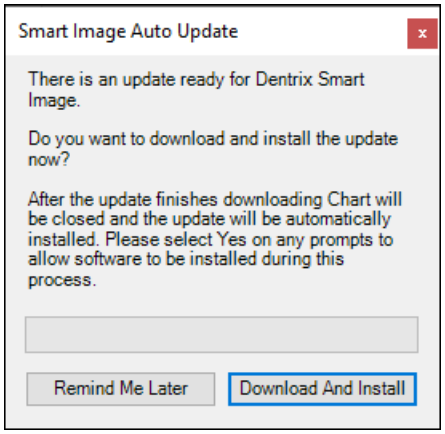
1. In the **Smart Image** panel, click the Show Smart Image Preferences button.

   The **Smart Image Preferences** dialog box appears.



2. Click **Check for Updates**.

   If an update is available, the **Smart Image Auto Update** dialog box appears.



3. Click **Download And Install** to install the update immediately.

What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7.3 release.

APPOINTMENT BOOK

- If you made a change to an appointment with its status set to "Complete," the status changed to "None" instead of remaining as "Complete." If you edited the appointment again, the status appeared in red. This has been fixed.

DOCUMENT CENTER

- If documents were attached to a provider and the provider's ID was changed, the documents were not moved to the provider's new ID. This has been fixed.

HEALTH HISTORY

- Medical conditions continued to appear after being inactivated. This has been fixed.

LEDGER

- If you created a claim, deleted the patient's insurance carrier from the patient's family file, and then sent the claim electronically, a message appeared incorrectly stating that the claim was sent successfully. This has been fixed.

OFFICE JOURNAL

- If the Letters filter option was selected, Office Journal opened slowly. This has been fixed.

OFFICE MANAGER

- Practice Advisor report previews were not being generated. This has been fixed.

QUESTIONNAIRES

- The Medical History Questionnaire form would not save to the Dentrix database. This has been fixed.
- If you created or edited a questionnaire form using the Patient Information question to which you added the Medication field or the Health History check boxes, reported medications specified as non-critical always appeared as critical in Health History. This has been fixed.
- If you created a questionnaire form containing the PI-Health History check boxes, the patient's responses did not appear in the completed form. This has been fixed.

TREATMENT PLANNER

- If you printed a treatment plan, the title, address, and header did not print unless you used an Adobe Reader or .pdf device format. This has been fixed.

MISCELLANEOUS

- In the Time Clock, the Auto Punch Out Time you specified was not being saved. This has been fixed.

Dentrix G7.2

Overview and New Features

This Dentrix G7.2 Release Guide provides information about the Dentrix G7.2 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.2.

Note: For information about using the new features in Dentrix G7.2, refer to "Using the New Features and Enhancements" in this section of the Release Guide or "What's New in Dentrix G7.2?" in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7.2 includes the following enhancements:

HEALTH HISTORY

- You can now inactivate Health History items automatically for future dates.
- You can now rank Health History entries as Critical to make them more prominent in Health History.
- You can track patients' health status at a glance through the color of the Health History button (red, yellow, or white depending on the type of alert and its criticality).
- A persistent alert warning was added to the Patient Chart so that you will continue to receive health alerts in the Patient Chart even if someone in the front office closes Health History pop-up alerts.
- You can use Health History filters to include Health History alerts with letter merge.

DENTRIX PAY

- You can migrate processing for Dentrix Pay users to the Worldpay platform.
- You can use Dentrix Pay to process EMV (chip) credit cards, debit cards, or NFC (mobile payment applications) seamlessly from the **Enter Payment** dialog box in the Ledger. You can also save a patient's card on file, so you can make charges to it for each visit.

SMART IMAGE

- The **Smart Image Preferences** dialog box was modiifed to include an **Acquisition** tab. The **General** tab now includes an option called "**Enable Sample Connector,**" the Unique Device Identifier (UDI), and the Smart Image version number.
- The toolbar now includes an Application Launch button for each connector that you have installed. Clicking this button opens the imaging software and integrates the selected patient with the connector.

ETRANS CLIENT CREDENTIALS

- You can now send eClaims from any Dentrix workstation and set up additional workstations automatically to send eClaims without re-entering user names and passwords.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of features and enhancements, refer to the Dentrix Help.

Health History

In Health History, you can now inactivate Health History items automatically for future dates and rank entries as Critical to make them more prominent. You can track patients' health status at a glance through the color of the Health History button. A persistent alert warning was added to the Patient Chart so that you will continue to receive health alerts in the Patient Chart even if Health History pop-up alerts are closed in the front office. You can also use Health History filters to include alerts with letter merge.

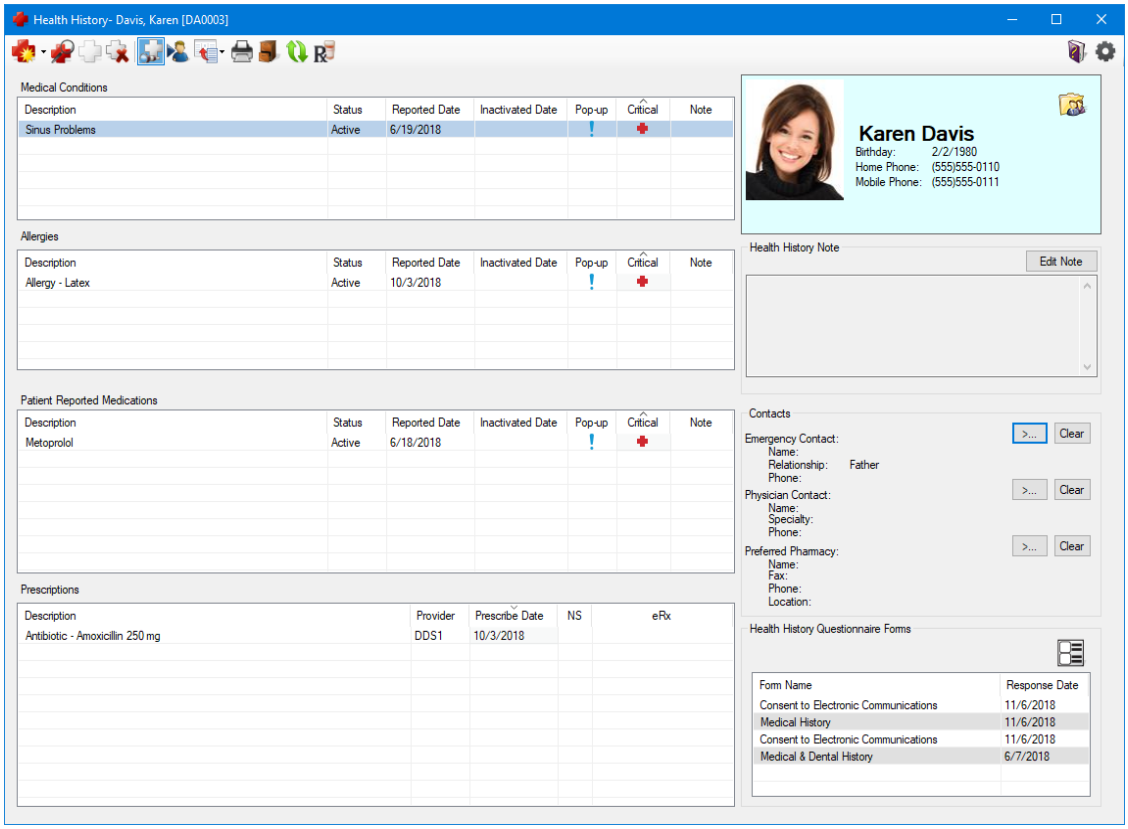
EDITING A PATIENT'S HEALTH HISTORY

You can edit a patient's Health History entries to inactivate them and remove pop-up and/or critical alerts.

To edit a patient's Health History

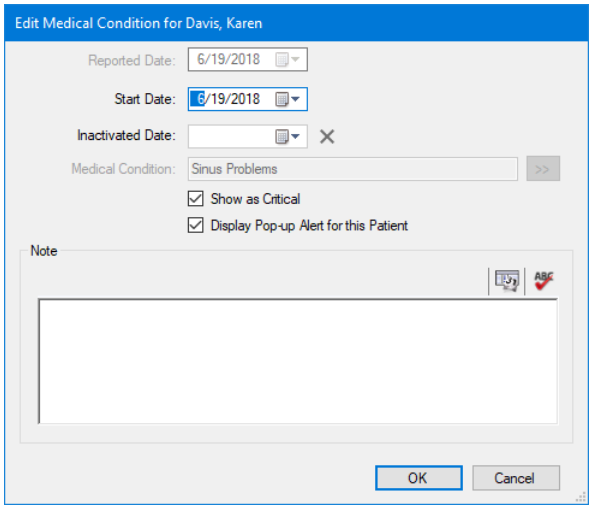
1. In any module other than Office Journal and eDex, click **File**, point to **Switch To**, and then click **Health History**.

   The Health History window appears.



2. Double-click the item in the patient's health history that you want to edit.

   The dialog box that appears varies depending on the item (medical condition, allergy, or patient-reported medication) you select.



3. To inactivate the health history entry, click the **Inactivated Date** calendar button, and select the appropriate date from the calendar.

   The entry is inactivated automatically on the date you selected.

4. To prevent an entry from appearing as critical or as a pop-up alert, clear their respective check boxes.

   The Pop-up Alert and/or Critical icons are removed from the patient's Health History. Pop-up alerts for the seleted patient no longer appear, and the color of Critical icon changes to yellow in other Dentrix modules.

   Note: If the **Show as Critical** option is selected for one or more medical conditions, allergies, or patient-reported medications, the Health History icon remains red.

5. To enter a note, type the text in the **Note** text box.
6. Click **OK**.

Dentrix Pay

You can now process credit cards in Dentrix Pay using the Worldpay platform, and you can process EMV (chip) credit cards, debit cards, or NFC (mobile payment applications) from the **Enter Payment** dialog box in the Ledger. You can also save a patient's card on file and make charges to it for each visit rather than physically running the card each time.

To use Dentrix Pay, you must have internet access, have a compatible Ingenico or Verifone payment device from Worldpay, and set up and activate a Worldpay merchant account. For details on how to set up a Worldpay account, contact Henry Schein One eServices Sales at (800) 734-5561.

As part of the Worldpay registration process, you will receive the following information that is required to set up Dentrix Pay:

- Account Token
- Acceptor ID
- Account ID
- Terminal ID

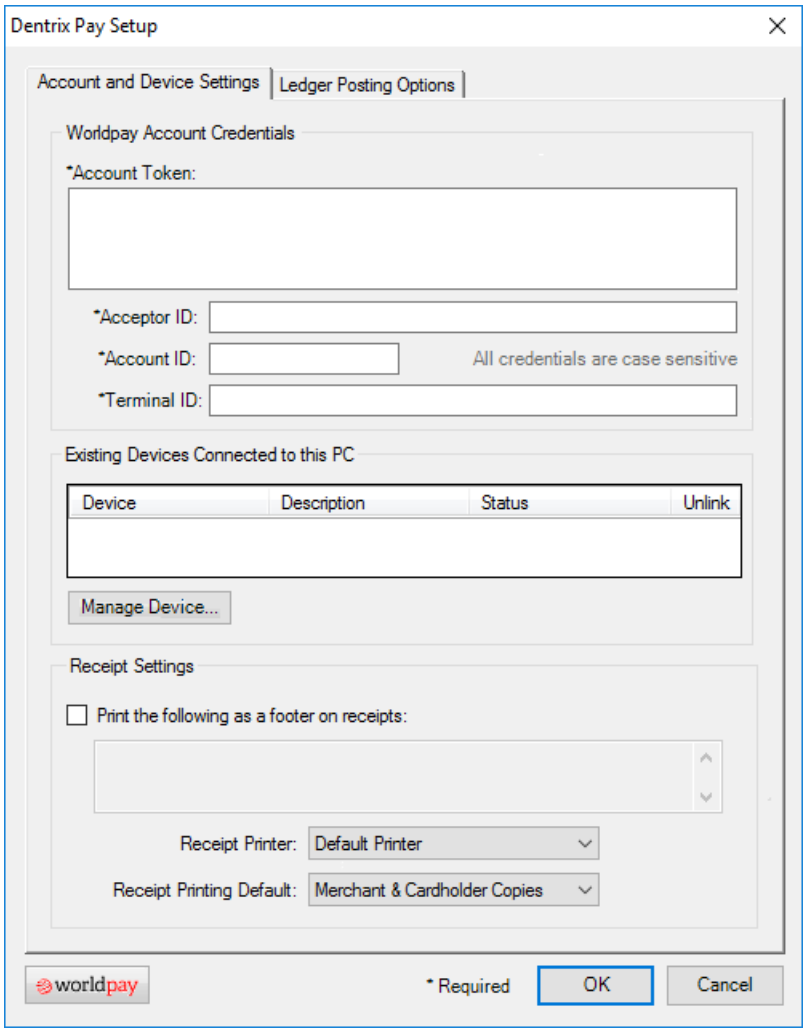
SETTING UP DENTRIX PAY FOR WORLDPAY

Before you can use Dentrix Pay, you must connect your payment device and set up options in the Office Manager.

