

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.

Table of Contents 1 of 2

Cover	
Cover Letter	2
Table of Contents	3
Table of Contents continued	4
Features	5
Screen Images	
Primary Menu	6
General Demographic	7
Insurance	8
Insurance Detail	9
Posting to Ledgers	10
Adding Patients	11
Patient Ledger	12
Treatment Plan	13
EDR Patient Chart	14
EDR Document Folders	15
EDR Visit Notes - Desktop Style	16
EDR Visit Notes - Tablet PC - iPad Style	17
Payment Terms	18
Digital X-Rays	19
Oral Pictures	20
Ortho Payment Tracking	21
Restorative Charting	22
Perio Charting	23
Forms Menu	24
Reports Menu	25
Daily Report Selection	26
Monthly Report Selection	27
Laboratory Tracking	28
Laboratory Check In	29
Scheduling	30
Overdue Patient Recall Search	31
Sample Reports	
Financial Graphs	32
Daily Audit Detail	33
Day Sheet	34
Bank Deposit	35
Accounts Receivable	36

Table of Contents continued

Sample Reports Continued

Aging 30 60 90 120	37
Totals by Day of the Week	38
Transaction Analysis	39
Procedure Code Analysis	40
Procedure Analysis Summary	41
Procedure Analysis Summary	41
Adjustment Details	42

Sample Forms

ADA Insurance Claim Form	43
Patient Statement	44
Work Ticket	45
Walk Out Receipt	46
Patient Mailing Labels	47

Sample Quick Form Letters

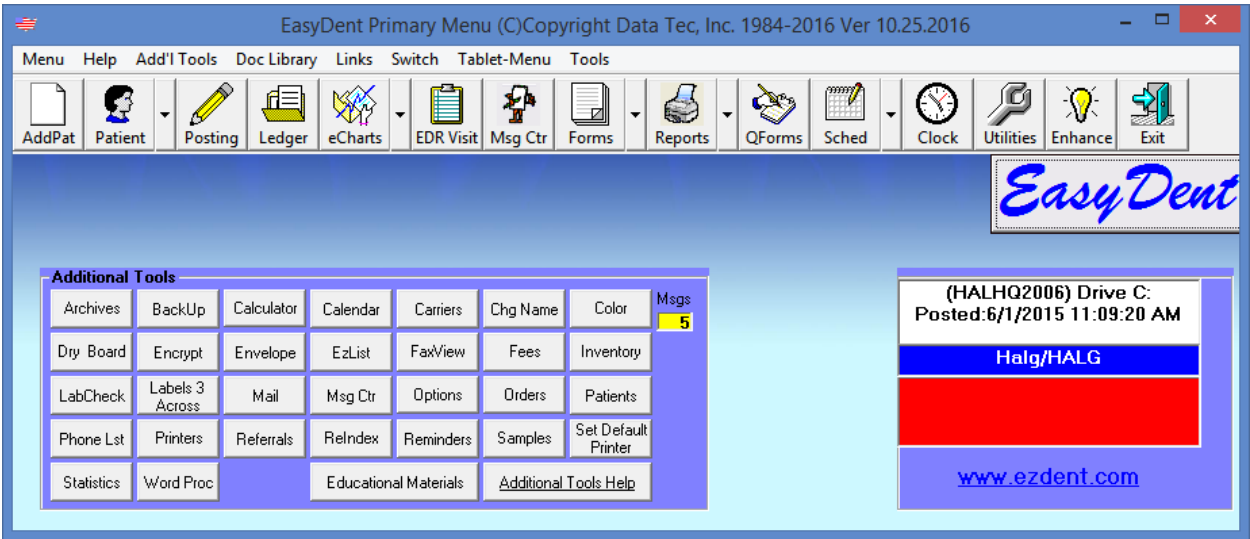
Welcome to Practice	48
Excuse from Work or School	49
Collection Letter Number One	50
Referral Thank You	51
Patient Dismissal	52

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

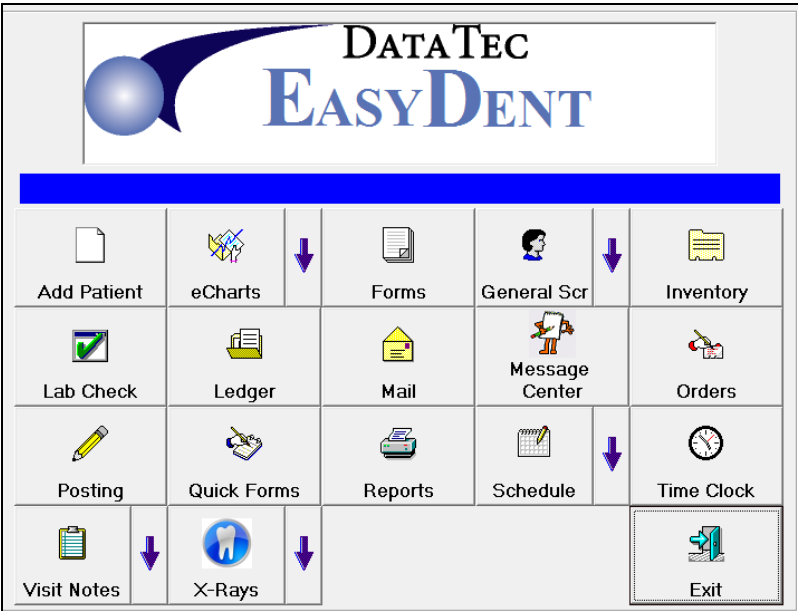
Primary Menu

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!

