DATATEC

EASYDENT

Buyer's Guide

www.ezdent.com

Phone (636) 256-7401

"All Software is NOT Created Equal"

Dear Doctor & Staff,

Thank you for your interest in our ***EasyDent*** software. This document provides several screen images, reports, and forms to give you an idea of our software.

EasyDent is:

- ☑ Easy to Learn and Use
- ☑ Comprehensive
- ☑ Powerful
- ☑ Flexible

Please visit our web site **www.ezdent.com** for the latest information including pricing & hardware requirements. EasyDent works fantastic on any version of Windows' In-Office Networks. In addition, we offer a cost-effective cloud solution, too.

Please Call or Email to schedule your **Free Online Live demonstration**.
Phone (636) 256-7401 or Fax (636) 230-6801
Email **Sales@ezdent.com**

Cordially,

Hal Goodall

President, Data Tec, Inc.

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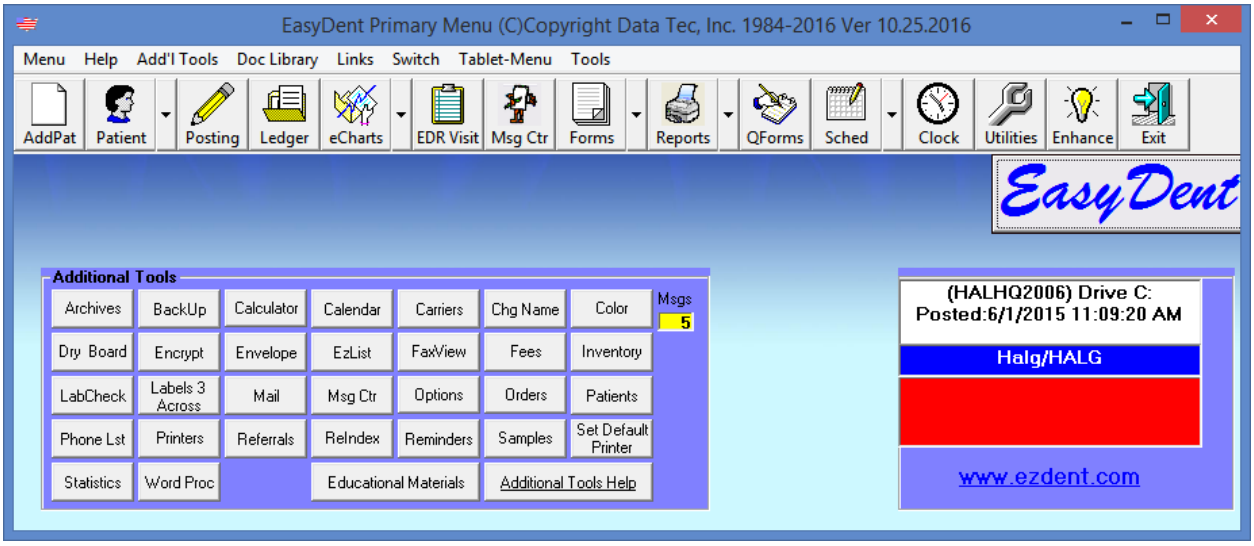
Major Features	
Demographics	☑
Billing	☑
Collection Reporting	☑
Email - Appointments, Recalls, Newsletters	☑
Insurance - Electronic, Paper	☑
Message Center	☑
Oral Images	☑
Patient Photos	☑
Patient Portal	☑
Perio Charts	☑
Practice Analysis Reports	☑
Quick Form Letters	☑
Recall - Cards, Letters, Email, Text	☑
Referral Tracking	☑
Reporting (Including graphs**)** - Daily, Monthly, Yearly, Multiple	☑
Restorative Charting	☑
Treatment Planning	☑
Digital X-Ray Interfaces	☑
Electronic Dental Charts	☑
Scanning - ID & Insurance Cards, any Documents	☑
Scheduling	☑
Time Clock	☑

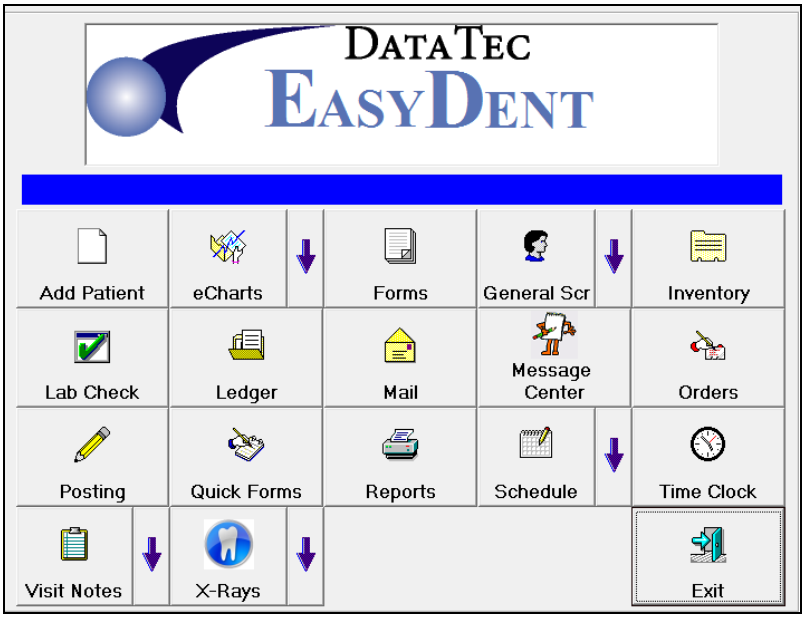
Primary Menu

EasyDent starts up with a simple, easy-to-use Primary Menu. You can quickly jump to any part of the software from this menu. Each user can select from a Desktop-style or Tablet-PC-style menu. You can just point with your mouse and click or use your Tablet stylus or finger and tap once to select any option.

Desktop Style Menu



Tablet PC or iPad Style Menu

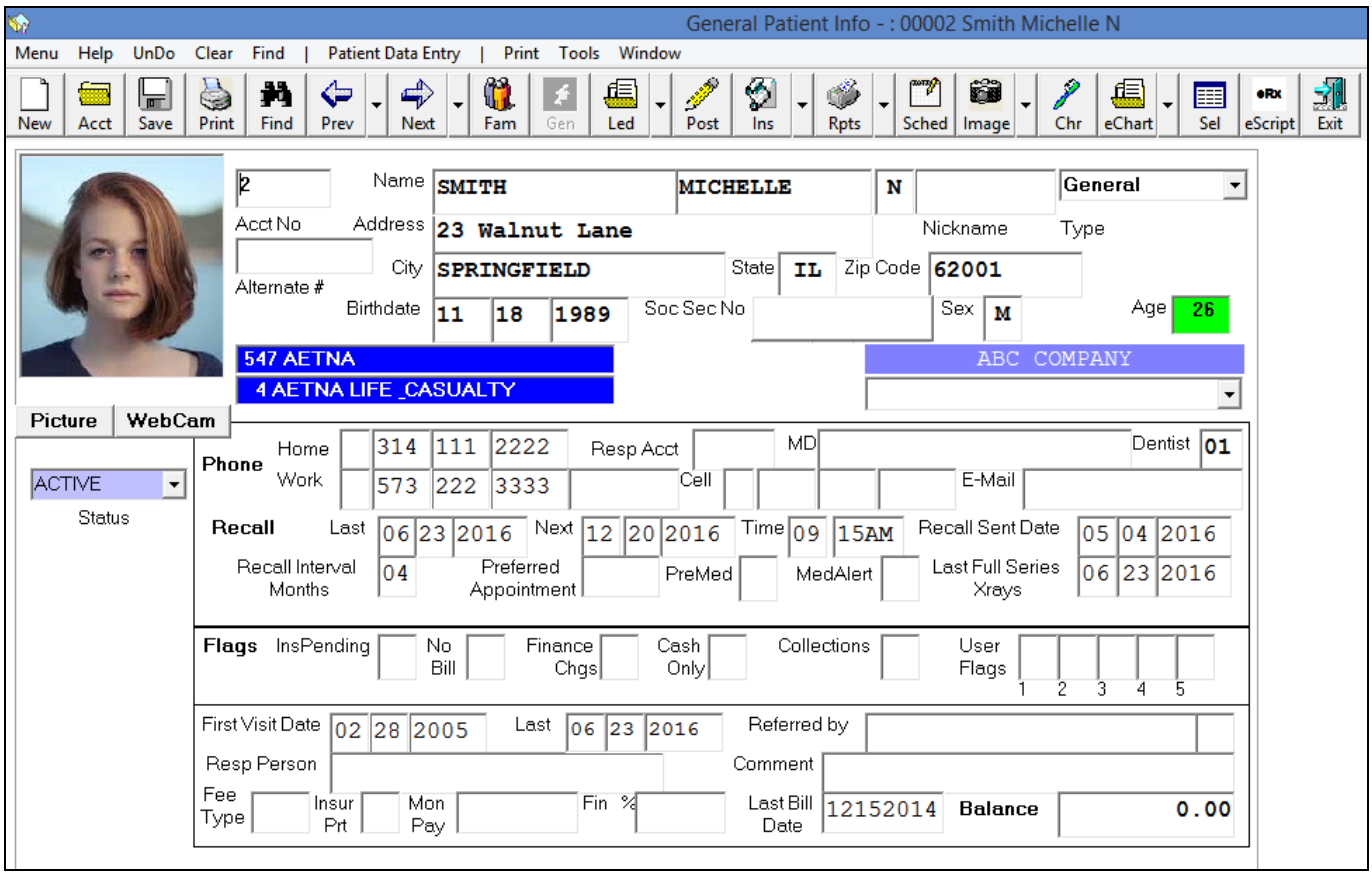


Patient General Screen

Patient Screens are designed to give the maximum amount of information in an easy-to-read format. Fields are clearly marked and color-coded.

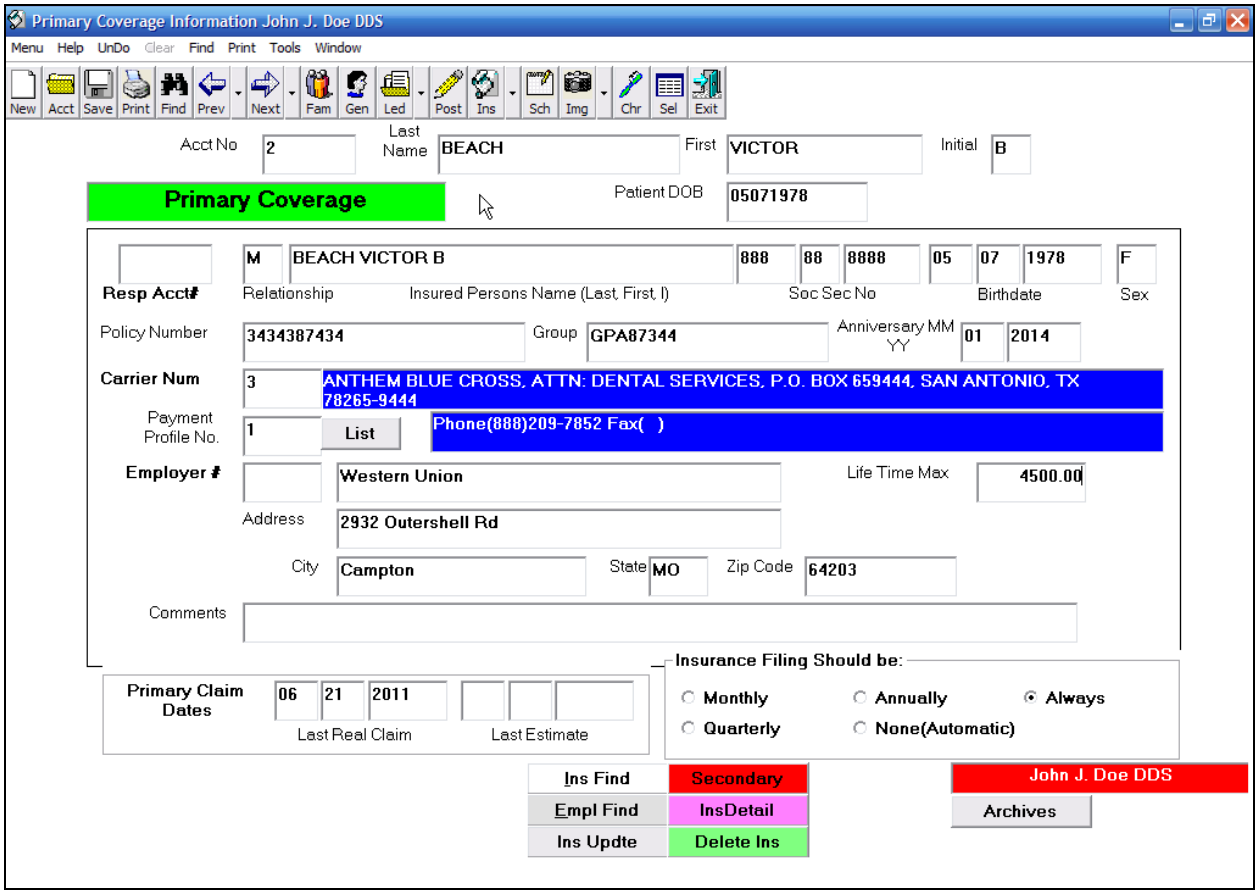
You can quickly switch from one type of information to another.

For example: Go from the patient general information screen to the ledger with one click. You can also switch to any other patient or family member at any time without having waste time returning to a main menu!



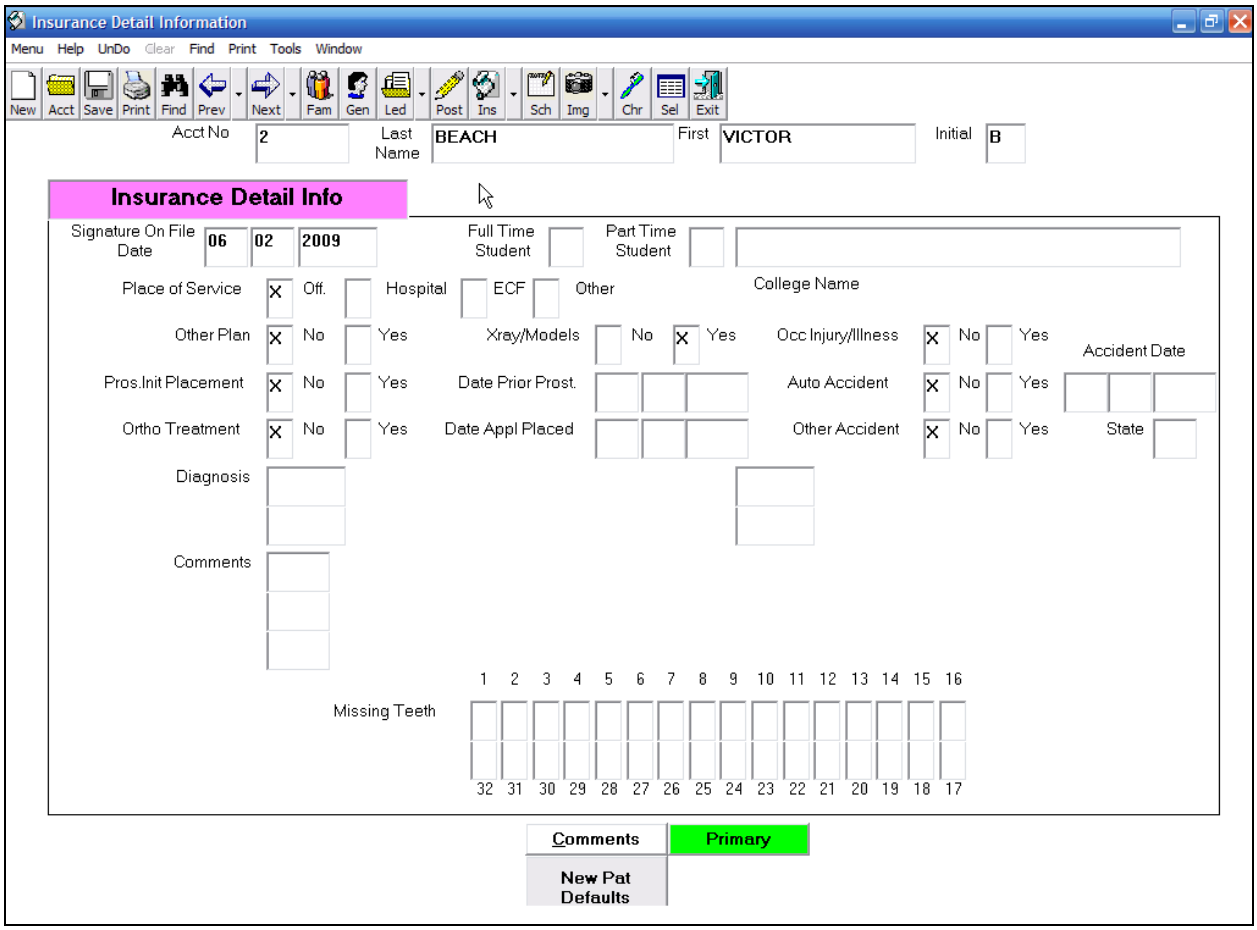
Patient Insurance Screen

Each patient can have up to 3 active Insurance Carriers: Primary, Secondary, and even a Third Insurance Carrier.