To set up Dentrix Pay for Worldpay

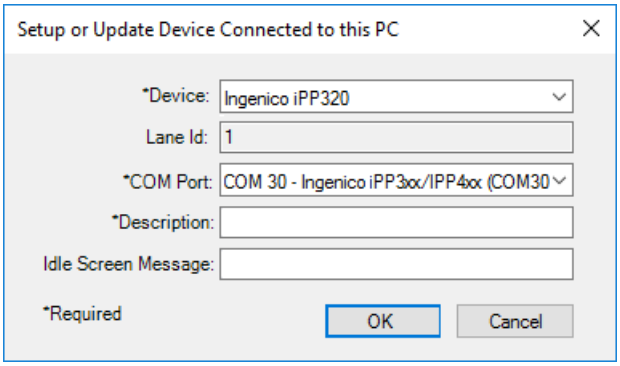
1. Plug in the payment device and wait for it to initialize and display the triPOS logo.
2. In the Office Manager, click **Maintenance**, point to **Practice Setup** and **Dentrix Pay**, and click **Enable Dentrix Pay**.

   The **Dentrix Pay Setup** dialog box appears.

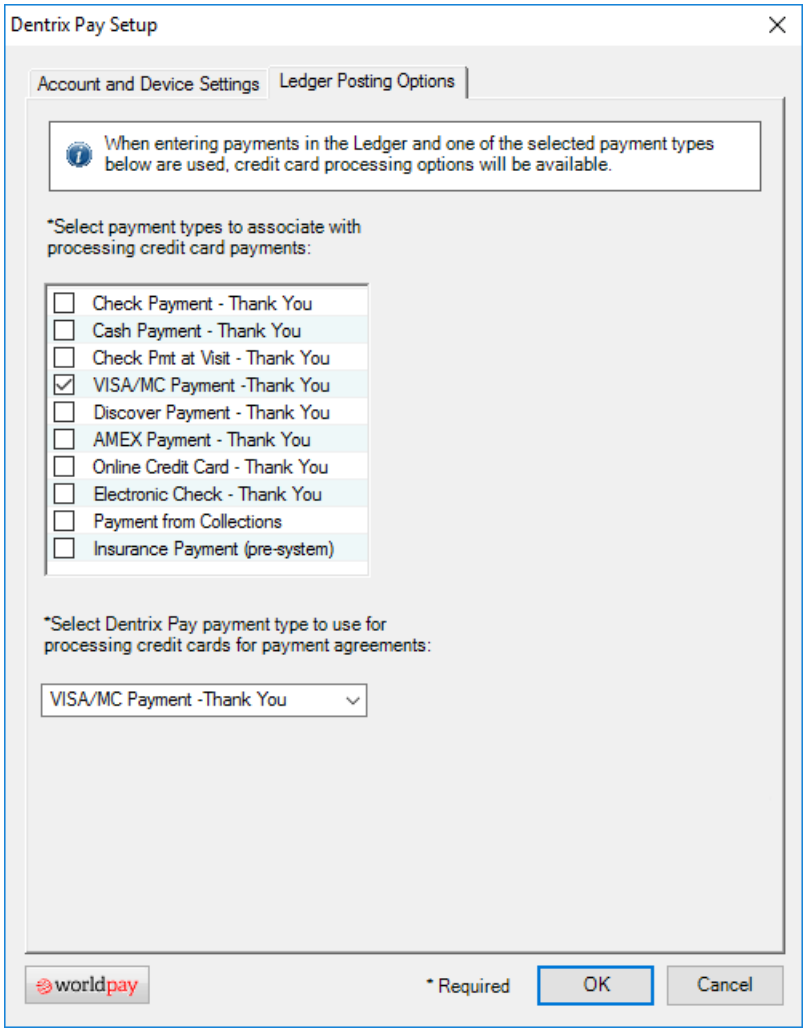


3. Complete the following:
   - **Account Token** – Type or paste your account token.
   - **Acceptor ID** – Type your acceptor ID.
   - **Account ID** – Type your account ID.
   - **Terminal ID** – Leave the default DentrixPayTerminal, or replace it with an alphanumeric terminal ID of your choice.
4. To set up your payment device, click **Manage Device**.

   The **Setup or Update Device Connected to this PC** dialog box appears.



5. Complete the following tasks:
   - **Device** – Select your device from the list.
   - **Description** – Type a short description of your device. (The description appears in the **Dentrix Pay Setup** dialog box.)
   - **Idle Screen Message** – (Optional) Type a short message to replace the triPOS logo on the payment device screen.
6. Click **OK**.
7. In the **Dentrix Pay Setup** dialog box, complete the following tasks:
   - **Sign with ePad** – You can use an Interlink ePad device (ePad II, ePad-ink, ePad Vision) to sign receipts after payments are processed.
   - **Print the following as footer information on receipts** – Select and then type a note or message that will appear on cardholder receipts.
   - **Receipt Printer** – Select the printer you want to print receipts on.
   - **Receipt Printing Default** – Select the appropriate option (**Merchant Receipt Only**, **Customer Receipt Only**, or **Merchant & Cardholder Copies**).
   - **Worldpay** – Click to open the Worldpay iQ website. After logging in, you can view payment processing reports and manage your account.
8. Click the **Ledger Posting Options** tab.



9. Select the payment types that you want to associate with processing credit card payments and the Dentrix Pay payment type to use for payment agreements, and then click **OK**.

Smart Image

Dentrix Smart Image is designed to integrate with various third-party imaging software solutions. Depending on the brands of 2D, 3D, and CAD/CAM imaging software you use in your practice, you can use Dentrix Smart Image to interact with one or more of your imaging software applications and imaging devices to automate common imaging and practice management related activities.

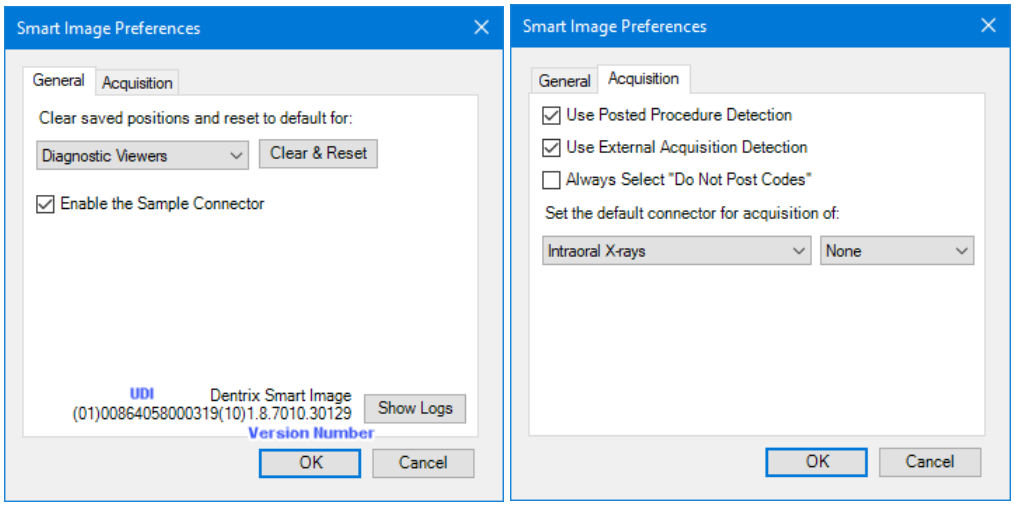
CHANGING SMART IMAGE PREFERENCES

You can change the default settings for Smart Image in the **Smart Image Preferences** dialog box.

To change Smart Image preferences

1. In the Smart Image panel, click the Show Smart Image Preferences button.

   The **Smart Image Preferences** dialog box appears.



The Unique Device Identifier (UDI) and version number appear adjacent to the **Show Logs** button. The UDI begins and ends with numbers in parentheses. In this example, the UDI is (01)00864058000319(10), and the version number follows 1.8.70.30129.

2. Click the **Acquisition** tab.
3. Set or clear one or more of the following options:
   - **Use Posted Procedure Detection** (Default) – Clear to turn off posted procedure detection.
   - **Use External Acquisition Detection** (Default) – Clear to turn off the automatic detection of external acquisition devices.
   - **Always Select "Do Not Post Codes"** – Select to never post associated procedure codes.
4. Click **OK**.

What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7.2 release.

DENTRIX PAY

- Expired credit cards appeared as "Active" in the **Saved Credit Cards** dialog box. This has been fixed.

HEALTH HISTORY

- The Health History button in the Prescriptions module was red indicating a critical state when the button should have been yellow to indicate a non-critical state. This has been fixed.

LEDGER

- Debit adjustments posted in CareCredit but were not posted in the Ledger. This has been fixed.
- If the number of payment agreements with amounts due exceeded 9, the number of amounts due to process did not appear in **Process Due Amounts** button. This has been fixed.

OFFICE MANAGER

- Passwords were not being accepted and accounts were being locked after upgrading Dentrix. This has been fixed.

- The preview of the Insurance Aging Report was blank, and patient ages for 65 and Over and 12 and Under were not calculated correctly. These items have been fixed.
- If you specified a large date range (two years, for example) in the Referred by Doctor/Other Report and then tried to print the report, DXPrint stopped responding. This has been fixed.

PATIENT CHART

- You received an error message if you referred a treatment planned procedure to another provider and then set the procedure to complete. This has been fixed.

Dentrix G7.1

Overview and New Features

This Dentrix G7.1 Release Guide provides information about the Dentrix G7.1 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.1.

Note: For information about using the new features in Dentrix G7.1, refer to "Using the New Features and Enhancements" in this section of the Release Guide or "What's New in Dentrix G7.1?" in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7.1 includes the following enhancements:

HEALTH HISTORY

- You can now add emergency and physician contacts and a preferred pharmacy to each patient's Health History. You can also see patient medications prescribed by your office through ePrescribe or Prescriptions and patient-reported medications prescribed by other doctors. Health History pop-up alerts have replaced health-related Patient Alerts. You can also search for and view past patient questionnaires from Health History. And, you can print a patient's health history in the new Health History Report.

QUESTIONNAIRES

- You can now build Health History questions using the "Yes/No" question type or check boxes. You can use the new "Medications" question to capture all current patient medications. You can also import health history and medications questions to a patient's record in Health History.

TIME CLOCK

- You can now calculate overtime using both hours in a day and hours in a week for the same employee.

UPDATE MANAGER

- You can now quickly identify the updates you have installed using a new option in the Update Manager.

CARECREDIT

- After receiving a Merchant ID from CareCredit, you can now offer your patients the option to finance their treatment using CareCredit. You can transfer patient information automatically from your Dentrix database to CareCredit, submit additional patient information, and receive credit approval within seconds. You can then process CareCredit transactions from Dentrix and post payments automatically to the Ledger. Without leaving Dentrix, you can look up cardholder account numbers and access the CareCredit payment calculator.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of features and enhancements, refer to the Dentrix Help.

Health History

In Health History, you can now create and maintain a record of patients' medications; prescriptions; and emergency, physician, and preferred pharmacy information. You can choose which allergies, medical conditions, and medications to include in Questionnaires forms and track inactive medical conditions, allergies, and medications. To learn more, please refer to "Health History Overview" in the Dentrix Help.

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

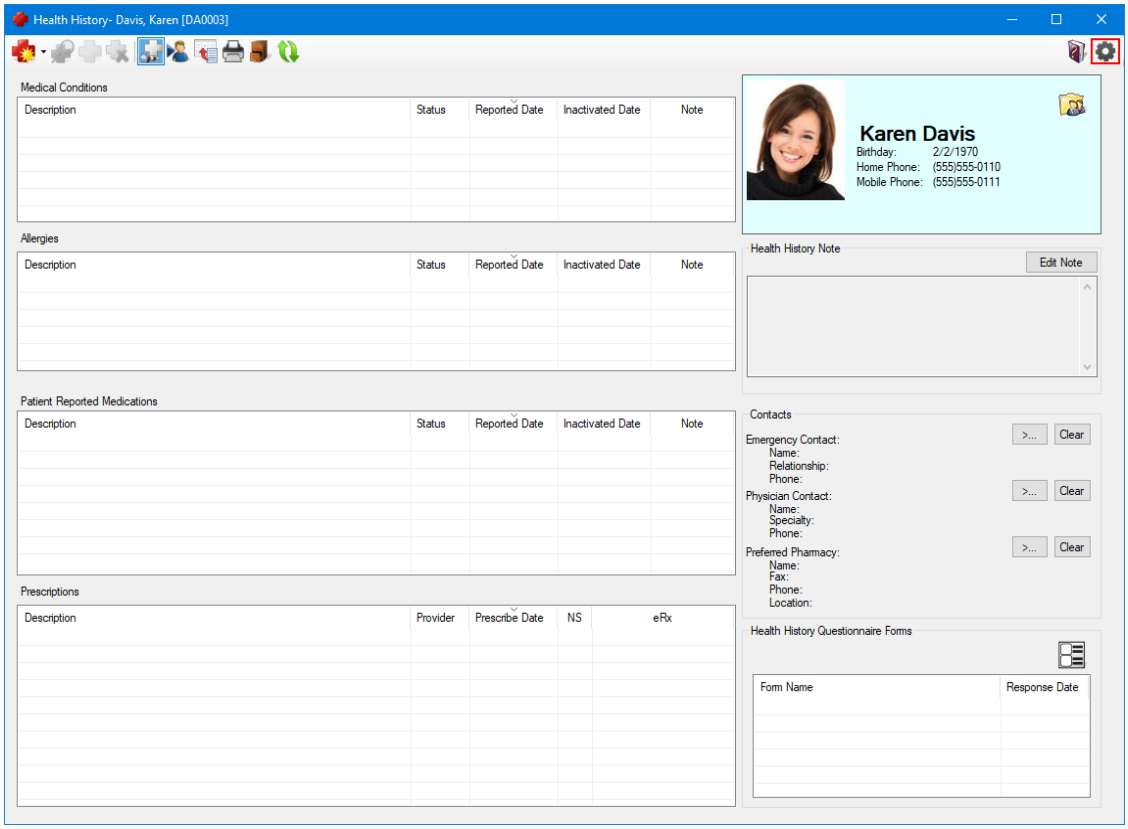
SETTING UP HEALTH HISTORY

While the Health History window includes many common medical conditions and allergies, the list is not exhaustive. You can add to the list and edit or inactivate entries.

