

Diamond Dental Software Manual



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Chapter

1

1: Installation

Congratulations on your acquisition of Diamond Dental Software. Diamond Dental Software is a full featured dental office management program written for Microsoft Windows. Since 1985 Diamond Dental Software has been among the most popular dental office software packages on the market. Diamond Dental Software is the software component of your computer system. Following is a list of the necessary additional items to make the system functional:

- MS Windows computer with at least 4 gigabytes (or more) of RAM. More is better
- Windows XP (Service Pack 3 or higher), Vista, Windows 7, Windows 8, 8.1, Windows 10, 11, Windows Server 2003, 2008, 2012, 2016 (not 2019) Windows 32 bit and 64 bit are both OK
- Microsoft .Net Framework 4 or higher
- 2 gigabytes of free hard disk space. The exact amount will depend on the size of your office
- Windows compatible printer, preferably a laser printer or inkjet printer.
- USB port memory sticks or USB external hard drives for backup are suggested

Note

Your monitor must be set to at 1024 x 768 resolution or higher. It usually will be higher, but resolutions beyond 1920 x 1080 can be problematic. The specific monitor you have will be the determiner of its optimal resolution. But it cannot be less than 1024 x 768.

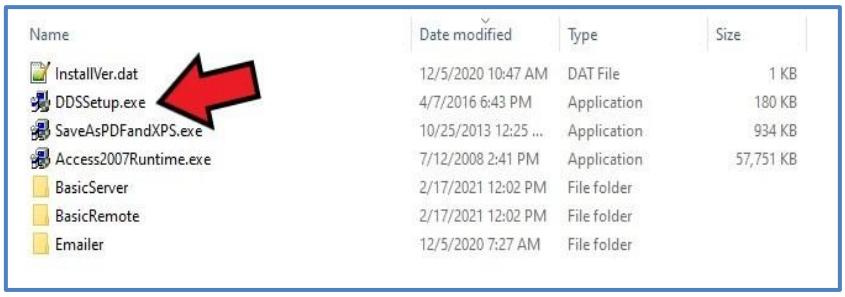
Magnification

Different versions of Windows have the ability to magnify the size of items on your screen. This option will make items smaller or larger. Or it may appear as a percentage with 100% being smaller and you have the option to magnify to 125%, 150%, or more. We recommend

leaving it at 100% but if you magnify and do not see any untoward results, then you can keep that setting if you prefer.

Installing the Program

Insert the Diamond Dental Flash Drive into a USB port of your computer. *If you are on a network, your Main computer will be loaded first*. On most computers when you insert a flash drive into a USB port a window will appear showing the contents of the flash drive. The contents of Diamond's flash drive will appear as seen here:



If the window does not automatically pop up, go to File Explorer and open the flash drive to see its contents.

Double click on **DDSSetup** to open the installation menu. The Diamond Dental Flash Drive is a "Network Ready" version. If you are installing it on a network with multiple computers there are two distinct setups. You will be asked to select the "Main" or "Remote" computer (the Main is also known as the "Server' and it is loaded first). The Main computer is the computer that will store the data.

THE MAIN COMPUTER IS ALWAYS INSTALLED FIRST. DO NOT INSTALL ANY REMOTE COMPUTERS UNTIL THE MAIN IS INSTALLED AND THE "AFTER UPDATE OPERATION" IS PERFORMED.

Once you click "Main" the installation will begin. Follow all the screen prompts to install the Diamond Dental program. There are a few sections to the installation and they might say "Installation Complete", but that only refers to that section. Keep following the screen prompts until the installation itself takes you out of the installation program.

The default destination for the program is the *Diamond Dental Software* folder inside your computer's *Program Files (x86)* folder. If you have 32 bit Windows it will just be called "Program Files." So the path to your program will be C:\Program Files\Diamond Dental Software. If you are using 64 bit Windows on drive C the path to your program will be C:\Program Files (x86)\Diamond Dental Software. *These paths are not optional. The program must be loaded into these designated folders.*

A sheet of complete installation instructions for your particular version of Diamond Dental Software is included with your Diamond flash drive. Follow these directions to install your program. If you have a network you will always install the Main computer first. The "Main" computer is the computer that stores the data. **The main computer should be installed and up and going before installing any Remote workstations**. For directions on installing remote computers see Appendix E – Network Supplement.

Starting Diamond Dental Software

The installation program will place the Diamond Dental Software icon on your computer's desktop. This icon is of a tooth (lower molar). Use this icon to start the Diamond Dental program.

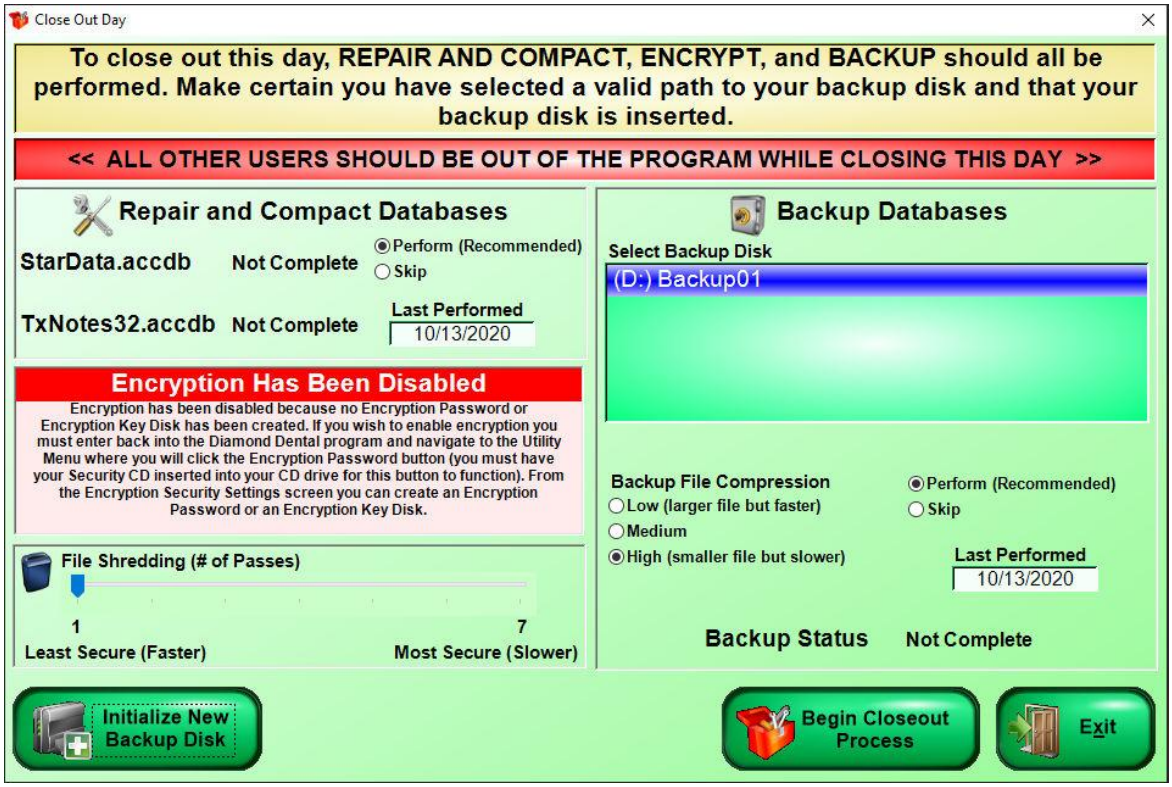


Chapter

1a

1a: Closeout Day – Maintenance and Backup

There is a button on the Main Menu captioned *Closeout Day* which opens the screen seen below. With one click you will perform database maintenance and backup. The optional operation of database encryption can also be performed at this time and that topic will be discussed in the next chapter.



These actions (database maintenance, backup, and optionally encryption) happen in one simple operation. Closeout Day can be performed at any time; however, it is customary to perform this operation at the end of the working day. “Closeout Day” is just a term we use for performing maintenance and backup because it is usually run at the end of the day, after all the day’s work has been completed. However, the day has not been locked or closed in any

way. There is nothing to stop you from running the Closeout Day routine and then re-opening the program into the same day and continue working.

Note

Starting with Diamond Dental version 5.4 a new Encryption and Backup system has been implemented. Backup memory sticks initialized in previous versions will not work in version 5.4 and later. This is also true for Encrypted memory sticks. These memory sticks or external hard drives must be created and initialized using the functions included in version 5.4 or later.

Database Maintenance – Repair and Compact

The program uses two databases to store its data, Stardata.accdb and TxNotes32.accdb. TxNotes32.accdb stores treatment notes if you use the Treatment Notes module. Everything else (except for images) is stored in the Stardata.accdb database. Backing up images will be discussed shortly. These are Microsoft Access 2007 databases and they do need maintenance. This repairing and compacting should be run daily.

Note

Implementing the Closeout Day operation will close the Diamond Dental program. It is suggested that Closeout Day be performed on the computer that stores the data (the Main computer or Server), because it will run fastest on this machine. If you are on a network, *all other users should also be out of their Diamond Dental programs* before performing the operation. Be aware that selecting "Log Off" from the Main Menu is NOT sufficient. All other users must Exit Diamond Dental.

Backing Up Your Data (excluding images)

The two files that hold all Diamond Dental Software information are named Stardata.accdb and TxNotes32.accdb. These files reside in the *Diamond Dental Software* folder. The full path to this folder is *C:\Program Files (x86)\Diamond Dental Software*. The full path for 32 bit Windows computers is *C:\Program Files\Diamond Dental Software*. The databases only reside on the server computer. Network workstations have no data stored on them. All computers, server and workstations, all use and share the same databases that are only stored on the server computer.

It is suggested that you do not keep all your only backups in the office. Due to fire or theft you could lose all your data. Take a backup home with you daily or at least weekly. Installing the program on a home computer and restoring your backups to that computer daily or

weekly is also a good idea. This gives you another copy of your data. You also have the program at home for your reference in case you receive emergency calls. You also verify that your backups are working.

Backing Up Images

Image files form Diamond Dental's Imaging module are saved as free standing files and are stored in a folder named "*Images*" inside the *Diamond Dental Software* folder (of the server computer). The *Images* folder is a sub folder of the *Diamond Dental Software* folder. The actual image files are stored in a sub folder of the Images folder that is named after the account number of the patient. For example, the images for a patient whose account number is 1234 are stored in the *Diamond Dental Software\Images\1234* folder. All the images for the members of that account are stored in that folder.

As mentioned earlier, the Images (inside the Images folder) are not backed up using Diamond Dental's backup program. Images will need to be backed up by other means. We suggest an online backup program, such as Carbonite, or one of the other many online backup programs. If you are going to use an online backup make sure it is HIPAA compliant. Carbonite has a HIPAA compliant version and so do many others. It is also a good idea to include Stardata.accdb and TxNotes32.accdb, and the entire Images folder (including all its subfolders) in your setup for the online backup program. Alternatively you may copy the entire Images folder to an external drive for backup.

Note

If you have an alternative backup method this will NOT take the place of performing the Closeout Day operation described in this chapter. The more backups the better, but run the maintenance and backup routine provided by the Closeout Day module each day.

Use Backup Media Compatible with Diamond Dental's Backup Program

Diamond Dental Software has a built-in backup program that makes backing up your data quick and easy. However, you must use compatible media.



USB Memory Stick: Our first choice for media would be a USB "Memory Stick." An 8 **gigabyte memory stick or larger is suggested**. These are small devices that plug into the USB port of your computer and create a separate drive to which data can be copied. We suggest you have at least two or three memory sticks that you rotate through. These go by various names depending on the manufacturer such as "JumpDrive" "PocketDrive," "PenDrive," "ThumbDrive," "TravelDrive," etc. We use the name "Memory Stick".

External USB Hard Drive: These portable hard drives are fine for running Closeout Day and they can store many many many Diamond backups. Again we suggest not having just one. Have at least two or three that you dedicate for Diamond Dental Backup and rotate

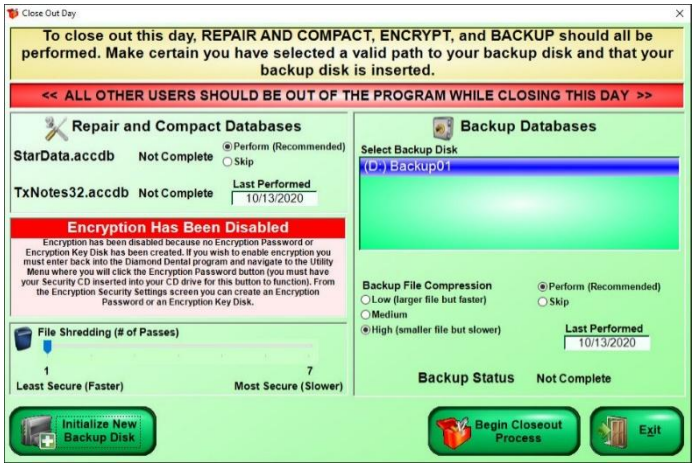
through them. You can also use a mix of memory sticks and external hard drives. We have had more than one external hard drive die on us, so keep that in mind. External hard drives hold a huge amount of data. You will most likely retire before you fill these drives up with Diamond Dental's backup files.

Running the Closeout Day

After you have finished posting for the day you should run the Closeout Day operation. It is suggested (but not required) that the Closeout Day be run from the server computer. Make sure all other users have exited Diamond Dental. From the Main Menu click the *Closeout Day* button.

Events After Clicking Closeout Day

After you click the *Closeout Day* button from the Main Menu Close Out Day screen will open.



If you have set up encryption: Notice that the Closeout Day screen seen here display "Encryption Has Been Disabled". This message is actually hiding the Encryption section. If you have setup Encryption then that message will not be seen and the Encryption section will be visible. It will appear similar to the "Repair and Compact Databases" section seen above it.

If you have NOT set up encryption: The Encryption section will be skipped and the Close Out Day screen will appear as seen here.

NOTE

If this is your first time running Closeout Day you will not as yet have any backup disks initialized. Initializing backup disks will be discussed shortly.

You will then be taken to the Closeout Day screen

With an initialized memory stick inserted and displaying in the disk window (as shown), you simply click Begin Close Out and the process proceeds. A pop-up will then appear informing you that the Closeout Day operation is complete.

What is Closeout Day

A button with this caption is seen in the upper right corner of the Closeout Day screen. It explains what happens during Closeout Day. Here is the text of that explanation:

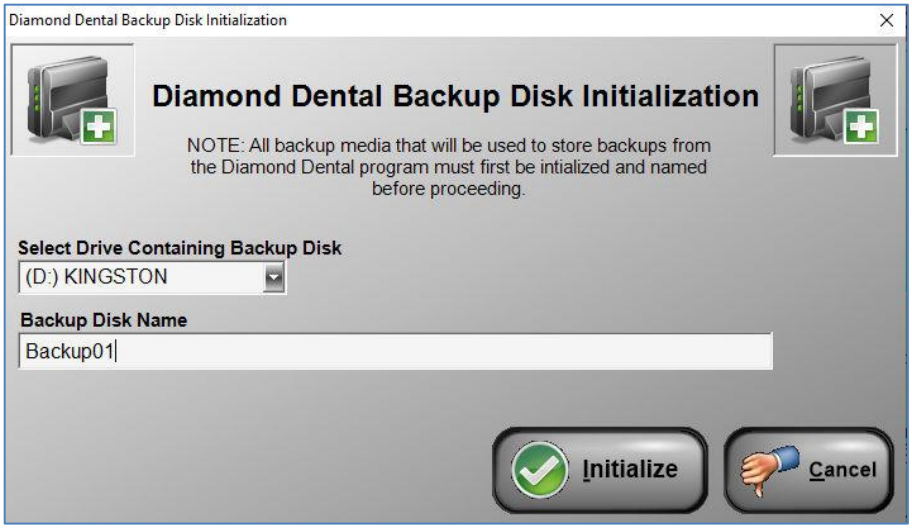
The Closeout Day Operation Will Perform the Following Actions:

- First, this operation will create an encrypted copy of your database and store the last seven of these on your hard drive. Only Diamond Dental will have the ability to decrypt these copies if any of them are needed. This is essentially a backup to your backup.
- Then it will repair and compact your working database. If you have created USB Encryption Memory sticks (AKA thumb drives) the database at this point will also be encrypted.
- NOTE: If you do encryption be aware that only you, using your Encryption Memory stick or you password (if you choose encryption by password), can decrypt your working database. Therefore you should make duplicates of your Encryption Memory stick and keep them in a safe place. Diamond Dental (or anyone else) will NOT be able decrypt your working database. We also suggest you have a copy of Diamond Dental loaded on a home computer and from time to time restore your backup to that computer. That will verify that your Encryption Memory stick is working and also give you an extra copy of your data. The more backups the better.
- Finally your working database will be copied to your initialized backup memory stick or external hard drive. This is your backup. If you used encryption then your backup will also be encrypted. A backup disk can store many backups.

NOTE: If you store images in the program, these are NOT backed up using the Closeout Day operation. An alternate online backup is best used to backup images.

Initializing Drives for Backup before Use

Backup drives can be USB memory sticks or USB external hard drives. They must first be initialized before they can be used for backup.



On the *Closeout Day* screen click the *Initialize New Backup Disk* button. Insert an empty memory stick or external hard drive that you wish to use for backup. You will need to know the drive letter of the memory stick. It will usually pop up a window indicating in the title bar of the window the drive letter of the memory stick. If not, open up *File Explorer* in windows and pick "Computer" or "This PC" and you will see all the drives and their drive letters. Open up the drop down list labeled *Select Drive Containing Backup Disk* and select the proper drive. Then give the backup disk a name. Any name will do. Finally, click the *Initialize* button. This screen will close and you will be brought back to the *Close Out Day* screen and you will notice the memory stick now appear in the window labeled *Select Backup Disk*.

Note

We suggest you have at least two or three backup disks that you rotate through. Always have at least one that is kept off site in case of fire or theft. *We strongly advise against putting all your backups on just one backup disk*.

Chapter

1b

1b: Encryption

Encryption is an optional operation that takes place during the Closeout Day process discussed in the previous chapter. Encryption will leave your database in an unreadable, encrypted state after the Closeout Day process has been performed. The next day you will unencrypt your data before the program opens. This chapter will discuss the Encryption process.

Encryption

During the Closeout Day procedure, the database used in Diamond Dental can be encrypted with a 256 bit Advanced Encryption Standard (AES) encryption algorithm. With this advanced encryption technology, even if an identity thief manages to get a copy of your database, the information inside the database remains protected and inaccessible. This same encryption technology will also protect your backup disks that you make with Diamond Dental's Closeout Day operation.

Note

Once your database is encrypted only your Encryption Password or your Encryption Key that you will learn how to create in this chapter can unencrypt it. No one, including Diamond Dental will be able to unencrypt your data. Therefore, keep a copy of your Password or your Encryption Key in a safe place and if it is the Encryption Key, make duplicates of this memory stick. Diamond Dental can help you with this is you need it.

The Encryption CD



If you choose to use encryption you will need to request an Encryption CD from Diamond Dental. This will be customized for your office only. The Encryption CD is not used on a daily basis for encryption. Its only purpose is to give you access to the screen where you can create either an Encryption Password (that you will memorize), or an Encryption Key (on a memory stick). You will create one or the other. The password or memory stick will be used on a daily basis as a means of decrypting your database and allowing you into Diamond

Dental. Therefore the Encryption CD is used only one time. Again that one time use is to allow access to the screen where you can create your Encryption Password or your Encryption Key.

We want that to be clear because some Diamond users have mistakenly been under the impression that the Encryption CD itself was used to encrypt or decrypt the program but that is not the case. It is used one time, but do not discard it. Keep it in a safe place, because if you ever want to disable encryption, or if you want to change your Encryption Password or make a new Encryption Key, you will need it to once again access the screen where those tasks can be accomplished.

Creating an Encryption Password or Encryption Key

In order to create either an Encryption Password or an Encryption Key you will first need to insert the *Encryption CD* that you requested from Diamond Dental into your CD drive. Then, starting at the Diamond Dental Main Menu, click *Utilities*. From the *Utility Menu* click *Special Utilities*. From the *Special Utilities Menu* you will see a button labeled *Encryption Password*. Click the *Encryption Password* button. This button only works if your *Encryption CD* is inserted in the CD Drive. You will then be taken to this screen:

Use Password: Notice under *Security Method* that *Use Password* is selected. The other choice, *Use Encryption Key Disk* will change the screen and it will be discussed next.



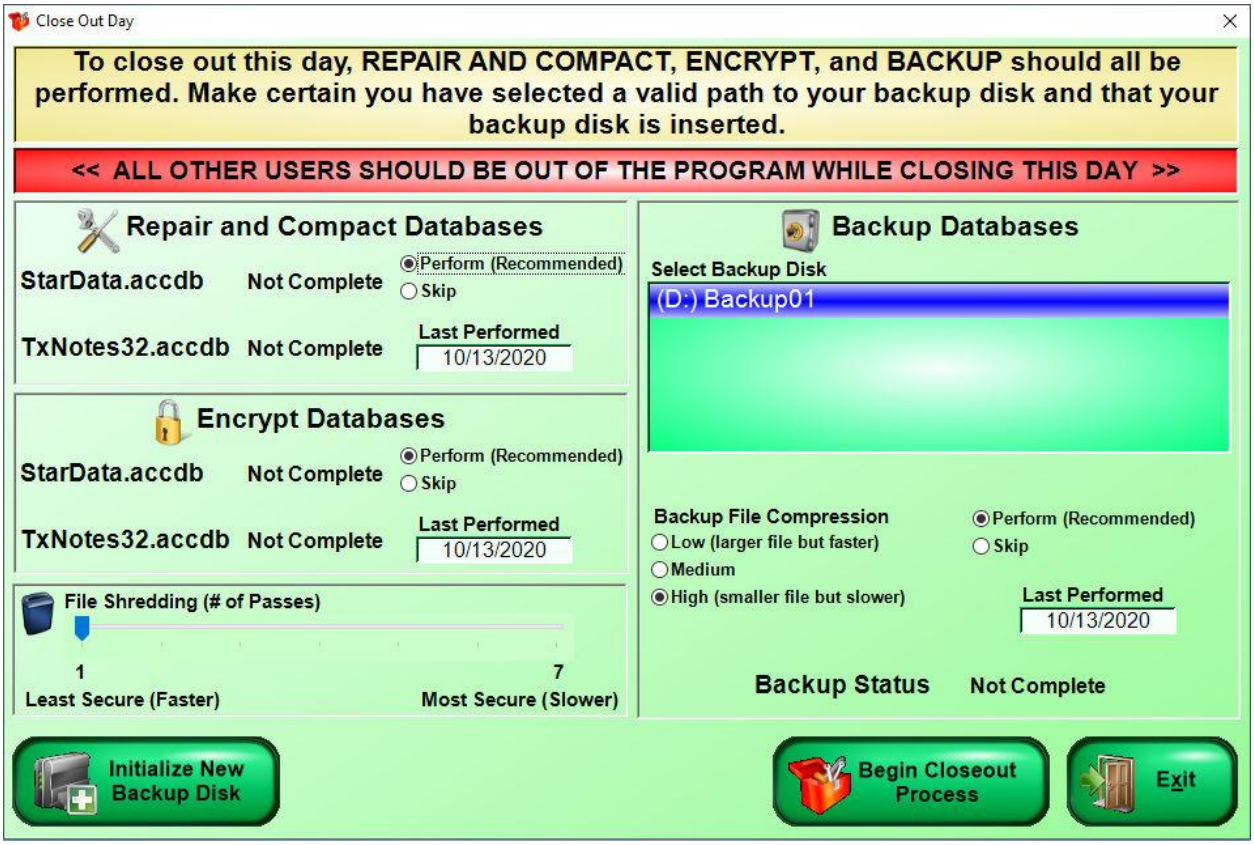
Using this screen you will simply enter the password you want to use for encryption and enter it again to confirm your typing. To finish you will click the *Create Password* button.

Use Encryption Key Disk: If you prefer to use a memory stick instead of remembering a password you will select *Use Encryption Key Disk*. You will insert the memory stick into a USB port. When you insert a memory stick, the computer will assign it a drive letter. You will select that drive letter from the drop down list provided and then to finish, click the *Create Encryption Key* button.



The Encryption / Decryption Process

Once you have created either the Encryption Password or the Encryption Key you will notice that the Close Out Day screen has changed.



Notice the *Encrypt Databases* section is no longer hidden. This is the result of creating an Encryption Password or Key (discussed above).

NOTE

You do not need to insert your *Encryption Key* or your *Encryption CD* before running the Close Out Day operation. Your Encryption Key or Encryption Password will be used when you need to reopen Diamond Dental after Close Out Day has been performed. You Encryption CD should have been put away and will only be used again if you want to change your password or make a different Encryption Key.

To reiterate the note above, when you run Close Out Day, encryption will happen automatically as a result of your creation of the Encryption Password or the Encryption Key. These will not be used during Close Out Day. You database will be encrypted as well as backup you make to memory sticks or external hard drives.

When you try to get into the program after running Close Out Day, you will be prompted to either enter your Encryption Password or your Encryption Key. Without doing this successfully, you will not be allowed access into Diamond Dental. And of course, that is the point of encrypting your data.

Once decryption has been performed, the database is open and available. If additional users open the program from other computers they will be allowed access. Decryption is just performed once and the program will be available to everybody. However, when the Close Out Day is performed again, the database will be encrypted again until somebody decrypts it.

Chapter

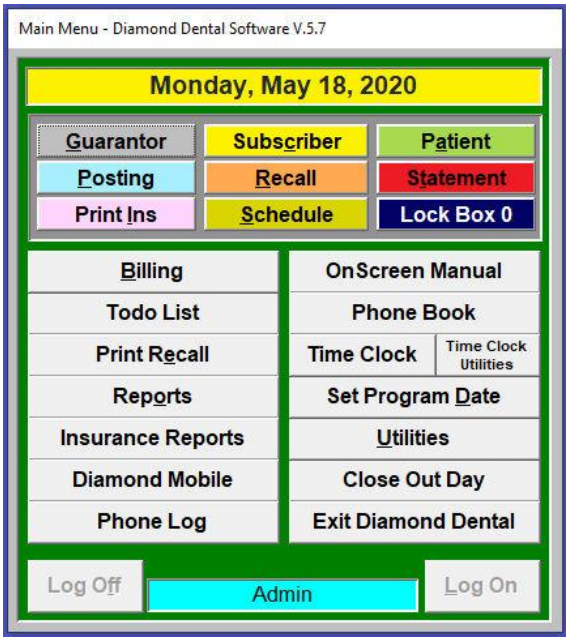
2

2: Introduction and Setup

Before performing the procedures discussed in this chapter, you should have already completed the installation of the program. You are now ready to begin preparing your Diamond Dental Software System for actual use. Diamond Dental Software is activated via its icon which pictures a lower molar. This will be located on your Windows desktop. The Diamond Dental Software Main Menu appears. If the date on the Main Menu is different than the computer date, you will be warned of this fact.

Main Menu

On entering Diamond Dental Software, the first screen to display is the Main Menu (seen right). The Main Menu stays active throughout the entire session while you are operating the program. The Main Menu can be thought of as a centralized switchboard through which all other areas of the program are accessed. For a discussion on the Log On and Log Off buttons see Chapter 22 on Password Protection.



Setting the Data Path and Attaching Tables

If you have loaded the program into drive C, then the Data Path is already set and the data tables will attach automatically. If you selected a drive other than C, then when the Main Menu first appears you will be warned that the Data Tables Are Not Attached. You must first set your data path and attach the data tables before proceeding. To do this, click on the *Data Path* button on the Main Menu. The Data Path screen will appear

On this screen you are asked to enter a letter from C to Z. Enter the drive letter that was used to install the program. After you have designated the program drive letter, click the *Attach Tables* button. Attaching tables creates the actual link between the Diamond Dental Software program (Star.accdb) and the data (Stardata.accdb). After the tables are attached you may close the Data Path screen. The Main Menu will now display a factory set date that will not be the correct date. Setting the proper date will now be discussed.

Setting the Program Date

At the top of the Main Menu the *Current Posting Date* is displayed. This is the date that will automatically come up when posting procedures (Note: When in the posting screen you will be able to override this default date if desired). The Current Posting Date will also be used for all reports and date calculations (such as account delinquency). To set a new Current Posting Date click on the *Set Program Date* button on the Main Menu. A screen will display for this date entry. Any date may be entered, even if it was a day that was already entered.

Note

Upon entering the program you will be presented with a screen allowing you to initially set the Main Menu's Posting Date. You may pick *Use Today's Date* or *Use Previous Date*. Today's Date is the current calendar date and the Previous Date is the date that was on the Main Menu that last time the program was used. This warning screen can be disabled through User Defaults.

Diamond Dental's All-In-One Form (accessed from the top section of the Main Menu)

Starting with Diamond Dental Version 3.3, the program has gone to a single form format. With this format the most heavily used parts of the program have been incorporated into one single form with eight colored tabs. These tabs are

- Guarantor
- Subscriber
- Patient
- Posting
- Recall
- Statement
- Print Insurance
- Schedule

When starting at the Main Menu you can directly access these tabs from the colored buttons seen in the top section of the Main Menu. These buttons correspond to the tabs of the All-In-One form with the exception of "Lock Box" which will be discussed later.

On the Main Menu, the first seven buttons (*Guarantor, Subscriber, Patient, Posting, Recall, Statement*, and *Print Insurance*) will all bring up the Patient Search screen for you to select a patient. These first seven tabs of the All-In-One form will all relate to the patient and that patient's account. The different tabs essentially display everything about the account and you are free to flip back and forth among the tabs to accomplish whatever you need to accomplish concerning that account. The *Schedule* tab is a little different in that it does not necessarily relate to the currently accessed account. However, since the appointment scheduler is so frequently accessed we included it as part of the All-In-One form.

Billing

Click on the *Billing* button to access the Billing Parameters screen. From here, single or multiple billing statements are generated. Several billing options are available including automatic message printing.

ToDo List

See Chapter 28 for a full discussion on the ToDo List.

Database Maintenance

Database maintenance should be performed daily.

Time Clock

The Time Clock program will track of employee hours and calculate wages.

Print Recall

Click on the *Print Recall* button to bring up the Recall Printing Parameters screen. Diamond Dental Software generates recall reminders in four ways: Postcards, Mailing Labels, Recall Phone Report, and a word processing merge file that communicates with Microsoft Word.

Reports

Click on the *Reports* button to access the Reports Menu. Numerous reports are available in the Reports Menu covering all aspects of dental management. Most reports have many sorting and filtering options. Any report can be printed to hard copy or displayed on the monitor.

Utilities

Click on *Utilities* to bring up the Utility Menu. Through the Utility Menu you will access several program management screens. Several tables used by the program can be modified via the Utility Menu. Among these are the Procedure table, Patient Type table, doctor and office information, referral sources, and many more.

Backup

See Chapter 1 for a full discussion on backing up your data.

System Files

Several files that are created and customized by you are needed for the operation of the program. You may access the systems files via the *System Files* button on the Utility Menu. These files will now be discussed.

Patient Type

Each patient, as he or she is entered into the system, is given a label, which we will call his or her Patient Type. You may enter any number of Patient Type labels. Here are some examples:

- Private
- Insurance
- Dual Coverage
- Welfare
- Pre-Paid
- Teamsters
- Retail Clerks
- Blue Cross

You may enter anything you want. These labels are used on many screen displays and reports and are only a reference for you. They do not affect program operation. The Patient Type labels are used in several reports as a valuable limiting factor. For example, if you have a Patient Type called "Retail Clerks," you may single out just the Retail Clerks patients for the report processing.

Note

Patient Types are just labels for your convenience. For example, a Patient Type of Insurance does not cause the program to recognize a patient as having insurance. That is determined elsewhere. Every patient must have a selected Patient Type or the program will not function properly. The "Not Applicable" item is not considered a valid Patient Type.

Adding Patient Types

To access the Patient Type Entry screen, click on Utilities, then System Files, then Patient Type Entry. The Patient Type Entry screen is similar to most of the file entry screens in Diamond Dental Software. The first record is reserved and is called ".Not Applicable". This is just a place holder that is used by the program and is not a Patient Type. To add a new Patient Type, click the *New* button. You will be asked if you want to add another patient type, and click Yes. The screen will clear and the cursor will be blinking in the Patient Type field. Enter in your Patient Type and press the Tab key to skip to the next field. You will now be in the Abbreviation field. Enter in an up to a four character abbreviation. For example, for Private use PRIV. For Insurance use INS, for Blue Cross use BC, etc.

At this point, with the screen fully entered, you may exit by clicking the Exit button. When you exit the screen you entry is saved. There is no special Record button. However, if you have more Patient Type entries press the New key again and add as many more Patient Type entries as you like. When you are finally finished, click the Exit button to close the screen.

Adjustment Messages

When making an adjustment to an account balance, the adjustment is given a label to let you know why the adjustment was made. The program comes with two adjustment messages already entered. These are "Charge Adjustment" and "Payment Adjustment." You may enter as many additional Adjustment Messages as you need. Below are some examples:

Message	Affect Charge/Pymt
Discount	(charge)
Patient Refund	(payment)
Adjust For Bad Debt	(charge)
Welfare Adjustment	(charge)
Adjust For Returned Check	(payment)
Senior Citizen Discount	(charge)
Payment Posting Error	(payment)
Charge Posting Error	(charge)

These messages are for reference and have no mathematical effect on the account balance; however, each message should be specific for either charges or payments. Do not use one single message for both charges and payments. When creating your adjustment messages you will be asked to indicate if the particular adjustment will affect charges or payments.

The designation of Charge or Payment for an adjustment has no impact on how that adjustment will affect a particular account balance. The effect on an individual account balance is solely determined by the amount of the adjustment. For example, a $10 adjustment will increase the balance by $10. A $-10 (negative) adjustment will decrease the balance by $10. This is true regardless of the message you have given the adjustment and is also true whether the message is a Charge message or a Payment message.

Then what is the purpose for designating adjustments as either Charge or Payment? The computer needs to know this to properly calculate a figure for Adjusted Total Charges and Adjusted Total Payments. The computer can easily calculate raw unadjusted totals for charges and payments by adding them up from the transaction table. These totals come from the posting that you actually keyed into the computer. When the Day Sheet or Day Sheet Summary reports are generated, the unadjusted totals as well as the true adjusted totals will be printed.

For example, suppose a patient has $100 of charges posted. However, since he qualifies for a 10% senior citizen discount, he is actually only going to be charged $90. When the $100

charge is posted, the balance is actually $10 too high. You then additionally post a minus $10 Senior Citizen Discount (this is an adjustment). In the raw totals you now have $100 showing for the charge totals. This is not correct since you actually only charged the patient $90. However, on the Day Sheet, since the negative $10 Senior Citizen Discount is designated as a Charge Adjustment, the Adjustment Charge Totals will show the correct amount, that is $90. So the purpose of labeling adjustments is to let the computer know how to modify the amounts for total charges and total payments so that their adjusted amounts reflect what you actually charged and what you actually collected in payments.

The Day Sheet Summary report sums adjustments grouped by adjustment message. So if there are certain types of adjustments that you want to keep track of specifically, include them as one of your adjustment messages.

Commonly Used Addresses

In entering patient residence and work addresses there will be frequent repetition because most of your patients come from the local areas surrounding your office. In order to circumvent repetitive address entry, the computer will store an unlimited number of your most frequently used addresses. The Common Address will consist of a city, state, and zip code. When entering an account address you will have the option of selecting one of these pre-set addresses or to enter an address manually. Note that the Common Address will not include the street address.

When you select a Common Address during data entry, you will notice the cursor will be left blinking at the end of the Zip Code field. In larger population areas, you may have patients from a particular city that has the same city name but with the last one or two number of the zip code varying. For example:

Los Angeles CA 90031
Los Angeles CA 90033
Los Angeles CA 90035
For all of the above choices, you could create a common address entry of:

Los Angeles CA 900
The cursor will be left blinking at the end of the 900_ for you to enter the last numbers for that particular account.

General Notes

General Notes are pre-set comments that will be applied to your patients. These notes can be up to 30 characters in length and you will be given the opportunity to select as many per patient as desired. Besides being useful in themselves, General Notes can be used as search flags for the Patient Report. In creating your General Notes library you may enter an unlimited number of items. Below are some examples of commonly used General Notes:

Prefers evening appointment.
Requires evening appointment.
Prefers Saturday appointment.
Requires Saturday appointment.

Confirm appointment.
Often cancels.
Often comes in late.
Medical History Notes

Medical History Notes operate in the same way as General Notes discussed above, except that the content would be of a medical nature. You would use these notes to indicate allergies, heart condition, etc. Medical History notes can also be used as search flags for the Patient Report.

Office Entry

Select the *Office Information* button on the Systems File menu and enter your office information. Two lines are provided for the name of your office. The second office name line is optional. The office name will be seen on various printouts including billing statements and Time Payment contracts. The office name can be an individual doctor's name, a group name, or your office's legal fictitious name.

Bank Deposit

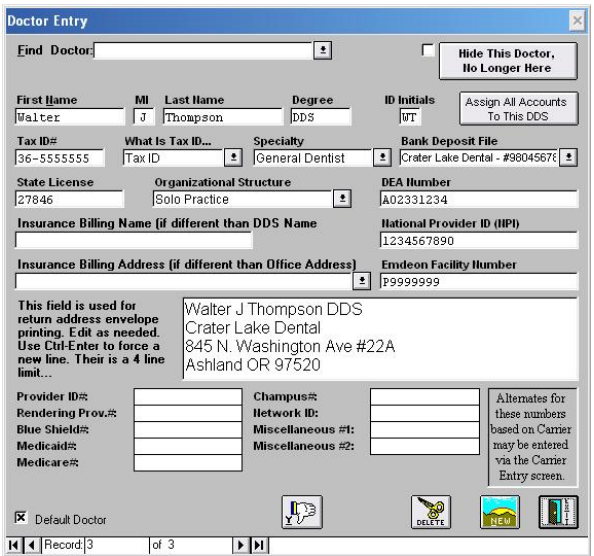
To enter information for your bank deposit, select the *Deposit File Entry* button on the System Files menu. Enter whatever name you want to appear on the Bank Deposit. You will also enter the bank name and bank account number. You are also asked to indicate if this Deposit File Entry should be designated as the Default Deposit. This is because you will be allowed to enter multiple bank deposit entries if you wish. Indicate which one of these should be the Default Deposit. If you enter only one Deposit File entry then it would be indicated as the default.

Note

Make sure every doctor has a Bank Deposit file selected on the Doctor Entry screen. If not, some payments may get recorded without a Bank Deposit file and will not be seen on the Deposit printout.

Doctors

Select the *Doctors* button on the System File menu to enter the doctors of your practice. Any number of doctors may be entered. When the Doctor Entry screen appears you will see that the first record is reserved and is not used by the program. When you click the *New* but-



ton you will be brought to the second record and the screen will be ready to accept data for the new doctor. The field entitled "ID Initials" will usually be the doctor's initials. These must be two alphabetic characters and they must be unique. So if you have two doctors with the same initials, you will have to use alternate initials for one of them.

Numerous fields for various insurance numbers appear on the screen. It is unlikely that all of them will be applicable to any one doctor; however, each number will no doubt be required some time by some carrier for some doctor. Hence, they're all there.

Note

When entering doctors into your system, the Doctor Entry screen has a field called *Insurance Billing Name*. This is a 33 character field that allows you to enter anything you want. Use this field ONLY if you want a name other than the doctor's name to be used on insurance forms. This allows you to enter in a corporate name or a fictitious name to replace the doctor's name for insurance form printing.

There may be situations when a single number does not suffice. For example, a doctor living near a border with another state may see Blue Shield patients from both states; consequently, the doctor may require two Blue Shield numbers. This dilemma is rectified in the insurance carrier section of the program where you have the option to generate additional number fields for a doctor that will be used specifically for a particular carrier. See the section on insurance carrier entry for more details.

As with the Bank Deposit, one of the entered doctors should be indicated as the Default Doctor. If there is only one doctor then that doctor should be the Default Doctor.

National Provider Identifier (NPI)

All health practitioners (including dentists) who use electronic transactions like electronic claims will be required by federal law (HIPAA) to start including a National Provider Identifier (NPI) number on all electronic transactions not later than May 23, 2007. To apply for your NPI, visit http://nppes.cms.hhs.gov. After receiving your NPI, enter it in the field provided.

Emdeon Facility Number

If you are transmitting electronic claims through Emdeon, you enter your Emdeon Facility Number of the Office Information screen from the System Files menu. This is a requirement because the file name that is created will be named after this number. Starting with Emdeon's ECF 1.3 format, multiple facility numbers are now allowed. If you are registered with Emdeon as having multiple facility numbers for multiple doctors, you may enter the different facility numbers into the Emdeon Facility Number field on the Doctor Entry screen. Using ECF 1.3, the multiple facility numbers will be transmitted in the same batch.

Note

If you have a single doctor office, make sure that Default Doctor is checked on the Doctor Entry screen for that doctor. If not, new accounts may get opened without an assigned doctor and payments may get recorded without a Bank Deposit file, causing those payments not to show on the Bank Deposit printout.

Hygienists

Select the *Hygienist* button from the System Files menu to enter hygienists into the program. You are only asked to enter the name and the initials. Initials must be two alphabetic characters and must be unique. If two hygienists have the same initials, use alternate initials for one of them.

Recall Doctor/Hygienist Entry

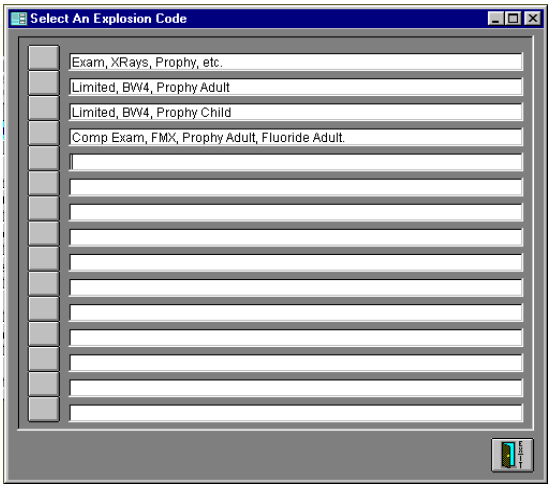
This entry should not be confused with the Doctor entry or Hygienist entry. The Recall Doctor/Hygienist is the person from your office linked to a patient's recall. When setting recall, the recall provider's name you select will be from the list you create here. When printing recall postcards or reports you can limit the printing based upon this entry

Creating Explosion Codes

You may find that you frequently post certain procedures together, for example, an exam, four bite wings, and a prophy. Explosion Codes will allow you to post up to nine procedures at once. See the chapter for a full discussion on using Explosion Codes. This section is concerned with the creation of Explosion Codes.

Note: Before creating Explosion Codes you should fully set up your Procedure file as described in Chapter 3.

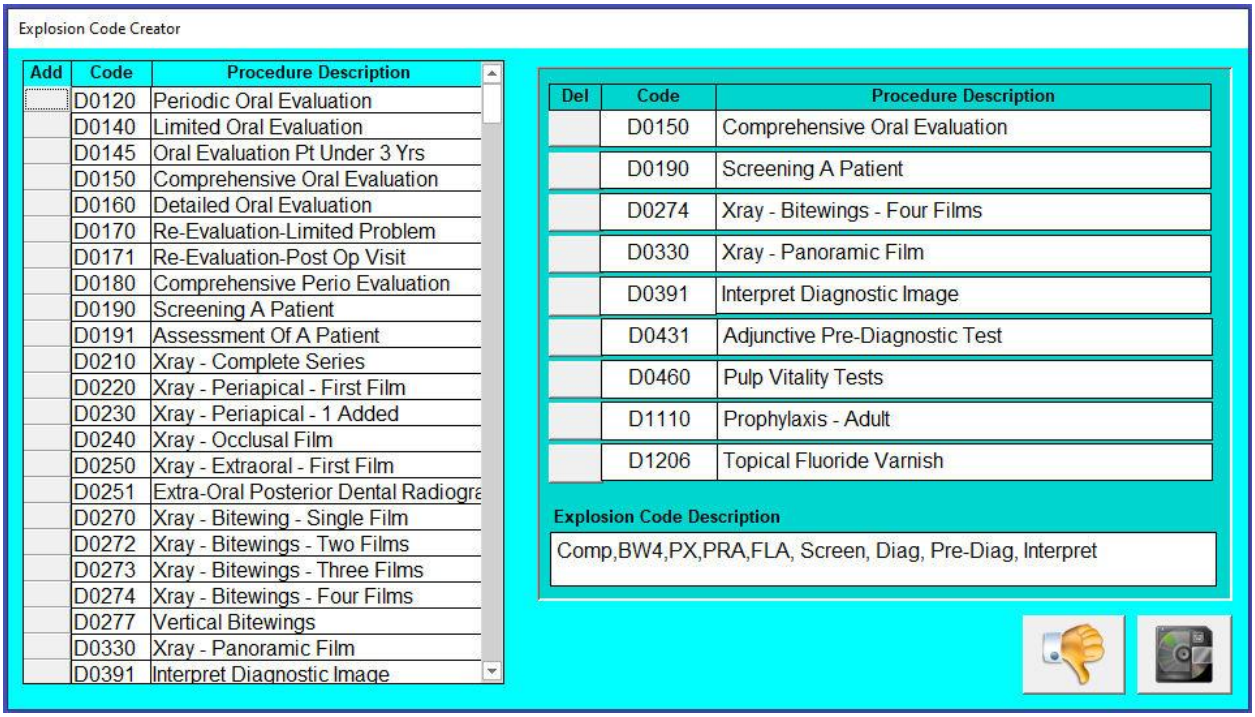
You can create up to 15 Explosion Codes. Each Explosion Code can contain up to 9 procedures. From the *Main Menu* click *Utilities*, then *Systems Files*, then *Explosion Code Creation*. The Explosion Code Selection screen will appear.



Click the button next to an existing Explosion Code you wish to edit or click on a button next to a blank space to create a new Explosion Code. The Explosion Code Creator screen will open (see Figure 3).

Your entire Procedure file displays in a scrollable box on the left, and the elements of the Explosion Code appear on the right. There is a maximum of five procedures per Explosion Code. When you click the ADD button on the left, the procedure will appear on the right, sorting itself in Procedure Code order.

Each Explosion Code must have a Description. The Description field is a free form word



Explosion Code Creator screen. Your Procedure file appears on the left, the Explosion Code items (up to 9) appear on the right. Click the ADD button on the left to add a procedure to this Explosion Code or the DEL button on the right to remove an item. Before recording make sure you enter a description for this Explosion Code.

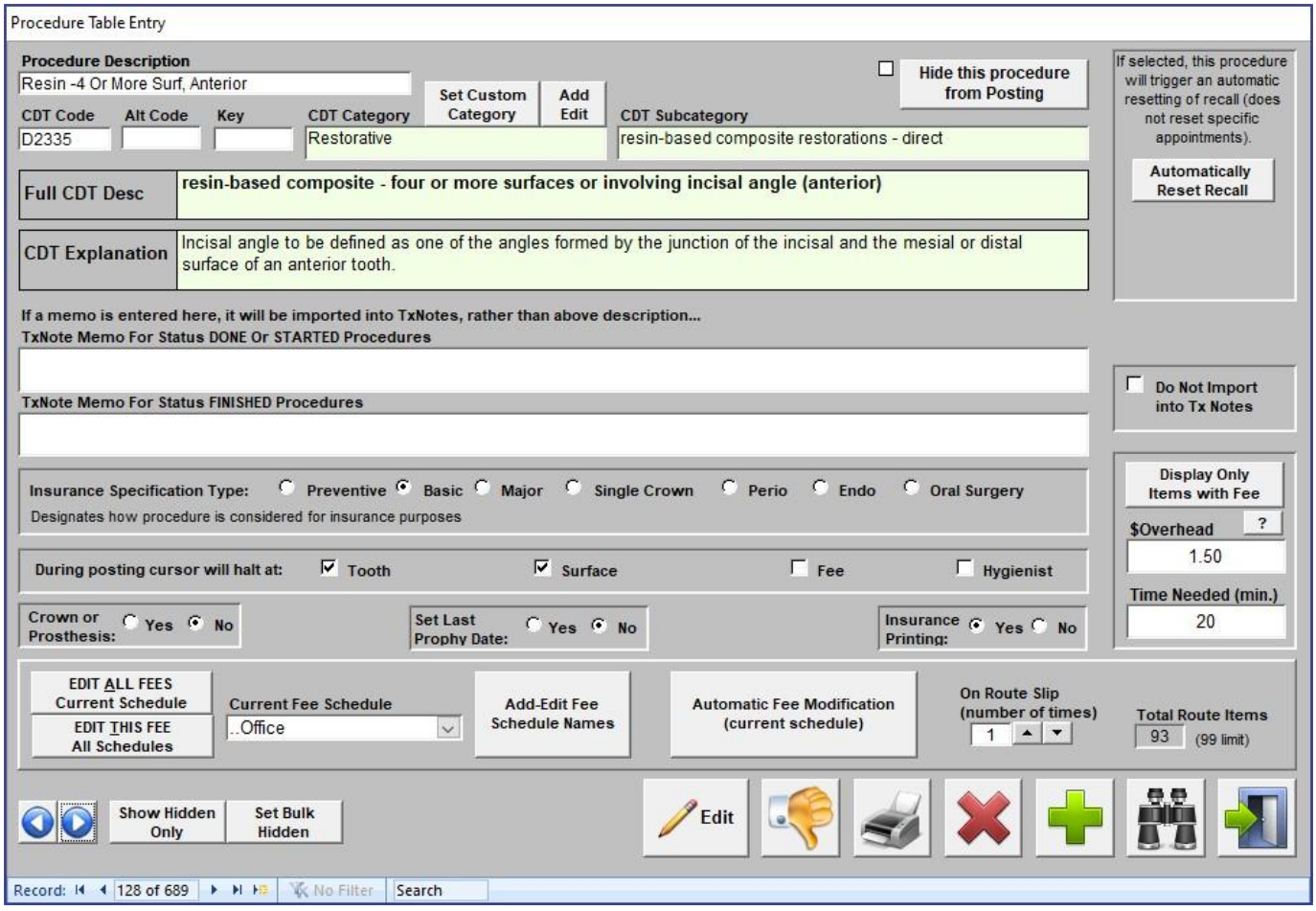
wrap field. Enter a description that will allow you to identify the contents of the Explosion Code. The Description will be all you will see when selecting an Explosion Code.

Chapter

3

3: Procedure File Setup

The procedure file will need to be setup before posting with the program. From the Utilities menu select the *Procedures* button. The Procedure Table Entry screen will appear as seen in below. Diamond Dental Software comes with procedures already installed, probably more procedures than you actually use in your practice. Your job will be to remove (hide) procedures that you are not likely to use in your practice and to enter your own fees for the procedures you will use.



Navigation Buttons

Navigation buttons are common to many screens in Diamond Dental Software. When available, they are seen in the lower left corner of the screen, as is the case in the Procedure Table Entry screen above. Use these buttons to access different records in the Procedure table. The buttons have the following functions:

|< ... go to first record
< ... go to previous record
> ...go to next record
>| ...go to last record

Hiding Procedures You Do Not Use

Diamond Dental Software includes the entire CDT Procedure Codes. This is the “Current Dental Terminology”. In addition to the current procedures, the Procedure file also includes procedures from the past, that is, they are no longer current. This will add up to hundreds of procedures. Since many of these procedures will not be applicable to your particular office, a method is provided to hide procedures you will not be using. Getting these procedures out of the way will make using your procedure file simpler. At the top of the screen the *Hide From Posting* button will remove unwanted procedures from the procedure file. "Hidden procedures" will not be seen as choices during posting. This will leave only wanted procedures to select from during the posting process. To hide an unwanted procedure, click on the *Hide From Posting* button while that procedure is displayed on the screen. It is preferable to hide procedures rather than to delete them.

You may view all the hidden procedures by clicking on the *Show Hidden Only* button in the lower left portion of the screen. When this button is active only hidden procedures will be visible. You may "un-hide" a hidden procedure at this point by clicking on the *Hide From Posting* button again. This will put the procedure back with the other active procedures. If the *Show Hidden Only* button is active, click on it again to deactivate it and the regular usable procedures will once again appear.

Note

Deleting procedures should very rarely be done. Hiding a procedure is the suggested method of dealing with procedures that you will not be using. If you feel you must delete a procedure we suggest you call Diamond Dental for Assistance.

You can use the Navigation buttons to step through the procedures and hide the ones you do not want, one by one. The program will come to you with many of the procedures already hidden. These procedures would no longer be compliant with the latest CDT Code standard.

Stepping through you procedure file, one at a time, can be a grueling task. Consider instead the *Set Bulk Hidden* approach. This button will pop up a list of your active procedures. Simply go down the list and click on the ones you want to hide.

Note

To rapidly hide unwanted procedures try using the *Set Hidden Bulk* button. All procedures in the procedure file will display in a scrollable box for rapid designation of the hidden status.

Searching, Adding, Deleting

To find a particular procedure click on the *Search* button (displaying the Binoculars).

You may also add new procedures with the *New* button (green plus symbol). Use the *Delete* button (red X) to completely remove procedures from the procedure table. Remember that hiding a procedure essentially deletes it but has the advantage of being reversible. It is suggested that you DO NOT DELETE procedures without assistance from Diamond Dental.

Pertinent Procedure Screen Fields

The Procedure Table Entry screen (see Figure 1) contains many fields. These will now be described.

Procedure Description

The description such as Limited Oral Evaluation, Prophylaxis-Adult, etc. The Procedure Description in this field is limited to 40 characters in order to fit on a printed ADA insurance claim form. Since the full CDT procedure description may be significantly longer than 40 characters, Diamond Dental has done its best to abbreviate the full description in order to fit within the limited space on an insurance form. You may also modify this description to suit your own needs. This description is mostly for your own reference. Insurance carriers do not look at your description, they go by the procedure code. However, the Procedure Table Entry screen shows you the full description, and more as described in the next section.

Full CDT Procedure Code Descriptions and Explanations

The Procedure Entry screen (as well as the Charge Entry screen for posting) displays the full procedure code descriptions along with their associated explanations directly from the latest CDT Code book from the American Dental Association. This is the dental code “Bible” that insurance carriers use, and it is to your advantage to see the procedure code descriptions that the insurance carriers see. Procedure Code explanations can be very helpful in deciding which procedure code to select since the description is often cryptic. These explanation can be anywhere in length from a blank to several paragraphs. Diamond Dental will display each explanation in its entirety.

Code #1

This is the standard ADA Code.

Alternate Code (Code #2)

Code #2 is now a rather antiquated field. Years ago different insurance carriers and state welfare systems had their own procedure codes. But today, the ADA codes have been universally accepted. However, you may have a need for an alternate procedure code. For example, some procedures may be covered by both dental and medical insurance. You might also find that some insurance carriers still use their own codes. In any event, this alternate code is available if you need it.

Key

For users who want to post without using the mouse, the *Key* field may prove useful. A procedure *Key* is an easy to remember keyword that can be up to seven characters in length. You may enter your own Keys in this Key field. The usefulness of a Key is that it can be committed to memory (that is human memory) so the procedures can be posted without any kind of lookup effort. Here are some suggestions for procedure Keys you might find useful:

EX	Initial Oral Examination
FMX	Intraoral, Complete Series
X1	Intraoral, periapical, first film
X1AD	Intraoral, periapical, 1 additional
X2AD	Intraoral, periapical, 2 additional (and etc. for other added)
BW2	Bitewings, two films
A3	Amalgam, three surface
A2	Amalgam, two surface
FCC	Crown, full cast metal
PROPHYA	Prophylaxis – adult
PROPHYC	Prophylaxis - child

Insurance Specification Type

Preventive, Basic, Major, or Single Crown (free standing crown, not part of a bridge). This designation is used in automatic benefit calculation.

During Posting Cursor Will Halt At

In the Charge Entry screen, while posting, if you are moving from field to field with the Tab key (as opposed to randomly selecting fields with the mouse), you may indicate fields where the cursor will stop. For example, an extraction should stop at tooth, but not surface. An amalgam should stop at tooth and surface. A prophy should not stop at tooth or surface. You may customize these to fit your own needs.

Crown or Prosthesis

This item is asked on dental insurance forms.

Set Last Prophy Date

Set this to Yes if the procedure is a prophylaxis. When posted, the Last Prophy Date will be recorded as the date the item was posted. Last Prophy Date shows on the Recall Entry screen and various reports.

Insurance Printing

Select No to suppress this procedure from automatically qualifying to print on an insurance form. This would usually pertain to nonstandard procedures that you use for special purposes. For example, you may have created an intermediary procedure called "Wax Try-In." This is not an actual procedure to charge for, but you may want it so the progress of a denture displays in the patient's account ledger.

Procedure Categories

Starting with Diamond Dental Version 5.8, procedures are automatically placed into their corresponding CDT Procedure Code Category. Here is a list of the 12 CDT Categories along with the procedure code range that they include.

D0100 – D0999 Diagnostic
D1000 – D1999 Preventive
D2000 – D2999 Restorative
D3000 – D3999 Endodontics
D4000 – D4999 Periodontics
D5000 – D5899 Prosthodontics, removable
D5900 – D5999 Maxillofacial Prosthetics
D6000 – D6199 Implant Services
D6200 – D6999 Prosthodontics, fixed
D7000 – D7999 Oral & Maxillofacial Surgery
D8000 – D8999 Orthodontics
D9000 – D9999 Adjunctive General Services

Note

A WORD ABOUT PROCEDURE CATEGORIES – Starting with Diamond Dental Version 5.8, Procedure Categories strictly follow the CDT Categories as described in the CDT Code Book. Prior to Version 5.8 Procedure Categories were able to be defined by the user. For users converting from earlier versions, the conversion will place procedures with codes between D0100 and D9999 into their appropriate CDT Category. Procedures that fall outside of this code range will be placed in a special category called "Office". If the user wishes to create their own custom categories they can, but only procedures whose procedures codes fall outside of the valid CDT

Code range will be allowed to be placed into these custom categories. Custom Categories will be discussed shortly.

All procedures that fall within the procedure codes of D0100 to D9999 will be placed in one of these standardized CDT Procedure Categories and these will be displayed on the Procedure Table Entry screen seen at the beginning of this chapter. These category assignments are fixed and not modifiable. For entries in your Procedure File that you may have added that are not actual CDT codes, you have the option of creating your own Custom Categories. This will be discussed later.

Procedure Subcategories

Since the 12 Procedure Categories can only generally define the hundreds of procedures in the in CDT code library, The CDT further categorizes the procedures into 73 Subcategories. Within each of the Procedure Categories described above, there will be a number of Subcategories. For example, the *Diagnostic* category contains 5 Subcategories. These are: *Clinical Oral Evaluations, Pre-Diagnostic Services, Diagnostic Imaging, Tests and Examinations, and Oral Pathology Laboratory*. Just as each CDT procedure is assigned its corresponding Procedure Category, likewise, each valid procedure code is linked to its corresponding CDT Subcategory.

Each procedure's CDT Subcategory is displayed on the Procedure Table Entry screen (seen above). This also is a locked field and not modifiable and it only applies to procedures whose code is between D0100 and D9999.

Unlike Categories where you can define custom categories for procedures not within the code range of D0100 to D9999, you cannot create custom subcategories. Subcategories are limited to valid procedure codes between D0100 and D9999.

Creating Custom Categories

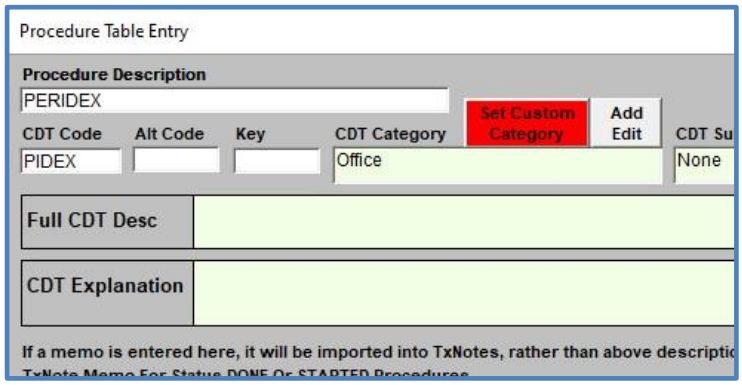
As described above, Diamond Dental 5.8 and later includes the 12 CDT Procedure Categories and all valid CDT Procedure Codes from D0100 through D9999 are placed into one of these 12 categories. Many offices have added their own procedures to the procedure file when they find that the gazillion procedures in the CDT Code Book are not enough.

Here is an example. Your office prescribes and also sells Peridex mouthwash for selected cases of gingivitis. There is a charge and it needs to be posted. You create the procedure and give it a procedure code of "PERIDEX", or "PDEX", or whatever code would make sense to you. You should not give it an actual CDT Code because there isn't one. If this was created in a Diamond Dental version prior to 5.8 you might have created a category for it such as Peridex or Retail Items, etc. When you run the conversion to version 5.8 or later you will find that all the valid CDT Codes in your procedure file are place in their associated CDT Category and that all other procedures without valid CDT Codes (such as "PERIDEX") have been placed in a special category call "Office".

Note

When you create a procedure such as Peridex described above that does not have a valid CDT Code, make sure you also selected the NO radio button for Insurance printing on the Procedure Table Entry screen. This will prevent such procedures from ending up on insurance claim forms or eClaims, which would only cause confusion.

Leaving these types of procedures (which are not part of the CDT Code library) in the "Office" category is fine, you do not have to do anything about it. However, if you wish to create your own custom categories you can do so.





The partial image of the Procedure Table Entry screen seen above on the left is displaying a procedure that does not have a valid CDT Code. When this is the case the *Set Custom Category* button turns red as is seen here. This indicates that the button can be clicked. If the displayed procedure was a valid CDT Code the button would not be red and if you attempted to click it you would be informed that valid CDT Codes have pre-set CDT Categories and Subcategories and you would not be allowed to select a different category.

However, if it is a procedure such as Peridex you can. When it is clicked the Custom Procedure Categories selection screen appears (as seen above right). This displays the custom categories you have created and allows you to pick a custom category and link it to the procedure in question.

The *Add Edit* button seen to the right of the *Set Custom Category* button (seen upper left again) allows you to add, edit, or delete any of these categories.

Creating Fee Schedules

Setting fees is an important function of the Procedure Table Entry screen. Options relating to fees are seen toward the bottom of the screen. "Fees" are the amounts you charge your patients and are not the benefits paid by insurance companies. The program has included one

office fee schedule called "Office." This will be your default fee schedule. You may add any additional number of fee schedules. Click on the *Add-Edit Fee Schedules Names* button to add new fee schedules or change the names of existing fee schedules. Simply click the *New* button and enter in a name for the fee schedule. Adding a fee schedule is not the same as setting the fees. For example, you may have an arrangement with the Teamsters in which you charge something less than your normal office fee. You would then create a fee schedule called "Teamsters." When you first create the schedule, no fees for that schedule are set. The fees still need to be set as will be discussed shortly. The *Add-Edit Fee Schedule Names* button is not used for insurance benefit schedule creation. Only office fee schedules are created in this manner. Insurance benefit schedules are created when setting insurance benefits via the Benefit Plan Entry screen.

Note

All actions are performed on the fee schedule known as the *Current Fee Schedule*. Make sure this combo box is displaying the fee schedule you want to modify before performing the fee modification functions described below.

There are four methods to enter or modify fees: by selecting the *Edit All Fees Current Schedule* button, *Edit This Fee All Schedules* button, or by using one of the two *Automatic Fee Modification methods*.

Edit All Fees Current Schedule

Click on this button and all the procedures of the current schedule will be displayed. The fees can be easily modified by scrolling from one procedure to the next. Fees for an entire fee schedule can be entered in this manner. If you operate with more than one schedule, then upon completion you would select a different fee schedule as the current schedule, and then enter that entire schedule from start to finish.

Edit This Fee All Schedules

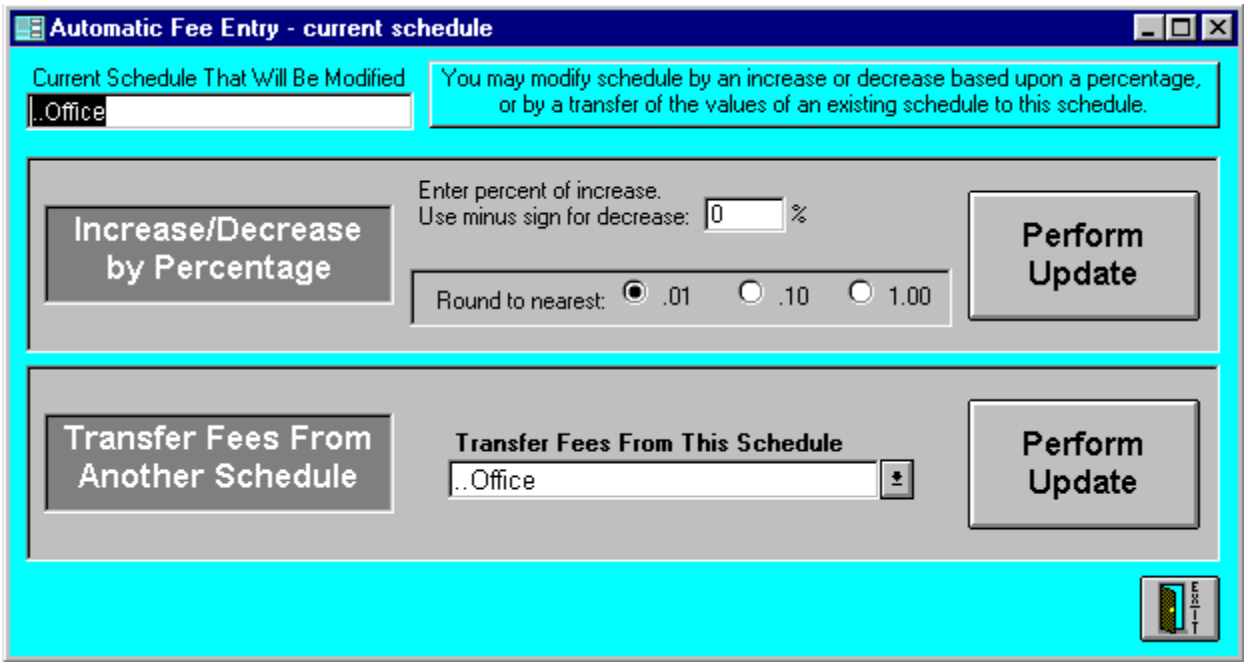
Many offices use multiple fee schedules. They may find it convenient to use this choice for fee editing. Fees are entered one procedure at a time, but all fee schedules are displayed at once.

Automatic Modification of Existing Fee Schedules

Clicking on the Automatic Fee Modification button will give you two additional methods to change you fees. The Automatic Fee Entry screen will display as seen below:

Increase/Decrease by Percentage

If you want to change you fees by some percentage, enter in the percent amount in the field as shown. In addition you can select the resulting procedures to be rounded to the nearest cent, ten cents, or dollar. Click Perform Update to activate the change.



Automatically modify your fees based on a percentage or transfer fees from one schedule into another.

Transfer Fees from Another Schedule

If you are creating a fee schedule that is going to be similar to an existing schedule, use this method. Select the existing fees you want to transfer by picking it in the *Transfer Fees From This Schedule* combo box. Then click Perform Update. All the fees from the transfer schedule will be copied into your new schedule.

Procedure Listing

A Procedure Listing printout can be generated by clicking on the printer button at the bottom of the screen. You will be given the option of printing the listing displaying up to 3 fee schedules

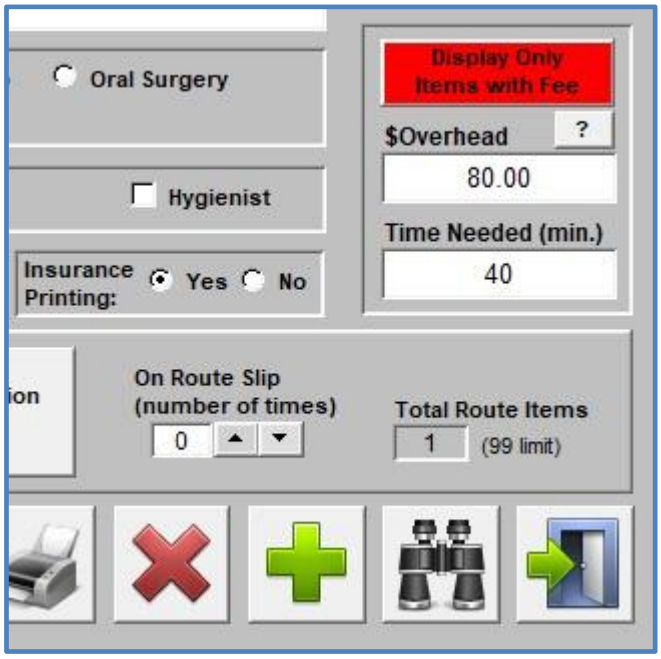
Automatic Recall Setting

You may select specific procedures to be automatic recall triggers. After posting one of these procedures (for example a prophy) for a returning recall patient, the program will automatically reset the patient's recall. If you want a procedure to trigger an automatic recall setting event, bring the procedure up on the Procedure Table Entry screen. Click the button labeled *Automatic Recall*. Once selected, you will further be able to enter how many months into the future you want recall to be set. This month setting can also be selected for individual patients using the Patient Entry screen. The entry you make here will be used when no entry for months has been set on the Patient Entry screen.

Note

Automatic Recall only applies to recalls that have been designated to qualify on the first of the month. That is, when a specific date and time for recall is entered in advance, automatic recall does not apply.

Overhead and Time Needed for Profit per Hour Calculations



Diamond Dental can calculate the profit you make in an hour for each procedure. To calculate this value, the program will need three variables: *Fee*, *Overhead*, and *Time Needed*. The fee is known. The program will use the actual fee that was posted for each procedure. You must supply the Overhead (if any) for each procedure, and your best estimate for the *"Time Needed"* to perform the procedure.

The image on the right is the lower right corner of the Procedure Table Entry screen. Notice the ***$Overhead*** field and the ***Time Needed (min.)*** field. This is where they get entered. The Display Only Items with Fee button is used to filter out all the procedures that are not linked to a fee. This simplifies stepping through your procedure file when entering values, one after the other.

Once entered the results can be seen in the "Profit/Hr" column of the three "Transaction/Frequency" reports. The formula used to calculate these values is the following:

`(Fee - Overhead) ÷ (Time Needed in minutes / 60)`

For example, if your fee is $1000 for a PFM crown, but it costs you $80 in lab fees and materials, then the amount that is considered would be $920. If you estimate you can prep the tooth, take the impression, and make the temporary, and then deliver the crown next week for a total of 40 minutes, then 40 minutes is the Time Needed.

Using our formula, since you are making $920 profit in 40 minutes (2/3 of an hour), your Profit Per Hour is $1380.

Chapter

4

4: Tracking the Patient Portion

Assignment of Benefits, defined strictly, is when the insurance subscriber allows her dental benefits to be paid directly to the dentist. The advantage for the patient is that she would only be required to pay that part of the bill that is not covered by insurance. Therefore, the patient would not have to pay a large sum of money and wait for reimbursement from the insurance carrier. The advantage for the dentist is that the patient will be more likely to agree to a more complete and sophisticated treatment plan with financial obstacles being less of a deterrent. The disadvantage for the dentist is that there will be a wait for payment from the insurance carrier instead of receiving payment as the procedures are performed.

The simplest way to collect payment is to require the patient to pay for whatever treatment was accomplished on a particular day. If the patient pays, the balance would then be zero. If the patient does not pay or pays only partially, there is a balance and that balance begins to be aged.

When we accept Assignment of Benefits and do not require patients to pay as treatment is completed, we introduce a complication into our bookkeeping. Different dental offices have different methods of collecting the Patient Portion of charges. With Diamond Dental Software, we recognize this situation and offer methods to manage what could be a complicated collection problem.

When opening a new account with dental insurance, the Track Patient Portion question is asked. You can see this on the Guarantor screen abbreviated as *Track Pt Portion*. This is essentially a question about Assignment of Benefits. The Track Patient Portion question is not asked if the patient does not have insurance. To answer this question you may select Yes or No. In answering this question, you are telling the computer to react to posting in a particular way. The effect this has on posting will now be discussed.

Track Patient Portion - NO

When this question is answered No, the two amounts, *Total Balance* and *Amount Due Now* are always kept equal. The Amount Due Now represents the amount of payment you are expecting from the patient now. With Track Patient Portion answered No, the Total Balance for that account is always due immediately, as far as the computer is concerned. Charges start aging at the time of posting. When the computer looks for charges to age, it looks at the

Due Now amount. Since the Due Now amount (as well as the Total Balance) increases with every posted procedure, aging is always underway.

When Track Patient Portion is answered No, there is actually no reason to have two balances, because the Due Now amount and the Total Balance are always equal. In this mode, charges, payments, and adjustments affect the Total Balance and Due Now amounts equally. This is not necessarily the case with Track Patient Portion Yes.

It is permissible to accept assignment of benefits and answer No to the Track Patient Portion question. In that case, insurance benefits will be mailed directly to the dentist. The patient can be informed that she is only required to pay the "patient portion" of the charges, but this is up to the individual office.

Note

Consider this scenario: You set Track Patient Portion to NO on an insurance patient. It is the 25th of the month. You post $300 in charges and both Balance and Due Now go to $300. The patient has about 80% coverage and you send out the insurance, but you tell the patient you will bill him after his insurance has paid. Now 5 days later the first of the month rolls around and it's time for you to send out your bills. Since this patient has a positive Due Now ($300), a billing statement automatically generates, but this may not be what you want in this case since you're waiting for an insurance payment. The Due Now is not accurately representing what you want the patient to pay now.

Your answer to the Track Patient Portion question need not affect the way you do business. For offices that want to keep closer track of the amount that the patient is responsible for, the Track Patient Portion question may be answered Yes when an account is opened. That option will be discussed now.

Track Patient Portion - YES

When the Track Patient Portion question is answered Yes, there is a difference in the way account totals are kept. As procedures are posted, the computer keeps track of the total charges with the Total Balance amount. This is something the computer must do under any circumstances. The Total Balance amount is not affected by the Assignment of Benefits question. However, since we have made an arrangement with the patient to partially defer collection of a certain portion of the charges, the Due Now amount, which is the amount the patient is immediately concerned with, is handled differently.

When you answer the Track Patient Portion question Yes, you will then be asked the Benefit Calculation question. Benefit Calculation is concerned with how the Due Now amount will be incremented. The Benefit Calculation question may be answered as "Automatic" or "Manual."

Automatic Benefit Calculation

When you select Automatic Benefit Calculation the Due Now amount will be incremented automatically, according to the benefits that have been entered into the computer for this account. As you post, you will see the computer increase the Due Now amount automatically. The Due Now amount will represent the patient portion of the charges that are posted. Aging will begin at the time of posting because the Due Now amount was increased at that time. Aging is based on the Due Now amount, not the Total Balance.

A full discussion on Automatic Benefit Calculation is presented in the various chapters covering opening accounts, creating benefit plans, and posting. Here we are only concerned with it relation to the Track Patient Portion status.

Note

Several factors are involved with Automatic Benefit Calculation. You must mark Automatic on the Guarantor screen. The Benefit Plan record for this account must have the benefits entered which include the maximum, deductible, and payment base (UCR or Schedule). You also must mark the Benefit Plan as Auto Benefit Ready. Each patient has his or her own personal maximum and deductible that must be entered. This is seen on the Patient Entry screen and also of the Charge Entry screen.

Posting is simpler when the benefits are calculated automatically. More explanation is required when the Due Now amount is to be calculated manually. This will now be discussed.

Manual Benefit Calculation

If you select Manual Benefit Calculation the Due Now amount will not increment as you post. It will stay as it is during posting. After posting the charges you may select the Due Now Adjustment option on the posting screen to manually increase the Due Now amount to whatever value you wish (as long as it is not larger than the Balance).

Before explaining this, let's discuss different methods of collecting the patient portion of the charges when the Manual Benefit Calculation is involved. The methods of doing this can vary widely and can be simple or complicated.

A simple method is to not consider any charges due by the patient until the insurance has paid what it is going to pay. After all the claims for this account have been paid by the insurance company, the patient (actually the Guarantor) owes the remainder of the Balance. At that time, the Due Now amount can be increased to equal the total Balance, and the computer will then be expecting payment to be made.

The aging clock will start ticking at this point. If for instance, payment has not been received 30 days after the Due Now amount was increased to equal the total balance, the computer would consider that amount to be 30 days overdue. That is 30 days the computer has con-

sidered it to be due, even though the actual procedure and charge may have been completed much earlier.

Many offices prefer that the patient pay some or all of the patient portion as the treatment proceeds. This keeps cash flow up and reduces the necessity of sending the patient a large bill for treatment that was probably completed many weeks or months before. While in the posting screen you may directly modify the Due Now amount with the Due Now Adjustment option. With this option you may charge the patient her "patient portion." To determine what that patient portion is can be complicated or simple, depending on how involved you want to be with calculating the patient's insurance benefits.

Some offices may not want to be concerned with calculating benefits at all. They will merely enter some arbitrary amount for the Due Now Adjustment that they want the patient to pay that day. This is quite reasonable because anything below the total amount has to be considered a favor to the patient. The patient is actually responsible for all the charges that have been billed to her account. To set some arbitrary amount, you may charge the patient some percentage of the charges for that day, for instance 10, 20, or 50 per cent. You may even decide to charge the patient 100 per cent of the charges for that day. This may in fact happen quite frequently. For example, you may be performing a procedure that the insurance will not cover.