General Patient Info - : 00002 Smith Michelle N

Menu Help Undo Clear Find Patient Data Entry Print Tools Window

New Acct Save Print Find Prev Next Fam Gen Led Post Ins Rpts Sched Image Chr eChart Sel eScript Exit

 Name **SMITH** **MICHELLE** **N** General

Acct No Address **23 Walnut Lane** Nickname Type

City **SPRINGFIELD** State **IL** Zip Code **62001**

Alternate # Birthdate **11 18 1989** Soc Sec No Sex **M** Age **26**

547 AETNA **ABC COMPANY**

4 AETNA LIFE_CASUALTY

Picture WebCam

ACTIVE Status

Phone Home **314 111 2222** Resp Acct MD Dentist **01**

Work **573 222 3333** Cell E-Mail

Recall Last **06 23 2016** Next **12 20 2016** Time **09 15AM** Recall Sent Date **05 04 2016**

Recall Interval Months **04** Preferred Appointment PreMed MedAlert Last Full Series Xrays **06 23 2016**

Flags InsPending No Bill Finance Chgs Cash Only Collections User Flags 1 2 3 4 5

First Visit Date **02 28 2005** Last **06 23 2016** Referred by

Resp Person Comment

Fee Type Insur Prt Mon Pay Fin % Last Bill Date **12152014** Balance **0.00**

Patient Insurance Screen

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

Primary Coverage Information John J. Doe DDS

Menu Help Undo Clear Find Print Tools Window

New Acct Save Print Find Prev Next Fam Gen Led Post Ins Sch Img Chr Sel Exit

Acct No 2 Last Name BEACH First VICTOR Initial B

Patient DOB 05071978

Primary Coverage

Resp Acct# M BEACH VICTOR B Relationship Insured Persons Name (Last, First, I) Soc Sec No 888 88 8888 Birthdate 05 07 1978 Sex F

Policy Number 3434387434 Group GPA87344 Anniversary MM YY 01 2014

Carrier Num 3 ANTHEM BLUE CROSS, ATTN: DENTAL SERVICES, P.O. BOX 659444, SAN ANTONIO, TX 78265-9444

Payment Profile No. 1 List Phone(888)209-7852 Fax()

Employer # Western Union Life Time Max 4500.00

Address 2932 Outershell Rd

City Campton State MO Zip Code 64203

Comments

Primary Claim Dates 06 21 2011 Last Real Claim Last Estimate

Insurance Filing Should be:

☐ Monthly
 ☐ Annually
 ☒ Always
 ☐ Quarterly
 ☐ None(Automatic)

Ins Find Secondary
 Empl Find InsDetail
 Ins Updte Delete Ins

John J. Doe DDS

Archives

Patient Detailed Insurance Screen

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

Insurance Detail Information

Menu Help Undo Clear Find Print Tools Window

New Acct Save Print Find Prev Next Fam Gen Led Post Ins Sch Img Chr Sel Exit

Acct No 2 Last Name BEACH First VICTOR Initial B

Insurance Detail Info

Signature On File Date 06/02/2009 Full Time Student ☐ Part Time Student ☐ College Name

Place of Service ☒ Off ☐ Hospital ☐ ECF ☐ Other ☐ Xray/Models ☐ No ☒ Yes Occ Injury/Illness ☒ No ☐ Yes Accident Date

Other Plan ☒ No ☐ Yes Date Prior Prost. Auto Accident ☒ No ☐ Yes

Pros. Init Placement ☒ No ☐ Yes Date Appl Placed Other Accident ☒ No ☐ Yes State

Ortho Treatment ☒ No ☐ Yes

Diagnosis

Comments

Missing Teeth

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Comments Primary New Pat Defaults

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.

Posting Ledger Screen- John J. Doe DDS: 05817 Reynolds Burt

Menu Help Undo Clear Find Print Tools Window

New Acct Save Print Find Prev Next Fam Gen Led Post Ins Sch Img Chr Sel Exit

Auto Prompt On 5817 REYNOLDS BURT
 Acct No Patient: Last Name First Name Initial

231 BLUE CROSS BLUE SH 07161959 TYLER BURCH
 Pat Birthdate Responsible Person

Dentist Number 01 Hygiene Num 01 Place of Service 11 Type of Posting R Ins Profile # 1

ADACode	Tooth	Surfaces	Dent	Hyg	Qty	Description	Charge Amount	Insurance
000150	NA	NA	01	01	01	Initial Oral Examination	64.00	64.00
000274	NA	NA	01	01	01	4 B. W. X-ray Films	67.00	67.00
001110	NA	NA	01	01	01	Adult Prophylaxis	92.00	92.00
002160	31	MOD	01	01	01	Amalgam 3 Surf. Perm/prim	155.00	124.00
							378.00	31.00

04-08-2013 Posting Date

User Flags P

01/30/2013

Payment \$ 31.00 P 3432 Hyg #

Adjustment \$

Date of Service

Balance 1317.00

Pre Post Mini Detail Post Com Next ADA Codes ADA Groups Ins Final Pay John J. Doe DDS Family Bal: 1415.00

Adj Treat Chair InsPro EstVw

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 most recent activity 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.

EasyDent Ledger - John J. Doe DDS: 05817 REYNOLDS BURT

Menu Help Undo Clear Find Print Tools Window

New Acct Save Print Find Prev Next Fam Gen Led Post Ins Sch Img Chr Sel Exit

5817 REYNOLDS BURT
Acct No Patient: Last Name First Name Initial

231 BLUE CROSS BLUE SHIELD

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	106.00	
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	

DOS Detail Acct Tots 1317.00

John J. Doe DDS
Family Bal: 1415.00

Entries are automatically color coded 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.

Menu Help Undo Find Print Tools Window

New Acct Save Print Find Prev Next Fam Gen Led Post Ins Sch Img Chr Elec Sel Exit

Acct No 03032 Last Name BEACH First VICTOR Initial B Ins Profile # 1

3 AETNA

ADA #	Tooth	Surface	Note	Charge	Prime Ins	Sec Ins	Pat Amt	Date	Status	Description
1	000120	NA	NA	75.00	75.00	0.00	0.00	04082013	P	Dental Examination
2	001110	NA	NA	99.00	99.00	0.00	0.00	04082013	P	Adult Prophylaxis
3	002160	30	MOD	186.00	148.80	0.00	37.20	06112013	P	Amalgam 3 Surf. Perm.
4	002752	19	NA	995.00	796.00	0.00	199.00	05142013	P	Cr Porc Fused To Noble
5										
6										
7										
8										
9										
10										
11										
12										

Click here to DeActivate Visual Prompts 1355.00 1118.80 0.00 236.20 Update Notes {1}Tooth Needs a Crown.