To set up Health History

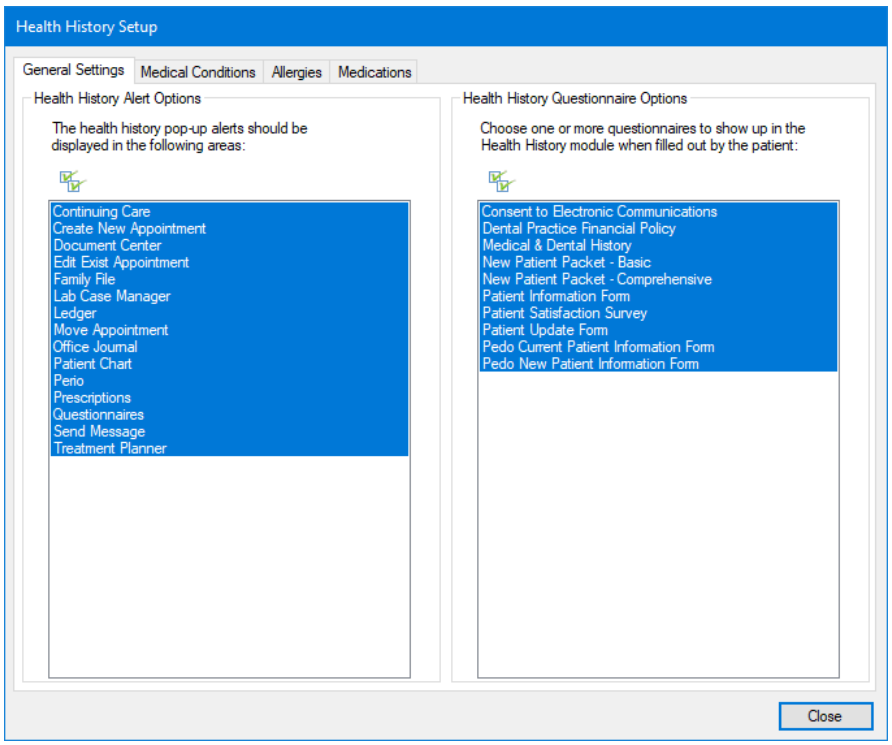
1. In any module other than Office Journal and eDex, click **File**, point to **Switch To**, and then click **Health History**.

   The Health History window appears.



2. Click the Setup toolbar button.

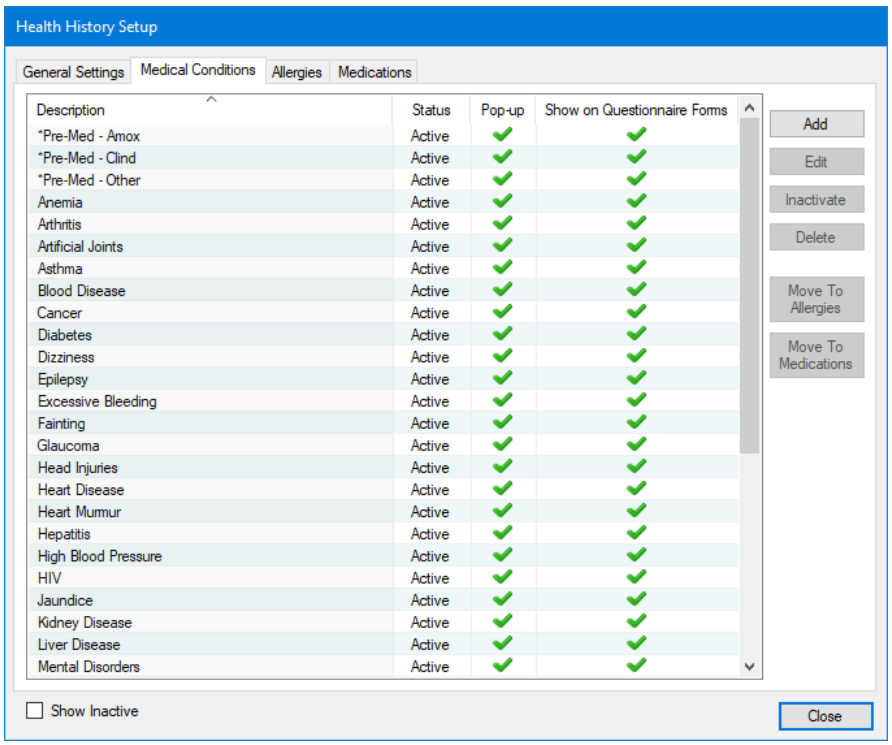
The **Health History Setup** dialog box appears.



3. To change any of the settings in the **General Settings** tab, clear the Select All check boxes in the **Health History Setup** dialog box, and then select which areas you want to display pop-up alerts in and which Questionnaire forms you want to appear in Health History.

   Note: To stop pop-up alerts from appearing, under **Health History Alert Options**, clear the Select All check box.

4. To set up medical conditions, allergies, and medications, click their respective tabs.



5. Click the button or buttons corresponding to the task you want to complete:
   - **Add** – Click to add a medical condition, allergy, or medication to its respective list.
   - **Edit** – Click after selecting the medical condition, allergy, or medication yo want to edit.
   - **Inactivate** – Click after selecting the medical condition, allergy, or medication you want to inactivate.
   - **Delete** – Click after selecting the medical condition, allergy, or medication you want to delete.
   - **Move To Allergies** – Click after selecting the item you want to move.
   - **Move To Medications** – Click after selecting the item you want to move.

   Note: When you close the **Health History Setup** dialog box, any changes you make will update the Questionnaires module.

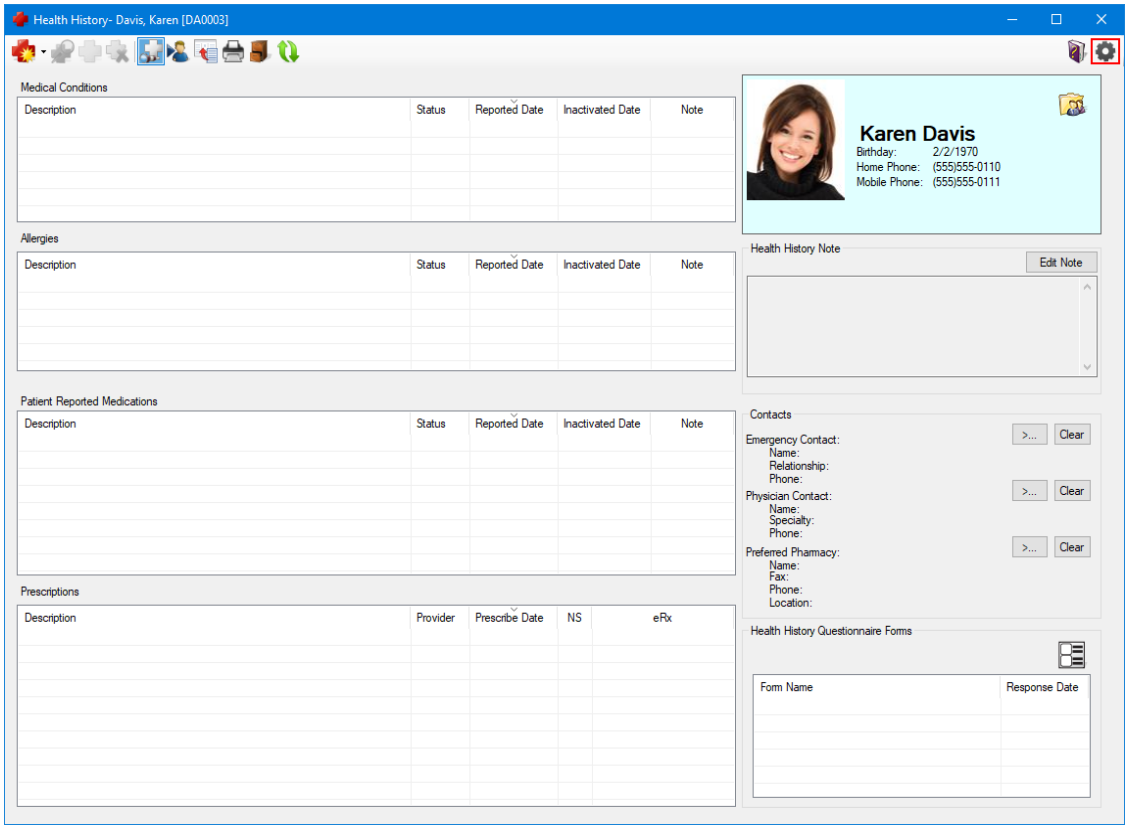
ADDING MEDICATIONS TO HEALTH HISTORY

Health History doesn't include a list of available medications to select from, so you must add them manually. You can add medications on a per patient basis, or you can add them without selecting a patient by opening Health History from the Office Manager.

To add a medication to Health History

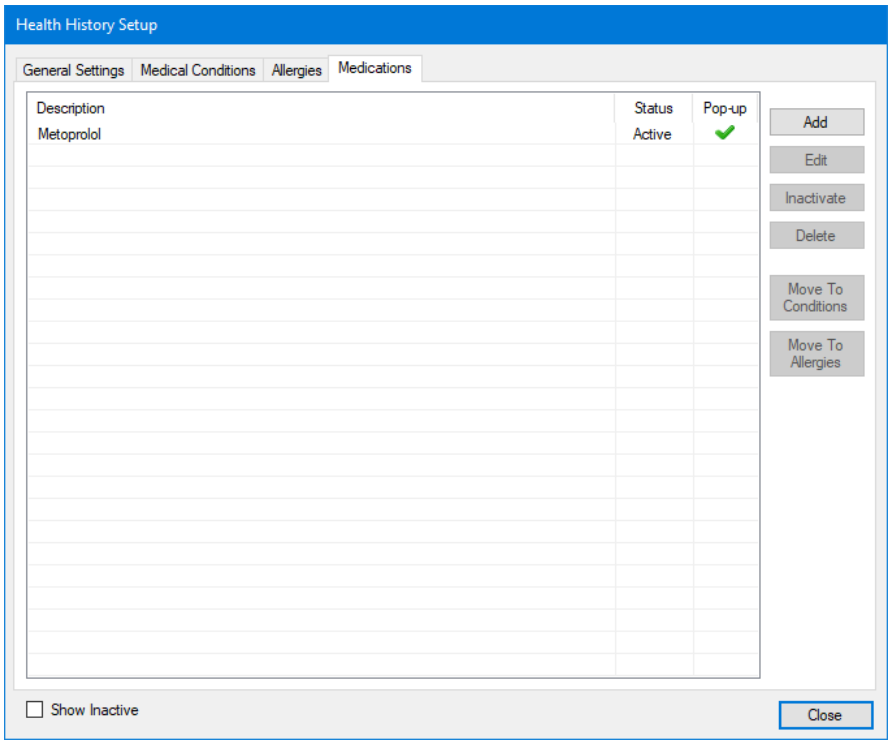
1. In any module other than Office Journal and eDex, click **File**, point to **Switch To**, and then click **Health History**.

   The Health History window appears.



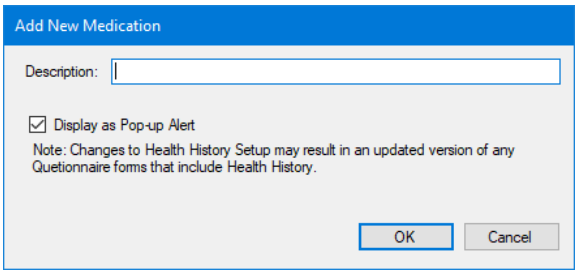
2. In the toolbar, click the Setup button.