Note

When using Manual Benefit Calculation you must remember to perform a Due Now Adjustment after posting an insurance check. If you don't, the Due Now will stay at zero, and the patient will never be billed. The Accounts Receivable Report has a special feature that can track down these accounts. The "Zero Due Now Tracker" option will list accounts with a positive Balance and a Zero Due Now that have not been billed or made a payment for X days. You supply the value of X.

Many offices prefer to be more precise in what they ask the patient to pay as the work proceeds. Very often the insurance benefits are known in advance and if you know approximately what the patient portion is going to be, you can be more precise with your Due Now Adjustment. Of course, if you are in possession of the exact benefits, you may want to consider putting this account on Automatic Benefit Calculations.

How Payments and Adjustments Are Recorded

When the Track Patient Portion question is answered Yes, there are some differences in how payments are recorded. This is true for both Automatic and Manual Benefit Calculation methods. For patient payments, that is payments made by the patient and not her insurance, the payment is recorded normally. In this case, both the Total Balance amount and the Due Now amount will be decreased by the amount of the payment.

When an insurance payment is recorded, only the Total Balance amount will be decreased. The Due Now amount will not be affected by insurance payments when the Track Patient

Portion question is answered Yes. This is because the Due Now amount reflects only the patient portion of charges, and only patient payments can decrease it.

Adjustments are also recorded differently when the Assignment of Benefits question is answered Yes. When adjustments are made, only the Total Balance is affected. If you wish to change the Due Now amount, this can be accomplished with the Due Now Adjustment feature.

Chapter

5

5: Opening and Editing Accounts

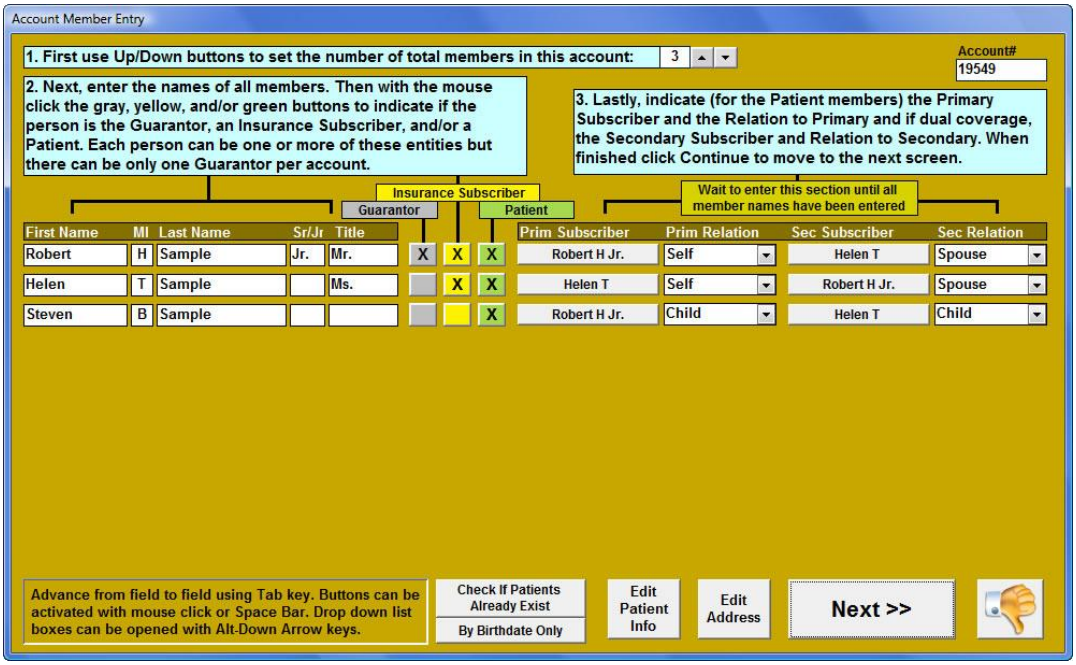
A patient account is named according to whoever is the guarantor for that account. That is the person ultimately responsible for the balance. Each account has one and only one guarantor. In addition to the guarantor, each account must have at least one patient. The patient may be the guarantor but not necessarily. An account can have an unlimited number of patients. Charges accrued by the individual patients are added collectively to one Total Balance, and payments paid to the account reduce this Total Balance. The procedure for opening a new account will be discussed here.

Assuming you are starting at the Main Menu, click on one of the seven colored buttons in the top section of the Main Menu. This will bring up the Patient Search screen. The Patient Search screen is usually used to search for a particular patient; however, you can instead click the *New Account* button at the bottom of the screen to begin the process of opening a new account.



Opening a New Account

After clicking the *New Account* button on the Patient search screen the "Account Member Entry" screen will appear. An account can have three types of members: guarantor, insurance subscribers, and patients. An account can have only one guarantor, and must have at



least one patient. Whether or not there is an insurance subscriber depends if the account has insurance.

The account members who make up the account can play multiple roles. A particular member might be the guarantor and a subscriber and a patient. Another member might just be a patient or the member might just be an insurance subscriber. Any combinations are possible. The purpose of the "Account Member Entry" screen (above) is to establish the members for the account and indicate each member's role of guarantor, subscriber, and/or patient.

Using the Account Member Entry Screen

There are three basic steps in using the "Account Member Entry" screen. The *first step* is to indicate how many total members the account will contain. This is how many different persons are members. Remember, an account member may have multiple roles. So a member who is the guarantor and also an insurance subscriber and also a patient counts as one member, not three. A member who is a patient but also has two insurances from two jobs counts as one member. This is because the "Account Member Entry" screen is only interested in how many different persons are contained in the account.

The *second step* is to enter the names of all the account members and to indicate if they are the Guarantor, an Insurance Subscriber, and/or a Patient. This is done by clicking the gray, yellow, and green buttons to the right of each account member's name. When you click the gray button indicating that this member is the guarantor, a screen will pop up where you will enter the address of the guarantor. Since the address of the guarantor is most often also the address of the insurance subscribers and patients, this address will be selected for those members as well. If an insurance subscriber or a patient has an address different from the guarantor, you will be allowed to create that address record on a later screen.

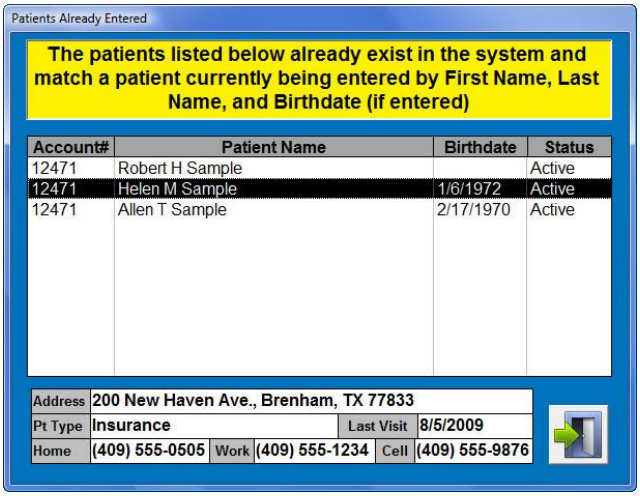
The *third step* is used only if at least one of the members has been indicated as an insurance subscriber. You will indicate for each member who is a patient, who is the primary subscriber, and what is the relation of the primary subscriber to that patient. If more than one insurance subscriber exists you can also indicate the secondary subscriber and the relation to the secondary subscriber for that patient.

Note

A patient is considered to be insured ONLY if you select a primary subscriber for that patient. It is possible for a patient to be part of an account that has insurance but not be insured himself. Make sure you select a primary subscriber for the patient and, if appropriate, a secondary subscriber, if you want the patient to be considered to be insured by the program.

When the "Account Member Entry" screen is completely filled out, click the *Continue* button. The guarantor, insurance subscriber, and patient records for the new account will be created and their relationships will be established.

Check if an Account Is Already Entered Before Entering It Again



When creating a new account the user may not be aware that the patient currently being entered already exists in the system, under a different account number. This is especially true if the patient has been archived. This will result in the patient existing in two different accounts with two separate ledgers and is a situation you definitely want to avoid, not to mention the time wasted in opening a new account for one that already exists.

Starting with Version 3.3 you check if patients you are entering already exist. You can check either by name or birth date. The search is purposely not very specific since spelling might vary from user to user. This is accomplished after you have entered the names and have indicated if they are a patient. For the name search, click the *Check if Patient Already Exists* button on the "Account Member Entry" screen (discussed above). The name search will find all patients based on first and last name and birthdate (if entered). If you entered a birthdate for the new patient, the search will find all patients with the same name and birthdate, but it will also find patients with the same name if no birth date was entered. It will not list patients with the same name if the birthdate is different.

For the birthdate search click the *By Birthdate Only* button. The birthdate search will find all patients with the same birthdate and the same first initial. Data will be displayed on the screen shown here so you can determine if the person you are entering already exists.

Account Record Synchronization

Account Record Synchronization was introduced in Diamond Dental Software version 3.3. When you create a new account using the "Account Member Entry" screen you establish which persons are the insurance subscribers and the patients and which person is the account guarantor. A single person may be one or more of these entities. Internally, the program assigns a *Member ID* number to each of these entities. When the Member ID is the same, the program knows that is the same person. This is useful in data entry because for each of these entities (guarantor, subscriber, and patient), there are several data fields that are identical and therefore overlap. For example, the Guarantor screen and the Patient screen both have home, work, and cell telephone numbers.

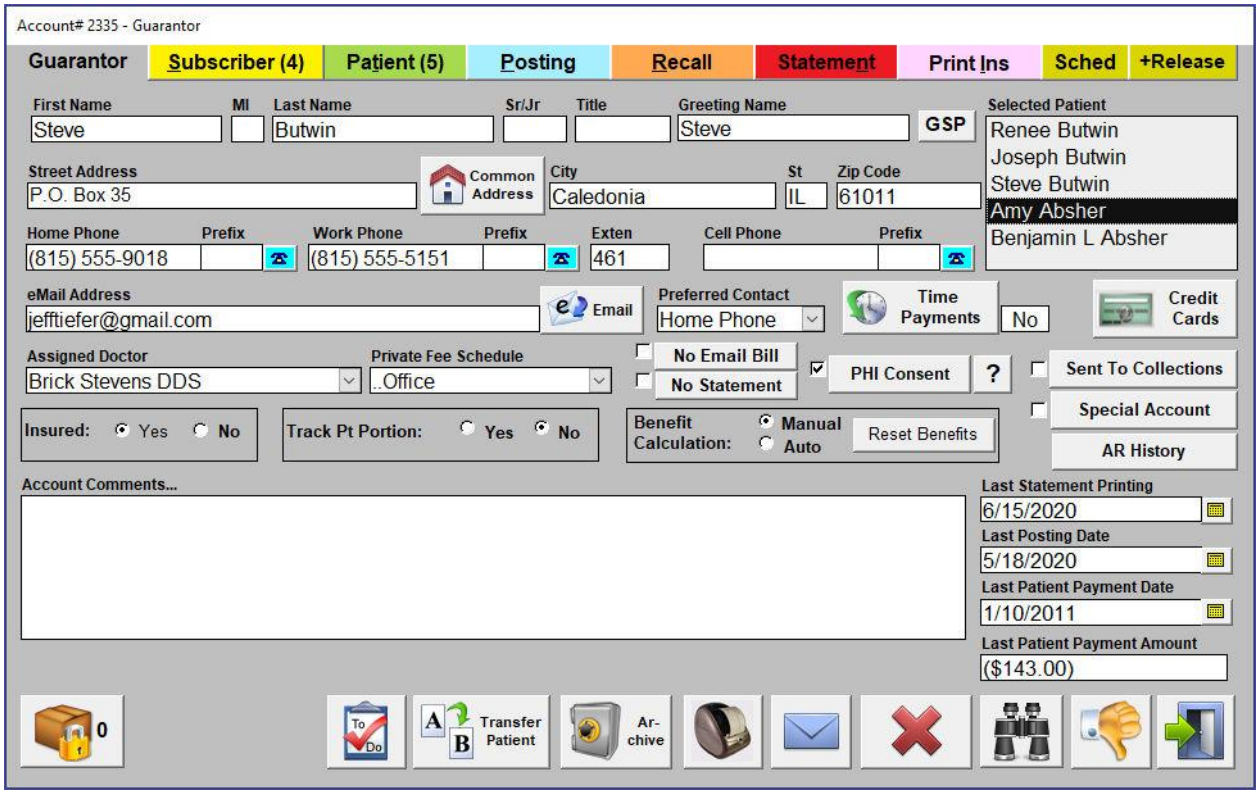
Using the "Work Telephone Number" field as an example, that field is seen on the Guarantor screen and also the Patient screen. When the Work Telephone Number is modified on the Guarantor screen, the program will check the Member ID of the guarantor and see if that same member exists as a patient. If it finds a patient with the same Member ID, the program

knows that the patient is the same person as the guarantor and will make the same change to that patient's Work Telephone Number field.

Account Record Synchronization has two benefits. First, you do not have to double enter data you have already entered. Second, you can be confident that the Guarantor, Subscriber, and Patient records will correspond. For example, if you changed the last name of an insurance subscriber who is also the guarantor and a patient, the changes to the other records would be made for you. Without Account Record Synchronization, you would have to remember to change the other records and if you did not, you would end up with account members who have different names when they are really the same person.

The Guarantor Tab

Using the "Account Member Entry" screen (discussed above) will create the guarantor, insurance subscriber, and patient records for the account. But this is just a "bare bones" account with only names and relationships established. After you click the *Continue* button on the "Account Member Entry" screen you will be taken to the *Account Tabs* where you will finish entering the remaining data for the new account. The Guarantor tab is seen below.



Commonly Used Address

Since the City, State, and Zip Codes that you enter for your patients are so often repetitive, the program can store common addresses that are frequently used. Commonly Used Addresses can be entered into the system via the System Files screen which is a choice on the Utility Menu.

If the Guarantor's address is a common one, click on the *Common Address* button. A list of your common addresses will drop down. Click on the appropriate address and it will be entered for you.

Time Payments

If you are opening a new account, the *Time Payments* button is disabled. In order for time payments to be set up, the account must already be opened and some posting performed. If the account is qualified and you want to set the account up with a payment plan, click on the *Time Payments* button to display the Time Payment screen. This screen is fully discussed in the chapter on Time Payments.

Collections

If you have sent an account to a collection agency, click on the *Sent To Collections* button. This button will highlight and stay highlighted, indicating that this account has its "Collection Flag" set. The collection status appears on several forms, including posting and the status is used by certain reports as a qualifying parameter.

Assigned Doctor

Accounts can be assigned to particular doctors. In a single doctor office the account will always be assigned to the single doctor. In a multiple doctor office, you will have the choice of assigning the account to one of the doctors or using the "Not Assigned" choice. Use "Not Assigned" if the account is frequently worked on by more than one doctor.

Assigning an account has several ramifications. The Assigned Doctor is a common search parameter in almost all the reports. In Posting a doctor must be selected. When posting "assigned accounts" the doctor selection is made automatically. In accounts that are not assigned, you will not be allowed to record any posting without first indicating a performing doctor for the procedure. In areas of the program such as the Time Payment entry, the program will default to the assigned doctor, if any. In any area of the program where a doctor selection is asked for, you will always have the option to override the default doctor setting with whatever doctor you choose.

Private Fee Schedule

The "Private Fee Schedule" will be used by any patient in the account who does not have insurance. The selection for Private Fee Schedule will not apply to patients who have insurance. They will be charged using the Insurance Fee Schedule which is seen on the Insurance Subscriber’s screen. It is possible to have an account where some patients are insured and some are not. In that case, the patients without insurance will be charged using the Private Fee Schedule while the insured patients will be charged using the Insured Fee Schedule.

In the language of the program, "Fee Schedule" refers to the fees that you charge your patients. This should not be confused with "Benefit Schedule" which refers to a list of insurance benefits that insurance carriers pay the doctor or the patient. We are referring to Fee

Schedules here, which is the fee you (the doctor) charge your patients for the services you perform.

In Diamond Dental Software, you may input an unlimited number of Fee Schedules. The program comes with a schedule named "Office." The "Office" schedule has every fee initially set to zero. You enter in your office fees when you set up the program. Beyond the default "Office" fee schedule, you may enter any number of additional fee schedules as is appropriate for your practice.

If the account has one or more patients without insurance (that is Private patients), select the fee schedule to be used for these patients by clicking on the *Private Fee Schedule* combo box. Your list of fee schedules will drop down for your selection.

No Statement

If you do not want this account to receive a billing statement, click the *No Statement* button. When running billing statements for all accounts, the accounts flagged for "No Statement" will be passed over. You may still print a single statement for accounts that are flagged in this manner.

Special Account

Accounts flagged as "Special" receive special consideration. In billing, they do not receive Automatic Billing Messages. These messages are linked to account delinquency and usually are designed to motivate patients to pay their late balances as soon as possible. Special accounts are also exempt from Automatic Late Charges that can be levied at the beginning of a new month. The Special flag is also used by several reports as a search parameter.

PHI Consent Checkbox

This indicates that patients in this account have signed a Protected Heath Information (PHI) Consent form to allow PHI information to be included in emails sent to them from your office. For a full discussion on this issue see Chapter 40a – PHI Considerations for Emailing.

Insured: Yes/No

If the account has insurance, click on the *Yes* radio button. The default is *No*. If you select Yes, the "Track Patient Portion" and "Benefits Calculation" options will become visible.

Track Patient Portion

This item is fully discussed in the Chapter 4 – Tracking the Patient Portion. If you answer No, the Balance and Amount Due Now will remain equal as transactions are posted. For example, if you post a charge for $100, the Balance will increase by $100 and the Amount Due Now will also increase by $100. This means the patient will owe the entire amount of the charge at the time the charge is posted. If you answer Yes, the Amount Due Now will be used to represent the patient portion of the balance only, with the remainder considered owed (for the time being) by the insurance.

Benefit Calculation

This question is only asked if the Track Patient Portion item was answered Yes. There are two choices for Benefit Calculation, "Automatic" and "Manual."

Manual Benefit Calculation

With this choice, as posting proceeds, the Balance will increment with the fee. However, the Amount Due Now will not increase unless you manually change it. You may manually set the Amount Due Now to be any amount you desire (as long as it's not larger than the Balance). The purpose is to closely approximate what the patient portion of the charges will be. The patient is supposed to pay the Amount Due Now immediately. When the insurance payment is received, the remainder of the balance will be paid. If the exact amount is not received, an additional billing to the patient for the remaining balance may be required, or a refund to the patient may be required, as appropriate.

Automatic Benefit Calculation

With this choice the computer will increment the Amount Due Now based on the insurance benefits entered into this patient's benefit plan record.

Reset Benefits

If you are using Automatic Benefit Calculation, click the button to reset all the individual benefits for all the patients in the account. Each patient has his or her own Maximum and Deductible. Clicking this button will set these individual totals to the Maximum and Deductible that is listed in the account's linked Benefit Plan record. For this function to work, the Insurance Subscriber's screen needs to be filled with the Benefit Plan selected. The Maximum and Deductible in the Benefit plan also needs to be entered. In addition, the patients of the account need to be entered in advance of clicking the Reset Benefits button. So if you are opening a new account and haven't yet entered the subscriber information or patient information, clicking this button would not yet have an effect.

Account Comments

You may enter unlimited comments in the *Account Comments* section. These comments should pertain to the entire account. Each patient will also have his or her own comment section in addition to Account Comments.

Subscriber Tab

If the account has insurance, the number of insurance subscribers is shown in parenthesis on the Subscriber tab. See the chapter on Insurance Accounts for a full discussion.

Patient Tab

The number of patients in the account is seen in parenthesis on the Patient tab. Patient information is entered into this screen. See the chapter on Entering Patient Accounts for a full discussion.

Control Buttons

The control buttons are seen at the bottom of the screen.

Delete Button (red X)

To delete an account, click on the *Delete* button. You will not be allowed to delete an account if the balance is not zero. Balances can be adjusted through the Posting tab.

Exit Button (open door)

Click on the *Exit* button to close the screen. The Main Menu screen will then be displayed

Splitting Accounts (transfer patient)

With divorce, dependent children getting older, and a myriad of other factors, splitting one account into two is a very useful feature. Diamond Dental Software makes it easy to split accounts with an Account Splitting Wizard. To do this click the button on the Account Information Entry entitled *Transfer Patient*. This will put the wizard into action and ask you the following questions:

Select the patient you wish to transfer.
Do you want the patient transferred into a new account or an existing account (if an existing account, you will do a search for it)?
Do you wish to transfer insurance subscriber information?
Do you wish to transfer that patient's ledger transactions to the target account?
Enter a Balance, Due Now, and aging numbers for the new account.

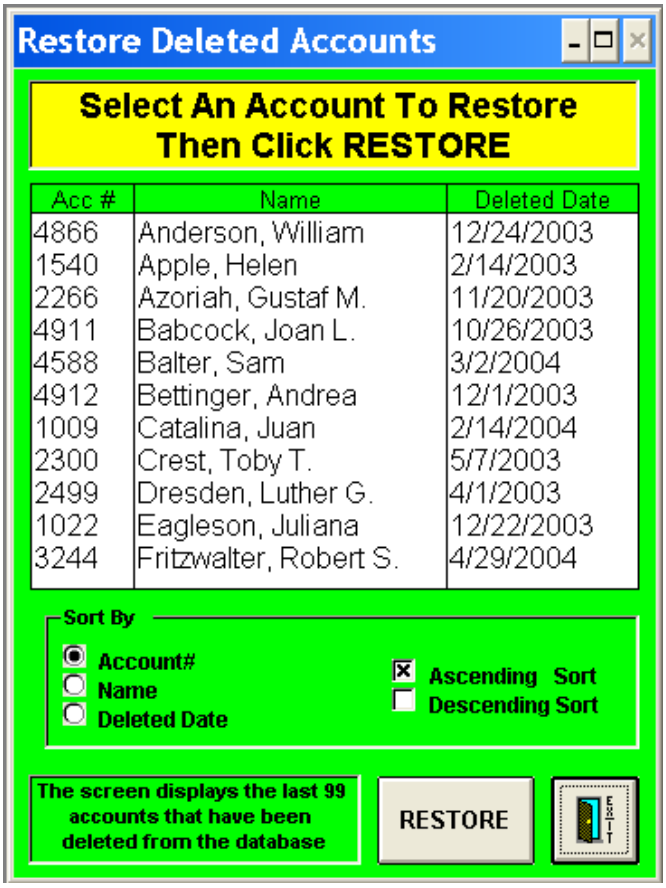
Then click *Finish* and the transfer will be complete.

This process will also work for merging accounts as well. If you want two accounts to become one, simply transfer the patient to the account you wish to merge with. Since you can't transfer a patient when there is only one patient, you will have to temporarily add a dummy patient to that account first. Then transfer the real patient (as described above for splitting). Then delete that account. The result will be one account with all the desired patients, insurance information, and transactions.

Restore Deleted Accounts and Patients

It is very easy to delete an entire account or a single patient from an account in Diamond Dental Software. Simply click the *Delete* button and you will be asked, “Are You Sure?” If you say “Yes” the account or the patient is gone, erased. Since this is so easy it is also easy to delete an account or patient by mistake.

Starting with Version 5.1, deleted accounts and patients can be un-deleted. All the data from your last 99 accounts or patients that have been deleted are now stored in a special holding table. There is no time limit to this. The last 99 deletions are stored indefinitely. If you make a mistake or if you decide that you want a deleted account or patient back for whatever reason, simply go to the new *Restore Deleted Accounts* screen (seen right) or the *Restore Deleted Patients* screen (not shown) and select the account or patient you want back and click Restore. The account or patient will be back in the program as if nothing ever happened. These screens are accessed via the Utility Menu.



Note

Images are deleted when an account or patient is deleted. Restoring an account or patient does NOT restore their images. Images are NOT restorable.

Chapter

5a

5a: Account Tabs and Lock Box

Account Tabs were introduced with Diamond Dental Software version 3.3. Earlier versions used a multiple form format where it was necessary to close one form and open another. Frequently, multiple keystrokes were required to finally get to the screen you needed.

Account Tabs puts the program in a single form format for the most frequently used parts of the program. While in the Diamond Dental program, you will spend most of your time on this one Account Tabs screen. The constant exiting of screens and opening new screens is eliminated because most of the tasks you perform during the day will be inside this one Account Tabs screen.

The Account Tabs screen contains eight tabs. These tabs contain the following screens:

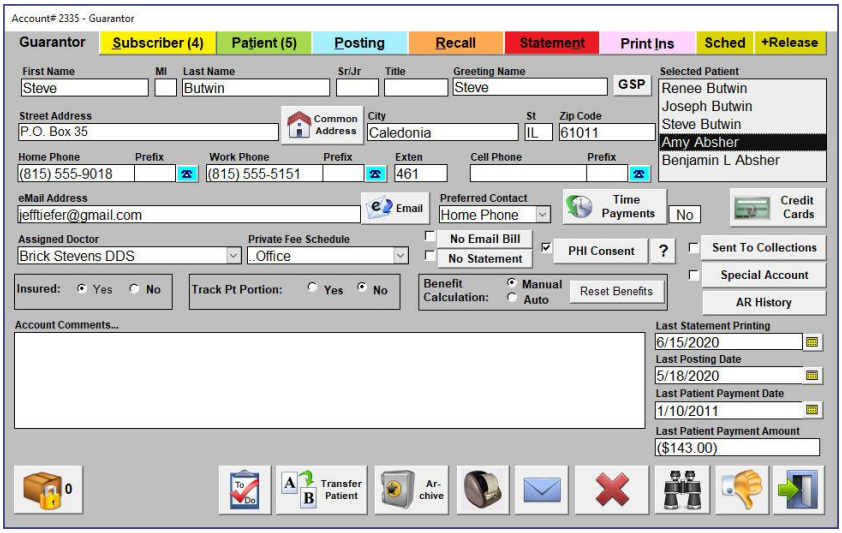
- Guarantor
- Subscriber
- Patient
- Posting
- Recall
- Statement
- Print Insurance
- Schedule

A major advantage over the previous design is that you are free to flip back and forth among the tabs at will. The first seven tabs contain all the information about the account that you will need. The Schedule tab is included in the Account Tabs complex because it is so frequently accessed.

A brief description of the individual tabs follows.

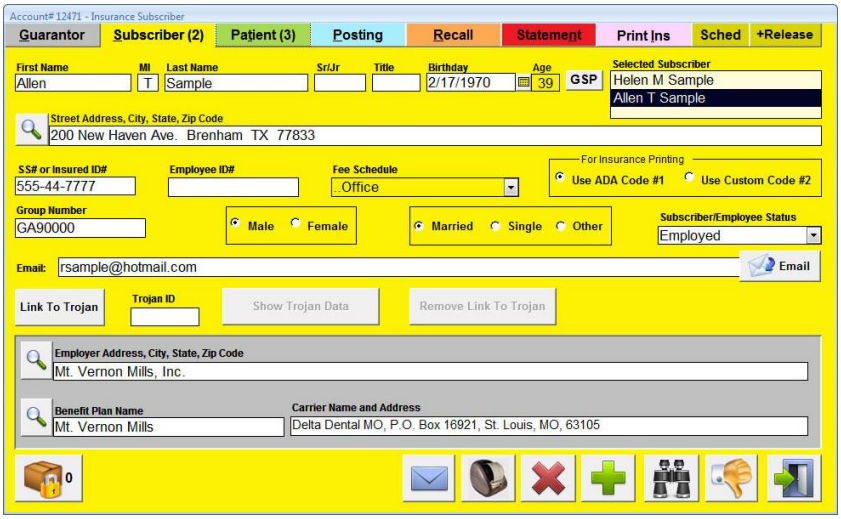
Guarantor Tab

The Guarantor for an account is the person responsible for the balance. This is the person who gets the bill. There can be only one Guarantor per account.



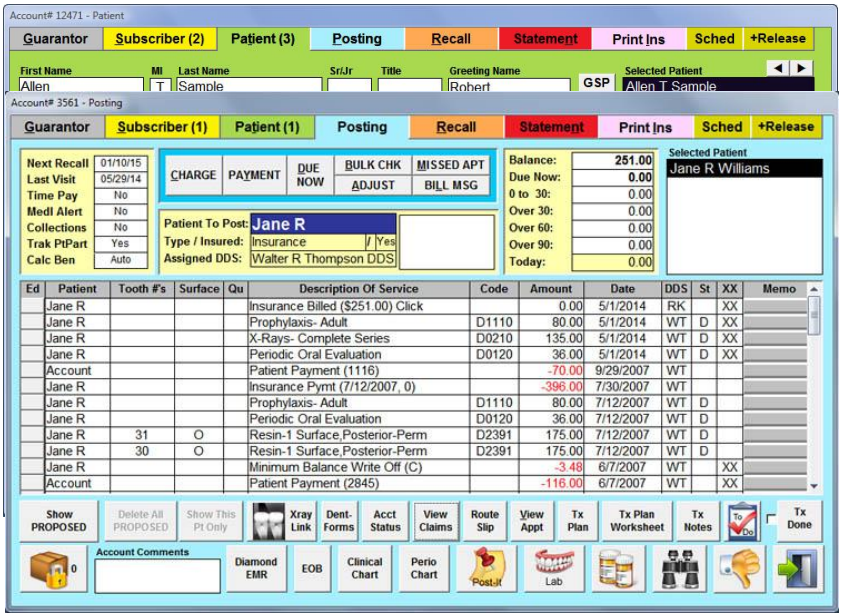
Subscriber Tab

The insurance subscriber is the owner of the insurance for the account. An account can have any number of insurance subscribers. You can navigate between subscribers using the *Selected Subscriber* listbox in the upper right of the screen.



Patient Tab

Each patient's information in the account is displayed on the Patient tab. Navigate among patients using the *Selected Patient* listbox in the upper right of the screen.

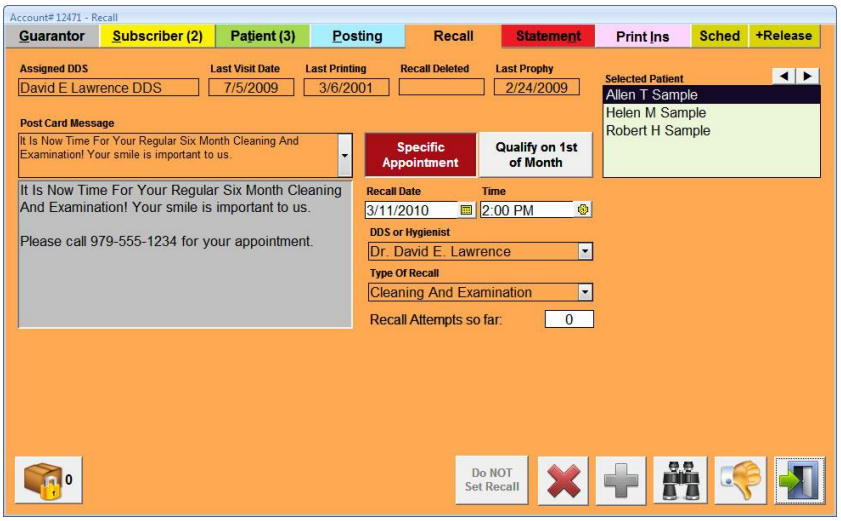


Posting Tab

Posting charges, payments, and adjustments is accomp- lished through the Posting tab.

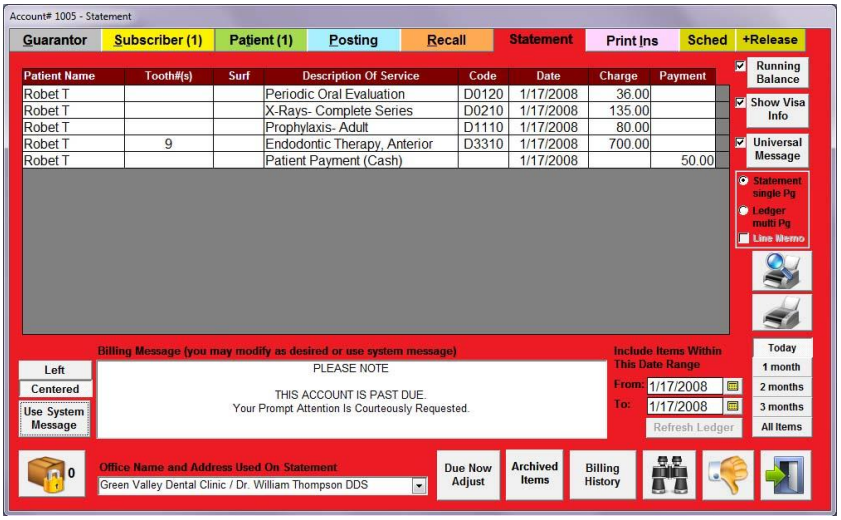
Recall Tab

Set the selected patient's recall using the Recall Tab.



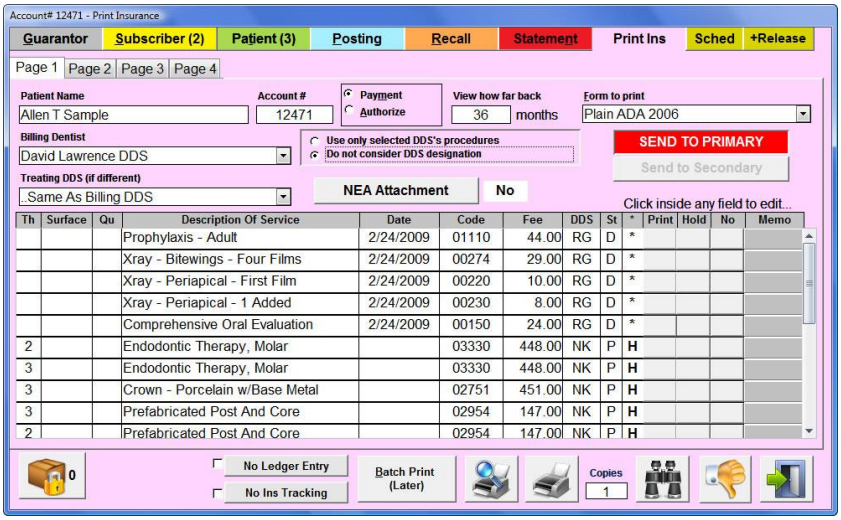
Statement Tab

Print a quick Walkout Statement using the Statement tab. The Statement tab can print any date range and will print multiple pages if needed. The *Line Memo* checkbox becomes active when the Ledger option is selected. This special printout inserts the line item memo (if any) after each line item printed.



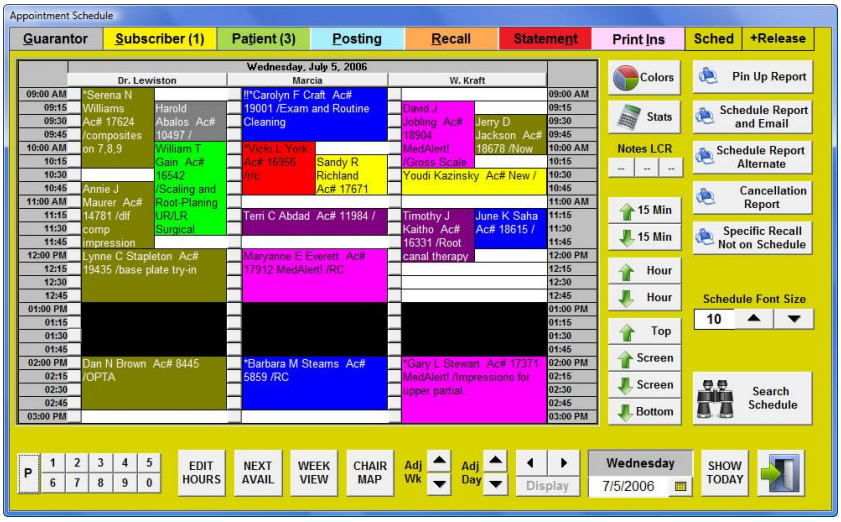
Print Insurance Tab

Print insurance, either electronic, plain paper, or pre-printed claims, using the Print Insurance Tab. Note that this screen has four tabs of its own.



Schedule Tab

The appointment schedule screen is also a tab in the Account Tabs complex of screens. It is different from the other tabs in that it does not specifically relate to a particular account. It is included in the tab structure because of its frequent use in the program.



The Sched + Release Tabs

While you are in an account the first seven tabs (Guarantor, Patient, etc.) are populated with the data for that account. To view the appointment scheduler you will click the gold colored *Sched* tab in the upper right of the screen or the *+Release* tab just to the right of the *Sched* tab.

Why two tabs to get into the scheduler? Clicking the *Sched* tab keeps the current account in memory and allows you to view the scheduler and then click back to one of the first seven tabs (Guarantor, Patient, etc.), and the account will still be there. However, since the account is still in memory in this computer, the account is locked and other users will not be able to access that account. The *+Release* tab will bring up the scheduler but will release the current account from memory. If you click back to one of the first seven tabs, the account you released will not be there. Instead, you will be presented with the Patient Search screen to search for another patient. If you are finished with the account you are currently on and want to go to the appointment scheduler you should use the *+Release* tab to remove the current account from memory.



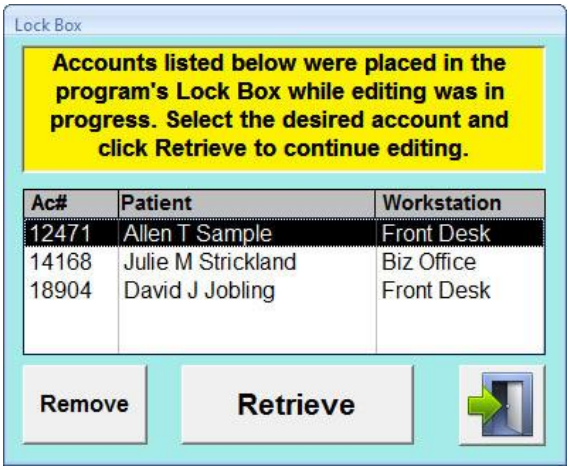
The Lock Box

You will notice a Lock Box button on each of the Tab screens (except the appointment scheduler). Its purpose is to put aside (in a lock box) the account you are currently working on so you can perform some other task. The alternate task can be anything, such as posting a different account, running billing, etc. Then when you are ready to resume working on the account you put aside, you can retrieve it from the Lock Box and you will be back, right where you were when you left off.

The number on the Lock Box button indicates how many accounts are currently in the Lock Box. While an account is in the Lock Box it is locked and other users will not be able to work on it. If other users try to access it they would be informed that the account is in the lock box. If other users want to take over where you left off, they can also retrieve the account from the Lock Box. They would be brought to the same screen you were working on with the same changes, waiting to be recorded when the account is exited.

Retrieving an Account from the Lock Box

Accounts are retrieved from the Lock Box from the Lock Box button on the Main Menu. Click this button and the actual Lock Box opens, displaying all the accounts that are in the Lock Box and which workstation put the account in the Lock Box.



To retrieve an account you would highlight it and click *Retrieve*. You will be brought to the screen where you previously left off. For example, if you were in the middle of posting, you will be brought back to the Posting tab which would display the items that you previously had posted, even though those items have not officially been recorded to the database. After the account is retrieved it is removed from the Lock Box.

Removing an Account from the Lock Box

If you want to remove an account from the Lock Box without retrieving it, highlight the account and click the *Remove* button. The name will simply go away from the Lock Box. If you remove an account in this way any changes that were made to the account before it was put into the Lock Box would be lost.

Chapter

6

6: Insurance Accounts

Insurance information in an account centers on the Subscriber Tab screen. This screen holds the information of the insurance subscriber and his or her employer and the associated insurance carrier. For a full understanding of this screen it is important to understand Diamond Dental Software insurance file structure.

Insurance File Structure

Accounts that have insurance have an "Insurance Subscriber." Insurance Subscribers link to "Employers" and "Benefit Plans." The Benefit Plan has, among other things, a link to an "Insurance Carrier." Employers, Carriers, and Benefit Plans are stored in separate tables.

In order to get a better understanding of the file structure being used, look at Figure 1. This diagram shows the Account record, with its associated Patient records. The Patient records are attached to and are a part of the Account record. The Insurance Subscriber record is attached to the Account record.

The Employer table exists on its own and is not attached to the Account record. However, the Subscriber record points to one of the Employers in the Employer table. Also, the Benefit Plan table exists on its own with the Subscriber record pointing to one of the Benefit Plans in the Benefit Plan table. Likewise, the Carrier table exits on its own and is not a part of the Account record, but has an indirect connection to the Account through the Benefit Plan record which points to it.

The Patient records and Subscriber record are part of the Account record. The Employer table, Benefit Plan table, and Carrier table are all independent of the Account record, but are associated with it through *links* or *pointers*.

This type of centralized organization is advantageous. Suppose you have 50 patients who work for Lockheed. You create a Lockheed employer record. One employer record for Lockheed is all that is required. Each insurance subscriber that works for Lockheed uses this Lockheed employer record. Suppose Lockheed changes its address. It is not necessary to go into each of the 50 accounts and change the employer address. Simply change the address of the Lockheed employer record and, by so doing, you have changed the employer address for all accounts that use that employer record -- one operation instead of 50.

That brief overview of the file structure used in the Diamond Dental Software will aid you in your understanding of the various records used in insurance processing.

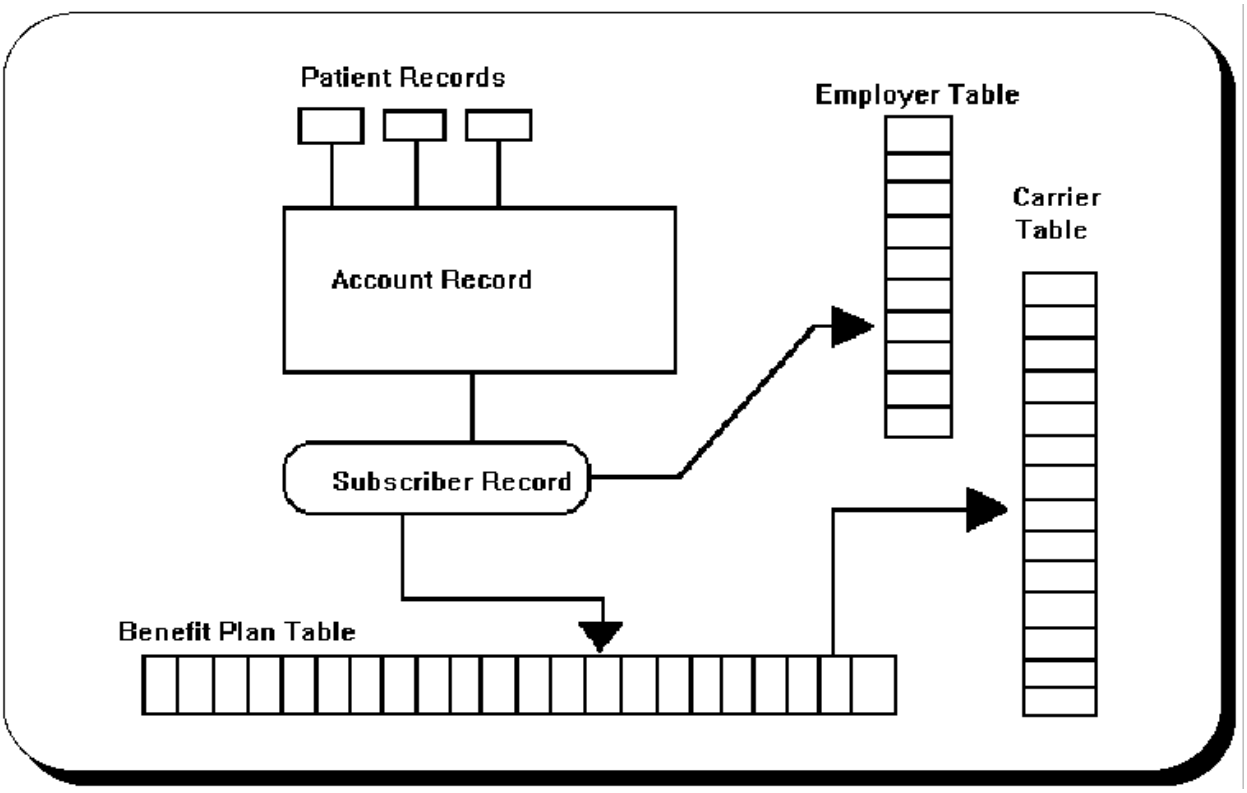


FIGURE 1 Diagram of the structure of insurance records. A central Account Record is linked to one (or more) Subscriber Records. Each Subscriber Record is linked to one record in the Employer Table and one record in the Benefit Plan Table. The Benefit Plan record is linked to one record in the Carrier Table.

Insurance Subscriber Information

While in the Account Tabs, click the *Subscriber* tab to display the Insurance Subscriber Information (see Figure 2).

Subscriber Name

Enter the name of the insurance subscriber. A shortcut method can be used if the Subscriber and Guarantor are the same. While the cursor is in the first name field, enter the letter S then press the Tab key to exit the field. Upon exiting the field the entire first name, middle initial, last name, Senior/Junior designation, and Title of the Guarantor will be entered automatically. Optionally, you may also enter the S (for Shortcut) while in the Last Name field only. In that case the last name of the Guarantor will automatically enter as the last name of the Insurance Subscriber. This shortcut also works in the Patient Entry screen.

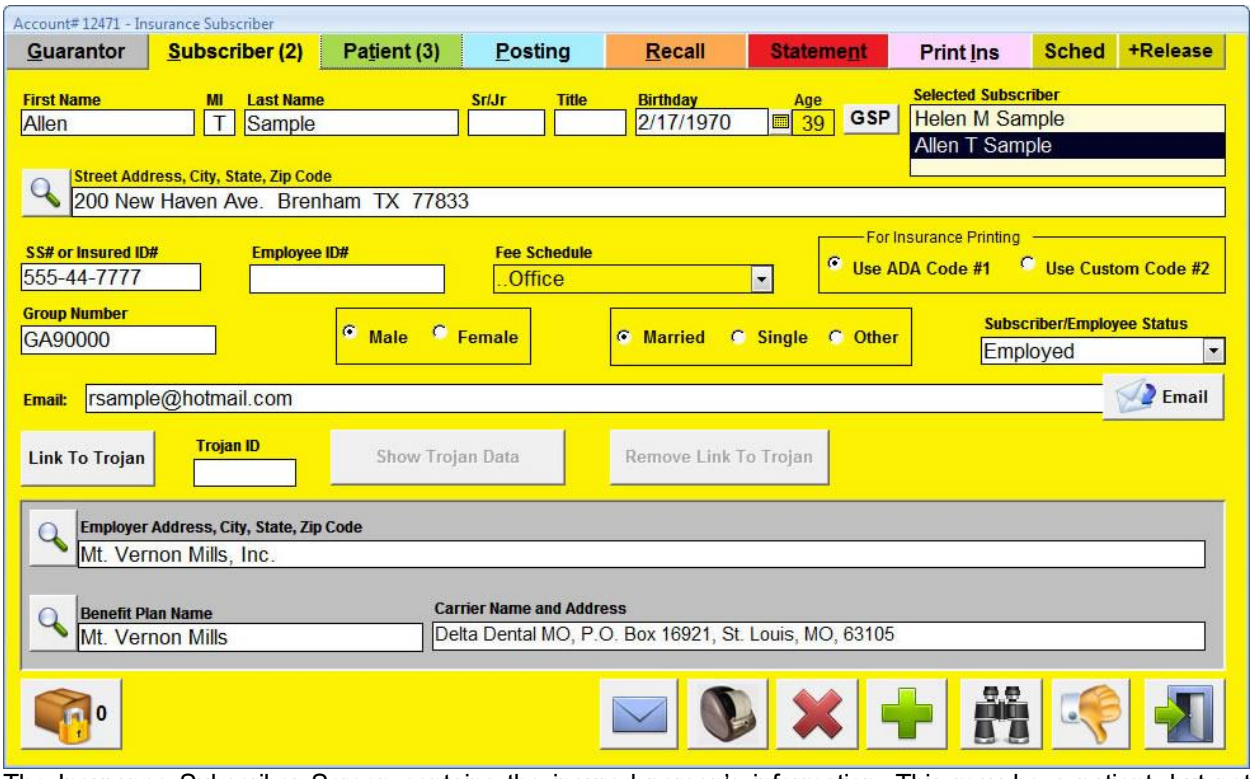
Subscriber Address

Whatever address that was entered for the Guarantor will automatically be entered for the Insurance Subscriber. If the address is the same, Tab past it to the next field.

It is possible that the Insurance Subscriber is not the same person as the Guarantor and may even have a different home address. If this is the case, click on the *Detail* button (magnifying glass) for the address. The Insurance Subscriber Address Entry screen will display. Using the *New* button on this screen, you may add another address for this account. Enter the new address and click on the button labeled *Select This Address For…* This will select the newly entered address for this subscriber.

Other insurance subscribers or patients that are entered will also have access to any of the addresses entered for this account. The default will always be the Guarantor's address, but any address entered for this account can be selected for any subscriber or patient. There is no limit to the number of addresses that can be entered for an account.

Having more than one address for an account is not particularly unusual. For example, in a divorce situation the mother may be the Guarantor, but the father, living at a different address, may be the insurance subscriber. It is also possible that an older dependent child, away at college, may need an alternate address.



The Insurance Subscriber Screen contains the insured person's information. This may be a patient, but not necessarily. The insurance subscriber is the employee and the employer is shown. Each subscriber is linked to a benefit plan record and the benefit plan record is linked to an insurance carrier.

Fee Schedule

The "Fee Schedule" selected will be used by any patients in the account that have this subscriber as their primary subscriber. This selection for Fee Schedule will not apply for patients

who do not have insurance or whose primary subscriber is another subscriber. Patients without insurance will use the Private Fee Schedule selection on the Account Information Entry screen which was discussed in the previous chapter. It is possible to have an account where some patients are insured and some are not. In that case, the patients without insurance will be charged using the Private Fee Schedule while the insured patients will be charged using the insured Fee Schedule seen on this screen.

Note

In the language of the program, "Fee Schedule" refers to the fees that you charge your patients. This should not be confused with "Benefit Schedule" which refers to a list of insurance benefits that insurance carriers pay the doctor or the patient. We are referring to Fee Schedules here, that is, the fee you (the doctor) charge your patients for the procedures you perform.

In Diamond Dental Software, you may input an unlimited number of Fee Schedules. This is done using the Procedure Table Entry screen from the Utilities Menu. The program comes with a schedule named "..Office." The "..Office" schedule has every fee initially set to zero. You enter in your office fees when you set up the program. Beyond the default "..Office" fee schedule, you may enter any number of additional fee schedules as is appropriate for your practice.

Procedure Code

There are two possible codes in Diamond Dental Software. Code #1 comes with the program and is the American Dental Association procedure codes as published by the ADA. Code #2 is optional and would be entered by you if you have a need for a second code. For example, some state welfare agencies may require a special procedure code, and, if this is the case, you may enter this alternate code through the Procedure Table Entry screen. California DentiCal is an example. For this choice you will enter 1 or 2. The default is 1. Patients whose primary subscriber is this subscriber will use the selected set of procedure codes.

Note

If Code #2 is selected, only insurance form printing is affected. The regular ADA code (or whatever you have entered for Code #1) will display in all areas of the program except when insurance forms are printed. However, when the insurance form is printed, it will be printed with the codes for Code #2.

Note

If you are a subscriber to Trojan Benefit Services look at the alternate method of entering employer, benefit plan, and carrier data as described in the chapter on Trojan Integration.

Employers

Employers are stored in the Employer table. An employer should be entered into the Employer table only once. If two employers have the same name but different addresses, these are considered different employers by the program. Many insurance subscribers can be linked to the same employer.

Employer Search Screen

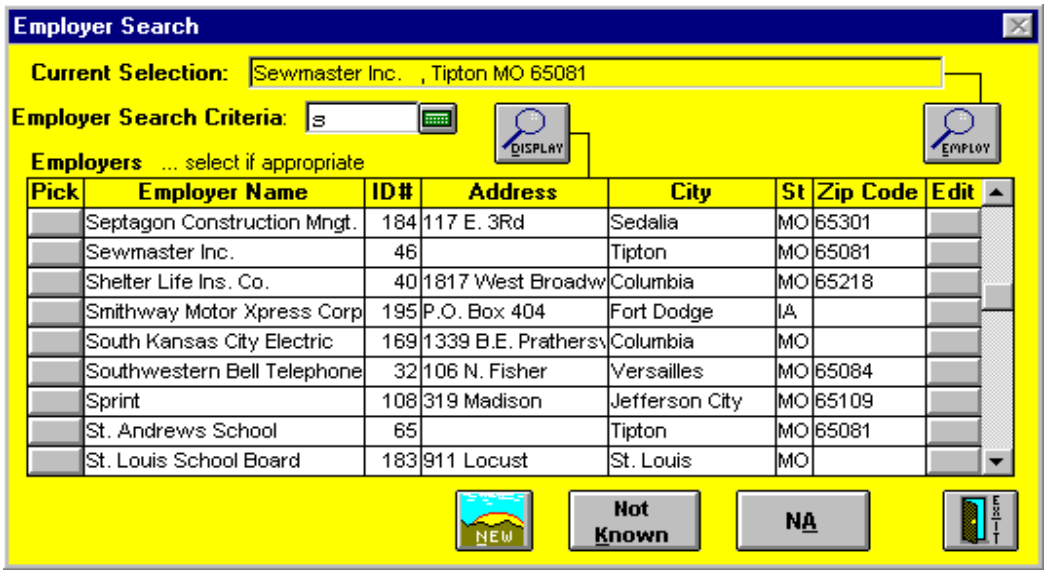
You should select an Employer for every Insurance Subscriber. From the Insurance Subscriber Information screen click on the *Employer Detail* (magnifying glass) button to bring up the "Employer Search" screen (see Figure 3).

Employer Search Criteria

The "Employer Search" screen opens as blank, displaying no employers. Click in the *Employer Search Criteria* text box and enter the first few letters of the Employer name you are interested in accessing. One, two, or three letters is usually sufficient. In the example below, the single letter "T" has been entered. Then the *Detail* button (magnifying glass) to the right of the Employer Search Criteria text box is clicked. All employers starting with the letter "T" will display. Use the vertical scroll bar on the right side of the screen to display all the employers.

- **Pick Button: To the left of each displayed employer is a *Pick* button. If you click on the *Pick* button, the associated employer will be selected for this subscriber and the "Employer Search" screen will close.**
- **Edit Button: To the right of each displayed employer is an *Edit* button. If you click on the *Edit* button, the Employer Entry screen will open with the associated employer displayed and ready for editing.**
- **New Button: Click on the *Add* button if the employer in question does not already exist in the Employer table. The Employer Entry screen will open, ready to add a new employer.**
- **Not Known and Not Applicable Buttons: You can designate the Insurance Subscriber's employer to be "Not Known" or "Not Applicable" (NA) by clicking on either of these two buttons. The Employer Search screen will then close.**

- **Detail Button for Current Selection (magnifying glass): When the Employer Search screen opens the currently selected employer for this subscriber will display in the *Current Selection* text box. Clicking on the associated *Detail* button (magnifying glass) will open the Employer Entry screen with this employer displayed and ready for editing.**



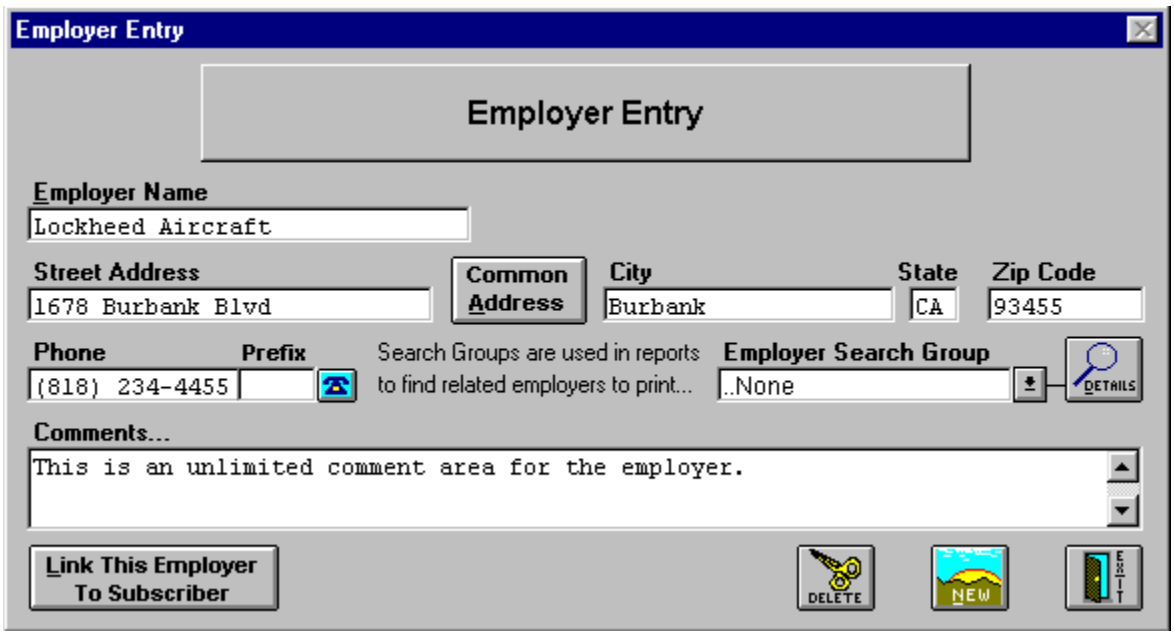
Employer Entry Screen

From the Employer Search screen, you can open the Employer Entry screen by clicking on the *Edit* button, *New* button, or the *Detail* button. The Employer Entry screen is used to add or edit employers in the Employer Table (see Figure 4).

Enter the name, address, and telephone in the fields indicated. Your Commonly Used Addresses can be utilized by clicking on the *Common Address* button if appropriate. Unlimited comments pertaining to the employer can be entered into the Comment section.

Employer Search Group

The Employer Search Group is used to link related employers together. Once the link is established, the group can be used as a search parameter for reports. For example, Burger King, McDonalds, and Wendy's are three separate employers. Printing a report indicating office production for patients from a particular employer will yield three separate totals. However, an Employer Search Group called "Fast Food Employees" could be used for each of these businesses. Using the Employer Search Group as the search parameter for the report instead of individual employers will yield a report with a different focus and thereby extend that report's flexibility. Search Groups are also available for Benefit Plans and Insurance Carriers.



Employer Entry Screen. You can access this screen directly from Utilities and then System files, or through an account via the Insurance Subscriber screen.

To select an existing Employer Search Group, click on the *Employer Search Group Combo Box*. The list of Search Groups will drop down for your selection. A *Detail* button (magnifying glass) is provided if you want to add or delete a Search Group.

Note

An alternative to the Search Group found on some reports is the Employer Name KeyWord. Enter as many letters you want for the KeyWord. The report will then qualify all employer records whose name contains those letters.

Link This Employer to Subscriber

Click on the *Link* button to select the displayed employer for the insurance subscriber. This will also close the Employer Entry screen. This Link button is only seen when you have accessed the Employer Entry screen from the Subscriber screen and you are creating a new employer record.

Benefit Plan

Benefit plans are stored in the Benefit Plan Table. The benefit plan for an insurance subscriber is selected in a way similar to the employer selection. Click on the *Benefit Plan Detail* button (magnifying glass). The Benefit Plan Search screen will open. This screen is similar in function to the Employer Search screen. See the chapter on Benefit Plans for a complete discussion

Chapter

7

7: Benefit Plans

Every insurance subscriber is linked to a Benefit Plan. The Benefit Plan is a creation of Diamond Dental Software. The Benefit Plan is a collection of certain items of information that are used to process insurance forms and calculate automatic benefits. It is not an actual entity like an employer or a carrier. You will be creating and naming Benefit Plan records in a way that is most appropriate for your practice.

What Is Stored In a Benefit Plan Record

Benefit plans are large records which display with three separate pages on the monitor. As mentioned, the Benefit Plan Record stores data essential to insurance form processing. Foremost among these items is the insurance carrier. While the actual insurance carrier is stored in the Carrier Table, the Benefit Plan Record has a pointer that links itself to a particular carrier in the Carrier Table. Likewise, the Insurance Subscriber has a pointer that links itself to a particular Benefit Plan record in the Benefit Plan Table. Therefore, an Insurance Subscriber is linked to a benefit plan and the benefit plan is linked to a carrier.

This type of centralized organization is advantageous. Suppose you have 50 patients who work for Lockheed. You create a Lockheed Benefit Plan with the carrier being Provident Mutual. One benefit plan for Lockheed is all that is required. Each insurance subscriber that works for Lockheed uses the Lockheed Benefit Plan. Since the Lockheed Benefit Plan uses the Provident Mutual carrier, each of these 50 accounts also has the Provident Mutual carrier. Suppose Lockheed change its carrier to Aetna. It is not necessary to go into each of the 50 accounts and change their carrier. Simply change the carrier of the Lockheed Benefit Plan and, by so doing, you have changed the carrier for all accounts that use that benefit plan -- one operation instead of 50.

Items That Print On an Insurance Form

The Benefit Plan record stores items that print on an insurance form. Included are the

Insurance carrier name and address
Group plan name
Group number

- Insurance type -- dental or medical

These items are found on page 1 of the Benefit Plan Record.

Items Required for Automatic Benefit Calculation

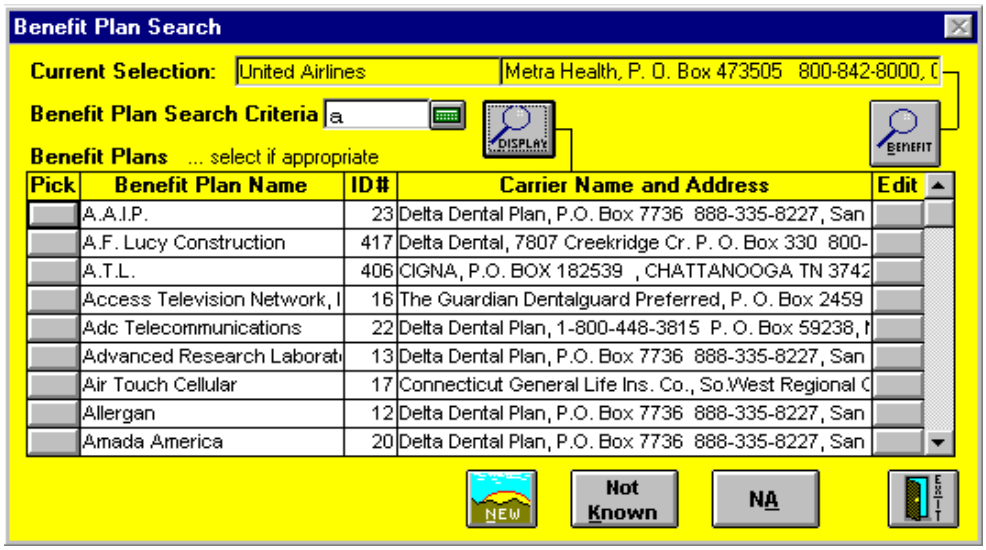
Diamond Dental Software has the option of automatically calculating the insurance benefit as you post charges into the computer. The patient portion of charges is displayed as the Due Now amount. In order to perform this calculation, the program must store insurance benefit data from the carrier. The Benefit Plan Record is where this information is stored. These items are found on page 2 of the Benefit Plan Record.

Items Concerning Patient Eligibility for Benefits

Items concerning eligibility are found on page 3 of the Benefit Plan Record. Items, such as the time required between full mouth radiographs, or the amount (in dollars) a claim must be in order to require pre-authorization, are entered here.

Benefit Plan Search Screen

You should select a benefit plan for every insurance subscriber. From the Insurance Subscriber Information screen click on the *Benefit* (magnifying glass) button which brings up the Benefit Plan Search screen (see Figure 1).



Benefit Plan Search screen. Like the Employer and Carrier search screens, enter in the first few letters of the Benefit Plan Name and click display. If you see it, pick it, if not, click New to create a new record.

Benefit Plan Search Criteria

The Benefit Plan Search screen opens as blank, displaying no benefit plans. Click in the *Benefit Plan Search Criteria* text box and enter the first few letters of the Benefit Plan name you are interested in accessing. One, two, or three letters is usually sufficient. In the example above, the single letter "a" has been entered. Then the *Detail* button (magnifying glass) to the right of the Benefit Plan Search Criteria text box is clicked. All benefit plans starting with the letter "a" will display. Use the vertical scroll bar on the right side of the screen to display all the qualified benefit plans.

- **Pick Button - To the left of each displayed benefit plan is a *Pick* button. If you click on the *Pick* button, the associated benefit plan will be selected for this subscriber and the Benefit Plan Search screen will close.**
- **Edit Button - To the right of each displayed benefit plan is an *Edit* button. If you click on the *Edit* button, the Benefit Plan Entry screen will open with the selected benefit plan displayed and ready for editing.**
- **New Button - Click on the *New* button if the benefit plan in question does not already exist in the Benefit Plan table. The Benefit Plan Entry screen will open, ready to add a new benefit plan.**
- **Not Known and Not Applicable Buttons - You can designate the Insurance Subscriber's benefit plan to be "Not Known" or "Not Applicable" (NA) by clicking on either of these two buttons. The Benefit Plan Search screen will then close.**
- **Detail Button for Current Selection (magnifying glass) - When the Benefit Plan Search screen opens the currently selected benefit plan for this subscriber will display in the *Current Selection* text box. Clicking on the associated *Detail* button (magnifying glass) will open the Benefit Plan Entry screen with this benefit plan displayed and ready for editing.**

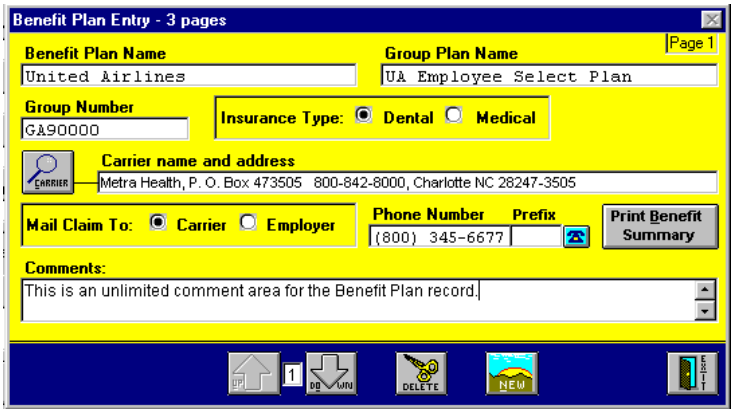
From the Benefit Plan Search screen, you can open the Benefit Plan Entry screen by clicking on the *Edit* button, *New* button, or the *Detail* (magnifying glass) button. The Benefit Plan Entry screen is used to add or edit benefit plans in the Benefit Plan table.

Benefit Plan Entry Screen - page 1

Page 1 of the Benefit Plan Entry screen is primarily concerned with insurance form processing. NOTE: The various pages of the Benefit Plan screen are now accessed via tabs rather than the Up and Down buttons seen on the image below.

Benefit Plan Name

Benefit plans should be named after the employer with which they are associated. For example, the benefit plan for Taco Bell should be named Taco Bell. *Do NOT name benefit plans after their associated insurance carrier*. For example, the carrier for Taco Bell may be



Provident Mutual. But the carrier for many businesses may be Provident Mutual. Naming this benefit plan as Provident Mutual will leave you perplexed during a benefit plan search. Imagine using the search letters of PRO and bringing up 72 identical benefit plans named Provident Mutual. How would you know which one was the Taco Bell Benefit Plan? In most cases, give the benefit plan the employer's name. Exceptions to this could arise. For example, suppose a patient walks in with Retail Clerks insurance. They may work at the Piggly Wiggly supermarket, but since all Retail Clerks have the same insurance and the same benefits, they will be sharing the same benefit plan. A single Retail Clerks Benefit Plan will serve for employees of the Piggly Wiggly market as well as the A & P market. Making separate benefit plans in this case would simply be duplication. Be aware that this is an exception rather than the rule.

Some businesses, especially larger businesses, may require multiple benefit plans. For example, United Airlines may use Connecticut General for their flight attendants and Aetna for the ground crew. Furthermore, baggage handlers may also use Aetna, but the benefits are less generous than the ground crew receives. In this case, United Airlines would require three separate benefit plans. Each benefit plan name must be unique. You would NOT simply give the name "United Airlines" to each of these three benefit plans, the reason being the name would cause confusion during a benefit plan search. This is what you would see:

Benefit Plan Name...
United Airlines
United Airlines
United Airlines

From this listing you wouldn't know which plan was which. Instead, name the benefit plan so it is unique and identifiable, such as:

Benefit Plan Name...
United Airlines - Flight Attendants
United Airlines - Ground Crew
United Airlines - Baggage Handlers

Now if a United Airlines flight attendant walks into your office, the benefit plan search will be obvious. Note that the same logic does not apply to the employer selection. All three types of workers in this case have a single employer, United Airlines. When you select an employer, you simply select United Airlines from the Employer Search. But since there is a distinction in either the insurance carrier or insurance benefits, three separate benefit plans are required.

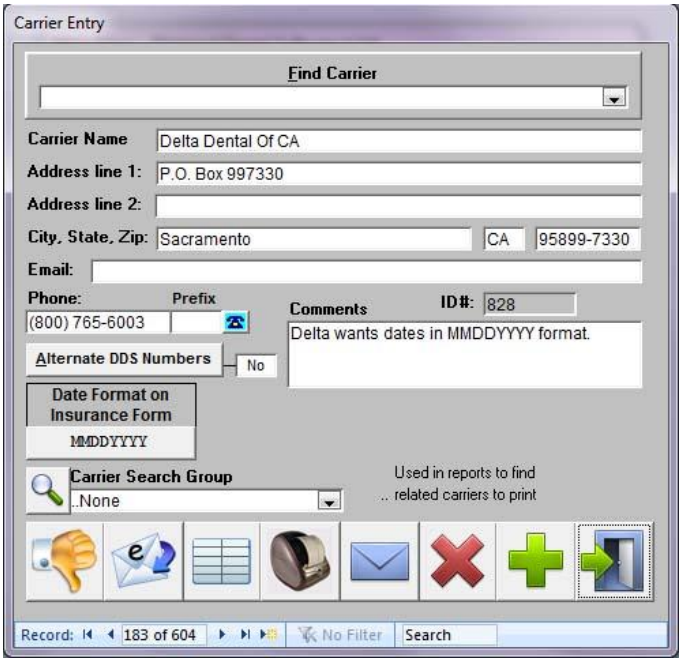
Carrier Name and Address

Each benefit plan has a link to a carrier in the Carrier Table. Patients linked to this benefit plan will also be linked to the benefit plan's associated insurance carrier. To select a carrier click on the *Carrier* button (magnifying glass). The Carrier Search screen will open. It operates in the exact same manner as the Benefit Plan Search screen discussed previously.

Through the Carrier Search screen you can find and *Pick* an existing carrier, or create a new carrier record. Once selected, the carrier name and address will display on the Benefit Plan Entry screen in the *Carrier Name and Address* text box. This text box is for display only. You cannot click on it and edit its contents. To modify or add a new carrier you must use the *Carrier* button (magnifying glass).

Carrier Entry Screen

If you need to create a new carrier you will use the Carrier Entry screen seen here.

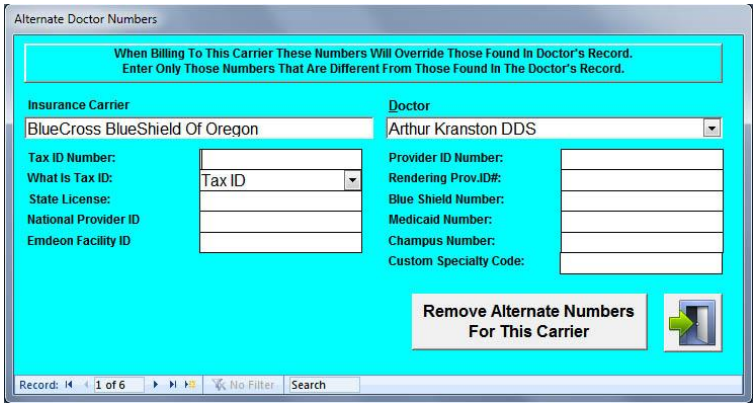


Additional Page 1 Items

The fields entitled *Group Number* and *Insurance Type* (Dental or Medical) appear on standard ADA insurance forms. *Group Plan Name* may also appear on some insurance forms. The *Mail Claim To* item indicates where you will be mailing the insurance form. Most often this is the carrier and this is the default. You may enter unlimited comments into the *Comments* section.

Although the benefit plan is not an actual entity like the employer or insurance carrier, we have nonetheless supplied a field for a phone number. This phone number should be whatever number you call to verify eligibility or benefit information. This number may be duplicated elsewhere because both the employer and carrier records also have fields for a telephone number.

Alternate DDS Numbers



When filling out the Doctor Entry screen you enter what you want printed on insurance forms for Tax ID Number, State License, Specialty Code, etc. However, some insurance carriers may want their own special entries for some of these fields. If that is the case there is "Alternate DDS Numbers." To enter these alternate numbers bring up the carrier in question on the Carrier Entry screen. Click the *Alternate DDS Numbers* button on that screen. The "Alternate Doctor Numbers" screen will open. On this screen you will select the doctor and then type the alternate entry in the appropriate field. Repeat for other doctors as needed. When printing and insurance form for this carrier and for this doctor, if an alternate number exists it will be printed instead of the number that was entered in the Doctor Entry screen. If no alternate number exists, the regular number will be printed.

Custom Doctor Specialty Code

Some insurance carriers (like North Carolina Medicaid) want their own doctor specialty codes used instead of the standard ADA specialty codes that most other insurance carriers recognize. To allow these special codes to print only for the carriers who require them, follow the two steps below.

Step One, Standard ADA Specialty Code Entry:
On the Doctor Entry screen for *Specialty*, select CUSTOM. The "Custom Specialty" screen will open. On that screen in the *Custom Specialty* enter the Specialty Code you want to appear on all your insurance forms. This would be the standard ADA Specialty Code that usually appears on your claim forms. These codes appear on the back of a standard ADA Claim Form. You can use the dropdown list to the right of the field which will enter the appropriate code for you. You can also enter the Specialty Code freehand. Note that this is NOT your special custom code. That will be entered in the next step.

Step Two, Custom Specialty Code Entry:
This step is what is required to create a Custom Specialty Code that will be printed when a particular insurance carrier is the target. From the "Main Menu" go to "Utilities", then to "System Files", and then to "Carriers". On the "Carrier Entry" screen find the carrier for which you want a Custom Specialty code created. When that carrier is on the screen click the *Alternate DDS Numbers* button. The "Alternate Doctor Numbers" screen will open (seen above). Select the doctor in question from the dropdown list and enter the desired code in the *Custom Specialty Code* field. Repeat for any other doctors as needed.

The Custom Specialty Code will be substituted for the standard Specialty Code only when an insurance claim is being generated for this particular insurance carrier and doctor.

Benefit Plan Entry Screen - page 2

Page 2 of the Benefit Plan Entry screen contains items that pertain to insurance benefits (see Figure 3). These items are specifically used by the program when in the Automatic Benefit Calculation mode. Even if you don't use automatic benefits, these fields can be utilized for your own reference. This information is usually obtained from the patient's benefit booklet provided by the carrier or employer.

Maximum

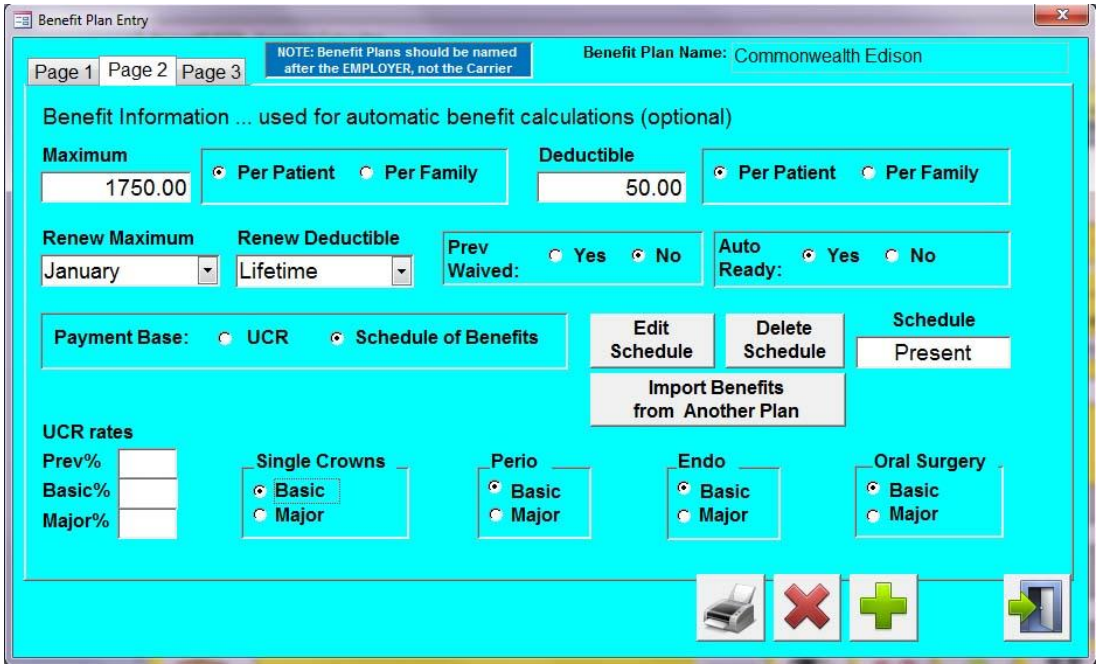
Enter the patient's maximum benefit. You will further indicate if the maximum pertains to a single patient or an entire family. No special entry is provided for subscribers who have an unlimited maximum. In such cases simply enter some impossibly large amount such as 9,999,999. If they go over that, check the chart. You may have drilled too deep.