Fill In Save Ins Profile View Teeth ADA Codes ADA Groups Up Down Print Adult Print Child Old Print Edit Form Form # 001 Plan # 01 Copy Plans

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.

The screenshot displays the EasyDent Paperless Charts E.D.R. software interface. The window title is "EasyDent Paperless Charts E.D.R.". The menu bar includes: Menu, Help, Find Patient, Scheduled Patients, Clear Fields, Charting, Print, Tools, Quick Forms, Undo, Vital Signs, Exit. The toolbar contains icons for Save, Gen, Pats, Find, Prev, Next, Visit, Img, Word, Notes, Docs, Script, Sch, Print, Files, and Exit.

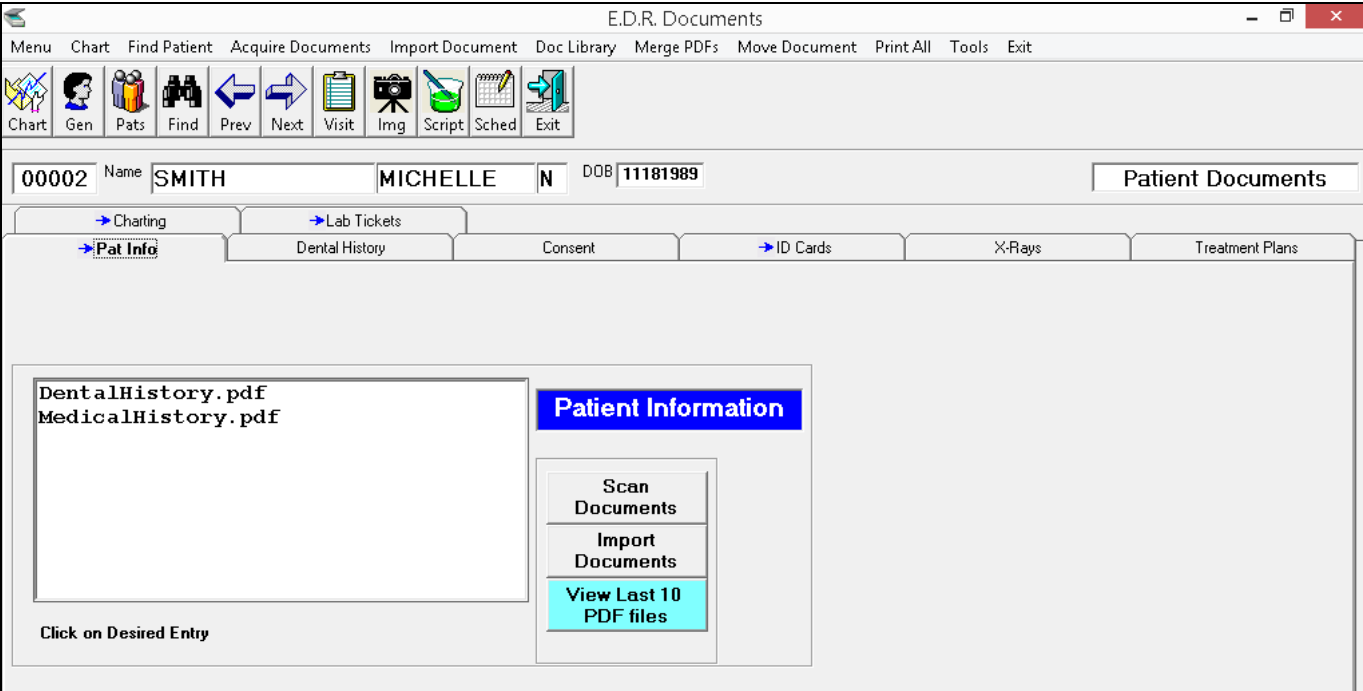
The patient information section shows: 2 Name **SMITH**, **MICHELLE**, **N**, DOB **11181989**, Age **26**, **11**, **547-AETNA**, **4-AETNA LIFE CASUALTY**, **01** Dentist.

The main content area is divided into several sections:

- Patient Profile:** Includes fields for Name (MICHELLE N SMITH), Address (23 Walnut Lane, SPRINGFIELD, IL 62001), City (SPRINGFIELD), State (IL), ZipCode (62001), Home Phone (314 111-2222), Work Phone (573 222-3333), Cell Phone, and Emergency Contact(s) (Larry Smith 618 555-1212).
- Problems or Habits:** A list of checkboxes including Alcohol Heavy, Gum Chewing (checked), Smoking Lite, Alcohol Social, Hard Candy, Thumb Sucking, Chewing Tobacco, Illicit Drugs, Grinding Teeth, and Smoking Heavy.
- Family History:** A table with columns for Relationship, DOB Year, Age, and Comments. The first entry is Father, 1942, 74, Throat Cancer.
- Photo:** A small portrait photo of a young woman.
- Allergic Reactions:** A section with checkboxes for Allergic and PreMed, and a text area for reactions.
- Alerts:** A section with a text area for alerts.
- Change Password:** A section with fields for Patient's Secret Password Question, Secret Password Answer, and a Change Password button.
- Comments:** A section with a text area for comments and a checkbox for "Comment is Critical".
- Save:** A red button at the bottom left.