Patient Detailed Insurance Screen

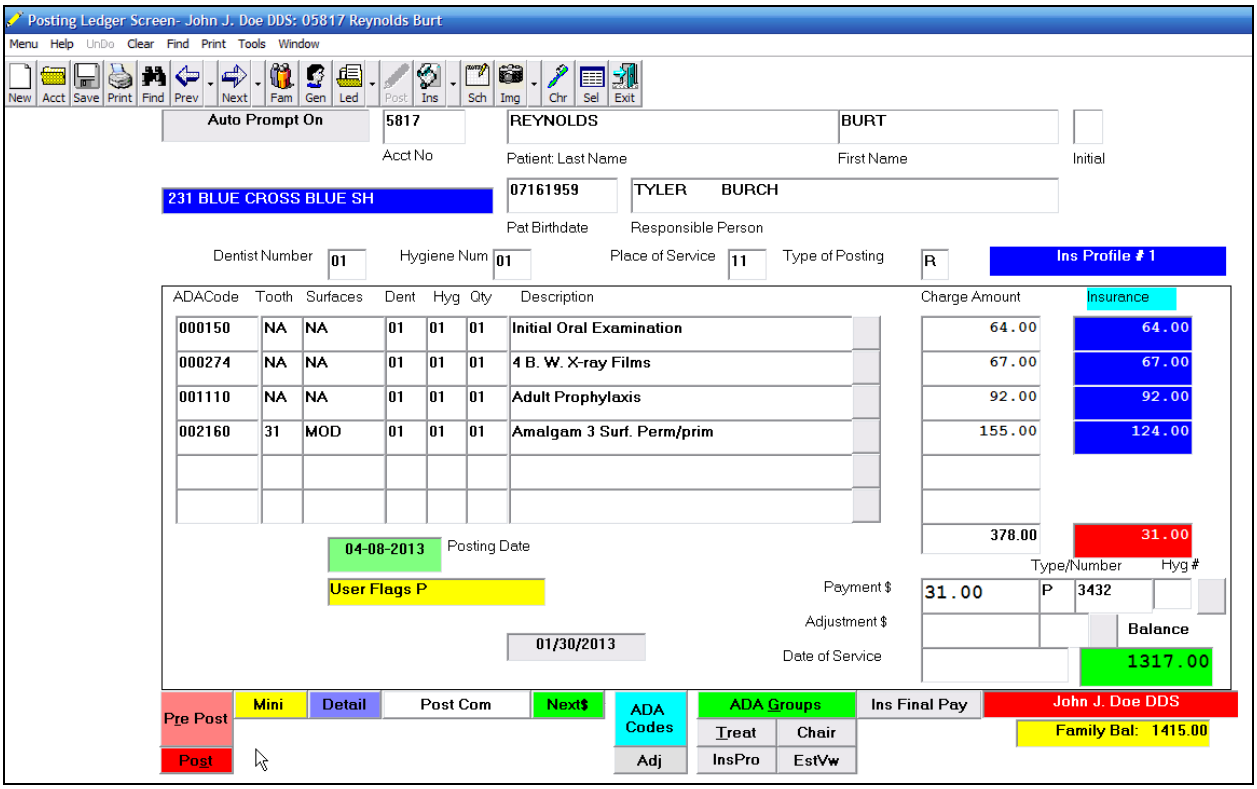
This screen lets you specify additional insurance details about the patient.



Ledger Postings

Posting is quick and simple. Quickly post multiple charges, payments, and adjustments all at one time. You can also interface directly with treatment plans to make posting even easier. You can directly enter codes, shorthand codes, or even pop-up lists and teeth diagrams to post.

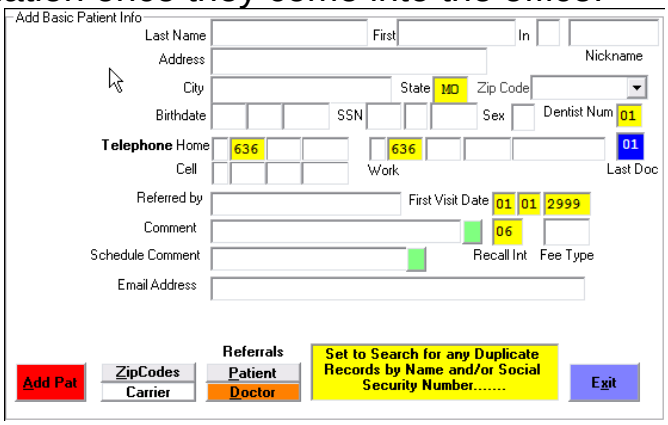
Based on insurance payment profiles, you will automatically be notified of how much the patient's responsibility is.



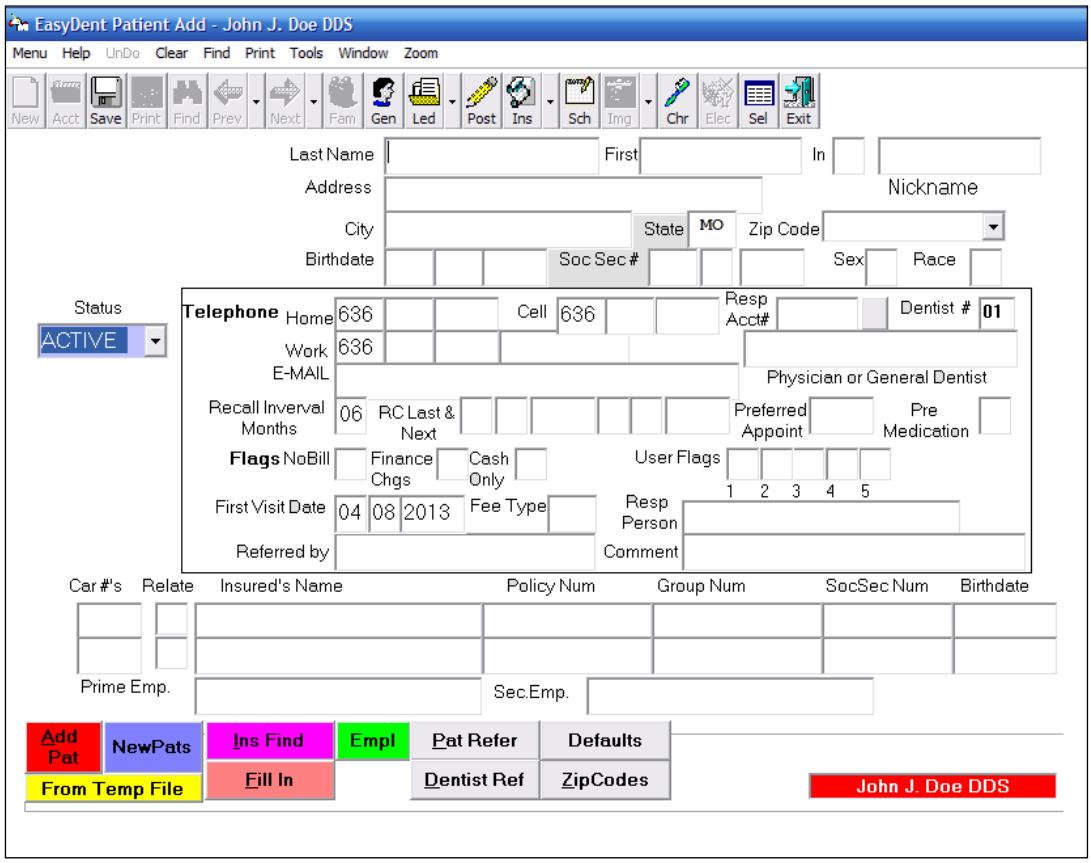
As soon as posting is complete, easily print "walk away receipts" or insurance claims. If you want to print claims in batches or electronically file them, posting automatically remembers who needs to be processed for you!

Adding Patients

Quickly add new patients right from the schedule using a "Basic Add" screen, then complete their information once they come into the office.

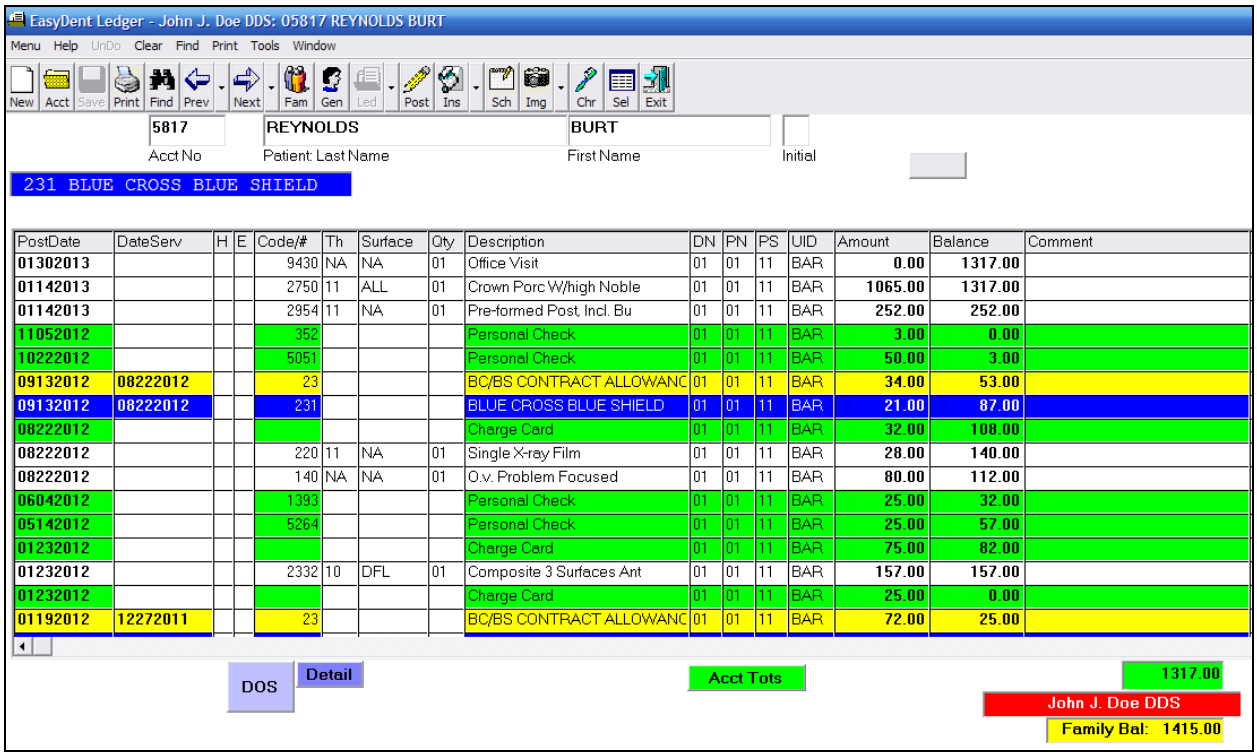


As an option, you can use the full "Add Patient" screen which allows you to quickly enter new patients without having to access multiple screens! You can even add an entire family from this one simple yet powerful screen.



Patient Ledger

Patient Ledgers show the <u>most recent activity</u> first! You can easily make corrections on the ledger by pointing and clicking on the items to change. The ledger also has built-in audit trails and security to help prevent mistakes and misconduct.



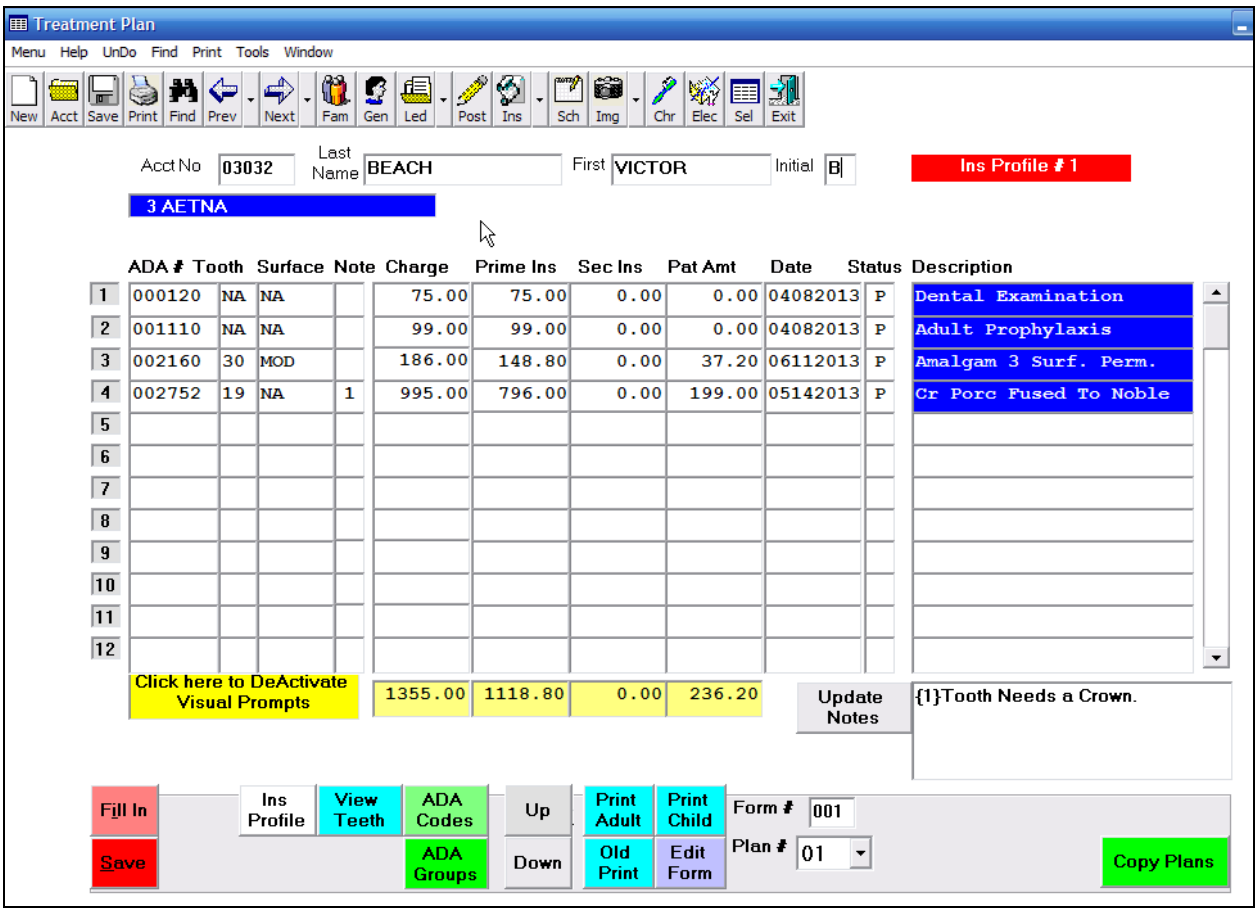
PostDate	DateServ	H	E	Code/#	Th	Surface	Qty	Description	DN	PN	PS	UID	Amount	Balance	Comment
01302013				9430	NA	NA	01	Office Visit	01	01	11	BAR	0.00	1317.00	
01142013				2750	11	ALL	01	Crown Porc W/high Noble	01	01	11	BAR	1065.00	1317.00	
01142013				2954	11	NA	01	Pre-formed Post, Incl. Bu	01	01	11	BAR	252.00	252.00	
11052012				352				Personal Check	01	01	11	BAR	3.00	0.00	
10222012				5051				Personal Check	01	01	11	BAR	50.00	3.00	
09132012	08222012			23				BC/BS CONTRACT ALLOWANC	01	01	11	BAR	34.00	53.00	
09132012	08222012			231				BLUE CROSS BLUE SHIELD	01	01	11	BAR	21.00	87.00	
08222012								Charge Card	01	01	11	BAR	32.00	108.00	
08222012				220	11	NA	01	Single X-ray Film	01	01	11	BAR	28.00	140.00	
08222012				140	NA	NA	01	O.v. Problem Focused	01	01	11	BAR	80.00	112.00	
06042012				1393				Personal Check	01	01	11	BAR	25.00	32.00	
05142012				5264				Personal Check	01	01	11	BAR	25.00	57.00	
01232012								Charge Card	01	01	11	BAR	75.00	82.00	
01232012				2332	10	DFL	01	Composite 3 Surfaces Ant	01	01	11	BAR	157.00	157.00	
01232012								Charge Card	01	01	11	BAR	25.00	0.00	
01192012	12272011			23				BC/BS CONTRACT ALLOWANC	01	01	11	BAR	72.00	25.00	

Entries are automatically color codes to make reading the ledger easier. You can even click a "DOS" button and view the ledger in "Date of Service" order.

Treatment Plan

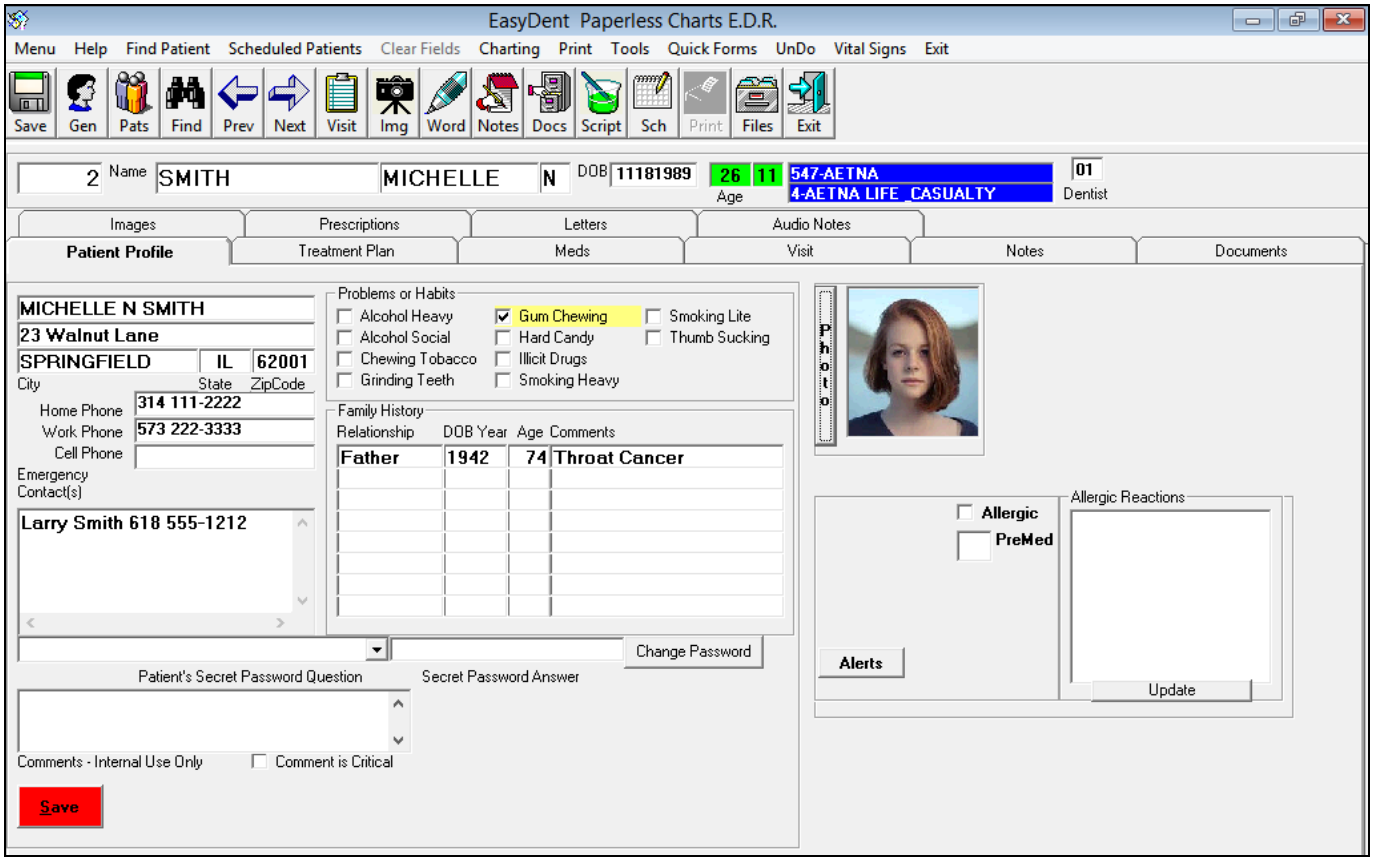
Each patient can have up to 3 different treatment plans. Each plan can have up to 50 different procedures. Treatment planning connects with several other parts of the software, including: Contract Printing, Posting, EDR Visit Notes, and Charting.