Deductible

Enter the patient's deductible. Again you are asked to indicate if the deductible pertains to a single patient or an entire family.

Plan Year

The Plan Year is the month that benefits renew. At the beginning of each new plan year the patient has available his or her full maximum and deductible. During the year as treatment progresses, the deductible is eliminated and the available maximum begins to dwindle. When the "Plan Year month" rolls around again, the maximum and deductible are restored to their original plan values and the process begins again. The choices available for this type of Plan Year are the months of the year from January through December.



Benefit Plan Entry screen, page 2. This page deals with benefit information for automatic benefit calculation.

Note

Check out the *Benefits Remaining Report* found on the Insurance Reports menu. This report will give the amount of remaining benefits for insurance patients selected for Automatic Benefit Calculation whose treatment is marked as Not Complete. The Plan Year is also displayed indicating the months these benefits renew. This is useful for getting patients in before their benefits run out.

Some insurance plans don't renew each year. The beneficiary simply is given one large lump sum of available benefits. When these benefits are gone there is no renewal. If this is the case select the "Lifetime" choice from the *Plan Year* combo box. It is the last item after December.

Preventive Waived

Some insurance carriers do not consider the deductible when the posted procedure is categorized as "preventive." In your procedure file you have to ability to designate procedures as preventive, basic, or major. If the insurance waives the deductible for preventive procedures, indicate that here by clicking on *Yes*.

Auto Benefit Ready

This is only significant if you are using the Automatic Benefit Calculation mode in Posting. The item indicates if the benefit plan has been filled out sufficiently to properly calculate Automatic Benefits. For example, looking at this screen and seeing a $0.00 deductible may indicate a zero deductible, but it may also be the result of not knowing what the deductible is. Clicking on the proper *Yes/No* option for the *Auto Benefit Ready* field will settle the matter. Automatic benefits will not calculate if this choice is marked *No*.

Payment Base

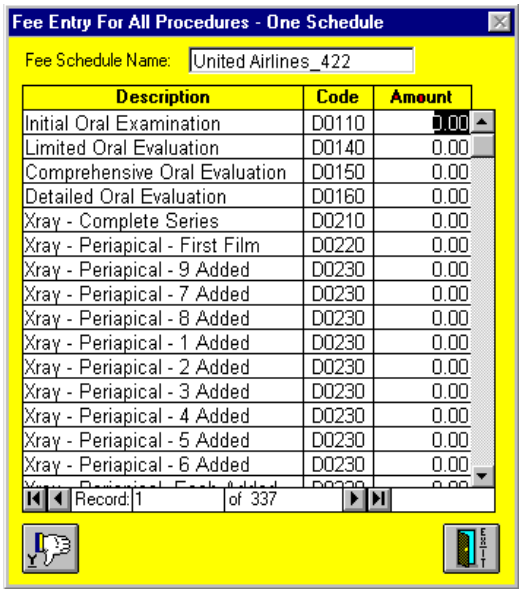
The Payment Base indicates whether an insurance plan is operating on a UCR percentage or a pre-set benefit schedule. UCR stands for usual, customary, and reasonable. The insurance carrier will pay a set percentage for preventive, basic, and major procedures based upon whatever your office fees are, as long as they are "reasonable" fees. If a benefit schedule is used the carrier should supply you with a listing of benefits indicating what the benefit is per procedure code. These benefits are usually listed in the form of a published benefit schedule. In this case your office fee is not a consideration unless the benefit is larger than your fee. In that case the benefit will be reduced to equal your fee. This obviously doesn't happen very often.

UCR Rate Coverage

If the payment base is UCR then enter the appropriate percentages for Preventive, Basic, and Major procedures. Some insurance carriers consider *Single Crowns* (free-standing, not part of a bridge) to be Basic procedures and others consider them as Major. Indicate Basic or Major in the *Single Crown* field.

Schedule of Benefits

If you select *Schedule of Benefits* the *Create Schedule* button to the right of the Payment Base option will become enabled (functional). Click on this button to create a benefit schedule for this benefit plan. After clicking on the *Create Schedule* button, the button changes to *Edit Schedule*. So far a benefit schedule has been created, but all values are initially set to zero. To actually enter the fees, click on the *Edit Schedule* button. This will open the Fee Schedule Entry screen (see Figure 4). Use this screen to enter the schedule of benefits for this benefit plan. The benefit schedule name will appear on the screen. The name will consist of the benefit plan name plus an underscore followed by a unique number. This number is the ID number assigned to each benefit plan and will be unique for each plan.

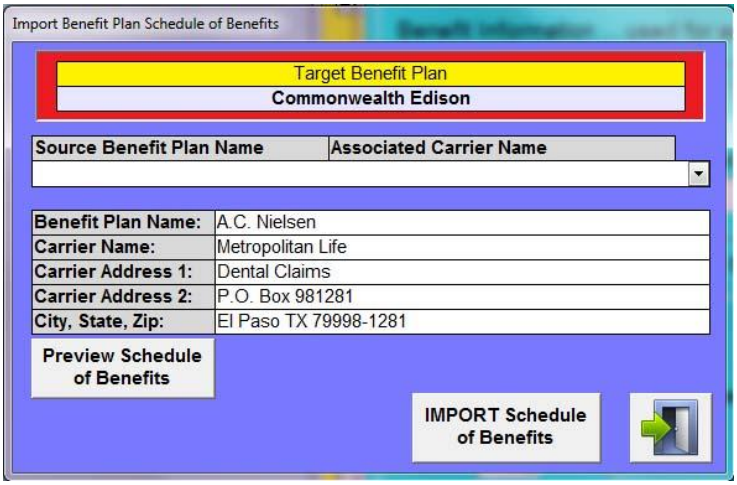


After clicking on the *Create Schedule* button it changes to *Edit Schedule* as already mentioned. At the same time the previously disabled *Delete*

Schedule button also becomes enabled. Once a benefit schedule is created it can also be deleted.

If you change the Payment Base of a benefit plan to UCR from Schedule of Benefits, any created benefit schedule will be deleted. You cannot have a benefit schedule for a benefit plan using UCR benefits.

Import Benefits from Another Plan



If you have a benefit plan that calculates benefits based upon a Schedule of Benefits (as opposed to UCR), then you are required to enter a benefit amount for each procedure in your procedure file. If there is another benefit plan that has already been created that has a Schedule of Benefits that is identical or similar to the one you are about to enter, you can copy those benefits into the benefit plan you are currently working on, thus saving you a significant amount of labor. To do this, click the *Import Benefits from Another Plan* button on page 2 of the "Benefit Plan Entry" screen. You will be taken to the screen seen here. Click the down arrow for the Source Benefit Plans and select the one you want. Then click the *Import Schedule of Benefits* button and all the benefits from that plan will transfer to the plan you are creating.

Benefit Plan Entry Screen - page 3

Page 3 of the Benefit Plan Entry screen primarily contains items that pertain to insurance eligibility. These eligibility items are not required for either insurance printing or automatic benefit calculation. They are simply for your own information to aid you in the day to day running of the dental office. These are optional entries. A sample of this screen is seen on the next page. Also seen on page 3 is the *Benefit Plan Search Group* which is discussed later in the chapter.

Policy Number

This is distinguished from the Group Number which is stored elsewhere. Some carriers may require some additional identifying number. If so, you may enter it here.

Uni-Claim Accepted

If the carrier accepts a standard ADA insurance form, you will click on *Yes*. If they require their own special form, you will indicate *No*.

Accept Assignment

Some insurance carriers will not send the benefit payment directly to the dentist. This choice will be answered *Yes* or *No*.

XT Wait Time

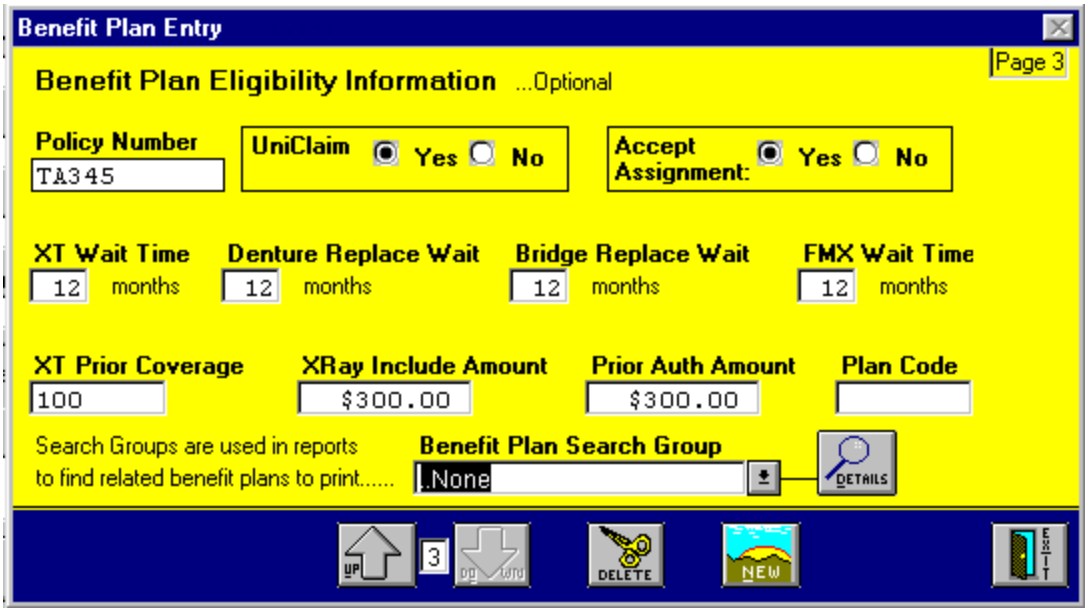
Some carriers impose a waiting period after an extraction before allowing benefit coverage for a prosthetic tooth replacement. If this is the case you indicate how many months this waiting period is.

Denture Replace Wait

Some carriers impose a waiting period for making new dentures. If an insurance carrier had paid for a set of dentures, they may have a time limit before paying for another set. That time period is entered in months for this choice.

Bridge Replace Wait

As discussed above, replacement dentures may have a waiting period. Bridges may have a similar waiting period. If this is the case you enter that period in months for this choice.



Benefit Plan Entry screen, page 3. This page deals primarily with eligibility information.

FMX Wait Time

Some insurance carriers require a certain waiting period between full mouth x-rays in order for those x-rays to be covered by insurance. If there is such a waiting period you would enter it here in months.

XT Prior to Coverage

This refers to whether an insurance carrier will pay for the replacement of a tooth if that tooth was extracted prior to the patient being covered by this carrier's insurance plan. For example, consider the case of a 42 year old man who had lost a tooth when he was in his early twenties. All these years he had not had a bridge made because he couldn't afford it. Now he has started a new job that has a dental plan. Is he covered for a bridge? Some carriers only pay for prosthetic replacements of teeth that are lost during the time of coverage. Some carriers will pay, but will not pay the full benefit. In answering this question, you may enter *Yes* or *No* or some percentage of the normal benefit.

X-Ray Include Amount

Some insurance carriers require that x-rays be included with the authorization if the treatment plan is above a certain dollar amount. If this is the case, you enter that dollar amount here.

Prior Auth Amount

Some insurance carriers require prior-authorization if the treatment plan is over a certain dollar amount. If that is the case that dollar amount is entered here.

Benefit Plan Search Group

The Benefit Plan Search Group is used to link related benefit plans together. Once the link is established, the group can be used as a search parameter for reports. For example, Burger King, McDonalds, and Wendy's are three separate employers with three separate benefit plans. Printing a report indicating office production for patients from a particular benefit plan will yield three separate totals. However, a Benefit Plan Search Group called "Fast Food Benefit Plans" could be used for each of these businesses. Using the Benefit Plan Search Group as the search parameter for the report instead of individual benefit plans will yield a report with a different focus and thereby extend that report's flexibility. Search Groups are also available for employers and insurance carriers.

To select an existing Benefit Plan Search Group, click on the *Benefit Plan Search Group Combo Box*. The list of Search Groups will drop down for your selection. A *Detail* button (magnifying glass) is provided if you want to add or delete a Search Group.

Screen Control Buttons

The Screen Control Buttons are seen at the bottom of the screen. As you flip through the screen from page to page these buttons stay visible.

- **Pick Button: Click on the *Pick* button to select the currently displayed benefit plan for the Insurance Subscriber. The Benefit Plan Entry screen will close, leaving the Insurance Subscriber Information screen displayed.**
- **Page Up/Page Down Buttons (Up/Down Arrows): Click on the Up and Down arrow buttons to flip between the 3 pages of this screen. The cur-**

rent page number is seen between the arrow buttons and in the upper right corner of the screen.

- **Delete Button (scissors): To remove a benefit plan from the Benefit Plan table click on the *Delete* button. Before the benefit plan is deleted, you will be asked to select a "Deletion Replacement." The Deletion Replacement will be any other benefit plan in the Benefit Plan table except for the plan that is currently being deleted. Other Insurance Subscribers may be using the benefit plan you are going to delete as their plan. During the delete process the program will scan for any Insurance Subscribers using that benefit plan and replace it with whatever plan you select as the Deletion Replacement. This will prevent an Insurance Subscriber's record from referencing a non-existent benefit plan.**
- **New Button: To add a new benefit plan to the Benefit Plan Table click on the *New* button. The screen will clear and be ready for entry of a new benefit plan.**
- **Find Button (binoculars): Click on the *Find* button to bring up another benefit plan. The *Find Benefit Plan Combo Box* will appear and drop down the alphabetic list of all your entered benefit plans. Click on, or type in the appropriate plan to select it.**
- **Exit Button (open door): Click on the *Exit* button to close this screen.**

Where you return to after exiting this form will depend if you accessed via the System Files menu or through an account.

Chapter

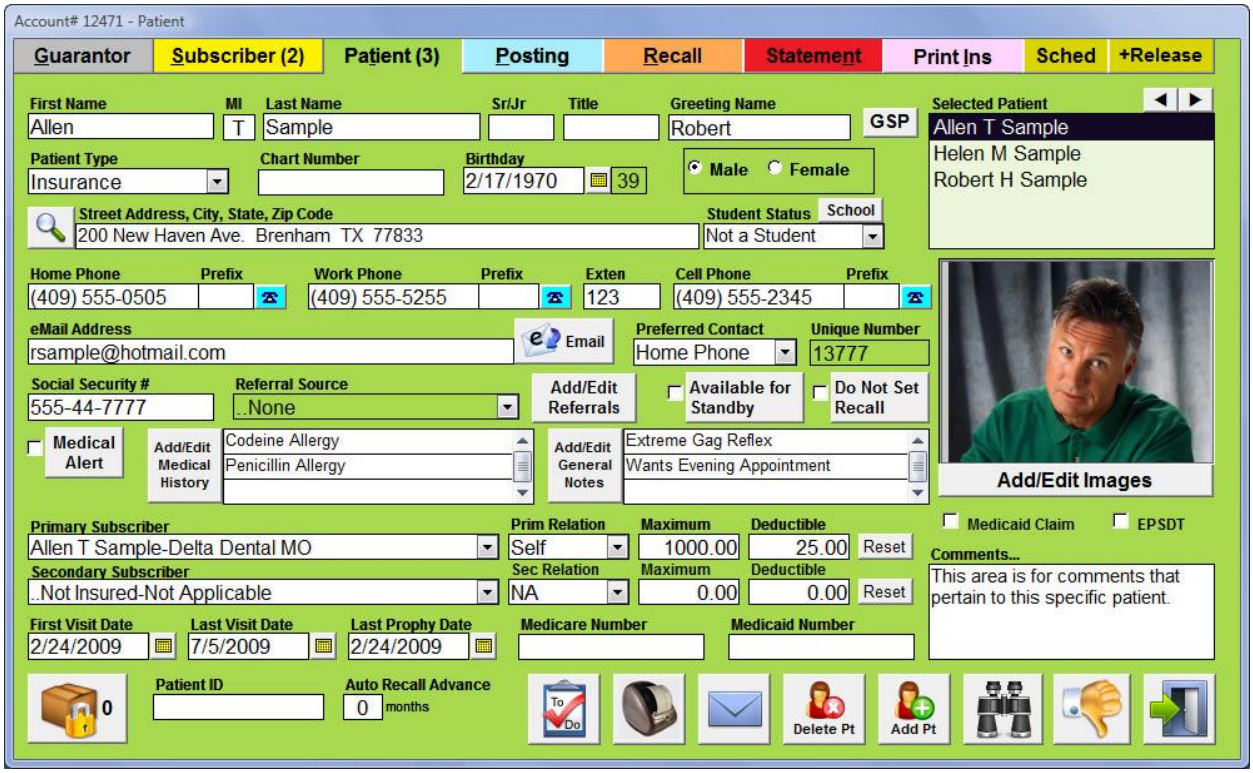
8

8: Entering Patient Records

Each account that is opened must have at least one patient. There is no limit to how many additional patients are in an account, but the minimum is one. For new accounts, patients are created at the outset using the “Account Member Entry” screen. All account members are added here (guarantor, subscribers, and patients) and a “bare bones” account is created. Patients can also be added and deleted later.

Patient Tab Screen

The Patient tab is one of the tabs of the Account Tabs. The Patient tab and its elements will now be discussed.



Patient Name

The patient name will be established using the “Account Member Entry” screen discussed in Chapter 5. On the Patient tab screen you can modify the name if needed.

Note

The Salutation Name field is how you want the patient addressed in correspondence. Think of this name following the word Dear as in Dear John, or Dear Mr. Pennington. When entering a new patient, the first name will automatically be entered for Salutation Name. Change it if you want. This field is used for recall cards and merge letter writing with Microsoft Word.

Patient Type

Click on the *Patient Type Combo Box* and select the appropriate Patient Type. The records of Patient Types are stored in the Patient Type table. Patient Types are customized by you during system start-up. You can add, edit, or delete records in the Patient Type Table via the Patient Type Entry screen accessed through the System Files menu.

Chart Number

If you use Chart Numbers in your practice you may enter that number in this field. The Chart Number is one of the fields used by the program for Patient Searches.

Patient Address

Whatever address that was entered for the guarantor will automatically be entered for the patient. If the address is the same then tab past it to the next item. It is possible that the patient is not the same person as the guarantor and may even have a different home address. If this is the case click on the *Detail* button (magnifying glass) for the address. The Patient Address Entry screen will display. Using the *New* button on this screen, you may add another address for this account. Enter the new address and click on the button labeled *Select This Address For*. This will select the newly entered address for this Patient.

Other patients or insurance subscribers that are entered will also have access to any of the addresses entered for this account. The default will always be the guarantor's address, but any address entered for this account can be selected for any patient or subscriber. There is no limit to the number of addresses that can be entered for an account.

Having more than one address for an account is not particularly unusual. For example, in a divorce situation the father may be the guarantor, living at one address, and the mother and children may live at another. It is also possible that an older dependent child, away at college, may need an alternate address.

Home, Work, and Cell Telephone

The *Home Phone* will default to whatever was the Home Phone of the guarantor. If the number is different, simply type over it with the correct number.

The *Work Phone* and *Extension* will default to that of the guarantor only if the patient is the guarantor. For other family members enter the correct work phone if any. This is also true of the *Cell Phone* number.

First Visit Date

The program considers the *First Visit Date* to be the first date that this patient had procedures posted in your office. Ordinarily this is handled automatically by the program. However, you may be entering an account that is not new to the office. This is especially true when first starting Diamond Dental Software when all the accounts you enter are existing accounts. Use the field to set or modify the *First Visit Date*.

Do Not Set Recall

If you want to indicate that you do not want this patient to be set on Recall, click on the *Do Not Set Recall* button. Recall cannot be set for this patient as long as this choice is made. This same field can be set from the Recall Entry screen.

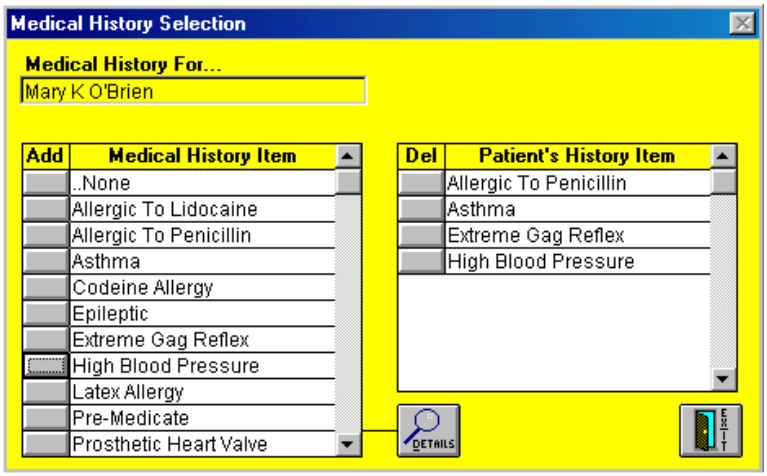
Available For Standby

Nothing upsets a smooth running dental office as much as "cancellations" and "no-shows." A patient who is *Available For Standby* is willing to be called up at a moment's notice and take the appointment time that is now unexpectedly available. It is suggested that you provide an item on your initial patient questionnaire that finds people who are so inclined. Many people are anxious to get their treatment over with as quickly as possible, and, if an opening comes up, they want to come in as much as you would like to have them come in.

Medical History

You may create a Medical History Table that can hold an unlimited number of medical history comments. You can select as many of these medical history comments as you wish for this patient's medical history. To do this, click on the *Add/Edit Medical History* button. The Medical History Selection screen will open.

The left side of the Medical History Selection screen displays the office Medical History Table. The right side displays this Patient's Medical History. To add an item from the table to the Patient's Medical History click on one of the *Add* buttons on the left. The associated item will copy over to the right (the patient's medical



history side). To remove items from the Patient's Medical History click on the associated *Del* (for delete) button.

To add new medical history items to the office Medical History table click on the *Medical History Detail* button (magnifying glass). This will open the Medical History Entry screen. From this screen you can add, edit, or delete the Medical History table. When you close this screen the Medical History Selection screen will again be in view and updated, reflecting whatever modifications you have made to the Medical History table.

When you are finished selecting medical history items, click on the *Exit* button. The Medical History Selection screen will close and leave displayed the Patient Entry screen which now reflects the medical history that was selected.

General Notes

General Notes work exactly the same way as Medical History described above. General Notes will be comments that relate to your patients. What is entered will be determined by whatever you feel will be useful. For example, “Evening Appointment Only,” “Confirm Before Appointment,” “Prefers Nitrous,” etc.

Referral Source

If you want to designate a Referral Source for this patient click on the *Referral Source Combo Box*. An alphabetic list of your Referral Sources will drop down for your selection. For a full discussion see the chapter on Referral Sources.

Subscriber Information

If the account has insurance a line of items beneath the referral information will display. These will be described now.

- **Primary Subscriber Combo Box: Click on the *Primary Subscriber* combo box and select the primary insurance subscriber for this patient. All subscribers entered for this account will appear as choices. It is this choice that determines which insurance is primary and which is secondary for a particular patient. The additional choice of "Not Insured" is also available. It is possible that one or more patients in an insurance account may not be covered. For example, a husband and spouse may be covered but not children over the age of 16. In a case like that, select the "Not Insured" choice for the child. The program will then consider that patient as a private (not insured) patient.**
- **Relation To Primary Combo Box: Your selections from this field are "Self," "Spouse," "Child," "Other," and "Not Applicable." Select the appropriate choice. "Not Applicable" would be selected if you had chosen "Not Insured" for the Primary Subscriber.**
- **Deductible: The Deductible field is only seen for accounts selected with the Automatic Benefit Calculation option. When visible it would be**

found to the right of *Relation To Primary* combo box. The number inside the *Deductible* text box represents the remaining deductible for this patient at this point in time. This amount will dwindle and finally go to zero as procedures are posted for this patient.

- **Maximum: The Maximum field is also only seen for accounts selected with the Automatic Benefit Calculation option. When visible it would be found to the right of the *Deductible* field. The number for *Maximum* represents the remaining maximum for this patient at this point in time. This amount will dwindle as procedures are posted for this patient.**
- **Reset Prim Button: This button is also only seen on Automatic Benefit Accounts. When visible it would be found to the right of the *Maximum* field. Click on the *Reset Prim* button to reset this patient's primary maximum and deductible to their original benefit plan values. This is not usually necessary because the program automatically resets these values when the patient's "Plan Year Month" rolls around. This button gives you the control to set it manually. Of course you can also simply click in the Maximum and Deductible text boxes and enter any value you desire.**

Secondary Correlates of Primary Items

If there are two or more insurance subscribers recorded into this account a second line of subscriber items will display under the primary items. These items will be the following: *Secondary Subscriber, Relation to Secondary, Deductible, Maximum, Reset Sec Button*. These items operate exactly like their primary correlates described above.

Note

In a dual coverage situation, usually the subscribers have different names, as in the case of a husband and wife. However, sometimes a person may have two insurances and, therefore, that person's name will be entered as a subscriber twice (with different insurance details). When selecting primary and secondary subscribers in the Patient Entry screen it will be confusing to know which insurance is primary or secondary since all you will see is the subscriber's name listed twice. To simplify this situation, on entering the subscriber's name again for the second insurance, use all capital letters. So when you are selecting the primary and secondary subscribers, you will see something like John Smith and JOHN SMITH and be able to know which insurance you are picking.

If a patient has single coverage in a dual insurance account, it is not permissible to designate the *Primary Subscriber* as "Not Insured" and then select a subscriber for the *Secondary Subscriber.* It is not possible to have secondary coverage only. In this situation you would designate this patient's only subscriber as Primary.

Additional Special Purpose Items

The *Medicare Number, Medicaid Number, Misc #1,* and *Misc #2* items are used on special insurance forms, usually state welfare forms. The *Full Time Student* item with its associated *School* and *City Of School* items are used on the standard ADA form.

Patient Comments

You may enter unlimited comments pertaining to this patient in the *Comment* text box.

Preferred Contact

This allows you to indicate which contact method is preferred by the patient. It may be home, work, or cell phone, email, or text message (to cell phone). The Preferred Contact displays on several reports with a leading asterisk next to the preferred contact. In the case of a preferred contact of Text Message you will see “(T)” in front of the cell phone number.

Chapter

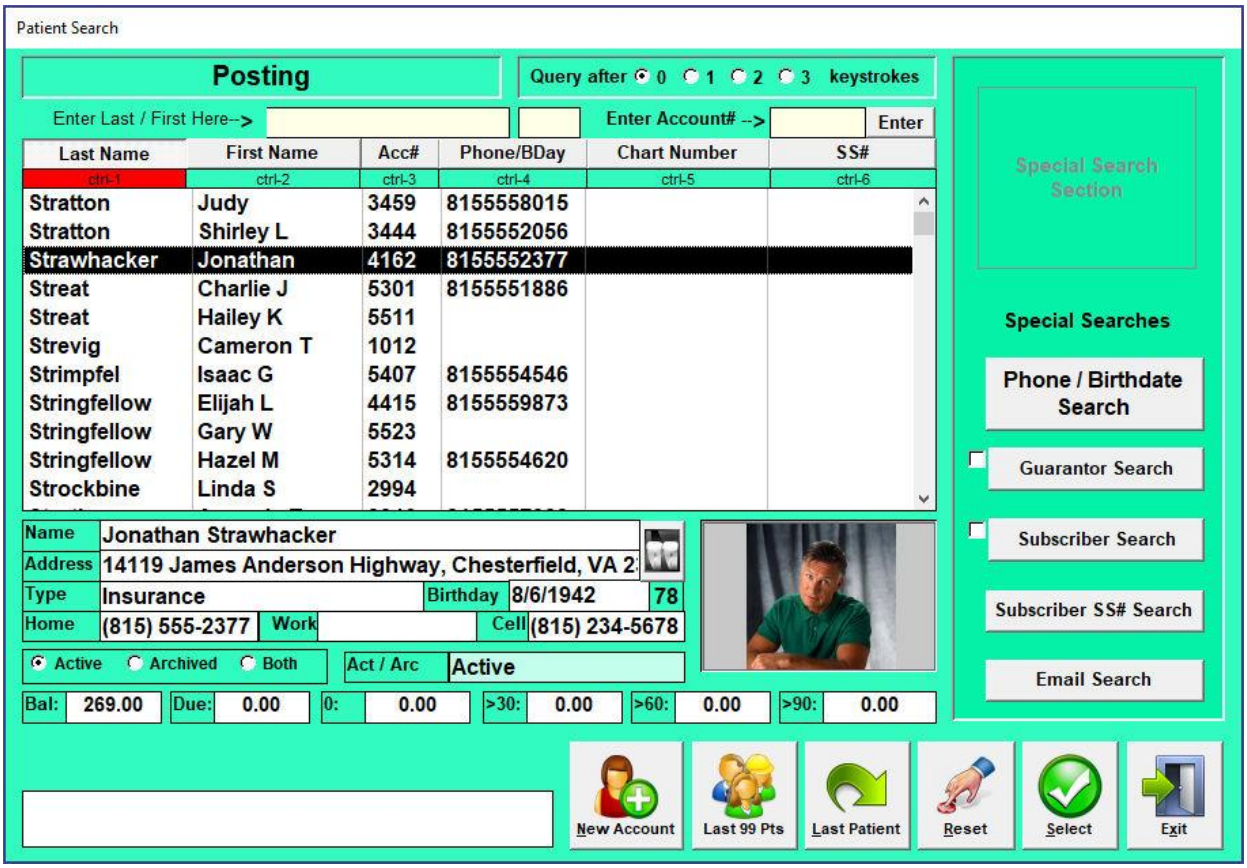
8a

Chapter 8a: Patient Search

A new patient search screen was introduced starting with Diamond Dental Software version 3.0. A sample screen is displayed here.

Eight Ways to Search

There are eight ways to search for a patient: Last Name, First Name, Account Number, Home Phone, Chart Number, Social Security Number, Quick Account Number Search, and Email Search.



To implement the search method you prefer, click one of the six buttons across the top of the screen (Note: The *Quick Account Number Search* and *Email Search* will be discussed

shortly). When you do this the patient names in the window will sort according to the method you selected. In the sample seen above, since *Last Name* is selected, you see the names sorted in Last Name order. If you had clicked the *Chart Number* button you would see the patients listed in Chart Number order. Whatever method was in effect when you exit the "Patient Search" screen will be the method in use when you open it again. So if you usually search by Last Name, you will not have to keep clicking Last Name every time you perform a search. It will usually be preset that way for you.

Query after 0, 1, 2, 3, Keystrokes

The purpose of the *Query after Keystrokes* option is designed to make the Patient Search operate faster, especially on slower computers or computers with slower network connections. If this option is set to "0," then when you open the Patient Search, the program will populate the search list with all patients that are in the database from letters A to Z. On a very fast computer this list will be populated almost instantly and speed is not an issue. However, on slower machines, when you click a button like *Posting* from the Main Menu, which opens the Patient Search screen, you might see a delay while the list is being populated with patient names. This might be a few seconds or more. This can seem an eternity when you are busy.

To improve performance, pick the numbers 1, 2, or 3 in the *Query after keystrokes* option box. Your choice will be saved for the next time you enter the Patient Search screen. For example, let's assume your Patient Search is set for Last Name and *Query after* Keystroke is set to 1. We will be searching for a patient named Robert Simmons. When you open the Patient Search screen it will pop right up, even on slow machines, because no querying is performed yet. Remember, you are set to query after 1 keystroke. That keystroke hasn't happened yet. The screen will appear with no names listed in the patient list. As soon as you type the first letter of the last name (the letter "S" for Simmons), all the patients whose last names begin with the letter "S" will appear in the listing. This is a much smaller group than if all patients from A to Z were to be loaded into the list box. We then type the next letter "i" and now all the patients whose last names begin with "Si" appear in the list box. Again, this is an even smaller group and loads even quicker. As we proceed to "Sim" the group is narrowed down even farther.

As mentioned, leave this setting at "0" if your computer is very fast. If the Patient Search screen pops up in ½ second it really is not going to matter if you can reduce that to ¼ second. However, if your Patient Search is taking few seconds to open or more, and you are experiencing sluggishness while typing the first few letters of a patient's name, try setting *Query after Keystrokes* to 1, 2, or 3.

How to Search

For this example, we will assume you have been using Last Name as your search method and that *Query after Keystrokes* is set to "0." When the "Patient Search" screen opens, *Last Name* will be selected and the patient names in the window will be sorted in last name order starting from A to Z. This is your entire patient database. If you took the trouble to scroll down you would see every patient in the system. But that is not the way to find your patient.

At the top of the screen is a text box entitled *Enter Last Name Here*. The cursor will already be blinking in this text box. Let's assume we are looking for Stephen Strickland. What you do is start typing the letters of the last name. As soon as you type *s*, the screen will be limited to names that start with the letter *s*. When you type *t*, the screen is now limited to names that start with the letters *st*. Next you will type the letter *r* and now only last names that begin with *str* will display. In this sample, that is all it took to find Stephen Strickland, because his name came into view after typing the letters *str*. You can keep typing if you want but there is no need. Once you see the name you can click on it to highlight, as seen in the sample above. Once the name is highlighted you can see the patient's address, phone numbers, patient type, birth date and age, and his or her picture if you have entered a picture. Once you are sure you have the correct patient, click the *Select* button to bring the patient up for whatever module you are using.

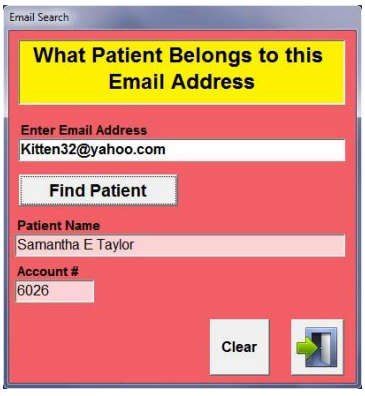
In this example we used Last Name. This letter by letter search works the same way for First Name, Home Phone, Chart Number, and Social Security Search. The Account Number search is different in that you do need to enter the complete account number, and as you type, the screen does not get limited. So if you are looking for account number 2405, you will type 2405 and press the Enter key. If account 2405 exists the screen will then only show the members of that account. You can then highlight and select and before.

You can bypass the highlighting of the name followed by click *Select* if you want by just double clicking on the name in the window. You will then directly be taken to the module with that patient.

Quick Account Number Search

When the "Patient Search" screen opens the cursor will be blinking in the *Enter Name Here→* field at the top of the screen. Since it is so common to leave the "Patient Search" screen in the *Last Name* field mode, we have included the *Quick Account Number Search* field. This text box is seen in the upper right of the "Patient Search" screen. To jump to this field just press the Tab key. The cursor will then be blinking in the *Quick Account Number Search* field. Just enter the account number (in its entirety) and press the Enter key. That account will then appear in the window where you can then select it. Using this method you can leave the "Patient Search" in *Last Name* mode, and for those times when you know the exact account number, easily enter it without changing modes. It is a useful convenience.

Email Search



Since the Diamond Dental program has the ability to send emails in various forms to your patients, the ability to search for a patient when all you have is their email address has become useful. For example, if an email that you sent is kicked back to you because it failed to deliver, and all you have to identify the patient is an email address such as Kitten32@yahoo.com, you would have a problem identifying who this was. To search by email address, click the *Email Search* check box in the lower left area of the "Patient Search" screen. The "Email Search" screen will open. Enter the Email address and click the *Find*

Patient button. The patient's name and account number will appear. Unlike the other searches, the email search does not take you directly into the patient's account. It simply lets you know the identity of the patient belonging to this email. Once this is known, close the "Email Search" screen. The "Patient Search" screen is still open. Use the "Patient Search" screen to access the patient's account.

Combined Home, Work, Cell Phone Numbers Search

For this search enter a phone number and the program will find the patient or patients who belong to that number. This search will scan all phone number fields including Home, Work, and Cell phone numbers.

Search for Active, Archived, or Both

You have the choice to limit the search to active accounts only, archived accounts only, or include both active and archived accounts. Select the appropriate radio button at the bottom left of the "Patient Search" screen. To the right of these radio buttons is the *Act/Arc* field. This field will indicate "Active" or "Archived" as you highlight each patient. When you come upon an account that is archived this field turns red. If you try to select this patient you will be told the account has to be made active first. This will be a Yes/No question.

In earlier version of Diamond Dental Software the patient search screen only looked at the active patient file. If a patient had been archived and then later returned to the office, the person operating the computer may think the patient is a new patient since they could not be found in the search. This led to account duplication. If the archived account was ever retrieved and made active, that patient would then have two accounts with two different account numbers. That situation, of course, is to be avoided. Since the new patient search can see into the archive file this should no longer be a problem.

Buttons

There are three buttons are of interest on the "Patient Search" screen. The ***Last Patient*** button will automatically select and apply the last patient searched for in this session of the program. So if you come into the program for the first time today, the *Last Patient* button will not work. You have to do a search first and then it will work until you exit the program.

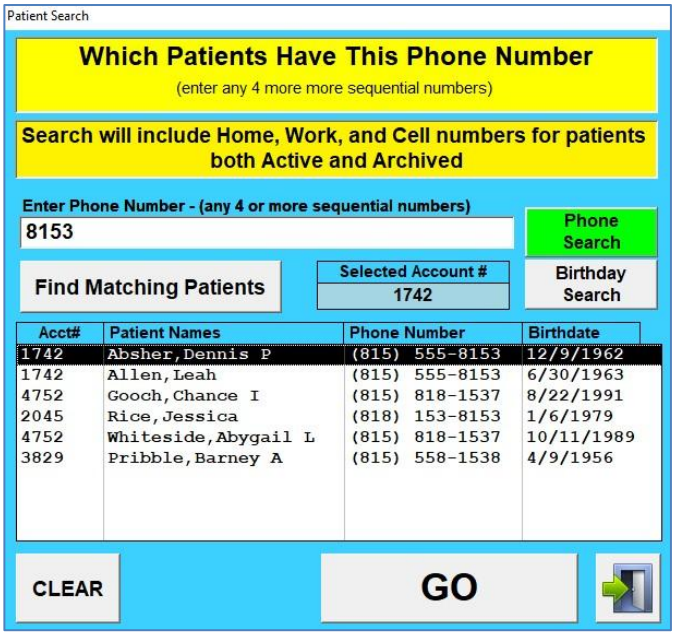
In the sample "Patient Search" screen above, notice there is a ***New Account*** button. If you are going to open a new account you will not be searching for anybody. Instead, the *New Account* button will be clicked and the "Account Member Entry" screen will open, ready to create a new account. While you are using the appointment scheduler this button will appear as the *New Patient* button. In this case you will be searching for an existing patient to schedule, or this might be a new patient.



New to version 3.3 is the ***Last 99 Patients*** button. Click this button to display the last 99 patients who

have been searched for. The most recently accessed patients would be at the top of the list. You can double click on the name or highlight the name and click *Select*, and the patient will then be accessed. The list of 99 patients is constantly updated and is shared by all computers. Unlike the *Last Patient* option, the list is retained even after the computer has been shut off.

Phone Number and Birthdate Search



The new Phone Number search allows you to enter a partial or complete phone number to find a patient. It doesn't matter if the phone number is a Home, Work, or Cell phone number, this search will search through all of them. As long as you enter at least four or more consecutives numbers, the Phone Search will display all the patients for whom those numbers exist in their phone number. In the sample seen here, 8153 has been entered. You can see the first two listed patients have 8153 as their last four numbers. The rest have 8153 existing somewhere in their phone number. Just select the patient you want and click GO.

This screen does double duty in that you can also search by birthdate. Just click the *Birthday Search* button and the screen will change. It will now ask for a birthdate and for this the complete birthdate is required in the format of "M/D/YYYY". Again, all the patients with this birthdate will display. You will select the one you want and click GO.

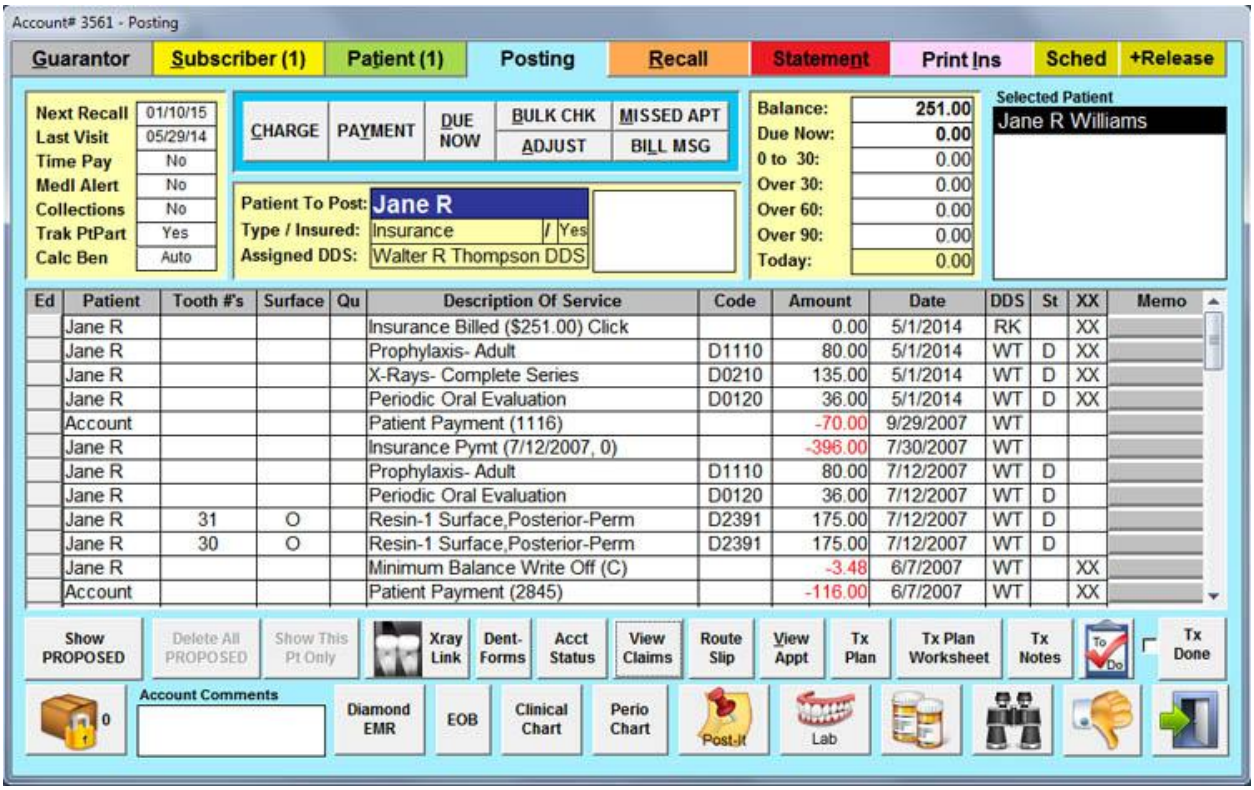
These searches will find all patients who meet the search criteria, whether they are active or have been archived. This special search screen is accessed from the regular Patient Search screen where you will click the button on the right labeled *Phone / Birthdate Search*.

Chapter

9

9: Posting

Charges, payments, adjustments, and more are entered using the Posting tab. The Posting tab is the heart of the accounting portion of Diamond Dental Software. It is the portal through which you record your office's production and collections. The screen has a multitude of controls and text boxes. These features will now be discussed.



Patient to Post

The currently selected patient is always the patient that is being posted. Change the Patient To Post using the *Selected Patient* list box in the upper right of the Posting tab screen.

Show This Pt Only Button

To bring up the Posting screen you must search for an individual patient. After the search, that patient's name will be displayed in the *Patient To Post* text box. That patient will be the active patient. However, the ledger that is displayed in the screen will show activity for the entire account. Each patient's activity will be listed by descending date.

If you want the ledger to display only those items for the active patient, click on the *Show This Pt Only* button. After clicking, the ledger will re-display and include only the active patient's procedures. At the same time, the caption of the *Show This Pt Only* button will have changed. It will now read *Show All Patients*. Click on this button again and a reverse action will occur, re-displaying items for all members in the account and the button caption changing back to its original wording.

Show Proposed Button

As the Posting screen opens, procedures posted with the "Proposed" status option do not display. If no proposed procedures are posted the *Show Proposed* button will be the color of a normal button. If the button is RED, then you know this account has proposed items posted.

To display proposed items in the ledger click on the red *Show Proposed* button. After clicking this button the proposed procedures appear in the ledger. At the same time, the caption of the *Show Proposed* button will change to *Hide Proposed*. You will also see a previously invisible button appear that reads *Delete All Proposed*. This button will be discussed shortly. Clicking on the *Hide Proposed* button will give the opposite effect, hiding the proposed items and making the *Delete All Proposed* button invisible again.

Delete All Proposed Button

This button will only appear after the *Show Proposed* button has been clicked. It is used to delete all proposed items from the account. This will be an "all or none" operation. If you wish to delete selected proposed items, click on the item's *Edit* button (discussed below). Modifying or deleting can then be accomplished on an item by item basis.

Treatment Complete Button

If the current treatment plan for the patient is finished click on the *Treatment Complete* button before closing the Posting screen. Treatment Complete does not refer to being finished for the day with the patient. Click *Treatment Complete* if you have finished the entire treatment plan and are not rescheduling the patient. Putting the patient on a regular recall schedule would be a reason to consider the patient as complete.

The Treatment Complete status is needed by the program to determine if an account is *Active* or *Inactive*. An Inactive account is one in which the balance is zero and all members of the account have been designated as *Treatment Complete*. If you do not properly mark the patient as complete then the account will remain Active. The Active/Inactive status is used in several reports as a limiting factor. For example, the Accounts Receivable report can be filtered to include only Active accounts. On a report like that you would not be interested in accounts that have not been into the office for many months or years.

Note

Another important report that relies on the Treatment Complete status is the "Treatment Not Complete / X Days Since Last Visit" report. The purpose of this report is to find patients whose treatment plans are not complete and also have not been in for an appointment recently. You will enter the value of X days. For example, if you set X to 60 days, the report will find patients whose treatment is not complete, yet have not been in the office for 60 days or more. These people would need to be called for rescheduling. The Treatment Complete status of Active is essential for this report.

The Account Ledger

The Posting tab screen displays the Account Ledger for this account. Entries are displayed with the most recent posted item listed first. Therefore, the dates are sorted in a descending order (only the *Start Date* is considered for the Account Ledger). Use the vertical scroll bar at the right side of the ledger to display items not currently in view. The ledger's columns (from left to right) will now be discussed.

- **Ed Button: This is the *Edit* button. Each ledger line has an *Edit* button at its far left side. Click on this button to modify a previously recorded ledger item.**
- **Patient: The *Patient* column displays the patient's first name and middle initial. Certain posting items do not specifically apply to a single patient, but rather the account as a whole. These items will have the word "Account" listed in the Patient column.**
- **Th (tooth), Surface, and Description Of Service: The *Tooth, Surface*, and *Description Of Service* are listed next.**
- **Code: This column displays the item's Procedure Code. Only charge items that have a Procedure Code will display here. Each procedure in the Procedure Table can have up to two procedure codes. Code #1 is usually the American Dental Association code. Code #2 is used only if you have a need for a second code for special insurance form printing. Code #1 will always display on this screen. Even if Code #2 was selected for this account, it is only used on the insurance claim print-out.**
- **Amount: The *Amount* of the ledger item will display here. Payments (which are always negative) and Negative Adjustments will display in red and are preceded by a minus sign.**
- **Date: The posting *Date* displays in this column. The current date is considered to be whatever date is displayed on the Main Menu. This may or may not be the actual calendar date. During posting this Main Menu or default date will automatically come up. It can be changed to whatever date you wish before recording the item. Each procedure actually has**

two posting dates, *Start Date* and *Finish Date*. These are discussed in more detail below. The date that appears on the Account Ledger is always the *Start Date*.

- **DDS: This column displays the initials of the performing dentist. Every posted item must have a selected performing doctor.**
- **ST (status): The ST or Status column displays the *Completion Status* of a posted charge. Only charges have a Completion Status. There are four possible choices for Completion Status. These are the following:**

  D for Done (started and finished in one visit)

  S for Started (the first visit of a multiple visit procedure)

  F for Finished (the last visit of a multiple visit procedure)

  P for Proposed (no charges yet, just treatment planned)

  The Status item will be more fully discussed in the section on Charge Posting.

Transaction Memos

Next to each posted item on the Posting screen now appears a memo field. Click the field and it expands, allowing you to enter a memo that applies to that particular item. Memos can be written for any item that appears in the Posting screen which includes procedures, payments, adjustments, Due Now adjustments, insurance sent entries, finance charges, etc. You can write memos for as many procedures as are posted, and the memo can be of an unlimited size.

If you have entered a memo for a procedure that will appear on an insurance form, that memo can be pasted into the *Remarks for Unusual Services* box on the form, without having to retype it.

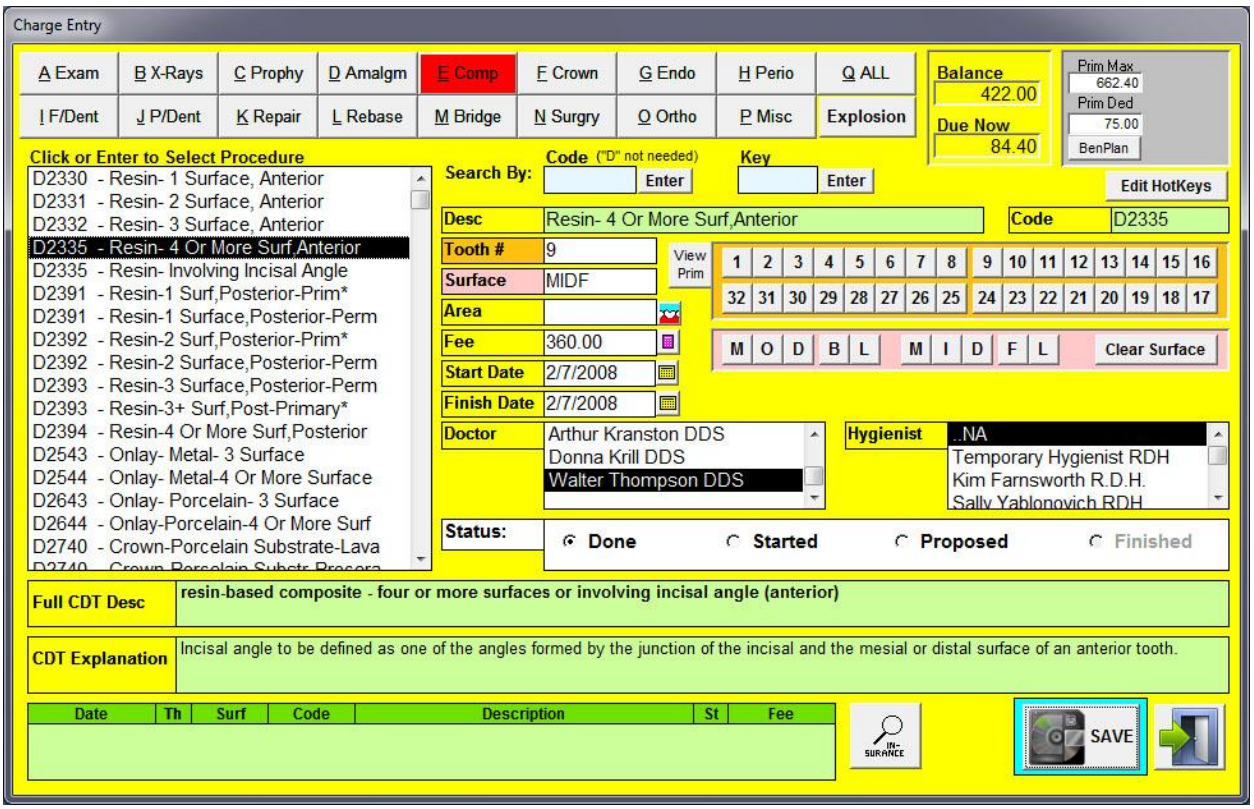
Charge Posting

Charges are the professional services you render such as prophys, extractions, restorative procedures, etc. To post charges click on the *Charge* button on the Posting screen. After clicking on the *Charge* button the Charge Entry screen will display on top of the Posting tab screen. To post a charge you will select a procedure and click the *Record* (diskette pictured) button. Before recording you will insure that the proper *Doctor* and *Status* are selected. Charge Posting also includes other options and all of this will now be discussed.

Procedure Code List Box

When the Charge Entry screen opens, all procedures in your procedure table are displayed in the Procedure Code list box (except for procedures that have been hidden, see chapter 3). The “ALL” hotkey at the top of the screen will be red, indicating that all procedures are displayed in the list box. There are usually hundreds of procedures in a dental office Procedure table, so the entire list will not be displayed on the screen at one time. You may use the

vertical scroll bar on the right to scroll through the list of procedures. The procedures are listed in ADA Procedure Code order.



You can select the procedure you want to post by single clicking on it in the Procedure Code list box. Upon selecting a procedure the ADA Procedure Code and the appropriate fee will also display in their respective text boxes on the Charge Entry screen. The fee schedule that is used will depend on what was selected for this patient when the account was opened.

Note

What determines which fee schedule is used? When you open an account there are two places where you can select a fee schedule. 1) Patients without insurance will use whatever fee schedule is selected in the drop down box on the Account Information Entry screen that is labeled *Private Fee Schedule*. 2) Patients with insurance will use whatever fee schedule is selected in the drop down box on the yellow Insurance Subscriber's screen that is labeled *Fee Schedule*.

Procedure Selection Methods

All list boxes act the same in Diamond Dental Software. However, the *Procedure Code* list box holds more items than most. Several hundred procedures may be in your procedure ta-

ble. Scrolling through several hundred items to find a procedure can be difficult. The program offers several methods to find procedures. These will now be discussed.

Selecting Procedures Using HotKeys

Since you may not have the ADA Procedures Codes committed to memory, an optional method (and the most common method) of finding procedures is by the posting *HotKeys*. The posting HotKeys are the 16 buttons seen at the top of the Charge Entry screen. Each HotKey is pre-programmed to filter the Procedure Code list box to start off with a certain procedure. For example, if you click the Endo HotKey, the list box will change showing the first endo procedure at the top, and then the rest of the procedure codes sorted in procedure code order. Since 17 procedure show in the list box at one time, endo procedure you want is most likely in view. If not, use the scroll bar to scroll down until you find it.

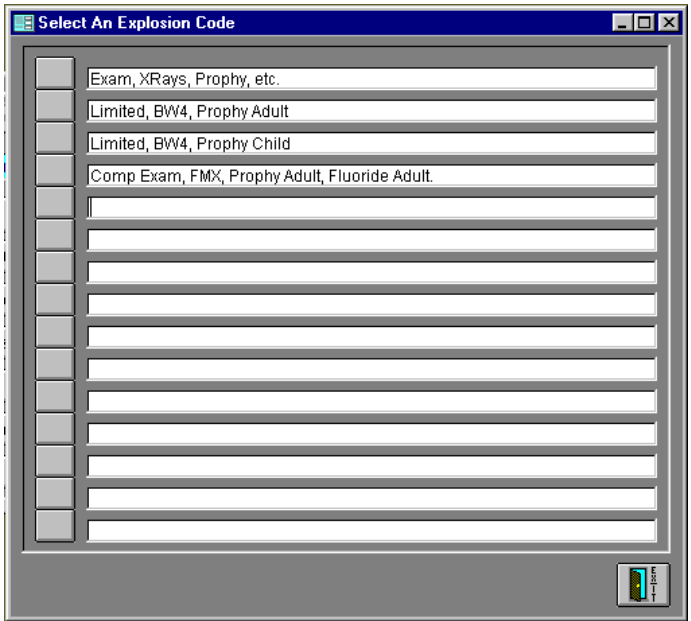
The HotKeys can be used with a mouse, or the keyboard. Each HotKey has an associated letter from A through Q. If you are using the mouse, click the HotKey and then the desired procedure as it displays in the Procedure Code list box. If you are using the keyboard, press the HotKey letter (from A to Q). You will notice the focus has shifted to the Procedure Code list box. You can tell it has the focus since it has turned the color aqua. At this point use the down arrow key until you arrive at the desired procedure, then press the Enter key to select

Note

The HotKeys come pre-set by Diamond Dental Software but you can customize them in any way you want. Each button can be given a 6 character caption and a designation as to the procedure in the Procedure table that it will open. To customize these buttons click Edit HotKeys button on the Charge Entry screen or from the *System Files* button on the Utility Menu.

Procedure Code Search

To find a procedure by its ADA Procedure Code, click inside the “Code” text box. This text box is labeled “Code (D is not needed).” As described in the labeling, you do not need to enter the “D” part of the procedure code. Therefore to bring up code “D5410”, just type “5410” and press the Enter key of the keyboard. You can also click the “Enter” button to the right of the Code text box. After you select the Record button to save the procedure, the cursor will return to the Code text box, ready for your next procedure code.



Explosion Codes

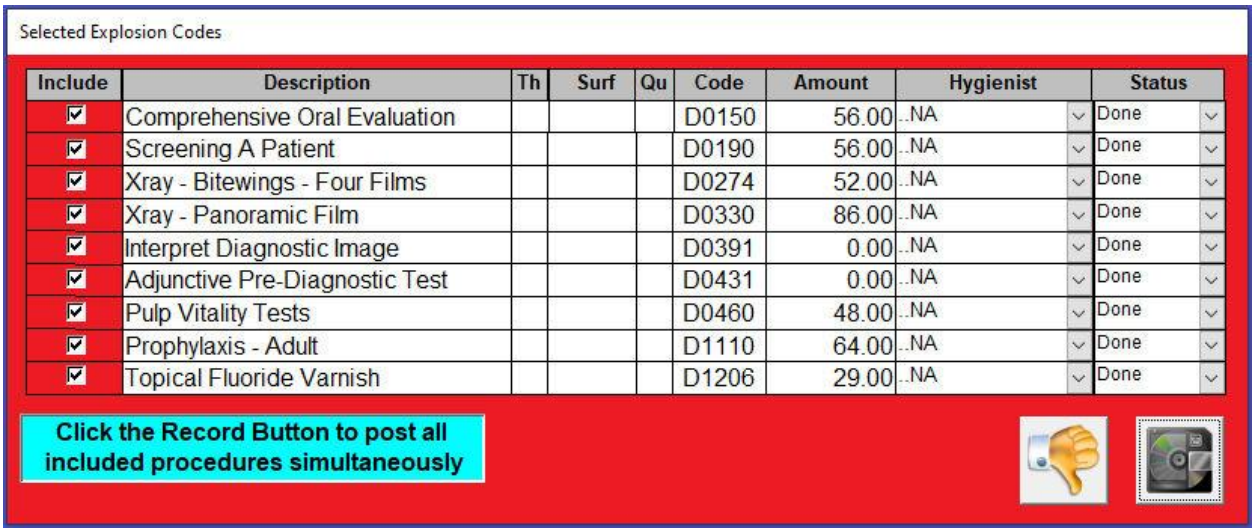
Explosion Codes entry is a unique posting method in that you can post several

procedures at once. Your Explosion Codes need to be set up in advance as described in Chapter 2. You can create up to 15 Explosion Codes and each one can contain up to 9 procedures. So with one action you can post nine procedures. Explosion Codes are groups of procedures that are commonly posted together. An example would be Exam, Prophy, and 4 bitewings.

To post an Explosion Code set of items, click on the Explosion Code button in the upper right area of the Charge Entry screen. Before clicking this button, make certain the correct doctor appears on the Charge Entry screen because this is the doctor who will receive credit for all the items included in the Explosion Code. You will be presented with the Explosion Code Selection screen.

When the selection screen appears, click on the button next to the description of the Explosion Code you wish to post. Before final selection you will be presented with the Explosion Code Record screen (see figure below). The Explosion Code Record screen displays all the procedures that are included in the Explosion Code. You are also presented with several options:

- **Include: Uncheck the Include item to suppress a particular procedure from posting. Checked (Included) is the default.**
- **Tooth and Surface: You may click inside the Tooth and Surface fields to enter these items if needed. The default for these fields is to be blank.**
- **Amount: You may modify the amount of each procedure. The amount that comes up automatically comes from the set fee schedule for this patient.**
- **Hygienist: A Hygienist field drop down box is available if you want to give a hygienist credit for posting. Not Applicable is the default.**
- **Status: You have the option of selecting Done, Started, or Proposed. Done is the default.**



Explosion Code Record screen. Click the Record button to post all these procedures to this patient's ledger at one time. You may optionally modify Include, Tooth, Surface, Amount, Hygienist, and Status for each procedure before recording.

Click the Record button and all the included procedures will be posted to the patient's ledger. The Balance and Due Now amounts will increase accordingly. The items as posted will reflect any changes you made to tooth, surface, amount, hygienist, or status.

Using Procedure Keys to Select Procedures

Procedure Keys are easy to remember keywords that will access selected procedures. You set up your own keys as described in Chapter 3. An example of some procedure keys are EX-Oral Exam, FMX-Full Mouth X-Rays, FCC-Full Cast Crown, etc. To post procedures using Keys, click inside the "Keys" text box. Enter the procedure key and press the Enter key. The procedure will be selected.

Where Does The Cursor Go After Procedure Selection?

After selecting the proper procedure the next stop for the cursor will depend upon the procedure that was selected. Each procedure in the Procedure Table has four *Halting* options. Halting refers to a field that the cursor will halt in for data entry. These fields are:

Tooth
Surface
Fee
Hygienist

Not all fields on the Charge Entry screen apply to all procedures. Different procedures require different entries. For example, a root canal would require a *Tooth* number, but not a *Surface*. For an amalgam you would want both *Tooth* and *Surface* entered. For full upper denture the *Tooth* and *Surface* should be left blank.

In addition to tooth and surface you may have the cursor halt at the *Fee* field and the *Hygienist* field. For procedures where the fee varies depending on the degree of difficulty, you may have the computer stop at the *Fee* field each time for a specific charge for this proce-

dure. Also for procedures frequently performed by a hygienist, you may opt for the cursor to halt at the *Hygienist* list box.

The *Halting* options for each procedure is already entered into the Procedure Table. If you prefer different settings you may make modifications from the Procedure Table Entry screen which is accessed via the Utility Menu.

Record Button (diskette)

After you have all the fields entered the way you want them, click on the *Record* button to record this procedure into the account ledger. The balance will then increase by the amount of the fee for this procedure. The item will be added to the account ledger's listing of items. It will be the first item since it is the most recent (based on the Start Date) unless you have modified the date to some earlier date. In that case, the procedure will be inserted into the ledger where it belongs according to its Start Date. After recording, the Charge Entry screen will clear and be ready for posting another procedure.

Note

Even after clicking the Record button, nothing is permanently recorded until you leave the Posting screen with the Exit button. If you want to cancel everything that you have just recorded, click the Cancel button (thumbs down) at the lower right of the Posting screen. The account will revert to the state it was before you entered the Posting screen.

How Recording Affects Due Now Amount

The *Due Now* amount is designed to represent the patient portion of the charges. It is the amount you expect the patient to pay at the time of posting. Several factors may influence how the Due Now amount gets incremented after recording. These will now be discussed.

Private Accounts and Track Patient Portion = No

For private accounts (without insurance) the Due Now will simply mirror the Balance amount. For example, if you post a charge for $100, the balance will increase by $100 and the Due Now will also increase by $100. The same is true for insurance accounts where the *Track Patient Portion* option has been answered "No."

Insured Accounts: Benefit Calculation = Manual

When opening an insurance account, if you have selected *Track Patient Portion* to equal Yes then you are further asked to select a type of *Benefit Calculation* for the account. If you select *Manual*, you are telling the computer that you will be taking manual control of the *Due Now* amount. If you post a charge for $100 the balance will increase by $100 but the Due Now will not be affected. For these accounts the Due Now will only change by posting a *Due Now Adjustment* (discussed later). The Due Now will then be used to represent the estimated "patient portion" of the charges.

For example, suppose you posted a charge of $100. Further suppose that you are fairly certain that the insurance will pay $75 of that charge and the patient is going to be responsible for $25. When you record the charge the balance will increase to $100 but the Due Now amount will remain at zero. Before leaving the Charge Entry screen you will perform a Due Now Adjustment and change the Due Now amount to $25. Now the patient's Balance is $100 and the Due Now is $25. Before leaving the office the patient should pay that $25 amount. After that payment the Balance will be $75 and the Due Now will go down to zero again. Later in the month when you post the $75 insurance payment, the Balance will go to zero and the Due Now will remain at zero.

Delinquent Aging is calculated only from the Due Now amount. In the situation discussed above with a Balance of $75 and the Due Now of zero, nothing is aged. If 30 days goes by without the insurance payment, nothing is shown as 30 days past due because the Due Now is zero. However, if you did not take control of the Due Now and it simply mirrored the balance, the Due Now would also be $75. In that case, 30 days later, the account would show $75, 30 days past due, and the patient would receive a statement indicating this. This may not be what you want. In a situation when the patient has paid his or her portion of the charges, and you are waiting for the insurance to pay, aging the account would be the wrong action.

Insured Accounts: Benefit Calculation = Automatic

Diamond Dental Software will automatically calculate the patient portion of charges for insured patients. You must have selected "Automatic" for the type of *Benefit Calculation* when opening the account. The benefit information must also have been entered into the benefit plan record used by this account.

When posting an *Automatic Benefit* patient, the Charge Entry screen will show, on the right side of the screen, fields for the patient's current primary deductible and primary maximum. If the patient has dual coverage, a second set of items would appear below that for the secondary insurance. Clicking on the *BenPlan* button will display the benefit plan record linked to the patient. You should be aware that bringing up the benefit plan will cause the Charge Entry screen to close. You can re-open the Charge Entry screen after you are finished with the benefit plan.

Status

Before recording a procedure you must select a *Completion Status*. The four possible options are Done, Started, Finished, and Proposed. These will now be discussed.

Done

The *Done* status designation is the most commonly used. You will enter this choice for procedures that were completed in one day. For instance, a radiograph or an amalgam restoration is each an example of procedures that would be started and finished on the same day. Any procedure that was completed on the same day it was started will use this choice. The procedure's *Started* and *Finished* dates will be the same date.

When the *Done* status is selected, the fee listed for that procedure will be added to the account balance. Whether or not the Due Now amount increases will depend on whether the Track Patient Portion option was answered Yes or No. The procedure will also appear on the patient's billing statement for that day and the Day Sheet Report. The procedure will also be available to print on an insurance claim form.

The *Done* status can also be used for multiple-appointment procedures such as crowns and root canals by not entering the procedure into the computer until the final appointment. In this circumstance you will not post anything for this procedure on the first visit. A more appropriate Status entry for multiple-appointment procedures is the Started option. This will be discussed next.

Started and Finished

The status designations *Started* and *Finished* have been especially designed for multiple-appointment procedures. When you record a procedure with the *Started* option the Start Date will be recorded. The Finish Date will be left blank. The entire charge will be charged on the Start Date. From an accounting point of view, *Started* and *Done* will have the same effect. When the procedure is completed this *Started* procedure will be edited and re-recorded using the *Finished* status option. At that time the finish date will be recorded but no new charges will be added to the account since the entire fee was added when the procedure was first posted.

Using the *Done* option for multiple-appointment procedures is fine, but it has certain drawbacks. Here is a case in point: assume you are going to use the *Done* status entry for a crown. Remember, in that case, multiple-appointment procedures are not posted until the last visit when the procedure is actually completed. The fee for the crown is $400. At the end of the first visit, you may be expecting some or all of the payment. Assume the patient pays the entire $400. On the patient's billing statement, the balance will now read $-400 (negative $400). Since you are waiting for the last appointment to post the procedure, the $400 for the crown has not been added to the patient's balance. However, the payment, which was posted, is subtracted from whatever the balance is, in this case zero. Furthermore, the patient's billing statement, which normally details what was done that day, will be blank, again, because it was not yet posted. And also, even though you may have spent an hour doing the crown preparation and impression, nothing will show up on the Day Sheet report except the payment. Finally, if you wish to print an insurance form for this item after the crown prep you cannot because it has not been posted.

Using the *Started* choice will have several effects that will solve these shortcomings. The *Started* option is used on the first appointment of a multiple-appointment procedure. The *Finished* status option is used on the last appointment of a multiple-appointment procedure. The following paragraphs will describe the effects of the *Started* and *Finished* status options.

The *Started* option has many of the same effects as the *Done* option. The fee for the procedure is added to the patient balance immediately, and the procedure will appear on the patient's billing statement. The procedure will also appear on the Day Sheet Report with its full fee. The procedure may be printed on an insurance form and sent for payment. The date

used for the insurance form will be the date the procedure was posted as Started. The Finished Date will be left blank for the time being.

Note

When printing an insurance form for a procedure that has been started (but not finished), the Start Date will be the one used on the insurance form. After a procedure has been posted as finished and the Finished Date field is no longer blank, it is the Finished Date that will be used for insurance form printing.

On the final appointment of the multiple-appointment procedure, the procedure will be accessed again by clicking on its *Edit* button. The Charge Entry screen will open in the Edit Mode with the procedure displayed. The *Finished* status option is selected. The Finished Date field, which was formerly blank, will now display whatever the current date is. This can be modified if desired. Finally the Record button is clicked.

With two exceptions, all areas of the program consider the Start Date as the date for that procedure. The Finish Date will be used on insurance claim form print-outs (for *Finished* procedures) and the Day Sheet Report will display both the Start and Finish dates.

Proposed

The *Proposed* status option is used when you are entering a procedure that will be performed in the future. You may use this when sending for insurance authorization. The procedures need to be entered in order for an insurance form to be printed. Another reason for the *Proposed* choice would be if you wanted a Treatment Plan print-out. Enter the procedures to be performed then run the Treatment Plan program for the print-out. When using the *Proposed* choice for status, the fee is not added to the patient's balance. No dates are entered for *Start Date* and *Finish Date*. The procedures are also not printed on the Day Sheet. The procedures that are *Proposed* have no financial impact until their status is changed to *Done* or *Started*.

Start and Finish Dates

As discussed above, each procedure has two dates, the *Start Date* and the *Finish Date*. When posting with the *Done* status option, these dates will be the same. This represents a procedure that was started and finished on the same visit. The only situation where the *Finish* date is not the same as the *Start* date is when the *Started* status option is used.

The date in the *Start Date* text box will be the date set for this procedure. The current date from the program's point of view is whatever date is currently displayed on the Main Menu screen. This date will automatically be entered into the *Start Date* text box for you. This date can be modified if you wish. If the *Done* status option is selected the same date will be displayed in the *Finish Date* text box.

Doctor List Box

The doctor selected here will be the doctor to receive production credit for this procedure. The assigned doctor for the account will automatically be selected. You may select another doctor by clicking on the doctor's name in the Doctor list box.

Hygienist List Box

In many dental offices, hygienists perform many of the procedures. To indicate that a hygienist performed this procedure, select the appropriate hygienist from the *Hygienist* list box.

In Diamond Dental Software, giving the hygienist credit does not take away credit from the doctor. It merely marks this procedure to be included in the hygienist's totals. The same procedure is still calculated for the doctor's totals. A doctor must always be selected when posting a procedure whether a hygienist is involved or not. If you want a hygienist to receive exclusive credit for his or her work, the hygienist would have to be entered into the system as a doctor.

Insurance Button

The *Insurance* button has pictured a magnifying glass with the word "Insurance." When you click on the Insurance button the Procedure Insurance Status screen will open on top of the Charge Entry screen. This screen has two functions. These will now be discussed.

Insurance Status

The *Insurance Status* for a procedure indicates the current stage of insurance processing for the procedure, that is, whether or not the procedure has been printed on an insurance form. There are four possible status settings:

Not Processed Yet
Sent For Payment
Sent For Authorization
Do Not Print On Form

When a procedure is first posted it will be at the *Not Processed Yet* stage. After the procedure has been printed on an insurance claim form for payment or authorization, the status will change to those settings. This is automatic. You do not have to set this yourself. However you can set it manually if you desire.

If you are posting a procedure that you do not want to print on a claim form, click on the *Do Not Print On Form* status option. This will prevent the procedure from automatically qualifying for insurance printing. The best time to do this is before you click the Record button.

You may set certain procedures to automatically default to the *Do Not Print On Form* status option. You set up your Procedure Table using the Procedure Table Entry screen accessed through the Utility Menu. On this screen there is an option called *Insurance Printing*. The choices are Yes or No. Yes is the default. If you change it to No the procedure will be automatically posted with the status of *Do Not Print On Form* unless you change it.

Insurance Benefit

If Automatic Benefits are active for this patient the *Insurance Benefit* field will be visible on the Procedure Insurance Status screen. This field will allow you to designate a different benefit than would normally be calculated by the program. For example, suppose you are posting a gold crown with a fee of $500. You are informed that this insurance covers crowns at 50% and the benefit would be $250 if it was posted normally. However, for this circumstance assume the insurance will not pay for the crown, but they will allow $40, which is the benefit for a four surface amalgam.

If you were to post the procedure normally the benefit of $250 would falsely be calculated. To signify that a different benefit should be used, click on the *Insurance* button before clicking the *Record* button. When the Procedure Insurance Status screen appears the *Insurance Benefit* field will be blank. With a blank field, the insurance benefit will calculate normally. Any value entered into the *Insurance Benefit* field will become the benefit. In the case discussed above, we enter 40 into the field and close the Procedure Insurance Status screen. Now when the procedure is recorded the benefit will be $40 and not $250. The Due Now amount will increment accordingly.

This same method would be used to indicate a zero benefit for a procedure. For example, you may be performing a procedure that will not be covered by the insurance. If you post the usual way, the benefit will calculate in the usual way. However if you enter a zero ("0") into the *Insurance Benefit* field, the benefit will be zero. In that case the Due Now amount (patient portion) will increase by the full amount of the fee, the patient being responsible for all of it.

The primary use of the *Insurance Benefit* field is before recording, but you can change the benefit after recording as well. If you open the Procedure Insurance Status screen for an already recorded procedure, the *Insurance Benefit* field will display the benefit that was calculated and credited by the program. You may change this amount if you want. Changing the benefit amount will not correspondingly change the Due Now amount. This would have to be done by you in the form of a Due Now Adjustment. Likewise, the patient's maximum and deductible will also not be changed and would require manual modification. It is best to do your modification before recording.

Exit Button (open door)

When you are finished entering procedures click on the *Exit* button. The Charge Entry screen will close, leaving the Posting screen active.

Payment Posting

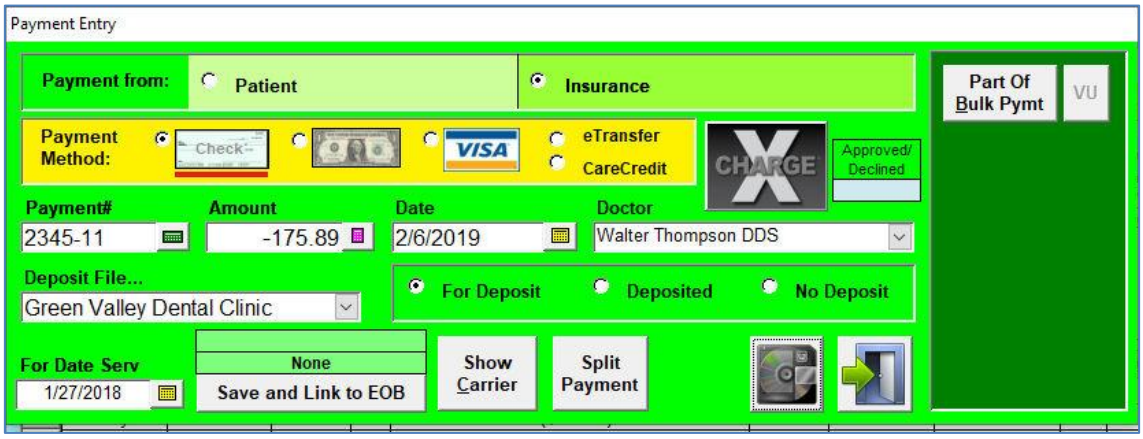
To enter a payment, click on the *Payment* button at the top of the Posting screen. The payment button pictures a dollar sign with the caption "Pay." The Payment Entry screen will display on top of the Posting screen.

Payment From

With the *Payment From* option you may indicate if the payment is from the patient or from the insurance. If this is a dual coverage account the insurance choice will become two choices, Primary and Secondary.

If the *Insurance* choice is selected, the payment will be recorded as being linked to whatever patient is currently selected as the active posting patient. On the account ledger the First Name field will display that patient's name. Insurance payments are identified by the patient's first name in order to facilitate insurance tracking.

If the *Patient* choice is selected, the payment will not be credited to any particular member of the account. Looking at the account ledger, the word "Account" will be displayed for the First Name. An account has only one Balance. Charges posted to all the patients in the account will be reflected as that one Balance. Therefore, a patient payment simply reduces the account Balance as a whole and is not assumed to be paying off any particular portion of the Balance that may belong to one patient or another.



For Date of Service

If the *Insurance* option is selected, a text box entitled *For Date of Service* will appear in the lower left corner of the Payment Entry screen. You may enter a date in this field indicating the date of service for which this insurance benefit is being paid. This entry is for the benefit of the patient. The only place the *Date of Service* will appear is on a billing statement that will be sent to the patient. If you enter a date here the description line on the billing statement will look similar to this:

Patient Name	Description Of Service	Date	Amount
Robert E	Insurance Pymt (for: 4/1/95)	5/20/00	54.95

Patients often wonder if their insurance has paid its portion for a particular office visit. This line will give them that information and perhaps save a phone call to you.