   The **Health History Setup** dialog box appears.



3. To add a medication, click the **Medications** tab, and then click **Add**.

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



4. Type a description of the medication in the box.
5. To prevent an alert from appearing for the patient you prescribed the medication to, clear the **Display as Pop-up Alert** check box.
6. Click **OK**.

   The medication is added to the **Medications** list in the **Health History Setup** dialog box.

ADDING PATIENT-REPORTED MEDICATIONS

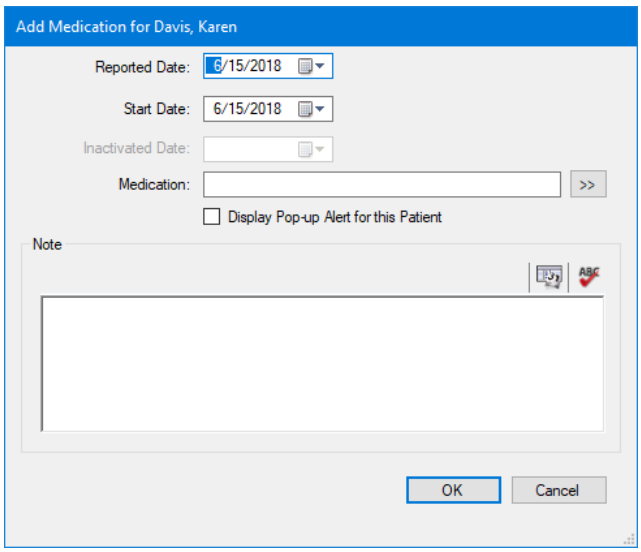
Using Health History, you can record and track your patients' medications, so you might have a more complete understanding of your patients' overall health and to avoid, for example, the possibility of prescribing a contraindicated medication.

To add a patient-reported medication to a patient

1. In any module other than Office Journal and eDex, click **File**, point to **Switch To**, and then click **Health History**.

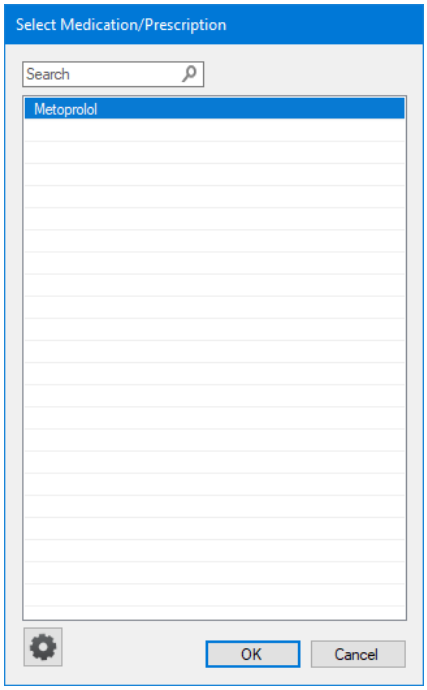
   The Health History window appears.
2. If necessary, select the patient you want to assign a medication to.
3. Click the Add toolbar button, and then click **Medication**.

The **Add Medication** dialog box appears.



4. As necessary, complete the following tasks:
   - **Reported Date** – Defaults to the current date. We recommend that you do not change this date.
   - **Start Date** – Defaults to the current date. The date the patient started taking the medication. You can change the date by typing it or by clicking the button and selecting it from the calendar.
   - **Inactivated Date** – The date the patient stopped taking the medication.
   - **Display Pop-up Alert for this Patient** – Select to have an alert appear when you create a new appointment, open the Family File, and so on for the patient.
   - **Note** – Type a note concerning the medication the patient is taking.
5. To add a medication, click the **Medication** search button.

   The **Select Medication/Prescription** dialog box appears.



6. Select the appropriate medication or prescription from the list and click **OK**.

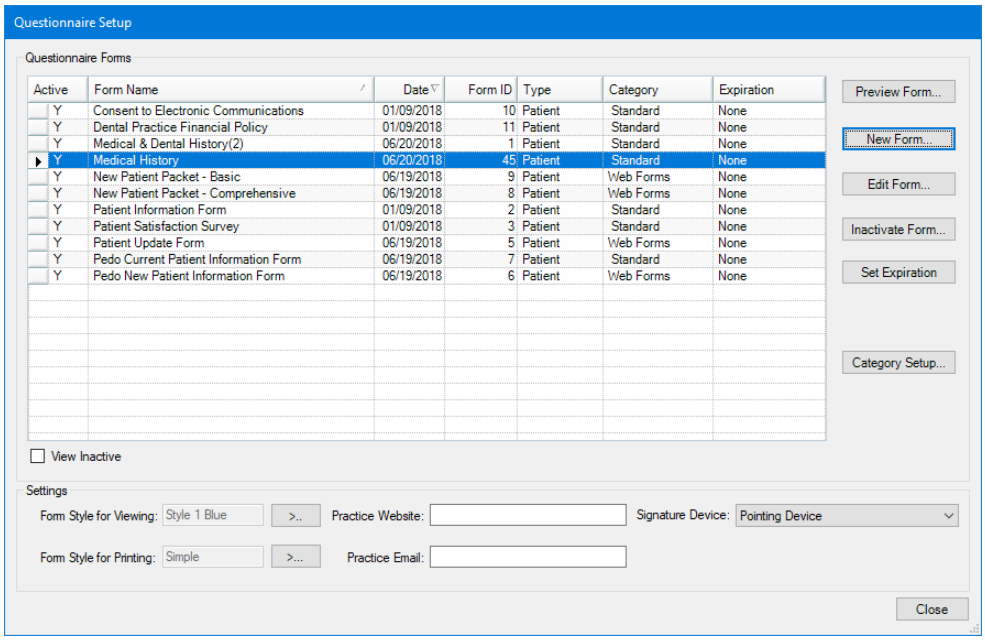
Questionnaires

You have the option to include Yes/No responses to medical conditions rather than check boxes in a medical history form. You can also add a text box in which your patients can list their medications.

To create a medical history form

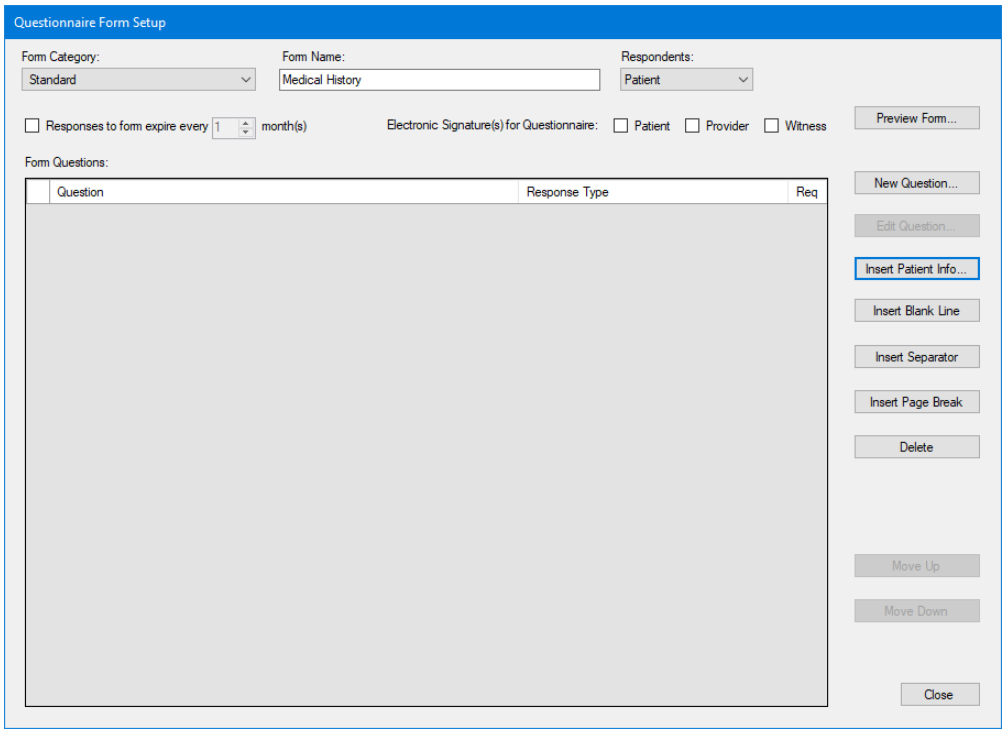
1. In the Questionnaires module, click **Edit**, and then click **Questionnaire Setup**.

   The **Questionnaire Setup** dialog box appears.



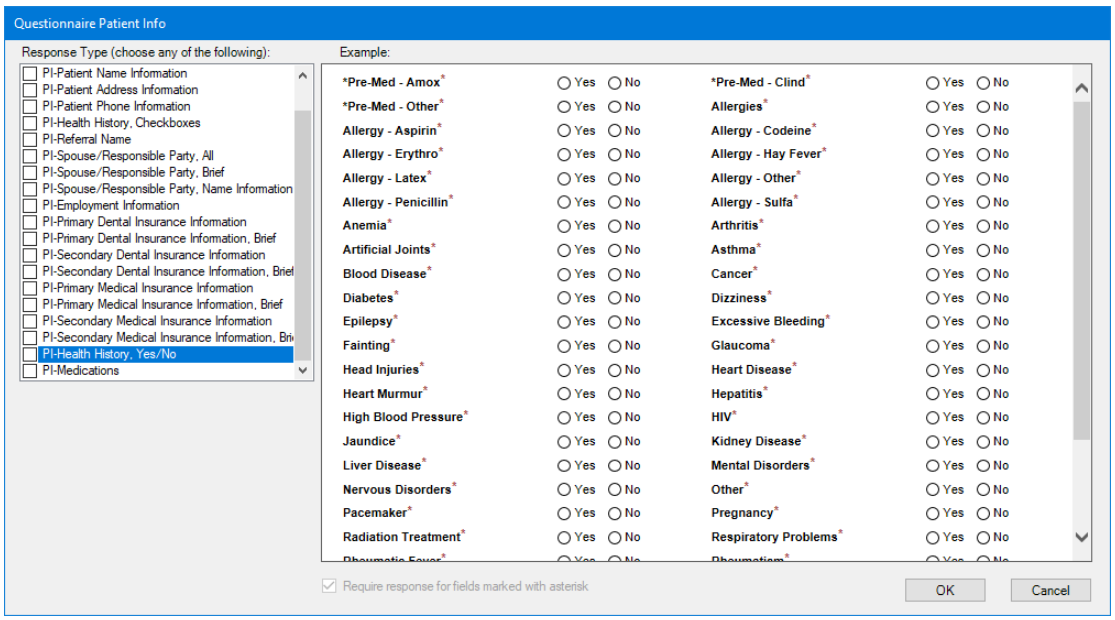
2. Click **New Form**.
3. In the **New Questionnaire Form Options** dialog box, select **Start with Blank Form**, and click **OK**.

   The **Questionnaire Form Setup** dialog box appears.



4. Name the form and click **Insert Patient Info**.

   The **Questionnaire Patient Info** dialog box appears.



5. In the **Response Type** list, select the response types that you want to include in your form:
   - **PI–Pateint Demographics, Brief** – To include a patient's name, address, phone, and other personal information.
   - **PI-Health History, Yes/No** – To include Yes/No responses to health history questions.
   - **PI-Medications** – To include a text box in which patients can list their medications.
6. Click **OK**.

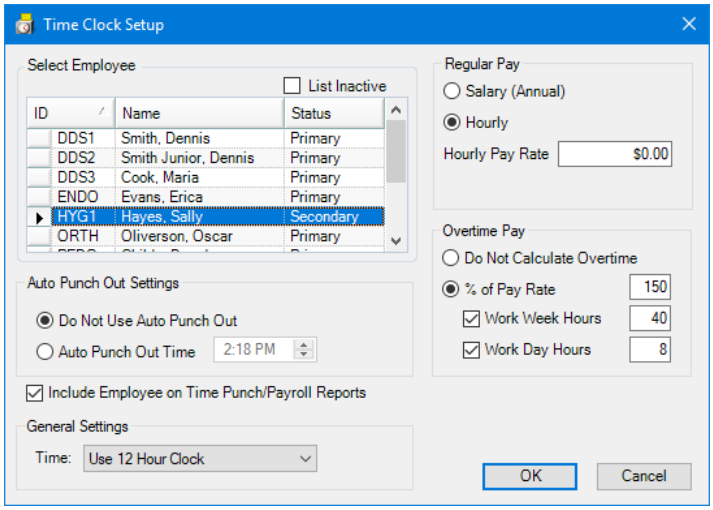
Time Clock

You can set up the Time Clock to calculate overtime daily and weekly.

To set up overtime

1. Right-click the Dentrix Quick Launch button in the notification area of the Windows taskbar.
2. In the menu, point to **Time Clock**, and then click **Time Clock Setup**.

   The **Time Clock Setup** dialog box appears.