The Treatment Plan report lets you search for patients with treatment plans by date ranges and/or specific procedures needing to be completed. You can even find patient that have stopped in the middle of their treatment plan, for follow up.



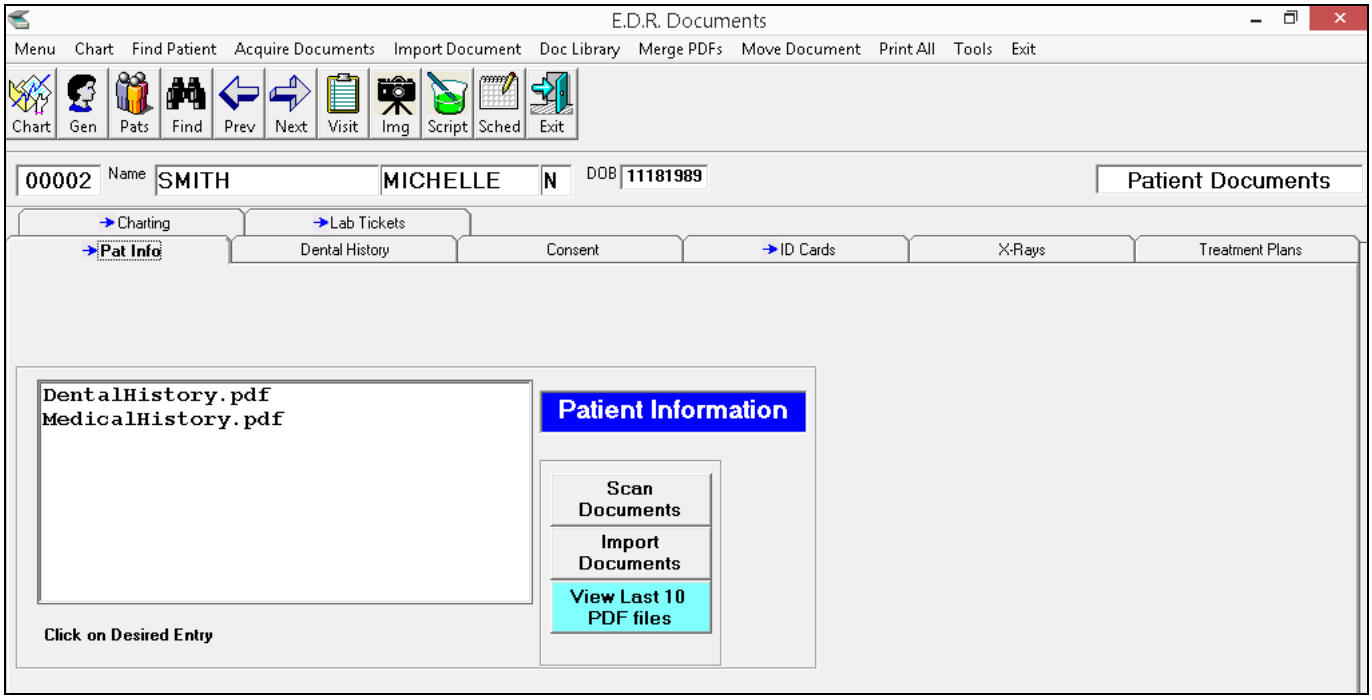
EDR Patient Chart

All Patient Records can be stored and updated in the patient's Electronic Dental Record Chart. EasyDent allows you to become a paperless office.



EDR Document Folders

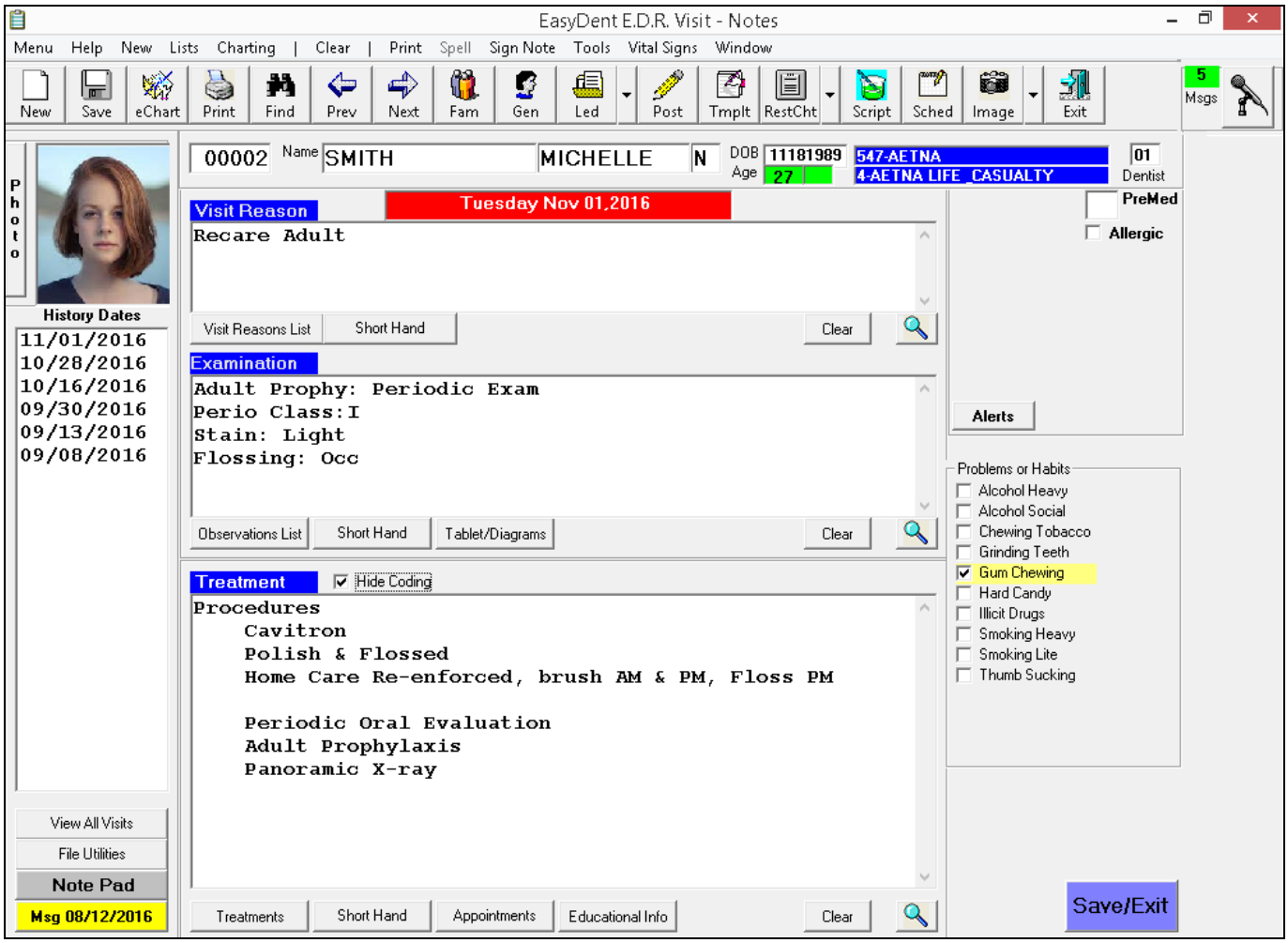
EasyDent directly supports scanning and importing documents into the Patient's Document folders. Scanned-in documents are automatically converted to PDF's. You can customize the folder names, supporting up to 27 different tabs.



EDR Visit Notes

EasyDent lets you quickly enter Visit Notes using templates, treatment plan entries, free-format text, and/or voice dictation using Dragon Naturally Speaking. Even better, the procedures you place in the visit notes can be automatically picked up and added to the ledger posting.

Desktop Style Visit Note



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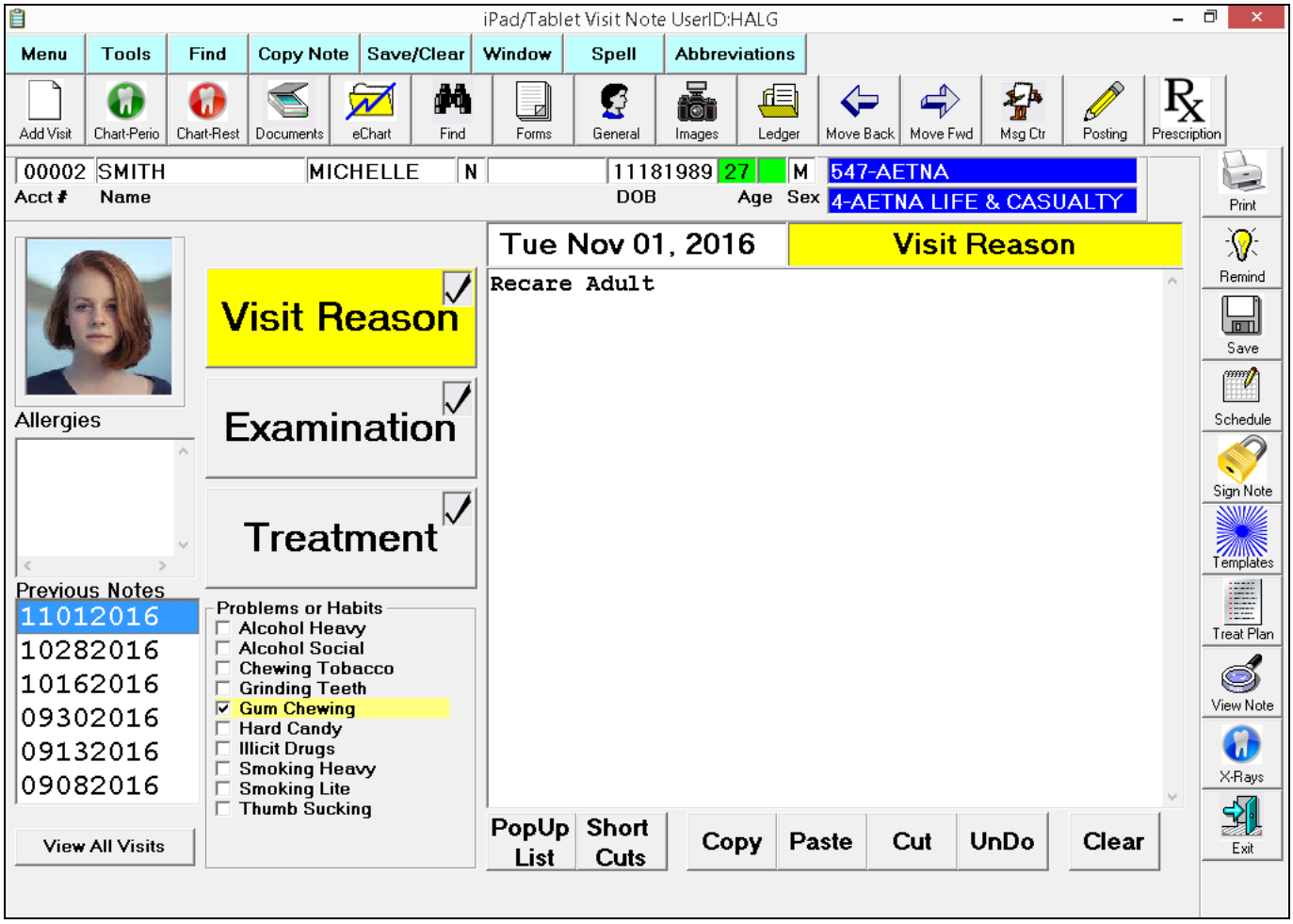
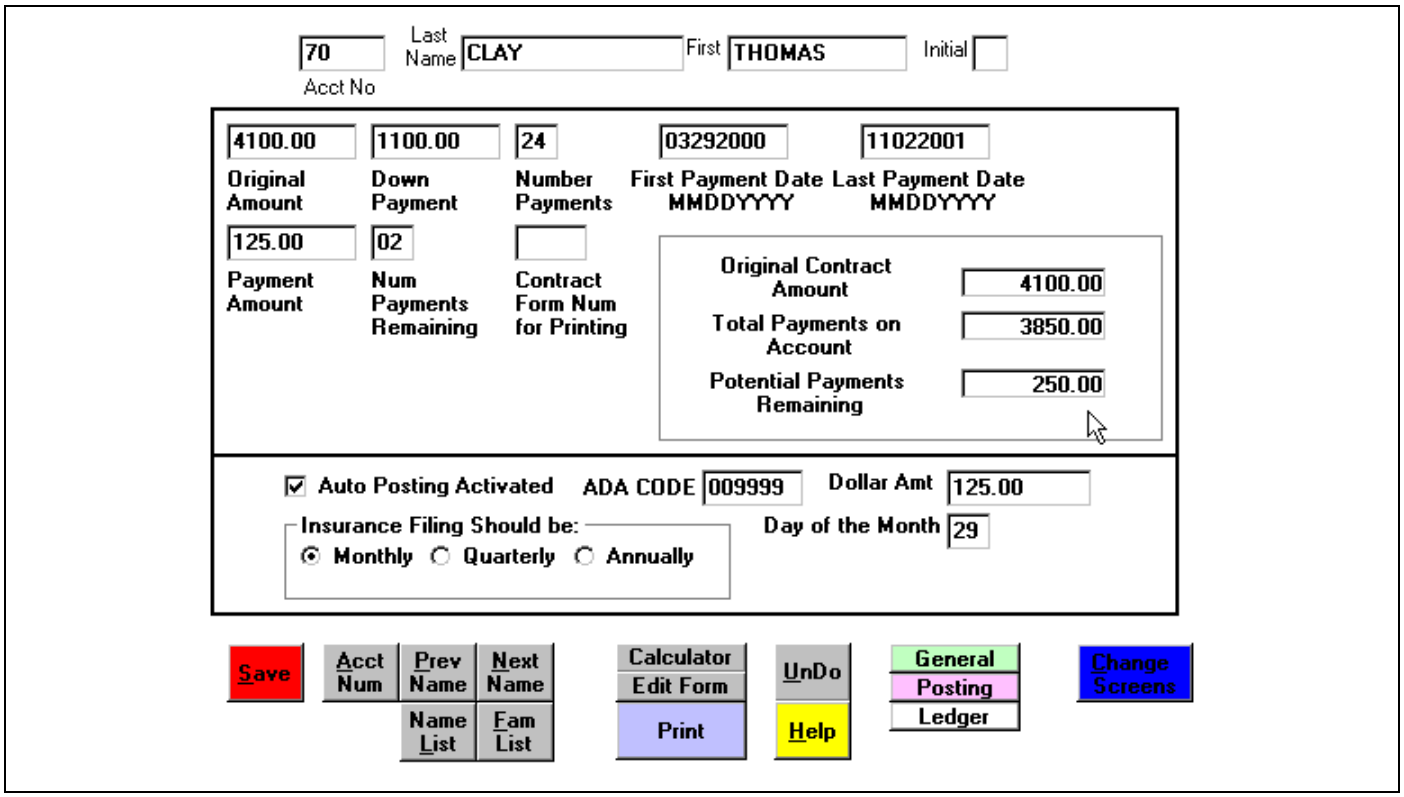
Tablet PC or iPad Style Visit Note



Payment Terms

You can easily set up payment terms and even print out contracts!
You may also set up automatic charges, like Monthly Orthodontic Treatment, etc.



Digital X-Rays

With EasyDent, you can store, view, and print digital X-Rays or scanned images of X-Rays! This lets you have your patients latest X-Rays at your fingertips.

We also have "bridge-interfaces" which allow you to use the digital x-ray package of your choice; you're not "locked-in" to one digital x-ray system.

We directly support:

- ☑ Apteryx
- ☑ EVASoft
- ☑ Kodak
- ☑ Schick
- ☑ Tiger View
- ☑ Visix

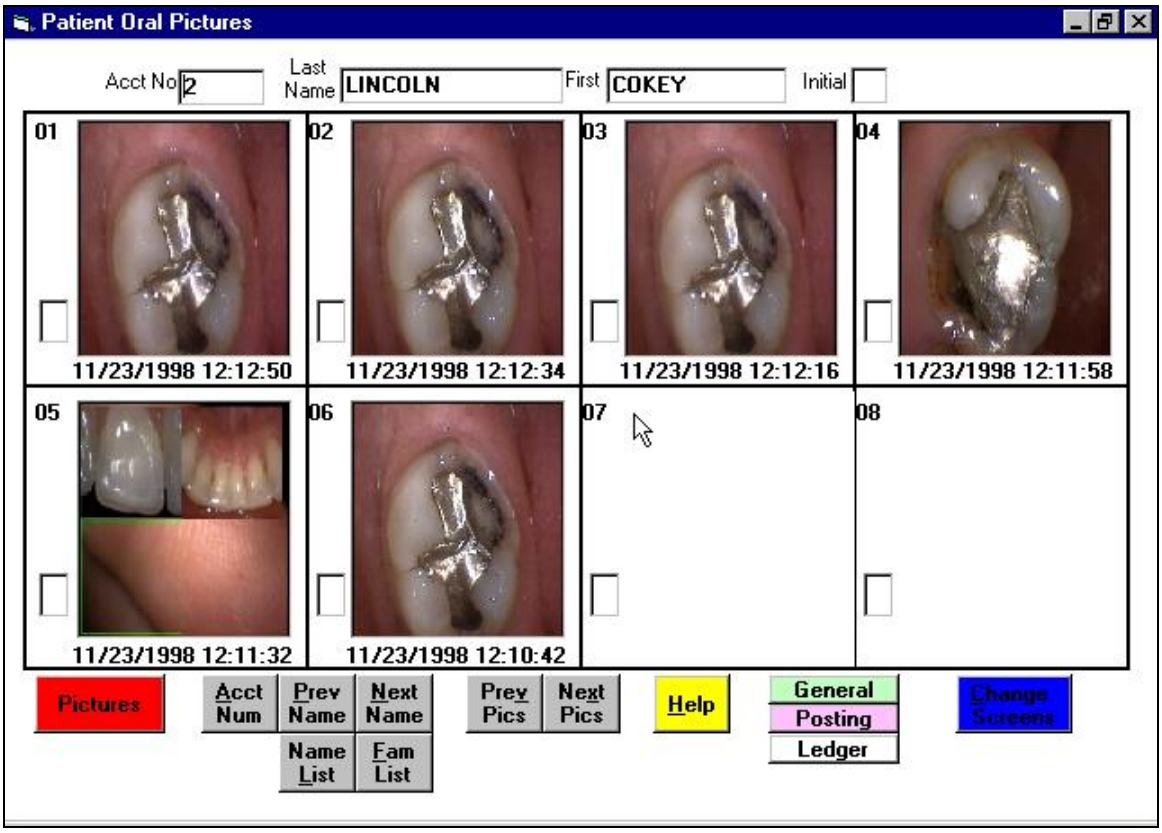
- ☑ Dexis
- ☑ Gendex
- ☑ Patterson Imaging
- ☑ Suni
- ☑ XDR Radiology
- ☑ VixWin

In addition, if your imaging company supplies the interface specifications , there is No Charge to program any bridge interface.