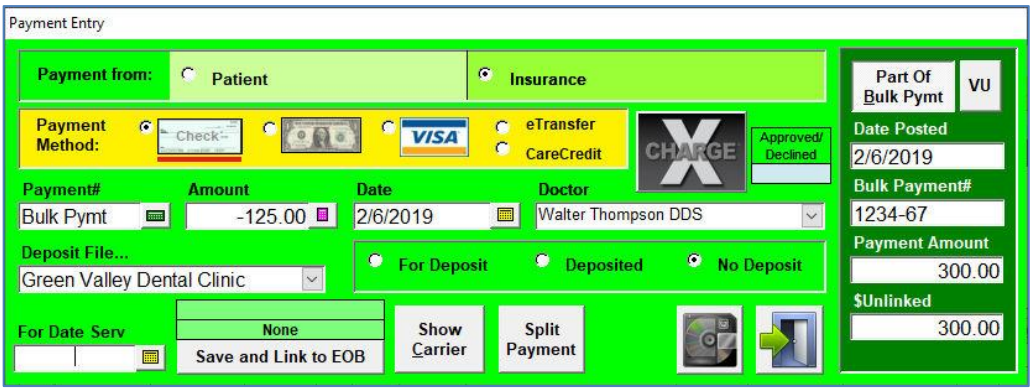
This entry is optional. If the field is left blank then the words "Insurance Pymt" will simply print, leaving the date of service information off the statement. If the patient has dual coverage then "Insurance Pymt" will be replaced with either "Prim Ins Paymnt" or "Sec Ins Paymnt."

Payment Method

Select Check, Cash, Credit Card, or Electronic Transfer. The account ledger will reflect this selection in the Description of Service. Use Electronic Transfer if the payment is being directly deposited into your bank via electronic mail.

Part of Bulk Payment

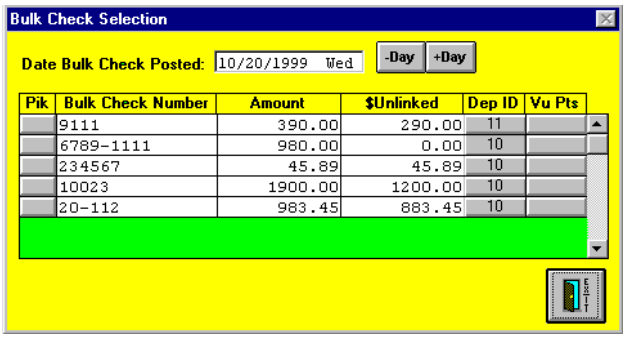
If the insurance payment you are entering is part of a larger Bulk Payment then click the *Part of Bulk Pymt* button. This will suppress this particular amount from being considered a single payment and, therefore, improperly being entered into the bank deposit.



For example, suppose you received a bulk check from a carrier for $1000. Three patients were included in the bulk payment, one for $200, another for $350, and another for $450. The only check you received was for $1000 and that amount should reflect on the bank deposit. You should not see an entry on the bank deposit for $200 or $450. You have no actual check for $450 to deposit. This is why the *Part of Bulk Check* button should be used in this case.

When the *Part of Bulk Pymt* button is clicked, the Bulk Payment Selection screen will pop up. This screen lists all the bulk payments that have been posted for that day. Click the *Pik* button next to the bulk payment that this payment is a part of. This links this payment to the bulk payment and establishes Bulk Payment Tracking.

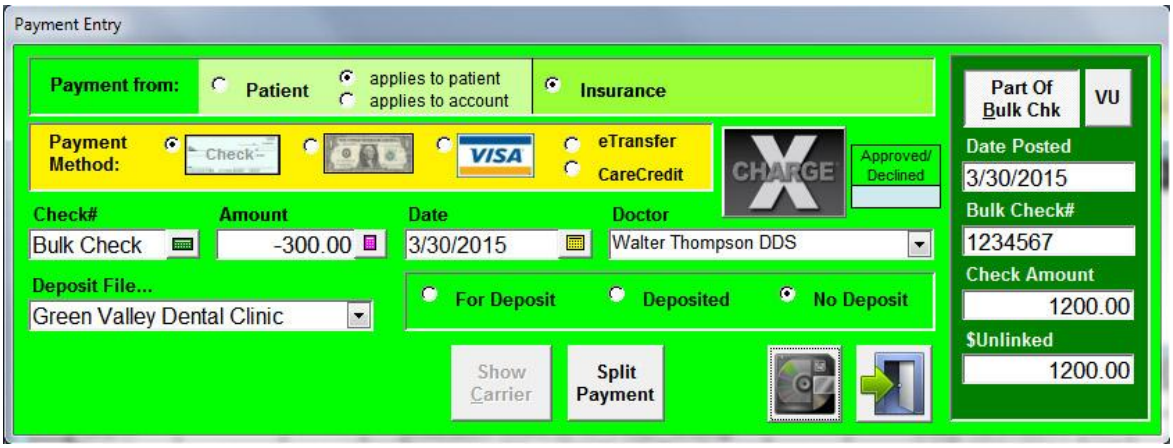
Bulk Payments can be payments from insurance carriers that disburse benefits for multiple patients. As of version 5.4 Bulk Payments can be for either Insurance or Patient payments. They can also be used for



splitting check, cash, credit cards, electronic transfers, or Care Credit. To post a Bulk Payment in Diamond Dental you first perform a special Bulk Payment posting of the entire bulk payment which goes directly into the bank deposit (see section on Bulk Payment Entry). After entering the actual bulk payment, you will post payments for the individual patients that were on that bulk payment using the special *Part of Bulk Payment* option.

Diamond Dental Software does cross referencing of bulk payments with their corresponding individual payments. To post a payment to a patient's account that is part of a larger bulk payment, go to Posting, select Payments, and click the *Part of Bulk Pymt* button. The Bulk Payment Selection screen will appear displaying all the bulk payments that have been entered for the day. Click the bulk payment to which this payment is a part. That will link that individual payment to that particular bulk payment. Also displayed on the pop-up for each bulk payment is the amount that remains unlinked. For example, for a bulk payment of $1000 that has had two payments linked to it, one of $300 and another of $500, the Amount Unlinked will display $200. If the payment you are about to post is $200, you know the bulk payment has been cleared. If it is less, you know there must be another payment to post against this bulk payment. This pop-up screen will also show you a list of the other patients who have so far been linked to a particular bulk payment.

Editing Bulk Payments



To edit the initial bulk payment, you will need to go to the Posting screen. From here click the Bulk Pymt button. This opens the *Bulk Payment Source and Type* screen. But instead of preceding to create a new bulk payment you will click the button in the lower left of the form entitled *Select Bulk Payments for Editing*. This button will display previously entered bulk payments. You will select the one in which you are interested. You may then edit it in any way or delete it if desired.

Payment#

When posting a payment that is part of a larger bulk payment the Payment# field will simply display Bulk Pymt. No other identifier is need for a payment that is part of a bulk payment.

Amount

Enter the *Amount* of the payment in this field. All payment entries are considered negative. Therefore, you do not have to enter the minus sign. The amount will be made negative after leaving the field.

Doctor

If the payment should be credited to a particular doctor you may select that doctor from the *Doctor* combo box. If you do not want any particular doctor to receive credit select the "..Not Assigned" choice from the *Doctor* combo box.

Note

When you select "Not Assigned" for the doctor on the Payment Entry screen, the amount of the payment will be added to the Total Office total on the Day Sheet, but not to any individual doctor's total. So if there is a discrepancy between the Total Office total and the sum of all the individual doctor's totals, consider looking into "Not Assigned" as the reason.

Deposit File

Diamond Dental Software allows you to maintain multiple bank deposit files if you choose. Use the *Deposit File* combo box to select the deposit file to which this payment will be credited.

Deposit Status Option Box

The *Deposit Status* option box allows you to set or modify the deposit status of this payment. The Deposit Status is set automatically by the Bank Deposit printing program and usually there is no need for you to modify the status. Three options are possible. These will now be discussed.

For Deposit and Deposited

These two options are functionally identical in the program. There was a distinction in an earlier version of the program, but now, both For Deposit and Deposited simply mean the payment is eligible to be recorded into the Bank Deposit file. Both are distinct from the option of No Deposit discussed below.

Note

***For Deposit* and *Deposited* are functionally equal. They both will qualify a payment to be recorded into the Bank Deposit. The *No Deposit* option will suppress a payment from being in the Bank Deposit.**

No Deposit

Use this choice to indicate that you do not want this payment to be printed on the Bank Deposit Slip.

Record Button

When all fields are properly entered click on the *Record* button (diskette pictured). Unlike the Charge Entry screen, the Record button will close the Payment Entry screen.

Exit Button

The *Exit* (open door) button is used for canceling on the Payment Entry screen. The Record button will close the screen after recording, so use the *Exit* button if you decide not to record the item.

Bulk Payment Entry

When you enter a payment, you are also entering the information needed for the bank deposit. Each time you enter a check with its check number and amount, this data is also used for the bank deposit slip and Bank Deposit report.

Most insurance companies complicate this by sending Bulk Payment checks. That is one check covering a number of patients. They will also supply you with a breakdown of how much of that bulk check should be credited to each individual patient.

As an example, suppose you received a bulk check for $1000. On the breakdown supplied with the check, the insurance company informed you of the following:

Bulk Check for $1000
Bank Number 48005

Breakdown...
$300 for patient X
$200 for patient Y
$500 for patient Z

What should appear in the Bank Deposit is a single check for $1000 with a check number of 48005. However, if you were to post these amounts in the usual way the program would not be aware of a check for $1000, but would instead see three checks with values of $300, $200, and $500, each with a check number of 48005. To solve this problem, Diamond Dental Software uses a special Bulk Check payment posting method. There are certain steps involved for entering the bulk check directly for Deposit File use only and separate steps for entering the individual patient amounts of that bulk check into the patient account ledgers.

Crediting Individual Patients on the Bulk Check

The payments for the individual patients included on the bulk check are posted in the usual way with one exception. The *Part of Bulk Check* button on the Payment Entry screen will be clicked. This will suppress this individual's amount from printing on the bank deposit. In the example above you would post insurance payments for patients X, Y, and Z for $300, $200, and $500 respectively, making sure to click on the *Part of Bulk Check* button each time.

Bulk Check Entry for Deposit Use

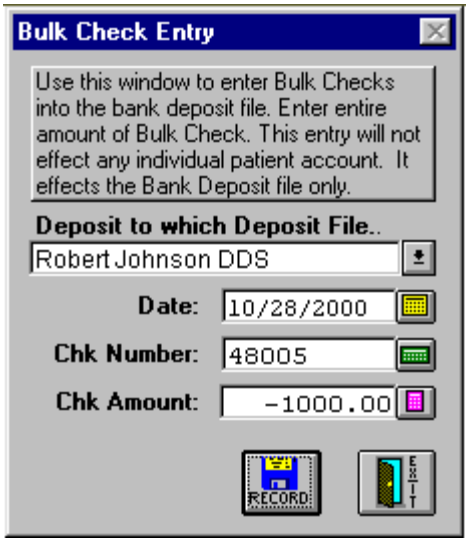
To enter the bulk check for the bank deposit, click on the *Bulk Check* button at the top of the Posting screen. The Bulk Check Entry screen will open on top of the Posting screen.

On the Bulk Check Entry screen enter the full amount of the bulk check, its check number, and the date of the entry. You may also select which deposit file you want credited. Nothing you enter on this screen will be used in any account ledger. This is strictly for bank deposit use only.

Bulk check entry is performed only once for each bulk check. It may be performed at any time while you are in posting. It is suggested that this entry be performed while posting the first patient on the bulk check, but this is not a requirement.

Record Button

When all fields are properly entered click on the *Record* button (diskette pictured). After recording, the Bulk Check Entry screen will close, but you will not see any entry for the bulk check in the account ledger. The bulk check entry does not affect the account ledger.



Note

There is no direct editing or deleting of bulk check entries. To accomplish this, go into the bank deposit (in Reports) for that day and click on the *Edit Deposit button*. Mark the bulk check entry as "No Deposit." This essentially deletes the bulk check entry. Then go back into posting (the patient you use doesn't matter) and redo the bulk check entry with the correct values.

Exit Button

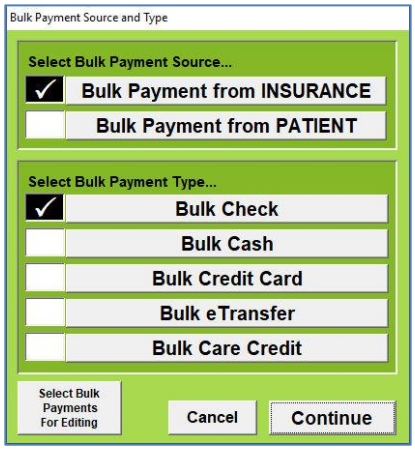
The *Exit* (open door) button is used for canceling on the Bulk Check Entry screen. The Record button will close the screen after recording so use the *Exit* button if you decide not to record the item.

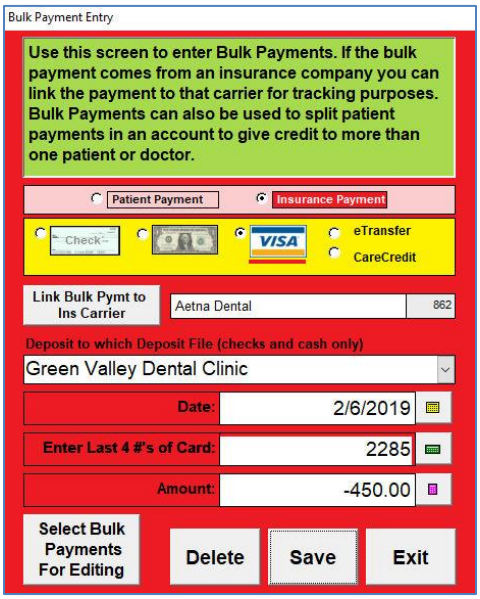
Bulk Check Entry Changes Starting with v5.5

Bulk Check Entry: Insurance payors use Bulk Checks to pay the dentist for many patients using one check. Diamond's Bulk Check Entry allows you to enter that check into your Deposit file and then split the check into the individual amounts that give credit to each patient covered by the bulk check. Starting with version 5.4, the Bulk Check Entry system has been greatly expanded and is now called *Bulk Payment Entry* as it can apply to any payment.

Bulk Payments are no longer limited to just checks: Any type of payment can now be a bulk payment. The payment types include: *Checks*, *Cash*, *Credit Cards*, *Electronic Transfers*, and *Care Credit*.

Bulk Payments can now include Patient Payments as well as Insurance Payments: Being able to post Bulk Payments for Patient Payments has many advantages. Here is a common example: suppose you have a family account with the mother and two children in for treatment today. The mother is being treated by Dr. Jones, and one of the children is seeing Dr. Smith, with the other child seeing Dr. Vasquez. During checkout, the mother pays the entire bill with a credit card. But how do the individual doctors get financial credit for the treatment they provided? With the new Bulk Payment Entry system, you will post the credit card payment as a "Bulk Credit Card Payment", and then post each individual patient as being a part of that Bulk Credit Card Payment. As you post each patient you as-





sign the payment to the doctor who performed the treatment. The patient will only see the credit card payment on their statement, but the treating doctors will get collection credit for the treatment that they performed.

Creating the Bulk Payment: Refer to the two images at the bottom of the previous page. When creating a Bulk Payment, you are first presented with the green *Source and Type* screen. Here you will select whether the payment is from insurance or the patient, and you will also select the payment type which could be Check, Cash, Credit Card, Electronic Transfer, or Care Credit. You will then continue on to the red Bulk Payment Entry screen. On the Bulk Payment screen, you will just need to enter the check or ID number and the amount. The Patient/Insurance choice will already be selected as well as the Payment Type. If this payment is from Insurance the linked insurance carrier will also be selected for you. Another new feature of the Bulk Payment module is Insurance / Carrier Payment Tracking. This will be discussed further in the next section.

Posting Adjustments

An adjustment is a method to change an account balance in a way that is verifiable by both the patient and the dental office. Adjustments are not usually employed to correct posting mistakes. In the case of a mistake the incorrect item can be changed through editing after it is detected. Adjustments are used when you want the patient to see the balance correction. For example, you might have an adjustment entitled "Senior Citizen Discount." For this balance reduction you would want the patient to see the discount on his or her statement since it is to the credit of your office that you have such a policy.

Adjustments to accounts may increase the balance or decrease the balance. Adjustment amounts are added to the Balance. Therefore, positive adjustments increase the Balance. Negative adjustments decrease the Balance. For example, if the present Balance is $300, and you want to discount it to $250, use a minus -50 dollar adjustment (negative $50):

300 + (-50) = 250

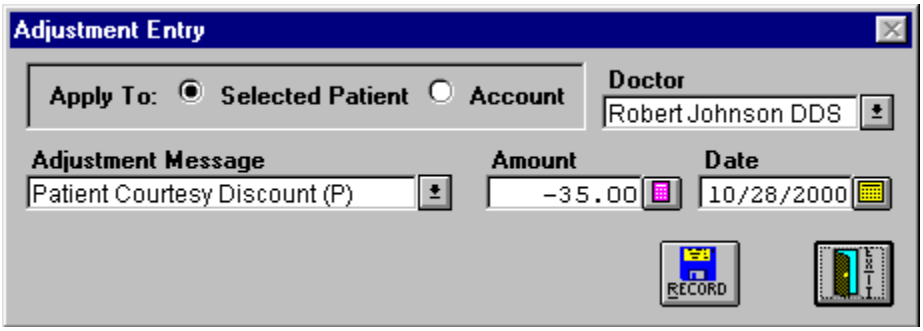
If the present Balance is $300 but you want it to go to $350, use a $50 adjustment (positive $50) to increase the Balance:

300 + 50 = 350

To enter an Adjustment click on the *Adjustment* button at the top of the Posting screen. The Adjustment button pictures a crossed wrench and nutdriver with the word "Adjust." The Adjustment Entry screen (see sample below) will open on top of the Posting screen.

Apply To

The *Apply To* option box will apply the adjustment to a Selected Patient or the Account in general. The selected patient will be the currently selected patient on the Posting screen. If the Selected Patient option is used, the patient's first name will be displayed along with the adjustment in the account ledger. If Account is selected then the word "Account" will be used in the name column of the account ledger for this item.



Doctor

If the adjustment should be credited to a particular doctor you may select that doctor from the *Doctor* combo box. If you do not want any particular doctor to receive credit select the "..Not Assigned" choice from the *Doctor* combo box.

Adjustment Message

The *Adjustment Message* combo box contains all the available adjustment messages. The program comes with two messages already entered, "Charge Adjustment" and "Payment Adjustment." You may add additional adjustment messages via the *System Files* choice on the Utility Menu.

When you create your own messages they will be designated as "Charge" messages or "Payment" messages. The message will therefore determine whether an adjustment is a "Charge Adjustment" or a "Payment Adjustment." Charge adjustments will have a "(C)" after the message and payment adjustments will have a "(P)" after the message.

For example, if you have a message labeled "Returned Check," that should be designated as a payment adjustment. An adjustment entitled "Discount" should be designated as a charge adjustment. Adjustments should be used exclusively for charges or payments.

Note

Do not create adjustment messages that could be used for adjusting both charges and payments. For example, if you create a message called "Posting Adjustment," it could be used for modifying a charge but it could also be used for modifying a payment. You should therefore not create messages that are ambiguous in their application.

The message you select has nothing to do with the account balance you are adjusting. The effect on the balance is only dependent on the amount of the adjustment and whether that amount was positive or negative. The designation of "Charge" or "Payment" affects the calculation of office and doctor totals. The program can easily come up with raw totals, but needs to know if an adjustment was intended to modify a charge or a payment to calculate "Adjusted Charge" and "Adjusted Payment" totals.

Adjustment Amount

The adjustment *Amount* may be positive or negative. If you are entering a negative adjustment to decrease the patient Balance, place a minus sign (dash) in front of the amount. For example: -45.

If you are entering a positive adjustment to increase the patient Balance, enter only the amount. The plus sign "+" is assumed. For private accounts and insurance accounts with the *Track Patient Portion* option of NO, the Total Balance and Due Now amount are both affected by the adjustment. For accounts with the *Track Patient Portion* option YES, only the total balance is affected. An exception to this would be if you entered an adjustment that brought the total balance below the Due Now amount. In that case the Due Now amount would decrease to match the total balance. Changing the Due Now amount for an account with the *Track Patient Portion* Option YES is accomplished with a Due Now Adjustment (discussed later).

Record Button

When all fields are properly entered click on the *Record* button (diskette pictured). Unlike the Charge Entry screen, the Record button will close the Adjustment Entry screen.

Exit Button

The *Exit* (open door) button is used to cancel on the Adjustment Entry screen. The Record button will close the screen after recording so use the *Exit* button if you decide not to record the item.

Due Now Adjustments

The Due Now amount is designed to represent the patient portion of the account balance. It is the amount that the patient is expected to pay now. It is the Due Now amount that is aged. For example, if the account balance is $100 and the Due Now is $25, you are only expecting the patient to pay $25, at least for now. If 30 days go by without any payment, the account is considered $25 delinquent (30 days past due), not $100 delinquent.

To adjust the Due Now amount click on the *Due Now Adjustment* button seen in the upper portion of the Posting screen. It shows a picture of a man holding his hand out (he's asking for money, not trying to shake hands). Click on the button and the Due Now Adjustment screen will open on top of the Posting screen (see figure 7).

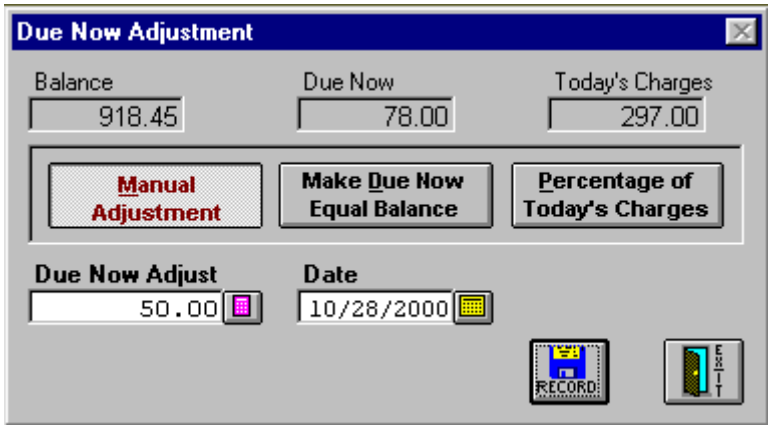
The amount that is entered into the *Due Now Adjust* text box will be added to the Due Now amount. An entry of 10.00 will increase the Due Now by ten dollars and a -10.00 (minus ten) will decrease the Due Now amount by ten dollars. There are three buttons on the screen that will help facilitate your entry. These will now be discussed.

Manual Adjustment

Manual Adjustment is the default. You simply enter whatever amount you want to add to the Due Now amount into the *Due Now Adjust* text box.

Make Due Now Equal Balance

You frequently will want to make the Due Now amount equal to the total account Balance. When you click on the *Make Due Now Equal Balance* button, the difference between the Balance and Due Now amount will be entered for you into the *Due Now Adjust* text box. This saves you the arithmetic.



Percentage of Today's Charges

The Due Now amount is designed to represent the patient portion of charges. Keeping the patient roughly paying his or her portion as treatment progresses saves you from trying to collect the entire patient part after the insurance benefit has been received. It also improves office cash flow. The ideal situation would be to collect the patient's part each time the patient is seen. This is the idea behind Diamond Dental Software's Automatic Benefit Calculation. However, not all offices want to implement Auto Benefits and, in addition, not all benefit information is always known by the office.

Some offices feel comfortable simply collecting a percentage of whatever charges were performed that day. From experience you may feel that 20 or 25 percent will about cover what the patient is expected to pay. If the estimate was a little high or a little low, that can be adjusted after all the insurance money has been received.

The Due Now Adjustment screen has a text box entitled *Today's Charges*. This shows you the amount of charges that were posted to this account on this day. If you click on the *Percentage of Today's Charges* button, a new text box will appear entitled *%Entry*. Enter a percent amount here. In the sample screen displayed above *Today's Charges* is listed as $297. If you enter 20 into the *%Entry* text box the *Due Now Adjustment* will automatically calculate as $59.40. This means that from the total charges of $297 for this day, $59.40 is expected from the patient. You are expecting $237.60 from the insurance. After the insurance has paid, if there is any remaining balance the Due Now amount will be adjusted to equal the total Balance and a statement will be sent to the patient.

Record Button

When all fields are properly entered, click on the *Record* button (diskette pictured). Unlike the Charge Entry screen, the Record button will close the Due Now Adjustment screen.

After recording, the Due Now Adjustment will be seen in the account ledger. The amount of the Due Now Adjustment is NOT listed in the *Amount* column because a Due Now Adjustment does not affect the account balance. The amount of the Due Now Adjustment is seen after the description Due Now Adjustment in this manner:

Due Now Adjustment (22.00)

The number in parenthesis indicates the amount in dollars that the Due Now was increased. Deleting a Due Now Adjustment will decrease the Due Now amount by this number.

Note

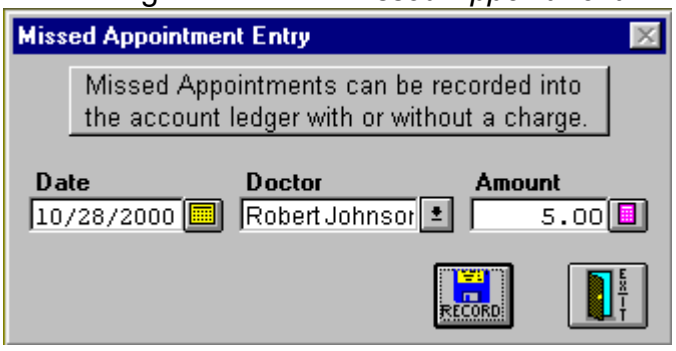
The Due Now Adjustment only displays in the account ledger on the screen. It will not print on a billing statement. Therefore, it will not be seen by the patient.

Exit Button

The *Exit* (open door) button is used to cancel on the Due Now Adjustment screen. The Record button will close the screen after recording so use the *Exit* button if you decide not to record the item.

Missed Appointment

If a patient fails to show for his or her appointment or cancels without sufficient warning, the *Missed Appointment* entry can be used to mark the patient as having missed the appointment. Click on the *Missed Appointment* button and the Missed Appointment Entry screen will open on top of the Posting screen. The *Missed Appointment* button has an alarm clock



pictured and is located at the top of the Posting screen.

You will be given the option to post a charge for the missed appointment if you wish. Whether or not a charge is made, a named and dated entry will be made into that patient's account ledger indicating "Missed Appointment." This item will appear on future statements sent to the patient. It will also be recorded on the Day Sheet. In the Day Sheet Summary report, missed appointments are calculated as a special category.

A Missed Appointment report can be generated from the Reports Menu. The computer will scan for patients having missed appointments and print their names and other pertinent ac-

count information on the report. Among the sorting options on the report is to list the patients by name alphabetically or by missed frequency. The Missed Appointment report can also be used as a re-scheduling tool because you can limit the print-out to include only those patients who have missed within a particular time period. For example, this will allow you to list all the patients who have missed during the past week. You can then use that list to contact those patients to re-appoint.

Note

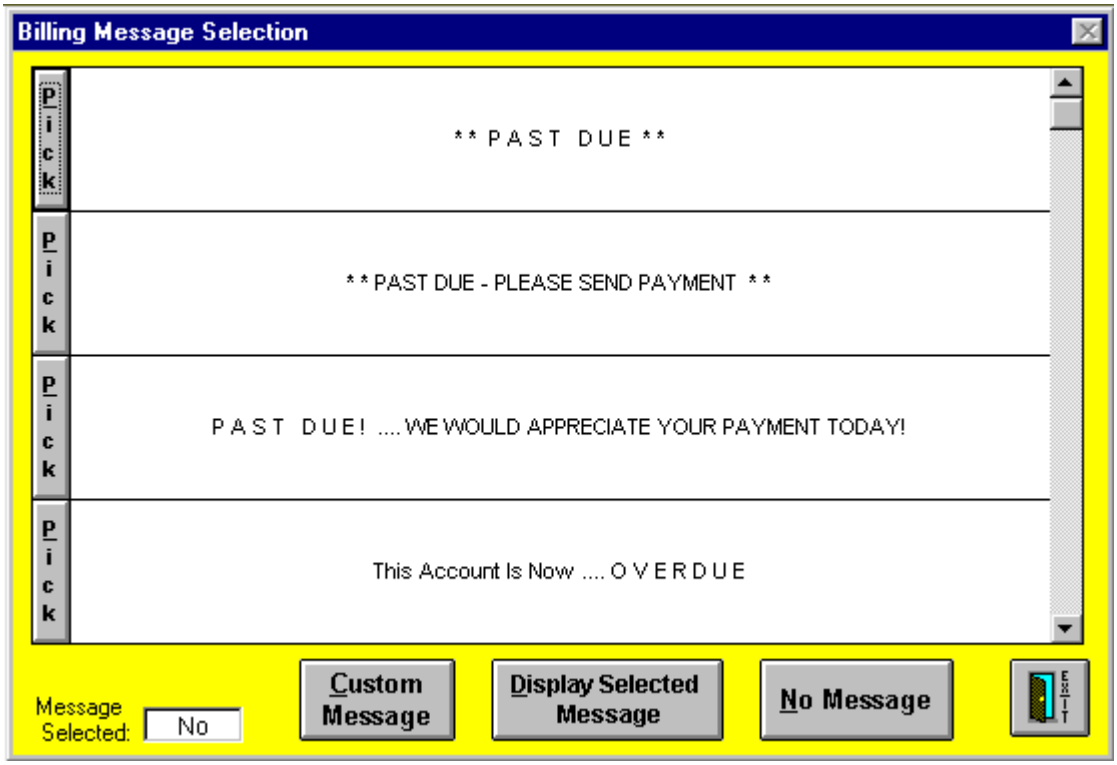
The Missed Appointment posting entry is not linked to the appointment scheduler and can be used independent of it.

Special Billing Messages

A *Special Billing Message* can be selected from Posting. This is a message that will print on the next billing statement that is sent to the patient. These messages will print once and not be repeated unless you re-select another Special Billing Message. It frequently happens that the time you most need to designate a message to the patient is while you are posting. For example, if you are posting an insurance check that does not fully cover the remaining balance, then the patient will be responsible for whatever is left. A message explaining this situation to the patient is useful and may prevent a phone call from the patient requesting further information.

To select a Special Billing Message click on the *Billing Message* button at the top of the Posting screen. The button has some sort of non-descript medical statement pictured with the caption "Bill Msg." The Billing Message Selection screen will open on top of the Posting screen.

The Special Billing Message may come from your pre-existing Billing Message table or you may customize a message just for this account.



Special Billing Message Selection. Pick the Special Billing Message you want or create a custom message. The Special Billing Message will print the next time the patient has a statement printed. This is a one-time event. The message will not continue to print on subsequent statements unless another Special Billing Message is set again.

Selecting from Billing Message Table

Diamond Dental Software comes with a collection of pre-entered billing messages. These are stored in the Billing Message table. You may add messages of your own to this table with the Billing Message Entry screen available through the System Files Menu.

When the Billing Message Selection screen opens it will display the messages in the Billing Message table. If no Special Message has yet been selected the *Message Selected* text box will display the word "None." Use the vertical scroll bar on the right to view all the available messages. When you find the message you want, click on the *Selection* button seen on the left side of each message. This is an elongated vertical button that runs the entire height of each message. After clicking on the button you will see the *Message Selected* text box indicate "Yes." You may now close the screen with the *Exit* button.

Creating a Custom Special Billing Message

If the messages in your Billing Message table do not quite express what you want to tell this patient, you may write a customized Special Billing Message. To do this click on the *Custom Message* button of the Billing Message Selection screen. The Custom Billing Message Entry screen will display. Enter your custom message as you want it to appear on the billing statement.

No Message Button

If you have selected a Special Billing Message for an account and have subsequently decided that you do not want a special message after all, click on the *No Message* button. The *Message Selected* text box will change to "None." No Special Billing Message will print on the patient's next statement.

Display Selected Message Button

When the Billing Message Selection screen opens your only clue that this account has a message selected is the *Message Selected* text box. This text box will display three possible words:

- **None No Message Selected**
- **Yes A message from the Billing Message table has been selected**
- **Custom A customized Special Billing Message has been created**

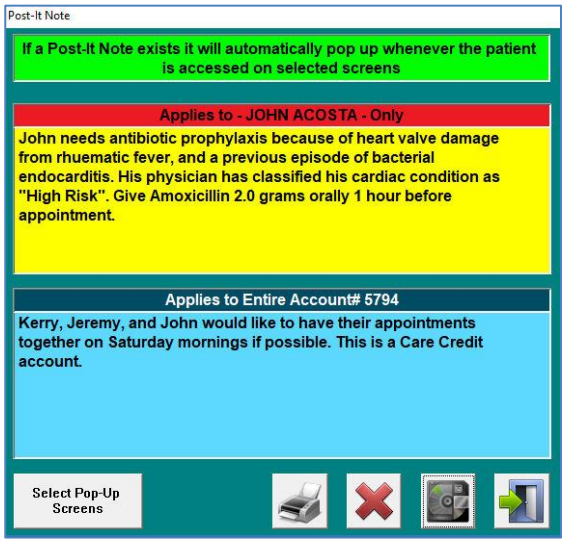
The exact message will not be displayed on the screen, however. To display the message click on the *Display Selected Message* button and the specific message will appear.

Exit Button

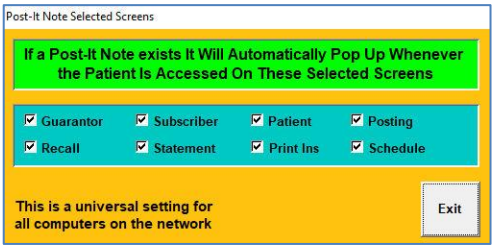
Click on the *Exit* button to close the Billing Message Selection screen.

Post-It Notes

This button appears on the Posting screen as well as several other screens. Post-It Notes are those handy little notes that you can stick anywhere to remind you of things. Diamond Dental Software now has an electronic Post-It Note available for each patient. If you write a Post-It Note for a patient, the Post-It Note screen (seen right) will pop up every time you access the patient. The Post-It Note will continue to pop up until the note is deleted. If there is important information you want to be reminded of concerning a particular patient, write a Post-It Note. There will be no way to miss this reminder.



Starting with Version 5.3, the Post-It Note screen displays two messages. The top (yellow) note applies to the particular patient that you have accessed. The bottom (blue) note applies to the account as a whole, not just the currently accessed patient. The Post-It Note will pop up if either of these notes contain text. In addition, the new Post-It Note module allows you to select which screens will display the Post-It Note pop up.



Previously the Posting screen and the Appointment Setter screen were the only screens to display the pop up. Now, by clicking the new *Select Pop-Up Screens* button you can customize which screens will or will not pop up the Post-It Note.

Record Locking

Only on user can post within a single account at one time. This is called *record locking*. If one user has entered an account and then a subsequent user on another computer enters the same account, the second user will be prevented from posting charges, payments, or adjustments. This will be true until the first user exits the account.

Staring with Diamond Dental Version 4.6, record locking has been relaxed with what is called “Limited Access Mode.” When an account is opened by a user, a record lock is placed on that account to prevent other users on the network from making changes to the same account, which could lead to data corruption. With “Limited Access Mode” you are allowed into an account that is currently record locked but the actions you can take are limited. Specifically, what you cannot do is to post charges, payments, or adjustments. What you can do is view the entire account including all the screens: Guarantor, Subscriber, Patient, Posting, Recall, Statement, and Print Insurance. On the Posting screen you are allowed access to perform certain important functions including: accessing your x-ray program via the X-Ray Link button, writing Treatment Notes, and accessing the Clinical and Perio Charts. These four important programs are fully functional even in Limited Access Mode. You may also print statements and ledgers from the Statement screen. In the lower left corner of all the screens you will see a red button with the caption “Limited Access Check.” You can click this button to see if the account is still locked. If the locking user has exited the account you will be switched to “Full Access Mode” and allowed to perform all operations as usual.

Chapter 10

10: Insurance Claim Printing

Insurance claim printing is an important part of most dental practices. Nearly important as the printing of the claim, is the tracking of the claim. It is necessary for an organized dental office to know the fate of the claims that are sent for payment and authorization. This chapter deals with the printing and tracking of these claims. Furthermore, this chapter explains how the computer keeps track of knowing which patients have had their procedures sent for payment and which patients have not.

The Print Insurance tab screen is one of the Account Tabs and can be accessed from the Main Menu using the *Print Ins* button or by clicking the *Print Ins* tab once the Account Tabs are opened. When accessing the Print Insurance tab from the Main Menu you will first perform a patient search. In the lower left corner of the Patient Search screen you will notice a new button entitled *Batch Printing*. Batch printing of multiple insurance claims will be discussed later in this chapter. After the search has been performed the Insurance Form Printing screen will open.

The Print Insurance tab presents with four tabs of its own labeled *Page 1*, *Page 2*, *Page 3*, and *Page 4* on the upper left of the screen. The control buttons displayed along the bottom of the screen stay visible as you flip through the various pages of the screen. To change pages click on the tab for each page. The four pages of the screen will now be discussed.

Page 1 Screen Information

The Insurance Form Printing screen opens with page 1 displayed (see Figure 1). The items on page 1 will now be discussed.

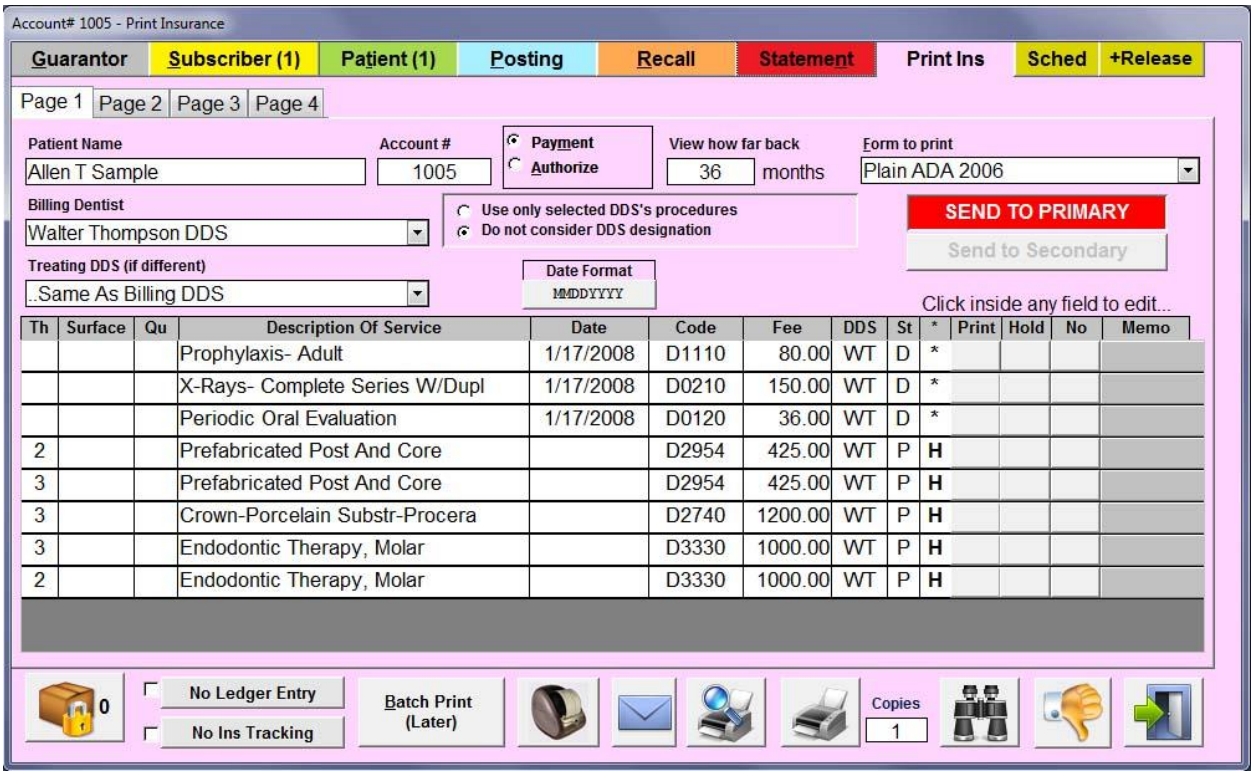
Patient Name and Account Number

The name of the patient who was searched for during the Patient Search will be displayed on the screen along with his or her Account Number.

Payment/Authorization Option

The *Payment/Authorization* option box defaults to the Payment choice as the Insurance Form Printing screen opens. You may click on the Authorization choice if the screen is to be sent for Authorization. This choice will cause the appropriate box to be checked on the insurance claim form.

When sending for payment, procedures posted as proposed will not automatically qualify for printing. When the Authorization choice is selected, proposed procedures will be qualified for printing. Procedure qualifications for printing are discussed in more detail later in the chapter.



Print Insurance, page 1. This is the opening screen for insurance printing. The asterisks indicate a procedure that is qualified to print on the claim form that is about to print.

View How Far Back

The number entered into the *View How Far Back* text box indicates how many months back to display procedures for this patient. As the screen opens, the default for this field is 5. Using 5 as an example, the procedures displayed on the screen will be up to 5 months old. Procedures posted more than 36 months ago will not display. You may change this field to any whole number you want with 1 being the smallest allowable.

Form to Print

Diamond Dental Software contains a selection of insurance claim forms for printing. Click on the *Form to Print* combo box to display the list of insurance forms that can be printed with the program. If you wish to suppress certain forms from displaying in the combo box you may designate that from the Insurance Form Library Selection screen which is accessed via the System Files menu. This screen allows you to mark each of the forms in the Insurance Form Library to display or not in the *Form to Print* combo box. You may also set the sort order of these forms. The form with the smallest sort order will be the default when the Insurance Form Printing screen opens. For a form to be the default it would also have to be marked for displaying.

The Insurance Form Library for Diamond Dental Software contains a variety of insurance forms. Included is the Plain ADA 2012 Form. This form is printed on blank computer paper and is modeled after the ADA 2012 Dental Claim Form.

Note

You may set User Default for insurance printing for the following items: the number of copies printed, the insurance form to which the claim will print, and the doctor whose name will appear on the form. Users Defaults are set via the Utilities Menu.

Billing Dentist

This combo box contains the doctors that are entered into the system. Whichever name is selected will print in the appropriate area on the insurance form.

Note

When entering doctors into your system, the Doctor Entry screen (accessed through System Files) has a field called *Insurance Billing Name*. This is a 33 character field that allows you to enter anything you want. Fill in this field the way you want the "Billing Dentist or Dental Entity" line on the insurance claim form filled out. This allows you to enter in a corporate name, fictitious name, or the doctor's name.

Treating DDS (if different)

There are two *License Number* fields on a standard ADA Insurance form. One refers to the Billing Dentist (or entity) and the other is the license number of the dentist who signs the form at the bottom and performed the actual procedures. If the treating dentist is different from the billing dentist, make that selection in the Treating DDS combo box. The treating dentist's license number will then print at the bottom of the insurance form but the billing dentist's license number will remain that of the selected billing dentist.

Doctor/Procedure Specificity

This option box is seen to the right of the Doctor combo box. It has two selections which will now be discussed.

- **Use Only Selected DDS's Procedures: Click on this choice if you want the computer to consider only procedures specifically performed by the doctor displayed in the Doctor combo box. Procedures performed by other doctors will not display.**
- **Do Not Consider DDS Designation: Click on this choice to allow all procedures for this patient to display regardless of the performing doctor. This is the default. This will allow you to print a claim form where the**

procedures may have been performed by doctors other than the doctor whose name appears on the form.

Send to Primary / Send to Secondary

If you are printing a claim for a patient with single coverage, the Print Insurance screen will open with the *Send to Primary* field highlighted in red. If you are printing a claim for a patient with dual coverage, you will be asked to select if the claim is going to the primary or secondary insurance before the Print Insurance screen opens. When it does open the *Send to Primary* or *Send to Secondary* will be highlighted in red depending upon your selection.

Displayed Procedures

The lower half of page 1 of the Print Insurance screen is reserved for the current patient's procedures. For each procedure the screen displays its Tooth Number, Surface, Description, Date, Procedure Code, Fee, Performing DDS, and Completion Status (St). An additional column heading is marked with an asterisk "*" or star. This column heading, which we will call the Asterisk Column, designates whether or not a procedure will be qualified to print on the insurance form.

Date Format

The default format by which dates are displayed on an insurance form is MM/DD/YYYY such as 12/20/2011. However, certain insurance carriers are requesting alternate formats to speed up their machine processing. Delta Dental has circulated a flyer to dental offices indicating that they prefer the format of MMDDYYYY (no slashes). They do not deny claims where the dates have slashes, but they do pull them for manual processing and payment is delayed. California DentiCal requires a date format of MMDDYY. Starting with Diamond Dental version 3.7 there is a date format button on the Insurance Printing screen, just above the date column. The caption on this button displays the format that will be used, either MM/DD/YYYY, or MMDDYYYY, or MMDDYY. Click the button to toggle through the different options. A similar button is seen on the Carrier Entry screen, the screen used to create insurance carrier records. If you select an alternate date format on this screen, it will automatically be used when printing insurance claims for that carrier.

Qualifying Procedures for Printing

As the Insurance Form Printing screen opens, Diamond Dental Software will decide which procedures should be included and which should not be included on the claim form that is about to print.

For forms being sent for payment, a procedure will be qualified for printing if the procedure has not yet been printed on a claim form for payment, and if the completion status of the procedure is Done, Started, or Finished. These procedures will have an asterisk "*" displayed in the Asterisk column. Proposed procedures will not automatically qualify for printing on a form being sent for payment. The Asterisk column for Proposed procedures will display the letter "H" which stands for Hold.

For forms being sent for authorization a procedure will be qualified for printing if the procedure has not yet been printed on an insurance form for authorization or payment. The completion status is not a factor for authorization.

Manually Qualifying Procedures for Printing

Before printing an insurance form you may modify the print status of any procedure using the three *Print Status* buttons seen at the right of each procedure line. Each procedure has three buttons and they are the *Print, Hold,* and *No Print Ever* buttons. These will now be discussed.

- **Print Button: Any displayed procedure that is not currently qualified to print can be made qualified by clicking that procedure's *Print* button. After clicking you will see an asterisk appear in that procedure's Asterisk column and the item will be included on the insurance form.**
- **Hold Button: To suppress a currently qualified procedure from printing you may click on the *Hold* button. The letter "H" which stands for Hold will appear in the Asterisk column for that procedure. The Hold status prevents the procedure from printing on this form, but will not prevent this procedure from qualifying the next time an insurance form is printed for this patient. The Hold status is temporary.**
- **No Print Ever Button: The *No* or *No Print Ever* button will permanently disqualify a procedure from printing on an insurance form. After clicking this button you will see an "X" appear in its Asterisk column. This procedure will not automatically qualify on any subsequent insurance printing for this patient unless the print status is manually changed by clicking the procedure's *Print* button.**

Changing the Data That Will Print on the Form

You may desire something other than what is recorded into the permanent patient record to print on the insurance form. You may click into the following fields on this screen and make changes: Tooth, Surface, Quadrant (Area of Oral Cavity), Description, Date, Code, and Fee. You may change what is on the screen within these fields to whatever you want. What you enter is what will print on the insurance form. However, *none of the changes you make in this manner will permanently be recorded into the patient's record*. The only effect will be to the insurance form that is about to print.

Page 2 Screen Information

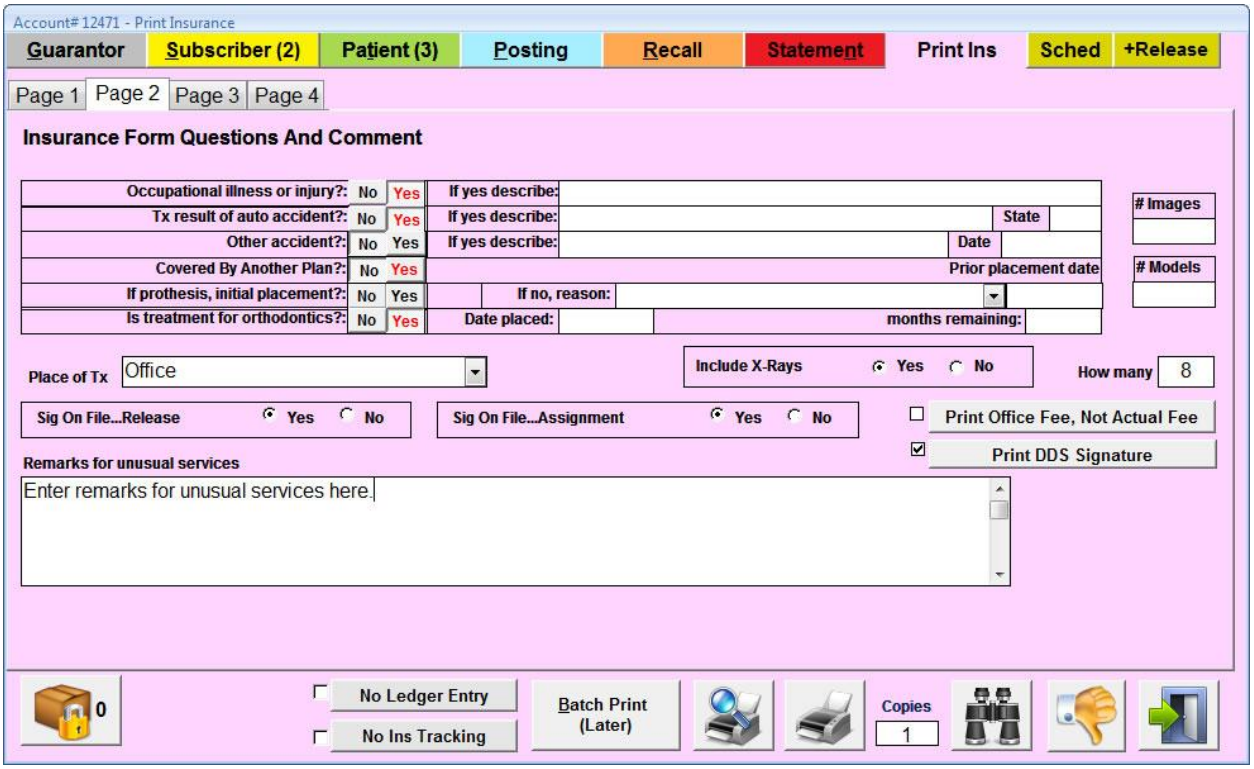
After all the items of page 1 are entered properly you may click on the *Tab* on the top left of the page of the Print Insurance screen to go to page 2 (see Figure 2).

Yes/No Questions

The familiar series of Yes/No questions seen on insurance forms is seen at the top of page 2. Questions such as "Occupational illness or injury?" and "Treatment result of automobile accident?" etc., are included. You may click on the *Yes* or *No* buttons for each question as

appropriate. Some of these questions have associated short descriptions or date entries. These items are modeled after what is seen on the standard ADA insurance claim form. These may be filled in as appropriate.

Place of Treatment



Click on one of the four *Place of Treatment* options. The default is "Office."

FIGURE 2. Page 2 of the Insurance Form Printing screen. Notice the 2 in the upper left hand corner.

X-Rays Yes/No and How Many

Fill in this option as you want it to appear on the insurance form that is about to be printed.

Signature on File

The standard ADA insurance form has a signature area for the patient to sign for the release of information. Next to that is an area for the insurance subscriber to sign to allow payment to be made directly to the dentist (assignment of benefits). Most insurance carriers accept the words "Signature on File" to be placed in these areas in lieu of the actual signature. It is assumed that you have the patient's signature and the subscriber's signature somewhere on file in your office.

If you want the computer to print the words "Signature on File" in these areas, click *Yes* for the *Release* and/or *Assignment* signature option boxes. The default is for Signature on File to print.

Remarks for Unusual Services

The standard ADA insurance claim form, as well as most other types of insurance forms, has an area for your remarks to further explain the treatment that was performed. To have your remarks printed on the insurance form, click on the *Remarks for Unusual Services* text box and enter those remarks there. The size of this box will vary depending on the insurance form selected. Even though this is a scrollable box, do not enter so many lines that you start scrolling text. Keep your entry to the size of the box or the entire comment will not be printed on the form.

Print Office Fee Not Actual Fee Button

Click this button and the fees that print on the form will be your office fees, not the actual fees that were charged at the time of posting. This does not cause any change in the permanent record of the patient. The only effect will be on the claim form that prints.

Note

The "Print Office Fee Instead Of Actual Fee" option can be set automatically. On page 3 of the Benefit Plan Entry screen is the field *Plan Code*. This is an obsolete field but it has been recruited for this function. Enter the word "FEE" in that field, and insurance forms printed for patients linked to this benefit plan will automatically print the office fee, not the actual fee.

Page 3 Screen Information - Primary Subscriber

After all the items of page 2 are entered properly, you may click on the *Tab* at the upper left of the Insurance Form Printing screen to go to page 3 (see Figure 3).

This page displays information as it will appear on the insurance form pertaining to the primary subscriber. Most of the items displayed on page 3 are for reference only and cannot be modified from this screen except for these following items:

- **Prior Authorization Number: If you have previously sent in a claim for prior authorization, you might be required to enter the Prior Authorization Number on the claim for payment. Enter that number here if applicable.**
- **Payment by Another Plan: If you are sending to the secondary insurance, you might be required to enter in what the primary insurance paid on the claim. Use this field for that purpose.**
- **Claim Date: This is the date that will appear on the claim form. This date will be entered automatically, but it can be overridden.**
- **First Visit Date (current series): The program will automatically fill this in with the earliest date of a procedure that appears on the form. However, you can override it.**

Page 4 Screen Information - Secondary Subscriber

If the patient has dual coverage, a page 4 will become available for viewing. It will appear similar to page 3 except the information on it will pertain to the secondary subscriber. There are no fields to enter on page 4.

Control Buttons

The screen *Control Buttons* are seen at the bottom of the Insurance Form Printing screen and remain visible as you flip through the various pages of the screen. These will now be discussed.

No Ins Tracking Button

Whenever an insurance form is printed, information about the form is saved in the Insurance Tracking Table. This table is used by the Insurance Tracking Report to track claims and make sure payment is received by the insurance carrier. The default is for a claim to be tracked. If you prefer that the claim not be tracked, click on the *No Ins Tracking* button. With this button depressed, no tracking information will be recorded into the Insurance Tracking Table.

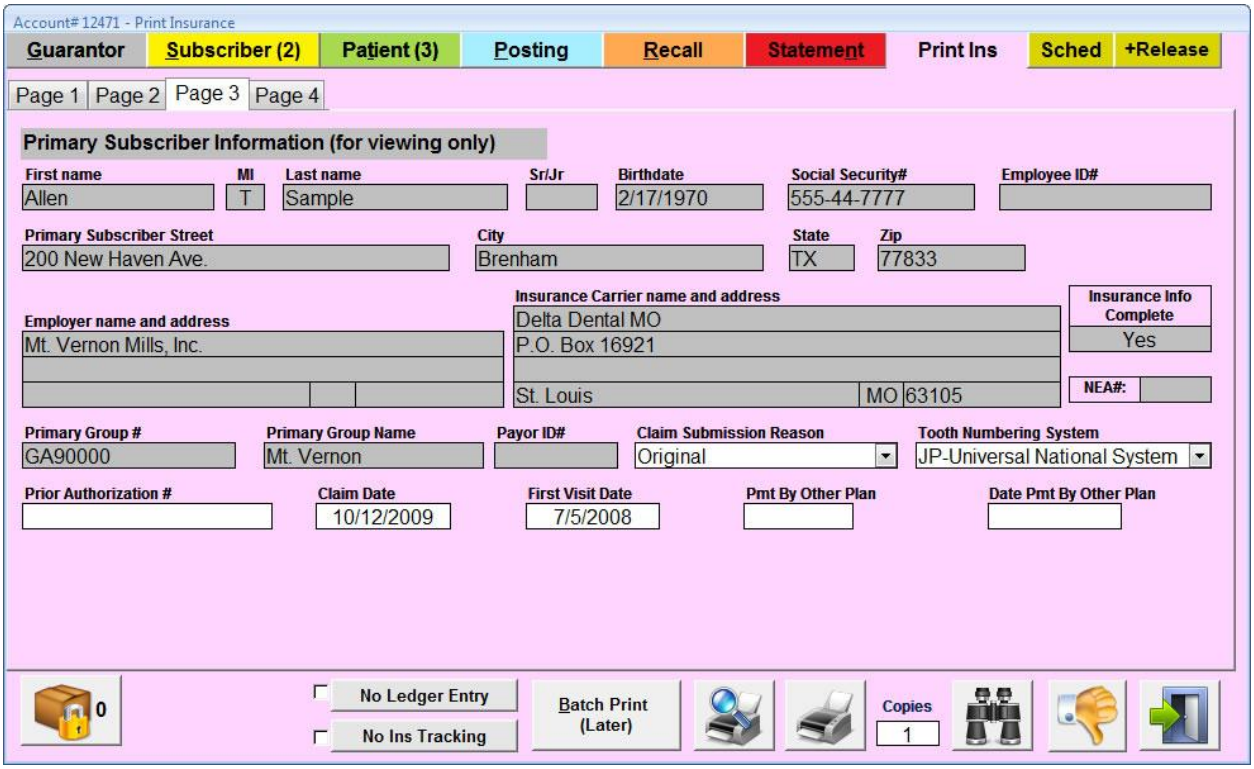
Printing the Form Now

There are two buttons at the bottom of the Print Insurance screen that will cause the form to be printed immediately: the *Print* button (printer pictured) and the *Print Preview* button (document with magnifying glass pictured). The Print button will cause the form to print immediately and the Print Preview button will display the form on the screen before printing.

After clicking the appropriate print button you will see the Asterisk fields for each qualified procedure change. If you are sending for payment the asterisk will change to the letter "B" representing Billed. If you are sending for authorization the asterisk will change to the letter "A" representing Authorization. Procedures marked as "B" for Billed will not automatically qualify for printing on the next form sent for payment. Procedures marked with "B" for Billed will remain unqualified, obviously since these procedures have already been billed. Procedures that have only been sent for authorization will qualify on the next claim sent for payment.

Printing the Form Later - Flag for Batch Printing

If you would like to print this claim and others all at once, at a later time, click on the *Batch Print Later* button. At a more convenient time you may batch print this claim along with any other claims that have been so designated. The process of batch printing is discussed in more detail later in the chapter.



Page 3 of the Print Insurance screen. The only fields for entry are seen at the bottom, Prior Authorization Number and Payment by Another Plan. Claim Date and First Visit Date Current Series are entered automatically.

Exit Button

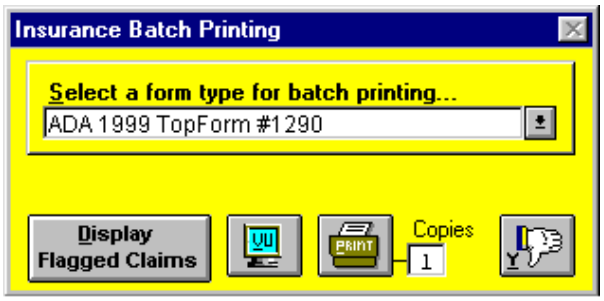
The *Exit* button (open door) will close the Insurance Form Printing screen.

Batch Printing

As discussed earlier in the chapter, you have the option to print immediately or to flag a claim for batch printing later. A claim is marked (or flagged) for batch printing by clicking the *Batch Print Later* button of the Insurance Form Printing screen. Clicking this button will save the claim information for printing at a later time. Tracking information on the form is saved at the time the *Batch Print Later* button is selected. As far as insurance tracking is concerned, as soon as the *Batch Print Later* button is clicked, the form is as good as printed.

When you have one or more claims flagged in this manner, you may perform batch printing. From the Main Menu, click on the *Print Insurance* button. This will open the familiar Patient Search screen. The Patient Search screen now displays a new button that is only seen on the Print Insurance search. The caption on this button reads *Batch Printing*. When you click on the *Batch Printing* button the Insurance Batch Printing screen opens (see figure 4).

When the Insurance Batch Printing screen has opened, click on the combo box labeled *Select a form type for batch printing*. A listing of the various insurance form types will display in



the combo box. Form types that have not been selected for batch printing will not display. The form types that have been selected will display, along with the number of claims that have been flagged for that particular form.

Insurance Batch Printing screen. This is access by clicking on Print Insurance from the Main Menu. The Patient Search screen will have a Batch Printing button in its lower left corner. Click it to open this screen.

You may batch print only one form type at a time. Click on the form type you wish to batch print. After a form type is selected the previously disabled *Print* and *Print Preview* buttons will become enabled. The *Print* button has a printer pictured. The *Print Preview* button pictures a paper being examined by a magnifying glass. Click on the *Print* or *Print Preview* buttons to begin batch printing. *Print Preview* will display the claim print-outs on the monitor before printing and the *Print* button will directly send the claims to the printer for immediate printing.

Clicking on either the *Print* or *Print Preview* buttons will delete those claims from the Batch Printing Table. This is required because if the names were not deleted they would print again the next time batch printing was performed.

Remember that insurance tracking does not take place at the time of batch printing, but rather at the time the claim was flagged for batch printing. Also note that displaying a claim in the *Print Preview* mode will delete the flagging information from the computer whether or not the claim is printed. When you display a claim print-out on the monitor via the *Print Preview* button, the claim is considered printed, even if you cancel printing. Displaying equals printing from the computer's point of view.

Note

Batch Printing is a holdover from earlier versions. In the 1980s and early 1990s, it was common for insurance companies to require their own special form. An important function for Diamond Dental Software for DOS was to accommodate that request and many different insurance forms were programmed for printing. Over the years this has changed, and now most carriers accept the standard ADA form (as well as our plain paper version of it). Batch printing is usually not necessary. Just print the Plain Paper form at the time you are in the Print Insurance screen and you are done.

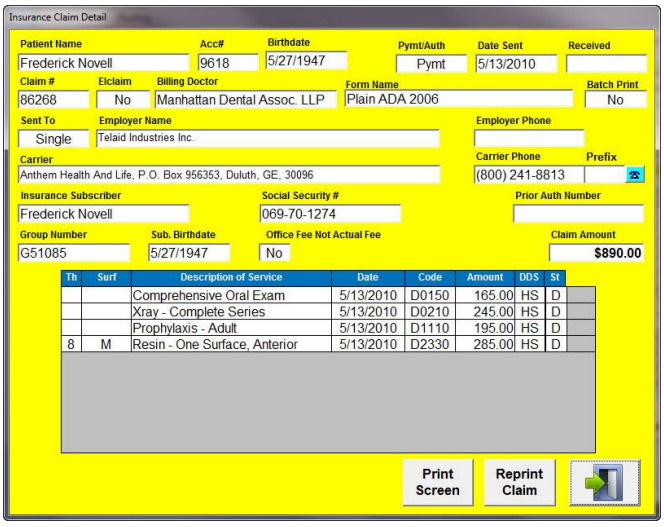
Display Flagged Claims Button – batch printing

If you would like to see the details of the insurance claims that have been flagged for batch printing, click on the *Display Flagged Claims* button. The Claims Flagged for Batch Printing screen will display.

The purpose of this screen is to examine the claims that have been flagged and also to delete flagged claims if you desire. The Claims Flagged for Batch Printing screen displays each flagged claim. To the left of each claim is a *Delete* button. Deleting a flagged claim in this manner will also delete that claim's tracking information.

Reprinting an Insurance Claim

It is not unusual from time to time to have to re-print an insurance claim. However, before DDS version 3.4, the only way to get another copy of an insurance claim was to print it again. This meant you had to return to the insurance printing screen and re-qualify the procedures that you want printed on the claim (if you knew which ones they were) and also reproduce any comments and other changes such as the number of radiographs, prior placement dates, etc. Now, reprinting an insurance claim is just a simple button click. The claim will be reproduced with the same line items, comments, and details of the original printout. When you print an insurance claim form a line item will be added to that patient's Posting screen. When you click on that line the "Insurance Claim Detail" screen will appear displaying the pertinent information about the claim. To print a duplicate of the claim form, click the *Reprint Claim* button at the bottom of this screen.



If you batch print claims, the entire batch can also be restored for reprinting. On the "Insurance Batch Printing" screen you can now click the button labeled *Restore Claims to Batch Print Status*. When you click this button you will be asked to enter a date range for batch printed claims you wish to reprint.

Chapter 11

11: Electronic Insurance Claim Processing

Diamond Dental Software's Electronic Insurance Claim Processing feature is used to send insurance claims electronically over the Internet, thus eliminating the need to generate paper insurance claim forms. This chapter will show you that it is just as easy to create electronic claims as it is to print paper claims. However, electronic claims arrive at the insurance carrier sooner and are paid faster than standard paper claims.

Registration with Change Healthcare (formerly Emdeon)

The electronic claims clearinghouse with which Diamond Dental Software is associated is ***Change Healthcare*** (formerly Emdeon). Change Healthcare was originally known as NCCS (National Computer Claims Service). It was later purchased by Mede America. Mede America was recently purchased by Healtheon. Next came WebMD. The electronic claims division of Healtheon is known as Emdeon. So Diamond Dental Software uses Change Healthcare as its clearinghouse. We'll keep you posted about any further name changes.

Change Healthcare uses a universal electronic claim record file structure that you use to transmit claims to them. Change Healthcare then restructures the claim information into formats that the various insurance carriers require and transmit the information to the carriers. Change Healthcare's list of participating carriers is among the most extensive of any dental clearinghouse. To take advantage of electronic claims you must be registered with Change Healthcare.

Sales: 1-866-817-3813
Support: 1-866-371-9066

New customers should ask for "sales" and when you reach somebody say you are a Diamond Dental Software user.

You must be registered with them before using the electronic claims feature.

Electronic Claims Transmission - an overview

There are three steps in the generation of electronic claims. First, an electronic claim file is created. This is accomplished during the day as you "print" insurance claims. We use the word "print" loosely because with electronic claims, the claim does not print on your printer. Instead the claim data is sent to a holding table inside your database. As you go through the day "printing" claims for electronic transmission this table increases in size as it accumulates the claim data written to it.

The second step usually takes place at the end of the day. During the day you have collected several, perhaps dozens of claims into the temporary holding table described above. A special screen is used to convert this data into a file that is of the structure that Change Healthcare needs for claim processing. More on this later.

The third step is the actual transmission with Change Healthcare's transmission program.

Electronic Claim "Printing"

Generating an electronic claim is similar to printing a standard paper claim. When you access the Print Insurance screen you are given the option to select the type of form you want to print via the *Form to Print* combo box. One of the choices available from this combo box is "Electronic Claim." Selecting this choice will create an electronic claim rather than a paper claim. When "Electronic Claim" is selected, the claim data is stored in a special holding table instead of being printed as an insurance form on the printer. At the end of the day you will execute a command that will send this file, via Internet, to the Change Healthcare clearinghouse, which in turn will forward it, via Internet, to the various insurance carriers.

Note

The insurance form that the Print Insurance screen defaults to can be set by you using the User Defaults option via the Utility Menu. You can make Electronic Claim the default if you wish.

Sending the Claim to the Holding Table

When the Print Insurance screen is properly selected, click the *Print* button (a printer is pictured on it). The claim will be stored in a holding table for the time being. You will notice that the *Print Preview* button is disabled. Print Preview is not allowed for electronic claims. The *Batch Printing* button is also disabled. Batch Printing is reserved for paper claims only, although electronic claim processing is a form of batch processing by its very nature.

After the claim is stored in the holding table, click on the *Close* button to return to the Main Menu.

Creating the Change Healthcare Transmission File

During the day insurance claims are sent to a holding table. The holding table is not in the format required by Change Healthcare. The data in the holding table needs to be placed in a file. The file will be given a name that is unique to your office. The file name will be the same

name as your Change Healthcare number. Change Healthcare will assign your office an Change Healthcare number. The file extension will always be REC. For example, Change Healthcare could assign you the number P9999998. Your transmission file will therefore be created with the name of P9999998.REC. During your walk-through with Change Healthcare you will be assigned an Change Healthcare number. The Diamond Dental Software Program will then automatically give your transmission file the proper name.

Note

Change Healthcare will assign you a facility number. This number must be entered into your *Office Information Entry* screen. Access this screen by going to *Utilities*, then *System Files*, then *Office Information*. The Change Healthcare Facility Number is on that screen

When you are ready to create this file, access the Reports Menu. Click on the *Create Electronic Claim File* button. The "Create File for Transmission" screen will appear as seen below.

The claims that are waiting for transmission are displayed. Next to each claim is a *Delete* button. Click on this button to delete a particular claim from the transmission list. At the bottom of the screen is the *Delete All Claims* button. Click on this button if you want to delete all displayed claims. Claims that you delete, either singly or in bulk, will not be transmitted to Change Healthcare.

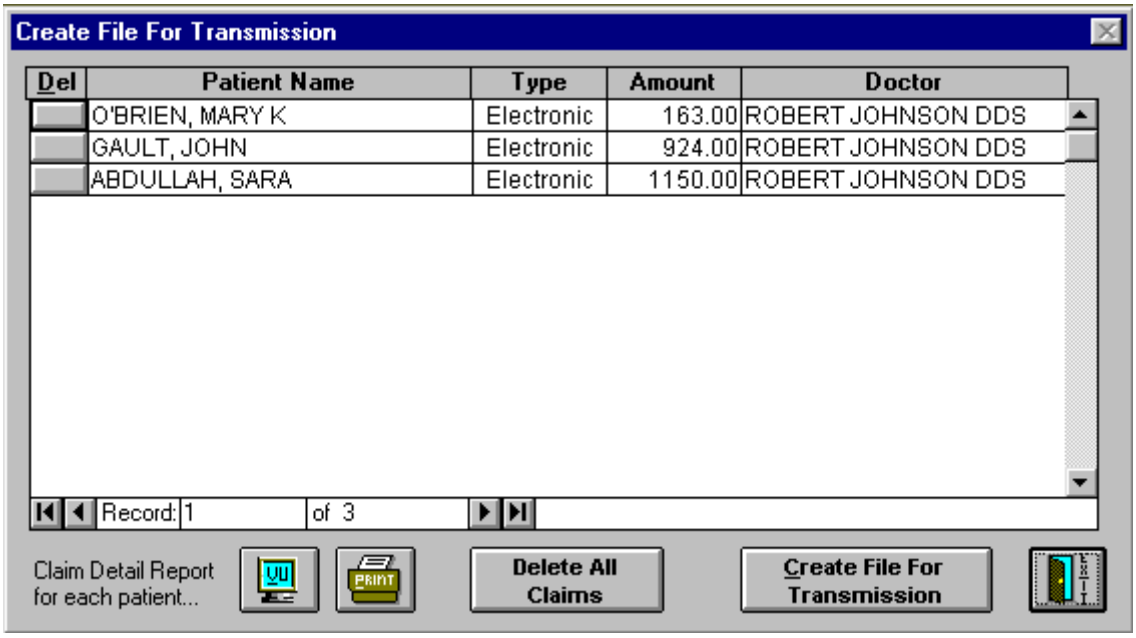
Electronic Claim Detail Report

If you would like an abbreviated paper claim copy to place in the chart you may print the Electronic Claim Detail Report. This will be a single sheet report for each claim showing significant claim data and a detailing of the procedures that were included on the claim.

Creating File for Transmission

When you are ready, click on the *Create File for Transmission* button. Before this button is clicked, there should be no existing Change Healthcare transmission file. If there is, it is likely that the previously created file was not successfully transmitted. If a transmission file does exist, you will be warned. You will be given the option to cancel creating a new transmission file until a later time. You will also be given the option of erasing the existing file in order to allow creating a new one. Once a transmission file is created, it either needs to be transmitted (in which case it gets deleted after the successful transmission) or it needs to be deleted. If the transmission file exists even though you know that you transmitted it, then it is likely that the transmission was not successful. The last thing that happens during a transmission is the deletion of the transmission file. If it is still there then something most likely went wrong. Assuming you do not see any warning of an existing transmission file then simply click the button and the file will be created.

After the transmission file is created you are ready to run the Change Healthcare transmission program. To transmit, follow the directions you were given by the Change Healthcare technician during your walk-through session.



Chapter

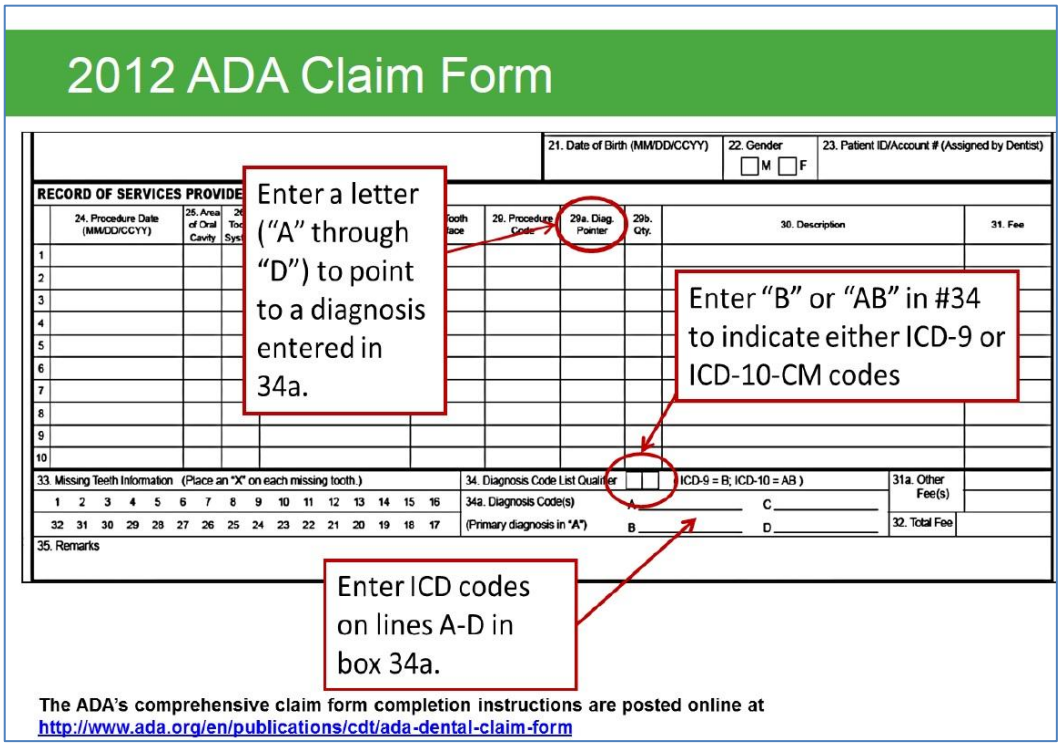
11a

11a: ICD-10 Processing

Diamond Dental now processes insurance claims that require ICD-10 entries. This feature works for both electronic claims (via the Change Healthcare clearing house) and paper claims using the latest ADA Claim form (currently the 2012 claim form). This feature is included in Diamond Dental Version 5.1 (version date November 26, 2016) and later. Some State Medicaid Programs and some commercial insurance carriers are requiring diagnostic codes in dental claims submission, and the list will probably grow over time.

ICD-10, sometimes referred to as ICD-10-CM is the *International Classification of Disease*. The "CM" refers to *Clinical Modification*. At the time of this writing we are on the tenth release. When ICD-10 codes are required the dentist must report an appropriate ICD diagnostic code along with the correct CDT code for the service performed. The ICD code must be valid and current, and it should be relevant and specific enough to provide a rationale for the service reported.

The basics of ICD-10 entry is illustrated by the following image of an ADA claim form (taken from an ADA publication):

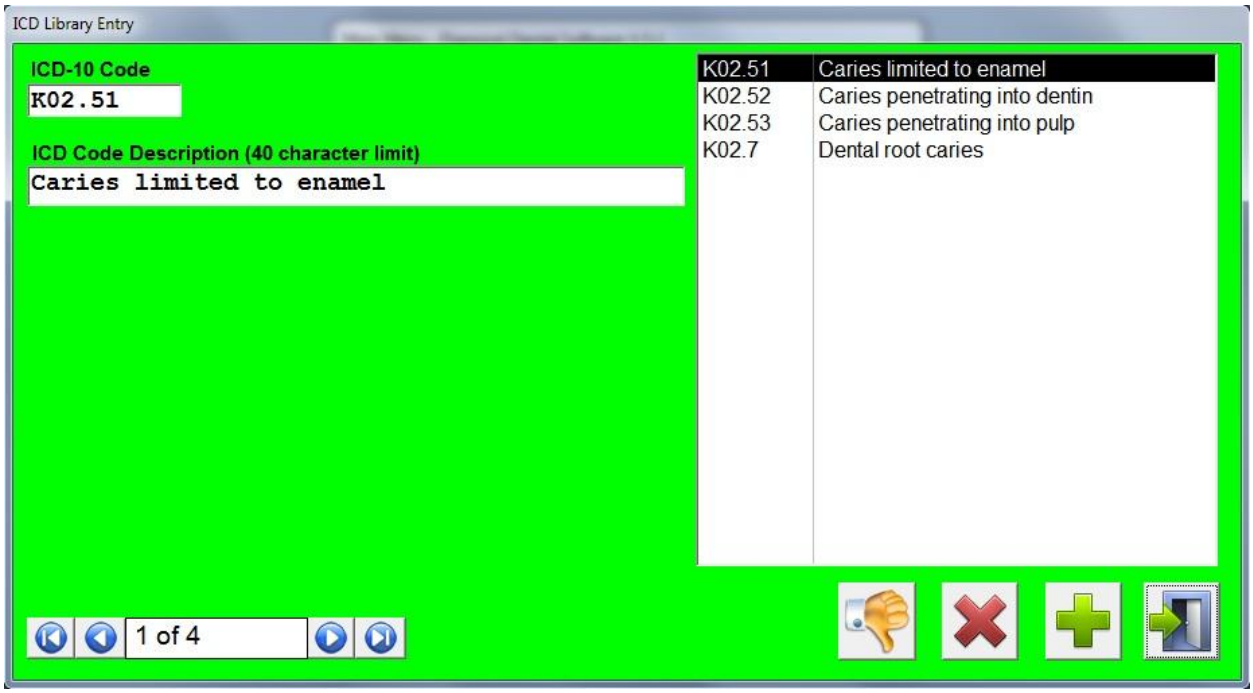


You can enter up to four ICD-10 diagnostic codes per claim. These are labeled A, B, C, and D. Each procedure can point to one or more of these codes. For example, the procedure on line 1 can point to A. Another procedure can point to B. If appropriate, another procedure can point to A and B. It can even point to A, B, C, and D.