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

EasyDent E.D.R. Visit - Notes

Menu Help New Lists Charting | Clear | Print Spell Sign Note Tools Vital Signs Window

New Save eChart Print Find Prev Next Fam Gen Led Post Tmpl RestCht Script Sched Image Exit

00002 Name SMITH MICHELLE N DOB 11181989 Age 27 547-AETNA 4-AETNA LIFE CASUALTY 01 Dentist

Visit Reason Tuesday Nov 01, 2016

Recare Adult

Visit Reasons List Short Hand Clear

Examination

Adult Prophylaxis: Periodic Exam
Perio Class: I
Stain: Light
Flossing: Occ

Observations List Short Hand Tablet/Diagrams Clear

Treatment ☒ Hide Coding

Procedures

Cavitron
Polish & Flossed
Home Care Re-enforced, brush AM & PM, Floss PM

Periodic Oral Evaluation
Adult Prophylaxis
Panoramic X-ray

History Dates

11/01/2016
10/28/2016
10/16/2016
09/30/2016
09/13/2016
09/08/2016

Alerts

Problems or Habits

☐ Alcohol Heavy
☐ Alcohol Social
☐ Chewing Tobacco
☐ Grinding Teeth
☒ Gum Chewing
☐ Hard Candy
☐ Illicit Drugs
☐ Smoking Heavy
☐ Smoking Lite
☐ Thumb Sucking

View All Visits
File Utilities
Note Pad
Msg 08/12/2016

Treatments Short Hand Appointments Educational Info Clear

Save/Exit

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.

Tablet PC or iPad Style Visit Note

Menu

Tools

Find

Copy Note

Save/Clear

Window

Spell

Abbreviations

Add Visit

Chart-Perio

Chart-Rest

Documents

eChart

Find

Forms

General

Images

Ledger

Move Back

Move Fwd

Msg Ctr

Posting

Prescription

00002

SMITH

MICHELLE

N

11181989

27

M

547-AETNA

4-AETNA LIFE & CASUALTY

Acct #

Name

DOB

Age

Sex

Allergies

Visit Reason

Examination

Treatment

Previous Notes

11012016

10282016

10162016

09302016

09132016

09082016

View All Visits

Problems or Habits

☐ Alcohol Heavy
 ☐ Alcohol Social
 ☐ Chewing Tobacco
 ☐ Grinding Teeth
 ☒ Gum Chewing
 ☐ Hard Candy
 ☐ Illicit Drugs
 ☐ Smoking Heavy
 ☐ Smoking Lite
 ☐ Thumb Sucking

Tue Nov 01, 2016

Visit Reason

Recare Adult

PopUp List

Short Cuts

Copy

Paste

Cut

UnDo

Clear

Print

Remind

Save

Schedule

Sign Note

Templates

Treat Plan

View Note

X-Rays

Exit

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.

70	Last Name	CLAY	First	THOMAS	Initial	
Acct No						

4100.00	1100.00	24	03292000	11022001						
Original Amount	Down Payment	Number Payments	First Payment Date MMDDYYYY	Last Payment Date MMDDYYYY						
125.00	02									
Payment Amount	Num Payments Remaining	Contract Form Num for Printing	<table border="1"> <tr> <td>Original Contract Amount</td> <td>4100.00</td> </tr> <tr> <td>Total Payments on Account</td> <td>3850.00</td> </tr> <tr> <td>Potential Payments Remaining</td> <td>250.00</td> </tr> </table>		Original Contract Amount	4100.00	Total Payments on Account	3850.00	Potential Payments Remaining	250.00
Original Contract Amount	4100.00									
Total Payments on Account	3850.00									
Potential Payments Remaining	250.00									

<input checked="" type="checkbox"/> Auto Posting Activated	ADA CODE	009999	Dollar Amt	125.00
Insurance Filing Should be:		Day of the Month		
<input checked="" type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Annually		29		

Save	Acct Num	Prev Name	Next Name	Calculator	UnDo	General	Change Screens
		Name List	Fam List	Edit Form	Help	Posting	
				Print		Ledger	

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



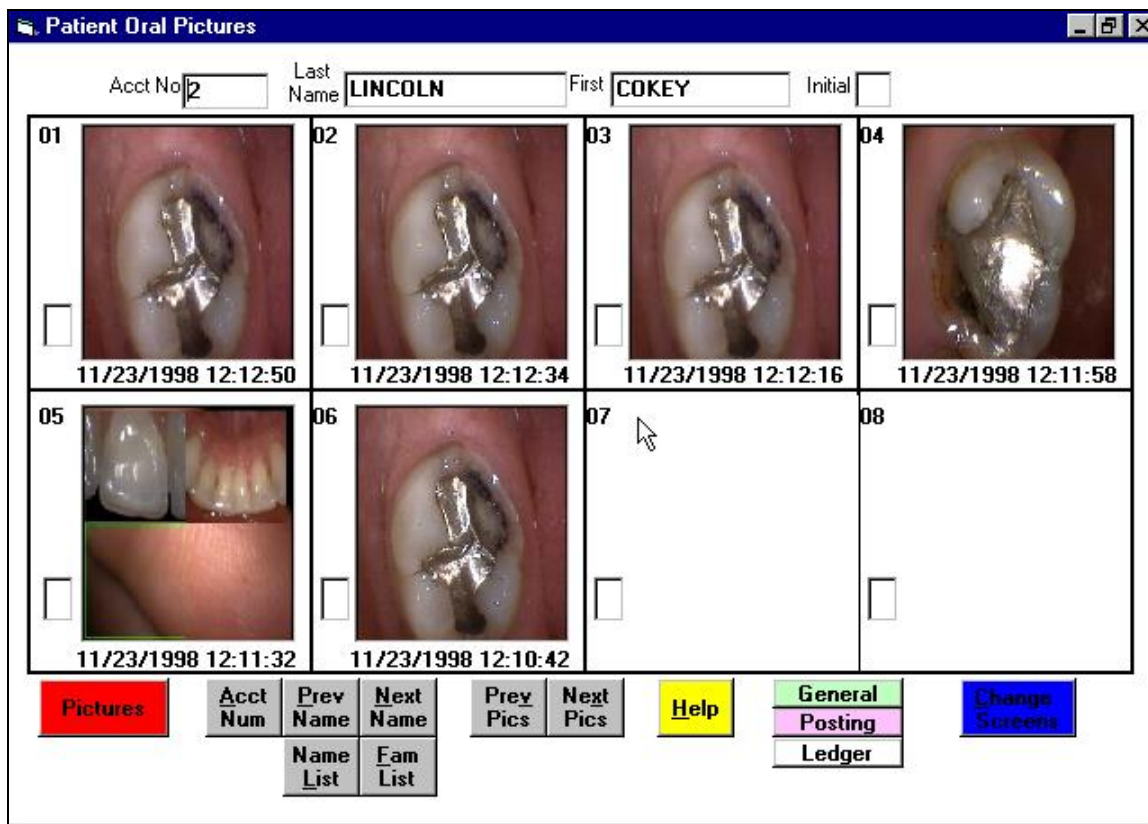
- ☒ Dexis
- ☒ Gendex
- ☒ Patterson Imaging
- ☒ Suni
- ☒ XDR Radiology
- ☒ VixWin