Oral Pictures

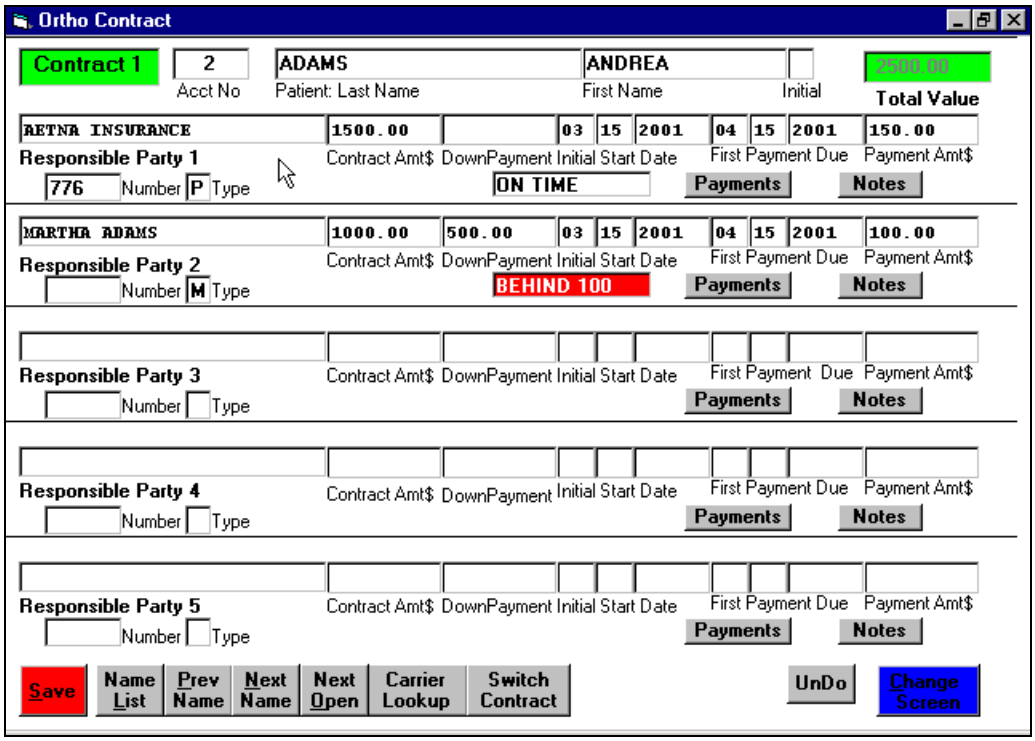
With EasyDent, you can quickly and easily store, organize, and print Inter-Oral Pictures. In fact, you can use any computerized pictures stored in the universal JPG Computer format.

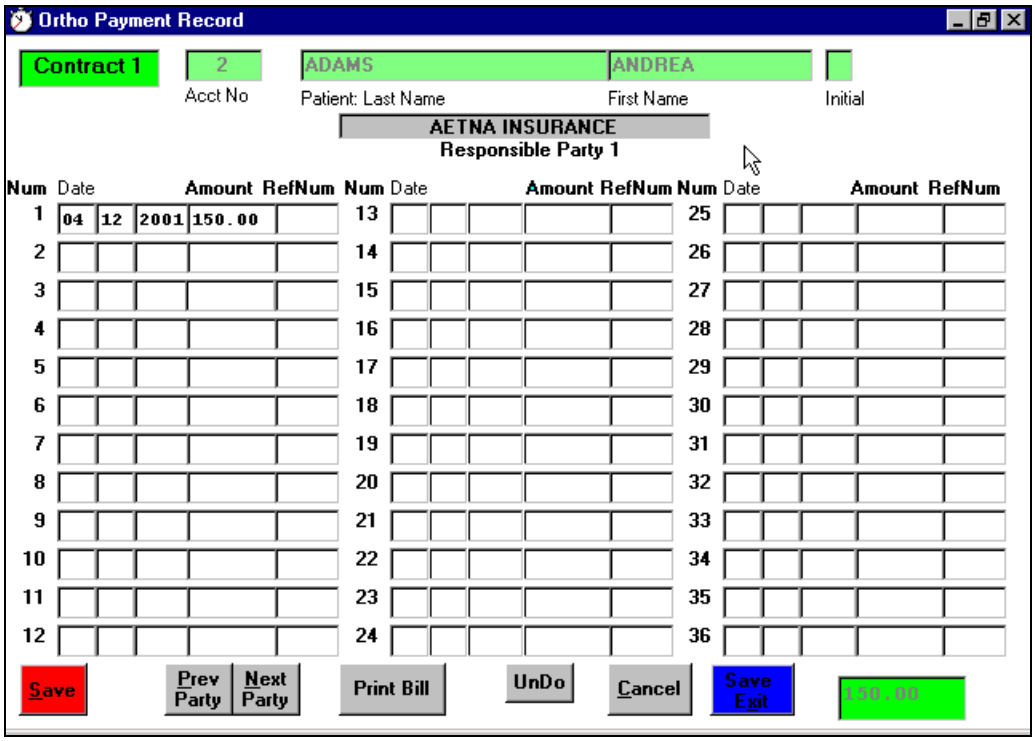
You can even enlarge the pictures for better viewing!



Orthodontic Payment Tracking

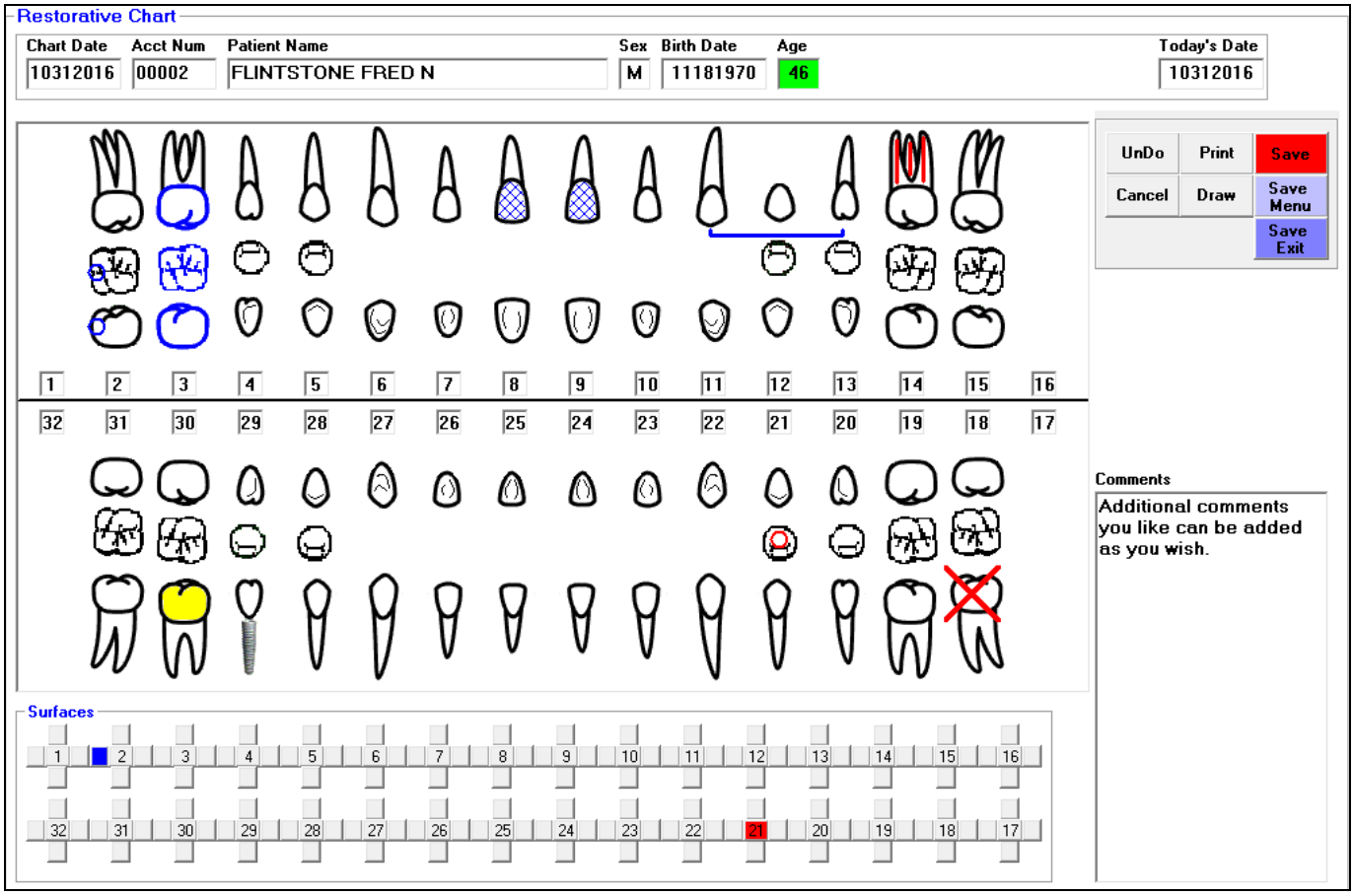
You can easily track orthodontic payments from up to 5 sources for each patient, including automatic posting!





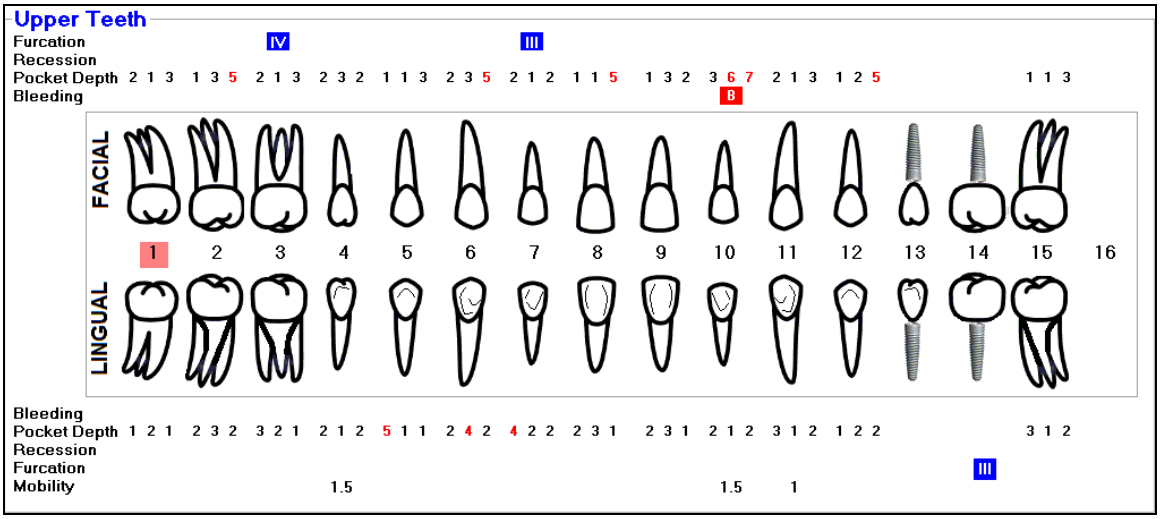
Restorative Charting

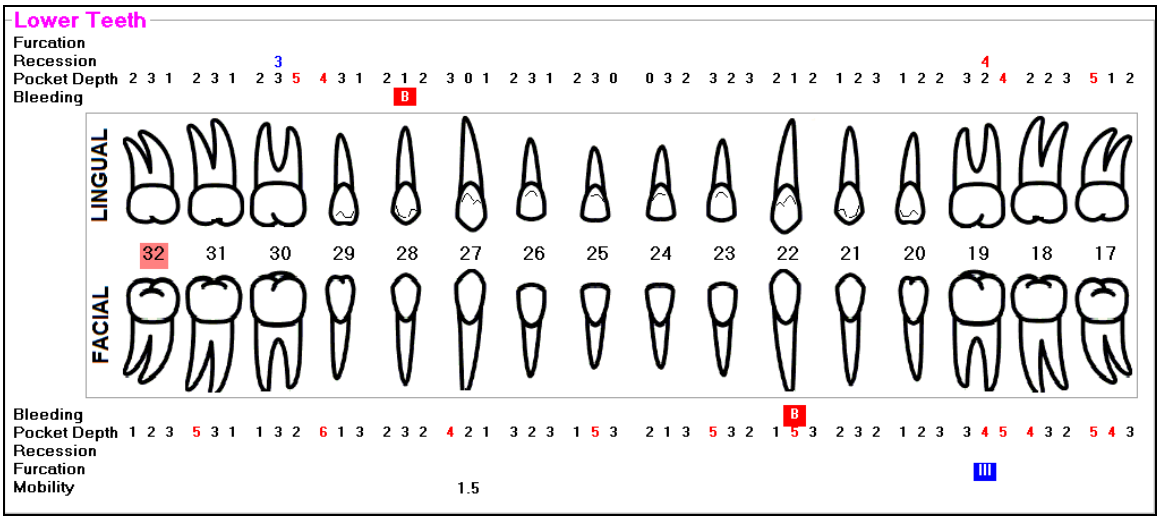
Easily access and update the patient dental chart by pointing and clicking with the mouse.



Perio Charting

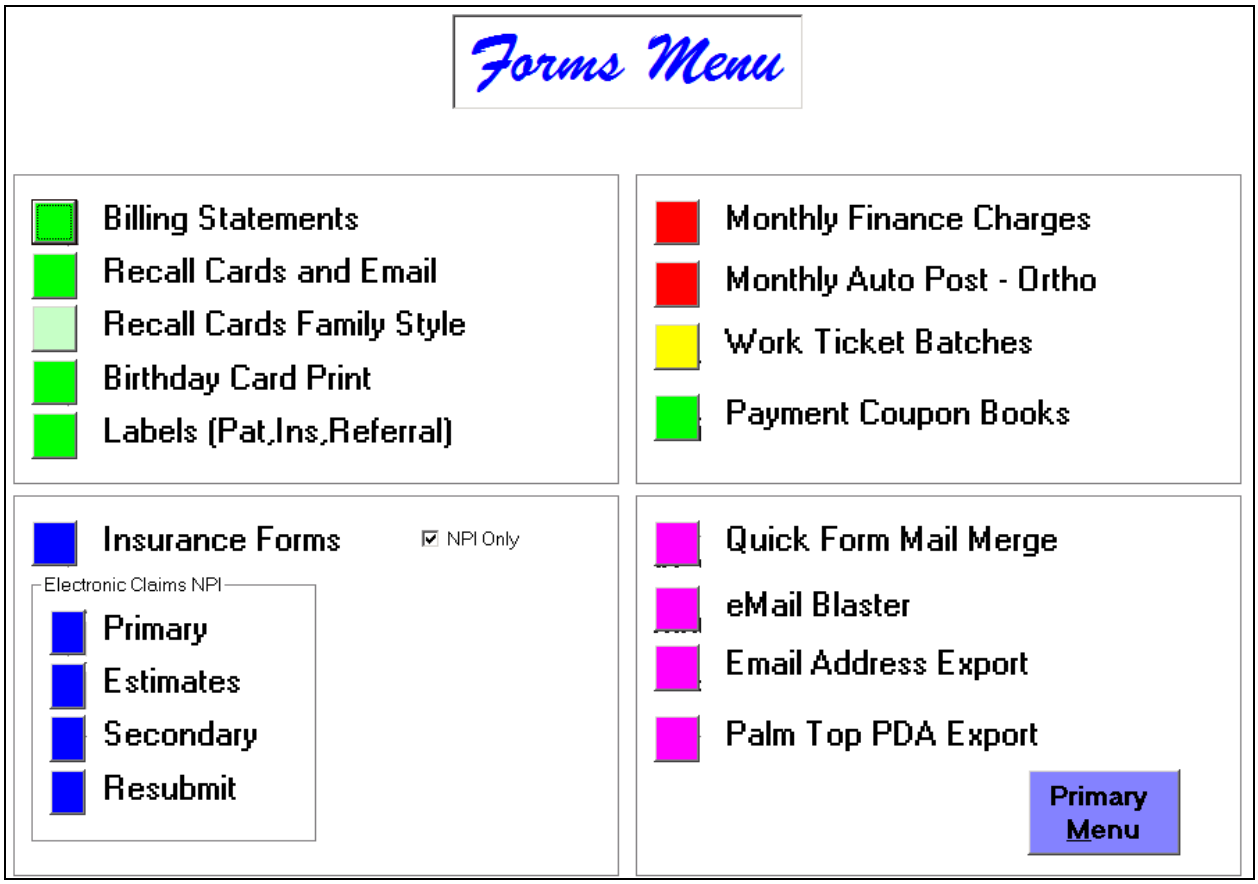
Fast, easy, and extensive. You can use the mouse to click and select from appropriate values, the numeric key pad, or even an optional on screen green quick entry pad.