Creating a Personal ICD-10 Library

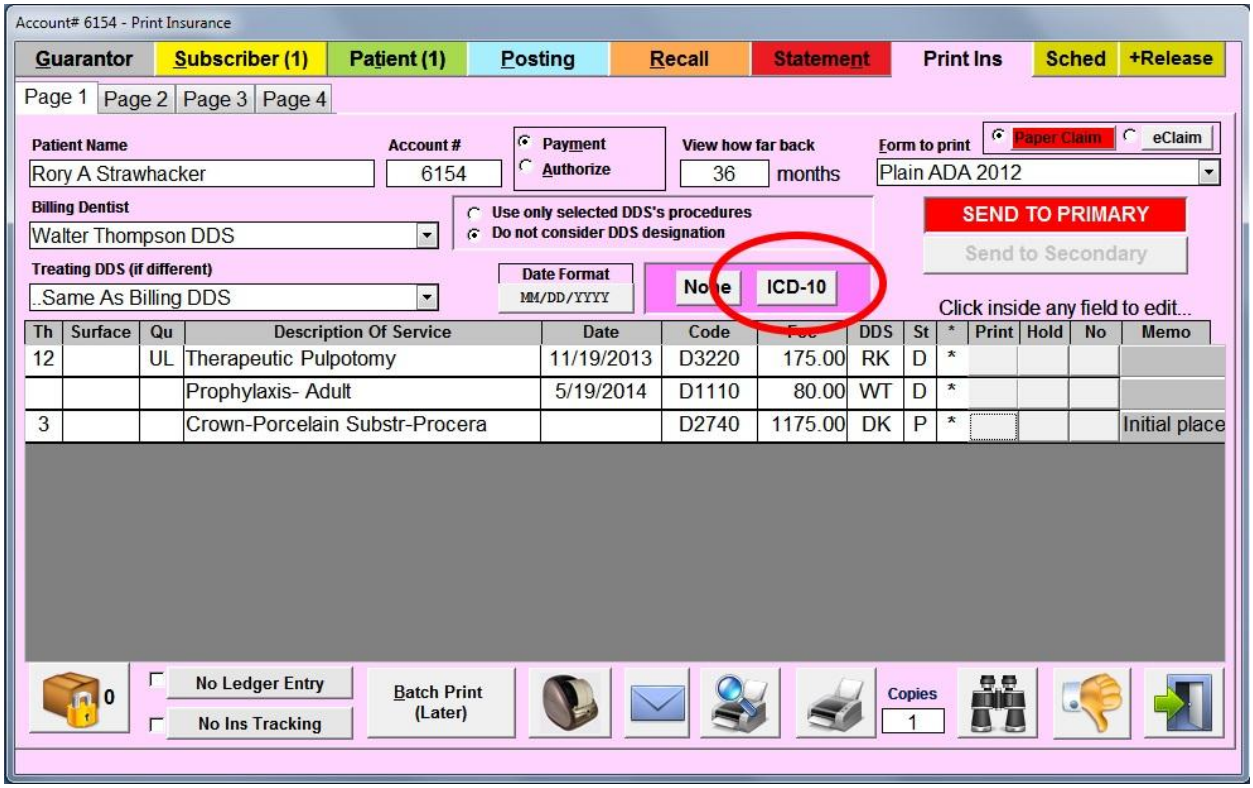
There are literally thousands of ICD-10 codes. Codes pertaining to dentistry would just be a small subset of the entire ICD-10 code collection. Further limiting the codes would be those that your office would actually find useful. To make the burden of ICD-10 processing as streamlined as possible, you will be creating a library of the codes that your office will use. This is accomplished using the "ICD Library Entry" screen. To open this from the "Main Menu", go to *Utilities*, then *System Files*, then *ICD-10 Codes*. The "ICD Library Entry" screen will open. Click the green plus button to add a new code. Enter the code and a description. You may enter as many codes as you desire. When finished simply exit to save your work.

You can also enter codes "on the fly" while generating a claim using this screen. That will be described shortly.



Creating a Dental Claim with ICD-10 Codes

If you are going to use diagnostic codes on a claim, whether for paper or electronic, you will do what you always do. The one difference is that before finishing you will click the *ICD-10* button on the "Print Insurance" screen. This will open the "ICD Claim Entry" screen.

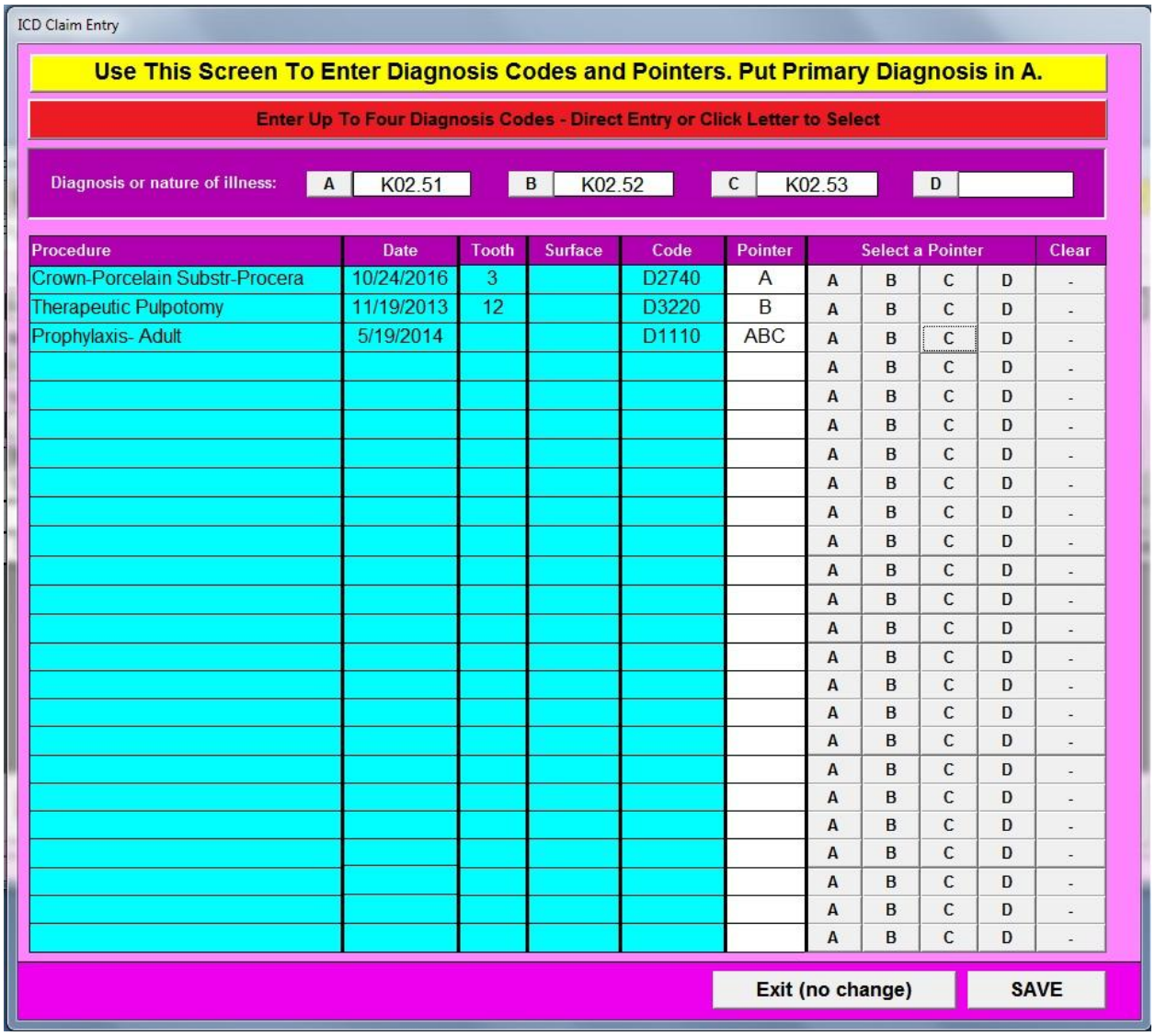


The "ICD Claim Entry" Screen

The "ICD Claim Entry" screen (seen on the next page) is where you will enter the actual ICD-10 codes. You can enter up to four diagnostic codes per claim. The primary diagnosis should always be entered in field "A".

The procedures that will be on the claim will also appear on this screen. If the procedure requires a diagnostic code you can set the pointer from that procedure to one or more of the diagnostic codes entered into the A, B, C, or D fields. Just click the appropriate button that corresponds to the diagnostic code you want that procedure to point to. We are referring here to the group of buttons that are in line with each procedure. Not the four A, B, C, D buttons that are higher up on the screen next to each diagnostic code. These buttons will be discussed in the next section.

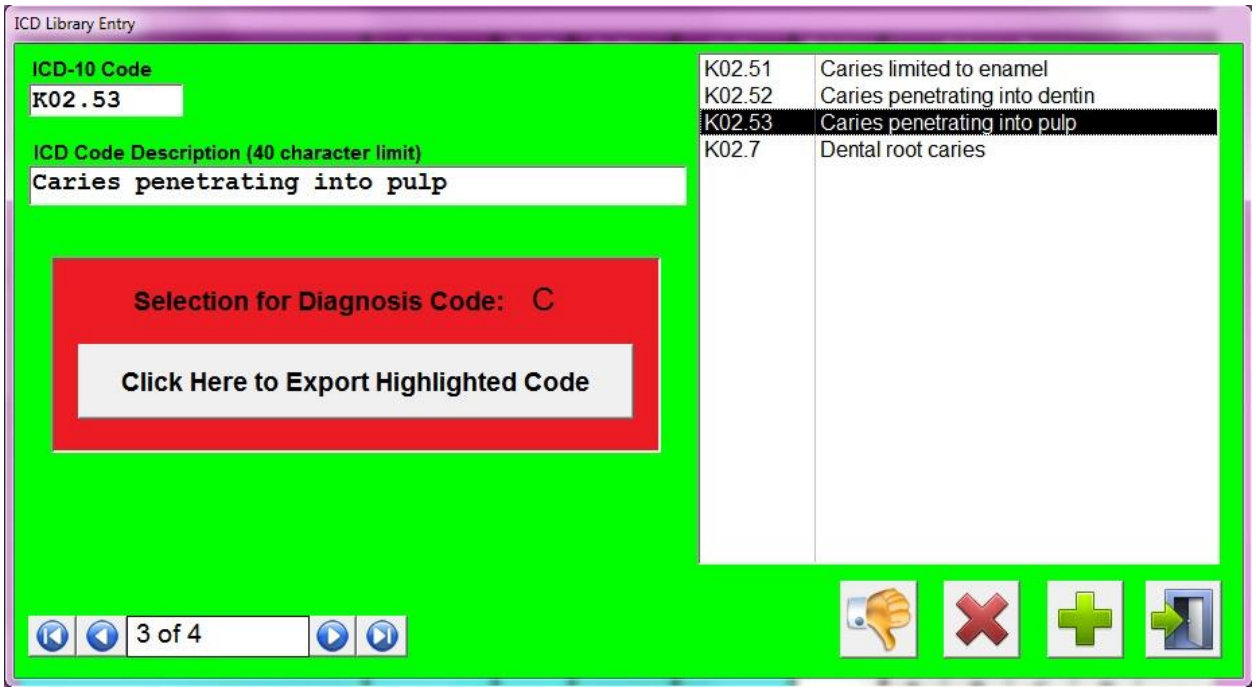
You can also click more than one button if the procedure requires more than one diagnostic code. For example you can click "A" and then "C" to indicate that the primary diagnosis is the ICD-10 in box "A" and the secondary diagnosis is the ICD-10 code in box "C". You can click up to four diagnosis pointer per procedure.



Easy Entry of Codes and Adding to the ICD-10 Library "On the Fly"

Notice in the "ICD Claim Entry" screen above that there are four boxes for the diagnostic codes that are to be used for this claim. Next to each box is a button labeled *A, B, C,* and *D*. Instead of manually entering a diagnostic code (which you may not have memorized), you can click one of these buttons. When you do the "ICD-10 Library Entry" screen will open (seen on the next page). Your ICD-10 library entries are displayed in a scrollable list on the right. Also notice that this is a slightly modified version of the screen that we have seen earlier. Notice the large red section in the middle of the screen. Just highlight the ICD-10 code you are interested in and click the button labeled *Click Here to Export Highlighted Code*. The "ICD Claim Entry" screen will close and the selected ICD-10 code will be pasted into the appropriate box in the "ICD Claim Entry" screen.

Another use of this technique is to actually add a new entry to your ICD-10 library, and then select it, and export it for use in the claim you are currently generating. Once you have the "ICD-10 Library Entry" screen open, just click the plus button to add another code, and when you click the export button it will be saved to your ICD-10 library as well as being pasted into the "ICD Claim Entry" screen.



Creating the Finished Claim

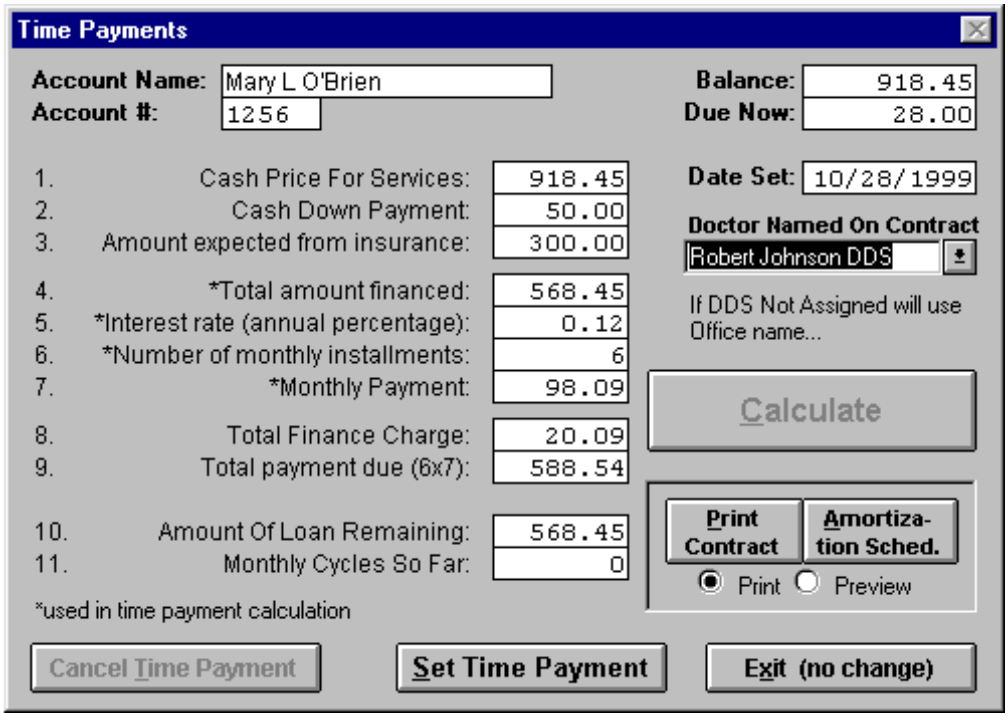
After all the ICD-10 information is entered, just click the *Print* button as you always do to either print a paper claim or generate an electronic claim.

Chapter

12

12: Time Payments

Any patient account may be placed on time payments. Time payments may be calculated with interest or interest-free. Time payments are set while in the Guarantor Information screen. You may not set time payments while opening a new account and you will notice the *Time Payment* button will be disabled. You may come back to the Guarantor Information screen any time after the account has been opened and the Time Payment button will be enabled. To set an account on time payments, click this button. The Time Payments entry screen will appear.



Time Payment Questions

In setting up a time payment you will answer several questions. These items will now be discussed.

Cash Price for Services

The Cash Price is the total amount of the fees that have been charged or will be charged to this account. This amount will include all the fees, even if there will be a down payment and expected insurance benefits. This cash price amount is not the amount used in calculating the time payments. When an account is placed on time payments, all the members (patients) of that account are on time payments. Therefore, when calculating the Cash Price for Services, the procedures to be completed for all the members must be considered.

Cash Down Payment

If you are asking the patient to make a Down Payment, enter that amount here. If you are not requiring a Down Payment, just press Enter. The Down Payment amount will become the new Due Now amount for this patient's account. For example, if the Down Payment is going to be zero, then the Due Now amount will become $ 0.00. If the Down Payment is going to be $300, then the Due Now amount will become $300. This Down Payment amount becomes the Due Now, and it is due now, today. This amount starts aging from this day forward, and if not paid, will be considered late.

Note that the Due Now amount cannot be larger than the Total Balance. Therefore, you cannot make the Down Payment amount larger than what is the current Balance. For example, assume a patient comes in for the first time and your treatment plan is $1000 worth of procedures. Your exam and radiographs were only $75; therefore, the Balance on this first day is only $75. You decide to place the patient on time payments for 6 months with $200 down. You will not be allowed to do this since that would make the Due Now $200 with a Total Balance of only $75. In order to indicate a $200 down payment you must first post at least $200 in charges so the patient's Total Balance will be at least that large. In this circumstance you could go ahead and set up time payments if you leave the down payment out of the equation, saying the Cash Price For Services is $800 (instead of $1000), and that the Down Payment is zero.

Charges Covered By Insurance Plan

If you are accepting Assignment of Benefits and are expecting insurance money to cover part of the Cash Price for Service, enter the amount of the insurance benefit here.

Total Amount Financed

The Total Amount Financed is the amount used in calculating the monthly payments. It is calculated like this:

Amount Financed = Cash Price - Down - Insurance Benefit

If time payments can be considered making a loan, then the Total Amount Financed is the amount of the loan you are making.

Interest Rate (Annual Percentage)

If you are charging interest (finance charge) for this time payment, enter the interest rate here. This will be a yearly interest rate. Reasonable rate examples are 12%, 13.2%, and 18%. If there will be no interest charged then just press Enter.

Monthly Payment and Number of Monthly Installments

We consider Monthly Payment and Number of Installments together. You will enter a value for only one of these. If you want a fixed amount for the monthly payment, you will enter that amount. The computer will then calculate what the number of installments will be. If you want a fixed number of installments, you will enter that amount in the installment field. The computer will then calculate what the monthly payments will be.

Note

If you set a fixed monthly payment, the computer may have to slightly modify it so as to come out even over the number of months that are required. For example, if you set a monthly payment of $50, it may recalculate to $50.12.

Calculate Button

You will notice that the large *Calculate* button is disabled (grayed out) until you enter a value for either monthly payment or number of installments. After entering a value and leaving the field (by pressing the Tab key) the Calculate button will become enabled. Click on the Calculate button and either monthly payments or number of installments will be entered automatically. In addition the remaining fields will also be calculated and displayed. These include:

Total Finance Charge
Total Payment Due
Amount of Loan Remaining

The "Loan" is the "Total Amount Financed." As months go by and time payments are incremented, this loan amount diminishes. The Amount of Loan Remaining will display how much the patient still owes on the time payment. This may not equal the total balance for the account because it is possible to post additional charges to the account that are outside the time payment loan.

After clicking the Calculate button you will notice that the Due Now amount does not change. This is because the Calculate button does not permanently record anything. It is permissible to click Calculate and see how the numbers come out, and then change the figures and click Calculate again to see how those values come out. Nothing is permanent until you click on the *Set Time Payment* button.

Set Time Payment

When the Time Payment screen is the way you want it, click the *Set Time Payment* button to record the time payment contract for this account. Until this time, nothing is set. You could close the screen and the account will not be affected.

When you click the Set Time Payment button you will see the Due Now amount change to the value of the Down payment. The down payment is, therefore, due now. If you were to view the account ledger you would see a Due Now Adjustment to account for the difference in the Due Now from before and after the time payment agreement was set.

Time Payment Contract and Amortization Schedule

After setting the time payment you will be able to print (or print preview) a Time Payment Agreement. The agreement spells out the terms of the contract and has a place for the Guarantor to sign. A copy is usually given to the patient.

You may also print an amortization schedule for this loan. This will detail the progress of the loan showing the monthly cycle number, payment, principal, and interest.

Cancel Time Payment Contract

To cancel an existing time payment contract, click on the *Cancel Time Payment* button. If you need to modify an existing time payment contract you must first cancel the time payment then re-setup the contract with whatever new values you desire.

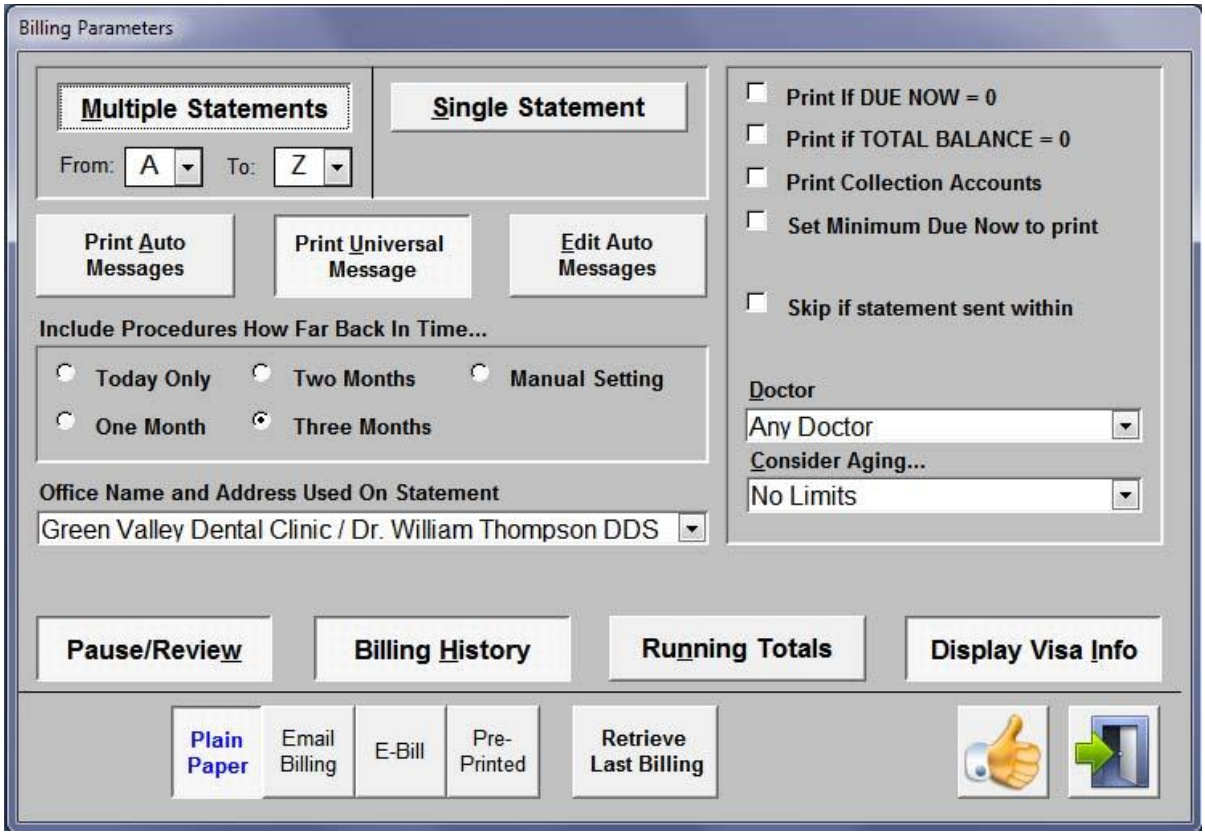
Chapter

13

13: Billing

NOTE: Starting with version 6.0 you can now insert a QR scan codes into your billing statement. This will allow your patients to easily make payments using their phones. This feature is discussed at the end of this chapter.

Billing Statements may be printed for a single account or in bulk. To print a statement, click on the *Billing* button from the Main Menu. The Billing Parameters screen will open. This screen has several options to control who will receive billing statements and how those statements will be formatted. The program generates four types of billing statements: a plain paper statement (which is the default), email billing, an electronic billing statement, and a pre-printed statement from Topform Data.



The Billing Parameters screen. This is the opening screen when you click Billing from the Main Menu.

Multiple or Single Statements

The *Multiple* and *Single Statement* option buttons appear on the screen with *Multiple* as the default. When *Multiple* is selected, the *From* and *To* alphabetic range text boxes are visible. The alphabetic range defaults are from A to Z. You may modify this if desired. The alphabetic range refers to the last name of the account's Guarantor.

If you want to print a statement for a single account, click on the *Single Statement* option button. The familiar Patient Search screen will appear for you to select which account will be printed. You will also notice the alphabetic range text boxes will disappear since an alphabetic range is no longer relevant. Other options will also modify when in the Single Account mode.

Note

Most of the major modules in the program (such as Posting, Recall, etc.) allow you to jump directly to Billing with the Statement tab. When you access Billing in this manner, you will be brought to the Billing Parameters screen in the Single Statement mode with the current patient already selected. In addition, if you are coming from Posting, the "Include Procedures How Far Back" will be set to *Today Only*, which is the Walkout Statement format. *3 Months* is the usual default setting for this option.

When the *Single Statement* option is selected most of the limiting options (that are about to be discussed) that would ordinarily prevent certain statements from printing will be ignored. Single Statements can always be printed for any account, regardless of that account's status.

Print If Due Now = 0

The normal mode for statement printing is to NOT print statements for accounts where the Due Now amount equals zero (or is less than zero). The Due Now amount is the amount that you are expecting the patient to pay now. If you send the patient a statement with a Due Now amount of zero, the patient will assume no payment is required. And this is true. Mailing the statement is essentially meaningless (financially speaking).

If you wish to override this option, click on the *Print If Due Now = 0* check box. With this option checked, accounts with zero Due Now amounts may be printed. For example, an account with a Total Balance of $100 and a Due Now amount of zero will print if this option is checked. However, an account with a Total Balance of zero and a Due Now amount of zero will not print. Accounts with a zero Balance will not print. The option controlling the Balance will now be discussed.

Print If Total Balance = 0

The normal mode for statement printing is to NOT print statements for accounts where the total Balance equals zero (or is less than zero). The total balance represents the total amount owed on an account. That is what the Guarantor is ultimately responsible for.

Sending statements to accounts with zero balances (or credit balances) is usually not done. However clicking on the *Print If Total Balance = 0* check box will override the default and allow printing of zero balance statements.

Print Collection Accounts

The normal mode for statement printing is to NOT print statements for accounts that have been designated as being sent to collections. If you recall, the Guarantor screen has a button entitled *Sent to Collections*. This button would be selected if you have turned over this account to a collection agency. Accounts that have been so designated should not usually have a statement printed. The collection agency is handling that. This filter can be overridden by clicking the *Print Collection Accounts* check box.

Set Minimum Due Now To Print

The normal mode for statement printing is to print statements for accounts that have a positive due now amount. This would include any positive due now amount, even if the amount is one cent. If you prefer to suppress statements where the due now amount falls below some minimum, click on the *Set Minimum Due Now to Print* check box.

If you select this option, a text box will appear for entry of what the minimum amount will be. As an example, assume the amount of one dollar is entered into this text box. When statements are printed, an account with a Due Now amount of 97 cents will not print; however, an account with the Due Now amount of $ 1.03 will print.

Skip If Statement Sent Within

Each account keeps the date of the last time a statement was printed for the account. The program can bypass statement printing for accounts that have had statements printed within a certain period of days. To activate this filter, click on the *Skip If Statement Sent Within* check box. A text box will appear for you to enter the number of days. For example, if you enter 20 in this field, then accounts that have had statements printed within the last 20 days will be bypassed for statement printing for this current billing session.

Include Procedures How Far Back In Time

The billing statement prints the account ledger of the account. The account ledger contains the complete history of the account for as long as you have been using Diamond Dental Software. It is not usually necessary or desirable to include very old account activity on the billing statement. The *Include Procedures How Far Back* option box will limit older procedures from being included on the statement. There are five options. These are

Today only
One month
Two months

Three months
Manual setting

Activity that falls out of the allowable range will not appear on the billing statement but will be mathematically represented by the balance forward amount. The default is *three months*.

Note

A Billing Statement always prints on one page and that page has a 25 line limit, regardless of what your setting is for how far back in time. If the account history is longer than 25 lines, only the most recent 25 lines will print and the remainder will be accounted for by a balance forward. If you wish to print a complete history, select the red Statement button from the Main Menu (do a Patient search), open Statement screen, and then click on that screen's Ledger option. A ledger printed in this manner will take as many pages to print as is needed to include the complete history.

Doctor

The *Doctor* combo box refers to the account's assigned doctor. This choice will limit statement printing to accounts assigned to a particular doctor. The default for this choice is "Any Doctor." The Any Doctor choice will essentially nullify this option by not considering the Assigned Doctor.

Consider Aging

In Diamond Dental Software, account aging is based on the Due Now amount. How much the Due Now is and how long ago it was charged is what determines account aging.

The *Consider Aging* combo box will allow you to limit statement printing based upon account aging. The options are

No Limits
Consider only UNDER 30 days
Consider only UNDER 60 days
Consider only UNDER 90 days
Consider only OVER 30 days
Consider only OVER 60 days
Consider only OVER 90 days

For example, if you select "Consider only OVER 60 days," then only accounts whose account aging is in the "Over 60" and/or "Over 90" amount columns will be included.

The default for this option is "No Limits." This choice essentially nullifies the *Consider Aging* option by disregarding account aging.

Automatic and Universal Messages

Automatic Messages are messages that will print "automatically" when the account meets certain criterion. This criterion is based upon account aging, that is, the level of account delinquency. Automatic messages can be triggered to print based on the four aging categories used by the program. These categories are *0 to 30 Days, 31 to 60 Days, 61 to 90 Days,* and *Over 90 Days*. Automatic messages print in the message area of the billing statement.

The Universal Message is a message that prints on all statements, all of the time. The universal message prints in a special area of the billing statement reserved for the universal message.

Setting automatic and universal messages are permanent. You do not have to set them each time you perform billing. The process of creating these messages will now be discussed.

Setting Automatic Messages

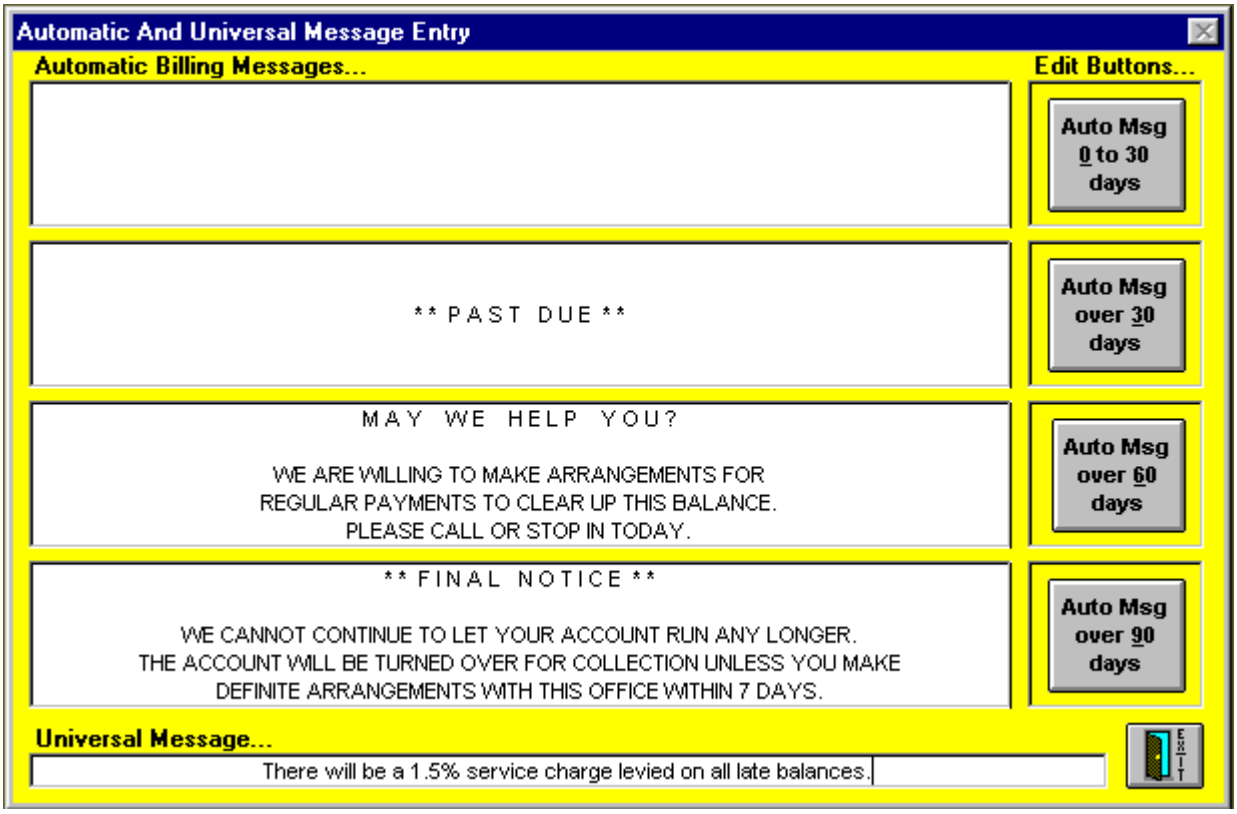
To designate the messages to be used for automatic and universal message printing, click on the *Edit Auto Messages* button. The Automatic and Universal Message Entry screen will open (see Figure 2). This screen displays five text boxes, four of which are for an automatic message designation and the other is for the universal message. There are two ways to designate an Automatic Message:

- **Manual Entry: You may click in the appropriate text box and enter in whatever message you want. All text will be centered and word wrapping will be active. If you wish to create a new line before the end of a line is reached, press Control-Enter to force a new line.**
- **Select Message from Billing Message Table: Diamond Dental Software comes with a library of pre-entered billing messages that are stored in the Billing Message table. You can access the table via the *Billing Messages* button on the System Files menu (in Utilities). To select your automatic message click on the *Auto Msg Edit* buttons. The Billing Message Selection screen will open. From this screen you may select any of the messages in the library to be used for this message. Once the message is transferred to the Automatic and Universal Message Entry screen, you may modify it without affecting the Billing Message library.**

Leaving the message text box blank essentially disables that automatic message. For example, you may want Automatic Messages for accounts Over 30, 60, and 90 days delinquent, but not for accounts who are current (0 to 30 days). In that case, designate messages for the 30, 60, and 90 day message text boxes, and leave blank the 0 to 30 day text box.

Setting the Universal Message

The universal message is also set from the Automatic and Universal Message Entry screen. If a message is entered into the Universal Message text box, that message will print on all statements. If you do not want a universal message, leave it blank, or make it blank.



Automatic and Universal Message Entry. Click on the Edit Auto Messages button on the Billing Parameters screen to access this screen. Leaving a message blank or making it blank essentially nullifies it.

Print Auto Messages Button

If you want automatic messages to print on the billing statements, click on the *Print Auto Messages* button. The automatic messages will have to have been created as described above. If the *Print Auto Messages* button is not selected, no Automatic Message will print, even if these messages have been created.

Print Universal Message Button

If you want the Universal Message to print on the billing statements, click on the *Print Universal Message* button. The universal message will have to have been created as described above. If the *Print Universal Message* button is not selected, no Universal Messages will print, even if the message has been created.

Office Name and Address Used on the Statement

With Diamond Dental Software you have the option of creating more than one office name and address. You may also have multiple office names with the same address. For example, in a partnership where each dentist essentially runs separate practices from the same location, you may have multiple office entries. Office entry number 1 will use doctor #1's name for the office name along with the office address. Office entry #2 will use doctor #2's name for the office name along with the office address.

If you have multiple office entries, use the *Office Name* combo box to select among them. This may be used in conjunction with the *Doctor* combo box. For example, consider a partnership with Dr. Jones and Dr. Smith. Each doctor has his or her own patients and the accounts are assigned accordingly. Two separate billings can be run. On the first billing, the *Doctor* combo box is set for Dr. Jones. This will cause only Dr. Jones's patients to have statements printed. Also, in this same billing session, the *Office Name* combo box will be set to Dr. Jones's selection. This will cause Dr. Jones's name to appear on the statement. On the second billing session, Dr. Smith's choices can be selected.

Billing History Option

The *Billing History* option is set as a default that each statement printed will be recorded into the Billing History table. Clicking on this tab will prevent it from being recorded. A Billing History report can also be printed, thus giving you a record of the billing activity of the practice. The default for this option is Yes (highlighted) for multiple statements and No (not highlighted) for single statement printing.

If this option is set to No (not highlighted), then no record of the statement being printed will be kept.

Pause/Review Option

With the *Pause/Review* option set to Yes (highlighted), the program will display each account that is about to be printed, using the Billing Pause And Review screen (discussed shortly). This pause before printing will allow you to modify the billing message or to skip printing a particular account. "Yes" is the default for this option.

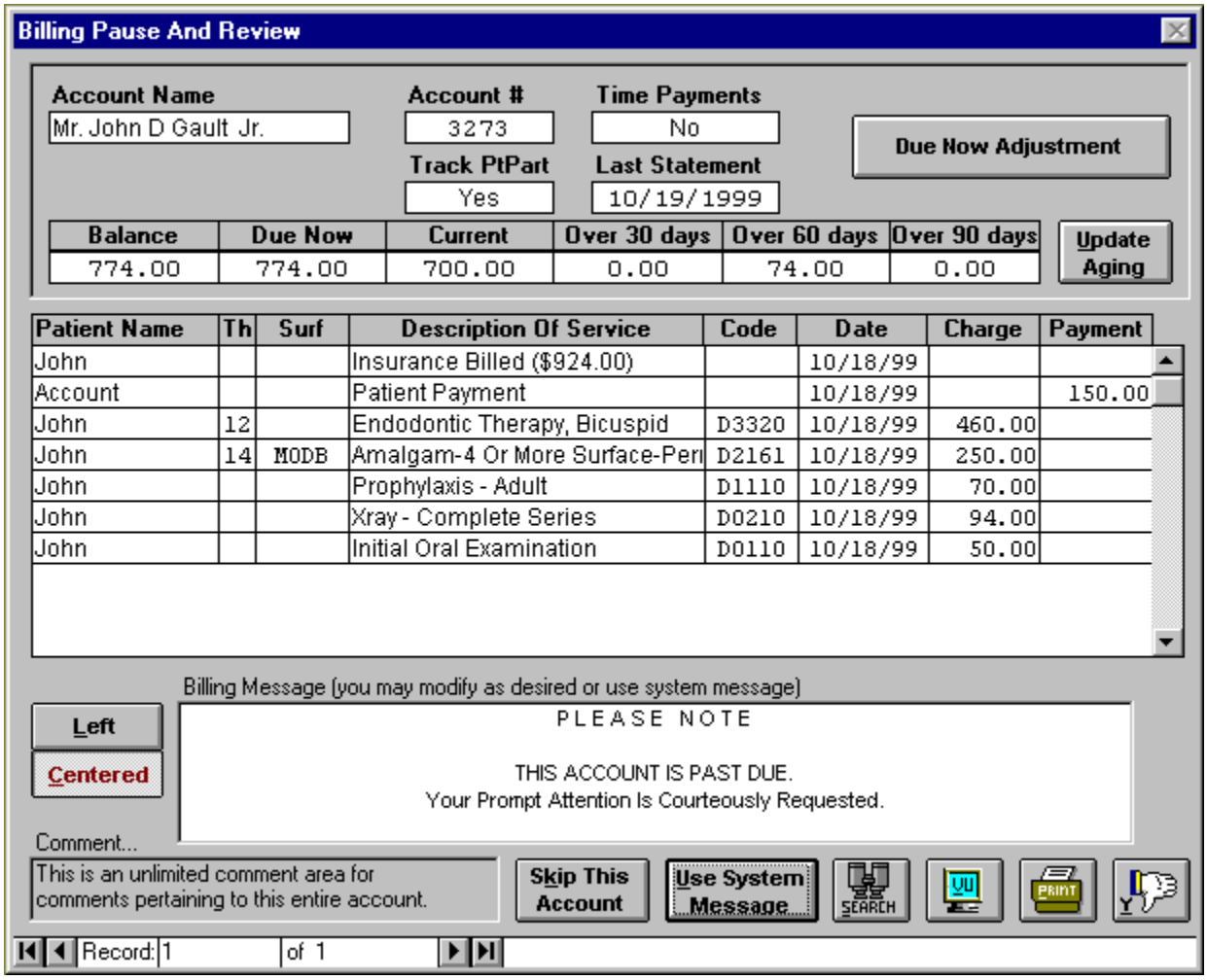
Selecting "No" (not highlighted) for this option will cause the billing statements to be printed uninterrupted, without pausing. The Billing Pause and Review screen will not be seen in that case. You will also see two new buttons appear on the Billing Parameters screen. The *Print* and *Print Preview* buttons will now be visible. Clicking on either of these will cause uninterrupted printing of the statements to commence. The *Print Preview* button will display the statements on the monitor before printing; however, this is for inspection only.

Continue Button (thumbs up)

The *Continue* button will only appear if the *Pause/Review* option is set to Yes (highlighted). When all fields of the Billing Parameters screen are entered the way you want them, click on the *Continue* button to proceed. This will open the Billing Pause and Review (see Figure 3).

Billing Pause and Review Screen

The Billing Pause and Review screen will open containing all the accounts that qualified for statement printing. This screen will allow you to examine some or all of the accounts before printing. You may also modify the billing message that will print for a particular account. You will also have the ability to suppress the printing for any selected account. You are not allowed to edit the account's procedures, Balance, Due Now, or aging amounts from this screen. Its purpose is for inspection and message modification. The controls for this screen will now be discussed.



Billing Pause and Review Form. Step through as many records as you want using the Navigation Buttons in the lower left corner. At any time you can click the Print or Print Preview buttons to commence uninterrupted printing of the statements.

Navigation Buttons

In the lower left corner of the Billing Pause and Review screen you will see the familiar *Navigation* buttons. The *Navigation* buttons will allow you to step through the various accounts that are about to be printed. There are four *Navigation* buttons. These are

|< Go to first record
< Go to previous record

>	Go to next record
>|	Go to last record

Click on the *Navigation* buttons to review some or all of the qualified accounts for billing. The Navigation section displays the record number you are looking at and how many total records there are. In the example above, the screen is on Record 7 out of a total of 116.

Find Button (binoculars)

Click on the *Find* button to display a particular account. When you click on the *Find* button a combo box will appear that contains an alphabetic list of all the qualified accounts. As with all combo boxes, you may scroll through the list or type in the name you want (use last name first).

Changing the Billing Message

If a Special Billing Message has been set from the Posting screen, or if the account will receive an automatic message, that message will appear in the *Billing Message* text box of the Billing Pause and Review screen.

Whether a message is displayed or not, you are free to click inside the *Billing Message* text box and type in any message you want or modify any displayed message. You may also click on the *Use System Message* button to access the system's Billing Message Library. From this you may select any of the pre-existing system billing messages that are stored in this library. Once selected, the message will appear in the *Billing Message* text box of the Billing Pause and Review screen. Any changes you make to the *Billing Message* text box will only affect the statement that is about to print. It will not modify your Billing Message Library.

When entering text into the *Billing Message* text box the computer will word wrap when it detects the end of the line. You may force a new line before this by pressing the Enter key. The *Billing Message* text box can be left justified or centered. Centered text is the default. Click on the *Left* or *Center* buttons to modify the alignment setting.

Skip This Account

If you want to suppress a particular account from printing, display the account in the Billing Pause and Review screen. Then click on the *Skip This Account* button. The button will light up indicating that the skip mode is set for that account. You may click it again to unset the skip status.

Print and Print Preview Buttons

When you are finished with your review of the qualified accounts for billing, click on one of the two printing buttons. The *Print* button has a printer pictured. It will cause the printer to immediately begin printing the statements. The *Print Preview* button has pictured a printer being examined by a magnifying glass. It will display what will be printed on the monitor before printing.

Note

All your pausing and reviewing takes place before you click the Print button. After clicking the Print button all the statements will print, one after the other, without stopping, except for the accounts you marked to skip.

Due Now Adjustment

The Billing Pause and Review screen allows you to modify the Due Now amount and the aging amounts (over 30, 60, and 90 days). Just click the *Due Now Adjustment* button and an editing screen will appear, allowing these items to be changed before the statement is printed.

Cancel Button (thumbs down)

If you have made it as far as the Billing Pause And Review screen, but then decide that you do not want to print billing after all, click on the *Cancel* button (instead of the print buttons) to close the Billing Pause And Review screen. The screen will close without printing the statements.

Retrieve Last Billing

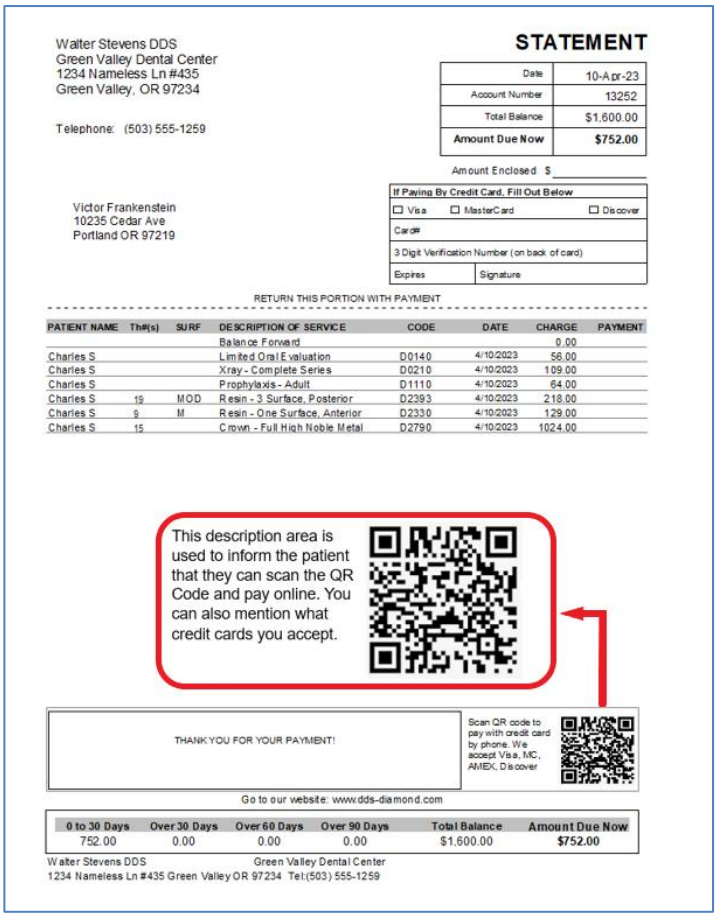
If you cancel billing with the Cancel Button, you have the option to come back to billing later and click on the Retrieve Last Billing, seen on the Billing Parameters screen. This will bring you back to the Billing Pause and Review screen, with the same accounts you had before, and with the message changes and skip status changes retained. NOTE: this must be done before exiting Diamond Dental. Once you exit Diamond Dental and come back in, that information will be gone. NOTE: This option will be nullified if you exit Diamond and then return. You must use the Retrieve Last Billing before exiting Diamond for that day.

Make Payments Easier for Your Patients with QR Scan Codes

You can now insert a QR scan code into your billing statements to allow your patients to pay using their phones. Most credit card companies are very happy to build an online payment portal for you and supply you with a QR scan code image file that will take the patient directly to your payment portal where they can make their payment using their phones.

Try the Sample

A sample billing statement is seen here with a close-up of what a QR code looks like. With the phone camera in Photo mode focus on the QR code surrounded in red. A notification will appear on your screen. Tap on the notification and you will be taken to wherever the QR code was programmed to take you. In this case it is just a sample screen informing you your scan was successful.



Walter Stevens DDS
Green Valley Dental Center
1234 Nameless Ln #435
Green Valley, OR 97234

Telephone: (503) 555-1259

STATEMENT

Date	10-Apr-23
Account Number	13252
Total Balance	$1,600.00
Amount Due Now	**$752.00**

Amount Enclosed $ _____

Victor Frankenstein
10235 Cedar Ave
Portland OR 97219

If Paying By Credit Card, Fill Out Below
☐ Visa ☐ MasterCard ☐ Discover
Card#
3 Digit Verification Number (on back of card)
Expires | Signature

RETURN THIS PORTION WITH PAYMENT

PATIENT NAME	Th#(s)	SURF	DESCRIPTION OF SERVICE	CODE	DATE	CHARGE	PAYMENT
			Balance Forward			0.00	
Charles S			Limited Oral Evaluation	D0140	4/10/2023	56.00	
Charles S			Xray - Complete Series	D0210	4/10/2023	109.00	
Charles S			Prophylaxis - Adult	D1110	4/10/2023	64.00	
Charles S	19	MOD	Resin - 3 Surface, Posterior	D2393	4/10/2023	218.00	
Charles S	9	M	Resin - One Surface, Anterior	D2330	4/10/2023	129.00	
Charles S	15		Crown - Full High Noble Metal	D2790	4/10/2023	1024.00	

This description area is used to inform the patient that they can scan the QR Code and pay online. You can also mention what credit cards you accept.

THANK YOU FOR YOUR PAYMENT!

Scan QR code to pay with credit card by phone. We accept Visa, MC, AMEX, Discover

Go to our website: www.dds-diamond.com

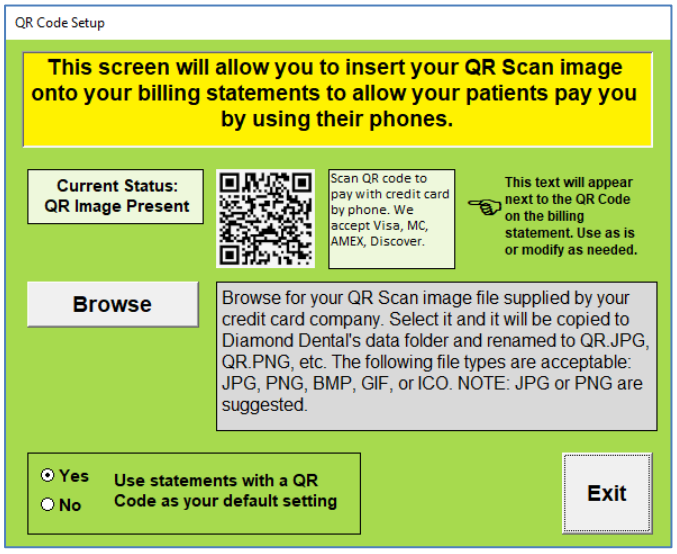
0 to 30 Days	Over 30 Days	Over 60 Days	Over 90 Days	Total Balance	Amount Due Now
752.00	0.00	0.00	0.00	$1,600.00	$752.00

Walter Stevens DDS Green Valley Dental Center
1234 Nameless Ln #435 Green Valley OR 97234 Tel:(503) 555-1259

Setting Up QR Codes

The first prerequisite in this process is that you do have a payment portal set-up by your credit card company and that they have provided you with a QR scan code image file. We suggest the image file have the extension of PNG or JPG, but BMP, GIF, and ICO also work.

To setup statements for QR Codes you will use the *QR Code Setup* screen seen here. To get to it from the Main menu click *Utilities* > *System Files* > *QR Scan Image Setup*.



QR Code Setup

This screen will allow you to insert your QR Scan image onto your billing statements to allow your patients pay you by using their phones.

Current Status: QR Image Present

Scan QR code to pay with credit card by phone. We accept Visa, MC, AMEX, Discover.

This text will appear next to the QR Code on the billing statement. Use as is or modify as needed.

Browse

Browse for your QR Scan image file supplied by your credit card company. Select it and it will be copied to Diamond Dental's data folder and renamed to QR.JPG, QR.PNG, etc. The following file types are acceptable: JPG, PNG, BMP, GIF, or ICO. NOTE: JPG or PNG are suggested.

◉ Yes
○ No
Use statements with a QR Code as your default setting

Exit

Browse to Select the QR File

Click the *Browse* button and navigate to where your QR image file resides. Once selected the file will be copied to Diamond Dental's data folder and renamed to QR.JPG or QR.PNG, etc. The QR file will keep the extension it had before. You will see the image of the file appear as seen on the *QR Code Setup* sample.

Modify the Explanation Text to Suit your Needs

Next to the QR Code is some text that explains to the patient what the QR scan code is for. QR Codes are seen everywhere these days and most patients will be familiar with them, but you can customize this text to suit your needs. Just click in the field and edit at will. We suggest you include what credit cards that you accept such as Visa, MC, AMEX, Discover.

Make Statements with QR Codes the Default

Once you have selected your QR file and customized the explanation text you will need to tell the program that QR Code statements are the ones you want to print. Do this by selecting Yes for the default setting. Be aware that you will not be allowed to select YES if you have not selected the QR file using the *Browse* button.

Chapter

14

14: Email Billing Statements

Note

We suggest you also read Chapter 40, *DDS Email* for a basic understanding of emailing with Diamond Dental. Also important is Chapter 40a, *PHI Considerations for Emailing*.

Billing statements can be sent via email. Email Billing has many advantages. Besides its faster processing time and instantaneous delivery, it saves you the trouble of printing, folding, stuffing envelopes, stamping, and mailing. It also saves you the associated costs involved in time and materials. Email billing generates an actual billing statement in the email and gives you the option of creating a button link that will prominently display. This link will take your patients directly to your payment portal and allow them to quickly and conveniently make their payments using their phone. There will be more about the payment portal later. The patient will also have the option to print the email and mail it to your office with their payment or credit card information.

The billing process is exactly the same as it is for paper statements except you will click the *Email Billing* button at the bottom of the "Billing Parameters" screen. All the options and parameters that work for Paper Billing also are available for Email Billing.

Email Setup

Email Billing requires that your program be setup for email as discussed in Chapter 40 DDS Email.

Who Will Qualify for Email Billing

Most dental offices will not be doing 100 percent email billing for various reasons: some patients may not have email, some patients may not want an email billing statement, or you may not have the email address for every patient. Billing statements are sent to the guaran-

tor of the account who is seen on the Guarantor tab. The email address that is entered into the Email field on the Guarantor tab is the address that is used for email billing. All accounts that have an email address entered into this field can qualify for email billing as long as other billing parameters are met such as a positive balance and a positive Amount Due Now. If the person specifically does not want an email bill even though an email address is entered, there is a check box labeled *No Email Bill* on the Guarantor tab that can be selected. This will prevent email bills being sent to this account.

Suggested Two-Step Method for Email and Paper Billing

When you are not doing a 100 percent email billing, a two-step process is suggested.

Step One: First you will run your email billing statements. Accounts that have a positive Amount Due Now and have an email address entered on the Guarantor tab will be emailed billing statements (remember you can specifically mark certain accounts to not receive email billing statements). The accounts that are sent email billing statements will also have their *Last Statement Date* changed to whatever is today's date.

Step Two: You will next run a regular paper statement billing but on the Billing Parameters screen you will check *Skip if statement sent within 1 day*. This will suppress the email statements that were just sent from printing again as paper statements since at least one day would have to go by before those accounts would be eligible for another statement printing.

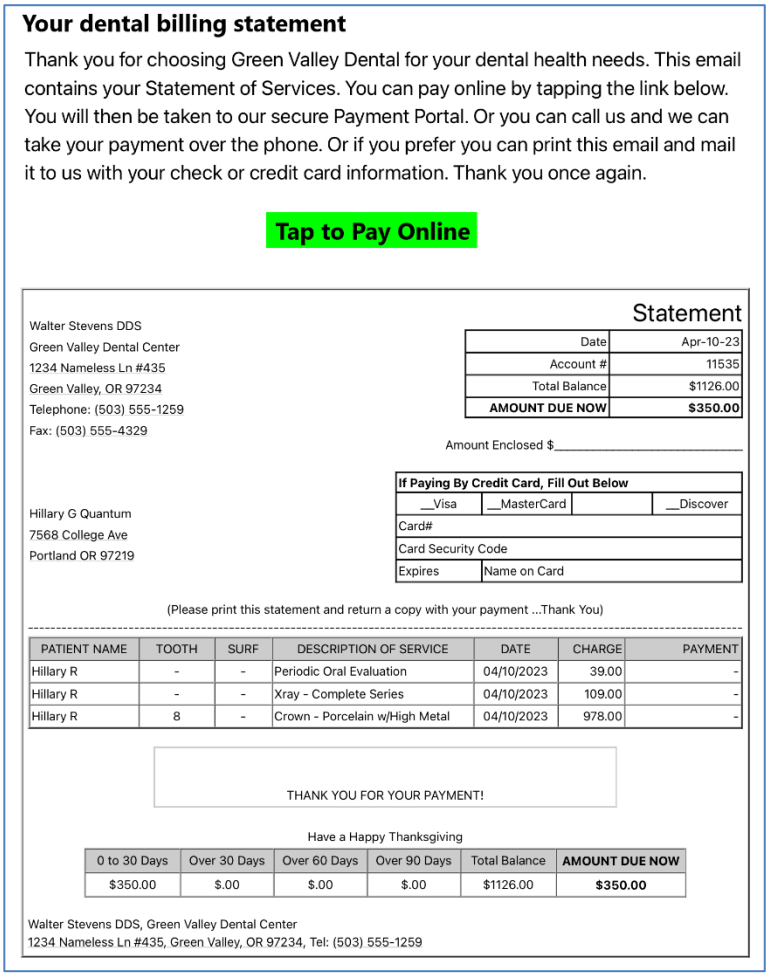
The Email Billing Statement

The Email Statement that the patient receives looks very much like Diamond Dental's paper statement. The text that appears above the statement (what we call the "Top Message") can be customized by you.

Payment Portal Link

If you don't have one yet, credit card companies are very happy to set up an internet payment portal where your patients can quickly and easily make their payments online. The payments will go directly into your account.

The link on this sample is the "Tap to Pay Online" button that prominently appears below the Top Message.



Your dental billing statement

Thank you for choosing Green Valley Dental for your dental health needs. This email contains your Statement of Services. You can pay online by tapping the link below. You will then be taken to our secure Payment Portal. Or you can call us and we can take your payment over the phone. Or if you prefer you can print this email and mail it to us with your check or credit card information. Thank you once again.

Tap to Pay Online

Walter Stevens DDS
Green Valley Dental Center
1234 Nameless Ln #435
Green Valley, OR 97234
Telephone: (503) 555-1259
Fax: (503) 555-4329

Statement

Date	Apr-10-23
Account #	11535
Total Balance	$1126.00
AMOUNT DUE NOW	**$350.00**

Amount Enclosed $_____

Hillary G Quantum
7568 College Ave
Portland OR 97219

If Paying By Credit Card, Fill Out Below			
__Visa	__MasterCard		__Discover
Card#			
Card Security Code			
Expires	Name on Card		

(Please print this statement and return a copy with your payment ...Thank You)

PATIENT NAME	TOOTH	SURF	DESCRIPTION OF SERVICE	DATE	CHARGE	PAYMENT
Hillary R	-	-	Periodic Oral Evaluation	04/10/2023	39.00	-
Hillary R	-	-	Xray - Complete Series	04/10/2023	109.00	-
Hillary R	8	-	Crown - Porcelain w/High Metal	04/10/2023	978.00	-

THANK YOU FOR YOUR PAYMENT!

Have a Happy Thanksgiving

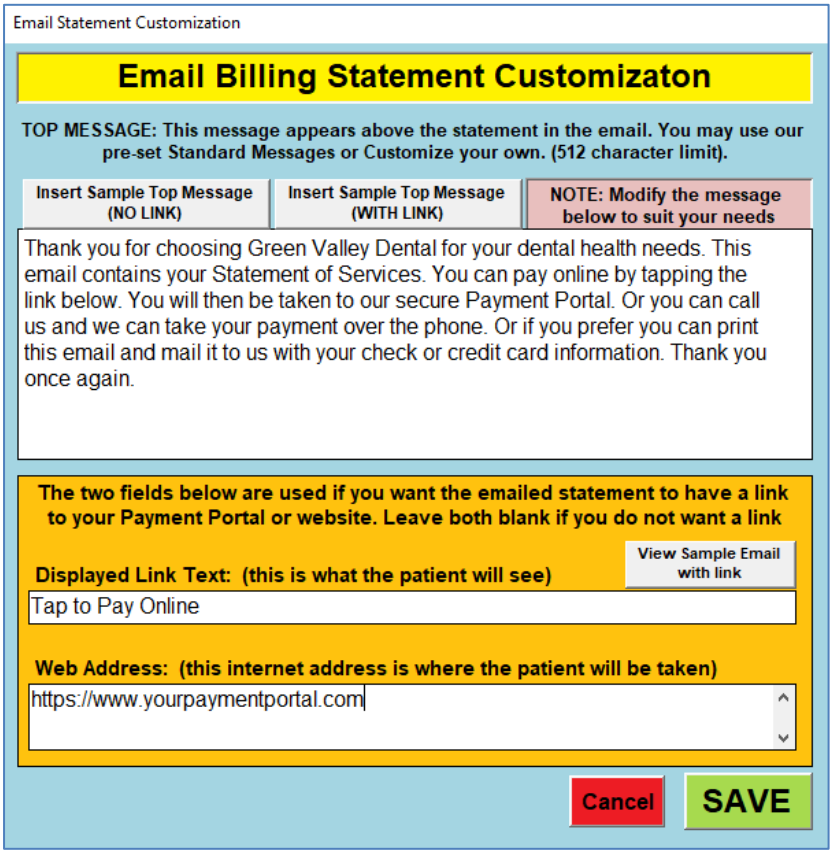
0 to 30 Days	Over 30 Days	Over 60 Days	Over 90 Days	Total Balance	**AMOUNT DUE NOW**
$350.00	$.00	$.00	$.00	$1126.00	**$350.00**

Walter Stevens DDS, Green Valley Dental Center
1234 Nameless Ln #435, Green Valley, OR 97234, Tel: (503) 555-1259

Email Billing Statement Setup

Top Message

This screen has two functions. This is where you will create the Top Message that will appear above the email billing statement. You can write a message from scratch or use one of the sample messages we provide, or modify one of the samples.



Payment Portal Link

This screen is also used to create the link to your payment portal. If you don't have a payment portal your credit card company will be glad to create one for you.

The link consists of two entries. The *Displayed Link Text* is the text on the button that the patient will see. In our sample we have entered "Tap to Pay Online", but it can be whatever you like.

The other entry is the actual web address that you will receive from your credit card company. The is where the link will take the patient.

Chapter

15

15: Setting Recall

The Diamond Dental Software Recall feature is extremely powerful and flexible. The program has the capability of generating recall postcards, mailing labels, or a telephone listing if you prefer to do recall by phone. You may also generate recall merge letters in conjunction with Microsoft Word. You will have the capability of setting recall by specific day and time appointments or a more general future month eligibility method. This chapter deals with the setting of a patient's recall and with the Recall Report. The Recall Report will list patients based upon their recall status.

Recall Entry Parameters Screen

The Recall Entry Parameters screen is used to determine which patients will have recall set or in the case of the Recall Report, which patients will be on that report. To open the Recall Entry Parameters screen, click on the *Reports* button from the Main Menu and then click on *Recall Reports*. The Recall Entry Parameters screen will open (see Figure 1).

Edit/Report Buttons

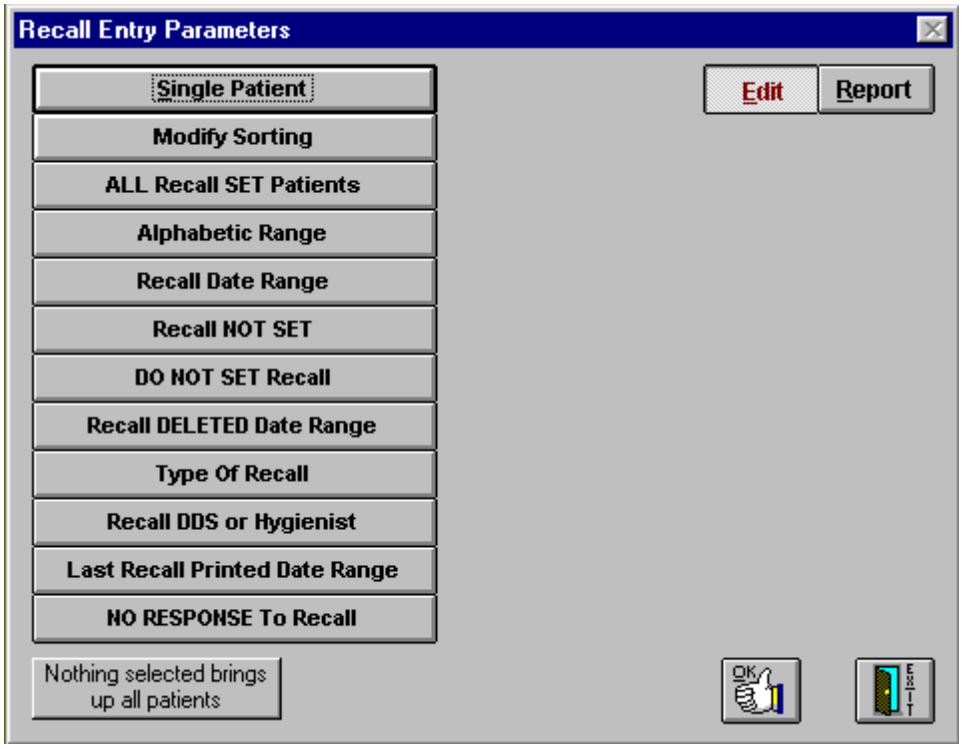
In the upper right corner of the Recall Entry Parameters screen is the *Edit/Report* option buttons. If you select *Edit* and then the continue button (thumps up) you will be taken to the Recall Entry screen (discussed later in this chapter). It is with this screen that the actual setting of recall for patients is accomplished.

If you select the *Report* option then you will be printing a Recall Report. This will be a printout only; no editing will be performed. The Recall Report will be discussed in more detail at the end of this chapter.

Single Patient

If you want to set recall for just a single patient, click on the *Single Patient* button. You will be presented with the familiar Patient Search screen. Perform the search in the usual manner. After the search, the Recall Entry screen will open, with the searched for patient displayed (see Figure 2). Access to other members of the same account can also be displayed using the Recall Entry screen's *Navigation* buttons. The Recall Entry screen will be discussed in more detail later in the chapter.

The *Single Patient* button will be disabled if the *Report* option is selected. You cannot print a Recall Report for just a single patient.



Recall Entry Parameters screen. This can access recall patients for both editing and the Recall Report.

Modify Sorting

The order in which the qualified patients will be sorted can be modified by clicking the *Modify Sorting* button. This will open the Sorting screen for the Recall Entry Parameters screen. The sorting options will be

Last Name
Account Number
Recall Date
Recall Attempts
Recall DDS/Hygienist

The sort can be performed in ascending or descending order. For example, if you would like to see the patients listed with the most recall attempts first, you would select Recall Attempts in "Descending" order. As you step through patients in the Recall Entry screen, these patients will display first. As you proceed through the list of patients you will see that their recall attempts will be a smaller and smaller number. The default is sorting by Last Name.

Sorting is more applicable to the Recall Report than it is to the setting of recall via the Recall Entry screen. However sorting will also affect this screen. Patients will be displayed in the Recall Entry screen according to the Sort Order.

All Recall SET Patients

Click the *All Recall SET Patients* button to include only patients who have recall set. Patients who do not have their recalls set will not be included.

Alphabetic Range

You may include a selected alphabetic range based upon the patient's last name. The default range is from A to Z.

Recall Date Range

This option will limit the qualified patients to those whose recall dates fall within a certain range. When this choice is clicked, two text boxes will appear for you to enter the *From* and *To* date ranges.

Recall NOT Set

This option will limit the qualified patients to those who do not have recall set. Any patients who do have recall set will be excluded.

Do Not Set Recall

You may have certain patients who you would prefer not to go out of your way to see again. When setting recall on the Recall Entry screen, there is an option for flagging these patients. It is the *Do Not Set Recall* button. This choice on the Recall Entry Parameters screen will limit the qualified patients to those who have been marked with this choice.

Recall Deleted Date Range

When printing recall you will have the option of indicating how many follow-up attempts you want to make before giving up. A recall follow-up attempt would only be performed if the patient did not respond to the previous recall mailing. When a patient has gone beyond this set limit of attempts, he or she will be deleted from recall. That is, his or her recall status will move from "Set" to "Not Set." This is called Deleting Recall and the date on which this is done is saved in the patient's record.

If you select the *Recall Deleted Date Range* option, two text boxes will appear for you to enter a *From* and *To* date range. Only patients who have a recorded Recall Deleted Date that falls within this range will be qualified. Patients who were previously deleted and subsequently have had their recall reset will not qualify, because the act of setting recall erases any date in the Deleted Date field.

Note

This choice is often used for a recall report after a recall printing session. When you print recall, some patients get deleted from recall because they have gone over the limit that you set for the maximum number of recall at-

tempts without a response. If you would like a record of who these people are, pick Recall Deleted Date Range and make the Starting and Ending date both today's date. Then the report that prints will be only people who were deleted from recall as a result of the recall printing that was just performed.

Type of Recall

When setting recall using the Recall Entry screen, you will be given the option of designating the *Type* of recall, for example, "6 Month Check-Up," or "Periodontic Evaluation," etc. The *Type of Recall* option will limit qualified patients to those whose type of recall match the type that has been selected.

Recall DDS or Hygienist

When setting recall using the Recall Entry screen, you will be given the option to designate a particular doctor or hygienist for the recall appointment. Using this recall feature, from the Recall Entry Parameters screen, you may select one or more doctors or hygienists as filters. Only patients whose recall doctor or hygienist match will be qualified.

Last Recall Printed Date Range

Whenever recall is printed, the date of that printing is recorded into the patient's record. When you select the *Last Recall Printed Date Range* option, two text boxes will appear for you to enter a *From* and *To* date range. Only patients whose last recall print date fall within this range will become qualified.

Note

The Last Recall Printed Date Range option is useful if you want a listing of all patients who were sent recall on a particular date. For example, if today is June 7 and you had just run recall back on June 1, you could select this option and set the date range *From* June 1 *To* June 1. Then the listing produced by the computer will be the patients who had recall printed on June 1.

No Response to Recall

The *No Response to Recall* option will find patients who have been sent recall but who have not responded. Diamond Dental Software will consider any patient whose Recall Printing Date is later than his or her Last Visit Date as not responding to recall.

This is a rather strict definition for *No Response to Recall*. For example, suppose the date is June 7. You had just printed recall on June 1. Now you run a Recall Report using the *No Response to Recall* option. Almost all the patients to whom you had just sent recall will surely have a Recall Print Date (June 1) that is later than their Last Visit Date. Therefore, almost

all these patients will print on the No Response to Recall Report. This report will not be legitimate because you could not expect these people to respond in so short a time.

To compensate for this situation, when you click on the *No Response to Recall* option, an additional text box will appear. In this text box you will enter the number of days past the last recall printing to consider. For example, if you enter 45, then the *No Response to Recall* qualification will not be considered for the patients unless at least 45 days has passed since they had their recall printed.

Nothing Selected Brings Up All Patients

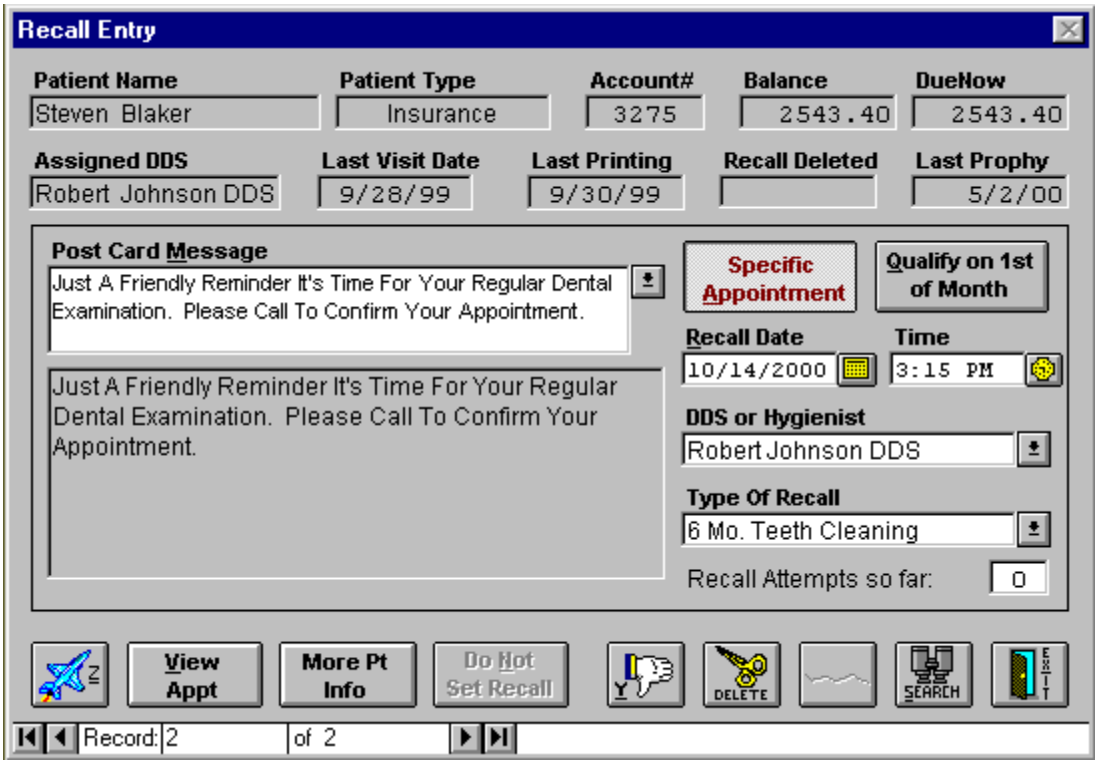
This is not an option, just a fact. If you do not select any of the above options (also known as filters), then all patients in the office database will become qualified.

Continue Button (thumbs up)

When all the options on the Recall Entry Parameters screen are set, click the *Continue* button. If you have selected the *Edit* mode, the Recall Entry screen will then open with the qualified patients. If you have selected the *Report* mode, the Recall Report will print. The Recall Report will be discussed at the end of the chapter. The Recall Entry screen will now be discussed.

Recall Entry Screen

If you were in the *Edit* mode, then after clicking the *Continue* (thumb) button on the Recall Entry Parameters screen, the Recall Entry screen will open. The Recall Entry screen is used



to set, edit, or delete recall for a patient. Its elements will now be discussed.

Navigation Buttons

In the lower left corner of the Recall Entry screen you will see the familiar *Navigation* buttons. The *Navigation* buttons will allow you to step through the various patients that have been qualified by the previously displayed Recall Entry Parameters screen. There are four *Navigation* buttons. These are:

|< Go to first record
< Go to previous record
> Go to next record
>| Go to last record

Click on the *Navigation* buttons to review some or all of the qualified patients for setting recall. The navigation section displays the record number you are looking at and how many total records there are.

Top of Screen - Information Section

The top portion of the Recall Entry screen displays information that is pertinent to setting this patient's recall. *Last Printing* refers to the last date this patient had a recall printed. *Recall Deleted* refers to the date (if any) that this patient was deleted from recall due to not responding to multiple recall attempts. Setting recall will erase the Recall Deleted date if any is present. The *QuickVu Data* button will open a screen that displays additional patient information for reference purposes only.

Postcard Message

If you will be printing recall postcards, you will want to designate a *Postcard Message*. The Postcard Message will not be relevant if you will be using a recall method other than postcards, with the exception of a Microsoft Word letter. In merge letter printing, the postcard message will be transferred to the letter. See the chapter of Microsoft Word Merge printing for details.

Postcard messages can be customized by you. From the System Files menu, select the *Recall Messages* button to open a screen to create these messages. Returning to the Recall Entry screen, click on the *Postcard Message* combo box to display a list of your messages from which to select. This combo box has been enlarged to show more than one line. With the combo list open you can use the up and down arrow keys on the keyboard to scroll through your various recall messages. When you highlight the one you want, press the Enter key or click on the message (the message that is in the drop down list).

Note

You are not able to modify recall messages from the Recall Entry screen. You can only select among your available messages. To add, modify, or delete a recall message that is in your Recall Message Library, go to the Recall Message option on the System Files menu (in Utilities).

Specific Appointment or Qualify on First of Month

If you want to set a specific recall appointment, click on the *Specific Appointment* button. You will be allowed to enter a *Recall Date* and a *Recall Time*. The patient will then have an exact recall appointment scheduled.

Note

When printing recall postcards, the appointment date and time will appear on the postcard, if this is the *first recall printing attempt*. It will not appear on follow-up printings since the patient obviously missed his or her scheduled appointment. In that case, displaying the date and time, which would then be a date from the past, would not be appropriate.