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!

Ortho Contract

Contract 1 **ADAMS** **ANDREA**
 Acct No Patient: Last Name First Name Initial Total Value

AETNA INSURANCE	1500.00		03 15 2001	04 15 2001	150.00
Responsible Party 1	Contract Amt\$	DownPayment	Initial Start Date	First Payment Due	Payment Amt\$
<input type="text" value="776"/> Number <input type="text" value="P"/> Type			ON TIME	Payments	Notes

MARTHA ADAMS	1000.00	500.00	03 15 2001	04 15 2001	100.00
Responsible Party 2	Contract Amt\$	DownPayment	Initial Start Date	First Payment Due	Payment Amt\$
<input type="text"/> Number <input type="text" value="M"/> Type			BEHIND 100	Payments	Notes

Responsible Party 3	Contract Amt\$	DownPayment	Initial Start Date	First Payment Due	Payment Amt\$
<input type="text"/> Number <input type="text"/> Type				Payments	Notes

Responsible Party 4	Contract Amt\$	DownPayment	Initial Start Date	First Payment Due	Payment Amt\$
<input type="text"/> Number <input type="text"/> Type				Payments	Notes

Responsible Party 5	Contract Amt\$	DownPayment	Initial Start Date	First Payment Due	Payment Amt\$
<input type="text"/> Number <input type="text"/> Type				Payments	Notes

Save **Name List** **Prev Name** **Next Name** **Next Open** **Carrier Lookup** **Switch Contract** **Undo** **Change Screen**

Ortho Payment Record

Contract 1 **ADAMS** **ANDREA**
 Acct No Patient: Last Name First Name Initial

AETNA INSURANCE
Responsible Party 1

Num	Date	Amount	RefNum	Num	Date	Amount	RefNum	Num	Date	Amount	RefNum
1	04 12 2001	150.00		13				25			
2				14				26			
3				15				27			
4				16				28			
5				17				29			
6				18				30			
7				19				31			
8				20				32			
9				21				33			
10				22				34			
11				23				35			
12				24				36			

Save **Prev Party** **Next Party** **Print Bill** **Undo** **Cancel** **Save Exit** **150.00**

Restorative Charting

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

[illegible]

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.

Upper Teeth

Furcation
Recession
Pocket Depth
Bleeding

2 1 3 1 3 5 2 1 3 2 3 2 1 1 3 2 3 5 2 1 2 1 1 5 1 3 2 3 6 7 2 1 3 1 2 5 1 1 3

Bleeding

IV **III** **B** **III**

FACIAL

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

LINGUAL

Bleeding
Pocket Depth
Recession
Furcation
Mobility

1 2 1 2 3 2 3 2 1 2 1 2 5 1 1 2 4 2 4 2 2 2 3 1 2 3 1 2 1 2 3 1 2 1 2 2 3 1 2

1.5 1.5 1

Lower Teeth

Furcation
Recession
Pocket Depth
Bleeding

2 3 1 2 3 1 2 3 5 4 3 1 2 1 2 3 0 1 2 3 1 2 3 0 0 3 2 3 2 3 2 1 2 1 2 3 1 2 2 3 2 4 2 2 3 5 1 2

Bleeding

III **B** **B** **III**

LINGUAL

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

FACIAL

Bleeding
Pocket Depth
Recession
Furcation
Mobility

1 2 3 5 3 1 1 3 2 6 1 3 2 3 2 4 2 1 3 2 3 1 5 3 2 1 3 5 3 2 2 3 2 1 2 3 3 4 5 4 3 2 5 4 3

1.5

Quick Entry - Pocket Depths

01 F

Tooth Side



















Bleeding Recession Mobility Furcation Missing Tooth Implant Skip Tooth

For Pocket Depths use the Mouse or Numeric Pad Number Keys

Forms Menu

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






















Forms Menu

 Billing Statements	 Monthly Finance Charges
 Recall Cards and Email	 Monthly Auto Post - Ortho
 Recall Cards Family Style	 Work Ticket Batches
 Birthday Card Print	 Payment Coupon Books
 Labels (Pat,Ins,Referral)	
 Insurance Forms <input checked="" type="checkbox"/> NPI Only	 Quick Form Mail Merge
<div>Electronic Claims NPI</div>  Primary	 eMail Blaster
 Estimates	 Email Address Export
 Secondary	 Palm Top PDA Export
 Resubmit	<div>Primary Menu</div>

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!

<i>Reports Menu</i>	
 Daily Reports	 Treatment Planning
 Monthly Reports	 Patient Search by Criteria
 Insurance Tracking	 Transaction Search
 Recall Individuals	 Laboratory Tracking
 Recall Family Style	 Estimated Charges Search
 Birthday Report	 Patient Recall Search
 Credit Balances	
 Management Reports	 Alpha List Insurance Carriers
 Management Graphs	 Alpha Employer Listing
 Ledger Summary	 Referral Listing
 Re-Activated Patients	 Primary Menu

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.