Forms Menu

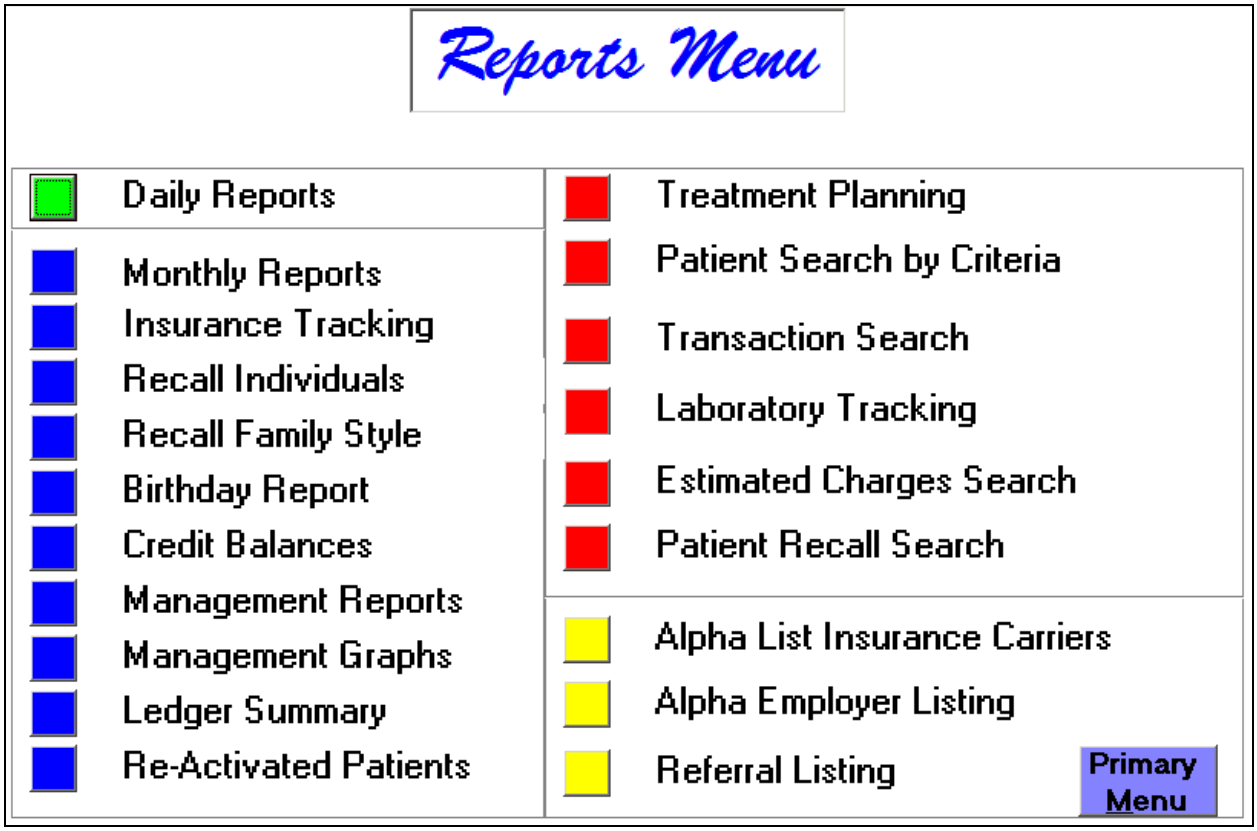
From the Forms Menu, you can easily select the type of forms you wish to print or send electronically.



Reports Menu

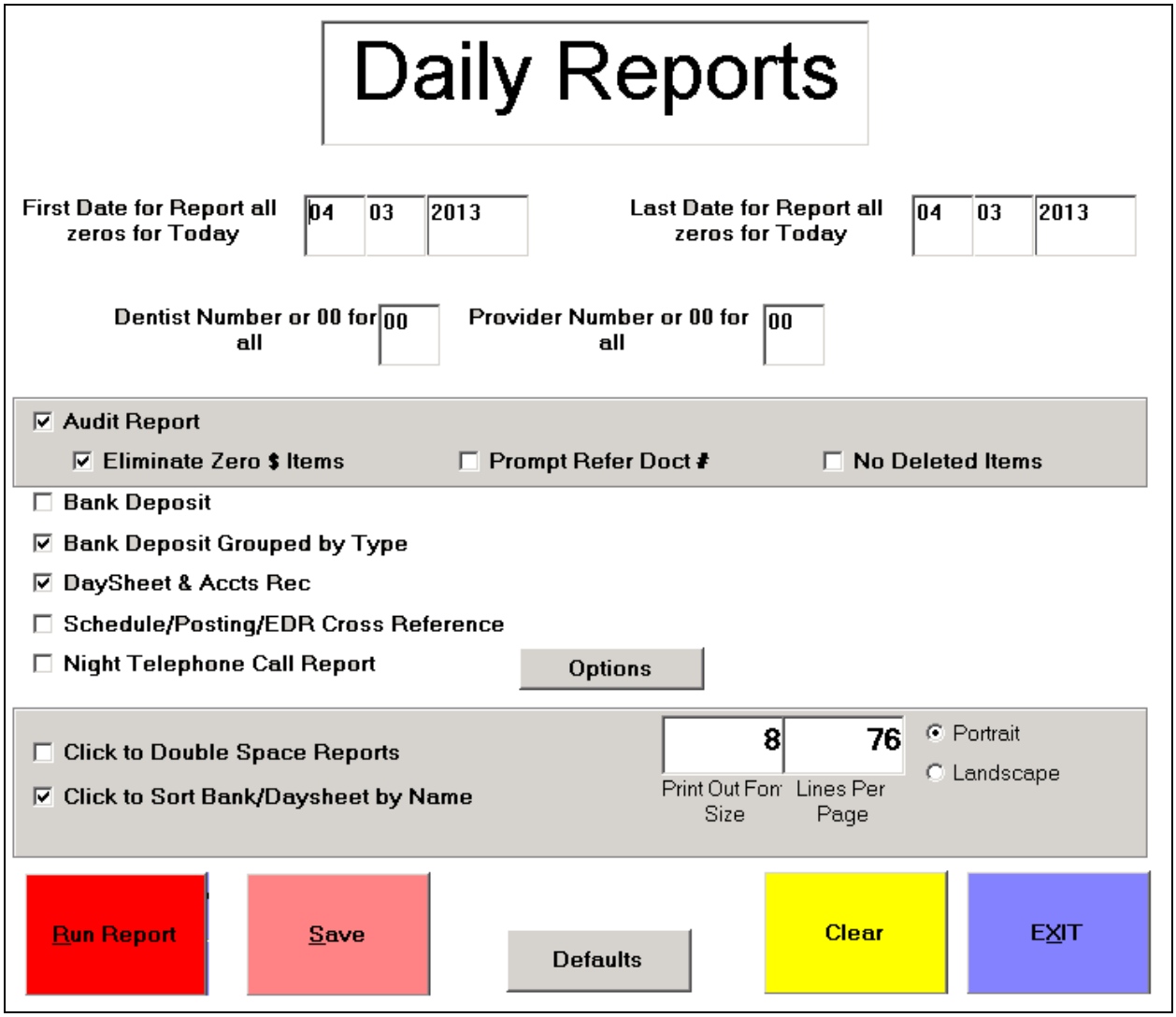
Reports are broken down into easy-to-understand categories.

Run them whenever you want; there is no need to close out a day or month. You can even run reports for any previous period at any time!



Daily Reports

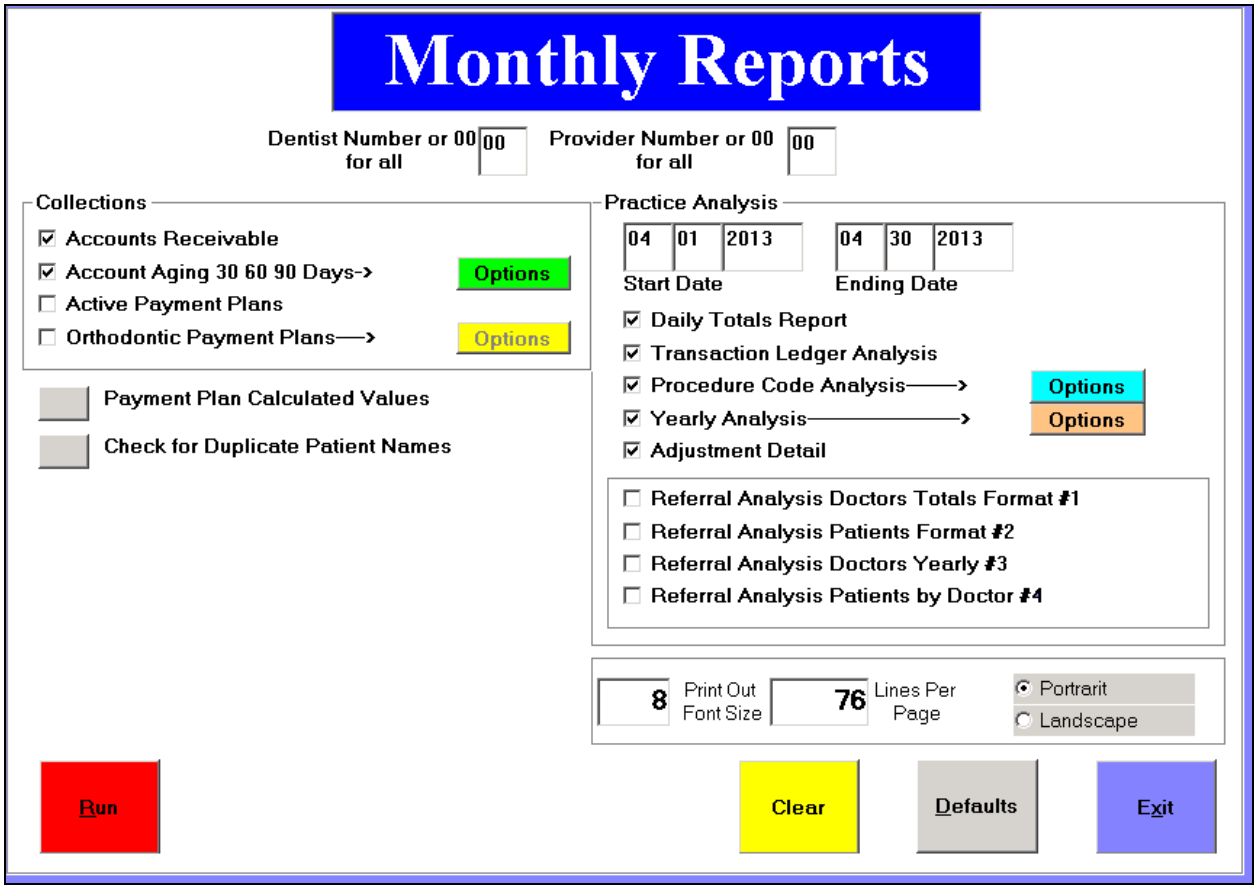
You can run daily reports by pressing one button: RUN! You can also customize which reports you want to run and what options for specific reports you would like. Reports can also be broken down by dentist and/or provider number.



Monthly Reports

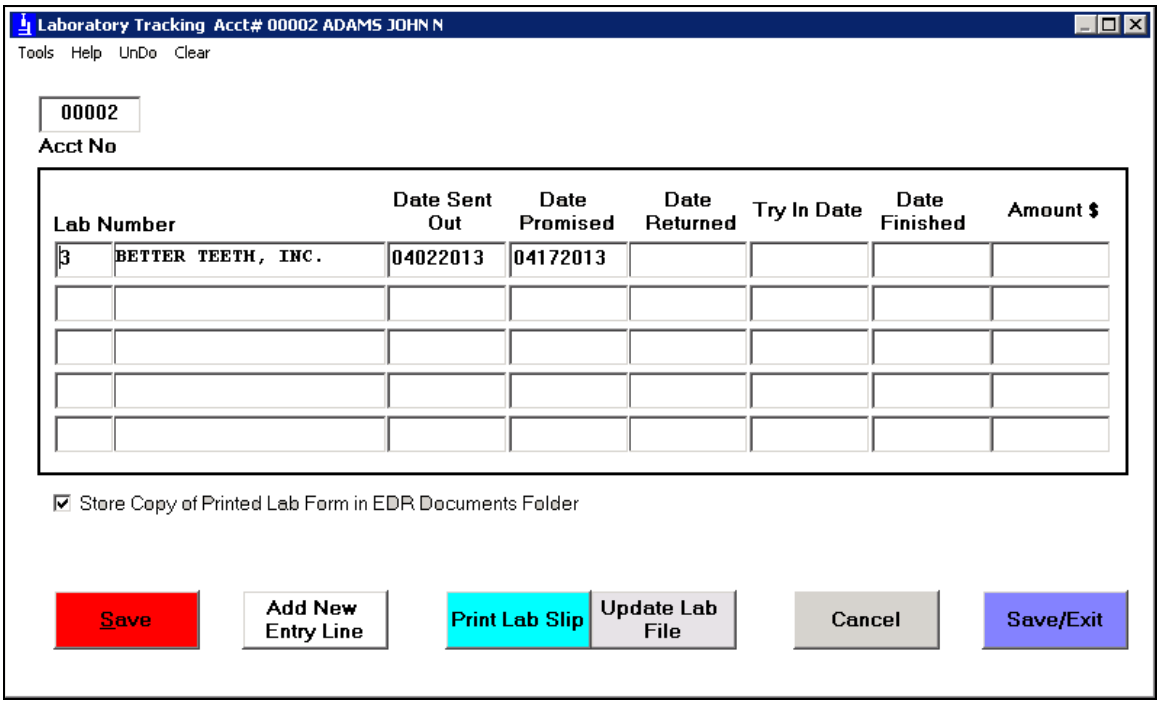
You can run many combinations of monthly reports, at any time: Monthly, Weekly, or even Daily if you wish!

These reports make it easy to stay on top of the financial flow of your practice.



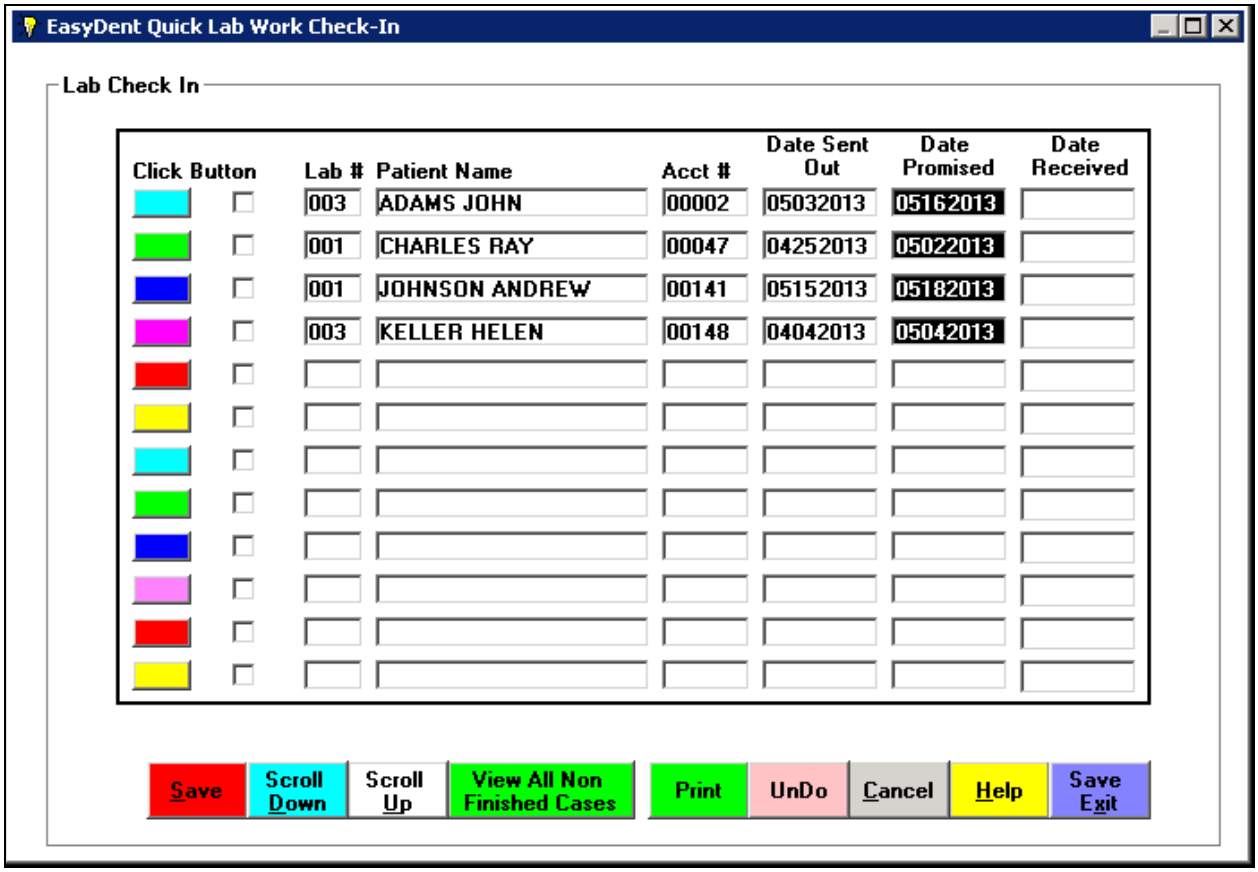
Laboratory Tracking

You can easily enter and track lab work; keep up to 5 cases per patient!
Plus, you can quickly print Lab Slips!