A specific appointment may not be your desired way to set recall in all cases. Recall is usually set six months or more in advance. Patients often do not wish to schedule themselves so far in the future. By clicking on the *Qualify on First of Month* button, the patient will become qualified for recall printing on the first of the particular month that you will set. In this case, the *Time* text box will disappear. You will only enter a date into the *Recall Date* text box. Only dates for the first of the month will be recognized. For example, if you enter the date of 9/12/2000, the computer will change that date to 9/1/2000. In this example, the patient will become qualified for a recall printing as of September 1, 2000.

Recall Date

This is the date on which the patient will be considered qualified for recall printing. However, this date does not actually have to arrive in order for the patient to be qualified. When performing recall printing, you will enter a "Qualifying Date." Patients with recall dates up to and including this qualifying date will be considered qualified for recall printing.

When printing recall, you usually will be setting the qualifying date to be a date somewhat in the future. For example, suppose you are printing recall on May 15. You want to send recall to all patients who will be qualified in June. You would then set the Qualifying Date to be June 30. By setting June 30, all patients with Recall Dates up to and including June 30 will become qualified for recall printing.

Several other factors go into totally qualifying a patient for recall printing. Recall printing will be discussed in more detail in the next chapter.

Recall Time

The recall *Time* text box will only be visible if you have selected the *Specific Appointment* option. A specific appointment, of course, needs a specific time, and that is what is entered into the *Time* text box. Enter a complete time such as 10:00 AM or 2:45 PM, or use the pop up time setter (the yellow button to the right of the Time text box).

DDS or Hygienist

You may assign this recall to a specific doctor or hygienist. Click on the *DDS or Hygienist* combo box to drop down the list of doctors or hygienists from which to select. This list of practitioners is created by you. To add to, or edit the list, click on the *Recall Doctors/Hygienist Names* button from the System Files menu. You may not edit the list from the Recall Entry screen. If no particular doctor or hygienist will be linked to this recall you may select the "NA" choice which stands for Not Applicable.

Type of Recall

Recalls can be categorized into different types. You create these types via the System Files menu. The types will be listed when you click on the *Type of Recall* button on the Recall Entry screen.

Examples of Recall Types are "Regular Check-Up," "6 Month Check-Up," "Periodontal Evaluation," etc. The Recall Types can be used as filter options when qualifying patients via the Recall Entry Parameters screen.

Recall Attempts So Far

When recall is printed for a patient, that printing is counted as a *Recall Attempt*. If the patient does not respond to recall and repeat recall printings are performed, each additional printing will be another recall attempt. These attempts are recorded into the patient's record and displayed in the *Recall Attempts So Far* text box.

This attempt number is incremented automatically; you need not modify it yourself. However you may modify it, if you wish, by clicking in the field and changing the number to whatever value you want it to be. The number will also automatically reset to zero when recall is reset.

This number is important in determining if the patient should be deleted from recall due to no response. When printing recall you are asked to specify how many repeat recall printings you will allow. For example, suppose you set this number to 3. That would mean that you will allow this patient to have three recall postcards mailed. This would probably be spread out over three months. However, it will not allow a fourth attempt. On the fourth attempt this patient's recall information will be eliminated and the recall status would be considered "Not Set."

Delete Button (Red X)

If recall is presently set for a patient, you may unset (or delete) the patient from recall with the delete button (Red X at the bottom of the screen). After deleting from recall, the patient's

recall status is considered as "No Recall Set." This option does not delete the patient, only the recall.

New Button

If recall is presently not set for a patient, you may set recall with the *New* button. After setting recall the patient's recall status is considered as "Recall Set."

Do Not Set Recall

Your dental office may have some patients who you would prefer not to recall (for whatever reason). If you wish to be reminded not to set recall for a particular patient, click on the *Do Not Set Recall* button. The button will light up and remain lit indicating to anyone who accesses the Recall Entry screen that this patient should not be put back on recall. You can undo this setting by clicking on the button again.

The *Do Not Set Recall* button is not available (disabled) if the patient is currently set for recall. You would have to delete the patient's recall before being allowed to use this option. If the Recall Entry screen displays the patient's recall status as "Not Set," then the *Do Not Set Recall* button will be available (enabled) and the use of this option will be allowed.

Recall Report

As discussed earlier, the Recall Entry Parameters screen can be used as the springboard to setting recall (via the Recall Entry screen) or to print the Recall Report. Most of this chapter thus far has been used to describe setting recall. The Recall Report will now be discussed.

In the upper right corner of the Recall Entry Parameters screen are the *Edit* and *Report* option buttons. To print the Recall Report select the *Report* option. After selecting the *Report* option, two check boxes will appear below that button. These check boxes are labeled as *Extra Report Detail* and *Preview*. The *Preview* choice will cause the report to print in the Print Preview mode, that is, the report will first display on the monitor before printing. The *Extra Report Detail* option will be discussed shortly.

The Recall Report contains information that is pertinent to recall. The column heading of the report are:

Patient Name
Account Number
Patient Type
Home Phone
Work Phone and Extension
Recall Date
Recall Time
Recall Attempts (tries)
Amount Delinquent (in dollars)

If the *Extra Report Detail* option is selected, two additional lines will be added to the report. These additional items will then be included on the report:

Preferred Contact
Last Visit Date
Last Prophy
Recall Doctor or Hygienist (listed as *DDS*)
Recall Type (listed as *For*)
Patient Comment (listed as *Notes*)

To print the report, click on the *Continue* button (thumbs up). The report will then print or display on the monitor if *Print Preview* was selected. Any limiting option that was selected from the Recall Entry Parameters screen will be indicated on the report.

Automatic Re-Setting of Recall

You may select specific procedures to be automatic recall triggers. After posting one of these procedures (for example a prophy) for a returning recall patient, the program will automatically reset the patient's recall. If you want a procedure to trigger an automatic recall setting event, bring the procedure up on the Procedure Table Entry screen (from Utilities). Click the button labeled *Automatically Reset Recall*. Once selected, you will further be able to enter how many months into the future you want recall to be set. This month setting can also be selected for individual patients using the Patient Entry screen. The entry you make here will be used when no entry for months has been set on the Patient Entry screen.

Note

Automatic Recall only applies to recalls that have been designated to Qualify on the First of the Month. That is, when a specific date and time for recall is entered in advance, automatic recall does not apply.

The Automatic Recall Entry screen will appear after recording a procedure that has been designated as an Automatic Recall Trigger. The Automatic Recall Entry screen appears very much like the regular Recall Entry screen except that the screen will be filled out for you (automatically). The recall date is advanced by however many months has been selected for that patient on the Patient Entry screen. If that value was left blank, the months will be incremented by the month value on the Procedure Table Entry screen for that procedure. If that is left blank, 6 months will be used by default.

When presented with the Automatic Recall Entry screen in Posting, you simply need to click the *Record* button. The Recall Message, Doctor, and Type of Recall will be filled in by whatever entries were used for that patient's last recall. You may modify these entries before clicking *Record* if desired.

Chapter

16

16: Recall Printing

Printing recall is a vital part of any successful dental practice. Only patients who previously had recall set will be considered for recall printing. Setting recall was discussed in the previous chapter. To print recall, click on the *Print Recall* button from the Main Menu. This will open the Recall Printing Parameters (see Figure 1).

In recall printing the program will find the patients who are due for recall and then print recall for them in some manner. Recall printing may take the form of postcards, mailing labels, the Recall Phone Report, or the creation of a merge file that can be integrated with Microsoft Word for recall letter printing.

The Recall Printing Parameters screen is used to set the qualifications for patients who will be considered for recall printing. The screen contains numerous options and these will now be discussed.

Multiple/Single Patient Recall

You may print multiple recalls or recall for a single patient. The most common setting for this option is the *Multiple Patient Recall*. When it is selected you may enter an alphabetic range. The default range is *From* A to Z.

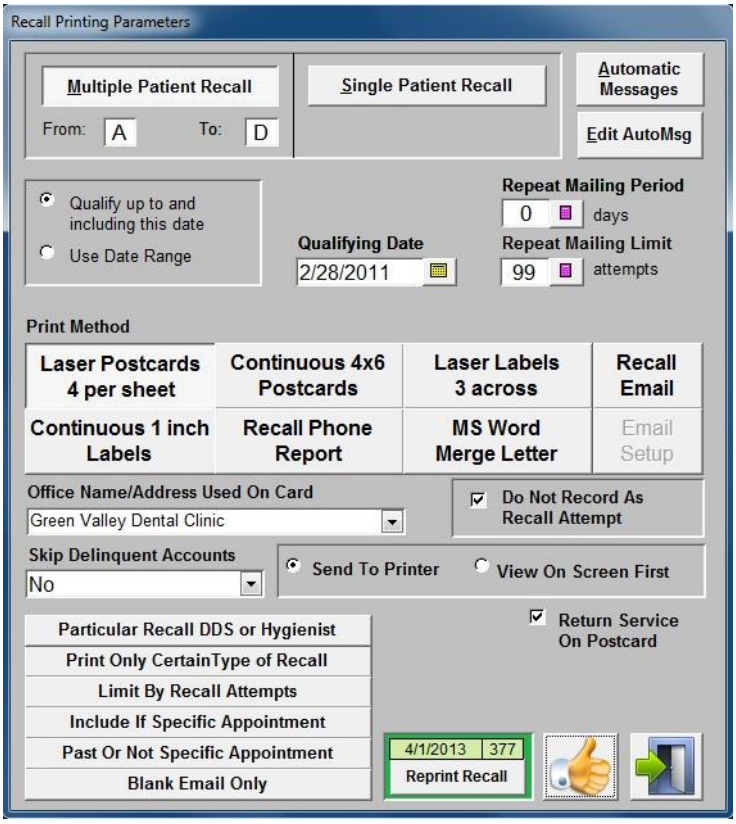
If you select *Single Patient Recall* the familiar Patient Search screen will open for you to select a patient. Most of the qualifying options discussed below will not apply if you select *Single Patient Recall*. You may print a recall for a single patient, regardless of the qualifications, as long as the patient does have recall set.

Qualifying Date

With the Qualifying Date, you inform the computer from which date to start considering patients qualified for recall printing. Patients with recall dates up to and including this date will be considered for printing. Patients with recall dates set beyond this date will not be considered at this printing session.

Repeat Mailing Period

The computer remembers when a particular patient was sent his or her last recall. With the *Repeat Mailing Period* entry, you inform the computer of a minimum number of days that must pass before a patient who has not responded to the last recall may be sent a follow up recall.



To illustrate the *Repeat Mailing Period's* usefulness, consider this example. Suppose you want to send recall every 30 days, because every 30 days quite a few patients become qualified for recall. However, for patients who do not respond, you do not wish to send them follow up recall cards at that frequent of an interval. The procedure you would follow would be to run the recall printing every 30 days (or once a month). In that way you will catch the first time recall people every 30 days. However, you will designate the *Repeat Mailing Period* to be some number of days greater than 30, for instance 45. In this way, patients who have not responded will not be sent a follow up recall 30 days after their first recall, because not enough days have passed. They will, however, be qualified on the following month, if they have still not responded by then.

Repeat Mailing Limit

Since there is such a thing as a "lost cause," the *Repeat Mailing Limit* item is included. You may designate how many times to send follow up recall, after which, the patient will be deleted from recall. Deleting from recall does not delete a patient from the patient database. All the patient data will remain intact, but repeat recall mailings will cease. Patients deleted from

recall in this manner may be displayed in a recall report that lists all such patients. These patients can also be entered back into recall through the regular recall entry routine.

For example, suppose you want patients to receive three recall mailings, but no more. In that case you would set the *Repeat Mailing Limit* to 3. That means that they will get three recall attempts, but on the fourth attempt, no recall will print. Instead their recall information will be blanked out (deleted from recall). The date this takes place will be recorded into the patient's record in the *Recall Deleted* date field.

Date Range (Alternative to Qualifying Date)

If you prefer to use a date range instead of the Qualifying Date method, click the *Use Date Range* option. You will be presented with “From” and “To” dates to enter. Patients whose recall dates fall within this range will qualify. The Repeat Mailing Period and Repeat Mailing Limit will not affect printing.

Print Method

Diamond Dental Software offers several different methods of printing recall. You will select the method of choice from the *Print Method* buttons. These methods will now be discussed.

Postcards

Recall postcards are the most popular method of recall printing. A sample card is seen below. On this sample, notice the line beginning with "Your visit is scheduled for...." This is followed by the appointment date set for the patient through recall.

```
-------------------------------------------------------------------------------------------

|                                                        |                              |

|     Michael S. Fletcher DDS                            |                ---------     |

|     Van Nuys Dental Center                             |                | Place |     |

|     5677 Van Nuys Blvd. Suite 5                        |                | Stamp |     |

|     (818) 670-2345                                     |                | Here  |     |

|                                                        |                ---------     |

|     Your visit is scheduled for                        |                              |

|       Tuesday, August 9, 2016 at 2:45 PM               |                              |

|                                                        |                              |

|     Dear Robert,                                       |                              |

|                                                        |                              |

|     This is the reminder you requested. It is time for |                              |

|     your bi-annual examination and x-rays. Please call |                              |

|     the office to confirm your appointment.            |                              |
```

```
|                                                          |   TO:                      |
|     See you soon,                                        |   Robert E. Robinson       |
|                                                          |   3456 Hanover Ave         |
|     Judy Miller                                          |   Palmdale CA 93550        |
|     Office Administrator                                 |                            |
|                                                          |                            |
|                                                          |                            |
-------------------------------------------------------------------------------------------
```

This line is omitted if you have set recall with the *Qualify on First of Month* option. This is because no specific appointment date and time is set in that case. The message selected for such a recall would also be selected to be appropriate for the patient who still needs to call for an appointment.

Even when using the *Specific Appointment* method for recall, the appointment line is also omitted for all recall follow-up printings. In that case the appointment date has come and gone. Informing patients of the appointment in that case would not be appropriate. Recall *Automatic Message Printing* can also be used to change the postcard message for follow-up printings. In that case the thrust of the message could be that they missed their scheduled recall, but please call for rescheduling or something along those lines.

You may select from laser recall cards or from continuous single column 4 inch by six inch recall cards. Various dental supply houses and dental forms companies make pictured recall postcards for dentists. The program will print the recall message and patient name and address on the side opposite the picture. The cards will be ready for stamping and mailing.

The continuous cards must be printed from a dot-matrix printer. A special setup from the Microsoft Windows Control Panel must be performed to properly print the 4 inch length cards. For more information on this, see the discussion at the end of this chapter.

Office Name and Address Used on Card

When you select one of the postcard choices, the *Office Name* combo box will appear below the Print Method buttons. If you have entered multiple office names into your system, the office name that will appear on the card can be selected here.

Mailing Labels

If you prefer to use your own postcards or envelopes, the program will take the qualified patients for recall and print mailing labels. Two type of labels are available for your selection, laser and continuous.

The laser labels are designed to be used with three across Avery Laser Printer Labels #5160 or #5260. These are the same labels. They just come in different quantities. You will need a laser or ink jet printer to print these labels.

The continuous labels are designed for tractor fed dot-matrix printers. They are single column one inch labels. Actually the labels have a length of 15/16 inch with a 1/16 inch separation. The labels are usually available in widths from 3 1/2 to 4 inches.

Recall Phone Report

The third method of recall printing is the Recall Phone Report. This is designed for those offices who would rather call patients directly than rely on the mail. All recall reports, including the Recall Phone Report have the same format. The difference in reports will include the title of the report, who is on the report, and the reason why a particular person was printed on the report.

The Recall Phone Report contains information that is pertinent to calling patients for recall appointments. The column headings of the report are the following:

Patient Name
Account Number
Patient Type
Home Phone
Work Phone and extension
Recall Date
Recall Time
Recall Attempts (tries)
Amount Delinquent (in dollars)

If you select the Recall Phone Report, the *Extra Report Detail* check box will appears on the screen. If this is checked, two additional lines will be added to the report. The additional items included with this option are:

Last Visit Date
Last Prophy
Recall Doctor or Hygienist (listed as *DDS*)
Recall Type (listed as *For*)
Patient Comment (listed as *Notes*)

Note

As with all the print methods discussed, printing the Recall Phone Report will count as a recall attempt unless you specifically check the box entitled *Do Not Count as Recall Attempt*.

Microsoft Word Recall Letter

Diamond Dental Software closely integrates with Microsoft Word in creating Recall Form Letters. See the chapter on Microsoft Word Form Letters for details.

Reprint Recall Button

Use this option to reprint your last recall printing. The same patients that were printed previously will print again with the same messages as before. Setting on the Recall Print Parameters screen are ignored. However, you can change the printing format such as Postcards, Labels, or Recall Phone Report. The Office Name can also be changed if you have more than one office address entered into your system.

Skip Delinquent Accounts

It is possible that some of the patients who will qualify for recall may have delinquent balances from previous appointments. You may prefer not to call them back if they are in that situation. Click on the *Skip Delinquent Accounts* combo box if you want these people passed over. You may select from "Over 30 Days Late," "Over 60 Days Late," or "Over 90 Days Late." The fourth choice of "No" will disable this function. The default is "No."

Print/View Option

Use this option to select between the *Print* or *Print Preview* modes of printing. *Print Preview* will display what will be printed on the monitor before printing. This option will not be visible if you select the MS Word Merge Letter choice since printing is controlled by Microsoft Word.

Particular Recall DDS or Hygienist

When setting recall, you have the option to designate a particular doctor or hygienist for that recall. You may limit recall printing to those designated with a particular doctor or hygienist. Click on the *Particular Recall DDS or Hygienist* button to select one of more of these doctors or hygienists.

Print Only Certain Type of Recall

Click on this choice to limit recall by *Recall Type*. You create your own Recall Type files and have the option to select a type when setting recall for the patient. Examples of recall types would be "6 Month Recall," "Annual Recall Examination," "Periodontal Re-check," etc.

Limit by Recall Attempts

A recall attempt is recorded anytime you print recall for a patient. This may be any of the recall methods including Postcards, Mailing Labels, Recall Phone Report, or MS Word Recall Letter. If you want to limit recall printing by the number of attempts recorded then click on the *Limit by Recall Attempts* button. A combo box will appear with the following choices:

First attempt only
Less than 2 attempts only
Less than 3 attempts only
2 or more attempts only
3 or more attempts only

The *Attempt* refers to the printing that is about to take place. For example, for the "First Attempt Only" choice to be implemented, the patient would need to have zero attempts before printing. The printing that is about to occur will be the first attempt.

Do Not Record as Recall Attempt

If you want the printing about to take place not to count as a recall attempt, click in the *Do Not Record as Recall Attempt* check box. The default for Multiple Recall printing is for this to be blank, that is, for the printing to count as an attempt. The default for Single Recall Printing (for a single patient) is for this choice to be checked (not to count as an attempt).

Include If Specific Appointment

This option will limit the recall printing to those patients who are set for a valid specific appointment. Patients who have recall set to qualify on the first of the month will not be included. Also, patients who were originally set for a specific appointment, but did not respond and are therefore beyond their first attempt, would not be included when this option is selected.

Past or Not Specific Appointment

This option includes patients who had recall set to qualify on the first of the month. Also, patients who were originally set with specific appointments, but did not respond to their first recall attempt, would also be included.

Continue Button

When all the fields and options are properly set, click on the *Continue* button to proceed. The Recall Pause and Review screen will open for your inspection of recall before printing. This screen will now be discussed.

Recall Pause and Review Screen

After clicking the *Continue* (thumbs up) button on the Recall Printing Parameters screen, the Recall Pause and Review screen will open (see Figure 2).

The Recall Pause and Review screen is very similar in appearance to the Recall Entry screen discussed in the previous chapter. The main difference is that most of the fields displayed on this screen do not function. They are for review only. You may not change the Recall Date, Recall Time, Doctor, Type of Recall, etc. from this screen. However, you may change the Recall Message. This will now be discussed.

Postcard Message

The *Postcard Message* combo box functions just as it does on the Recall Entry screen. Click on this box to select a new recall message from your table of stored messages.

Note

On the Recall Pause and Review screen you are allowed to click inside the large message area and modify the message in any way you wish. These changes will appear only on the postcard that is about to print for this patient. It will not affect your stored message table. The postcard message may be customized for this particular patient if you desire.

Navigation Buttons

In the lower left corner of the Recall Pause and Review screen you will see the familiar *Navigation* buttons. The *Navigation* buttons will allow you to step through the various patients that have been qualified by the previously displayed Recall Printing Parameters screen.

Note

As with pause and review for billing, you are allowed to step through as many patients as you desire. However, once the Print button is clicked, recall printing will commence for all the qualified patients without stopping.

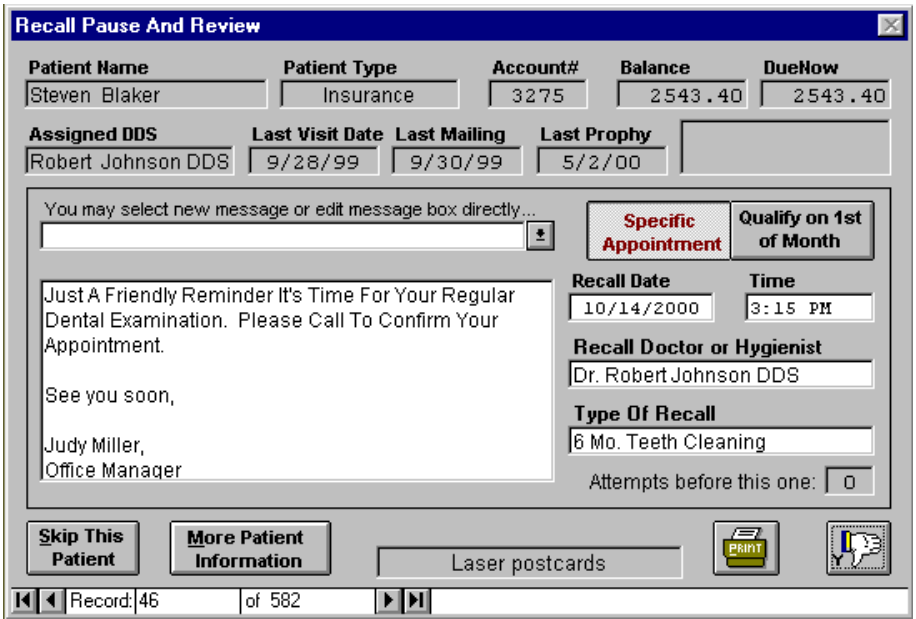
There are four *Navigation* buttons. These are the following:

|< Go to first record
< Go to previous record
> Go to next record
>| Go to last record

Click on the *Navigation* buttons to review some or all of the qualified patients for printing recall. The Navigation section displays the record number you are looking at and how many total records there are.

Skip This Patient

If you want to disqualify a previously qualified patient for recall printing, click on the *Skip This Patient* button. The button will light up indicating the patient will be skipped when recall is



printed. Also no recall attempt will be recorded for this person. The Skip option is not permanent. It only affects this recall session. It will not affect the patient's qualifications the next time recall is printed.

Print Button

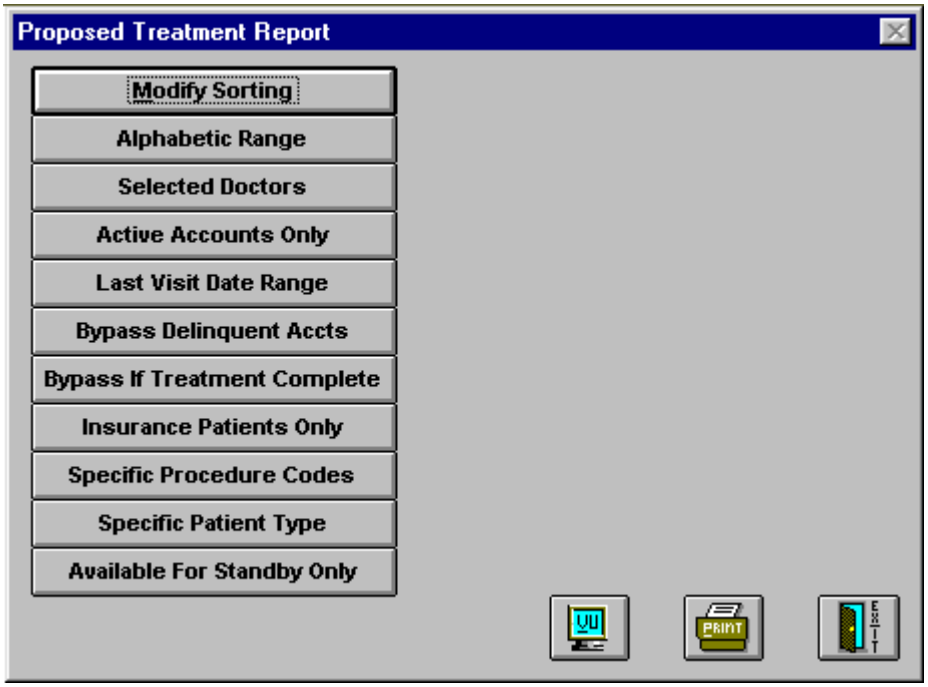
After you have reviewed as many patients as you desire, click on the *Print* button to begin printing recall. Printing will then commence.

Chapter

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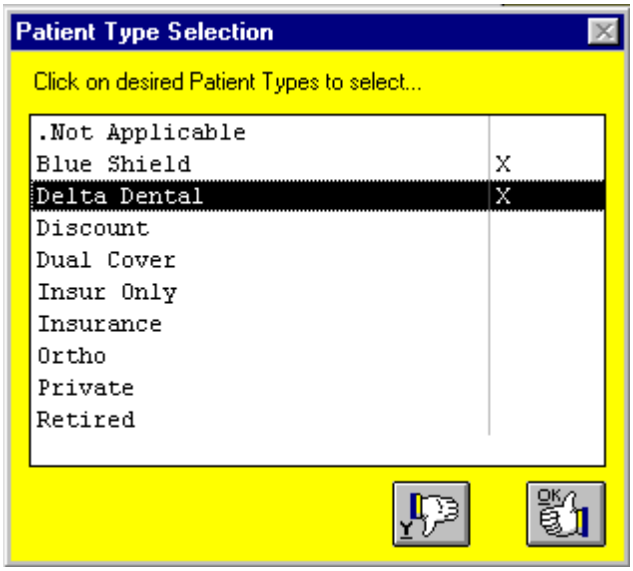
17: Reports

The computer generates many reports to assist you in analyzing and evaluating your practice activities. From the Main Menu select Reports. The computer will then display the Reports Menu. Most Diamond Dental Software reports have a "Parameters" or "Options" screen. This is a pop up window with several selections that will increase the specificity and therefore the power of the report. We will use the *Proposed Treatment Report* to illustrate some of the basic features that are common to all reports. The Proposed Treatment Report will list patients who have proposed procedures which have not been completed. When this report is selected the Proposed Treatment Report parameters screen will open.



This type of options screen is capable of multi-selections, that is, you may select more than one option. We call the individual options on this screen "limiting factors" or “filters” as they will cause the computer to limit its search for certain selected patients who meet specific criteria. You make the selections by clicking the appropriate selection buttons and if necessary, answering whatever questions that are asked. By not selecting any choices you will print the greatest number of patients.

Using this screen as an example, suppose we use Specific Patient Type, Selected Doctors, and Bypass Delinquent Accounts. When you click Specific Patient Type the Patient Type Selection screen pops up (see Figure 2).



Patient Type Selection screen. Pick one or more patient types. The only patients included will be those who match these types.

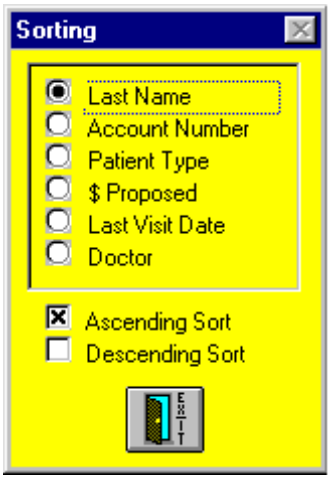
This selection screen displays all the patient types that you have entered into your system. You may select one or more types by clicking on them. The example above shows two that have been selected. Now patients who do not have the Patient Type of "Blue Shield" or "Delta Dental" will not be included on this report. After your selections you click the *OK* button (thumbs up). If you want to cancel these selections click the *Cancel* button (thumbs down). By not selecting the Patient Type choice, the patient types will not be a factor for this report.

When you click on the *Selected Doctors* button a similar screen will appear displaying the doctors that have been entered into your computer. Again you may pick one or more doctors. Only patients assigned to these selected doctors will be included on this report. This refers to the assigned doctor for an account. By not selecting the doctor choice, the assigned doctor for an account will not be a factor for this report.

When you click on the *Bypass Delinquent Accounts* button it simply lights up. Nothing further is required. Patients who have a delinquent balance will not be included on this report. Delinquent accounts will have Due Now amounts that are over 30 days late.

Another option seen for most of the reports is *Modify Sorting*. Sorting will control the order in which items on the report are listed. Each report will have its own unique sorting options. If sorting is not modified, items will be listed in ascending alphabetical order, that is A, B, C, etc. by last name. When you click on the Modify Sorting button, the Sorting screen will display (see Figure 3).

As seen in the Sorting screen, six sorting options are available, and each of these options can be made to sort Ascending (such as a-b-c or 1-2-3) or Descending (c-b-a or 3-2-1). Changing the sorting will affect the current report only. After returning to the Main Menu and coming back to print this report again, sorting will once again be at the default of Last Name and Ascending, unless it is once again modified.



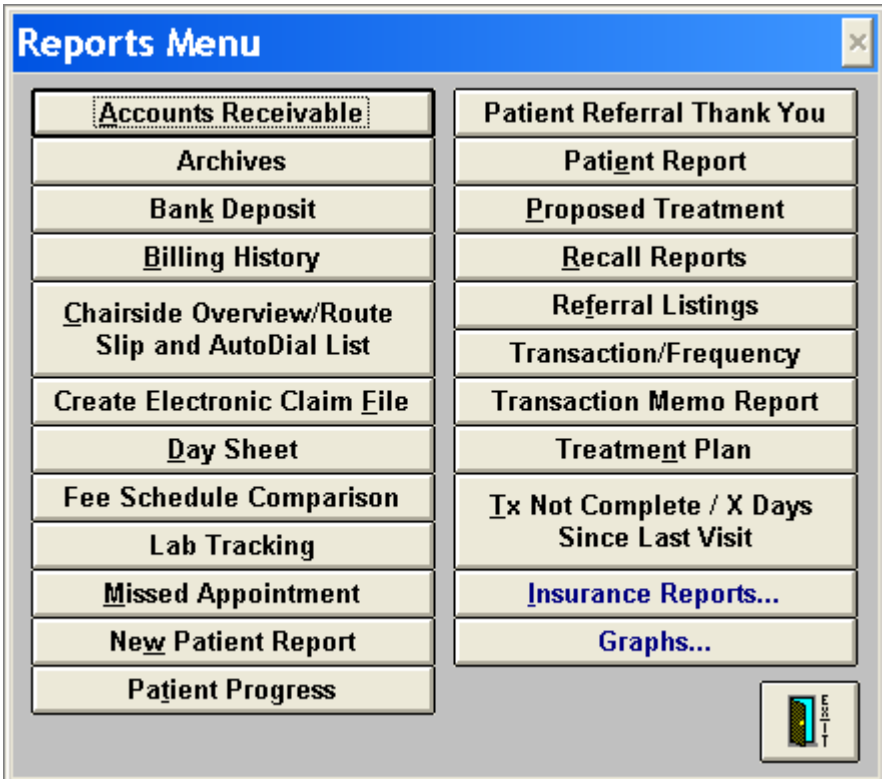
Modify Sorting Options screen for the Proposed Treatment Report. There are multiple options for sorting including ascending and descending order.

When the report prints, the options you selected are listed at the top left of the report (this does not include the sorting order selected) so at a later time you know what you are looking at. This mixing and matching of options gives the reports great flexibility and power. Most reports have limiting options that are applicable for the particular report. As other reports are discussed we will only refer to those options that require some explanation.

Another useful feature common to all reports is the *Print* and *Print-Preview* options. The Print button has a laser printer pictured and the Print-Preview button has a magnifying glass examining a piece of paper. Click on the Print button to generate a hard copy (on paper) of the report. Click on the Print-Preview button to view the report on the screen. The screen display appears exactly as the paper report. You will have to use the scroll bars to see the entire page since it takes up more than most screen can display. You can click with the mouse anywhere on the page and switch between a close-up view and a full page view. The full page view will not be very readable on most machines. Navigation buttons are provided to flip between the pages of the report. You have the option after viewing the report in Print-Preview to print a hard copy. Just click on the Print button that appears with the report. You will then be presented with a standard Windows print screen that gives you such options as "number of copies" to print and a "range of pages" to print. These are not options when doing a direct hard copy print-out.

The Reports Menu

From the Main Menu, click on Reports to open the Reports Menu (see Figure 4). The choices on the Reports menu will now be briefly described. The first choice on the Reports Menu is *Accounts Receivable Report*.



Accounts Receivable Report

This report is designed to give a balance and aging analysis of your accounts. The report has the following column headings:

Account Name
Account Number
Total Balance
Amount Due Now
0 to 30 Days (late)
60 to 90 Days (late)
Over 90 Days (late)
Last Patient Payment Amount
Last Patient Payment Date
Home and Work telephone number (optional)

The Accounts Receivable parameters screen allows you five output options. These are

- **Accounts Receivable Report**
- **Accounts Receivable Totals Only This is also a report but shows only the totals without the account line items.**

- **Labels Mailing labels may be generated for the names that would print on the Accounts Receivable report. This can also be used in conjunction for MS Word Letters because the same names that generate the letters will also be generated with these mailing labels. Use the labels to mail your letters.**
- **MS Word Merge Letters This option is discussed fully in the chapter on MS Word Merge Letters.**
- **Email**

The Accounts Receivable report has several powerful options. Some of these options will now be discussed.

Note

"Accounts Receivable" is defined as the sum of all the balances of all the accounts for the office. Just add all your patients' balances and that's the Accounts Receivable.

Active Accounts Only

The program automatically determines which accounts are "active" or "inactive." An account is considered to be inactive when the balance is zero and all members of the account have been designated as "Treatment Complete." The majority of your patients would therefore be considered as inactive. Since the Accounts Receivable reports has to do with balances and the aging of those balances, limiting the report to active accounts only is reasonable and makes for a more succinct report.

Note

The *Treatment Complete* status is set on the Posting screen with the button in the upper right corner entitled *Tx Done*. Click this after posting a patient (and before exiting the screen) if the current treatment plan is complete. By "complete" we mean that you are not currently rescheduling this patient in the immediate future. Putting a patient on 6 month recall for example, would warrant the Treatment Complete status. However, waiting a few weeks for an pre-authorization to come through would not.

Non-Zero Balance Only

With this selected, if an account does not have a positive balance it will not be included in the report. If this is the only option selected then the total balance given at the end of this report will be the true Accounts Receivable for the office.

Non-Zero Due Now Only

This will limit the report to only those accounts that have positive Amount Due Now. Accounts with a zero or minus Amount Due now will not print even if the account has a positive balance. Therefore the total at the end of this report will not give a true office Accounts Receivable. This option will limit the report to those accounts who actually owe money now.

Zero Due Now Tracker

When you open accounts with the Track Patient Portion option set to Yes, the Due Now amount for the account is supposed to represent what you want the patient to pay at the moment. To recap this concept, suppose you post $100 on one of these patients (we'll assume the Benefit Calculation is set to Manual). After you record this charge, the account's Balance goes up to $100, but the Due Now stays at zero. Let's say you know that the insurance will pay 100%, but the patient has a $25 deductible. So you post a Due Now Adjustment of $25, and now the Balance is $100 and the Due Now is $25. The patient now pays his $25 deductible, which leaves the Balance at $75 and the Due Now at zero. So far, this is what we want. The patient has paid his part before leaving the office, and the remainder should be covered by the insurance. So we generate an insurance claim and mail it off to the carrier. If the billing program is run while we are waiting for the insurance payment, this person will not be billed because his Due Now amount is zero. Also, no aging takes place because aging is only performed on the Due Now amount.

About three weeks later, the insurance payment is received from the carrier; however, it is for $50, not the $75 we were expecting. We then post the payment into the account, which brings the Balance down to $25, and the Due Now remains at zero.

At this point it is important for the user to perform a Due Now Adjustment to bring the Due Now up to equal the Balance. If this is done the Balance will be $25 and the Due Now will be $25. The next time the billing program is run this patient will have a statement generated because the Due Now is a positive amount ($25). Also, the aging clock starts ticking at the time we set the Due Now amount.

But…

What if the user does not perform the Due Now Adjustment and simply exits the Posting screen after posting the insurance payment? In that case the Due Now will remain at zero. The next time the billing program is run this person will not receive a statement because the billing program only generates statements for accounts with positive Due Now amounts. Aging will not take place because that also requires a positive Due Now, so the account will not show up on a delinquency report. This account may go un-billed, un-aged, and un-noticed forever (gasp).

What should you do?

The *Zero Due Now Tracker* is designed for this situation! This option is designed to find such accounts and display them on this report. When you click this option the report will be limited to accounts that have a positive Balance and a zero Due Now amount. Further, you

will be asked to enter the number of days that must have passed since the account's last billing statement and the last patient payment.

Note

The Zero Due Now Tracker option will limit the report to those accounts that have a positive Balance and a zero Due Now and also have not been billed or made a payment in a certain number of days (you input the number of days).

The resulting names that print on the report should be investigated and if needed, their Due Now amounts should be adjusted.

Patient Type Filter

The Patient Type filter has been added to the Accounts Receivable report primarily to augment the Zero Due Now Tracking feature. An entire group of patients who do not belong on this report could show up, and confuse the results. These are welfare patients. They may have a positive Balance, they probably will have a zero Due Now, and they never get billed. To counter this, we have introduced the Patient Type filter to the AR report to eliminate welfare patients and any other patient types that could cloud the results of the very useful Zero Due Now Tracker.

Single Doctor

This will limit the report to accounts assigned to a particular doctor. This is useful for partnership situations where separate accounts receivable reports are needed by the individual doctors.

Delinquent Accounts Only

This will limit the report to accounts with delinquent aging only. You will be asked to limit the report to 30 days late, 60 days late, or 90 or more days late.

No Payment For X Days

The only accounts on the report will be those for whom you have not received a patient payment for a certain number of days. When you click this choice a text box will appear for you to enter the number of days. This choice is primarily used to create a list of your hardcore delinquent accounts. Use this along with the Delinquent Accounts Only option to find those who are delinquent and also have not made a recent payment.

Note

The No Payment For X Days feature is often used in conjunction with Microsoft Word collection letter printing. MS Word can be used with the Accounts Receivable Parameters screen to write collection letters. You may wish bypass collection letters for accounts who have made a recent payment and this option will accomplish that result.

Include If Sent MS Word Letter

Collection letters and the Accounts Receivable Report go hand in hand. This option facilitates that function by including in your list only those accounts who were sent a particular MS Word letter. You will be presented with a drop list of the letters you have entered into your system which link to the Accounts Receivable Report. In addition, you are asked to enter the number of days within which the letter was sent. Letters sent beyond this number of days are filtered out of the listing.

Exclude If Sent MS Word Letter

This option is the exact opposite of the choice above. It will exclude those accounts who were sent a particular MS Word letter within a certain number of days. Again, you are asked to enter the number of days within which the letter was sent.

Note

For a complete discussion of the merge letter capabilities of the program, see the chapter on Microsoft Word Merge Letters.

Credit Balance Accounts Only

Only accounts with a negative or credit balance will print if this option is selected.

Time Payment Accounts Only

This limits the report to accounts that have been put on time payments through the time payment section of the program.

Bypass Accounts in Collections

With this option accounts that have been set up in collections through the program will not be included in the report.

Collection Accounts Only

This option will cause the report to include only those accounts that have been set up in collections through the program.

Print Home and Work Telephone

This will cause the printing of an extra line that lists the home and work telephone number of the Guarantor for this account.

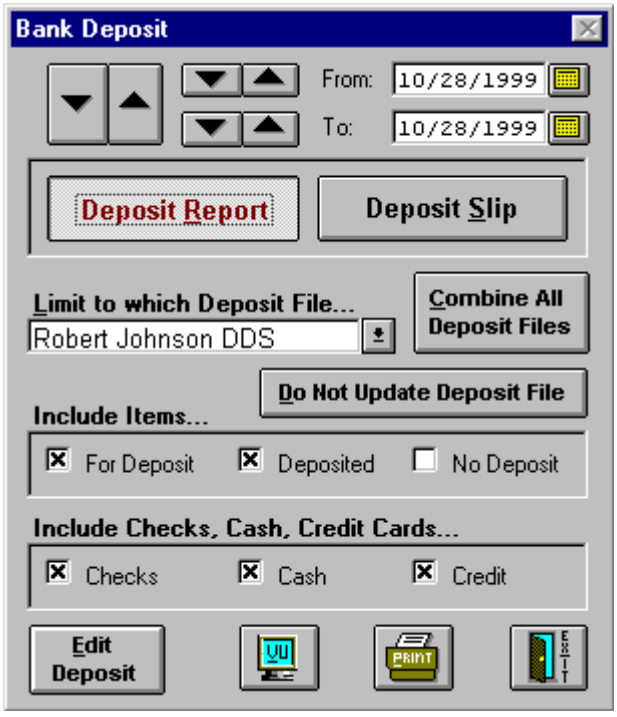
Audit Trail Report

The Audit Trail Report (on the Utilities Menu) displays all transactions that were deleted, as well as all transactions that were modified subsequent to their original posting. The report also tracks procedures that were posted with a date other than the date that appears on the Main Menu (for example back dated procedures). This will protect the practice from those who might have malevolent intentions and also allows you to trace transactions that no longer exist, or exist in a different form, or are simply hard to find. This report is fully discussed in the chapter covering password protection and the audit trail report.

The Bank Deposit and its Reports

The Bank Deposit section of the program will print two reports, the "Deposit Report" and the "Deposit Slip." The Deposit Slip is designed to be taken to the bank. Most banks will accept this along with your regular checking deposit slip. Your regular deposit slip need only have the total for the deposit written on it. The Diamond Dental Software Deposit Slip will serve to provide the detail for the deposit, that is check numbers and amounts, as well as total cash. After clicking on *Bank Deposit* on the Reports menu, the Bank Deposit screen will appear (see Figure 5).

In the "Include Items" section, the default setting is *For Deposit*. The other options in that section are *Deposited* and *No Deposit*. The “For Deposit” and “Deposited” options are functionally identical in the program. There was a distinction in an earlier version of the program, but now, both For Deposit and Deposited simply mean the payment is eligible to be recorded into the Bank Deposit file. Both are distinct from the option of “No Deposit.” The No Deposit option refers to those payments that have been designated as No Deposit from the



Payment Posting screen and will not be included in the deposit.

Note

***For Deposit* and *Deposited* are functionally equal. They both will qualify a payment to be recorded into the Bank Deposit. The *No Deposit* option will suppress a payment from being in the Bank Deposit.**

Do Not Update Deposit File Button

This button is another holdover from a previous version and has no important function in the program.

Date Range

The items included in the deposit are controlled by this date range. Payments that fall within this range will be included in the deposit unless the payment was specifically marked with a No Deposit status.

Deposits Are Performed in Whole Day Increments

Deposits in Diamond Dental Software should, therefore, be done in whole day increments. For example, you may do a deposit from the 16th to the 16th, or from the 16th to the 19th. But do not do a deposit from the 16th up through noon of the 19th, and then do another deposit from the afternoon of the 19th to the 20th. Since the deposit is performed in whole day increments, when you do the 19th to the 20th, it will pick up the checks that were previously deposited when you did the 16th through noon of the 19th.

Note

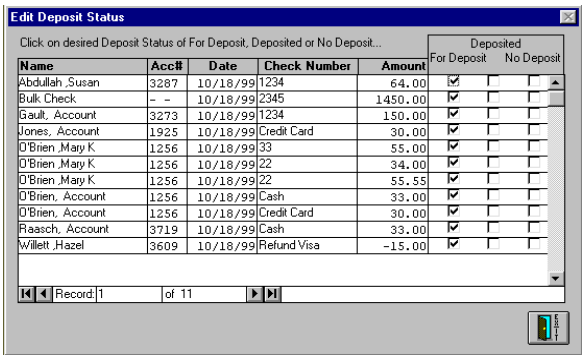
Bank Deposits may be re-printed. Just supply the proper date range.

Limit to Which Deposit File

You have the option of creating one or more deposit files. Separate deposits can be printed using the *Limit To Which Deposit File* combo box. Select the appropriate deposit file for printing. You may also click on the *Combine All Deposit Files* button to include any qualified deposit item without consideration to which deposit file it was originally recorded.

Edit Deposit

Click on the *Edit Deposit* button to modify the Include status of deposit items. When you click on this button the Edit Deposit Status screen will appear (see figure 6). All qualified



payments for the deposit you have selected will appear. You may modify the Deposit Status of each. The Deposit status options are "For Deposit," "Deposited," and "No Deposit." Remember: “For Deposit” and “Deposited” will both qualify the payment to print on the deposit.

Billing History Report

Whenever a billing statement is generated an entry for that statement is recorded into the Billing History table. The Billing History report will display the contents of this table in report form. The report will display the balance numbers (including Due Now and aging amounts) at the time of billing along with the date the bill was generated.

Use the Date Range option to limit the report to a particular billing date or range of dates. The Date Range is very important in the Billing History report. If you do not select this option, you will get a list of all the statements that have ever printed.

Note

The Billing History will only record if you have the *Billing History* option selected on the Billing Parameters screen. Also, after billing is complete you will be presented with a question to update the billing history, yes or no. This question must be answered Yes.

Chairside Overview and AutoDial List

The Chairside Overview is designed to be presented to the doctor prior to entering the operatory. You add patients to a Chairside Overview list and then print out all their reports in one batch. The AutoDial List is designed to aid in calling the patients who had Chairside Overview reports generated.

Chairside Overview Report

The concept of the Chairside Overview is to print one for each patient that is going to be seen that day. Then the doctor will have the report on or before entering the operatory and be quickly updated concerning the patient that is about to be treated. From the Reports Menu click the Chairside Overview button and Chairside Overview parameters screen will open (see figure 7).

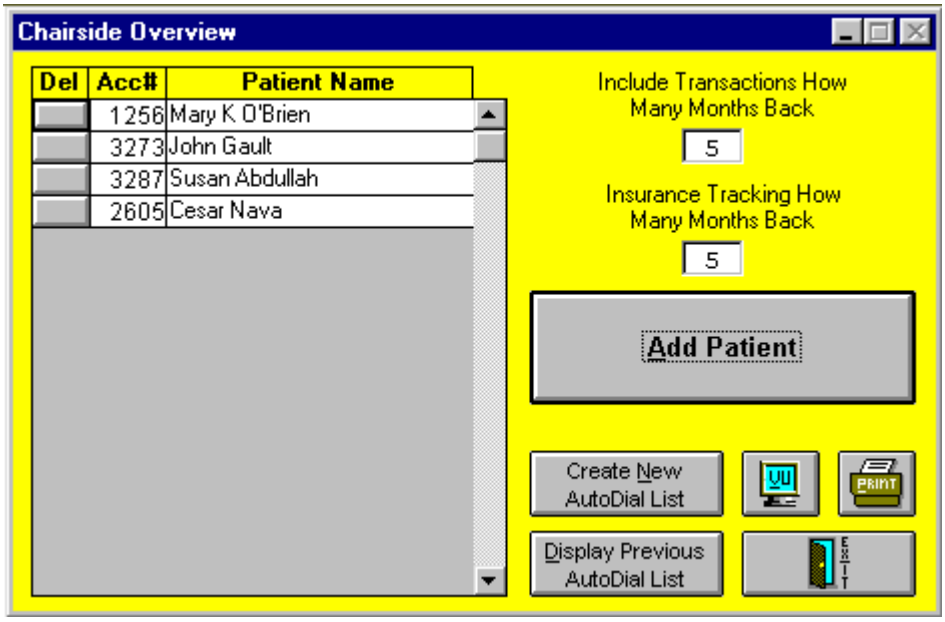


FIGURE 7 Chairside Overview parameters screen. Click Add Patient to add another patient to the list. There is no limit to the list.

When you click the *Add Patient* button you will be presented with the usual Patient Search screen. You may add just one, or as many as you like. When you have added all the patients, click the *Print* or *Print Preview* button to print the reports in a batch. The reports print on separate sheets that are not connected.

The Chairside Overview contains the most complete presentation of a patient's information of all the Diamond Dental Software reports. The following information is displayed:

Patient Name
Patient Type
Home and Work Phone
Patient Comment
Primary and Secondary Carrier
Current Maximums and Deductibles for Primary and Secondary
All Medical History line items
All General Notes line items
Guarantor Name
Billing Address
Account Number
Account Comments
Special Account Designation (y/n)
Collection Account Designation (y/n)
Referral Source
Assigned Doctor
Time Payment Information
Track Patient Portion (y/n)
Auto Benefits (y/n)

Balance, Due Now, Over 30,60,90
Last Patient Payment Date
Last Patient Payment Amount
Listing of all the patients in the account including:
Name
Patient Type
Birthdate
Work Complete (y/n)
Any Insurance Outstanding
Last Visit Date
Months Until Recall
The Complete Patient Record (for the patient searched for)
The Complete Account Ledger
Detailing of Insurance Tracking (for the patient searched for)

With this report, which may be several pages, the doctor will have a comprehensive overview of the patient that is about to be treated. The Overview will also inform the doctor of the status of other family members.

The Chairside Overview Parameters screen has setting to limit how far back (in months) to include for the ledger and insurance tracking sections. The default is 5 months for each, but you can change this. These settings will apply to the entire batch that prints.

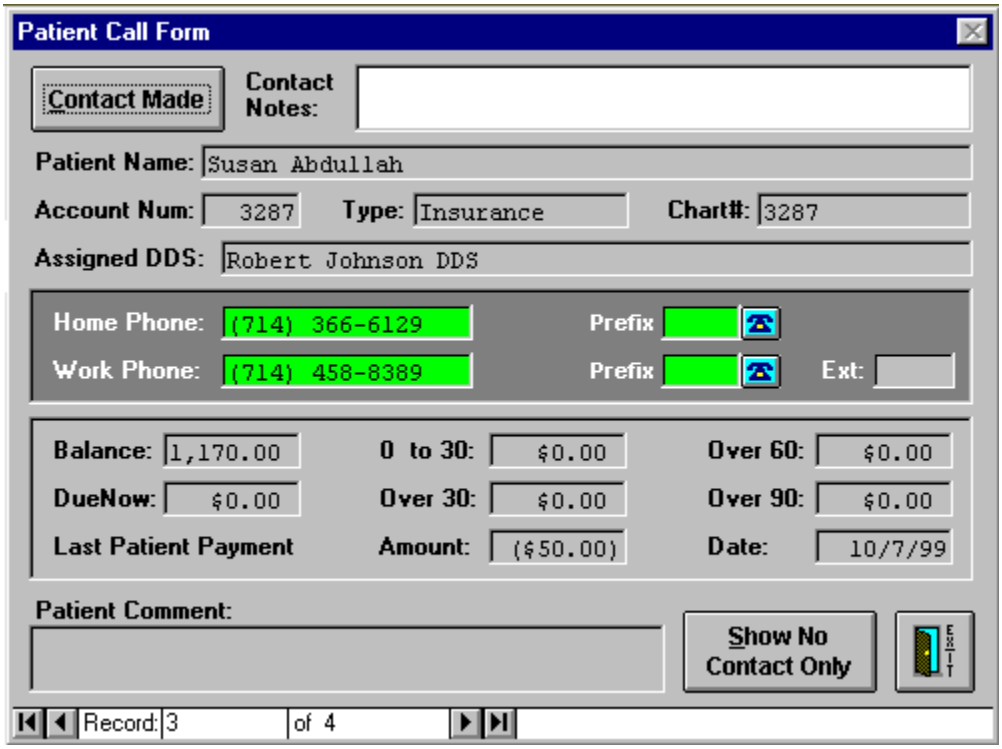
The AutoDial List

The AutoDial List is designed to be associated with the Chairside Overview report, but it can be implemented separately. The list is created the same way as in the Chairside Overview. Usually, the list that was created for the overview will be used for the AutoDial List as well.

Note

The list of names created to print the Chairside Overview and the list needed for the AutoDial list can be the same list. Add the names for the Chairside Overview Report, then click *Print* to print the Chairside reports, then click *Create New AutoDial List* and the AutoDial list is created.

To create the AutoDial List, click the *Add Patient* button on the Chairside Overview Parameters screen and generate a list of names, just as you did for the Chairside Overview report. Then click *Create New AutoDial List*. After clicking this button, the Patient Call Form will open.



The Patient Call Form. This opens after create a new AutoDial List or when you display a previously saved list.

Display Previous AutoDial List

After adding patients to the Chairside Overview parameters screen, the names are then available to print the Chairside Overview reports. Click the print button and they print. At that time you may also click the button to create a new AutoDial list and that list will be created. If you then leave then exit and return to the Main Menu, the Chairside Overview list is gone. If you return back to the Chairside Overview screen you will see no names listed. You have to print the Chairside Overview reports before you exit the Chairside Overview screen, or the names for the reports will be lost.

However, the AutoDial list is not lost. If you return to the Chairside Overview screen, you can click the *Display Previous AutoDial List* and the Patient Call Form will open with the previously created AutoDial list names displayed. Use the navigation buttons to display these names, one at a time.

Note

An AutoDial List is only deleted by creating a new AutoDial List. This is because your calling process might need to take place over some period of time and the list needs to be accessible on demand.

Patient Call Form

The Patient Call Form (see Figure 8) opens after clicking *Create New AutoDial List* on the Chairside Overview Parameters screen, or after clicking *Display Previous AutoDial List*. The patients in the Patient Call Form are people you need to contact. The Patient Call Phone has fields that are optimized for the task of contacting the people on the AutoDial list. These features are:

- **Home and Work Phone Numbers With AutoDialer Buttons The home and work telephone numbers are displayed along with the AutoDialer button that accompanies all telephone number fields. You may use this to automatically dial the number for you.**
- **Contact Made Button When phone contact has been made for a particular patient, click the *Contact Made* button. The button will light up and stay lit. This indicates that the patient has been contacted.**
- **Show No Contact Only Click the button to hide all the patients who have been contacted, leaving only the ones that still need to be called.**
- **Contact Notes You may enter unlimited comments in this word wrap box concerning information relating to this contact. These notes are distinguished from the regular patients notes which are visible on the screen, but cannot be modified from this screen.**

Names cannot be added to or deleted from an already existing AutoDial List. It can only be replaced by creating a new AutoDial List

Create Electronic Claim File

See the Chapter on Electronic Claim Processing for a full discussion on the feature.

Day Sheet

The Day Sheet is a detailed report listing what was posted for a particular date range. It is common to print a Day Sheet *daily* and to keep the hard copy as a permanent record of the office activity.

Any date range may be selected but four date range buttons are provided for quick entry. These buttons are:

Today Only
Month To Date
Year To Date

Manual Date Range

In addition there are "Increase" and "Decrease" buttons (up and down arrow) that will increase or decrease the displayed dates by one day at a time.

The ultimate determiner of the date range is the *From* and *To* date text boxes placed below the date range buttons. Whatever range is displayed here will be the range of the report.

Several option buttons are available on the Day Sheet parameters screen. These will now be discussed.

Doctor

This limits the report to Day Sheet items performed by a particular doctor. There is a distinction here between "performing" doctor and "assigned" doctor. It is possible for a doctor, other than the assigned doctor, to treat a particular patient. In this case it is the performing doctor that is targeted.

Hygienist

This will limit the search to procedures performed by a particular hygienist.

Single Account

With this parameter you can designate whether you want the search for procedures to include *all* accounts or an *individual* account.

Single Patient

With this parameter you can designate whether you want the search for procedures to include *all* patients or an *individual* patient. There is a distinction between this and the Account parameter above.

Limit By Insurance Carrier (or Carrier Keyword)

Using this filter, for example, if you want to see all insurance payments for the last month that have been received for Delta Dental, just set the date range, set the Day Sheet for Payment Only display, and select *Limit By Carrier* to Delta. You may print or view the payments in detail or summary form.

Patient Type

If you would like to see all the production activity for a particular Patient Type, set the Day Sheet for Procedure Only mode, select the appropriate Patient Type and then view or display the results.

Procedure Categories

This parameter will limit the search to one or more of the procedure categories established in the Procedure Table Entry screen. Beyond the procedure categories, three additional cat-

egories may be used, they are "Finance Charge," "Service Charge," and "Missed Appointments."

Procedure Codes

You may limit the report to any number of specific procedures. For example, you can display all the two-surface amalgam restorations that were performed during the previous month.

Adjustments

You may limit the search to any number of Adjustment Messages. If you want to exclude all adjustments from the report, select the Adjustment option. Then click on the Thumps Up button in the selection box without selecting any adjustment messages. Selecting Adjustments without selecting any specific adjustment message will cause no adjustments to display.

Payments

Payments may be selected by the following options:

Insurance Payment
Patient Payment
Primary Insurance Payment
Secondary Insurance Payment
Check
Cash
Credit
Electronic Transfer

These parameters can be mixed if desired. For example, you can generate a report that will be limited to procedures performed by a particular doctor for some specified time period that will include only procedures of a particular category.

Note

When limiting the report by Procedure Category, Procedure Code, Payments, or Adjustments, be aware that selecting one on these options does not suppress the others. So if you select procedure code D0210 – Full Mouth X-Rays, the Day Sheet will display all the Full Mouth X-Rays performed for the selected date range. However, the report will be confused by also showing all the payments and all the adjustments. To suppress the payments, click on *Payment: Patient/Insurance* button to display the yellow Payment Selecting pick box. Click on the OK button without making any selection. This will suppress all payments from printing on the Day Sheet. Do the same thing for Adjustments. You will then have a Day Sheet with only the procedures code items you desired displayed.

Day Sheet Summary

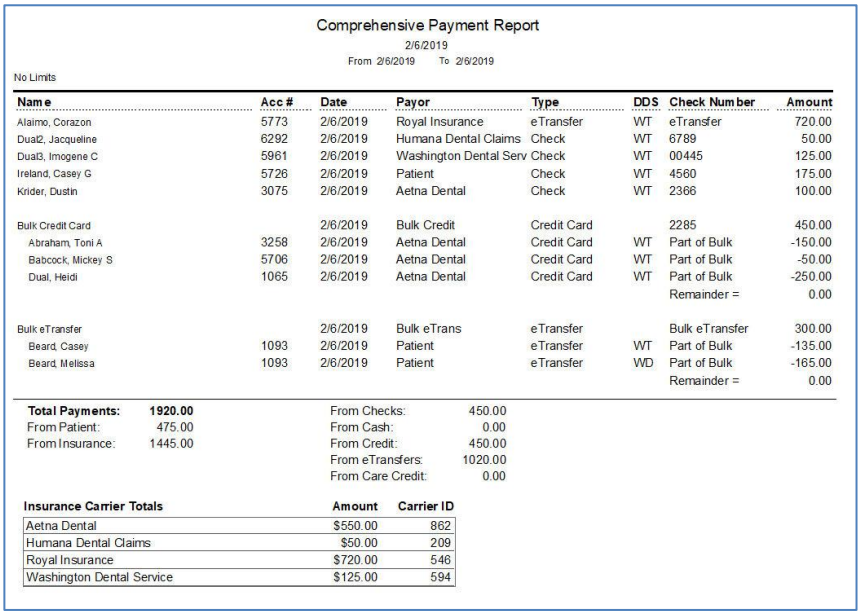
From the Day Sheet Parameters screen you are also given the option to print a Day Sheet Summary. This will be a single page showing totals only. No item detailing will be seen on the summary.

Note

The Day Sheet Summary is controlled by the same options that appear on the Day Sheet Parameters screen as does the Day Sheet Report.

Comprehensive Payment Report

The Comprehensive Payment Report fills a gap in payment reporting that is not completely addressed in either the Day Sheet or the Bank Deposit reports. This report displays your payments for whatever date range you select. Complete detail for each payment is displayed and totals are shown at the bottom of the report. What is unique about this report is that bulk payments are displayed and under each bulk payment, the individual payments linked to that bulk payment are listed. These individual parts of the bulk payment are then subtracted from the bulk payment total. If every element of the bulk payment was posted the Remainder should be zero. If not, there is a possibility that a payment was missed. The sample shown here displays a Remainder of $210 for bulk check number 3456. This report also quantifies payments from checks, cash, credit cards, eTransfers, and Care Credit (now shown).



Comprehensive Payment Report

2/6/2019

From 2/6/2019 To 2/6/2019

No Limits

Name	Acc #	Date	Payor	Type	DDS	Check Number	Amount
Alaimo, Corazon	5773	2/6/2019	Royal Insurance	eTransfer	WT	eTransfer	720.00
Dual2, Jacqueline	6292	2/6/2019	Humana Dental Claims	Check	WT	6789	50.00
Dual3, Imogene C	5961	2/6/2019	Washington Dental Serv	Check	WT	00445	125.00
Ireland, Casey G	5726	2/6/2019	Patient	Check	WT	4560	175.00
Krider, Dustin	3075	2/6/2019	Aetna Dental	Check	WT	2366	100.00
Bulk Credit Card		2/6/2019	Bulk Credit	Credit Card		2285	450.00
Abraham, Toni A	3258	2/6/2019	Aetna Dental	Credit Card	WT	Part of Bulk	-150.00
Babcock, Mickey S	5706	2/6/2019	Aetna Dental	Credit Card	WT	Part of Bulk	-50.00
Dual, Heidi	1065	2/6/2019	Aetna Dental	Credit Card	WT	Part of Bulk	-250.00
						Remainder =	0.00
Bulk eTransfer		2/6/2019	Bulk eTrans	eTransfer		Bulk eTransfer	300.00
Beard, Casey	1093	2/6/2019	Patient	eTransfer	WT	Part of Bulk	-135.00
Beard, Melissa	1093	2/6/2019	Patient	eTransfer	WD	Part of Bulk	-165.00
						Remainder =	0.00

Total Payments:	**1920.00**	From Checks:	450.00
From Patient:	475.00	From Cash:	0.00
From Insurance:	1445.00	From Credit:	450.00
		From eTransfers:	1020.00
		From Care Credit:	0.00

Insurance Carrier Totals	Amount	Carrier ID
Aetna Dental	$550.00	862
Humana Dental Claims	$50.00	209
Royal Insurance	$720.00	546
Washington Dental Service	$125.00	594

Comprehensive Payment Modifications after Version 5.4

The Comprehensive Payment Report has been updated to accommodate the new features of the Bulk Payment Entry system.

A new column for Payor Source: This column displays the payment source. In the case of a patient payment the word “Patient” will display. In the case of an insurance payment the insurance carrier name will display.

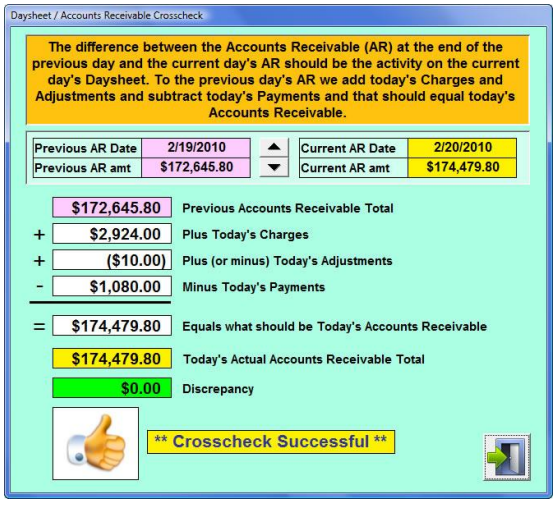
Insurance Carrier Totals: At the bottom of the report there is a breakdown showing the total amounts paid by each carrier. This can be sorted alphabetically by carrier name or by Amount paid with the largest amount at the top.

Daysheet / Accounts Receivable Crosscheck

Many of our users have requested a means of verifying that their data is getting properly recorded. They want a way to be sure that all the account balances are correct for the items that have been posted and that any items that have been back dated, either accidentally or on purpose, were done so with full disclosure. For years we have suggested to our users that they perform an internal crosscheck where at the end of a day, they get the accounts receivable (AR) total and write it down. Then at the end of the next day they write down the accounts receivable total. The difference between the previous day's accounts receivable total and the current day's accounts receivable total should be the activity on the current day's Day Sheet. To the previous day's AR Total you would add today's total charges, subtract today's total payments, and add or subtract today's total adjustments (depending if the adjustment total is plus or minus), and that should equal today's AR Total. If it doesn't, it should be investigated why it doesn't. Either somebody's balance is wrong or something was posted with a back date or a wrong date and was not on today's Day Sheet.

This is a useful crosscheck but besides being more work for the office staff, once alerted that a problem existed, it was very difficult, if not impossible; to tell which account or accounts were causing the discrepancy. Further complicating the crosscheck was the possibility that something may have been posted after the AR Totals were written down which would lead to a false crosscheck, thus sending the office staff into a hunt for a problem that did not exist.

As of DDS version 3.4, Diamond Dental stores Accounts Receivable history values for each account for each day. This has allowed us to automate the Daysheet / AR Crosscheck. Simply click a button on the Day Sheet screen and the crosscheck results will display (seen right). A successful crosscheck will show the "Thumbs Up", and if there is a discrepancy you will see a "Thumbs Down". If the crosscheck is not successful a button will appear that will display any accounts that could be causing the discrepancy. These would be accounts whose previous day's balance and current day's balance plus their day sheet activity do not add up (for whatever reason), or they may be accounts who were posted with a wrong date or purposely back dated. The automatic nature of the crosscheck also eliminates the possibility of operator error generating a false crosscheck.



Missed Appointment Report

A Missed Appointment is designated through Posting. The Missed Appointment becomes an entry in the patient's ledger. The Missed Appointment Report will search the Transaction table for this entry and alphabetically list the offending patients. A patient will be listed as many times as he or she has missed appointments.

One purpose for the report is to see how frequently a particular patient has missed appointments. If the patient has missed three times, he will be listed three times on the report. You will also have the option of including only those patients with missed appointment dates that fall within a particular range. For example, you may print the report on a weekly basis, including only those patients who have missed from the previous week. The report can then be used as a call up list for those patients. You are given the further option of bypassing patients who have been in for an appointment after their missed appointment date. When using the report as a scheduling tool, this feature will keep the report more manageable and useful. Certain helpful information that would pertain to a patient that has missed an appointment is displayed on the report. With this information, the patient can be called to reschedule, or you may make a decision not to attempt rescheduling this individual.

New Patient Report

This report is designed to list the new patients who have come into your practice. A useful option for this report includes the First Visit Date Range. For example, if you want to print a listing of the new patients for May, create a date range from May 1 to May 30. You may also limit the report based upon Assigned Doctor, Referral Source, Patient Type, and Patient Age Range.

Note

There is some overlap between the New Patient Report and the Patient Report. They both have the ability to single out new patients with the First Visit Date range option. However, the reports themselves are of different formats. The Patient Report also has the ability to link up with Microsoft Word to print a new patient welcome letter.

Patient Progress Report

This report is discussed in the chapter of Referrals.

Patient Report

When you select *Patient Report* from the Reports menu the Patient Report options screen will appear. You will notice more options for this report than any other. Also on this options screen you may select from three different output methods: Report, Mailing Labels, or MS Word Merge Letters. The MS Word Merge Letters option is discussed in its own chapter. These are the options of the Patient Report and these options pertain to all three output methods:

Modify Sorting
Alphabetic Range
Selected Doctors (assigned doctors)
Specific Patient Type
Patient Birthday Range (from month/day to month/day)
Limit By Employer
Limit By Benefit Plan

Limit By Insurance Carrier
Limit By Employer Name KeyWord
Limit By Benefit Plan Name KeyWord
Limit By Carrier Name KeyWord
Non-Zero Balance or Treatment Not Complete
First Visit Date Range
Last Visit Date Range
Delinquent Accounts Only (choose among over 30, 60, or 90 days late)
Bypass Delinquent Accounts
Time Payment Accounts Only
Patient Age Range
Collection Accounts Only
Bypass Collection Accounts
Specific Referral Source (choose one or more)
Specific Zip Code (may enter partial code like 900.. which brings up 90035, 90045 etc.)
Specific Medical History (one or more)
Specific General Notes (one or more)
Medical Alert Only
Include If Sent Word Letter (pick which letter and within how many days)
Exclude If Sent Word Letter (pick which letter and within how many days)
Show Additional Detail

Patient Report (the report output)

The Patient Report has the following column headings:

Patient Name
Account Number
Patient Type
Chart Number
    Birth Date
    Assigned DDS
Last Visit Date
    Home Telephone
Work Telephone
Work Extension

If you select the *Show Additional Detail* button at the bottom of the Patient Report options screen, these added fields will print on a second line:

First Visit Date
Total Visits
Comment (as much of the patient comment that will display on a single line)

Patient Report (mailing labels output)

If you select the Mailing Labels output, mailing labels will be generated instead of a report. The patient's name and mailing address will print on these labels. Use three across laser labels such as Avery 5160. There are 30 labels per sheet with each label being 1 inch by 2 5/8 inches.

Patient Report (MS Word Merge Letter)

See the chapter of Microsoft Word Merge Letter Printing for a full discussion on this output option.

Guarantor Names Only

The Patient Report prints patient names. This is sometimes what you want, and at other times it may not be. For example, if an account has four patients and they all qualify to print, then all four patients will print. If your needs require only one name per account, click the *Guarantor Names Only* (or *Responsible Party Names only*) button. The report will print only one name per account, and that name will be whoever is entered as the Guarantor for the account.

The Patient Report itself will change in format when this choice is selected. The column heading will be:

Account Name
Account Number
Balance
Due Now
DDS (assigned doctor)
Last Posting Date (usually coincides with last visit date)
Home Telephone
Work Telephone
Work Extension

The Patient Report Options

The Patient Report Parameters screen is loaded with options. The function of most is quite obvious, but we will now discuss the options that require some explanation:

- **Patient Birthday Range You will be asked to enter two ranges. The starting range indicating a month and day, and an ending range indicating a month and day. For example, May 1 to May 7 will display all patients whose birthdays fall with this range. The years that they were born are not a factor.**
- **Limit By Employer, Benefit Plan, Carrier You are first asked if you want to search by a Specific (employer, benefit plan, or carrier) or a Search**

Group. Search Groups are names you create to gather these items together. How do you print a report for all patients who have Blue Cross? If you have nine Blue Cross entries in you carrier file (with slightly different addresses), a specific carrier search will require nine individual Patient Report printing to account for all of them. However, if you have created a carrier search group call that all the Blue Cross carrier share, then you could perform the search on the Blue Cross Group and one printing would gather all the patients for all the Blue Cross carriers together in one report.

- **Limit By Employer, Benefit Plan, Carrier KeyWord This option can have the same effect as the Search Group discussed above, and without the trouble of marking individual records with a Search Group Entry. A KeyWord is a common string of characters that appear somewhere in the name. For example, if you want to find all patients who work for Blue Diamond Cement Company and you search for the word "blue", you will find all those people, but you will also find Blue Hornet Trucking, The Blue Moon Café, and the Bluefish Restaurant. Make your Keyword specific enough so it finds only the entity you are looking for.**
- **Non-Zero Balance or Treatment Not Complete These are people in accounts that are considered active. Active means that you are still working on them (treatment not complete) or they still owe money (non-zero balance).**
- **First Visit Date Range You can use the Patient Report as a new patient report will this option.**
- **Include/Exclude If Word Letter Sent You will be asked to select the name of a MS Word Document and enter how many days since the letter was mailed (printed would be more accurate). You can include or exclude patients based on these parameters. This is fully discussed in the chapter on MS Word Merge Letter Printing.**

Proposed Treatment Report

This report was discussed in detail at the beginning of this chapter.

Recall Report

See the chapter on Setting Recall for a discussion of this report.

Referral Listings

See the chapter on Referrals for a discussion of these reports.

Transaction Frequency Report

The Transaction Frequency Report lists the number of instances of a particular procedure you have performed and the resulting production per procedure.

As of Diamond Dental Version 5.8, the Transaction Frequency report now has three useful formats, these are:

Transaction Frequency Standard Report

A partial page of the Standard report is seen here on the right. The report as always displays the number of times each procedure code was performed and the amount of income produced from those procedures. You will also notice a new column labelled *$Profit per Hour*. This will be discussed shortly. Also notice the report now displays alternating shaded and non-shaded lines for easier reading. This is also true for all important reports starting with version 5.8.

Transaction Frequency Report

From 1/1/2015 To 10/1/2015

Procedure	Code	Frequency	$Amount	$Profit per Hr
Periodic Oral Evaluation	D0120	1571	48126.92	91.90
Limited Oral Evaluation	D0140	538	22962.64	128.04
Comprehesive Oral Examination	D0150	599	30445.28	101.65
Detailed Oral Evaluation	D0160	2	41.93	27.95
Re-Evaluation-Limited Problem	D0170	3	24.16	16.11
Comprehensive Perio Evaluation	D0180	1	75.00	112.50
Xray - Complete Series	D0210	5	550.00	300.00
Xray - Periapical - First Film	D0220	723	13769.87	222.74
Xray - Occlusal Film	D0240	1	20.00	145.71
Xray - Bitewing - Single Film	D0270	9	121.28	155.71
Xray - Bitewings - Two Films	D0272	1664	40166.53	231.61
Xray - Bitewings - Four Films	D0274	2	100.00	360.00
Xray - Panoramic Film	D0330	562	39562.38	410.69
Oral/Facial Images	D0350	3	190.00	950.00
Diagnostic Casts	D0470	4	455.00	451.00
Prophylaxis - Adult	D1110	1296	69173.20	160.12
Prophylaxis - Child	D1120	744	28216.78	113.78
Topical Fluoride Varnish	D1206	5	80.90	55.12
Topical Fluoride - Child	D1208	720	16207.00	78.11
Topical Fluoride - Adult	D1208	668	14543.80	75.18

Transaction Frequency Category Report

Another format is the *Transaction Frequency Category* report (seen on the right). As can be seen above, the Standard report is one long stream of procedure codes with the values based upon the individual code itself. The Category report also includes these same individual totals but groups the procedures based on the Procedure Code Category to which they belong. So, the *Diagnostic* procedures are in that group and the *Preventive* procedures are in that group, and so on. Besides each procedure having its own totals, each Category has its own totals for all three columns.

Transaction Frequency Category Report

From 1/1/2015 To 10/1/2015

For Selected Procedure Categories

Procedure	Code	Frequency	$Amount	$Profit per Hr
Diagnostic				
Periodic Oral Evaluation	D0120	1571	48126.92	91.90
Limited Oral Evaluation	D0140	538	22962.64	128.04
Comprehesive Oral Examination	D0150	599	30445.28	101.65
Detailed Oral Evaluation	D0160	2	41.93	27.95
Xray - Complete Series	D0210	5	550.00	300.00
Xray - Periapical - First Film	D0220	723	13769.87	222.74
Xray - Occlusal Film	D0240	1	20.00	145.71
Xray - Bitewing - Single Film	D0270	9	121.28	155.71
Xray - Bitewings - Two Films	D0272	1664	40166.53	231.61
Xray - Bitewings - Four Films	D0274	2	100.00	360.00
Xray - Panoramic Film	D0330	562	39562.38	410.69
Diagnostic Casts	D0470	4	455.00	451.00
Re-Evaluation-Limited Problem	D0170	3	24.16	16.11
Comprehensive Perio Evaluation	D0180	1	75.00	112.50
Oral/Facial Images	D0350	3	190.00	950.00
Total For Group:		5687	$196,610.99	$247.04
Preventive				
Prophylaxis - Adult	D1110	1296	69173.20	160.12
Prophylaxis - Child	D1120	744	28216.78	113.78
Topical Fluoride - Child	D1208	720	16207.00	78.11
Topical Fluoride - Adult	D1208	668	14543.80	75.18
Oral Hygiene Instructions	D1330	231	5678.00	147.48
Sealant - Per Tooth	D1351	282	9344.16	362.13
Space Maintainer-Fixed-Unilat.	D1510	24	4085.85	435.73
Space Maintainer-Remov-Unilat.	D1520	2	318.54	268.54
Recement Space Maintainer	D1550	3	112.68	150.24
Topical Fluoride Varnish	D1206	5	80.90	55.12
Remove Fixed Space Maintainer	D1555	3	122.33	244.66
Total For Group:		3978	$147,883.24	$190.10
Restorative				
Amalgam - One Surface - Perm.	D2140	129	9086.16	279.77

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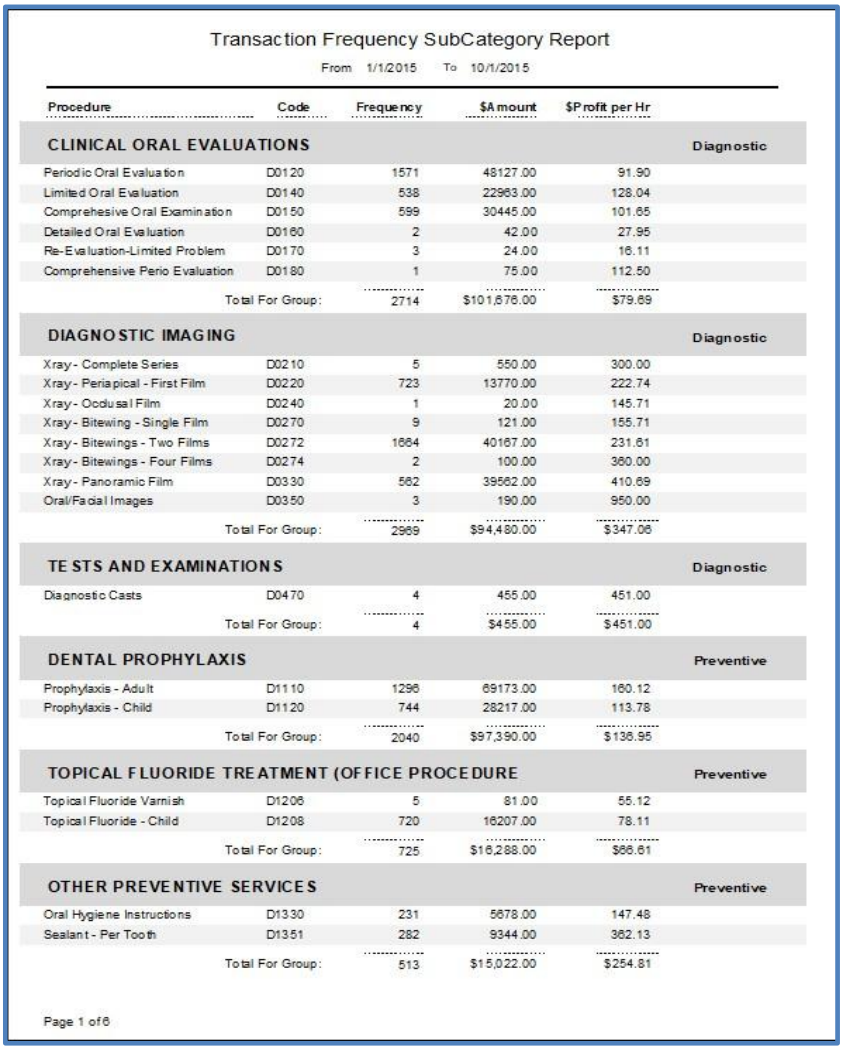
In the Standard report it is easy to get lost in the details because there are so many procedures. You can see an Amalgam 1 surface, Amalgam 2 surface, Amalgam 3 surface, and 4 surface. That is

useful, but you might want to see a total for the Restorative category group as a whole, and that is what you can see in the Category report.