Daily Reports									
First Date for Report all zeros for Today		04	03	2013	Last Date for Report all zeros for Today		04	03	2013
Dentist Number or 00 for all		00	Provider Number or 00 for all		00				
<input checked="" type="checkbox"/> Audit Report									
<input checked="" type="checkbox"/> Eliminate Zero \$ Items			<input type="checkbox"/> Prompt Refer Doct #			<input type="checkbox"/> No Deleted Items			
<input type="checkbox"/> Bank Deposit									
<input checked="" type="checkbox"/> Bank Deposit Grouped by Type									
<input checked="" type="checkbox"/> DaySheet & Accts Rec									
<input type="checkbox"/> Schedule/Posting/EDR Cross Reference									
<input type="checkbox"/> Night Telephone Call Report									
<div>Options</div>									
<input type="checkbox"/> Click to Double Space Reports			8		76		<input checked="" type="radio"/> Portrait		
<input checked="" type="checkbox"/> Click to Sort Bank/Daysheet by Name			Print Out For Size		Lines Per Page		<input type="radio"/> Landscape		
Run Report		Save		Defaults		Clear		EXIT	

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.

Monthly Reports

Dentist Number or 0000
for all

Provider Number or 0000
for all

Collections

☒ Accounts Receivable

☒ Account Aging 30 60 90 Days→ Options

☐ Active Payment Plans

☐ Orthodontic Payment Plans→ Options

☐ Payment Plan Calculated Values

☐ Check for Duplicate Patient Names

Practice Analysis

0401201304302013

Start DateEnding Date

☒ Daily Totals Report

☒ Transaction Ledger Analysis

☒ Procedure Code Analysis→ Options

☒ Yearly Analysis→ Options

☒ Adjustment Detail

☐ Referral Analysis Doctors Totals Format #1

☐ Referral Analysis Patients Format #2

☐ Referral Analysis Doctors Yearly #3

☐ Referral Analysis Patients by Doctor #4

8Print OutFont Size76Lines PerPage

☒ Portrait☐ Landscape

Run

Clear

Defaults

Exit

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 Acct# 00002 ADAMS JOHN N

Tools Help Undo Clear

00002
Acct No

Lab Number		Date Sent Out	Date Promised	Date Returned	Try In Date	Date Finished	Amount \$
3	BETTER TEETH, INC.	04022013	04172013				

☒ Store Copy of Printed Lab Form in EDR Documents Folder

Save **Add New Entry Line** **Print Lab Slip** **Update Lab File** **Cancel** **Save/Exit**

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!

Click Button	Lab #	Patient Name	Acct #	Date Sent Out	Date Promised	Date Received
	<input type="checkbox"/>	003 ADAMS JOHN	00002	05032013	05162013	
	<input type="checkbox"/>	001 CHARLES RAY	00047	04252013	05022013	
	<input type="checkbox"/>	001 JOHNSON ANDREW	00141	05152013	05182013	
	<input type="checkbox"/>	003 KELLER HELEN	00148	04042013	05042013	
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

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.

JOHN J. DOE DDS 2013 HALG

Menu Help Undo Appts Find NextFile PrevFile FileNames Print Services Tools UnLock Utilities Windows Refresh

New Acct Save Print Find Prev Next Src Now Week Calen 1 Wk Mul Gen Led Post EDR Rpts Sel Exit

\$2980 Monday Apr 8, 2013 3:15 PM

	DR. DOE	DR. DOE	MARY	SALLY	
8:00AM					8:00AM
:15					:15
:30	BUSH BARBARA {36}			BROWN CHARLIE {28}	:30
:45	[17]RESTORATION			[3]CHILD RECARE	:45
9:00AM		OBAMA BARACK {190}	JACKSON ANDRE{132}		9:00AM
:15		[7]DENTURE IMPRESS	[1]ADULT RECARE		:15
:30	CARTER LILLIAN{45}				:30
:45	[5]CROWN PREP			GRAHAM BELL A{113}	:45
10:00AM	GARFIELD JAME{104}		ROONEY MICKEY{222}	[1]ADULT RECARE	10:00AM
:15	[8]DENTURE TRY IN		[3]CHILD RECARE		:15
:30	PIG GUINEA {203}	BEAR YOGI {18}			:30
:45	[10]NEW PAT EX & C	[13]ORTHO CONSULTA			:45
11:00AM				CHARLES RAY {47}	11:00AM
:15		JONES MARTHA {279}		[3]CHILD RECARE	:15
:30		[11]NEW PATIENT EX	ROOSEVELT THE{224}		:30
:45	MCDUCK SCROOG{174}		[1]ADULT RECARE		:45
12:00	[2]AMALGAM				12:00
:15					:15
:30					:30
:45					:45
1:00PM					1:00PM
:15					:15
:30	CARROL LEWIS {43}	DOODLE YANKEE {77}	JOHNSON ANDRE{141}		:30
:45	[4]COMP-FILLING		[1]ADULT RECARE		:45
2:00PM		CAESAR AUGUSTU{39}			2:00PM
:15	DAVIS BETTY {65}	[13]ORTHO CONSULTA			:15
:30	[16]PERIO CLEAN 4		GRIFFITH ANDY{117}		:30
:45			[1]ADULT RECARE		:45
3:00PM					3:00PM
:15		JETSON GEORGE{139}			:15
:30	FLINTSTONE FRE{93}	[5]CROWN PREP			:30
:45	[18]ROOT CANAL				:45
4:00PM			HARDING WARRE{119}		4:00PM
:15			[1]ADULT RECARE		:15
:30					:30
:45	DUCK DAFFY {78}				:45
5:00PM	[17]RESTORATION		JEFFERSON JR {136}		5:00PM
:15			[1]ADULT RECARE		:15

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**"!