Laboratory Tracking
Check-In

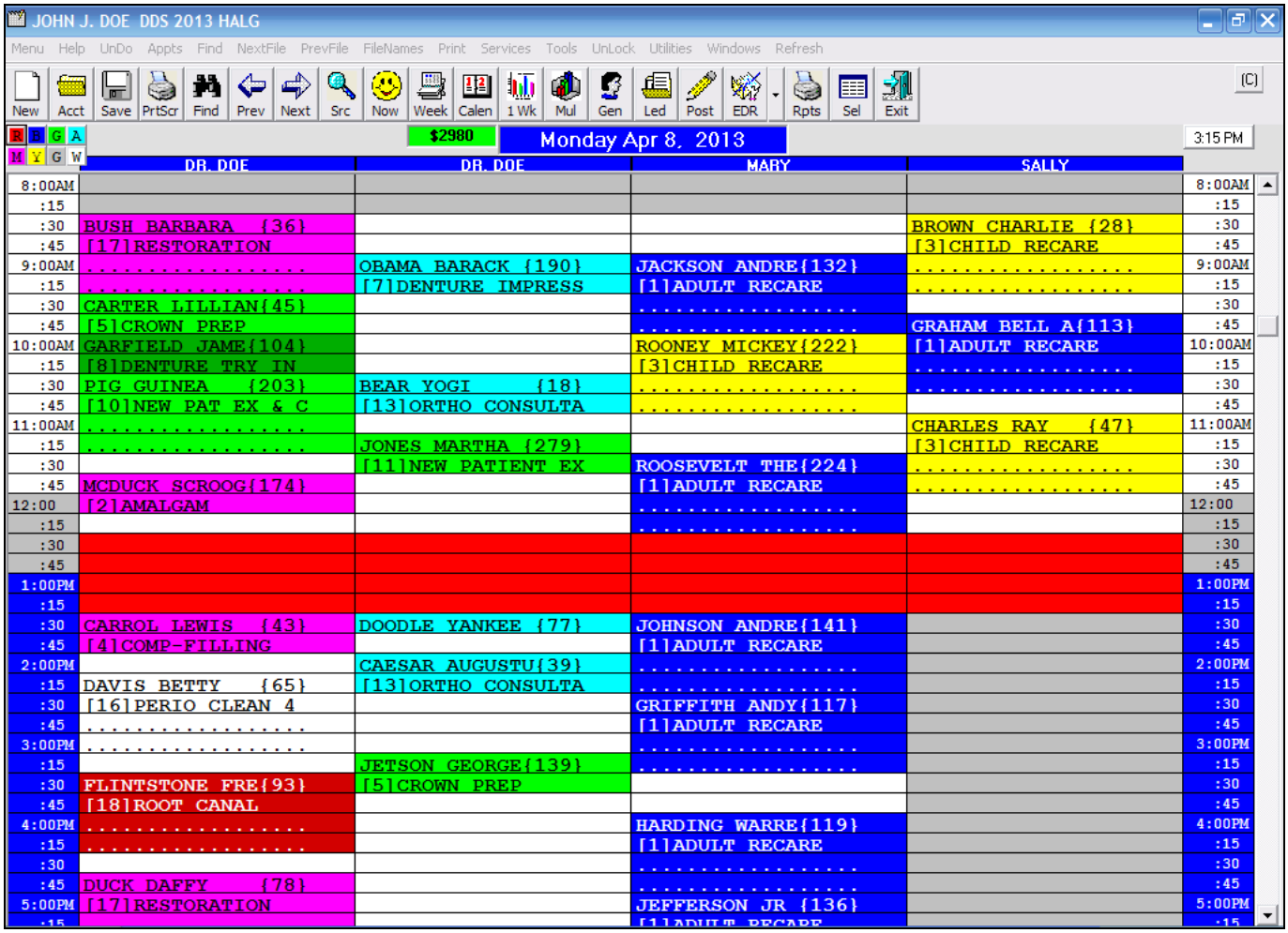
From the Primary Menu, you can select the LabCheck button and *EasyDent* will automatically display a list of all outstanding cases. You can then easily scroll through the list and simply check off the returned cases!



Scheduling

Scheduling can be set up with as many columns and/or schedules as you need. You can easily customize many things for your office, such as: Time Increments, Color Coding, Provider Names, etc.

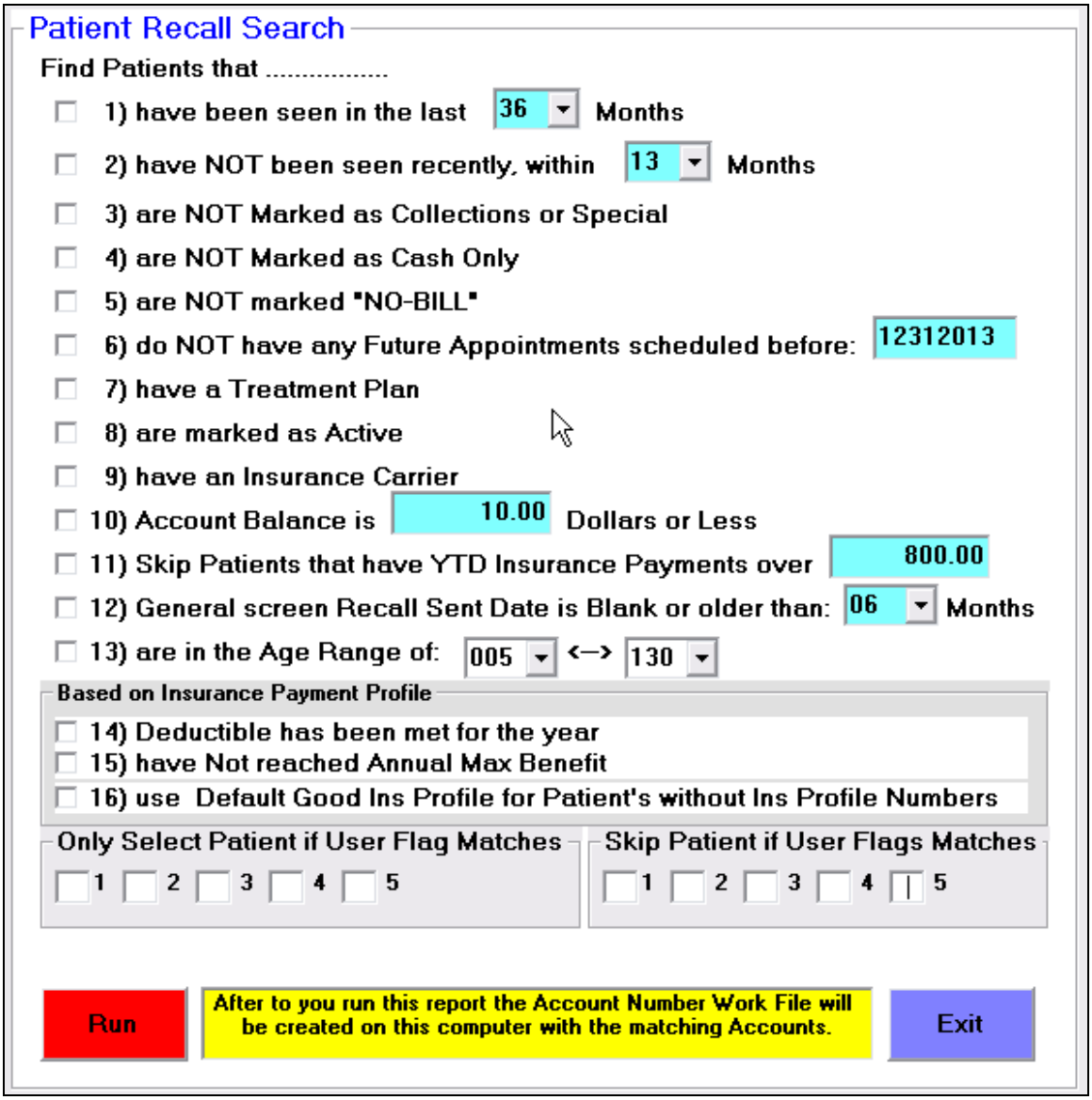
Appointments synchronize with patient records giving you important information automatically when you are making the appointment! You can schedule as many months or years in advance as you want.



There is even a pop-up window that lets you see a whole week at a time!

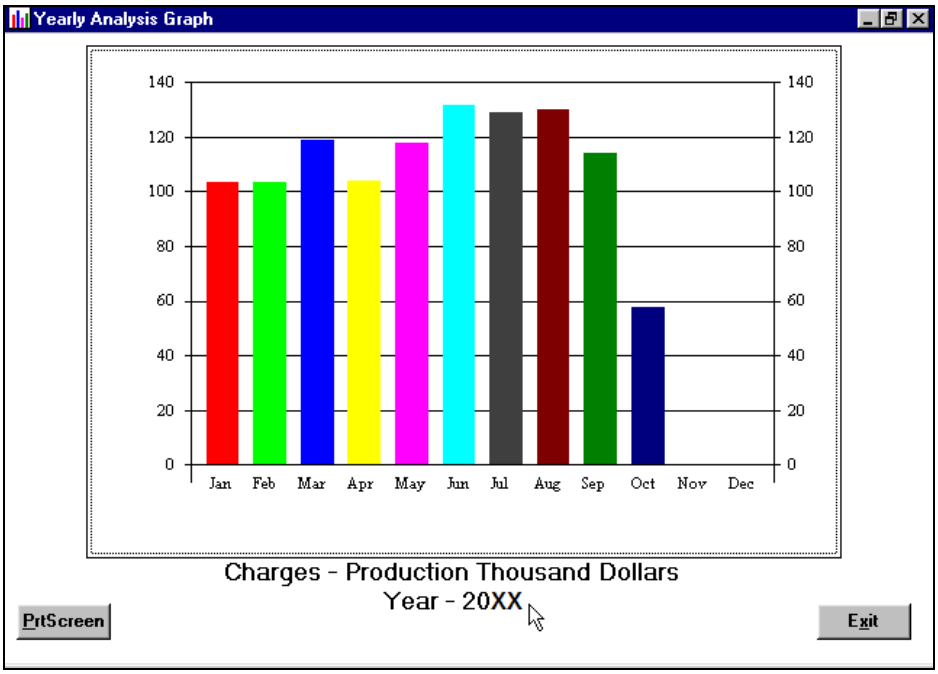
Overdue Patient Recall Search

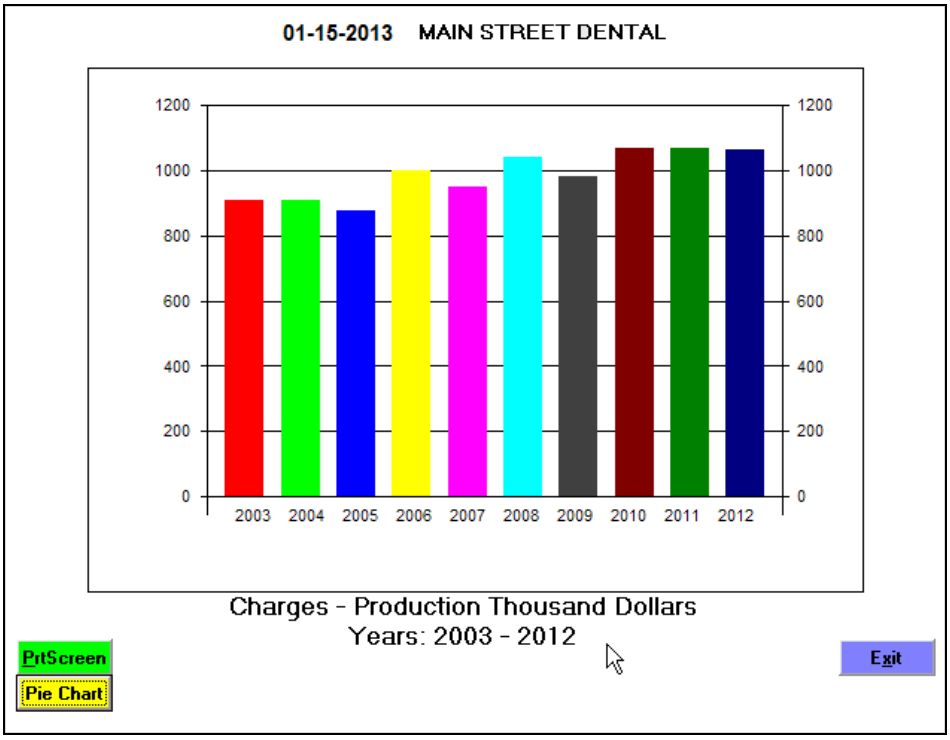
In addition to standard recall reports, recall card, and recall email options, this super report can be used to find and re-activate patients.
You can generate a report based on your specific criteria as well as print cards or form letters to contact the overdue patients. It can be a real "***Revenue Finder***"!



Example Graphs

From the Reports Menu, select management graphs and display and/or print charges, payments or adjustments. Also, graph new patient statistics and more for a single year or a range of years.





Daily Audit Detail Report

This report shows the details of all financial items posted for a day or a range of days.

MAIN STREET DENTAL — Page 1
Monday Apr 08, 2013 — Audit Transaction List 02/04/2013-02/04/2013 Dentist-01 — 10:07 AM

Patient Name	Posted	Date	Ser.	Acct	Code	TH	SUR	Description	Dn	Pn	Charges$	Payment$
CAMERON GILBERT S	02042013	02042013		176	2391	31	O	Resin Comp-1 Surf,poster	01	01	220.00	
	02042013	02042013		176	2391	30	O	Resin Comp-1 Surf,poster	01	01	220.00	
DILLON ROBERTO J	02042013	02042013		929	0			Payment-Charge Card	01	01		150.00
	02042013	02042013		929	2			ADJ-COURTESY DISCOUNT	01	01		150.00
	02042013	02042013		929	1			Zoom W/o Take Home Trays	01	01	300.00	
VALENTINE SCOTT M	02042013	02042013		1253	220			Single Pa X-ray	01	01	50.00	
	02042013	02042013		1253	2752	12		Cr Porc Fused To Noble	01	01	995.00	
	02042013	02042013		1253	2752	13		Cr Porc Fused To Noble	01	01	995.00	
SANTIAGO HARRY N	02042013	01082013		161	1			ADJ-INSURANCE DISCOUNT	01	01		113.00
	02042013	01082013		161	2			METLIFE	01	01		88.00
MILLER CLINTON N	02042013	01212013		1082	26			BLUE CROSS/BLUE SHIELD	01	01		0.00
BASS TED H	02042013	01162013		990	7			CIGNA	01	01		587.50
EDWARDS ERIC E	02042013	01172013		1394	1			ADJ-INSURANCE DISCOUNT	01	01		30.00
	02042013	01172013		1394	7			CIGNA	01	01		184.80
REEVES WAYNE S	02042013	01162013		473	1			ADJ-INSURANCE DISCOUNT	01	01		77.00
	02042013	01162013		473	3			AETNA	01	01		100.00
WATERS LEO S	02042013	01142013		921	1			ADJ-INSURANCE DISCOUNT	01	01		3.00
	02042013	01142013		921	1			DELTA DENTAL OF CALIFORNIA	1	01		0.00
GOLDEN MAURICE T	02042013	01152013		713	1			ADJ-INSURANCE DISCOUNT	01	01		74.00
	02042013	01152013		713	1			DELTA DENTAL OF CALIFORNIA	1	01		212.00
WINTERS HENRY M	02042013	01142013		233	1			ADJ-INSURANCE DISCOUNT	01	01		16.00
	02042013	01142013		233	1			DELTA DENTAL OF CALIFORNIA	1	01		158.00
RUTLEDGE CORY A	02042013	01102013		458	1			ADJ-INSURANCE DISCOUNT	01	01		189.00
	02042013	01102013		458	2			METLIFE	01	01		369.50
ROBERTSON MANUEL N	02042013	02042013		192	5960			Payment-Personal Check	01	01		592.50
OWEN AARON N	02042013	02042013		1101	0			Payment-Charge Card	01	01		30.75
BERGER MAURICE S	02042013	02042013		240	2			ADJ-COURTESY DISCOUNT	01	01		10.00
	02042013	02042013		240	0			Payment-Charge Card	01	01		75.00
	02042013	02042013		240	2920	9		Recement Crown	01	01	85.00	
GOLDEN MAURICE T	02042013	02042013		713	2393	3	MOL	Resin Comp-3 Surf, Post	01	01	273.00	
MAYER TIM J	02042013	02042013		365	1110			Adult Prophylaxis	01	01	99.00	
	02042013	02042013		365	150			Comprehensive Exam	01	01	78.00	

TOTAL Charges =$ 3,315.00
TOTAL Payments=$ 2,548.05
TOTAL Adjusts =$ 662.00

HIDDEN TOTAL Charges =$ 0.00
HIDDEN TOTAL Payments=$ 0.00
HIDDEN TOTAL Adjusts =$ 0.00

Number Hidden Charges = 0
Number Hidden Payments = 0
Number Hidden Adjustments= 0

Audit Report - The End

Note: Naturally, the real reports print larger than the image above.

Day Sheet Report

This report is an alphabetical list of all patient accounts that changed and what was done to change their balance. There are also other daily, monthly, and yearly totals listed for your quick review.

```
MAIN STREET DENTAL                                                                                                    Page 1
Monday Apr 08, 2013                Day Sheet Report 02/04/2013-02/04/2013 Dentist-01                                  10:07 AM
Patient Name                     Account   Balance   Charges   Payments  Adjust.   Dn Pn
-------------------------------------------------------------------------------------------------------------------------
BASS            TED         H       990  $  177.00             587.50            01 01
BERGER          MAURICE     S       240  $    0.00    85.00     75.00     10.00  01 01
CAMERON         GILBERT     S       176  $   70.80   440.00                      01 01
DILLON          ROBERTO     J       929  $    0.00   300.00    150.00    150.00  01 01
EDWARDS         ERIC        E      1394  $    0.00             184.80     30.00  01 01
GOLDEN          MAURICE     T       713  $    0.00             212.00     74.00  01 01
GOLDEN          MAURICE     T       713  $    0.00   273.00                      01 01
MAYER           TIM         J       365  $    0.00   177.00                      01 01
MILLER          CLINTON     N      1082  $    0.00                              01 01
OWEN            AARON       N      1101  $    0.00              30.75            01 01
REEVES          WAYNE       S       473  $  375.00             100.00     77.00  01 01
ROBERTSON       MANUEL      N       192  $    0.00             592.50            01 01
RUTLEDGE        CORY        A       458  $  166.50             369.50    189.00  01 01
SANTIAGO        HARRY       N       161  $   77.00              88.00    113.00  01 01
VALENTINE       SCOTT       M      1253  $    0.00  2040.00                      01 01
WATERS          LEO         S       921  $  900.78                        3.00  01 01
WINTERS         HENRY       M       233  $    0.00             158.00     16.00  01 01
=========================================================================================================================
           TOTAL Charges =$        3315.00
           TOTAL Payments=$        2548.05
           TOTAL Adjusts =$         662.00
           TOTAL Net     =$        2653.00

   Month To Date Charges =$        5422.00
   Month To Date Payments=$        3552.75
   Month To Date Adjusts =$        1085.00
   Month To Date Net     =$        4337.00   (Charges - Ajustments)

-------------------------------------------------------------------------------------------------------------------------

TOTAL Account Receivable      = $28,749.46 (Total all balances, Debit & Credit)

New Patient Totals for Doctor - 1    (Doctor 0 Means all Doctors)
TOTAL New Patients Today      = 0
TOTAL New Patients this Month = 6
TOTAL New Patients this Year  = 12

       DAILY   TOTAL ADA 0150 =     1
       DAILY   TOTAL ADA 1110 =     1

       MONTHLY TOTAL ADA 0150 =     6
       MONTHLY TOTAL ADA 1110 =     6

Day Sheet - The End
```

Note: Naturally, the real reports print larger than the image above.