The Transaction Frequency Subcategory report is a similar concept, only more so. Its details are discussed below.

Transaction Frequency Subcategory Report

This report is seen on the right. While the Category report groups procedures into one of the 12 CDT Categories (plus any custom categories you may have created), the Subcategory report is more specific because it groups each procedure into one of the 73 CDT Subcategories. Comparing the Category and Subcategory reports, the Category report (seen above) groups 15 procedures into the *Diagnostic* category and gives a total for the *Diagnostic* group as a whole. The Subcategory report (on the right) groups these same 15 procedures into 3 Subcategories, which are *Clinical Oral Evaluations*, *Diagnostic Imaging*, and *Tests and Examinations*. These are all Subcategories of the parent Category of *Diagnostic*, and the parent Category is seen on the far right. Each Subcategory has its own group totals giving you much more detail than is seen in either the Standard report or the Category report. Sometimes you may want more detail and other times you may want less. Now you have a choice.



Transaction Frequency SubCategory Report

From 1/1/2015 To 10/1/2015

Procedure	Code	Frequency	$Amount	$Profit per Hr	
CLINICAL ORAL EVALUATIONS					Diagnostic
Periodic Oral Evaluation	D0120	1571	48127.00	91.90	
Limited Oral Evaluation	D0140	538	22963.00	128.04	
Comprehesive Oral Examination	D0150	599	30445.00	101.65	
Detailed Oral Evaluation	D0160	2	42.00	27.95	
Re-Evaluation-Limited Problem	D0170	3	24.00	16.11	
Comprehensive Perio Evaluation	D0180	1	75.00	112.50	
Total For Group:		2714	$101,676.00	$79.69	
DIAGNOSTIC IMAGING					Diagnostic
Xray - Complete Series	D0210	5	550.00	300.00	
Xray - Periapical - First Film	D0220	723	13770.00	222.74	
Xray - Occlusal Film	D0240	1	20.00	145.71	
Xray - Bitewing - Single Film	D0270	9	121.00	155.71	
Xray - Bitewings - Two Films	D0272	1664	40167.00	231.61	
Xray - Bitewings - Four Films	D0274	2	100.00	360.00	
Xray - Panoramic Film	D0330	562	39562.00	410.69	
Oral/Facial Images	D0350	3	190.00	950.00	
Total For Group:		2969	$94,480.00	$347.06	
TESTS AND EXAMINATIONS					Diagnostic
Diagnostic Casts	D0470	4	455.00	451.00	
Total For Group:		4	$455.00	$451.00	
DENTAL PROPHYLAXIS					Preventive
Prophylaxis - Adult	D1110	1296	69173.00	160.12	
Prophylaxis - Child	D1120	744	28217.00	113.78	
Total For Group:		2040	$97,390.00	$136.95	
TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE					Preventive
Topical Fluoride Varnish	D1206	5	81.00	55.12	
Topical Fluoride - Child	D1208	720	16207.00	78.11	
Total For Group:		725	$16,288.00	$66.61	
OTHER PREVENTIVE SERVICES					Preventive
Oral Hygiene Instructions	D1330	231	5678.00	147.48	
Sealant - Per Tooth	D1351	282	9344.00	362.13	
Total For Group:		513	$15,022.00	$254.81	

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Treatment Plan

See the chapter on Treatment Plan.

Treatment Not Complete/ (X) Days Since Last Visit

This report is used to find patients who have not returned to have all their treatment completed. In order for a patient to be listed in this report, she must meet two criteria:

1. Treatment Complete Status is “No”
2. A certain amount of days has elapsed since the patient's last visit

Before printing the report, the computer will ask you to enter the number of days elapsed since the last visit date. The computer will then check each patient who has not been designated as having their treatment complete. Once found, the computer will check the last time the patient was in by looking at the recorded "Last Visit Date." If the patient meets both criteria, she will be listed in the report.

Note

A patient’s Treatment Complete status is set on the Posting screen with the button in the lower right corner labeled *Tx Done*. Click the button to set the status before leaving Posting.

One of the column headings on the report is "$ Proposed." This refers to the amount of treatment (in dollars) this patient has entered as Proposed (needing to be done). Another heading, "$ Past Due", refers to the amount this patient is delinquent (if any). These two items are useful factors when considering who to call for an appointment.

Insurance Reports

On the Reports Menu click on *Insurance Reports…* to bring up the Insurance Reports Menu. This menu’s various choices will now be discussed.

Insurance Tracking Report and Edit Insurance Tracking

The first two choices on the Insurance Reports menu are *Insurance Tracking Report* and *Edit Insurance Tracking*. Both these choices are discussed in the chapter on Insurance Tracking.

Completed Procedures / Insurance Not Billed

This report will list all patients who have procedures that are completed and yet not billed to the insurance. The purpose of the report is to create a list of patients who need insurance printing performed. Even one un-billed procedure will cause the patient to be included on this report. It is your protection that insurance revenue will not "slip through the cracks."

A unique option on this report is *Work Completed Patients Only*. This choice will cause only those patients who have been designated as "Treatment Complete" to be listed. Patients showing up on this list would definitely need there insurance processed.

Note

You might find patients on this report that do not in fact need a claim sent to the insurance. There may be several reasons for this. For example, you may have processed the claim by hand and, therefore, the program would not have marked the procedures as having been billed. Whatever the reason why a procedure is still coming up as qualified, a quick way to mark procedures to not qualify is to go into Print Insurance with this patient. Qualified procedures will display with an asterisk (*) next to it. There is a button off to the right of the procedure under the column heading of "No." Click the button and the asterisk will turn into an "X." This will prevent the procedure from being considered qualified to print on future insurance forms unless you specifically mark it to print. If all qualified procedures have been disqualified, then the patient's name will not show up on this report.

Employer, Benefit Plan, and Carrier Listings

These are three separate reports for creating listings of your entered Employers, Benefit Plans, and Insurance Carriers. These three entities can all be linked to what are known as "Search Groups." Search groups link employers, benefit plans, or carriers together. For example, you could create an Employer Search Group called "Schools." Schools can be employers. There may be many different schools, each with unique names and addresses. If you would like a listing of all the employers designated as "Schools," you would have that capability.

Benefit Plan and Carrier Payments/Charges Reports

The Payments/Charges Reports can be done for Benefit Plans or Insurance Carriers. You are once again asked to supply a date range for consideration. The carriers or benefit plans qualify for the report by being linked to patients who had posting activity within this date range. On the report, the names listed will be those of the qualified carriers or benefit plans, and also showing the total charges and payments. The report displays the following column headings:

Name (of carrier or benefit plan)
ID# (each carrier or benefit plan has a unique id#)
Charges
Payments

Charges

The charges that are totaled on the report represent the total charges that were posted to patients who were associated with the carrier or benefit plan in question.

Payments

The payments that are totaled on the report represent the total insurance payments that were posted to patients who were associated with the carrier or benefit plan in question. Patient Payments are not calculated into this total.

Benefits Remaining Report

This report will give the amount of remaining benefits for insurance patients selected for Automatic Benefit Calculation whose treatment is not complete. Benefits include the sum of primary and secondary insurance. To qualify for this report the patient must be set up for Automatic Benefit Calculation and they still must have treatment that needs to be completed.

Note

One very important use for this report is to get patients into the office to have their treatment completed before their insurance benefits run out. This usually happens at the end of the year.

Beyond these basic requirements the report can be limited by these options:

- **Alphabetic Range**
- **Selected Assigned Doctors**
- **Last Visit Date Range This is included because you may not want to contact patients who were very recently in for an appointment.**
- **Minimum Benefits Available You might wish to consider only patients who have some significant amount of benefits remaining.**
- **Positive Proposed Amount Only The report can detect patients who have had procedures posted as Proposed. This is commonly done when sending a claim for prior-authorization. The report can be limited to patients who have some minimum amount of Proposed procedures needing to be performed.**
- **No Visit For X Days This will only allow patients who have not been into the office for at least X days. You supply the value of X.**
- **Available For Standby Only When you open an account, patients can be marked as *Available For Standby*. This means they are willing to come in at any time when someone else has cancelled.**
- **Include Treatment Complete Patients The default for the report is to include only those patients who do not have completed treatment plans. This option will override that and include patients who are marked as**

complete. You would use this option if you feel you may not have properly marked patients as Treatment Complete.

- **ByPass Delinquent Accounts You may not want to go out of your way to get patients back who are already delinquent in their payments.**

Insurance Subscriber Report

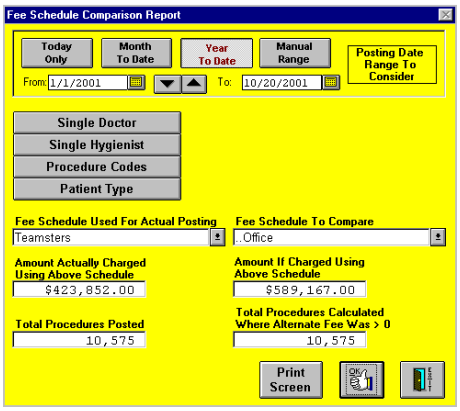
Each account has three important member groups: the Guarantor, the Patients, and the Insurance Subscribers. Various Diamond Dental Software reports access data concerning the Guarantor such as the Accounts Receivable Report, and numerous reports access data related to patients such as the Patient Report. But until now, no Diamond Dental Software report accessed data concerning the very important Insurance Subscriber for an account.

The Insurance Subscriber Report is very useful for giving you the information at your fingertips that is needed to check a patient's eligibility for benefits. The report lists the subscriber name, social security number, group number, employee ID (if entered), The employer name, address and phone number, and the insurance carrier name, address, and phone number are also displayed.

The report can be limited in various ways including by insurance carrier, employer, single account, and single responsible doctor.

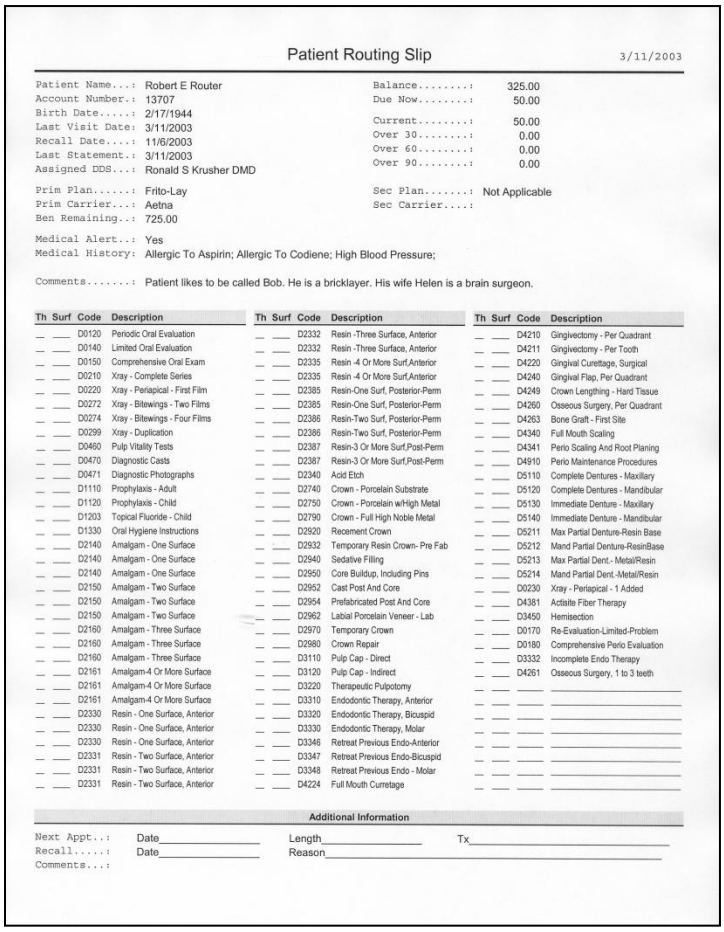
Fee Schedule Comparison Report

The Fee Schedule Comparison Report will compare what was actually charged using one fee schedule with what would have been charged had an alternate fee schedule been used. For example, if you have a special Medicaid fee schedule for your Medicaid patients and you are curious to know how much those same charges would have been if your regular office fees were used, just set the date range you are interested in, set the Actual Fee to Medicaid, the Alternate Fee to Office, and click OK. The Total Charges and Total Procedures Posted for each schedule will display. The report can be limited in various ways including date range, single doctor, single hygienist, procedure codes, and patient type.



Routing Slip

The Routing Slip is used by the doctor at chairside to quickly check off the procedures that have just been performed. The procedures that appear on the Routing Slip are determined by you. To set up your customized Routing Slip, go from Utilities to the Procedure Table Entry screen. Use this screen to step through the procedures in your Procedure file. For each procedure you will now see a number indicating the number of times that procedure will appear on the Routing Slip. The default is zero. If you want that particular procedure to appear on the Routing Slip change the number to 1 or more. As mentioned, you may enter a number greater than 1, in which case the procedure will list multiple times. This is useful for procedures that you may do in multiples, such as amalgams or extractions. For example, if you commonly do multiple amalgams in one sitting, you may want to place three each of one, two, three and four surface amalgams on your Routing Slip. Then if you performed three occlusals and two MO's, you simply write in the tooth number and the surface in the space provided on the Routing Slip. Then hand it to the person at the computer for easy posting.



Patient Routing Slip 3/11/2003

Patient Name...: Robert E Router
Account Number.: 13707
Birth Date.....: 2/17/1944
Last Visit Date: 3/11/2003
Recall Date....: 11/6/2003
Last Statement.: 3/11/2003
Assigned DDS...: Ronald S Krusher DMD

Balance.....: 325.00
Due Now.....: 50.00
Current.....: 50.00
Over 30.....: 0.00
Over 60.....: 0.00
Over 90.....: 0.00

Prim Plan.....: Frito-Lay
Prim Carrier...: Aetna
Ben Remaining..: 725.00

Sec Plan.....: Not Applicable
Sec Carrier....:

Medical Alert..: Yes
Medical History: Allergic To Aspirin; Allergic To Codiene; High Blood Pressure;

Comments.....: Patient likes to be called Bob. He is a bricklayer. His wife Helen is a brain surgeon.

Th	Surf	Code	Description
		D0120	Periodic Oral Evaluation
		D0140	Limited Oral Evaluation
		D0150	Comprehensive Oral Exam
		D0210	Xray - Complete Series
		D0220	Xray - Periapical - First Film
		D0272	Xray - Bitewings - Two Films
		D0274	Xray - Bitewings - Four Films
		D0299	Xray - Duplication
		D0460	Pulp Vitality Tests
		D0470	Diagnostic Casts
		D0471	Diagnostic Photographs
		D1110	Prophylaxis - Adult
		D1120	Prophylaxis - Child
		D1203	Topical Fluoride - Child
		D1330	Oral Hygiene Instructions
		D2140	Amalgam - One Surface
		D2140	Amalgam - One Surface
		D2140	Amalgam - One Surface
		D2150	Amalgam - Two Surface
		D2150	Amalgam - Two Surface
		D2150	Amalgam - Two Surface
		D2160	Amalgam - Three Surface
		D2160	Amalgam - Three Surface
		D2160	Amalgam - Three Surface
		D2161	Amalgam-4 Or More Surface
		D2161	Amalgam-4 Or More Surface
		D2161	Amalgam-4 Or More Surface
		D2330	Resin - One Surface, Anterior
		D2330	Resin - One Surface, Anterior
		D2330	Resin - One Surface, Anterior
		D2331	Resin - Two Surface, Anterior
		D2331	Resin - Two Surface, Anterior
		D2331	Resin - Two Surface, Anterior
		D2332	Resin -Three Surface, Anterior
		D2332	Resin -Three Surface, Anterior
		D2335	Resin -4 Or More Surf,Anterior
		D2335	Resin -4 Or More Surf,Anterior
		D2385	Resin-One Surf, Posterior-Perm
		D2385	Resin-One Surf, Posterior-Perm
		D2386	Resin-Two Surf, Posterior-Perm
		D2386	Resin-Two Surf, Posterior-Perm
		D2387	Resin-3 Or More Surf,Post-Perm
		D2387	Resin-3 Or More Surf,Post-Perm
		D2340	Acid Etch
		D2740	Crown - Porcelain Substrate
		D2750	Crown - Porcelain w/High Metal
		D2790	Crown - Full High Noble Metal
		D2920	Recement Crown
		D2932	Temporary Resin Crown- Pre Fab
		D2940	Sedative Filling
		D2950	Core Buildup, Including Pins
		D2952	Cast Post And Core
		D2954	Prefabricated Post And Core
		D2962	Labial Porcelain Veneer - Lab
		D2970	Temporary Crown
		D2980	Crown Repair
		D3110	Pulp Cap - Direct
		D3120	Pulp Cap - Indirect
		D3220	Therapeutic Pulpotomy
		D3310	Endodontic Therapy, Anterior
		D3320	Endodontic Therapy, Bicuspid
		D3330	Endodontic Therapy, Molar
		D3346	Retreat Previous Endo-Anterior
		D3347	Retreat Previous Endo-Bicuspid
		D3348	Retreat Previous Endo - Molar
		D4224	Full Mouth Curretage
		D4210	Gingivectomy - Per Quadrant
		D4211	Gingivectomy - Per Tooth
		D4220	Gingival Curettage, Surgical
		D4240	Gingival Flap, Per Quadrant
		D4249	Crown Lengthing - Hard Tissue
		D4260	Osseous Surgery, Per Quadrant
		D4263	Bone Graft - First Site
		D4340	Full Mouth Scaling
		D4341	Perio Scaling And Root Planing
		D4910	Perio Maintenance Procedures
		D5110	Complete Dentures - Maxillary
		D5120	Complete Dentures - Mandibular
		D5130	Immediate Denture - Maxillary
		D5140	Immediate Denture - Mandibular
		D5211	Max Partial Denture-Resin Base
		D5212	Mand Partial Denture-ResinBase
		D5213	Max Partial Dent.- Metal/Resin
		D5214	Mand Partial Dent.-Metal/Resin
		D0230	Xray - Periapical - 1 Added
		D4381	Actisite Fiber Therapy
		D3450	Hemisection
		D0170	Re-Evaluation-Limited-Problem
		D0180	Comprehensive Perio Evaluation
		D3332	Incomplete Endo Therapy
		D4261	Osseous Surgery, 1 to 3 teeth

Additional Information

Next Appt..: Date_____ Length_____ Tx_____
Recall.....: Date_____ Reason_____
Comments...:

The Routing Slip may be printed for single patients from both the Posting screen and the Appointment Setter screen. You may also batch print Routing Slips through the Appointment Scheduler for all patients for a particular day per provider. Batch printing may also be done using the Chairside Overview screen. Enter as many patients as you like into the Chairside Overview screen (accessed via the Reports menu) and then click the Routing Slip button. They will all print in a batch. While on the same screen you may also print Chairside Overviews from the same patient list, if desired.

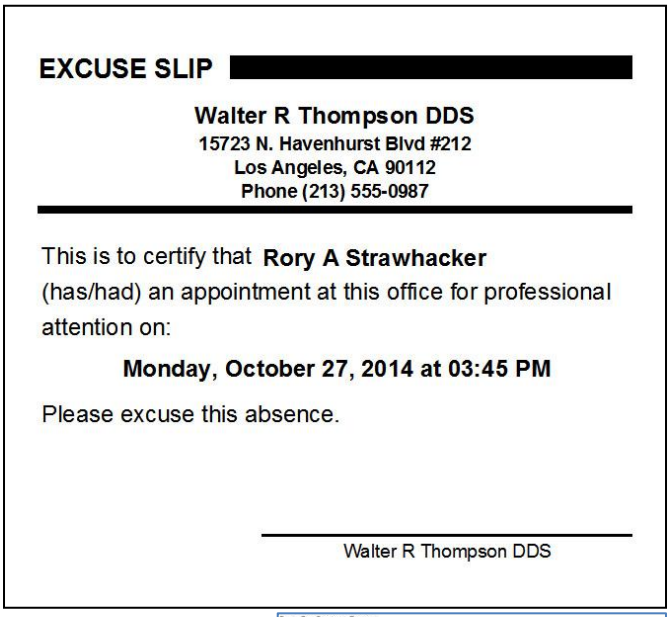
Account Receivable History Report

Accounts Receivable (AR) is the sum total of the balances of all your accounts and the Accounts Receivable Report is one of the most important reports in the Diamond Dental program. Until DDS version 3.4 we have instructed our users to print and keep an Accounts Receivable Report as a hard copy at the end of the month because that report could not be reproduced. The Accounts Receivable Report has always been a snapshot of the account balances at the time of printing the report. The program did not have the ability to print the

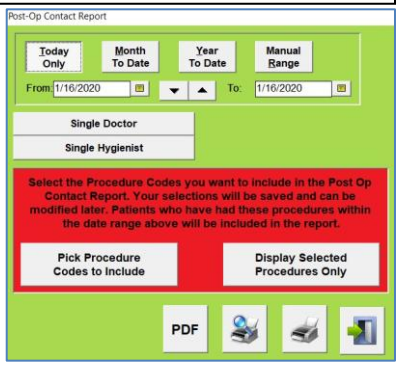
Accounts Receivable for yesterday, last week, or last month. This is because time-dated balance history data has never been stored anywhere in the program. Diamond Dental version 3.4, and later, stores Accounts Receivable history for each non-zero account, for each day. This history includes each non-zero account's Balance, Amount Due Now, Current, Over 30, Over 60, and Over 90 days delinquent. If the account does not appear on the report that means the account had a zero balance. With this data now existing, we have developed the *Accounts Receivable History Report*, which displays this data for all accounts for whatever date in the past you choose. This report can be printed from the "Reports" menu. You can also display a single account's AR History in chronological order starting with the most recent date displayed first by clicking the *Accounts Receivable History* button on that account's Guarantor screen.

Excuse Slip

You can now generate professional looking Excuse Slips for your patients. The Excuse Slip can be generated from the Appointment Scheduler, in which case the appointment date and time will be entered for you. It can also be generated from the Reports menu, in which case the date and time will simply be the current date and time. The doctor's name, patient's name, date, and time can all be edited before printing if desired.



Post-Op Contact Report



If you like to check up on your patients after performing certain invasive procedures such as extractions, root canals, implants, surgeries, etc., then this new report can help you. With this report you will select procedures from your Procedure File that you would normally follow up with a phone call to see how your patient is doing. This procedure list is saved so you only have to select the targeted procedures once. You can then print the report for a particular date (or date range) on which the procedures were performed. You can print the report for all providers or limit the report to a particular doctor or hygienist.

The report itself will list the patient's name, account number, and Patient Type. Also listed are the patient's contact methods which include the home, work and cell phone numbers and the patient's email address. The contact method that has been selected by the patient as the "Preferred Contact Method" will have an asterisk (*) after it. If the preferred method is a text message, then the cell phone field will have and asterisk with a capital letter T (*T) after it.

Also listed under the patient's name will be the procedure (or procedures) that qualified this patient for the report. Included for each line item is the procedure code, description, posting date, tooth, surface, performing provider, and whether the item was posted as Done, Started, for Finished.

Chapter

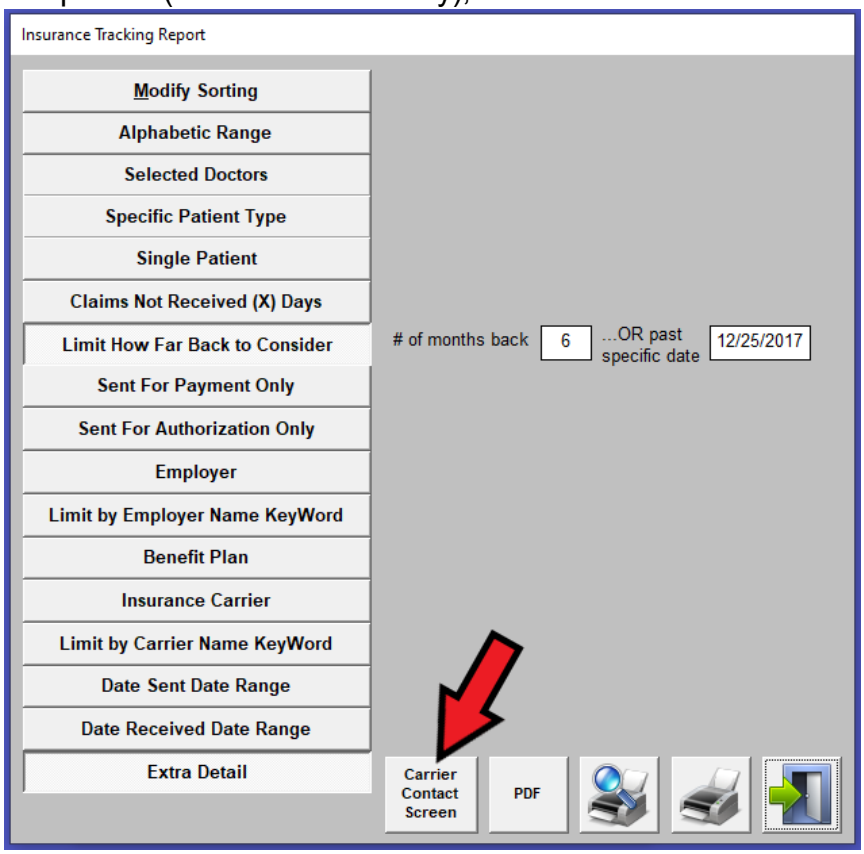
18

18: Insurance Tracking

There is no doubt that dental insurance is vital to your practice. The ability to know which claims have been mailed to the insurance carriers and which carriers have or have not responded to those claims is important to the business end of any dental practice. The method Diamond Dental Software uses to track claims is intentionally simple in order to make insurance tracking as usable as possible. Basically, whenever a claim is generated a record of that claim is kept. The claim is considered "outstanding" until the insurance carrier responds to that claim. The response can be an insurance payment, a pre-authorization, or a letter or document declining benefits. The method to track insurance will now be presented.

Insurance Tracking Report

Whenever an insurance claim is printed (or sent electronically), a record of that claim is recorded into the Insurance Tracking table. The Insurance Tracking Report is used to access this information. This report is accessed via the Insurance Reports menu. To get there go to the Reports Menu and select *Insurance Reports*. The red arrow is pointing to the *Carrier Contact Screen* button. This feature is discussed at the end of this chapter.



The Insurance Tracking Report has the following column headings:

Patient Name
Account Number
Insurance Type (*Regular* = single coverage, *Primary*, and *Secondary*)
Pymt/Auth (Payment or pre-Authorization)
Date Sent
Date Rec (date received)
DDS (the name of the doctor in whose name the claim was sent)
Claim#... a number that uniquely identifies the claim.

Added fields with Extra Detail Selected:
Employer
Insurance Carrier
Patient's Date of Birth
Insurance ID#
Subscriber Name

The Insurance Tracking Parameters screen has several options. Some of these will now be discussed:

- **Claims Not Received For (X) Days This is one of the most valuable insurance tracking options. Use this option to locate claims that are late in being responded to by the carrier. A response is defined as the reception of a payment if the claim was sent for payment or the reception of the authorization if the claim was sent for that reason. You will be asked to enter a number for how many days since the claim was mailed. For example, if you enter the number 90, then only claims that have not been received and were mailed 90 days ago or longer will list on the report.**
- **For Payment Only Include only claims sent for payment.**
- **For Authorization Only Include only claims sent for prior authorization**
- **Limit by Employer, Benefit Plan, or Carrier These three options all have Search Groups or Specific searches. To explain this, let's take carriers for example. When you click on the Carrier option you will be asked to select between "Specific Carrier" or "Carrier Search Group." When creating your carriers you had the option to also create Carrier Search Groups and to place your carriers in one of those groups. For example, you may have many carriers that are called Aetna. Aetna may have many different addresses in various states and therefore separate carrier entries are required for these. But you can also create a carrier group called "Aetna." All the Aetna carriers can be placed in this carrier group. This gives all these Aetna carriers something in common. Getting back to our report, if you want to see the claims that were sent to Aetna (any Aetna carrier), you would use the Carrier Search Group option. In that case, all Aetna carriers would qualify. However, if you want to see claims sent to a particular Aetna carrier at a particular address,**

you would use the Specific Carrier choice. Benefit Plans and Employers work much the same way.

- **Date Sent Date Range You can look at claims that were sent within some particular date range. You may want to set the range so you will not be looking at claims that were very recently mailed.**
- **Date Received Date Range This will limit the report to only claims that have been received and received within a certain date range.**
- **Show Employer/Carrier Click this choice to extend the report to show the patients employer and carrier. It will display on a second line below the patient's name.**

Editing the Insurance Tracking Table

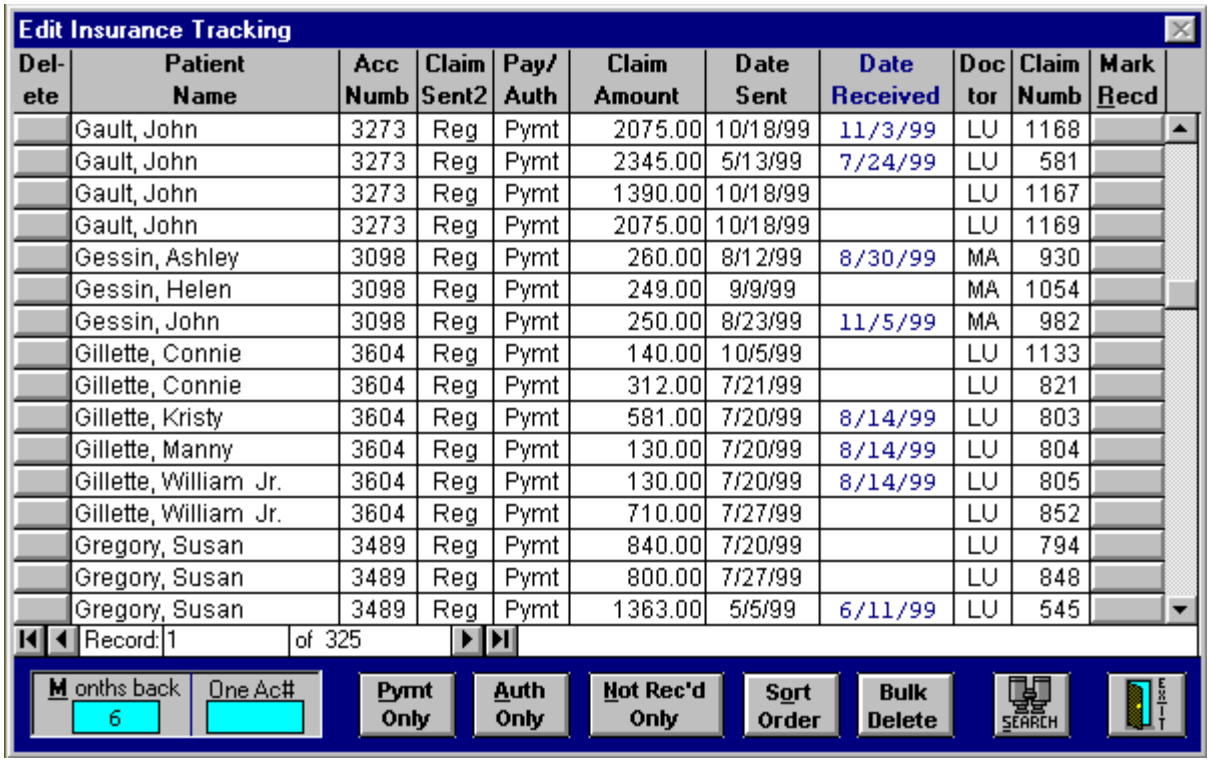
The Insurance Tracking table must be properly maintained to be useful in accurately tracking insurance claims. The Edit Insurance Tracking screen is used for this purpose. You can access this screen via the Utility Menu and also on the Insurance Reports menu. Both these menus have buttons entitled *Edit Insurance Tracking*. When you click this button the Edit Insurance Tracking screen will open.

Months Back

Diamond Dental Software keeps a record of your claims permanently unless you delete them. Therefore, over time, you will accumulate quite a collection of insurance claim listings. You may enter how many months back to consider in the *Months Back* text box in the lower left corner of the screen. As the screen opens, six months is the default. Therefore, claims over six months old will not be accessible from the screen unless you change the months back value.

Limiting the Display to One Account

If you would like to limit the display to a single account, enter that account number in the *One Account #* text box in the lower left of the screen. Enter the number, then tab out of the field using the tab key. As you leave the One Account# field the listing will change to display only those claims from that account.



Edit Insurance Tracking screen. You can view claims for payment only, authorization only, all accounts or one particular account, and determine how far back in time to include. Click the Mark As Received button to automatically enter today's date in the Date Received column or click in the date box itself to enter a manual date.

Payment, Authorization, Not Received Only

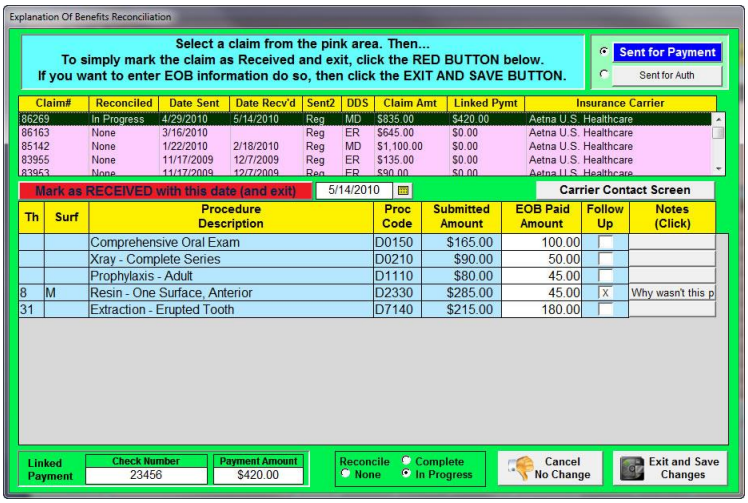
You may limit the display to claims sent for payment only, claims sent for authorization only, and claims that have not been received only. The three corresponding buttons for these functions are seen at the bottom of the screen. In addition, the *Not Received Only* button can be used in combination with either the *Payment Only* button or the *Authorization Only* button.

Marking Claims as Received

The primary concern with insurance tracking is to follow outstanding claims, that is claims that have not yet been responded to by the insurance carrier. It is important to properly mark claims as being received when they are received.

When an insurance claim is generated the program stores a record of that claim in the Insurance Tracking table. When you post an insurance check the program will automatically scan the Insurance Tracking table, looking for any outstanding claims for the patient in question. If only one outstanding claim is found then the program will automatically mark that

claim as having been received. The current date will be placed in the "Date Received" field for that claim in the Insurance Tracking table. This is automatic and you won't even see it happen.



If the program finds more than one outstanding claim during the posting of an insurance check then the Explanation of Benefits Reconciliation screen will open. This screen will display the claims that have been sent for this patient with the most recent claims listed first. Claims that have not been received will have a blank in the "Date Recv'd" column. To mark a particular claim as received, highlight the claim in the pink list box at the top of the screen and click the red button labeled *Mark as RECEIVED with this date*. This closes the screen as it marks the claim as received and you are returned to the "Posting" screen.

The "Explanation of Benefits" screen is also used for entering the amount paid by the insurance for each procedure. You can also mark procedures to follow up later if the payment is less than expected. For a full discussion of the topic read the chapter on Explanation of Benefits Reconciliation.

You can also access the "Explanation of Benefits Reconciliation" screen at any time by clicking the *EOB* button on the "Posting" screen.

If the insurance carrier did not send a check but instead declined payment, that is still considered a response and should be marked as well. Not marking the claim would leave the item open and you would mistakenly consider that claim still outstanding. It would remain outstanding forever since payment for that claim would never come. If you received a pre-authorization you would mark that as received as well.

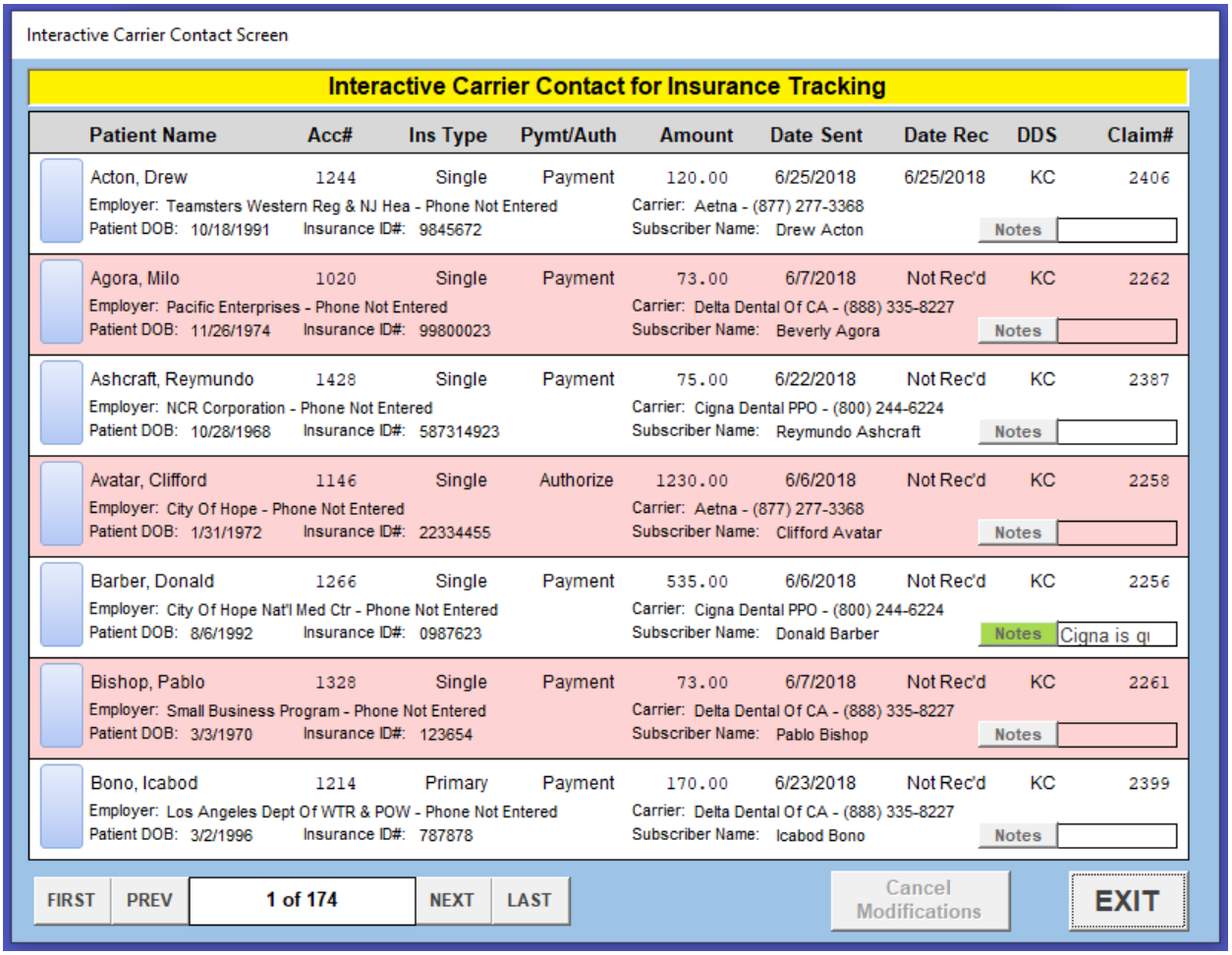
Another way to modify insurance tracking is to click the *View Claims* button on the "Posting" screen. This will bring up the "Insurance Tracking / Treatment Complete Status" screen. With this screen you can mark claims that have not be received as received by entering the received date or you can mark claims that have been received as not received by blanking out the received date. You can also delete claims from the tracking file. This can be accomplished for claims sent for payment or authorization.

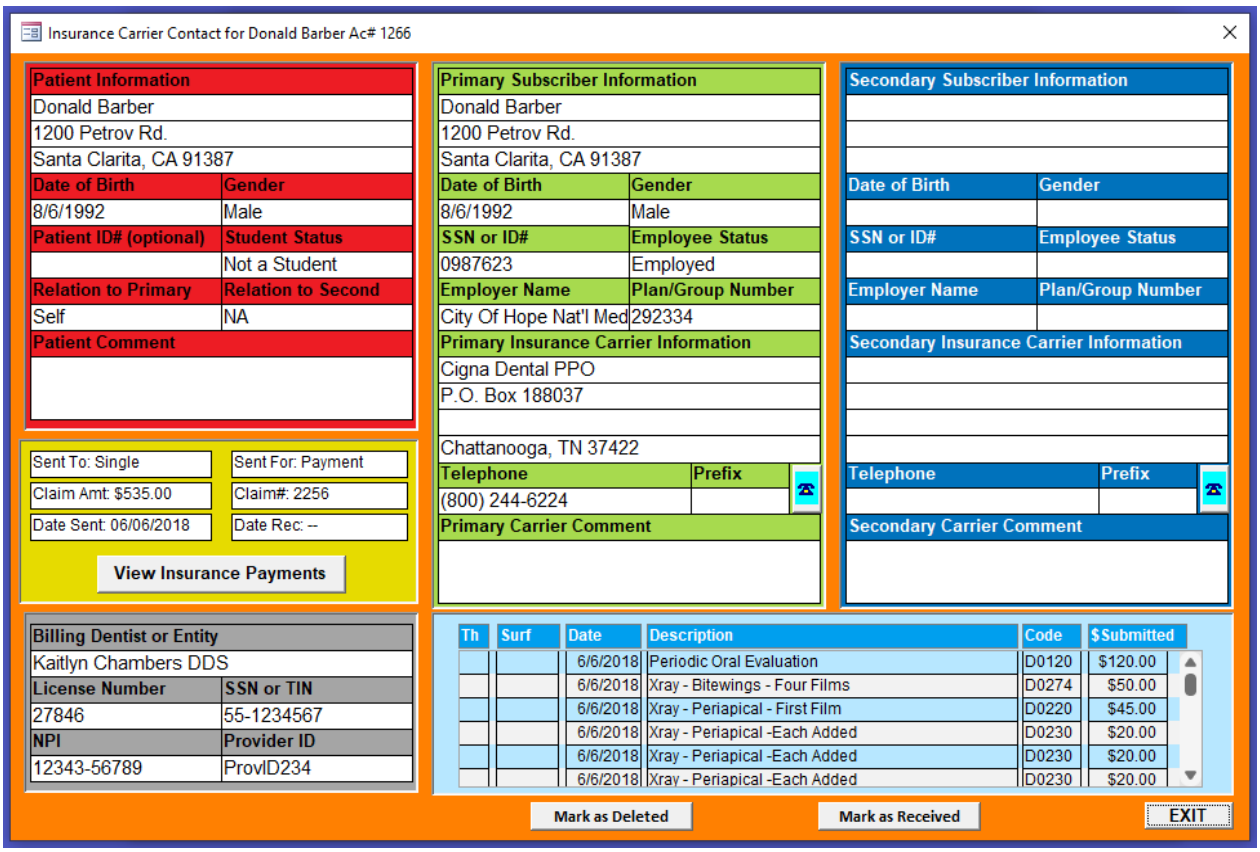
As mentioned, you do have the option to delete a claim from the Insurance Tracking table. If you do not wish to use the Insurance Tracking table as a permanent record, it is perfectly acceptable to delete items instead of marking the date as received. Once the item is deleted you are no longer tracking it. In that case only outstanding claims will remain in the Insurance Tracking table.

Interactive Carrier Contact Screen

As referred to above, the Tracking Report screen has a new output button labelled *Carrier Contact Screen*. The output on this screen has exactly the same information that appears on the paper report and is subject to the same filter selections. However, this screen is interactive and has several advantages over the paper report. Each claim has a *Notes* button on the far right. Click it and a pop-up window will appear allowing you to write unlimited notes about your encounter with the carrier.

Each claim also has a button on the far left. Click it to open the Interactive Carrier Contact screen (seen below).





Interactive Carrier Contact Screen

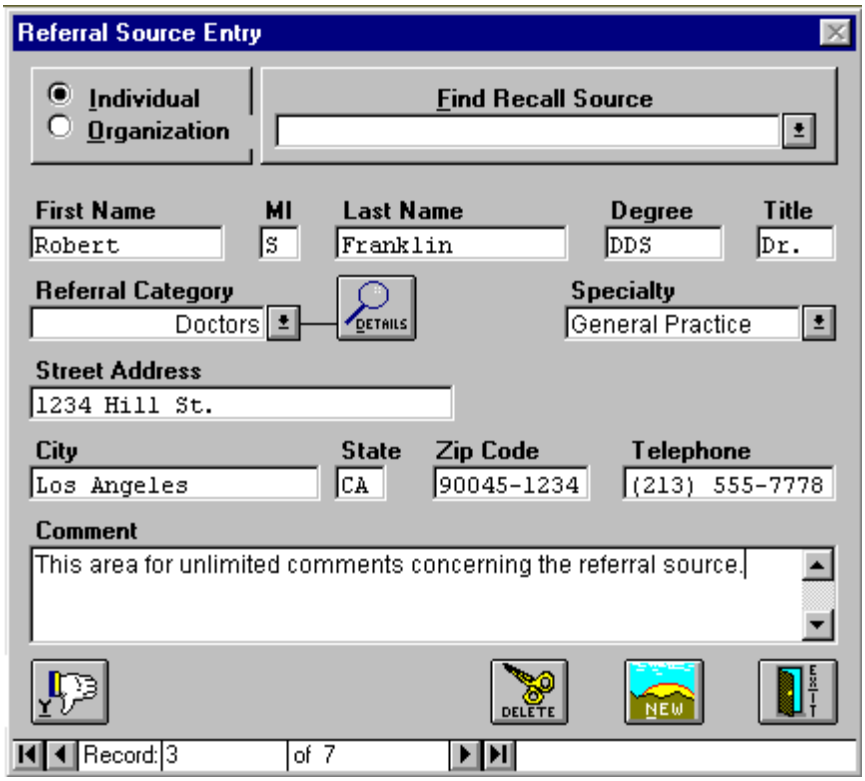
This screen gives you all the information you will need when making a claim inquiry. This includes details for the patient, primary and secondary subscribers, insurance carriers (with AutoDialer), billing dentist, payments received from carrier, and details about the claim itself which include all the line items that appeared on the claim. You can also delete the claim from tracking or mark it as Received.

Chapter

19

19: Referral Sources

Referral Sources are persons or organizations who send patients to you. Diamond Dental Software can track these referral sources so that you know how your patients came to the office. The Referral Source Entry screen can be accessed while entering a patient or via the *System Files* button on the Utility menu.



The Referral Source Entry screen. Pick Individual to enter people such as doctors and Organization to enter entities such as Yellow Pages, Newspaper Ad, etc.

You will enter your major referral sources using this screen. Referral sources might be other doctors, advertising sources such as Yellow Pages, Walk-Ins, etc. A common source of patients is often other patients. You may create a referral source called "Other Patients" or

something similar, but if you want to track your individual patients by name, a special method is provided to accomplish this. You will not be entering individual patients names using the screen seen above. This will be discussed in more detail shortly.

Entering Referral Sources

To enter a new referral source, click on the *Plus* button. You are first asked to designate if this is an "Individual" or "Organization." Use Individual if the referral source is a person such as a referring physician or dentist. When you select Individual the screen will display appropriate fields such as First Name, Last Name, Specialty, etc. If the referral source is not a person, select Organization. Examples of organizations would be yellow pages, teachers unions, newspaper ads, HMOs, etc. The referral source's address and telephone and a comment may also be entered.

Referral Category

Each referral source will be placed in a category. You will be creating your own categories. An example of a referral category would be "Doctors." The referral sources would be the individual doctors that you have entered but they would all have the same category which is Doctor. Another example could be "Advertising." Under the Advertising category you might place the referral sources of Yellow Pages and Newspaper Ad.

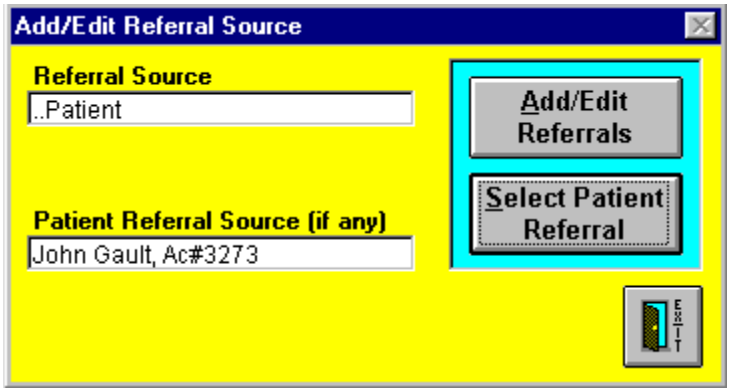
Selecting A Patient's Referral Source

Referral sources are selected on a patient by patient basis. That is, members of the same account may have separate referral sources. The referral source is selected on the Patient Entry screen where there is a combo box entitled *Referral Source*. Click on this box to drop down a list of all your entered referral sources. Then select the appropriate source. If the proper referral source has not yet been entered, click on the *Add/Edit Referrals* button to the right of the combo box. You can access the Referral Source Entry screen seen above using this button to add to your library of referral sources. After adding the referral source you may select the proper source for this patient via the *Referral Source* combo box on the Patient Entry screen.

Patient To Patient Referrals

When patients refer other patients, selecting the referral source is handled differently. Select the second referral source from the *Referral Source* combo box of the Patient Entry screen. This is the reserved "..Patient" referral source. Then click on the *Add/Edit Referral* button. The Add/Edit Referral Source screen will appear.

On this screen, click on the *Select Patient Referral* button. The usual Patient Search screen will appear. Find the patient using the search screen. The patient's name and account number will then appear in the *Patient Referral Source* text box of the Add/Edit Referral Source screen.



Add/Edit Referral Source screen. Use this screen to select the patient who referred this patient.

Referral Reports

Two options on the Reports menu are referral reports. These are *Referral Listings* and *Patient Progress*. These will now be discussed.

Referral Listings

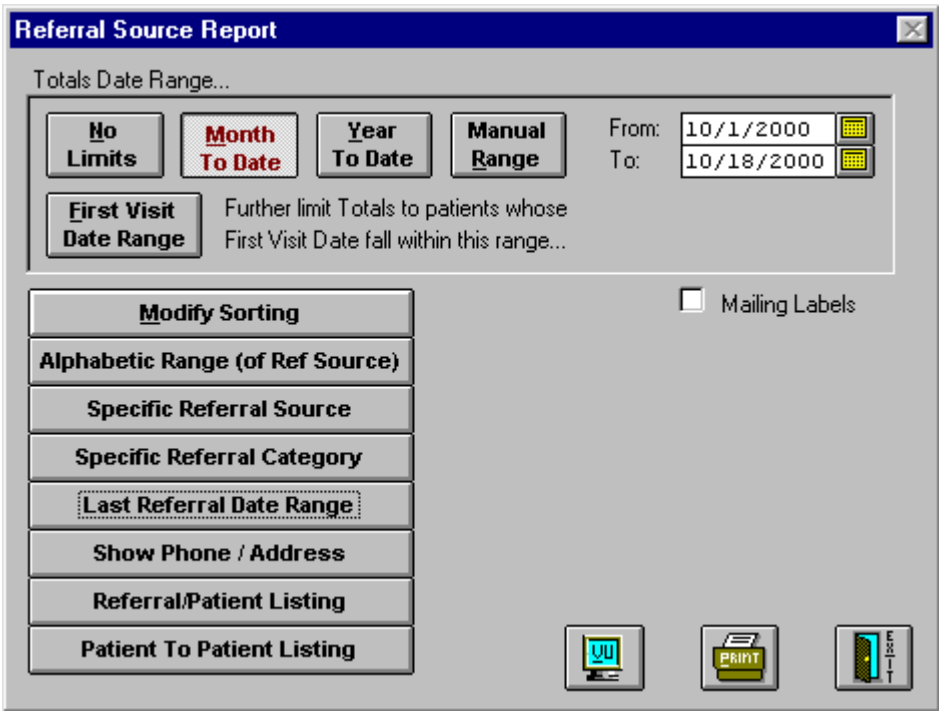
Clicking on the *Referral Listings* button will bring up the Referral Source Report screen. Three separate reports can be printed from this screen. These reports are the "Referral Listing," the "Referral/Patient Listing," and the "Patient To Patient Listing."

Referral Listing Report Options

The three referral listing reports have certain options in common. These options will now be briefly described.

- **Totals Date Range The Totals Date Range also describes the activity date range. That is, if totals (or production) was generated, the patients must have been in the office for treatment. By defining a Totals Date Range you will limit the report to patients who have been in the office for treatment within that range.**
- **First Visit Date Range The Totals Date Range will limit the report to patients who have had production activity with some specified range. However, that would not give you information as to how much of your current production is accountable to recent referrals. For example, the Totals Date Range by itself would include a patient who was referred five years ago as long as that patient's activity fell within the Totals Date Range. To limit the report to new referrals only, use the *First Visit Date Range*. For example, to limit the report to activity from patients who were referred in March, create a First Visit Date Range starting March 1, 20xx to March 31 20xx.**
- **Specific Referral Source and Category With these options you may limit the report to one or more referral sources or referral categories.**

- **Last Referral Date Range This will limit the report to referral sources who have made a referral within a specified date range. For example, assume today is June 30, 2000. To exclude referral sources from this report who have not made a referral within the last six months, create a Last Referral Date Range from January 1 2000 to June 30, 2000. A referral source whose last referral was March 12, 1997 would not be included**



on this report.

Referral Source Report parameters screen.

Referral Listing Report

The last two buttons on the Referral Source Report screen are *Referral/Patient Listing* and *Patient To Patient Listing*. When these buttons are not selected the Referral Listing report is the one that will print. This report will list the qualified referral sources. The column headings on the report are:

Referral Source
Referral Category
Specialty (if any)
Number of Patients Referred
$Production (dollars of production for this source)
Last Referral Date

Referral/Patient Listing Report

Click the *Referral/Patient Listing* button on the Referral Source Report screen to print this report. This report will list the referral sources, and under each referral source will be listed

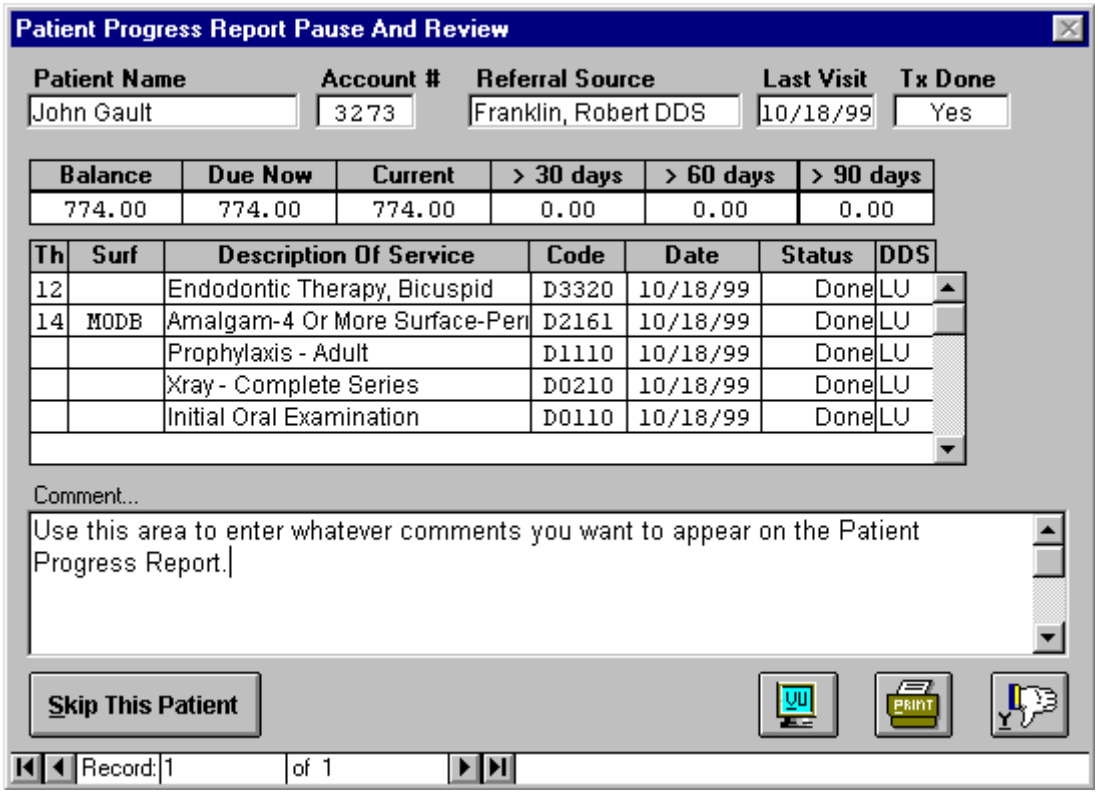
the patients that source had referred. The report will show the First Visit Date of each patient along with the dollars of production for each patient. The total dollars of production for each referral source is also shown.

Patient To Patient Listing

This report will access the special referral source called "..Patient." This is used when one patient refers another. The report has the same format as the Referral/Patient Listing described above. The only exception is that the "Referral Source" column is called "Referring Patient." The Referring Patient is listed, and below that patient are all the patients referred by that person.

Patient Progress Report

The purpose of the Patient Progress Report is to give the referring doctor a progress report for the patients that he or she referred to you. It is therefore designed for the specialist. The report is accessed via the Reports menu. The first screen to appear is the Patient Progress Report options screen. After selecting the options you want, you will press the *Continue* (thumbs up) button. The Patient Progress Pause And Review screen will then display. You may step through all the qualified patients using the navigation buttons at the bottom left corner of the screen. As you review the patients, if there are any you prefer not to print, click on the *Skip This Patient* button. If there are any comments you would like to appear on the report, enter those comments in the comment section provided. When you are ready to print, click on the *Print* or *Print Preview* button.

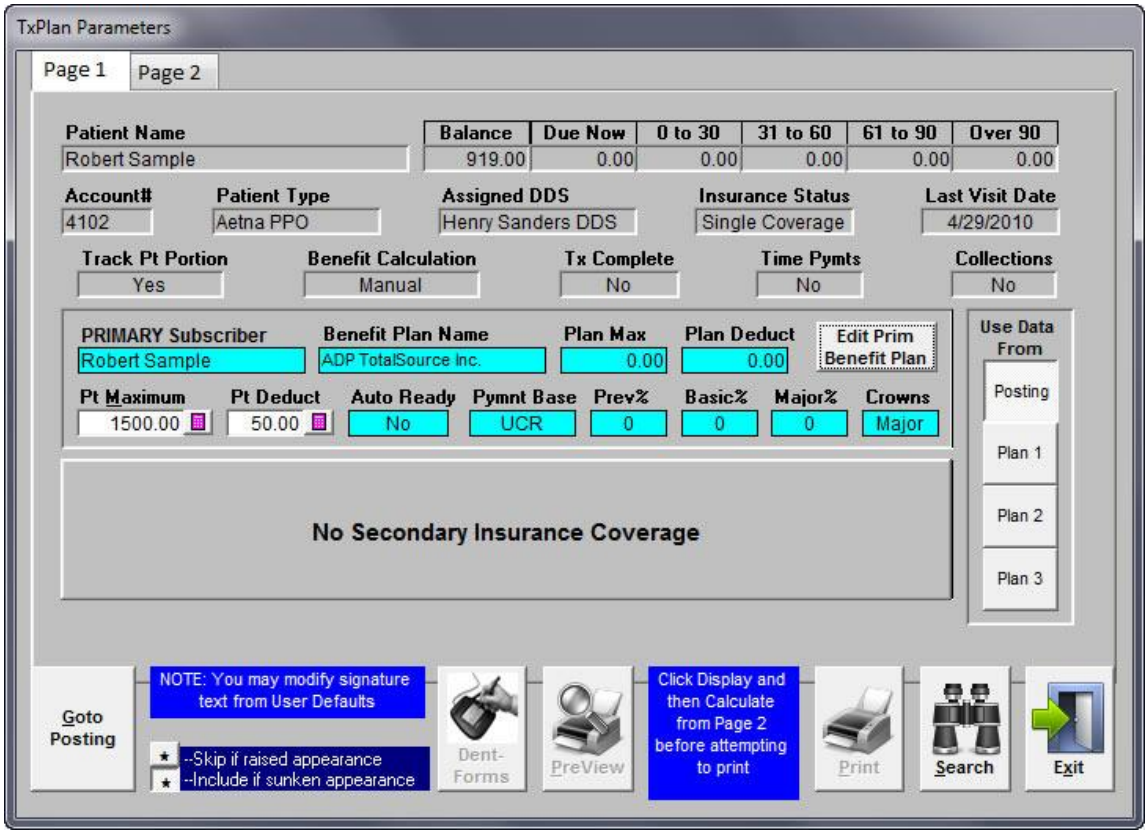


Chapter

20

20: Treatment Plan

The Treatment Plan print-out is designed to be presented to the patient to enhance his or her understanding of the treatment that is about to be performed. The Treatment Plan Worksheet discussed in Chapter 37 was introduced in Diamond Dental Version 2.1. Read that chapter (and this one) to acquire a full understanding as to how treatment plans are created and printed in Diamond Dental. The worksheet is used to create up to three alternative treatment plans and then link to the Treatment Plan screen discussed in this chapter. Once a treatment plan is settled upon, the procedures from the worksheet can be exported in the patient's Posting screen as proposed procedures.



Page 1 of the Treatment Plan screen. In order to properly calculate benefits the Pt Maximum and Pt Deductible must be entered.

The Treatment Plan screen (seen above) can be accessed from the Reports Menu or by clicking the Tx Plan button on the bottom of the Posting screen. Each procedure is listed along with its fee, primary and secondary insurance benefit, and the patient portion of charges. The procedures that list are entered through the posting portion of the program. The Treatment Plan screen does not have the ability to post procedures. The Treatment Plan screen consists of two pages. Page 1 is seen in above.

Setting the Patient Maximum and Deductible

Benefit information such as Plan Maximum, Plan Deductible, Payment Base (UCR or fee schedule), UCR percentages (preventive, basic, and major), etc., are taken from the patient's benefit plan. If the benefit plan information is not correct you may click on the *Edit Prim Benefit Plan* button. The benefit plan will appear and you may enter whatever values are appropriate. When you close the Benefit Plan entry screen the benefit values of the Treatment Plan screen will be updated.

If the patient had not previously been assigned personal Patient Maximum and Patient Deductible amounts, these values will appear as zeros. If this is the case, click inside these fields and enter the proper values. The proper values would be the Maximum and Deductible that the patient has before the current treatment plan is calculated. For example, if the Plan Maximum is $1000 but the Patient Maximum is $0.00 then no insurance benefits will calculate for the patient. Both the Plan Maximum and the Patient Maximum must be entered before calculating.

The Patient Maximum is not automatically made to equal the Plan Maximum. For example, suppose a patient has come to you from another dentist. His or her plan maximum may be $1000 but in this case the previous dentist had already used $400 worth of the patient's benefits. Therefore, you would set the patient's maximum at $600 because this patient has only $600 of benefits remaining on this plan year.

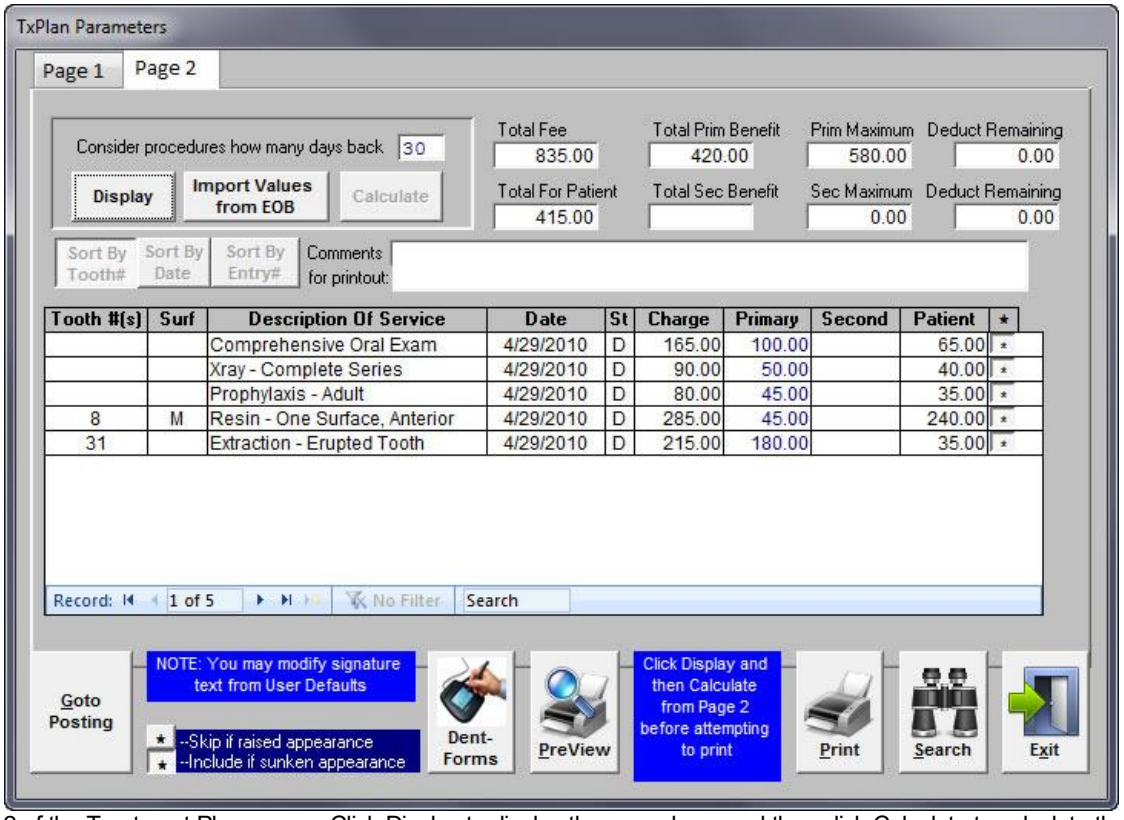
After insuring that the benefit plan is properly entered and the patient's maximum and deductible are properly entered, go on to page two.

Displaying the Procedures

In our sample of page 2 of the Treatment Plan screen the procedures are already displayed and the benefits calculated. But when this screen first appears the procedures are not yet displayed. To display the procedures you need to click on the *Display* button at the upper left corner of the screen. Before clicking on the Display button you may also modify how many days back to consider procedures. The default is 30 days. After clicking the Display button, the procedures will appear. After the procedures are displayed the *Calculate* button will become enabled. Do not click on the Calculate button if there are any procedures you choose not to include in this treatment plan. The method of Including and Skipping procedures will now be discussed.

Selecting Procedures to Include in the Treatment Plan

To the right of each procedure is an *Include* button (asterisk). If the button is lighted the procedure will be included in this treatment plan. As the procedures are displayed on the screen they are set to be included. To exclude procedures you do not want to include, click on this button.



Page 2 of the Treatment Plan screen. Click Display to display the procedures and then click Calculate to calculate the benefits.

Calculating Benefits

When the procedures that you want to include have been selected, click on the *Calculate* button. The program will calculate the primary benefit, secondary benefit (if any), and the patient portion. The remaining maximum and deductible will also be displayed.

Printing the Treatment Plan

After calculating benefits you may print the treatment plan. Page two of the Treatment Plan screen has a comment box. Whatever comments you enter into this box will appear on the printout. The printout will display much of the information displayed on the screen including the included procedures and benefits.

Chapter

21

21: Appointment Scheduling

The Appointment Scheduler section of the program is designed to replace your current manual appointment book. With Diamond Dental Software's Appointment Scheduler you will schedule appointments, delete, edit or move appointments, track cancellations and "No Shows," and print appointment reports. These and other features will be discussed in detail later in the chapter.

Adding Providers to the Schedule

Before the scheduler can be used, the providers for whom you are scheduling need to be added. A "provider" could be a doctor, hygienist, or anyone for whom you are scheduling appointments. From the Main Menu click *Utilities*. From the Utility Menu click *Appointment Scheduler Utilities*. From the Scheduler Utilities Menu click *Schedule Providers*.

You should now be at the Appointment Schedule Providers screen. If this is your first time to enter this screen you click the Plus (or New) and you will then be asked if you want to add another provider to the scheduler. Click *Yes*.

To enter a provider you will enter the first name, middle initial, and last name and degree is applicable. You will also enter the provider's initials which must be two unique characters. If two providers have the same initials then you will have to modify one of them.

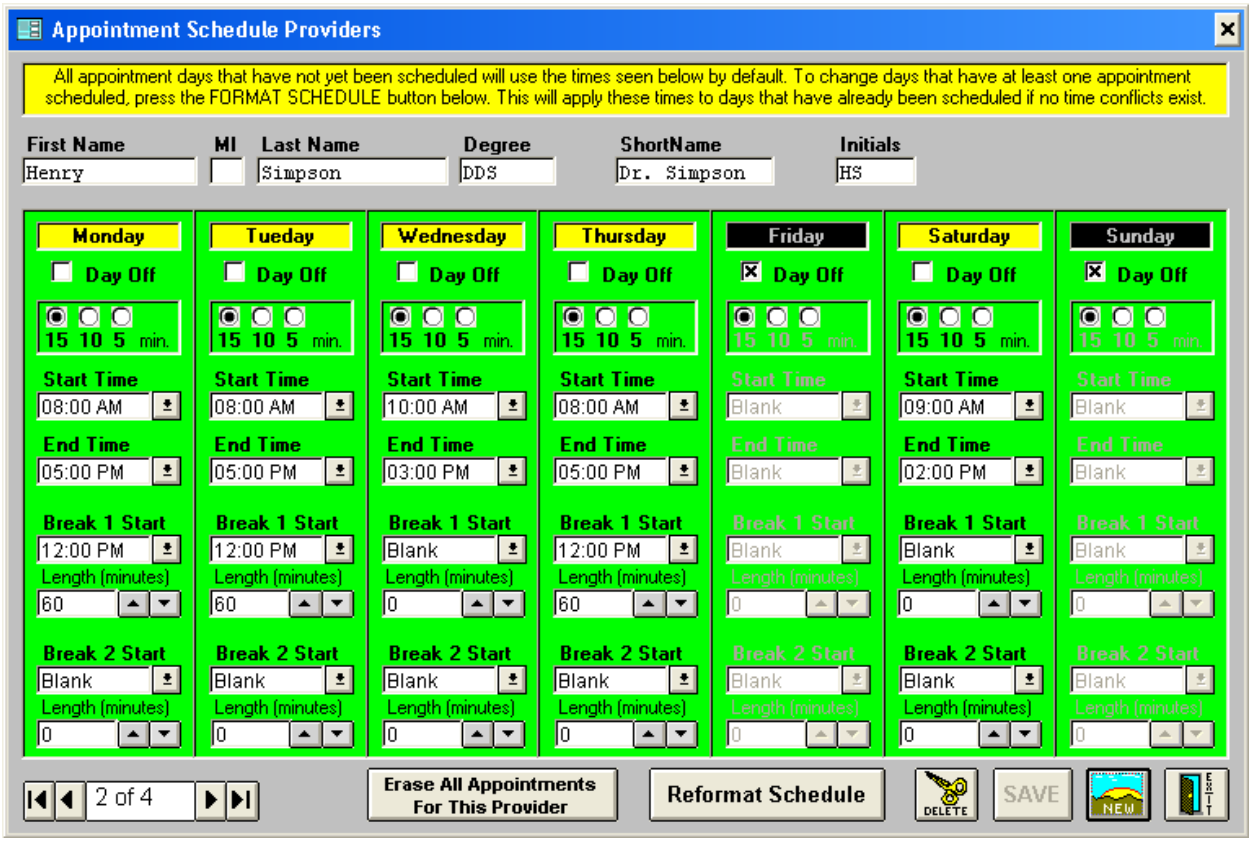
Day Off

This screen displays seven days from Monday to Sunday. Each day has a "Day Off" check box that is initially checked, indicating that the provider has that day off. Leave actual days off checked, but uncheck the working days. Once unchecked the items on the screen for that day will become enabled for modification.

Schedule Increments (15, 10, 5 minutes)

Schedules can be set up in 15, 10, or 5 minute time increments. Increments are marked for each working day, Monday through Sunday. It is possible to mark Monday with a 10 minute increment and Tuesday with a 15 minute increment if you wish. However, it is suggested that a provider use the same increment for each working day. Since the schedule can display 3 days at a time, if the increments are different the schedule will be forced to display in a 5 minute mode which is lowest common denominator between 10 and 15. The special "5

Minute Conflict Mode" will allow a 10 minute and a 15 minute schedule to be displayed side by side with proper alignment; however, in 5 minute mode, less information is seen vertically per screen.



Appointment Schedule Providers. Each provider's schedule needs to be entered for days Monday through Sunday.

Different providers within the same office may find it preferable to have different increment settings. This is perfectly permissible, but keep in mind that when providers with different increments are displayed side by side on the same screen, the schedule will shift into the special "5 Minute Conflict Mode" as discussed above.

Start and End Time

Each working day must have a Start Time and End Time. These times are set by the drop down lists for each time. In the screen above, the Start and End times for Monday is 8:00 am to 5:00 pm. A starting time of 8:00 am will allow you to set an 8:00 am appointment. But and End time of 5:00 pm will not allow a 5:00 pm appointment. The End time indicates a time up to, but NOT including that time. For example, if the End time is 5:00 pm on a 15 minute schedule, the last available appointment for that day would be 4:45 pm. Also, appointments may not be scheduled past the End time. That is to say that you cannot schedule a one hour 4:30 pm appointment with a 5:00 pm End time, because that would go past the End time. A 30 minute appointment at 4:30 pm would be the maximum allowable length.

Break Times

Break times are used for lunch breaks, etc. On the scheduler, these areas are pure black and no appointments can be set within them. A Break is defined by its Start time and its Length. In the screen above, Monday has a Break set at 12:00 pm for 60 minutes. This means that appointments cannot be set for 12:00 pm, 12:15 pm, 12:30 pm, or 12:45 pm. However an appointment may be set at 1:00 pm. A second Break may be set if desired.

How the Scheduler Is Formatted

In previous versions of Diamond Dental Software, the appointment scheduler needed to be "initialized" in advance for a particular date range. That scheduler would not operate outside of the pre-initialized range. In this version of the appointment scheduler, no initialization is required. All that is needed is to designate which days of the week are working days and then to select the starting, ending, and break times for days Monday through Sunday as described above. Once a provider is set up in this way, the scheduler is active for as far into the future as you would like to schedule. All the appointment days will format using the Monday through Sunday framework that was entered on the Appointment Schedule Providers screen.

This automatic formatting is in effect for all *empty* or unscheduled days. For days where at least one appointment has already been scheduled, that day retains its previous formatting. If you want days that have been previously scheduled with an alternate format to take on the times indicated on the Appointment Schedule Providers screen, the *Reformat* operation must be performed.

Reformatting Existing Schedule Days

As discussed above, days that have at least one appointment recorded will not take on the characteristics of the time settings seen in the Appointment Schedule Providers screen. To force reformatting of these days, click the *Reformat Schedule* button. You will then be given the choice of selecting a date range in which forced reformatting will occur. When this option is run, all days that can be changed, will be changed to reflect the setting of the Appointment Schedule Providers screen. Days that have conflicts will not be changed. For example, if you are changing you start time from 8:00 am to 9:00 am, but a particular day already has an appointment recorded for 8:30 am, then that day will retain its old formatting.