Patient Recall Search

Find Patients that

- ☐ 1) have been seen in the last Months
- ☐ 2) have NOT been seen recently, within Months
- ☐ 3) are NOT Marked as Collections or Special
- ☐ 4) are NOT Marked as Cash Only
- ☐ 5) are NOT marked "NO-BILL"
- ☐ 6) do NOT have any Future Appointments scheduled before:
- ☐ 7) have a Treatment Plan
- ☐ 8) are marked as Active
- ☐ 9) have an Insurance Carrier
- ☐ 10) Account Balance is Dollars or Less
- ☐ 11) Skip Patients that have YTD Insurance Payments over
- ☐ 12) General screen Recall Sent Date is Blank or older than: Months
- ☐ 13) are in the Age Range of: <-->

Based on Insurance Payment Profile

- ☐ 14) Deductible has been met for the year
- ☐ 15) have Not reached Annual Max Benefit
- ☐ 16) use Default Good Ins Profile for Patient's without Ins Profile Numbers

Only Select Patient if User Flag Matches

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

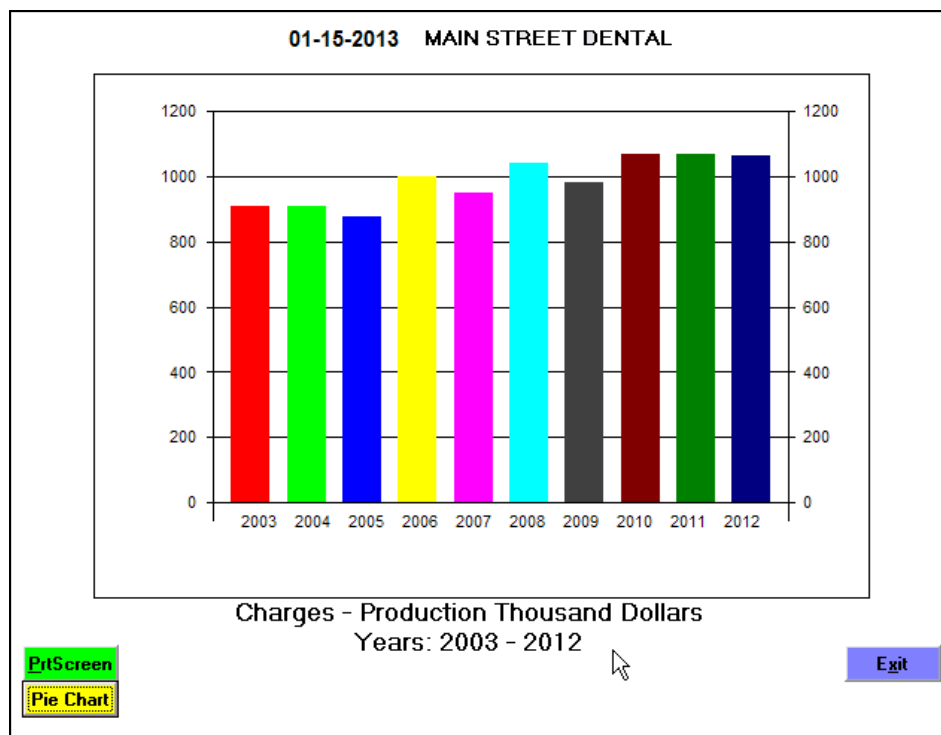
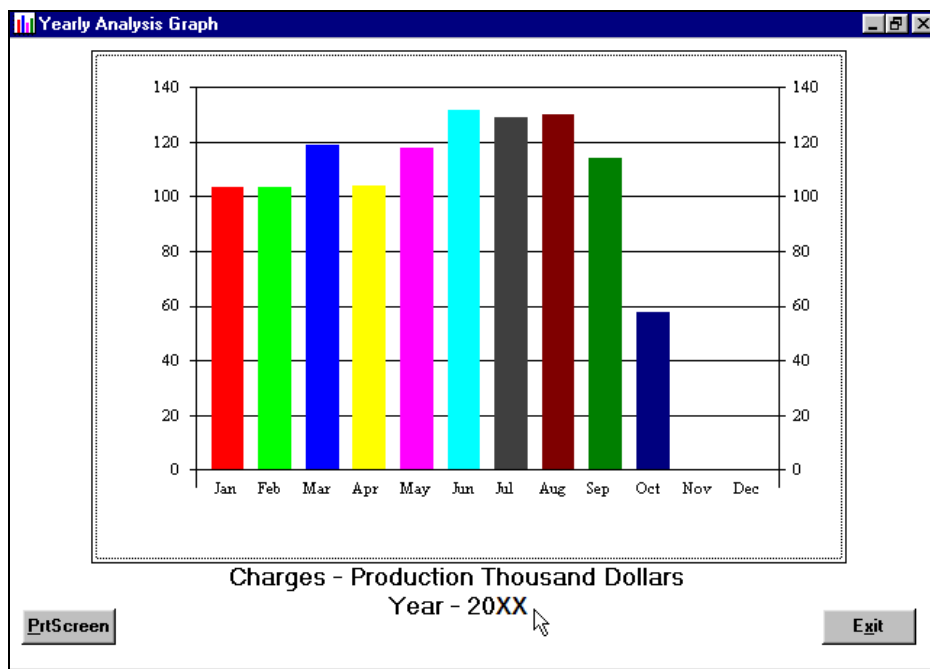
Skip Patient if User Flags Matches

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Run **After to you run this report the Account Number Work File will be created on this computer with the matching Accounts.** **Exit**

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										10:07 AM
Audit Transaction List 02/04/2013-02/04/2013 Dentist-01										
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	01 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	01 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	01 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

Monday Apr 08, 2013

Day Sheet Report 02/04/2013-02/04/2013 Dentist-01

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

Page 1

10:07 AM

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							10:07 AM		
Bank Deposit Listing 02/04/2013-02/04/2013 Dentist-01									
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			10:13 AM
Accounts Receivable Report 04-08-2013			
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 Monday Apr 08, 2013		Account Aging 04-08-2013							Page 1 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							10:14 AM	
Daily Totals Report 02/01/2013-02/28/2013								
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
Monday Apr 08, 2013
Dentist Provider

Transaction Analysis Report 02/01/2013-02/28/2013

Page 1
10:15 AM

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
Monday Apr 08, 2013
Dentist Provider

Transaction Analysis Report 02/01/2013-02/28/2013

Page 2
10:15 AM

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
Monday Apr 08, 2013

Procedure Analysis 02/01/2013-02/28/2013

Page 1
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.