Bank Deposit Report

This report totals up all the check, cash, charge card, and even electronic payments, for a day or range of days.

```
MAIN STREET DENTAL                                                                                                  Page 1
Monday Apr 08, 2013            Bank Deposit Listing 02/04/2013-02/04/2013 Dentist-01                                10:07 AM
Patient Name            Acct  Code Description          Check $  Cash $   Charge$   Electronic$   Date    Dn  Pn
-------------------------------------------------------------------------------------------------------------------------
BERGER MAURICE S         240     0 Payment-Charge Card                      75.00                 02042013 01  01   ChgCd
DILLON ROBERTO J         929     0 Payment-Charge Card                     150.00                 02042013 01  01   ChgCd
OWEN AARON N            1101     0 Payment-Charge Card                      30.75                 02042013 01  01   ChgCd
                                                                                                                  ----------
                                                                                                                      255.75

BASS TED H               990     7 CIGNA                 587.50                                   02042013 01  01   ICheck
EDWARDS ERIC E          1394     7 CIGNA                 184.80                                   02042013 01  01   ICheck
GOLDEN MAURICE T         713     1 DELTA DENTAL OF CALI  212.00                                   02042013 01  01   ICheck
MILLER CLINTON N        1082    26 BLUE CROSS/BLUE SHIE    0.00                                   02042013 01  01   ICheck
REEVES WAYNE S           473     3 AETNA                 100.00                                   02042013 01  01   ICheck
RUTLEDGE CORY A          458     2 METLIFE               369.50                                   02042013 01  01   ICheck
SANTIAGO HARRY N         161     2 METLIFE                88.00                                   02042013 01  01   ICheck
WATERS LEO S             921     1 DELTA DENTAL OF CALI    0.00                                   02042013 01  01   ICheck
WINTERS HENRY M          233     1 DELTA DENTAL OF CALI  158.00                                   02042013 01  01   ICheck
                                                                                                                  ----------
                                                                                                                     1699.80

ROBERTSON MANUEL N       192  5960 Payment-Personal Che  592.50                                   02042013 01  01   PCheck
                                                                                                                  ----------
                                                                                                                      592.50

=========================================================================================================================
                                                 2292.30      0.00     255.75       0.00

                                CHECKS & CASH TOTAL=$ 2292.30

                                        GRAND TOTAL=$ 2548.05

BANK Deposit - The End
```

Note: Naturally, the real reports print larger than the image above.

Accounts Receivable

The accounts receivable report gives you a quick overview of all account balances on one page.

```
MAIN STREET DENTAL                                                                                                  Page 1
Monday Apr 08, 2013                    Accounts Receivable Report 04-08-2013                                        10:13 AM
Type of Accounts   Number of Accounts  Average Balance       Balance of Accounts
-------------------------------------------------------------------------------------------------------------------------
Debit(Positive)          88            $   332.92              $  29,297.46
Credit(Negative)         8             $   -68.50              $    -548.00
=========================================================================================================================
Difference                                                     $  28,749.46


Total Collection  Balances =     $ 63.00
Total No Bill     Balances =      $ 0.00
Total Ins Pending Balances =  $ 15766.30
Total No Ins Pend Balances =  $ 12920.16

NOTE: Balances could be in Multiple Categories, But they are only counted once.
      For Example a Balance both in Collections and Marked NO Bill is only counted in Collections.

Aging of all Debit(Positive) Balances
----------------------------------------
  0 -  30 Days =  16270.05
 30 -  60 Days =   7931.93
 60 -  90 Days =   3786.48
 90 - 120 Days =    429.00
120 - 150 Days =    330.00
150 - 180 Days =      5.00
190 - 210 Days =      5.00
210 - 240 Days =      0.00
240 - 270 Days =     43.00
270 - 300 Days =      0.00
300 - 330 Days =      0.00
330 - 360 Days =      0.00
360 -Plus Days =    497.00


Accounts Receivable Report - End of Report
```

Note: Naturally, the real reports print larger than the image above.

Aging 30-60-90-120 Report

This report is an alphabetical list of all patient account balance aging. You can control the report by many different criteria to let you focus in on your collection's follow-up. For example, only look at accounts that are over 90 days.

```
MAIN STREET DENTAL                                                                                                  Page 1
Monday Apr 08, 2013                          Account Aging 04-08-2013                                               10:10 AM
                        (Min Bal$0.00)(No CrBal)(Over90Days)(No Coll)(Skip NOBill)(No ZeroFamBal)
Patient Name             Acct# Current  30 Days   60 Days   90 Days   120 Days  Balance   Fam Bal  I C N F Pri  Sec Pay *
-------------------------------------------------------------------------------------------------------------------------
BRAY TERRY                1129    ...       5.00       ...    167.80       ...    172.80    172.80          3        70
                               Home(573 472-9525) Work(636 713-8121) Cell(314 490-3616)
                          Last: Visit 01/08/2013 Payment 01/28/2013 Insurance $  245.20 Days=    70

ESPINOZA GLEN             1332    ...       ...    252.00    300.00       ...    552.00    552.00          3        41
                               Home(314 589-5876) Work(314 536-4946) Cell(314 539-8420)
                          Last: Visit 02/02/2013 Payment 02/26/2013 Insurance $  307.50 Days=    41

LE DENNIS                 1336    ...       5.00       ...     53.00       ...     58.00     58.00          2        88
                               Home(314 475-8013) Work(636 274-5793) Cell(573 630-5062)
                          Last: Visit 12/20/2012 Payment 01/10/2013 Insurance $   76.00 Days=    88

POWELL TIM                1372    ...      10.00       ...       ...    325.00    335.00    335.00                 109
                               Home(573 493-2909) Work(573 797-5048) Cell(314 345-6206)
                          Last: Visit 11/28/2012 Payment 12/20/2012 Personal  $  325.00 Days=   109

SANTIAGO HARRY             161    ...       5.00       ...     72.00       ...     77.00     77.00          2        63
                               Home(636 308-0361) Work(573 652-4765) Cell(636 127-6903)
                          Last: Visit 01/08/2013 Payment 02/04/2013 Insurance $   88.00 Days=    63

THOMAS LAWRENCE            210    ...       ...       ...       ...    497.00    497.00    497.00                 340
                               Home(573 751-0197) Work(314 964-6523) Cell(573 820-7431)
                          Last: Visit 04/12/2012 Payment 05/03/2012 Personal  $  450.00 Days=   340

VALENTINE DANNY           1001    ...       2.00       ...     71.00       ...     73.00     73.00          2        93
                               Home(314 189-6396) Work(636 938-7607) Cell(573 504-1848)
                          Last: Visit 12/10/2012 Payment 01/05/2013 Insurance $  357.00 Days=    93

=========================================================================================================================
TOTALS                          16270      7628      3851       664       822  29234.46

Notes: 1) 120 Day Column above is the total of anything 120 days or older.
     * 2) Heading Code Key: I-Insurance Pending    C-Collections  N-No Bill  F-Finance Charge
                            Pri-Primary Carrier #  Sec-Secondary Carrier #   Pay-Num days since last payment

End of Aging Report
```

Note: Naturally, the real reports print larger than the image above.

Daily Totals by Day of the Week

This report lists account changes over any range of days (typically a month) by day of the week. It makes it easy to compare your revenue to your bank deposit. This report and all reports can be run by specific dentist or provider.

MAIN STREET DENTAL — Page 1

Monday Apr 08, 2013 — Daily Totals Report 02/01/2013-02/28/2013 — 10:14 AM

Date	Weekday	Charges	Payments	Adjustments	Cash & Checks	Charge Card	Electronic	*Expected Ins Pay
02/28/2013	Thursday	1259.00	0.00	0.00	0.00	0.00	0.00	0.00
02/27/2013	Wednesday	1587.00	711.00	429.00	0.00	711.00	0.00	0.00
02/26/2013	Tuesday	2687.00	1826.70	1768.00	1826.70	0.00	0.00	0.00
02/25/2013	Monday	3999.00	4594.48	2566.12	4321.68	272.80	0.00	0.00
02/22/2013	Friday	3852.00	490.70	76.00	490.70	0.00	0.00	0.00
02/21/2013	Thursday	1234.00	534.00	188.30	534.00	0.00	0.00	0.00
02/20/2013	Wednesday	1829.00	1355.80	0.00	273.40	1082.40	0.00	0.00
02/19/2013	Tuesday	2383.00	3628.20	2024.00	2910.20	718.00	0.00	0.00
02/14/2013	Thursday	2283.00	841.50	362.00	582.50	259.00	0.00	0.00
02/13/2013	Wednesday	4389.00	532.20	0.00	132.20	400.00	0.00	0.00
02/12/2013	Tuesday	2527.00	404.00	375.00	204.00	200.00	0.00	0.00
02/11/2013	Monday	976.00	3249.20	1532.60	2997.20	252.00	0.00	0.00
02/08/2013	Friday	1794.00	716.00	10.00	716.00	0.00	0.00	0.00
02/07/2013	Thursday	3213.00	1440.60	88.00	188.60	1252.00	0.00	0.00
02/06/2013	Wednesday	1689.00	1168.50	906.50	770.50	398.00	0.00	0.00
02/05/2013	Tuesday	1617.00	138.00	134.00	138.00	0.00	0.00	0.00
02/04/2013	Monday	3315.00	2548.05	662.00	2292.30	255.75	0.00	0.00
02/02/2013	Saturday	1157.00	99.00	78.00	0.00	99.00	0.00	0.00
02/01/2013	Friday	950.00	905.70	345.00	705.70	200.00	0.00	0.00
Totals		42,740.00	25,183.63	11,544.52	19,083.68	6,099.95	0.00	0.00

Payments by Type		Number		Total $		Average $
Ins Checks	=	62	$	12,386.70	$	199.79
Per Checks	=	26	$	6,012.98	$	231.27
Cash	=	2	$	395.00	$	197.50
Charge Card	=	25	$	6,099.95	$	244.00
Elec Fund Trans	=	0	$	.00		
Other	=	1	$	289.00	$	289.00

* Amount Insurance is Expected to pay, based upon estimated payments displayed during Posting.
Daily Totals - End of Report

Note: Naturally, the real reports print larger than the image above.

Transaction Analysis Report

This report lists all account activity by Dentist/Provider combination for any range of dates (typically a month). Remember all reports can be run by any Dentist/Provider combination. It also gives an overview of all adjustments made to accounts by type.

```
MAIN STREET DENTAL                                                                                                  Page 1
Monday Apr 08, 2013              Transaction Analysis Report 02/01/2013-02/28/2013                                  10:15 AM
Dentist Provider          Charges         Payments     Adjustments    Patients     Visits
-------------------------------------------------------------------------------------------------------------------------
   01      01            42,740.00       25,183.63       11,544.52          81         81
-----------------------------------------------------------------------------------------------
Sub Totals               42,740.00       25,183.63       11,544.52                     81

=========================================================================================================================
Totals                   42,740.00       25,183.63       11,544.52                     81

Note: Patients are Not Totaled because the same patient could have been
      seen by more than one person on a given day.

Production: (Charges - Adjustments) = 31,195.48
```

```
MAIN STREET DENTAL                                                                                                  Page 2
Monday Apr 08, 2013              Transaction Analysis Report 02/01/2013-02/28/2013                                  10:15 AM
Dentist Provider          Charges         Payments     Adjustments    Patients     Visits
-------------------------------------------------------------------------------------------------------------------------

      Adjustment Totals by Adjustment Type
_____________________________________________
   1 ADJ-INSURANCE DISCOUNT    $    6,415.60   55.57%
   2 ADJ-COURTESY DISCOUNT     $    4,721.92   40.90%
   4 ADJ-FAMILY TRANSFER       $       32.00    0.28%
   5 ADJ-REFUND                $      -25.00   -0.22%
  13 ADJ-BAD DEBT              $      400.00    3.46%

Transaction Analysis - End of Report
```

Note: Naturally, the real reports print larger than the image above.

Procedure Code Analysis Report

This report lists details for all ADA Procedures over any range of dates for any Dentist/Provider combination.

MAIN STREET DENTAL — Page 1
Monday Apr 08, 2013 — Procedure Analysis 02/01/2013-02/28/2013 — 10:15 AM

ADA Code	Description	Number	Average $	Total $	
1	Zoom W/o Take Home Trays	1	300.00	300.00	
8	Monthly Billing Fee	3	2.00	6.00	
33	Monthly Billing Fee	3	10.00	30.00	
35	Refill Gel 3 Syringe	1	35.00	35.00	
120	Dental Examination	1	78.00	78.00	
140	Oral Eval-problem Focused	1	75.00	75.00	
150	Comprehensive Exam	63	78.00	4,914.00	
Subtotal				5,067.00	11.86%
210	Complete Series X-rays	4	109.00	436.00	
220	Single Pa X-ray	17	50.00	850.00	
230	Addition Periapical X-ray	11	25.00	275.00	
274	4 B.w. X-rays	22	75.00	1,650.00	
Subtotal				3,211.00	7.51%
1110	Adult Prophylaxis	64	99.00	6,336.00	
1120	Child Prophylaxis	2	80.00	160.00	
Subtotal				6,496.00	15.20%
1208	Fluoride	7	33.00	231.00	
Subtotal				231.00	0.54%
2330	Composite 1 Surface Ant.	5	220.00	1,100.00	
2331	Composite 2 Surfaces Ant.	1	230.00	230.00	
2391	Resin Comp-1 Surf,poster	11	220.00	2,420.00	
2392	Resin Comp-2 Surf, Post	9	252.00	2,268.00	
2393	Resin Comp-3 Surf, Post	7	273.00	1,911.00	
2394	Resin Comp-4+ Surf,post	1	320.00	320.00	
Subtotal				8,249.00	19.30%
6752	Crown For Bridge	2	995.00	1,990.00	
Subtotal				1,990.00	4.66%
7550	Partial Sequestrectomy	1	90.00	90.00	
Subtotal				90.00	0.21%
9910	Desensitizer	1	20.00	20.00	
9940	Occlusal Nite Guard	1	375.00	375.00	
9951	Occlusal Adj./limited	4	55.00	220.00	
Subtotal				615.00	1.44%

Grand Total Dollars = $ 42740.00

Note: Naturally, the real reports print larger than the image above.

Procedure Analysis Summary

This is an extension of the Procedure Analysis report that lists the practice totals by ADA Categories.

MAIN STREET DENTAL
Monday Apr 08, 2013 Procedure Analysis 02/01/2013-02/28/2013 Page 2
10:15 AM

ADA Category Summary Breakdown

Category		Count	Average$	Dollars	Percentage
Diagnostic	0000-0999	127	68.10	8649.00	20.2%
Preventive	1000-1999	73	92.15	6727.00	15.7%
Restorative	2000-2999	52	406.62	21144.00	49.5%
Endodontics	3000-3999	1	130.00	130.00	.3%
Periodontics	4000-4999			0.00	.0%
Prost.Removable	5000-5899			0.00	.0%
Maxillofacial	5900-5999			0.00	.0%
Prost.Fixed	6000-6999	5	1077.00	5385.00	12.6%
Oral Surgery	7000-7999	1	90.00	90.00	.2%
Orthodontics	8000-8999			0.00	.0%
Adjunctive	9000-9999	6	102.50	615.00	1.4%
Totals		265		42740.00	

Procedure Analysis - Report End

Note: Naturally, the real reports print larger than the image above.

Adjustment Details Report

This report lists the detailed information for adjustments posted to accounts over any period of time.

MAIN STREET DENTAL — Page 1
Monday Apr 08, 2013 — ADJUSTMENT Detail List 02/01/2013-02/28/2013 — 10:17 AM

Patient Name	Posted	Date	Ser. Acct	Code	Description	Dn	Pn	Adjustment$
REILLY DEAN M	02272013	02272013	1145	2	ADJ-COURTESY DISCOUNT	01	01	252.00
BAXTER RODNEY K	02272013	02272013	548	4	ADJ-FAMILY TRANSFER	01	01	32.00
WILLIAMS ALEXANDER J	02272013	02272013	547	1	ADJ-INSURANCE DISCOUNT	01	01	51.00
HENRY STEPHEN L	02272013	02272013	610	2	ADJ-COURTESY DISCOUNT	01	01	94.00
BERGER MAURICE S	02262013	02192013	240	2	ADJ-COURTESY DISCOUNT	01	01	40.00
	02262013	02262013	240	2	ADJ-COURTESY DISCOUNT	01	01	995.00
FRAZIER HARVEY K	02262013	01192013	1192	1	ADJ-INSURANCE DISCOUNT	01	01	108.00
KEY MICHEAL B	02262013	02132013	1400	1	ADJ-INSURANCE DISCOUNT	01	01	76.00
GAMBLE ALLAN A	02262013	02052013	954	1	ADJ-INSURANCE DISCOUNT	01	01	111.00
PATRICK MARTIN T	02262013	02052013	200	1	ADJ-INSURANCE DISCOUNT	01	01	77.00
ESPINOZA GLEN L	02262013	02022013	1332	1	ADJ-INSURANCE DISCOUNT	01	01	272.00
DIAZ JUAN B	02262013	02262013	1298	2	ADJ-COURTESY DISCOUNT	01	01	50.00
LAWRENCE REGINALD R	02262013	02262013	581	2	ADJ-COURTESY DISCOUNT	01	01	39.00
GALLAGHER DARREN N	02252013	02252013	1405	2	ADJ-COURTESY DISCOUNT	01	01	59.00
HERRERA ARNOLD	02252013	02052013	996	1	ADJ-INSURANCE DISCOUNT	01	01	58.00
WHITFIELD JUAN N	02252013	02072013	1299	1	ADJ-INSURANCE DISCOUNT	01	01	278.00
POWERS LLOYD	02252013	02062013	448	1	ADJ-INSURANCE DISCOUNT	01	01	84.00
MAYER TIM J	02252013	02042013	365	1	ADJ-INSURANCE DISCOUNT	01	01	62.00
HOOD JASON H	02252013	02062013	288	1	ADJ-INSURANCE DISCOUNT	01	01	18.00
BURTON ALVIN H	02252013	02072013	949	1	ADJ-INSURANCE DISCOUNT	01	01	118.00
GLASS FRANCISCO M	02252013	02012013	1397	1	ADJ-INSURANCE DISCOUNT	01	01	157.00
MILLER CLINTON N	02252013	01212013	1082	1	ADJ-INSURANCE DISCOUNT	01	01	36.00
CALDERON DENNIS P	02252013	01312013	1337	1	ADJ-INSURANCE DISCOUNT	01	01	97.00
VALENTINE SCOTT M	02252013	02042013	1253	2	ADJ-COURTESY DISCOUNT	01	01	171.12
	02252013	02042013	1253	1	ADJ-INSURANCE DISCOUNT	01	01	308.00
FIELDS MARVIN K	02252013	02062013	702	1	ADJ-INSURANCE DISCOUNT	01	01	78.00
HAMPTON MATTHEW Q	02252013	02122013	853	1	ADJ-INSURANCE DISCOUNT	01	01	47.00
HARMON RANDALL I	02252013	02222013	337	2	ADJ-COURTESY DISCOUNT	01	01	995.00
SANTIAGO VICTOR J	02062013	02062013	573	2	ADJ-COURTESY DISCOUNT	01	01	78.00
MARKS MIKE K	02062013	02062013	332	2	ADJ-COURTESY DISCOUNT	01	01	672.50
HEAD VICTOR S	02052013	02052013	69	2	ADJ-COURTESY DISCOUNT	01	01	39.00
GUZMAN MANUEL T	02052013	02052013	748	2	ADJ-COURTESY DISCOUNT	01	01	95.00
DILLON ROBERTO J	02042013	02042013	929	2	ADJ-COURTESY DISCOUNT	01	01	150.00
SANTIAGO HARRY N	02042013	01082013	161	1	ADJ-INSURANCE DISCOUNT	01	01	113.00
EDWARDS ERIC E	02042013	01172013	1394	1	ADJ-INSURANCE DISCOUNT	01	01	30.00
REEVES WAYNE S	02042013	01162013	473	1	ADJ-INSURANCE DISCOUNT	01	01	77.00
WATERS LEO S	02042013	01142013	921	1	ADJ-INSURANCE DISCOUNT	01	01	3.00
GOLDEN MAURICE T	02042013	01152013	713	1	ADJ-INSURANCE DISCOUNT	01	01	74.00
WINTERS HENRY M	02042013	01142013	233	1	ADJ-INSURANCE DISCOUNT	01	01	16.00
RUTLEDGE CORY A	02042013	01102013	458	1	ADJ-INSURANCE DISCOUNT	01	01	189.00
BERGER MAURICE S	02042013	02042013	240	2	ADJ-COURTESY DISCOUNT	01	01	10.00
MOORE MANUEL E	02022013	02022013	1349	2	ADJ-COURTESY DISCOUNT	01	01	78.00
HOGAN ADAM Q	02012013	01042013	1081	1	ADJ-INSURANCE DISCOUNT	01	01	147.00
FLEMING JOHNNY N	02012013	01042013	1084	1	ADJ-INSURANCE DISCOUNT	01	01	198.00

TOTAL Adjusts =$ 11,544.52

HIDDEN TOTAL Adjusts =$ 0.00

Note: Naturally, the real reports print larger than the image above.