3. Select the employee that you want to set up overtime for.
4. Under **Regular Pay**, select **Hourly** and type the hourly pay rate.
5. Under **Overtime Pay**, select **% of Pay Rate**, and then select one or both of the following options:
   - **Work Week Hours**
   - **Work Week Days**
6. If necessary, adjust the number of hours the employee must work before you pay overtime.
7. Click **OK**.

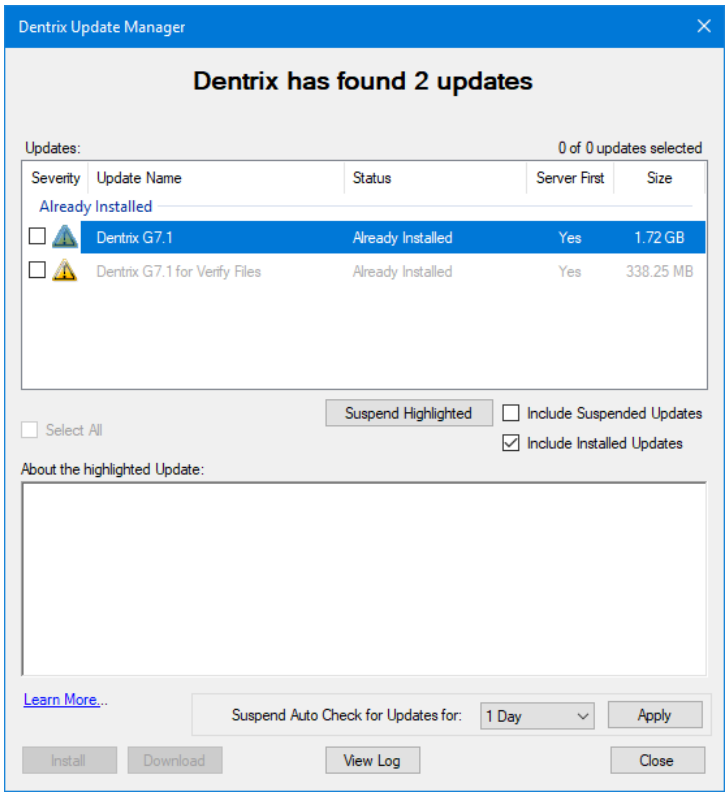
Update Manager

You can use the Update Manager to view which updates you have installed or suspended.

To view previously installed updates

1. Right-click the Dentrix Quick Launch button in the notification area of the Windows taskbar.
2. In the menu, point to **Updates**, and then click **Check for Updates**.
3. Select one or both of the following options:
   - **Include Suspended Updates**
   - **Include Installed Updates**

   The updates that you have suspended or installed appear in the **Update Manager** dialog box.



4. Click **Close**.

CareCredit

CareCredit is a health, wellness, and personal care credit card that helps patients get the care they want and need without delaying treatment. Cardholders can use CareCredit to pay over time for deductibles, copays, and treatment not covered by insurance. As a provider, you get paid within two business days.

SETTING UP CARECREDIT

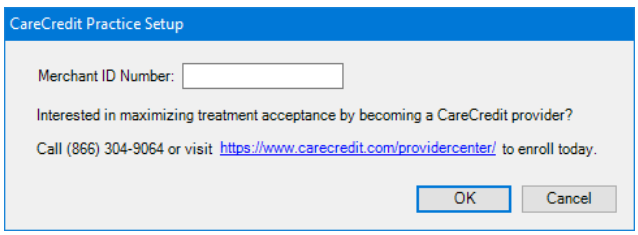
In Dentrix, you must set up CareCredit in the Office Manager and the Ledger. If your practice accepts CareCredit payments, you need to enter your Merchant ID Number (MID) before you can process a payment. Once you have entered your MID, you can then set up CareCredit in the Ledger. You are then ready to process CareCredit applications, look up accounts, and process payments and refunds.

For more information on using CareCredit with Dentrix, see "CareCredit Overview" in the Dentrix Help.

To set up CareCredit in the Office Manager

1. In the menu bar, click **Maintenance**, point to **Practice Setup**, and click **Practice Resource Setup**.
2. Under **Practice Information**, click the **Edit** button.
3. In the **Practice Information** dialog box, click the **CareCredit** button.

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

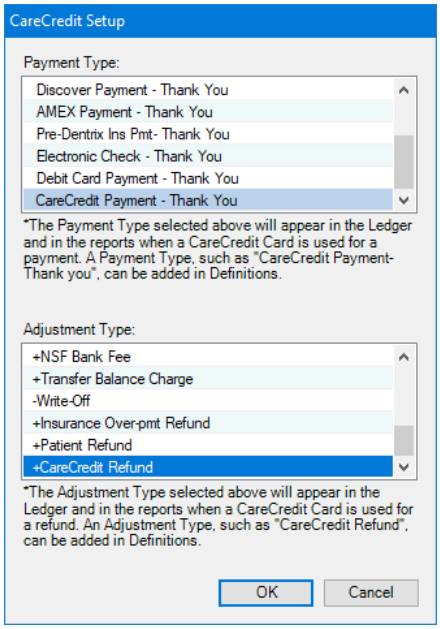


4. Enter your **Merchant ID Number** in the **CareCredit Practice Setup** dialog box.
5. Create a CareCredit payment type and an adjustment type. See "Adding payment types" and "Adding adjustment types," respectively in the Dentrix Help.

To set up CareCredit in the Ledger

1. In the **File** menu, click **CareCredit Setup**.

   The **CareCredit Setup** dialog box appears.



2. Select the CareCredit payment type and the CareCredit adjustment type from their respective lists, and then click **OK**.

   You are ready to process CareCredit applications, look up accounts, enter payments, and make refunds.

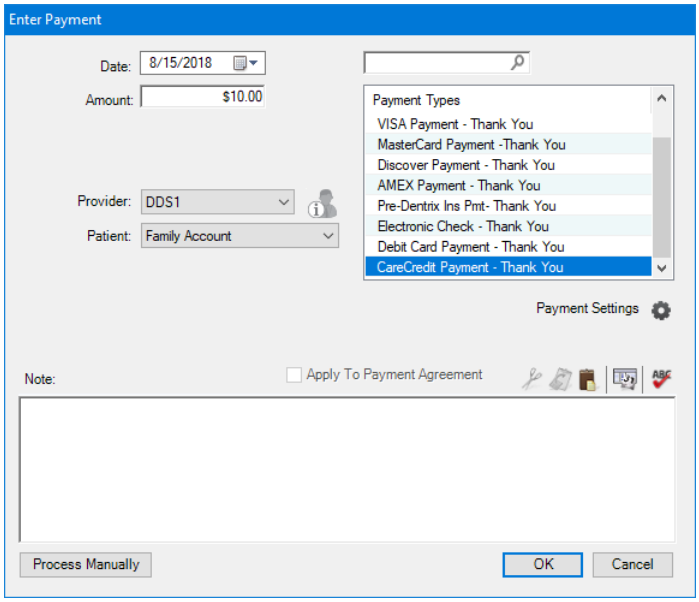
ENTERING CARECREDIT PAYMENTS

You can enter CareCredit payments in the Ledger. CareCredit payments are processed through the CareCredit website, and then posted back to the Ledger.

To enter a CareCredit payment

1. In the Ledger, select the patient whose CareCredit payment you want to process.
2. In the menu bar, click **Transaction**, and then click **Enter Payment**.

   The **Enter Payment** dialog box appears.



3. Enter the amount of the payment.
4. Under **Payment Types**, click **CareCredit Payment - Thank You**, and then click **OK**.

   The CareCredit website opens from which you can complete the transaction. The payment then appears in the Ledger as a CareCredit payment.

What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7.1 release.

APPOINTMENT BOOK

- Scheduled production goal amounts were not being totaled correctly. This has been fixed.
- Clicking the Pinboard button didn't post events to the Pinboard. This has been fixed.
- Posting an event to the Pinboard using the Pinboard button incorrectly posted subsequent events to the Pinboard. This has been fixed.
- In the Appointment List, you could not change the status of a scheduled appointment if you had also selected an unscheduled appointment. This has been fixed.

DOCUMENT CENTER

- If you imported a tiff file consisting of multiple pages, only the first page appeared. This has been fixed.
- If you added a tiff file consisting of multiple pages, the toolbar button did not change to show that documents were available. This has been fixed.
- Opening DentriXlink from the Document Center did not open the imaging software for the selected patient. This has been fixed.

FAMILY FILE

- Production amounts did not appear for most referrals if **Include all referral sources** was selected. This has been fixed.
- An error message was changed to read, "A patient must have a zero balance to be archived" if you tried to archive a patient who had an outstanding balance.

LEDGER

- Split payment amounts were off by a penny. This has been fixed.
- Batch payments for multiple procedures were off by a penny when amounts were rounded off. This has been fixed.
- Medical claims that had ICD10 codes attached were being rejected because the primary code was not in the correct slot. This has been fixed.
- When procedures had pre-authorizations for both primary and secondary insurance and you created the claims, the pre-authorization number appeared in the primary insurance claim but not the secondary insurance claim. This has been fixed.
- You could not copy more than four lines of text in the **Medical Insurance Claim Information** dialog box. This has been fixed.
- If you posted a multi-code and one of the codes required a quadrant but it was not the last code in the list, the code was not posted. This has been fixed.
- Clicking the **Add Provider** button in the **Allocate Credit Balance** dialog box did not open the **Select Provider** dialog box. This has been fixed.
- You were able to make a payment to a payment plan if the payment was dated prior to the creation date of the payment plan. This has been fixed.
- You could not enter a payment in an account with a $0.00 balance. This has been fixed.
- Patients were omitted from the Credit Balance Report if **Calculate Aged Balance** was selected. This has been fixed.

OFFICE MANAGER

- Occasionally, the Tasks and Reports log was overwritten. This has been fixed.
- Passwords were not being accepted and accounts were being locked after upgrading Dentrix. This has been fixed.
- If you batched a patient's claim, deleted that patient's primary insurance, and then ran a Billing Report after selecting **Skip accounts with claim pending**, the Billing Report was blank. This has been fixed.
- Reports generated in the Reports and Tasks Scheduler wouldn't print to file until the report was previewed in the Batch Processor. This has been fixed.
- The zoom setting in Verify Billing Statements was always set to 80%. This has been fixed.
- Rejected case amounts were not removed from Amount of Treatment Accepted in the Daily Huddle Report if the case was accepted first. This has been fixed.

PATIENT CHART

- In some Sidexis server configurations, Smart Image did not display preview images. This has been fixed.

MISCELLANEOUS

- In Quick Labels, the Appointment Reminder Label sometimes printed a label with the current date instead of starting with labels for appointments in the future. This has been fixed.
- Notes that were created in a third-party program and copied and pasted into Dentrix as patient alerts and appointment notes did not have line breaks. This has been fixed.
- If the Dentrix database was in single user mode and you tried to open Dentrix, multiple instances of the "Dentrix is exclusively open" message appeared. This has been fixed.
- The text in the Update Manager log files was sometimes incomplete. This has been fixed.

Dentrix G7

Overview and New Features

This Dentrix G7 Release Guide provides information about the Dentrix G7 software release. This overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.

Note: For information about using the new features in Dentrix G7, refer to "Using the New Features and Enhancements" in this section of the Release Guide or "What's New in Dentrix G7?" in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7 includes the following enhancements:

PASSWORDS

- You can now require more complex passwords (eight or more characters and uppercase, lowercase, numeric, and special characters, or a 12-character minimum). You can also require that passwords be reset every 90, 180, or 365 days, and if needed, you can force an immediate system-wide password reset at any time. Finally, you can allow users to reset forgotten passwords by having them provide answers to security questions.

HEALTH HISTORY

- The Health History module replaces medical alerts and is not restricted to 64 medical alerts. You can set up an unlimited number of conditions and allergies. You can also inactivate conditions and allergies if your patients' health changes. You can also choose which allergies and medical conditions to include in the Questionnaires form and track inactive medical conditions and allergies.

DENTRIX PAY

- Dentrix Pay was modified so that you can link saved credit cards to payment agreements and make credit card payments from the Payment Agreement Manager.

DENTRIX SMART IMAGE

- Dentrix Smart Image is an optional module of the Dentrix Practice Management System. Dentrix Smart Image is designed to integrate with various third-party imaging software solutions. Depending on the brands of 2D, 3D, and CAD/CAM imaging software you use in your practice, you can use Dentrix Smart Image to interact with one or more of your imaging software applications and imaging devices to automate common imaging and practice management related activities including the following:
  - Display thumbnail images of all 2D, 3D, and CAD/CAM scans in the Patient Chart.
  - Double-click thumbnail images to load images directly in your imaging software in the Patient Chart.
  - Single-click thumbnail images to view full-size images in the Patient Chart.
  - Acquire 2D images, 3D volumes, and CAD/CAM scans from the Patient Chart using CDT codes.
  - Acquire 2D images, 3D volumes, and CAD/CAM scans for the selected teeth in the Patient Chart.
  - Use multiple 2D, 3D, or CAD/CAM imaging software applications simultaneously.
  - View multiple images simultaneously for comparison.
  - View images from multiple imaging software applications simultaneously.
  - Display icons in the Patient Chart for each tooth that show the type of images that exist for each tooth.