Adjustment Details Report

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

MAIN STREET DENTAL Monday Apr 08, 2013							Page 1 10:17 AM	
ADJUSTMENT Detail List 02/01/2013-02/28/2013								
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	02262013	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) <input checked="" type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Preauthorization <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Medical? <input type="checkbox"/> (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) 7. Gender 8. Policyholder/Subscriber ID (SSN or ID#) 09231970 <input type="checkbox"/> M <input type="checkbox"/> F PPPPPPPPSSSSSSSS																																																																																																																								
9. Plan/Group Number 10. Patient's Relationship to Person named in #5 GGGGGGSSSSSS <input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> 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) 14. Gender 15. Policyholder/Subscriber ID (SSN or ID#) 11181989 <input checked="" type="checkbox"/> M <input type="checkbox"/> F 12340893753C																																																																																																																								
16. Plan/Group Number 17. Employer Name 734987A0398Q ABC COMPANY																																																																																																																								
PATIENT INFORMATION																																																																																																																								
18. Relationship to Policyholder/Subscriber in #12 Above <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> 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) 22. Gender 23. Patient ID/Account # (Assigned by Dentist) 11181989 <input checked="" type="checkbox"/> M <input type="checkbox"/> F 2																																																																																																																								
RECORD OF SERVICES PROVIDED																																																																																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>24. Procedure Date (MM/DD/CCYY)</th> <th>25. Area of Oral Cavity</th> <th>26. Tooth System</th> <th>27. Tooth Number(s) or Letter(s)</th> <th>28. Tooth Surface</th> <th>29. Procedure Code</th> <th>29a. Diag. Pointer</th> <th>29b. City</th> <th>30. Description</th> <th>31. Fee</th> </tr> </thead> <tbody> <tr> <td>1 11012016</td> <td></td> <td>JP</td> <td>31</td> <td>MOD</td> <td>D2160</td> <td></td> <td>01</td> <td>Amalgam 3 Surfa</td> <td>10100</td> </tr> <tr> <td>2 11012016</td> <td></td> <td></td> <td>NA</td> <td>NA</td> <td>D0274</td> <td></td> <td>01</td> <td>4 B.w. X-rays</td> <td>5000</td> </tr> <tr> <td>3 11012016</td> <td></td> <td></td> <td>NA</td> <td>NA</td> <td>D1110</td> <td></td> <td>01</td> <td>Adult Prophylax</td> <td>5200</td> </tr> <tr> <td>4 11012016</td> <td></td> <td></td> <td>NA</td> <td>NA</td> <td>D0150</td> <td></td> <td>01</td> <td>Comprehensive O</td> <td>4500</td> </tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>											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. City	30. Description	31. Fee	1 11012016		JP	31	MOD	D2160		01	Amalgam 3 Surfa	10100	2 11012016			NA	NA	D0274		01	4 B.w. X-rays	5000	3 11012016			NA	NA	D1110		01	Adult Prophylax	5200	4 11012016			NA	NA	D0150		01	Comprehensive O	4500	5										6										7										8										9										10									
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. City	30. Description	31. Fee																																																																																																															
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33. Missing Teeth Information (Place an "X" on each missing tooth.)																																																																																																																								
34. Diagnosis Code List Qualifier (ICD-9 = B; ICD-10 = AB)																																																																																																																								
34a. Diagnosis Code(s) A C																																																																																																																								
34b. Primary diagnosis in "A" B D																																																																																																																								
35. Remark: EXCESSIVE BLEEDING EXCESSIVE BLEEDING																																																																																																																								
36. Remark: HAIR LINE FRACTURES																																																																																																																								
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 04231998 Patient/Guardian Signature Date																																																																																																																								
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 04231998 Subscriber Signature Date																																																																																																																								
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 50. License Number 51. SSN or TIN NPI19384938 11111111 988897383																																																																																																																								
52. Phone Number 52a. Additional Provider ID 816535-3057																																																																																																																								
ANCILLARY CLAIM/TREATMENT INFORMATION																																																																																																																								
38. Place of Treatment 11 (e.g. 11=office; 22=O/P Hospital) 39. Enclosures (Y or N) (Use "Place of Service Codes for Professional Claims") <input type="checkbox"/>																																																																																																																								
40. Is Treatment for Orthodontics? 41. Date Appliance Placed (MM/DD/CCYY) <input checked="" type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42) 03031998																																																																																																																								
42. Months of Treatment Remaining 43. Replacement of Prosthesis 44. Date of Prior Placement (MM/DD/CCYY) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44) 01011998																																																																																																																								
45. Treatment Resulting from <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident																																																																																																																								
46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State																																																																																																																								
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 11012016 Signed (Treating Dentist) Date																																																																																																																								
54. NPI 55. License Number NPI111111 11111111																																																																																																																								
56. Address, City, State, Zip Code 56a. Provider Specialty Code 2908 Grand Ave Kansas City MO 64108																																																																																																																								
57. Phone Number 58. Additional Provider ID 816535-3057																																																																																																																								

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

TYLER EMERSON
5864 Fourth St
St. Francisville, MO 63430

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

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

EasyDent Buyer's Guide

MAIN STREET DENTAL		- Work Ticket -		Monday, Apr 8, 2013																									
Account No. 13		Patient Name HOWARD H PACHECO		BirthDate 06011951																									
Resp Num.		Resp Party Name		Age 61																									
Recall: Last 10082012		Recall Interval 06		Balance 0.00																									
Next 04 2013		Last FMS Pre Med		Family Balance 0.00																									
		Referred Comment		Dentist Num 01																									
Serial No.		Time		Next Appointment Time																									
04082013-1		14:24																											
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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
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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
Bellevue, 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.