Sample Claim ADA Claim Form

ADA American Dental Association℠ **Dental Claim Form**

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)
   - [X] Statement of Actual Services
   - [ ] Request for Predetermination/Preauthorization
   - [ ] EPSDT / Title XIX

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code
AETNA
P.O. BOX 85129
RICHMOND VA 23285-5129

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? [X] Medical? [ ] (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)
MARY JEROME

6. Date of Birth (MM/DD/CCYY): 09231970
7. Gender: [ ] M [ ] F
8. Policyholder/Subscriber ID (SSN or ID#): PPPPPPPPSSSSSSS

9. Plan/Group Number: GGGGGGGSSSSSS
10. Patient's Relationship to Person named in #5: [ ] Self [X] Spouse [ ] Dependent [ ] Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code
AETNA LIFE & CASUALTY
8700 STATE LINE RD
LEAWOOD KS 66206

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
SMITH MICHELLE N
23 Walnut Lane
SPRINGFIELD IL 62001

13. Date of Birth (MM/DD/CCYY): 11181989
14. Gender: [X] M [ ] F
15. Policyholder/Subscriber ID (SSN or ID#): 12340893753C

16. Plan/Group Number: 734987A0398Q
17. Employer Name: ABC COMPANY

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above: [X] Self [ ] Spouse [ ] Dependent Child [ ] Other
19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
SMITH MICHELLE N
23 Walnut Lane
SPRINGFIELD IL 62001

21. Date of Birth (MM/DD/CCYY): 11181989
22. Gender: [X] M [ ] F
23. Patient ID/Account # (Assigned by Dentist): 2

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1	11012016		JP	31	MOD	D2160		01	Amalgam 3 Surfa	101 00
2	11012016			NA	NA	D0274		01	4 B.w. X-rays	50 00
3	11012016			NA	NA	D1110		01	Adult Prophylax	52 00
4	11012016			NA	NA	D0150		01	Comprehensive O	45 00
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

34. Diagnosis Code List Qualifier [ ] [ ] (ICD-9 = B; ICD-10 = AB)
34a. Diagnosis Code(s) (Primary diagnosis in "A") A ____ B ____ C ____ D ____

31a. Other Fee(s)
32. Total Fee: 248 00

35. Remarks EXCESSIVE BLEEDING
HAIR LINE FRACTURES
EXCESSIVE BLEEDING

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X SIGNATURE ON FILE — Patient/Guardian Signature — Date: 04231998

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X SIGNATURE ON FILE — Subscriber Signature — Date: 04231998

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment: 11 (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims")
39. Enclosures (Y or N): [ ]
40. Is Treatment for Orthodontics? [X] No (Skip 41-42) [ ] Yes (Complete 41-42)
41. Date Appliance Placed (MM/DD/CCYY): 03031998
42. Months of Treatment Remaining
43. Replacement of Prosthesis: [X] No [ ] Yes (Complete 44)
44. Date of Prior Placement (MM/DD/CCYY): 01011998
45. Treatment Resulting from: [ ] Occupational illness/injury [ ] Auto accident [ ] Other accident
46. Date of Accident (MM/DD/CCYY)
47. Auto Accident State

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code
JOHN DOE, DDS MARY SMITH, DMD
2908 Grand Ave
Kansas City MO 64108

49. NPI: NPI19384938
50. License Number: 111111111
51. SSN or TIN: 988897383
52. Phone Number: (816535-3057
52a. Additional Provider ID

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X JOHN J. DOE, JR. DDS — Signed (Treating Dentist) — Date: 11012016

54. NPI: NPI111111
55. License Number: 111111111
55a. Provider Specialty Code
55. Address, City, State, Zip Code
2908 Grand Ave
Kansas City MO 64108

57. Phone Number: (816535-3057
58. Additional Provider ID

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Sample Patient Statement

You may print patient statements and/or send them electronically.

MAIN STREET DENTAL
19835 Manchester Rd
DentalTown, MO 63199

Date 04-08-2013
Account 00036 Resp #00036
Telephone 314 555-1212
Dentist JOHN DOE, DDS
Balance Billed $ 1132.00

Payment Amount _____
__ VISA __ MasterCard __ Discover

Card Number _____
Exp.Date _____ _____
CID #
Signature _____

TYLER EMERSON
5864 Fourth St
St. Francisville, MO 63430

Return Top Portion with Payment

Posted	Service	Code	Name	To	Sur	Description	Charges	Payments
121112	11272012	2484	TYLER			Payment-Per Check		340.00
012113	01212013	1110	ADAM	NA	NA	Adult Prophylaxis	99.00	
012113	01212013	150	ADAM	NA	NA	Comprehensive Exam	78.00	
012413	01242013	2740	ADAM	5	NA	Crown Ceramic Substr	975.00	
012413	01242013	2740	ADAM	4	NA	Crown Ceramic Substr	975.00	
020113	02012013	2567	TYLER			Payment-Per Check		342.50
021113	01242013	1	ADAM			ADJ-INSURANCE DISCOU		236.00
021113	01242013	1	ADAM			DELTA DENTAL OF CALI		1577.00
021113	01212013	1	ADAM			ADJ-INSURANCE DISCOU		54.00
021113	01212013	1	ADAM			DELTA DENTAL OF CALI		123.00
030113	03012013	2607	TYLER			Payment-Per Check		342.50
030513	03052013	2752	TYLER	31	NA	Cr Porc Fused To Nob	995.00	

MAIN STREET DENTAL
Acct 00036

Patients Billed this Statement-->$ 1132.00
04-08-2013 Family Balance-->$ 1132.00

TYLER $995.00 ADAM $137.00

PAYMENT DUE BY THE END OF THE MONTH, THANK YOU

Current:	30 Days:	60 Days:	90 Days:	120 Day:
0.00	995.00	137.00	0.00	0.00

MAIN STREET DENTAL — **- Work Ticket -** — Monday, Apr 8, 2013

Account No.	13	**Patient Name**	HOWARD H PACHECO	**BirthDate** 06011951	**Phone** 314 818-5905
Resp Num.		**Resp Party Name**		**Age** 61	**Balance** 0.00
Recall: Last	10082012	**Recall Interval**	06		**Family Balance** 0.00
Next	04 2013	**Last FMS**	**Referred**		**Dentist Num** 01
		Pre Med	**Comment**		

Serial No.	**Time**	**Next Appointment**	**Time**
04082013-1	14:24		

```
  Clinical Oral Examinations      Amalgam Restorations(Including Polishing)
00120 Periodic Oral Eval   $____       Tooth/Surf            Tooth/Surf
00140 Limited Oral Eval    $____  021___ ___/_____$____021___ ___/_____$____
00150 Comp Oral Eval       $____  021___ ___/_____$____021___ ___/_____$____
00160 Extensive Oral Eval  $____             Resin Restorations
       Radiographs                     Tooth/Surf            Tooth/Surf
00210 Intraoral Complete   $____  023___ ___/_____$____023___ ___/_____$____
00220 Intraoral Per First  $____  023___ ___/_____$____023___ ___/_____$____
00230 Intraoral Per Add    $____       Crowns Single Restorations Only
00272 Bitewings Two Films  $____       Tooth/Surf            Tooth/Surf
00274 Bitewings Four Flms  $____  027___ ___/_____$____027___ ___/_____$____
00330 Panoramic Film       $____  027___ ___/_____$____027___ ___/_____$____
   Test & Lab Examinations          Other Restorative Services  Tooth
00460 Pulp Vitality Tests  $____  02920 Recement Crown            _____ $____
00470 Diagnostic Casts     $____  02940 Sedative Filling          _____ $____
00471 Diagnostic Photos    $____  02950 Core Buildup, Inc Pins    _____ $____
     Dental Prophylaxis           02951 Pin Retention - Per Tooth_____ $____
01110 Prophylaxis - Adult  $____  02955 Post Removal              _____ $____
01120 Prophylaxis - Child  $____  02970 Temporary Crown           _____ $____
   Topical Fluoride Treatment                Pulp Capping
01201 Child - Inc Proph    $____  03110 Pulp Cap - Direct         _____ $____
01203 Child - Exc Proph    $____  03120 Pulp Cap - Indirect       _____ $____
   Other Preventive Serivces              Endodontic Therapy
01330 Oral Hygiene Inst    $____  03310 Anterior                  _____ $____
01351 Sealant/Tooth _____  $____  03320 Bicuspid                  _____ $____
            Dentures              03330 Molar                    _____ $____
05___ ____________________ $____                 Other
05___ ____________________ $____  09110 Palliative Treatment            $____
05___ ____________________ $____  09210 Local Anesthesia No Oper/Surg   $____
     Fixed Partial Denture        09230 Analgesia                       $____
062__ ________________ ____$____  09310 Consultation                    $____
062__ ________________ ____$____  09940 Occlusal Guard, by Report       $____
067__ ________________ ____$____  _____ ______________________________  $____
067__ ________________ ____$____  _____ ______________________________  $____
          Extractions              _____ ______________________________  $____
07110 Single Tooth     ____$____  _____ ______________________________  $____
07120 Each Add Tooth   ____$____  _____ ______________________________  $____
```

Code	Tooth Surfaces	Code	Tooth Surfaces	Code	Tooth Surfaces	Code	Tooth Surfaces	Code	Tooth Surfaces

Prime Ins	3-AETNA	**YTD Charges**	2.00
Sec. Ins		**YTD Ins Payments**	0.00
Employer		**YTD Pat Payments**	36.00
		Life Time Charges	1197.00
		Life Time Payments	695.00
		Percentage	58.06%

Walk Out Receipt

MAIL Street Dental
2908 Grand Ave
Kansas City, MO 64108

Date	04-08-2013
Account	00145 00145
Telephone	816 535-3057
Dentist	JOHN J. DOE, JR. DDS
Patient Name	CHARLIE BROWN
Balance $	182.00

CHARLIE BROWN
18238 Main Street
St. Louis, MO 63101

Receipt

Next Appointment Date: 05/25/2013 Time 08:45 AM CHKU

Date	Code	Tooth	Surface	Description	Charges	Payments
				Previous Balance	0.00	
04082013	5433			Payment-Personal Check		50.00
04082013	2150	19	MO	Amalgam 2 Surfaces	85.00	
04082013	274	NA	NA	4 B.w. X-rays	50.00	
04082013	1110	NA	NA	Adult Prophylaxis	52.00	
04082013	150	NA	NA	Comprehensive Oral Eval.	45.00	

MAIL Street Dental - CHARLIE BROWN Balance 182.00

Current	30 Days	60 Days	90 Days
182.00	0.00	0.00	0.00

04-08-2013
00145

Patient Labels

You can print Patient labels by many different criteria, including directly printing to Dymo-Type Label Printers.

Barry S. Davenport 3220 Maple Ln Stoutsville, MO 65283	Allen N. Finch 4981 Maple Ln Nkc, MO 64117	Adrian M. Hanson 11983 Hill St Diggins, MO 65636
Charles K. Davenport 6939 Manchester Ave House Springs, MO 63049	Rodney A. Fowler 798 Cedar Ave Matthews, MO 63867	Frank Q. Hanson 1509 Fifth Ave Belleview, MO 63623
Cody F. Davis 13503 Oak St Novinger, MO 63559	Rick B. Franklin 14014 Hill St Webb City, MO 64870	Daniel L. Harris 15614 Walnut St Freistatt, MO 65654
Glen J. Decker 425 Elm Ave Mid Missouri P&DF, MO 65299	Wayne F. Franklin 7863 Walnut St Chilhowee, MO 64733	Randy T. Hatfield 14149 First St Bem, MO 65066
Warren P. Dillard 16600 Fifth Ave Fulton, MO 65251	Ron T. Fry 4932 Grand Ave Red Bird, MO 65014	Ronald A. Hatfield 918 Oak St Ferguson, MO 63136
Joseph L. Dominguez 14577 Lake Ln Leadwood, MO 63653	Allan A. Gamble 15212 Second Ave Cabool, MO 65689	Curtis N. Herman 14570 First St Polo, MO 64671
Benjamin Donovan 3253 View Ave Old Mines, MO 63630	Miguel K. Gomez 14607 Seventh Ave Gibson, MO 63847	Nicholas A. Hester 7341 Grand Ave McBaine, MO 65203
Elmer B. Doyle 6349 Walnut St Gray Summit, MO 63039	Brad K. Gonzalez 14192 Cedar Ave Allenville, MO 63740	Stanley I. Hoffman 16178 Grand Ave Anderson, MO 64831
Fernando I. Edwards 14991 Seventh Ave Latham, MO 65050	Ben M. Goodwin 16803 Park Ave Sperry, MO 63501	Allan E. Hogan 5305 Oak St Lutesville, MO 63764
Melvin K. Edwards 15905 Elm Ave Park Hills, MO 63601	Shawn R. Gutierrez 10018 Clayton Rd St. Louis, MO 63150	Adam M. Holloway 5736 Maple Ln Lawson, MO 64062

"Welcome to Our Practice"

There are over 50 Quick Form Letters that come with EasyDent. Customize them and/or add as many letters as you like. You can print these letters from the patient screen, the schedule, and even from the EDR Visit Notes Screen.

Main Street Dental
12234 Manchester Rd.
Dentaltown, MO 63000
Phone (636) 555-1212

April 08, 2013

CHARLIE BROWN
18238 Main Street
St. Louis, MO 63101

Dear CHARLIE,

Welcome to our dental practice. We are looking forward to caring for your dental health. Our objectives are high quality and preventive dentistry.

We begin with a thorough examination consisting of the necessary x-rays, study models, health history and oral examination.

Except for emergency cases you may expect us to be on time, and we will appreciate the same courtesy. Occasionally emergencies do interrupt our regular schedule of patients.

If it is necessary for you to reschedule an appointment, please give us 24 hours' notice so that the time reserved for you may be given to someone else. We thank you for this consideration and look forward to seeing you.

Sincerely,

John Doe, D.D.S.

Excuse from Work or School

There are over 50 Quick Form Letters that come with EasyDent. You can customize them and/or add as many letters as you like. You can print these letters from the patient screen, the schedule, and even from the EDR Visit Notes Screen.

Main Street Dental
12234 Manchester Rd.
Dentaltown, MO 63000
Phone (636) 555-1212

April 08, 2013

MARIO DELANEY
10202 Washington St
Clarkson Valley, MO 63005

To Whom it may concern:

Please excuse MARIO from work on April 2, 2013.

MARIO was in our office for treatment.

Thank You.

Yours truly,

John Doe, D.D.S.

Collection Letter One

There are over 50 Quick Form Letters that come with EasyDent. You can customize them and/or add as many letters as you like. You can print these letters from the patient screen, the schedule, and even from the EDR Visit Notes Screen.

Main Street Dental
12234 Manchester Rd.
Dentaltown, MO 63000
Phone (636) 555-1212

April 08, 2013

RONNIE PADILLA
11698 Washington St
Kelso, MO 63758

Dear RONNIE:

Is there a problem? We haven't received a payment from you in some time. If we have offended you in some way, if the treatment was not satisfactory or if you have unexpected financial difficulties at this time, we'd be most happy to discuss the problem with you.

We feel that you believe in the best dental care possible, and if we are in error, please let us know by calling us at your earliest convenience.

Yours truly,

John Doe, D.D.S.

Referral Thank You

There are over 50 Quick Form Letters that come with EasyDent. You can customize them and/or add as many letters as you like. You can print these letters from the patient screen, the schedule, and even from the EDR Visit Notes Screen.

Main Street Dental
12234 Manchester Rd.
Dentaltown, MO 63000
Phone (636) 555-1212

April 08, 2013

Tony Jenkins, DDS
2309 Walnut St
Sunnyville, MO 63000

Dear Dr. Tony,

Thany you for referring MARIO DELANEY to our office. I appreciate your confidence, and I look forward to participating in the overall care of our mutual patient.

Sincerely,

John J. Doe

Patient Dismissal

There are over 50 Quick Form Letters that come with EasyDent. You can customize them and/or add as many letters as you like. You can print these letters from the patient screen, the schedule, and even from the EDR Visit Notes Screen.

Main Street Dental
12234 Manchester Rd.
Dentaltown, MO 63000
Phone (636) 555-1212

April 08, 2013

MARTIN PATRICK
7263 Elm Ave
Worthington, MO 63567

Dear MARTIN,

We are sorry that you could not keep your appointment with us today.

We feel it would be better for you to find a dentist who has hours more convenient for you.

Please let us know where you would like your x-rays sent.

Sincerely,

John Doe, D.D.S.