- View all images of a specific tooth or of specific teeth with a single click directly in the Patient Chart.
- Control billing in the practice management modules for images acquired in the imaging software and eliminate having to post completed imaging procedures manually in the Patient Chart.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of features and enhancements, refer to the Dentrix Help.

Passwords

You can now require more complex passwords (eight or more characters and uppercase, lowercase, numeric, and special characters, or a 12-character minimum). You can also require that passwords be reset every 90, 180, or 365 days, and if needed, you can force an immediate system-wide password reset at any time.

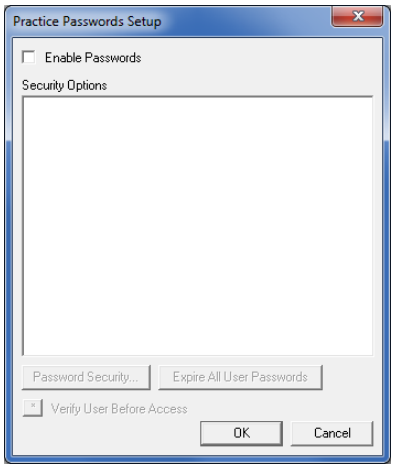
ENABLING PASSWORDS AND SETTING UP AN ADMINISTRATOR

Because passwords are not enabled when you install Dentrix, you must enable passwords and set up a password administrator after installing Dentrix.

To enable passwords and set up an administrator

1. In the **Maintenance** menu in the Office Manager, point to **Practice Setup** > **Passwords**, and then click **Practice Passwords Setup**.

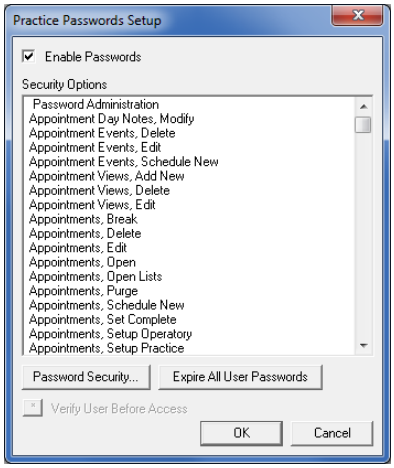
   The **Practice Passwords Setup** dialog box appears.



2. Select **Enable Passwords**.

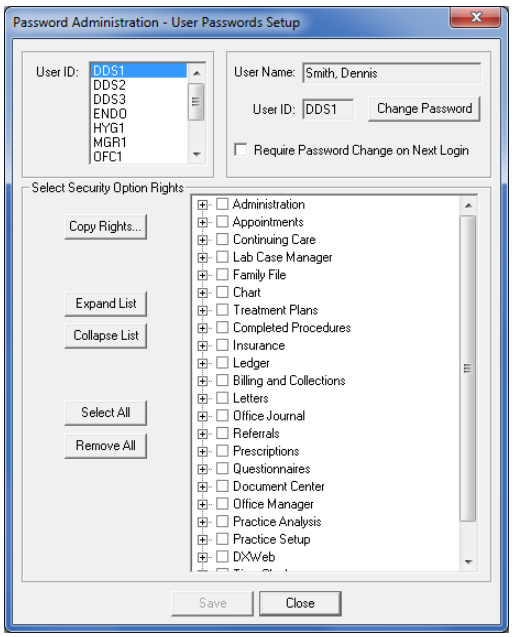
   All of the available security options appear in the **Security Options** list.

   Note: Once you enable passwords, all of the tasks appearing in the Security Options list are protected. In order for users to perform any of these tasks, you must assign them rights to the security option.



3. Click **OK**.

   The **Password Administration – User Passwords Setup** dialog box appears.

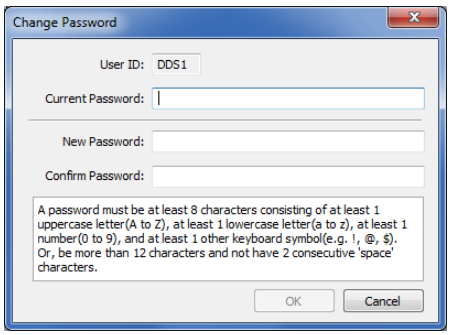


4. In the **User ID** list, select a password administrator.

   The **User Name** and **User ID** fields fill in automatically.

5. Click **Change Password**.

   The **Change Password** dialog box appears.

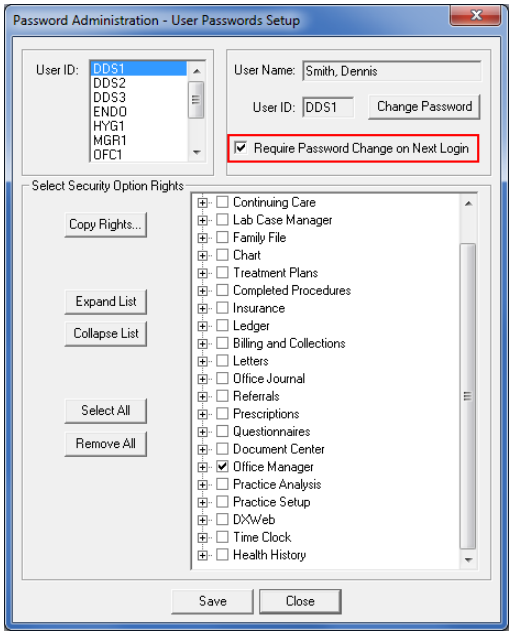


6. In the **New Password** text box, type a password that meets the described requirements, re-type the password in the **Confirm Password** text box, and then click **OK**.

7. **(Required – grant administration rights to the administrator)** In the **Password Administration – User Passwords Setup** dialog box under **Select Security Option Rights**, complete one of the following tasks:

   - Select **Administration** and **Office Manager** from the list to grant rights to grant the rights to administer passwords and to open the Office Manager, respectively. These are the minimum rights required.
   - Click **Select All** to grant the rights to administer passwords and to open all of the Dentrix modules.

   The **Require Password Change in Next Login** option in the **Password Administration – User Passwords Setup** dialog box is selected.



8. Click **Save**.

Health History

You can assign medical conditions and allergies to patients in Health History to remind you of and to keep a record of any conditions, illnesses, or allergies that your patients may suffer from. For example, you could assign a medical condition to document that a patient experiences excessive bleeding or has diabetes.

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

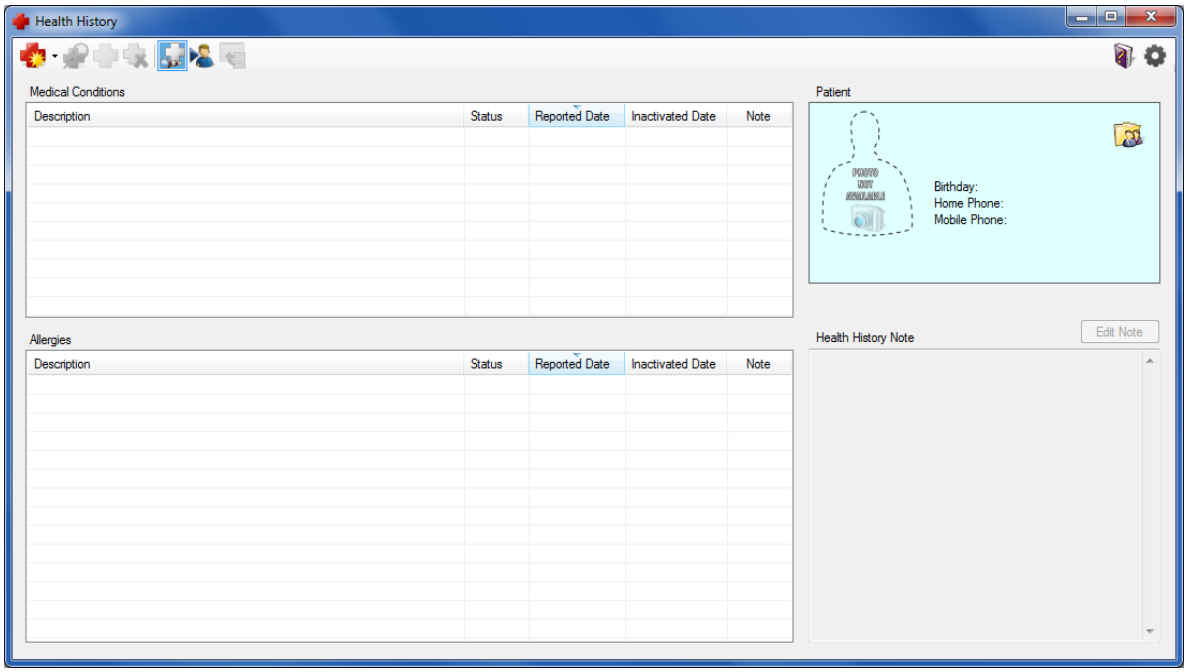
ASSIGNING MEDICAL CONDITIONS TO PATIENTS

You can assign medical conditions and allergies to patients from any Dentrix module except the Office Journal and eDex.

To assign a medical condition to a patient

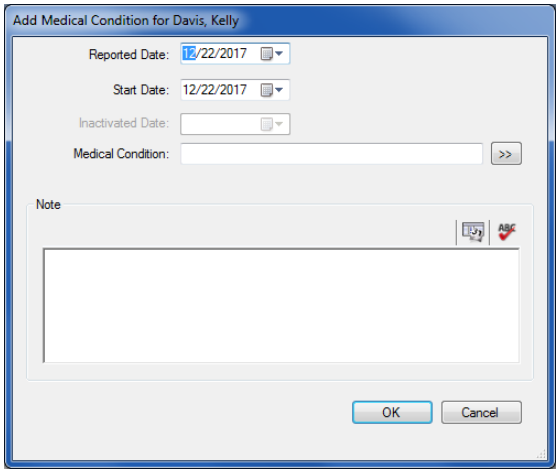
1. In the Office Manager, click **File**, point to **Switch To**, and then click **Health History**.

   The Health History window appears.



2. Click the Select Patient toolbar button and select the patient you want to assign a medical condition to from the **Select Patient** dialog box.
3. Click the Add toolbar button, and then click **Medical Condition**.

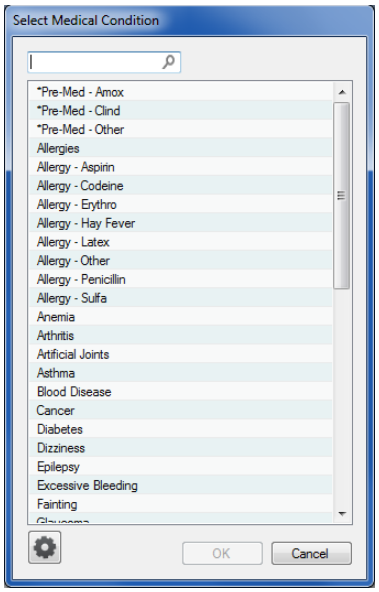
   The **Add Medical Condition** dialog box appears.



4. Click the **Medical Condition** double-chevron button.

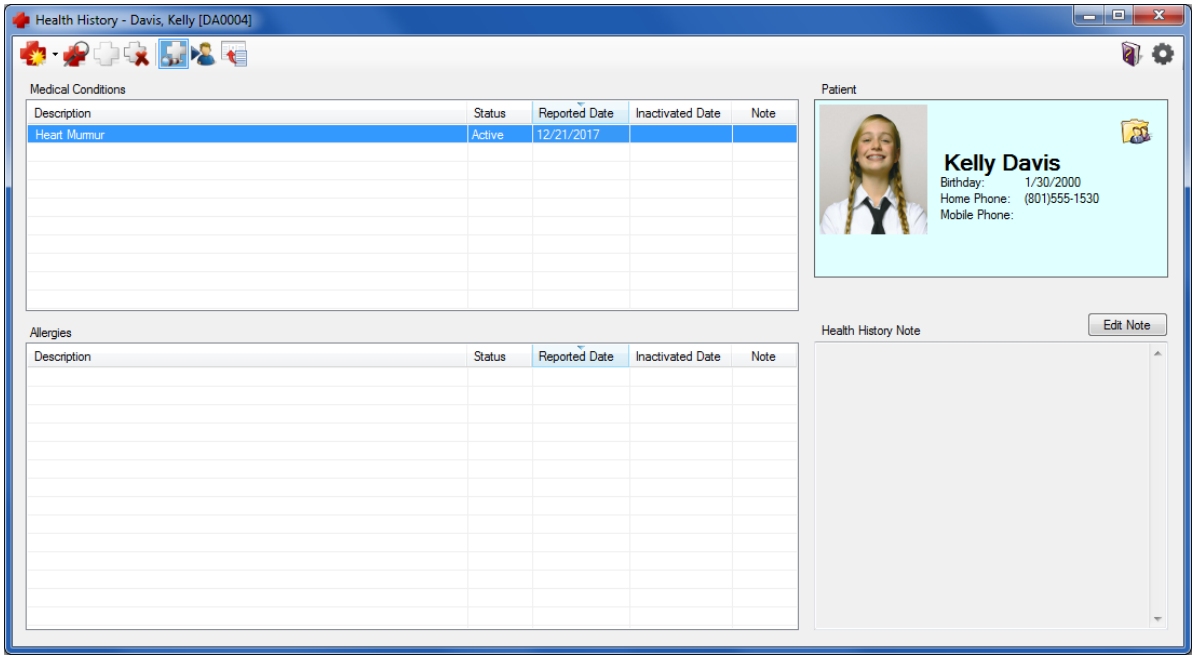
   Note: You can also type the name of the condition in the **Medical Condition** text box.

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



5. Select the appropriate condition from the list, and then click **OK**.
6. If necessary, in the **Add Medical Condition** dialog box, type a note in the **Note** text box.
7. Click **OK**.

   The selected condition is added to the patient's **Medical Conditions** list in the Health History window.



Dentrix Pay

Dentrix Pay was modified so that you can link saved credit cards to active payment agreements and make credit card payments in the Payment Agreement Manager.

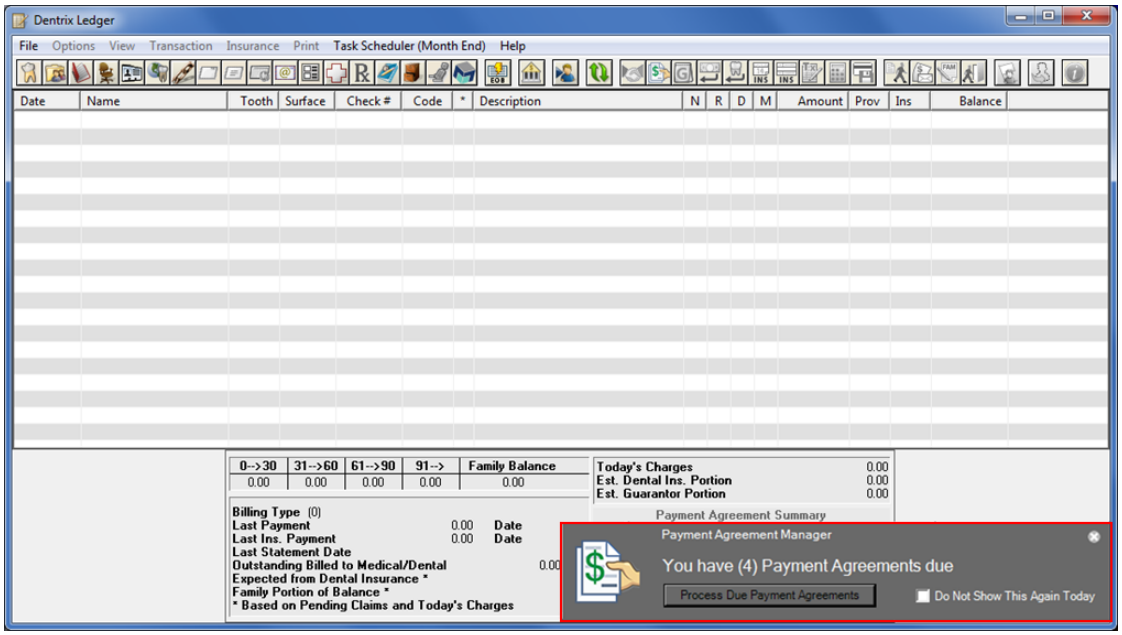
PROCESSING PAYMENTS DUE WITH SAVED CREDIT CARDS

Each time you open the Ledger, if there are accounts with active payment agreements, attached and active credit cards, and payment agreement payments that are either due or past due, a notification appears in the lower-right corner of the Ledger.

To process a payment due with a saved credit card

1. Open the Ledger.

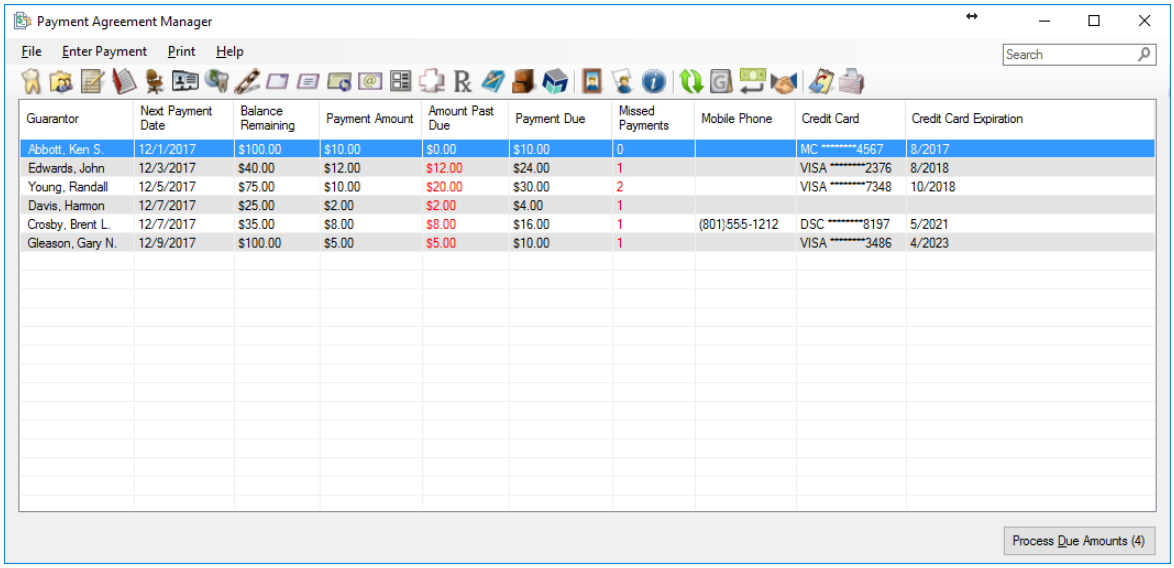
   The Ledger window appears.



2. Click **Process Due Payment Agreements**.

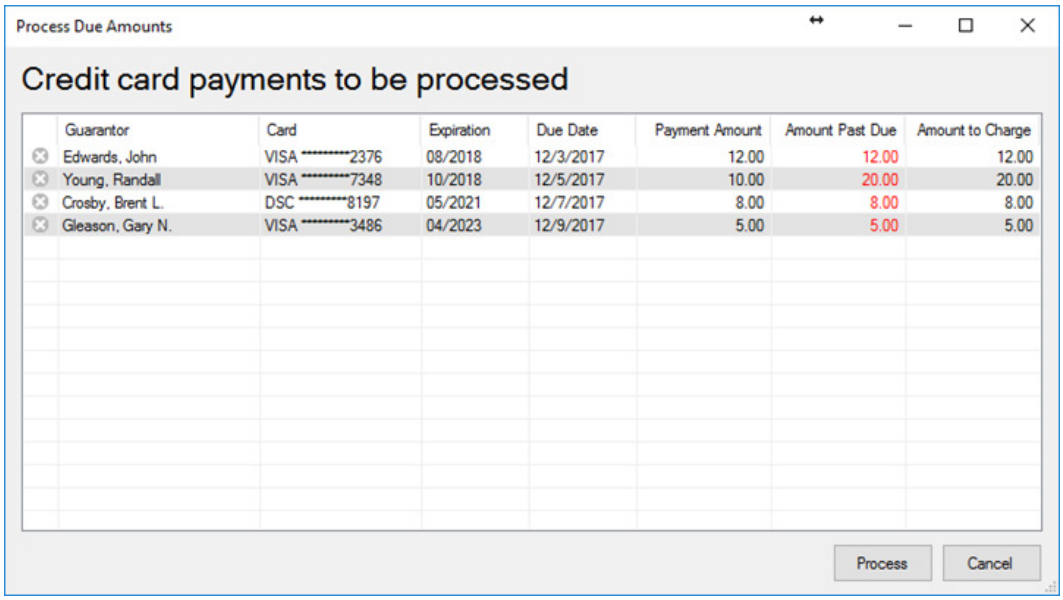
   The Payment Agreement Manager window appears.

   Note: If the **Credit Card** and **Credit Card Expiration** columns are not displayed, right-click any column header, and then in the submenu, click **Credit Card** and **Credit Card Expiration**.



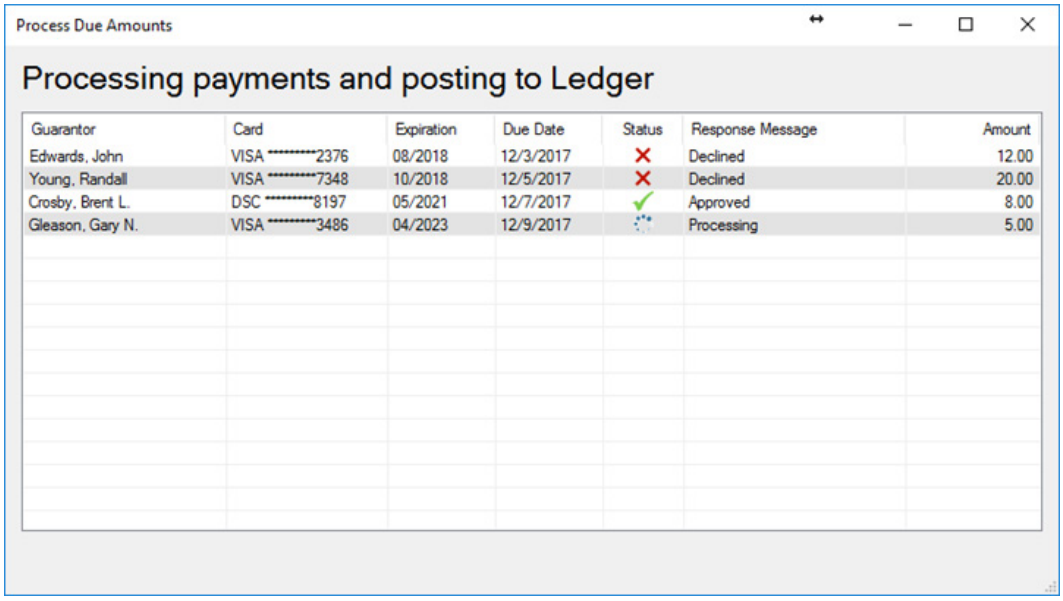
3. To process the payments, click **Process Due Amounts**.

   The **Process Due Amounts** dialog box appears.

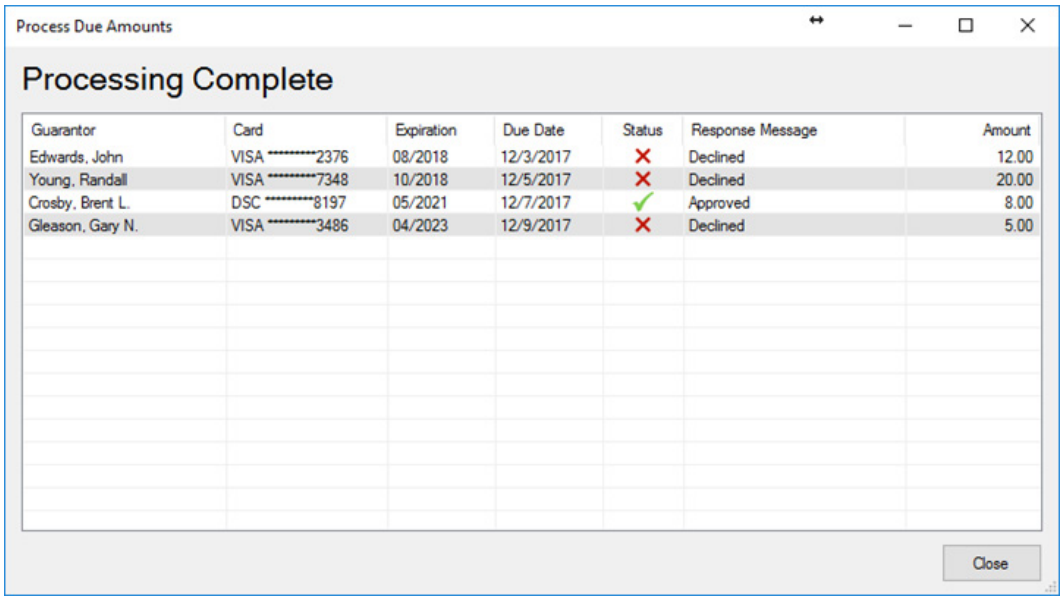


4. Click **Process**.

   As the payments process, the **Process Due Amounts** dialog box reflects the progress.



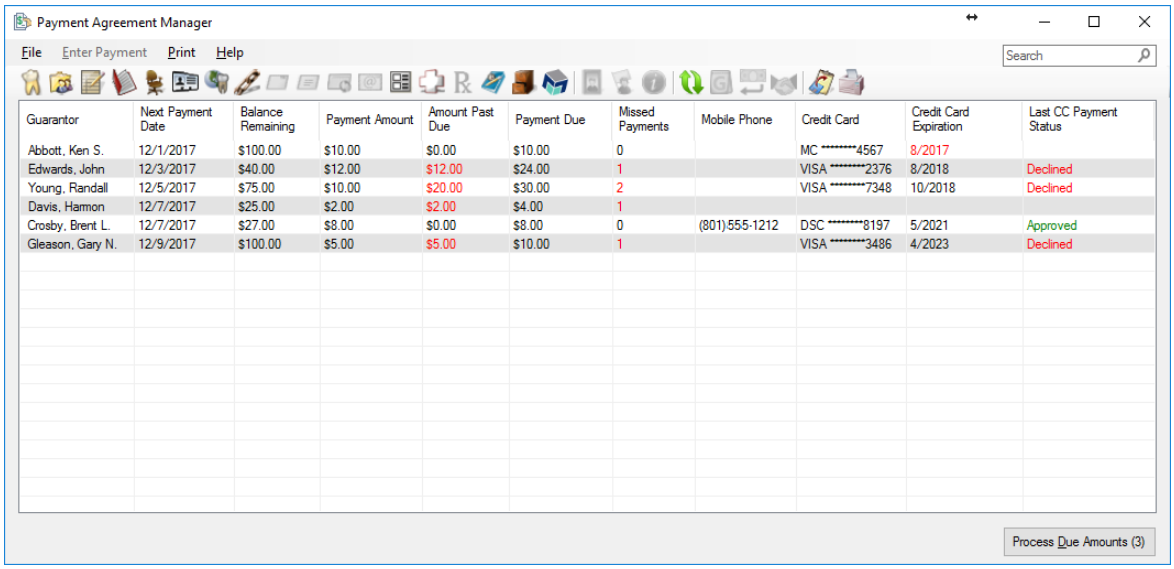
When all of the payments have processed, a **Close** button appears.



5. Click **Close**.

   The Payment Agreement Manager window appears with the **Last CC Payment Status** column.

   Note: The **Last CC Payment Status** column only displays until you close the Payment Agreement Manager on the computer you are using. The column remains hidden until the next time you process credit cards using the **Process Due Amounts** dialog box.



Dentrix Smart Image

Dentrix Smart Image is designed to integrate with various third-party imaging software solutions. Depending on the brands of 2D, 3D, and CAD/CAM imaging software you use in your practice, you can use Dentrix Smart Image to interact with one or more of your imaging software applications and imaging devices to automate common imaging and practice management related activities.

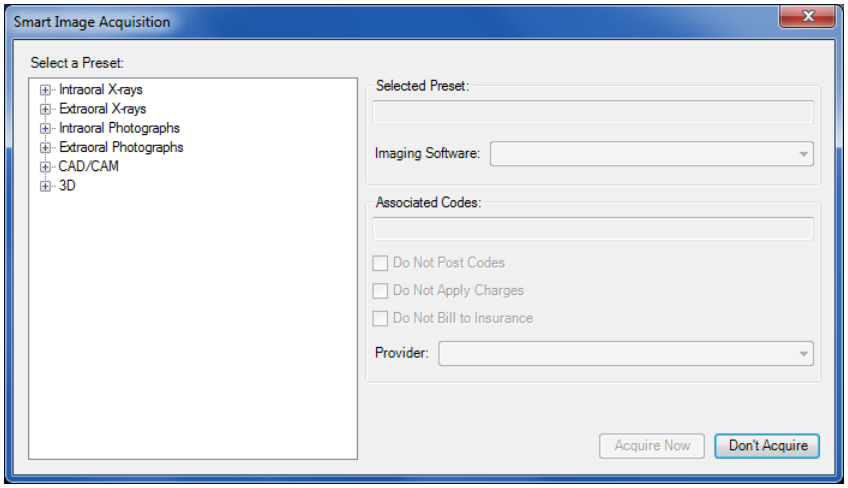
ACQUIRING IMAGES USING SMART IMAGE

After installing Dentrix Smart Image, a **Smart Image** tab (adjacent to the **Clinical Notes** tab) is added to the Patient Chart. To open Smart Image, click the tab. You can then use Smart Image to acquire images with a few clicks of your mouse.

To acquire an image using Smart Image

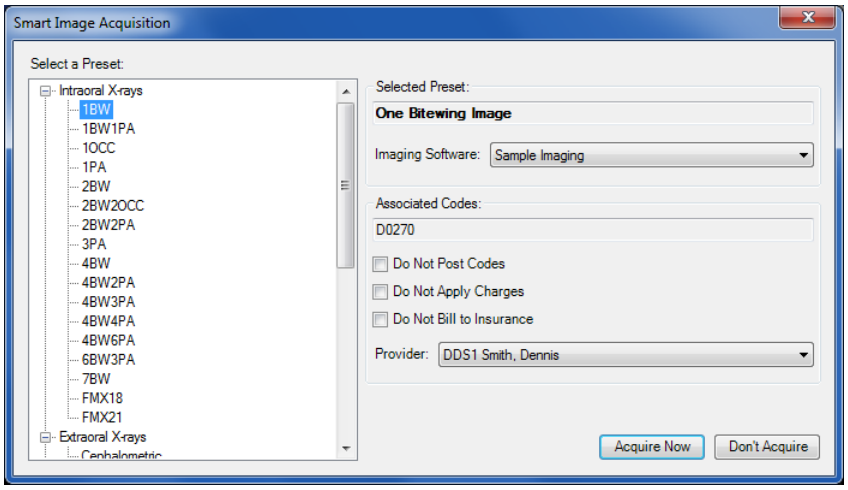
1. In the Smart Image toolbar, click the Acquire a 2D/3D or CAD/CAM Image button.

   The **Smart Image Acquisition** dialog box appears.



2. Under **Select a Preset**, click the image type (**Intraoral X-rays**, for example), and then the specific type of image (**1BW**) you want to capture.

   The type of image you selected appears in the **Selected Preset** text box, and if applicable,the associated codes in the **Associated Codes** text box.



3. Select one of the following options:
   - **Do Not Post Codes** – No procedure codes are posted for the acquisition.
   - **Do Not Apply Charges** – The amount of posted procedure codes is set to $0.
   - **Do Not Bill to Insurance** – Posted procedure codes are not billed to insurance providers.
4. To change the provider, click the Down arrow, and select the appropriate provider from the list.
5. Click **Acquire Now**.

   The imaging application opens from which you can select the template and acquire the images.

What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7 release.

APPOINTMENT BOOK

- Sorting by date for a long date range does not also sort by time within the date range in the Appointment List window. This has been fixed.
- The Appointment List window did not continue to mask Social Security numbers if other information was changed or the window was refreshed. This has been fixed.
- Users were unable to check a patient's insurance eligibility in the Appointment List window. This has been fixed.
- Users were able to drag completed appointments from the Appointment List window to the Appointment Book and in effect re-schedule a completed appointment. This has been fixed.
- The current view was not highlighted in the **Select View** dialog box. This has been fixed.
- The Hover window did not appear unless at least one appointment has continuing care attached. This has been fixed.
- Previously selected views were not being retained when the Appointment Book was closed and reopened. This has been fixed.
- New patient names and phone numbers were changed after a patient received the wrong patient ID. This has been fixed.
- The last digit in a date in the Hover window was cut off if the date contained 8 digits (12/10/2017, for example). This has been fixed.

DOCUMENT CENTER

- The sort order of image files changed if they were combined. This has been fixed.
- Sending an eEOB to the Document Center did not work. This has been fixed
- Sending an email from the Document Center changed the document type. This has been fixed.

FAMILY FILE

- The Family File stopped responding after being re-opened several times from another Dentrix module. This has been fixed.

LEDGER

- The **Claim Status Note** in the Insurance Claim window showed a claim's status incorrectly. This has been fixed.
- An error occurs if you enter payment and itemize by procedure on separate workstations if the procedure codes are identical even though the patient accounts are different. This has been fixed.
- The claim was not submitted when **Submit** was clicked in the Insurance Claim window. This has been fixed.
- Removing a saved credit card produced an error, and the card still appeared as "Active." This has been fixed.
- Editing a claim after it was posted as a credit card payment in the **Batch Insurance Payment Entry** dialog box by changing it to a check or electronic payment shows as **Visa** in the **Bank/Branch #** text box in the **Enter Payment** dialog box. This has been fixed.
- The former payment amounts were being retained after updating the payment table. This has been fixed.

- The tooth number does not appear on a claim if it is sent via eClaims when the tooth surface is entered manually and is entered incorrectly (LO instead of OL). This has been fixed.
- Adjustments were not being printed on the enhanced form of the Walkout/Doctor's Statement. This has been fixed.
- Patients' names appeared on deposit slips. This has been fixed.
- The **Real-time Payor Notice** dialog box contained spelling errors. This has been fixed.
- Secondary claims containing estimated insurance portions was set to $0 when the claim was submitted. This has been fixed.
- eEOBs containing more than 100 patients failed to appear in the Dentrix database. This has been fixed.
- Split payment totals did not appear correctly in the DX2012HD form. This has been fixed.
- The Approved message appeared on top of the signature line in Dentrix Pay and prevented patients from signing physical receipts. This has been fixed.
- After offices upgraded Dentrix, patients with special adjustments attached to their accounts had provider balances in **Allocate Credit Balances** even if they had a $0 balance. This has been fixed.

OFFICE JOURNAL

- The **Privacy Requests Changed** line was updated whenever a privacy request was selected in the Family File and the **Patient Information** dialog box was opened. This has been fixed.

OFFICE MANAGER

- Switching to the Sample database did not disable eServices. This has been fixed.
- Phone numbers in the Aging Report were identical regardless of the selected sort option. This has been fixed.
- If the **Send Statement To** option was cleared when billing statements were being verified, the statement remained active and did not lose focus as in previous versions of Dentrix. This has been fixed.
- Patients were skipped in a letter merge when the Appointments filter was applied. This has been fixed.
- Patients were skipped in the Medical Insurance Claim Aging Report. This has been fixed.
- Procedure codes D9986 and D9987 were not posted to the Day Sheet. This has been fixed.

PATIENT CHART

- A comma was missing from the surface codes in the Progress Notes. This has been fixed.
- The report printer was selected as the default printer instead of the chart printer when trying to print from the **Print Preview** dialog box. This has been fixed.
- After changing the **Response Type** to **Confirmation Only**, text was cut off in the Progress Notes. This has been fixed.

PRESCRIPTIONS

- Conflicting errors were received when saving a prescription. This has been fixed.
- Setting prescription refills to 0 removed the option permitting generic substitutions. This has been fixed.

QUESTIONNAIRES

- Could not enter referred to providers. This has been fixed.
- Changes made in the **Update Patient Information** dialog box did not appear in the Audit Trail Report. This has been fixed.

TREATMENT PLANNER

- A rejected case was listed first in the case list instead of an active case even if Include Rejected Cases was not selected. This has been fixed.

MISCELLANEOUS

- In the Dentrix Launcher, clicking the Continuing Care icon did not open the Continuing Care module. This has been fixed.
- The Help button in the **Lab Case Manager View** dialog box did not open the Lab Case Manager Help file. This has been fixed.
- Printers did not print complete email and web addresses in the Treatment Planner and the Perio Chart. This has been fixed.
- Letter merge did not work with 64-bit versions of Word. This has been fixed.
- A error occurred when the Dentrix.com button was clicked in the Dentrix Help. This has been fixed.
- Snapshot failed when run on Windows Server 2012. This has been fixed.
- Production days and unfilled hours were calculated incorrectly in the Practice Advisor. This has been fixed.
- The HFCA212 form fills box 32 with the provider's NPI number. This has been fixed.
- Changing DPI scaling in Windows from Small to Medium or Large caused the Dentrix module icons to not display in the Dentrix Launcher. This has been fixed.
- VoicePro reset notes in the Perio Chart when the exam was saved. This has been fixed.
- The Clinical Notes spell checker was not was not highlighting errors. This has been fixed.
- Continuing Care numbers in the Practice Advisor were not reported correctly. This has been fixed
- The **To** chevron had to be clicked twice to open the **Select Shipping Method** and **Select Lab Category** dialog boxes. This has been fixed. The wrong value was posted in box 66 in the UB-04 claim format if ICD-10 codes were used to create the claim. This has been fixed.
- Prior day totals for treatment planned cases appeared incorrectly in the Daily Huddle Report. This has been fixed.
- eSync failed to connect to Dentrix. This has been fixed.
- The **Compare to Fee Schedule** and **Include Provider Totals** options were not saved for the Day Sheet in the Task Scheduler. This has been fixed.
- In the Practice Advisor, split payment amounts appeared incorrectly in prior day collections. This has been fixed.
- Selecting all providers in the Daily Huddle Report incorrectly included inactive providers in the Provider Details portion of the report. This has been fixed.
- Production days and unfilled hours were calculated incorrectly in the Daily Huddle Report. This has been fixed.