Creating Pre-Set Appointment Notes and Color-Coded Types

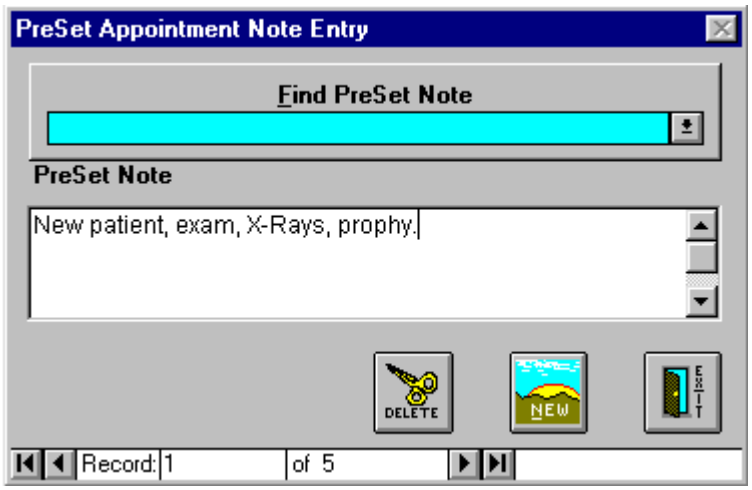
Before using the scheduler you will be creating two files, Pre-Set Appointment Notes and Appointment Types.

Pre-Set Appointment Notes

For each patient that you schedule, you will be allowed a comment area for unlimited notes. You may enter anything into this area that you wish to assist you in identifying what this appointment is for. The purpose of the Pre-Set Notes is to relieve you of the burden of having to write the same comments repeatedly. For example, for a new patient you might write

"New patient, exam, x-rays, prophy." If you write this same comment for each new patient, this would be a good candidate for a Pre-Set Appointment Note. You may enter as many Pre-Set Notes as you desire and they may be of unlimited length. To create Pre-Set Notes follow these steps:

- **From the Main Menu click *Utilities*.**
- **From the Utility Menu click *Scheduler Utilities*.**
- **From the Scheduler Utilities Menu click *Pre-Set Appointment Notes*.**
- **The Pre-Set Appointment Note Entry screen will appear (see Figure 2). If this is the first time you are entering the screen you will be asked if you want to add another note. Click *Yes*.**
- **Enter your note in the Pre-Set Note field. This is a text editor type field that automatically word wraps.**
- **To add another note click the Plus (*New)* button. If you are finished entering notes click the *Exit* button.**



PreSet Appointment Note Entry screen. An appointment note is a description of what is going to be done during the appointment.

Appointment Categories

You may create up to twelve Appointment Categories (also referred to as Appointment Types). Each category will be associated with a color. When setting an appointment you will be asked to indicate an Appointment Category. When viewing the scheduler each appointment takes on its associated Category Color.

For example, you might select yellow for Examinations; bright green for restorative, sky blue for crown preps, red for bridge preps, blue for endo, etc. When glancing at the schedule and you see a lot of yellows and blues you have a quick picture of what your day will be like: a lot of exams in the morning and a root canal before lunch. Of course you may click on each individual name on the schedule and view the complete detail, but the color coding gives you a good overview at a glance.

To create Appointment Categories follow these steps:

- **From the Main Menu click *Utilities*.**
- **From the Utility Menu click *Scheduler Utilities*.**
- **From the Scheduler Utilities Menu click *Appointment Categories*.**
- **The Appointment Category screen will appear (see screen below). The twelve colors are fixed. You cannot modify them or change their order.**
- **Click in the field next to the color and enter your own customized Appointment Category description.**
- **Click *Exit* when you are finished entering types.**



Appointment Categories. Color Codes provide a shorthand method to quickly identify the primary purpose for a particular appointment. On the computer screen, colors are displayed next to the descriptions.

Elements of the Appointment Scheduler Screen

After entering and setting the Monday through Sunday times for your providers and creating the appointment pre-set notes and appointment categories, you are ready to schedule patients. To access the Appointment Scheduler from the Main Menu click on the *Schedule* button. The Appointment Scheduler screen will open to whatever the date is on the Main Menu.

Note

The appointment scheduler opens as part of the Account Tabs complex of screens. It is included as one of the tabs because it is so frequently used. However, it is different from the other tabs in that it does not directly relate to a particular account. It is included with the Account Tabs for easy access to the scheduler without having to return to the Main Menu to open it.

The Scheduler screen displays with three columns vertically. Time increments are shown on the left and right sides of the screen. Each column displays appointments for one provider for one day. The three columns may show three different days for one doctor or three different doctors for one day. Within each column up to three appointments can be scheduled at the same time.

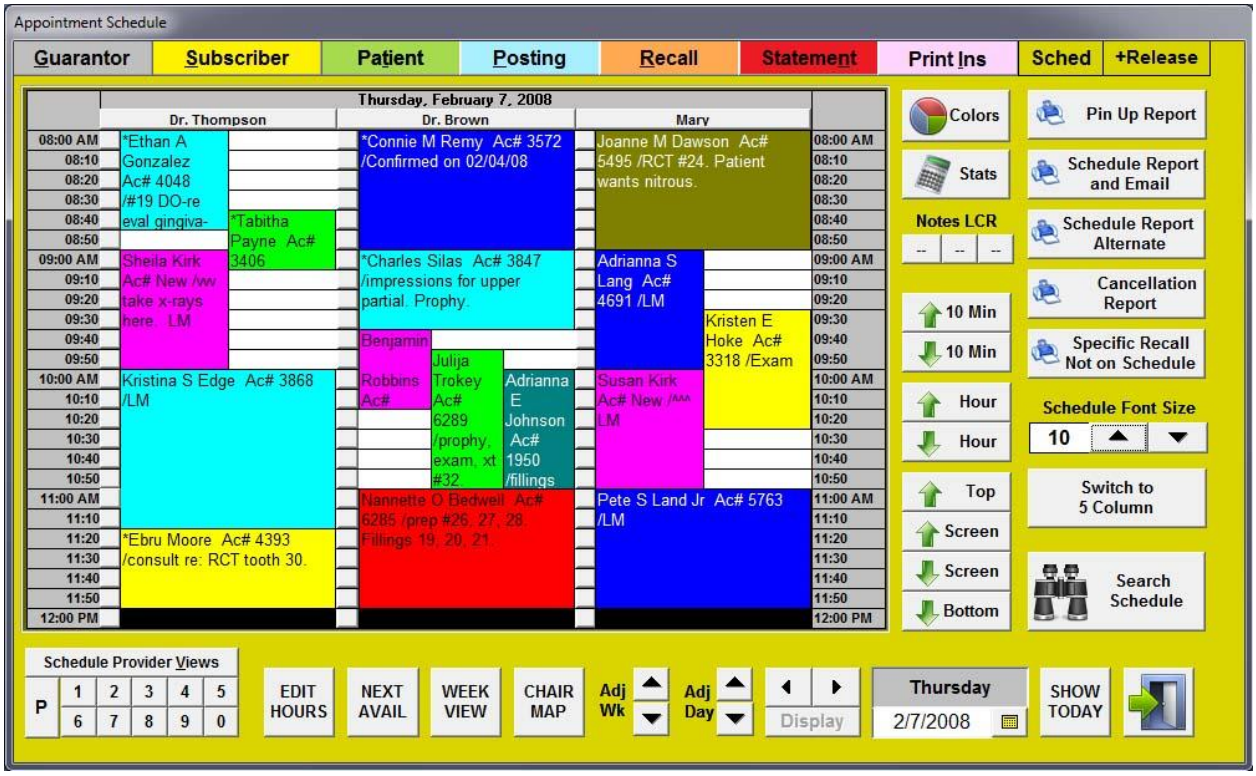
Note

Starting with Diamond Dental version 4.1, a FIVE column appointment scheduler option became available. See more details below.

Color Coded Appointment Boxes

Appointments are represented as color coded appointment boxes. The appointment boxes will adjust themselves to take up the maximum width of the column when possible. If one appointment exists in a time slot and is unopposed, it will take up the full width of the column. If an appointment is opposed by one other appointment, they will each take up one half of the column. Likewise, if three appointments oppose each other, they will each take up one third of the column width. Maximizing the appointment width when possible allows you to see more information about the appointment directly on the scheduler screen. To edit an appointment, simply click on the colored box and the Appointment Setter screen will open with that appointment's data displayed. More on that later.

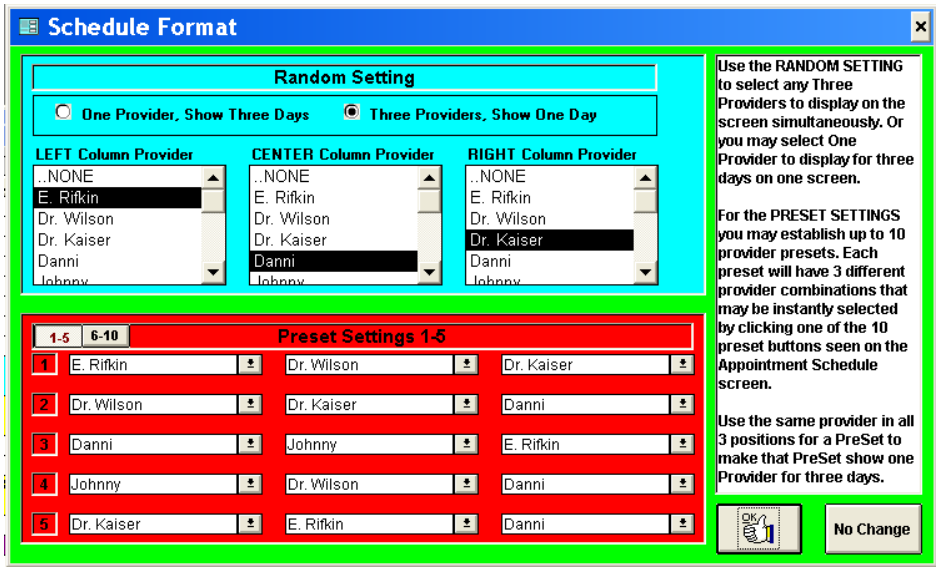
Break times are represented with a black box that will take up the full width of the column. Black areas may appear at the beginning and/or end of columns. This represents time be-



fore or after the available schedule periods and are required to synchronize the three columns seen on the scheduler since these columns may not have the same Starting or Ending times. Days Off are represented by the entire column blacked out. You may not schedule inside a blackout area.

Selecting Providers: One Provider and Three Provider Modes

To select providers to display click the “P” (for providers) button in the left bottom corner of the scheduler screen. The Schedule Format screen will open. The Appointment Scheduler



can be displayed in two formats: *One Provider/Show Three Days* or *Three Providers/Show One Day*. Using the upper (aqua) portion of the Schedule Format screen, you will select which mode to use. If you select the One Provider mode the Schedule Format screen will display a single list box showing the providers that have been entered into your system. Select the desired provider and click OK.

The Schedule screen will then reformat show appointments for the selected provider with each of the 3 columns showing a different day.

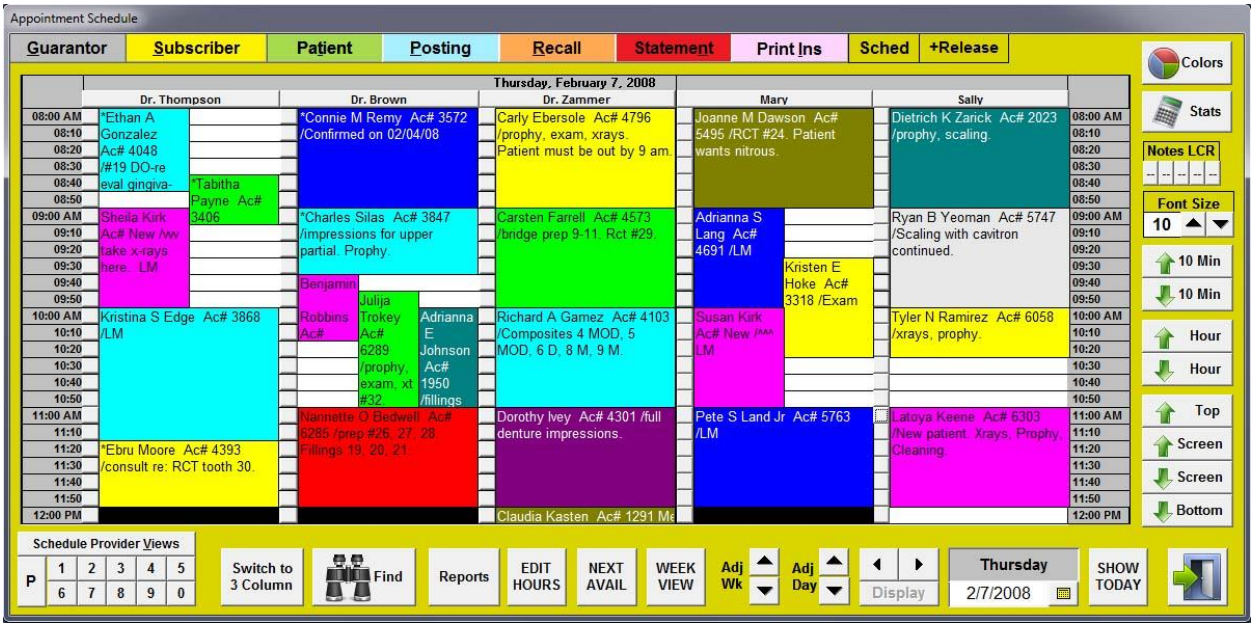
If you select the Three Provider mode, three list boxes will appear representing the three column of the Schedule screen. You will select a different provider for each of the three columns. You may not duplicate selections. That is, you cannot select the same provider to occupy two different columns. A selection must be made for all three columns. You may not leave a blank. If you have only two providers in your practice but still want to utilize the side by side Three Provider mode, you must enter a dummy provider to be used as a place holder.

Note

The providers that were selected upon closing the Appointment Scheduler will be the ones that are displayed the next time the Scheduler is re-opened.

Five Column Appointment Scheduler

Starting with Diamond Dental version 4.1 a five column appointment scheduler option became available.



Everything written in this chapter that applies to the three column scheduler also applies to the five column version, except there are five instead of three columns. The five column

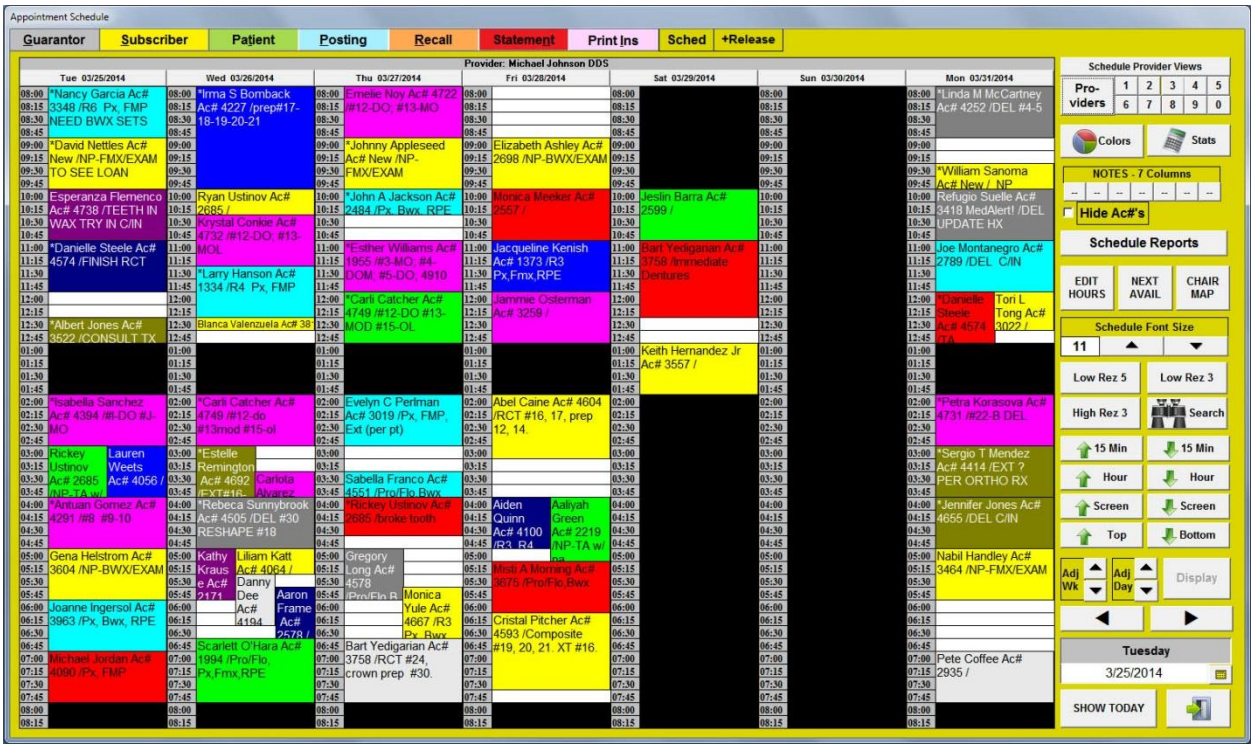
scheduler will display five providers from left to right or display one provider for five days. As in the three column version, each column can display up to three appointments per time increment. Both versions have the same functionality. The three column scheduler has a button labeled *Switch to 5 Column* and the five column scheduler has a button labeled *Switch to 3 Column*. You may switch back and forth between the versions or leave it at your preference.

Note

IMPORTANT! If you are going to use the five column appointment scheduler you must be using a screen resolution with at least a 1280 width. Any resolution less than this will not fully display the five column scheduler.

7 Day Appointment Scheduler

Starting with version 4.9 Diamond Dental includes a *Full Week* Appointment Scheduler that displays the entire week in one view. That is 12 hours from top to bottom (8 hours if using 10 minute increments) and 7 days across. This is an 80% increase in viewing ar-



ea compared to our standard scheduler. Also included is a high resolution 3 column version showing the same 12 hour view from top to bottom but with 3 wide columns from left to right.

The previous three and five column low resolution appointment schedulers are still part of the program and you can easily switch between them. You can switch between the 3 and 5 column low resolution schedulers and the 3 column high resolution scheduler with the appropriate buttons seen on the right. Each scheduler has similar buttons for switching. The new appointment schedulers require a minimum screen resolution of 1600 x 900 pixels, however 1680 x 1050 (or greater) is suggested. If you are on a network where some computers have low resolution monitors, those computers can continue to use the low resolution schedulers while the other computers use the new high resolution schedulers.

Schedule Provider Arrangement Changer

The Diamond Dental Software appointment scheduler displays three (or five) columns. Each column holds the appointments for one provider. Within each column, three (or five) appointments can be scheduled for any one time increment per provider. So a maximum of three (or five) providers can be displayed side by side. Many offices have more than three providers, but if they don't have Version 4.1 it is necessary to change which providers populate which columns. For example, if you don't have Version 4.1 and have five providers you may have provider one, two, and three displayed. By clicking the "P" for *Provider* button in the lower left of the appointment scheduler (discussed above), you could change providers. You might change the setup to display provider one, two, and four or one, two, and five, etc. This constant opening of the Providers window to change providers became burdensome in the previous version. Next to the "P" button is an array of buttons numbered from 1 to 10. The buttons labeled 1 through 10 are pre-sets, much like the buttons on your car radio. You set up these buttons in advance to display whatever provider arrangement you want. A sample arrangement could be as follows: Button 1 displays providers 1, 2, and 3; Button 2 displays providers 1, 2 and 4; Button 3 displays providers 1, 2, and 5; Button 4 displays provider 1 only (3 days view), and so on. You will pre-program the buttons to display whatever arrangement you want, and then you can quickly click back and forth among the buttons to display various providers for side by side scheduling. When you leave the appointment scheduler and later return, the pre-set that was last active will still be active. If you are on a network, each user can have his or her own arrangement.

To program these ten radio buttons you will use the lower (red) portion of the Schedule Format screen (Figure 5). There are ten settings, one for each button. Each setting allows you to set which provider will be in which column (left, center, or right).

Changing the Schedule Date

As mentioned above, when opening the Scheduler, the date displayed will be whatever date appears on your Main Menu, which usually means today's date. The schedule date is seen in the lower right section of the screen, displaying the date in MM/DD/YYYY format, and the

weekday spelled out. *In the One Provider, Three Day mode, this date represents the date of the left column*. There are several ways to access different dates within the doctor's initialized date range:

- **Left and Right Arrow Buttons < > Observe the two adjacent buttons that are above the Display button. These buttons have arrowheads "< >" pointing left and right. Click the right button to move up one day. Click the left button to go back one day. Each time you click these buttons the schedule date changes and the schedule screen reformats with the new day's information on it.**
- **Adjust Day / Adjust Week There is a set of up and down arrow buttons for adjusting the day or week. As you click the *Adj Week* button you will see the schedule date change in one week increments, up or down. Likewise, click the *Adj Day* buttons will change the schedule day in one day increments up or down. As you click these buttons the screen does not reformat. When you have the desired date, click the *Display* button and the screen will reformat, displaying the schedule data for the new schedule date. Suppressing screen reformatting (which takes a second) allows you to quickly click to the desired date, then reformat once to display the screen.**
- **Calendar Pop-up To the right of the schedule date field (and all date fields in the program) is a button with a yellow calendar icon displayed. Click this button to access the calendar pop-up. Obtain the proper month through the pop-up's various options, then click the desired day. Upon clicking the day, the schedule date will change and the screen will reformat, displaying that days schedule information.**
- **Change the Schedule Date Directly You may click inside the Schedule Date field and type in whatever date you desire then hit the Tab key. The *Display* button will become enabled and receive the focus. Click the Display button and the screen will reformat with the new schedule date's information.**
- **Show Today. Wherever your date navigation takes you can easily come back to the current day's display by clicking the *Show Today* button.**
- **Changing the Schedule Date Using the Week View screen The Week View screen graphically displays an entire week's scheduling data on one screen. The schedule date may also be changed from the Week View screen. The Week View screen will be discussed in detail, later in the chapter.**

Vertical Navigation

Navigating vertically down through the schedule will bring later appointments into view and navigating vertically up will bring earlier appointments into view. Eight buttons placed vertically on the right side of the scheduler screen accomplishes vertical navigation. The eight buttons are set off in four pairs as follows:

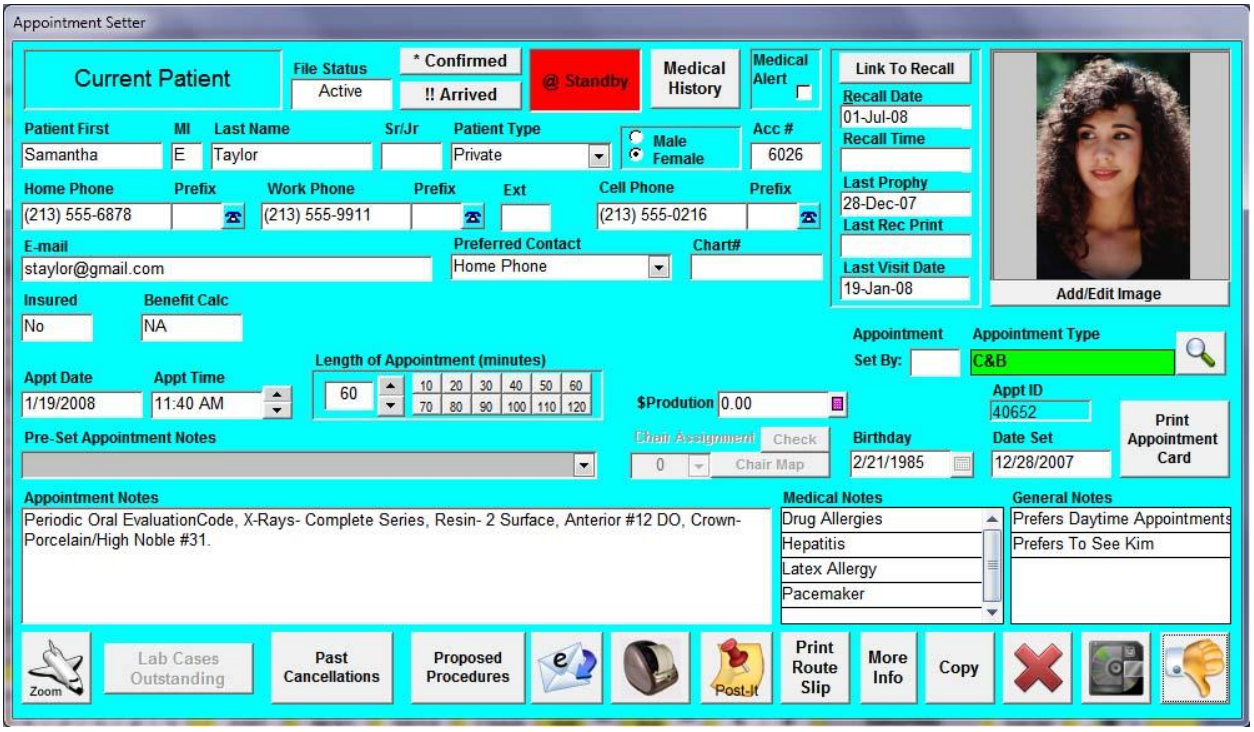
- **Top/Bottom – *Top* displays the top of the schedule or the earliest appointments, and *Bottom* moves to the bottom of the schedule displaying the latest appointments of the day.**
- **Screen/-Screen – The *Down Arrow Screen* button will move the display down to the next full screen of appointments showing later appointments. The *Up Arrow Screen* button will move the display up to the next full screen displaying earlier appointments.**
- **Hour/-Hour – The Down Arrow *Hour* button will move the display down one hour showing later appointments and the Up Arrow *Hour* button will move the display up one hour showing earlier appointments.**
- **15 Min/-15 Min – For micro movements the Up Arrow *15* or Down Arrow *15* minute buttons will move the display 15 minutes up or down. This button will vary depending on the selected time increments for the day. If the increment is set for ten minutes then these buttons will display up and down arrows for ten and move the schedule accordingly. The same is true for a five minute increment setting.**

Setting Appointments with the Appointment Setter screen

To set an appointment, follow these steps:

- **You should be viewing the Appointment Scheduler on the desired date.**
- **Find the desired appointment time using the vertical navigation buttons discussed above.**
- **Click the button to the left of the desired time block in the desired column. Use the starting time block. For example, if you are setting a 60 minute appointment that is to start at 11:00 AM, click the 11:00 AM button.**
- **The Patient Search screen will appear. If you are setting an appointment for a new patient, click the *New Patient* button seen in the lower left corner of the Patient Search screen. If you are setting an appointment for an existing patient, search for the patient in the usual manner.**
- **After performing the patient search for current patients or clicking the *New Patient* button for new patients, the Appointment Setter screen will display (see below).**
- **If a *Current Patient* was searched for, the Appointment Setter will appear with the patient's name, account number, phone numbers, birthday and recall information displayed automatically.**
- **If *New Patient* was selected the Appointment Setter screen will appear with the cursor in the Patient's First Name field. You will manually type in the name, phone numbers, and birthday.**
- **The date and time fields will be filled in automatically.**

- **Select the appointment length. There are twelve *Length* buttons on the Setter screen. The labels of these buttons will be determined by the increment setting for that day. For example, if the increment setting is for 10 minutes, then the first three buttons will be labeled 10, 20, and 30 minutes. If the increment setting is 15 minutes the first three buttons will read 15, 30, and 45 minutes. You may click the appropriate Length button or directly type in the length (in minutes) in the *minutes* field to the left of the Length buttons. Directly to the right of the Length field are Up and Down arrows that will increase or decrease the Length by one time increment per click.**
- **Enter Appointment Notes. To enter comments for this appointment click inside the Appointment Notes field and type. This field is a text editor word-wrap field with unlimited capacity. You may enter anything or nothing. If you have created Pre-Set Appointment Notes you may select them using the drop-down list above the Notes field. Click on the button to the right of the drop-down list to open up the list. Then click on the appropriate Pre-Set Note. It will copied to this patient's Appointment Note field. These notes will be displayed in the colored appointment box seen on the Appointment Scheduler screen.**
- **Enter Production Value. You may optionally enter the estimated amount of production dollars that will be produced from this appointment. The program will use this value to give summary reports on certain scheduler reports and screens.**
- **Select an Appointment Type. When setting an appointment the Setter screen will default to whatever your first appointment type is. This is the yellow color-code type. To modify the type, click on the magnifying glass. A pop-up will appear displaying the Appointment Type descriptions along with their associated colors. Click on the desired color to select a new type.**
- **Click the *Record* button to record the appointment. The appointment is now set.**



Appointment Setter screen. For new patients you will type the name directly into this screen. For current patients you will use the usual Patient Search screen.

Medical Alert

You may indicate if the patient is medically compromised by clicking the *Medical Alert* button. When clicked, it will light up and stay lit, indicating the medical alert flag has been set to true. If the patient is a current patient with a recorded account in the office database, changing this item will also change the item in the permanent record.

**Confirmed

Click the ***Confirmed* button to indicate the appointment has been confirmed. This is often done a day or two before the appointment. You will open the Scheduler to the day in question, and click each colored appointment box. This will display the Appointment Setter with the appointment detail. The home and work phone numbers are conveniently displayed and the patient is called (note the Appointment Setter has the AutoDialer feature seen throughout the program next to each phone number field). If you can verify that the patient is aware of the appointment, click the Confirmed button and then Record. On the Scheduler screen, a Confirmed appointment will have a leading double asterisk "**" before the patient name. The Confirmed item is also used as a limiter flag in certain scheduler reports. For example, you can print a report of all unconfirmed patients for a particular date.

!!Arrived

Click the *!!Arrived* button to indicate that the patient has arrived for his or her appointment. This will signal any office worker that the patient is either already in the operatory or is in the

waiting room. On the Appointment Scheduler screen patient marked as arrived will display with two leading exclamation points "!!" before the patient name.

@Standby

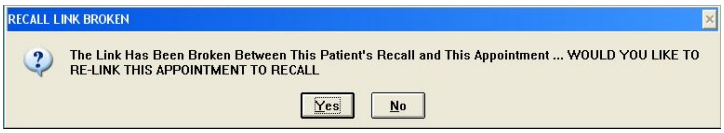
If this patient would like to come in sooner than the appointment being scheduled, click the @Standby button. Clicking this button turns it red and places the patient in a pool with other patients who have indicated they would like to come in as soon as possible if an earlier appointment opens up. See the section on Standby Appointment Scheduling later in this chapter.

#LeftMsg

If you made an attempt to contact the patient but was only able to leave a voice mail or a text message, then you can select #LeftMsg. On the appointment screen the patient will be marked with a leading pound sign (#).

Set This Appointment as Recall

If the patient is a Current patient (not new), you may link this appointment to the regular recall system of Diamond Dental Software. Click the *Set This Appt as Recall* button and the Recall Entry screen will open. The date and time (selected in the scheduler) will automatically be entered in this screen. Fill out whatever other appropriate information you want to complete the recall setting, then record the recall screen. You will be returned to the Appointment Setter screen. Note that if the patient already had a recall set, that information will be overridden by this new setting.



If the user changes an appointment that has been linked to recall, a warning screen pops up. If the user indicates they would like recall re-linked to the new appointment, simply click *Yes*.

Copy

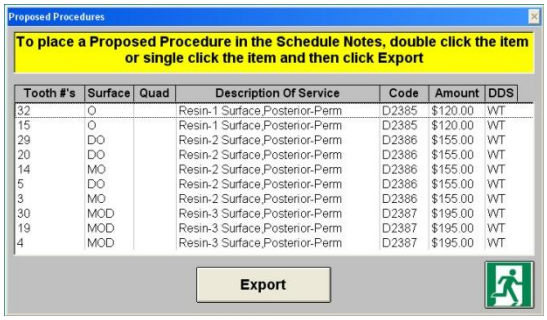
To Copy an appointment to another location click the *Copy* button. This will NOT delete the current appointment. After clicking the Copy button the Appointment Setter screen will close. You may then navigate to the date and time you desire and click the Time increment button for that time slot. The appointment setter screen will open with the copied appointment data fields already filled out. Just click the *Record* button and a duplicate of the copied appointment will be pasted into the new location.

Lab Cases Outstanding

Any lab work that goes out requires a corresponding appointment for the patient, so the two functions are related. When accessing the Appointment Setter screen, if any lab work is outstanding for this patient, a button on the Setter screen will appear captioned *Lab Cases Outstanding*. The button will be circled in red and will be hard to miss. The very fact that the button appears means that this patient has lab work that is still out. Click the button and the Lab

Case screen will open. This screen gives you the details of the lab case or cases that are still out and indicates when they are due to be returned.

Import Proposed Procedure to Schedule



Proposed procedures are those procedures that need to be done. It would be useful to see which procedures need to be done when scheduling an appointment. Now the program allows you to view proposed procedures while scheduling an appointment with the pop up screen that is seen on the right. In addition, you can import one or more of these proposed procedures directly into the comment area of the appointment schedule for this patient.

Editing, Moving, or Deleting an Existing Appointment

To modify an existing appointment, click on the colored appointment box on the scheduler screen. The Appointment Setter screen will once again appear with the appointment information, as it looked when you set the appointment.

Editing an Appointment

After clicking the appointment on the Scheduler screen the Appointment Setter screen will open with that appointment's data displayed. If this is a current patient you will not be able to change patient data from this screen, such as birth date, patient type, first and last name, phone number, etc. If this is a new patient these items are modifiable on the Appointment Setter screen.

For both current and new patients, all appointment data items are modifiable from the appointment setter screen except the Appointment Date. To change an appointment date see "Moving An Existing Appointment" described below. You may change the Appointment Time or Length, but your changes will only be accepted if there is sufficient room on the schedule. For example, if you have a 30 minute 11:30 am appointment on a schedule with a 60 minute break set for 12:00 pm, and you change the appointment length from 30 minutes to 45 minutes, your changes would not be accepted because noon break would have been breached.

Moving (Re-scheduling) an Existing Appointment

You may move an appointment to another day and time. The time slot that you move the appointment to must have enough space to accept the appointment. To move an appointment, follow these steps:

- **While viewing the appointment on the Scheduler, click the colored appointment box to bring the appointment up in the Appointment Setter screen.**

- **Click the *Delete* (red X) button.**
- **The Delete Appointment from Schedule screen will appear (see below). Click one of the eight delete buttons in the Can Paste section.**
- **The Appointment Setter screen will disappear and the appointment will also disappear from the Scheduler.**
- **Scan through the Schedule and find the open day and time to where you will be moving the appointment.**
- **Click on the new time increment button.**
- **The Appointment Setter screen will open with the copied appointment data showing.**
- **Click the *Record* button. The Appointment Setter screen will close and the appointment will re-appear, in the desired time slot on the Scheduler.**



Deleting Appointments and Tracking Cancellations and No-Shows

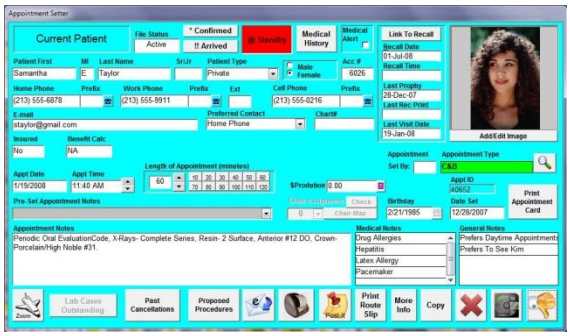
Deleting can be done with our without pasting (i.e., the ability to copy the deleted appointment to another day and time). The program supplies eight different reasons for deleting the appointment. The appointment that was deleted and its reason can be displayed in the Cancellation Report. The eight reasons or deletion categories are

- **Rescheduled (Moving an appointment to another time slot, which was discussed in the previous section, can be a form of rescheduling. The *Rescheduled* deletion method will also allow pasting into an alternate time slot but the deletion will be tracked. You may want to use this option for patients who you suspect habitually reschedule.**

- **No Show The *No Show* category indicates the patient simply didn't show up for the appointment and did not call with any explanation.**
- **Cancellation The *Cancellation* category indicates the patient called sufficiently ahead of time to allow the office to schedule someone else in their time slot (theoretically).**
- **Last Minute Cancellation With the *Last Minute Cancellation* the patient called to cancel, but the call came too late to schedule someone else in their time slot.**
- **We Call (them) Back to Reschedule With this category, the patient has called to cancel, but has indicated they want to reschedule, and prefer the office call them back at a later time to schedule the appointment.**
- **They Call (us) Back to Reschedule With this category, the patient has called to cancel, but has indicated they want to reschedule, and the patient will call back at a later time to reschedule.**
- **Standby The appointment was deleted because the patient was on Standby and was moved to an earlier appointment date.**

Standby Appointment Scheduling

Having a full schedule with as few gaps as possible is essential for any successful dental practice. However, in the real world, patients may cancel, reschedule, and sometimes they may not show up at all. This of course is damaging to your practice and your production. To overcome this unfortunate reality, Diamond Dental has the Standby Appointment Scheduling tool.

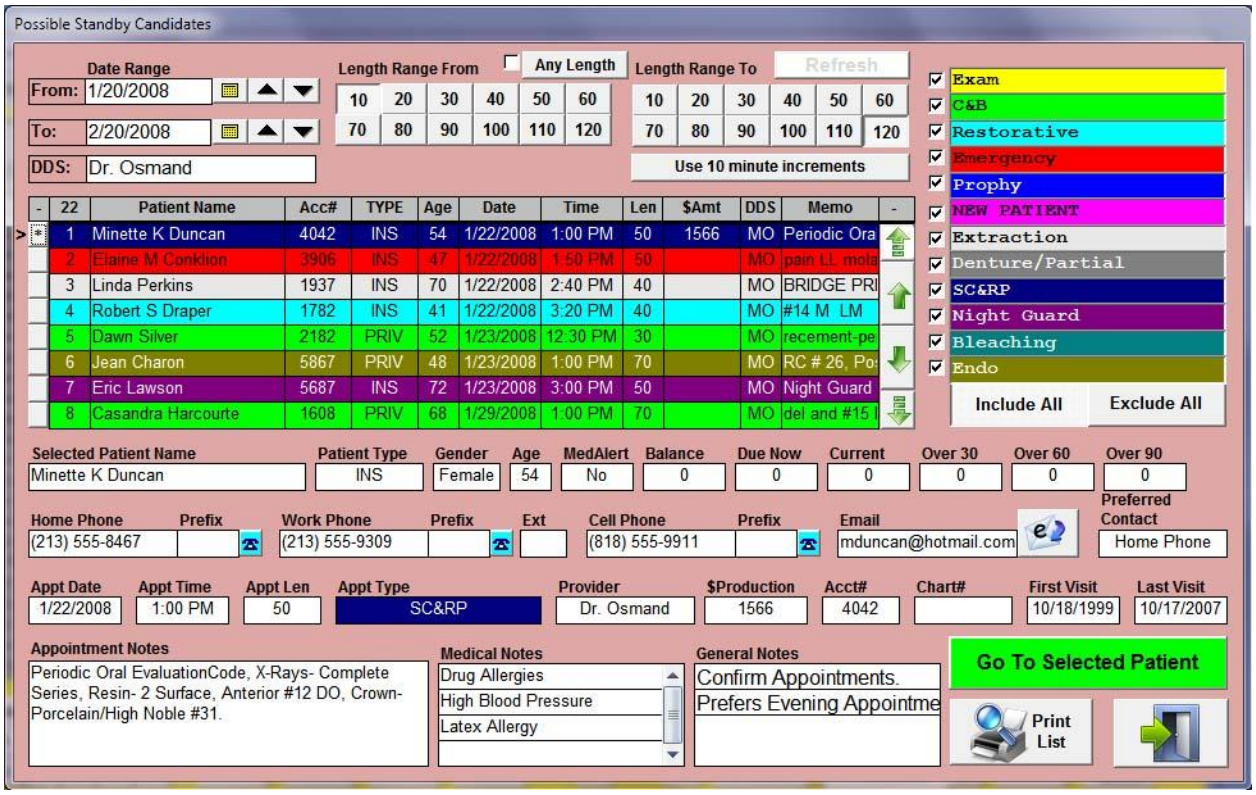


Setting a Standby Appointment

When scheduling an appointment you are usually talking to the patient, either on the phone or in person. On the computer screen you will have the Appointment Setter screen open. Ask the patient if an earlier appointment becomes available, would they like to come in sooner. If they answer yes, then click the *@Standby* button on the Appointment Setter screen. This button will then turn red and this appointment is now marked for Standby. When looking at appointments on the Appointment screen, the Standby appointments will appear with an (@) in front of the description.

Finding Possible Standby Appointments to Fill a Gap

When you need a Standby, navigate to that place in the schedule where an opening has become available. Click on the time increment button where you want the appointment to start. This brings up the Patient Search screen where you would normally search for a patient. Instead of searching, you will click the red *Standby* button that appears in the lower left area of the Patient Search screen. This will open the Possible Standby Candidates screen seen here.



The Possible Standby Candidates screen displays appointments that have been marked for Standby in the grid at the center of the screen. The color of the line indicates the appointment category that has been selected for the appointment. The currently selected appointment is indicated by an asterisk to the left of the line item. Pertinent facts about the currently selected appointment are displayed below the grid. These change as you selected different appointments. The Home, Work, and Cell phone number are displayed and can be called via the AutoDialer button next to each number. The patient's email is displayed and the patient can be sent an email using the Email button to the right of the email field. The patient's Preferred Contact method is also displayed. The listed appointments in the scrollable grid are sorted by date and time from the earliest occurring to the latest occurring.

The appointments in the grid can be filtered by date range, appointment length, and category (color). After changing any of these parameters the *Refresh* button seen in the upper right will turn red. Click it and the grid will re-populate with the newly qualified appointments.

When you have settled on the appointment that you want to reschedule, select it. Then click the green *Go To Selected Patient* button in the lower right of the screen. You will be taken to that appointment in the Appointment Scheduler. Click the appointment to bring it up in the

Appointment Setter screen and click the Delete button (red X). On the Delete Appointment from Schedule screen click the Standby button in the “Can Paste” section. This will clear the appointment from its original position and allow you to paste it into its new date and time slot.

Appointment Standby Report

If you prefer to work from a hard copy report, click the *Print* button at the bottom of the Possible Standby Candidates screen. This will print the standby candidates to paper, displaying most of the information that is seen on the screen.

Other Features of the Appointment Scheduler

In addition to the features described above, the Appointment Scheduler has an array of other options. These are

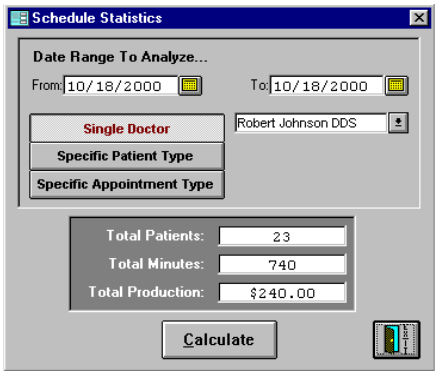
Schedule Statistics
Week View
Next Available Appointment Search
Edit Hours
Accessing the Appointment Utilities menu

Schedule Statistics

Click the *Stats* button to open the Schedule Statistics screen (Figure 8). If the scheduler is in the “1 Provider/3 Day” mode, you will be asked to select a day by clicking one of the date buttons that are seen at the top of each column. If you are in the “3 Provider/1 Day” mode you will be asked to select a provider. Column header buttons in this mode display provider names and you will click one of them.

The Schedule Statistics screen will then display showing totals for the selected provider and date. The statistics are comprised of three totals:

Total Patients scheduled
Total Minutes scheduled for those patients
Total Estimated Production for these patients

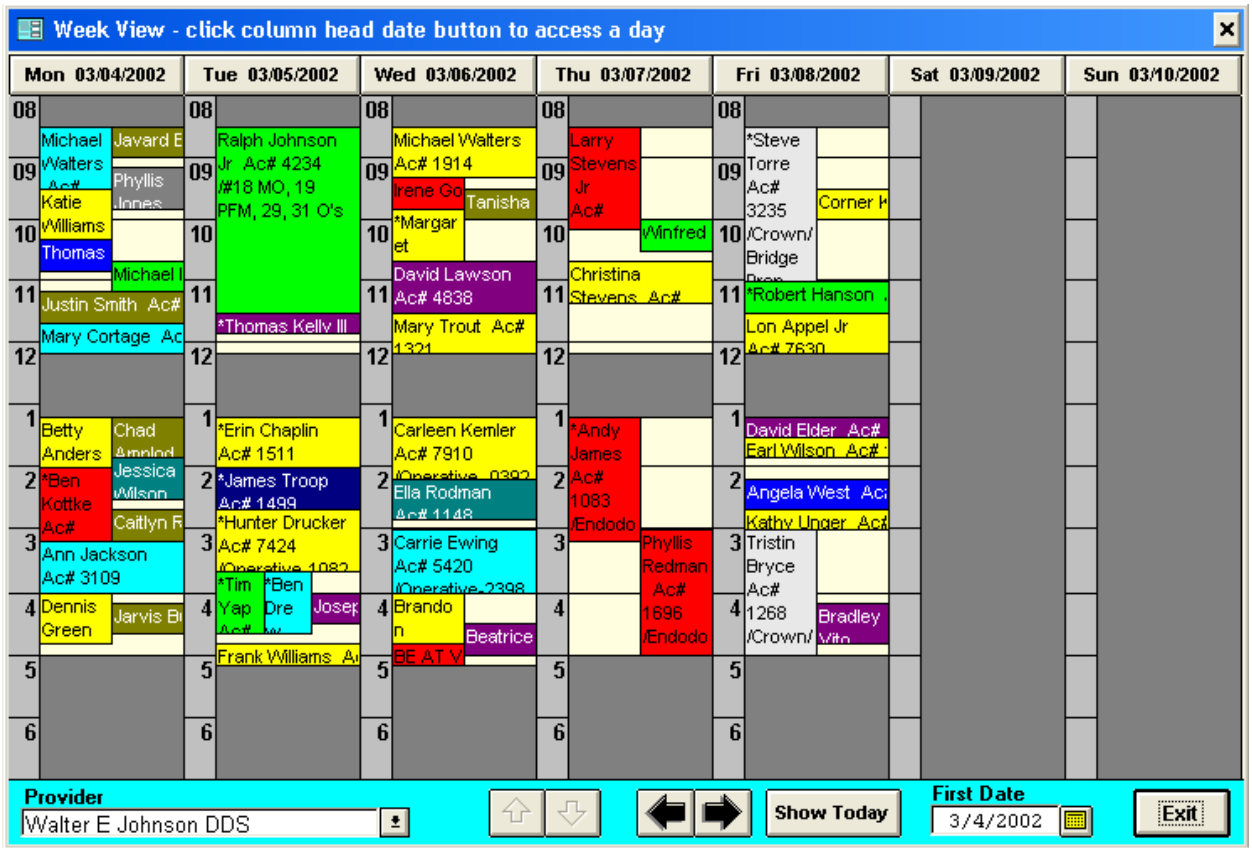


The Estimated Production is optional and depends on whether you had entered a value in that field when setting appointments in the Appointment Setter screen.

Once the Schedule Statistics screen is open you are free to use the available options on the screen if you desire. You may change the date range, and provider settings. You may also limit the statistics to one or more particular Patient Types or Appointment Types. If you make any changes, be sure to press the *Calculate* button to display the new statistics.

Week View

Click the *Week View* button to open the Week View screen (Figure 9). If the scheduler is in the "3 Provider/1 Day" mode you will be asked to select a provider. Column header buttons in this mode display provider names and you will click one of them.

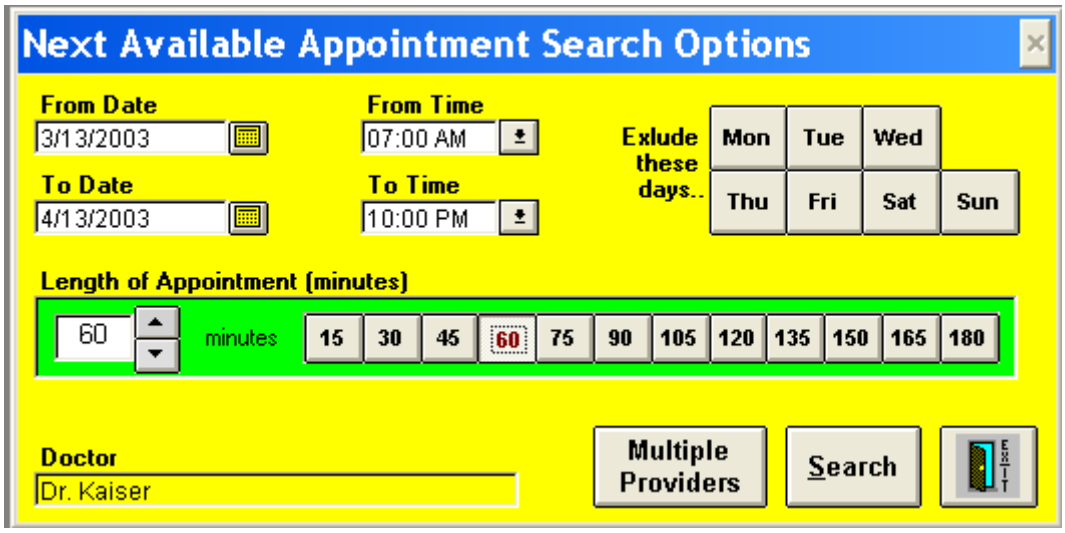


Week View shows a week at a time. A week at a time is displayed in week view. Click any of the appointments to pop up a screen showing the appointments full detail. Click on the column header button showing the date to jump directly to that date in the scheduler.

The new Week View gives you a full seven day view with complete detail. Appointments are displayed in the same color coded block manner as seen on the regular Scheduler screen, but with a compressed format. You may click on any appointment to view complete appointment detail. Use the left and right arrow buttons at the bottom of the screen to display the next or previous week. Click the day button at the top of any column to jump directly to that day in the Appointment Scheduler.

Next Available Appointment Search

The *Next Avail* button will open the Next Available Appointment Search Option screen (see Figure 10). The purpose of this is to find the next available appointment. The search for an available time slot can be augmented by the following criteria:



Next Available Appointment Search. Find the next time slot according to several criteria available on this screen.

Specific Date Range

When the search screen opens the date range will be set for a one month period, starting with the current schedule date. You may modify this range in the usual way by directly changing the dates or with the associated Calendar pop-up screens.

Specific Time Range

When the search screen opens the time range will be pre-set from 7:00 AM to 10:00 PM. This setting essentially means that time will not be considered in the search. As an example, if the patient must have an appointment time of 4:00 PM, and that appointment will be 60 minutes in length, set the *From Time* setting to 4:00 PM. Then set the *To Time* setting to 5:00 PM. This is the time slot that this patient must have. The search will find the first open 4:00 o'clock hour within the date range specified.

Exclude Specific Days

If the patient informs you that certain days are not possible for him or her, you may click the Day buttons labeled *Exclude These Days*. There are seven Day buttons (Monday through Sunday). When you click them they light up and stay lit, indicating that day will not be considered in the search. It is not necessary to click the Day buttons for your days off, for example Saturday and Sunday. Days off will automatically not be considered in the search.

Set the Appointment Length

You are required to indicate the length of the appointment before performing the search. You may directly type in the length or click on the pre-set minute buttons.

Multiple Provider Search

If you wish to extend the Next Available search beyond the currently selected provider, click the *Multiple Providers* button. This will pop up a window where you can select additional providers to be included in the Next Available Search.

The Next Available Search program only finds time slots that are not currently occupied by other appointments. Even though the scheduler can set as many as three appointments per time slot, the Next Available search finds fully open time slots only.

Modify Current Day's Hours

The working hours and break times are determined in advance when you add the provider and enter his or her hours from Monday through Sunday. If you want to modify these settings for a particular day, follow these steps:

- **Bring up the day in question on the Scheduler screen.**
- **Click the *Edit Hours* button. You will be asked to select which column you wish to edit.**
- **The "Edit Hours For This Day" screen will open. The settings for the current day are displayed on the screen for Start/End Day, Start/End First Break, Start/End Second Break, and Day Off/Working.**
- **Make whatever changes you want and click the *Reformat Day* button.**
- **The Modify Hours screen will close, displaying the Scheduler screen with its modified hours.**

Editing hours is tightly controlled in that the program will not allow any "illegal" adjustments. You will not be allowed to indicate "Day Off" if any appointments are scheduled for that day. You would have to delete or reschedule those appointments before indicating Day Off. You will not be allowed to modify any times that conflict with existing appointments for that day. For example, if your first appointment for that day is scheduled at 9:00 AM, and you attempt to make the starting time for the day at 9:30 AM, that change will not be allowed.

Colors Button

Click the *Colors* button to pop up the Appointment Categories screen. This will display the Appointment Categories (or Types) you have entered along with their associated color codes. Use this as a quick reference key when you can't remember the definition of a particular color code.

Search Button (binoculars)

Click the *Search* button to bring up the Schedule Search screen. This is not to be confused with the Next Available Search screen. This search will find patients who have existing appointments within the Scheduler database. You may search by name or account number. When an appointment is found you will have the option to open the scheduler to that day. Note that if the schedule is not currently displaying the provider for which the appointment is scheduled, that day will show but the appointment will not be seen until you change the provider setup for the scheduler screen.

Schedule Notes (LCR)

You may write unlimited notes about any of the columns of the appointment scheduler. Each column has its own Note button labeled L, C, or R for left, center, and right columns. Click on one of these buttons to open a memo window to write or view the note for that column. If no note exists for that column the button caption will display a double dash "- -" . If a note does exist the button will display an "N" indicating there is a note for this column.

Reports Generated From the Scheduler Database

There are three schedule related reports generated by the program. They are available from the Scheduler screen or from the Scheduler Utilities Menu (after clicking Utilities on the Main Menu). These will now be discussed.

Schedule Pin-Up Report

The Schedule Pin-Up Report is designed to hang in the operatory. This report will always print on a single sheet. It uses easy to read color coded blocks to represent the appointments with the full area of the blocks available to display appointment detail. The report may also be printed in black and white or grayscale for those without color printers. The report also prints in a two provider version, displaying two providers side by side, or a three provider version showing three providers side by side. This report may be printed directly from the scheduler screen or from the Scheduler Utilities Menu. The report prints on standard 8.5 x 11 inch paper or a special extended version which prints on 8.5 x 14 inch legal sized paper.

Schedule Report and Email

The Schedule Report will list patients that are scheduled in the following format:

Date
Time
Patient Name
Appointment Length
Account Number
Patient Type
Schedule Doctor
Patient Age
Production Estimate
Appointment Type
Appointment Confirmed (Y/N)
Home Phone
Work Phone
Appointment Memo (optional)

This report can be limited by the following parameters:

Appointment Date Range
Schedule Doctor
Specific Patient Type (1 or more)

Specific Appointment Type (1 or more)
Not Confirmed Only

By selecting the *Not Confirmed Only* option, you can generate a call list of patients who still need to be confirmed.

Televox (HouseCalls) File Creation

The Televox company provides a product named HouseCalls. HouseCalls will automatically dial and leave a customized appointment reminder message for your patients. Diamond Dental Software can create the file Televox needs for this operation. Click the Televox button on the Schedule Report Parameters screen. The path and file name of a file entitled Televox.txt will display. You may change this path and file name if you wish. Click the Create Televox File button and a Televox compatible file will be created. For more information on the Televox HouseCalls product call Televox at 800-644-4266 or visit their website at www.TeleVox.com.

Schedule Report Alternate

This report is a modification of the schedule report. Since this report displays the patient's age and may be seen by your patients, the age value has been encrypted. You will find the age under a column labeled Ega. The age will have the patient's first letter of his/her first name before the age and the last letter of his/her last name after the age. Therefore, if Mary Jones is 47 years old, her age will appear as M47S in the column marked Ega. This message will self-destruct in 5 seconds.

Cancellation Report

The Cancellation Report is used to track patients who have made appointments and then have canceled. The six cancellation categories are printed at the top of the report. These categories are:

Rescheduled
No Show
Cancellation
Last Minute Cancellation
We Will Call To Reschedule
They Will Call To Reschedule

These categories were discussed earlier in the section entitled "Deleting Appointments and Tracking Cancellations and No-Shows." The report can be limited by the following parameters:

Cancellation Date Range (when the cancellation took place)
Schedule Doctor
Specific Cancellation Type (1 or more)
Specific Appointment Type (1 or more)

Specific Recall Not On Appointment Schedule

There are two options when setting recall: *Qualify On First Of Month*, and *Specific Appointment*. The First of Month option will send a recall postcard some date in the future, telling the patient to call for an appointment because it's time for their recall. With the Specific Appointment option you actually set a date and time in the future for the patient's recall. When the recall card is sent, it tells the patient to come in for this appointment at this specific date and time. It is possible to set recall without setting the corresponding appointment in the Appointment Scheduler, or the link between recall and the Appointment Schedule can be broken sometime in the intervening months. Patients can then show up, recall card in hand, and surprise you. The *Specific Recall Not On Schedule* report will list patients who have a specific recall set, but do not have a corresponding appointment in the Appointment Schedule. Use this report to update your appointment scheduler as needed.

Chair Tracking

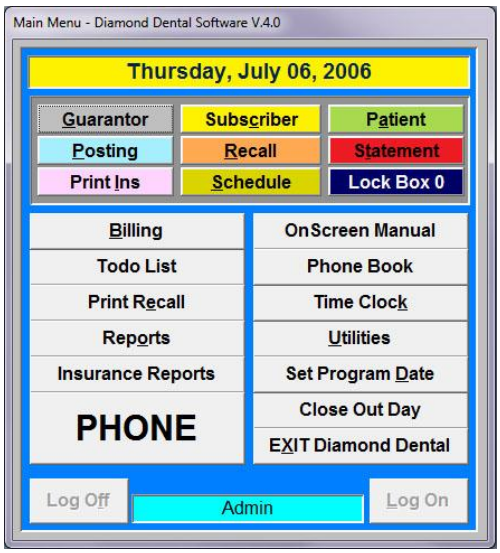
Chair Tracking is optional, but if utilized, each appointment will be required to have a chair assignment. Each one of your available chairs will be assigned a number from 1 up to a maximum of 23. For example, if you have 5 chairs, each appointment must be assigned a chair from 1 to 5. A Chair Map pop up screen is used to assist you in determining what chairs are available. If you pick a chair that is not available, a screen will appear informing you that the chair you selected is in use, and show you which chairs are available for that appointment time. When Chair Tracking is turned on the chair number is seen in all color coded appointment blocks throughout the scheduler program.

To enforce Chair Tracking go to the Scheduler Utilities Menu and click the *Schedule Defaults* button. On the Schedule Defaults screen click Yes to *Enforce Chair Conflict Integrity*. You will then be allowed to select the number of available chair in your practice. If you want the chair number for each appointment to display on the scheduler screen, click Yes to the option *Show Chair # In Appointment Comment*. Assigned chair numbers will then display in parenthesis before the patient's name on the scheduler screen.

Chapter

22

22: Password Protection and the Audit Trail Report



When Diamond Dental Software opens you will be presented with the Main Menu as seen here.

Notice in this sample, at the bottom of the Main Menu there are Log Off and Log On buttons, and a window between them indicating the currently logged on user. This is called the UserName Window. When the Main Menu first opens, the UserName Window displays "Logged Off" (if you have set up passwords). In the Logged Off state, none of the buttons on the Main Menu function (except the Exit Diamond Dental Software and the Log On buttons). In order to proceed, an authorized user must first Log On by clicking the Log On button. This will open the Enter Password screen where the user will enter his or her pre-determined individual password. After successful entry of the password, the UserName Window will display that person's UserName and access to the program will be allowed, but limited to the permissions granted that particular user.

Running the Program Without Password Protection

If you have not entered any passwords the Main Menu will have a different appearance. You will notice the Log Off and Log On buttons will be disabled or "grayed out" (as seen in the sample above). The UserName Window will contain the word "Admin". Admin is the reserved UserName of the Password Administrator. The Password Administrator is the one user who has complete access to all areas of the program including the Passwords and Permissions screen. This is the screen where passwords are assigned and will be discussed shortly. If you do not set a password for the Password Administrator the program will remain in Admin mode and essentially will not be password protected. This is perfectly OK as far as Diamond Dental Software is concerned. Simply leave the Admin password as a blank and you will not be required to Log On and full access will be given to whoever is using the program.

Setting Passwords and Permissions

To set passwords and create new users click the *Passwords/Permissions* button from the Utility Menu. The Passwords and Permissions screen will open. In the sample screen is



seen below, the Admin record is displayed. The Admin record belongs to the Password

Administrator. Only the Password Administrator is allowed into this screen. The Admin record is a reserved record and the only items you may modify on the Admin's record is the *Password* field and the *UserName Required at Log On* checkbox. All other fields are fixed. The UserName is permanently set to "Admin" and the Initials are permanently set to "XX". The remaining checkboxes are called the permissions. When the permission checkbox is checked, the user has permission to access that module. On the Password Administrator's record these permissions are all permanently checked and you may not uncheck them because the Password Administrator always has permission to access any program module.

UserName Required At Log On

When viewing the Password Administrator's record you will see the checkbox entitled *UserName Required at Log On*. When this is checked the person logging on will be required to enter both the correct UserName as well as the password. When it is not checked, people logging on will be required to enter the password only. When logging on, the UserName is not case sensitive. For example, if the UserName is Mary, then Mary, mary, or MARY will all

be accepted. However the password is case sensitive and must be typed exactly as it appears on the Passwords and Permissions screen.

Creating a New User Record

The User records are created from the Passwords and Permissions screen (seen above). Only the Password Administrator or others with knowledge of the Password Administrator's password are given access to this screen. To create a new User record click the *New* button. The screen will clear and you will begin entering the following data:

UserName

The UserName can be anything up to 12 characters in length. The UserName will often be entered as the first name of the user, but any combination of any characters (including spaces) may be used. The UserName will display on the Main Menu indicating which user is currently logged on.

Password

The password can be up to 15 characters in length. Any keyboard characters can be used including spaces. The password will always be required at Log On and is case sensitive. That means that if you create a password called "GoldBeach" then that exact entry will be required at Log On and "goldbeach" or "GOLDBEACH" will not be accepted. Passwords are stored on the hard drive in an encrypted format and cannot be read by hackers who may have the ability to directly access the database. Passwords should be kept confidential and should be known only by the user and the Password Administrator.

Initials

Each user is required to enter their initials. Any two characters will do except for the reserved "XX" which is the initials used by the reserved Admin record. These initials will be seen on the Posting screen indicating which user posted a particular item and on the Audit Trail Report indicating which user deleted or modified an item.

Permissions

It is the job of the Password Administrator to grant or withhold permission for a particular user to access various areas of the program. The permissions appear as numerous checkboxes on the Passwords and Permissions screen (seen above). The permissions include all buttons on the Main Menu, Reports Menu, and Utilities Menu. In addition, the ability to edit a previously recorded posted procedure is given its own special permission category. The Password Administrator will uncheck all the items where that particular user will not be allowed access. For example, for a particular user you might uncheck *Set Posting Date*, *Backup*, *Audit Trail Report*, *Accounts Receivable Report*, and *Special Utilities*. When that user logs on, he or she will be allowed access anywhere in the program except those areas. If that person tried to access the Audit Trail Report or the Set Posting Date option, he or she would be denied access.

The Log On Session

When users log on, their UserName will appear in the UserName Window of the Main Menu. This makes it clear which user is currently logged on. That user will be logged on until another user logs on, or the *Log Off* button is pressed, or the program is exited. Once logged on, the user will be able to freely access all areas of the program for which he or she has permission. While performing posting, the logged on user's initials will be recorded with each posted item and displayed on the Posting screen. If previously recorded procedures are modified or deleted, or if a procedure is posted outside of the date that is currently on the Main Menu, then these items will appear in the Audit Trail Report and the initials of the user making these modifications will appear next to the item on this report.

If the user is going to be away from the computer for any length of time, it is suggested that the *Log Off* button be pressed to protect the computer while it is unattended. This will also prevent another user from using the computer and have credit given to the wrong user (perhaps inadvertently) after posting or modifying procedures.

Audit Trail Report

The Audit Trail Report, which is accessed from the Utilities menu, displays all transactions that were deleted, as well as all transactions that were modified subsequent to their original posting. The report also tracks procedures that were posted with a date other than the date that appears on the Main Menu (for example back dated procedures). This will protect the practice from those who might have malevolent intentions and also allows you to trace transactions that no longer exist, or exist in a different form, or are simply hard to find.

The report has the following column headings:

Account Name (last name)
First Name
Account Number
Posted (the date the item was originally posted)
Description of Service
Tooth
Surface
DDS (performing doctor)
User Initials (column heading XX)
Amount
Action (the date the modifying or backdating was done)
D/M (Del = Deleted, Mod = Modified, Date = posted with an alternate date)

How Items Become Listed on the Audit Trail Report

An item will be listed on the report for one of three reasons:

- **Deleted If a procedure is deleted, that procedure will be listed on the report. The listed item on the report is how the procedure appeared before it was deleted.**

- **Modified If you modify a procedure, that item will be listed on the report. The item on the report is how the procedure appeared before it was modified.**
- **Back Dated What is meant by "back dating" is the posting of a procedure with a different date than what appears on the Main Menu. Therefore "forward dating into the future" would also cause the procedure to list on the report.**

Note

For deleted and modified items, the "Posted" date represents the date of original posting and the "Action" date is the date it was deleted or edited. This does not exactly apply for procedures that were posted with an alternate date. In these cases Posted is the date that was on the Main Menu at the moment of posting and Action is the back-dated date (or forward-dated date). For example, if the date on your Main Menu is 11/17/2000 and you override this date in the Charge Entry screen and post it as 6/11/2000 then the Audit Trail Report will show this item with a Posted date of 11/17/2000 and the Action date as 6/11/2000.

How the Audit Trail Report Protects the Practice

The Audit Trail Report protects the practice in several ways. They are

- **Unauthorized Deletions No procedure can be deleted without appearing on the Audit Trail Report. It appears as it was, before the deletion.**
- **Unauthorized Edits Whenever a previously recorded procedure is modified in any way, that item will appear on the Audit Trail Report. It appears as it was, before the modification.**
- **Back Dating or Forward Dating This can be a more difficult problem, especially at first glance. See the special note earlier in this chapter concerning the ramifications of the Set Posting Date Password.**

Audit Trail Report Options

The Audit Trail Report has four options to filter the output. These are

- **Single Account Use this to limit the report to one account that you have may have a question about.**
- **Single Doctor This will include only those procedures performed by a particular doctor.**
- **Original Posting Date Range For example, set a range of March 12, 2000 to March 17, 2000. What will display are procedures that made it to the Audit Trail Report that were originally posted within that date range. Any procedures that display would have either been deleted, modified, or posted on a date different from the Main Menu's posting date.**

- **Item Modified Date Range For example, set a range of March 12, 2000 to March 17, 2000. What will display are procedures that made it to the Audit Trail Report that were modified within that date range. Any procedures that display would have either been deleted, modified on this date, or in the case of posting with an alternate date, it was posted using a date within this date range.**

Chapter

23

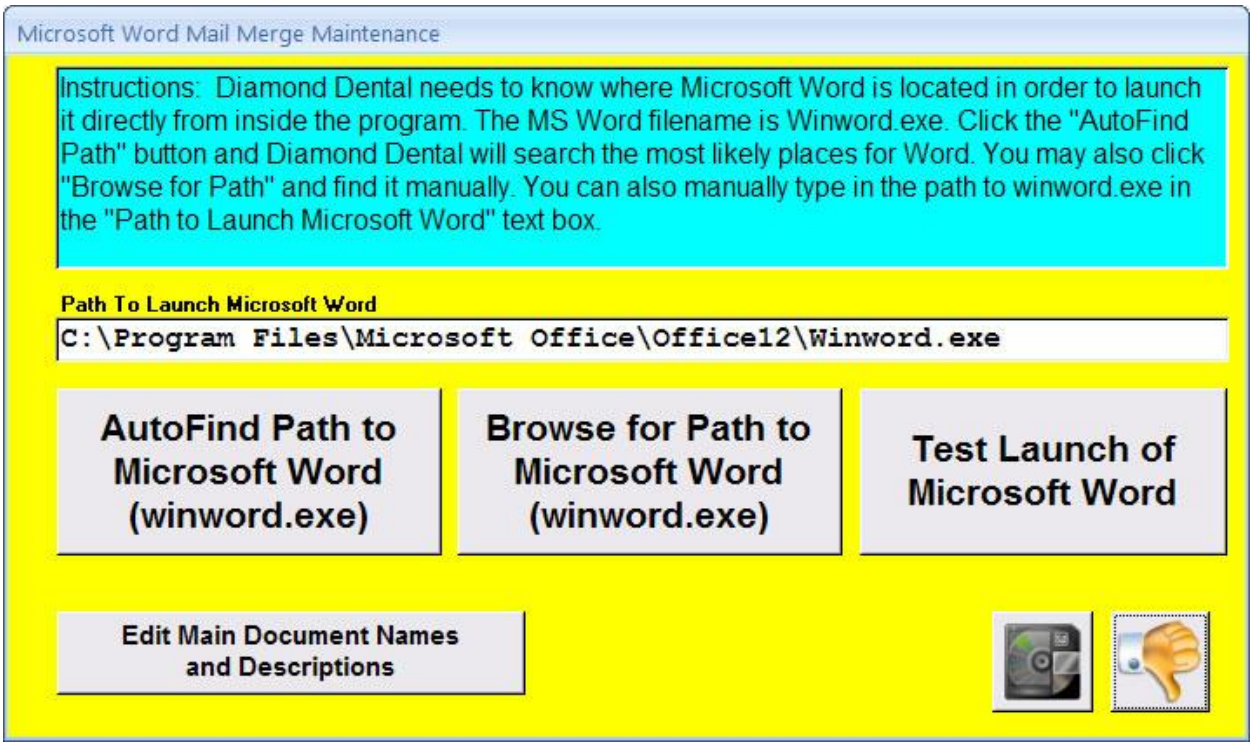
23: Integrating Merge Letters with Microsoft Word

Diamond Dental Software integrates with Microsoft Word 97 or later to allow you to perform merge letter printing to your patients. MS Word is used as an extension of the Diamond Dental Software program, actually opening and closing, all from within Diamond Dental Software. Generating “Merge Letters” (also known as “Mail Merge Letters” or “Form Letters”) is the process of combining a standardized letter with your patient data to create “personalized” letters that appear as if they were written just for that person. Of course these days, most people are savvy enough to know when they are getting a “form letter,” but it still gives a personal touch, even in these jaded times. Also, it is easier to run a mail merge printing than to type out five hundred letters.

Setting the MS Word Launch Command

Microsoft Word can be run from within Diamond Dental Software. To do this, Diamond Dental Software needs to know what command to use to open (launch) MS Word on your computer. The MS Word filename is Winword.exe. Diamond Dental Software will need to know the complete path, which includes the drive letter and directory (or folder) name, plus the word “Winword.exe”. To set this command, from the Main Menu, click on *Utilities*. From the Utility Menu click on *MS Word Mail Merge Maintenance*. The MS Word Mail Merge Maintenance screen will open (see below).

The MS Word Mail Merge Maintenance screen has the ability to run a test launching of MS Word from within the Diamond Dental Software program. Whatever path inside the text box entitled “Path to Launch MS Word” will be used when you click the button *Launch Microsoft Word*. To do this test, follow these steps:



- **The Microsoft Word Mail Merge Maintenance screen should be displayed and Microsoft Word 97 or higher should be installed on your computer.**
- **Click on the button labeled *AutoFind Path*. This will put the path to Word in the "Path to Launch Microsoft Word" text box. If not, browse for the path and find it yourself. You can also simply type in the patient in the text box.**
- **Click the button entitled *Launch Microsoft Word*.**
- **If MS Word opens, it worked. Close MS Word and return to the Main Menu. Diamond Dental Software has what it needs to open MS Word. If this doesn't work, call Diamond Dental Software for assistance.**

Diamond Dental's MS Word Documents are Included

Included with your program are the merge documents used by Microsoft Word. The merge documents are installed with the Diamond Dental Software installation and are placed in your "Program Files\Diamond Dental Software\Stardocs" folder. On a network, each user has his or her own Stardocs folder. These documents are not shared between computers. The following merge documents are supplied:

- **AR_01.doc Used with Accounts Receivable Report with option of Delinquent Accounts Only. A first reminder for payments using a moderate, understanding tone.**

- **AR_02.doc Used with Accounts Receivable Report with option of Delinquent Accounts Only. This is an ultimatum with a moderate tone. The threat of a collection agency is mentioned.**
- **AR_03.doc Used with Accounts Receivable Report with option of Delinquent Accounts Only. This letter mentions that a Late Charge has been levied and should only be used if you charge Late Charges.**
- **AR_04.doc Used with Accounts Receivable Report with option of Delinquent Accounts Only. This letter threatens to turn account over to collections. Use option No Payment For X Days to make sure they have not made a recent payment.**
- **PT_01.doc Used with Patient Report. Welcome to the practice. Use this in conjunction with the First Visit Date range to find first time patients who are new to the practice.**
- **PT_02.doc Used with Patient Report. Patient Birthday Letter. Set the Patient Birthday Range option.**
- **PT_03.doc Used with Patient Report. Mailing labels compatible with Avery 5160, 3 labels across and 10 down.**
- **PTA_01.doc Used with Patient Report - Guarantor Names Only. Blank Letter. Its data file is PTAmerge.doc. Modify it or copy it for your own purposes.**
- **PTA_02.doc Used with Patient Report - Guarantor Names Only. Mailing labels compatible with Avery 5160, 3 labels across and 10 down. Its data file is PTAmerge.doc.**
- **REC_01.doc Used with Print Recall. Recall letter. Can be used instead of postcards.**
- **REC_02.doc Used with Print Recall. Mailing labels compatible with Avery 5160, 3 labels across and 10 down.**
- **REF_01.doc Used with Patient Referral Thank You from Reports Menu. Thank You For Referring Patient letter for Patient to Patient referral.**

See Appendix B for samples of these letters and sample below.

What Are Merge Letters?

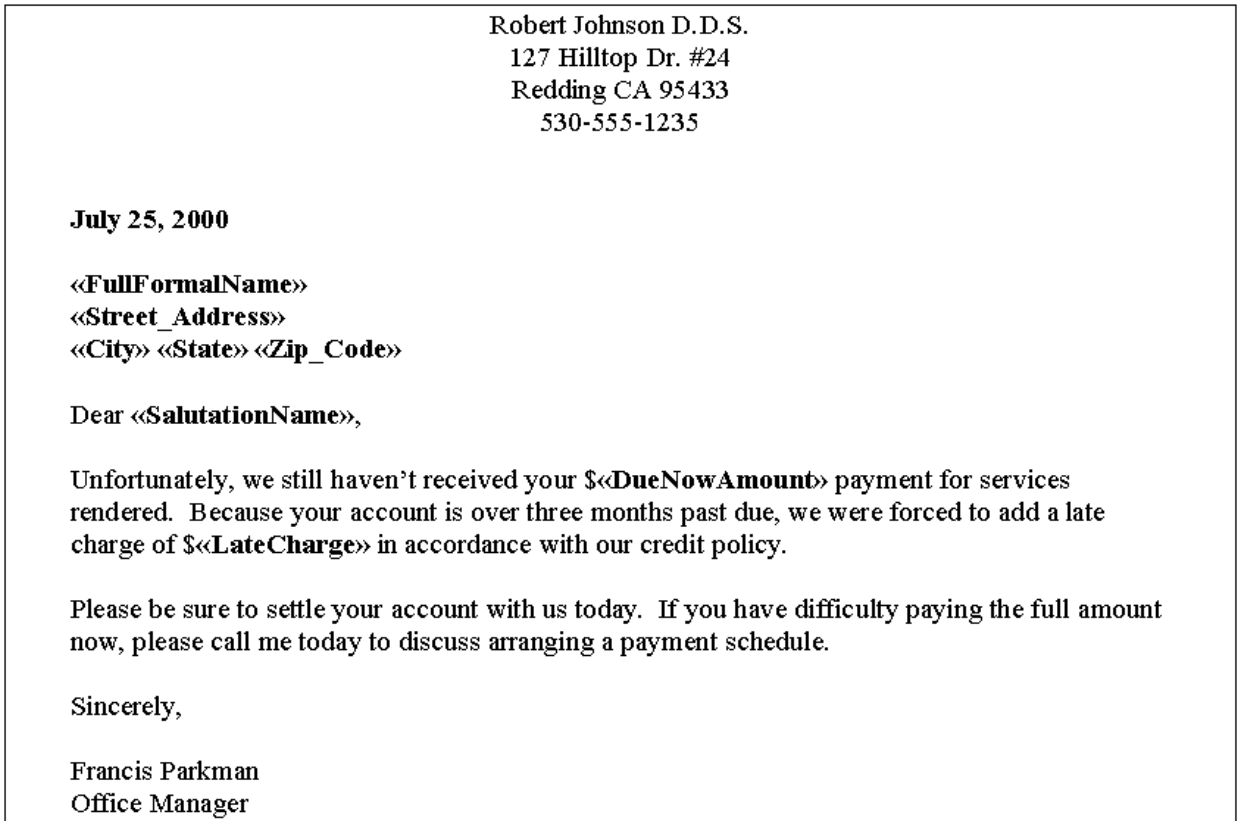
A merge letter is just a Microsoft Word document. However, it contains special variable fields, strategically placed, that will be filled in with data from a data file as each new letter prints (see sample below).

The sample letter shown here is taken from the Diamond Dental Software merge letter library. It is filename AR_03.doc and is a fairly strongly worded collection letter. The variable fields are seen surrounded by brackets and for purposes of illustration, have been made bold. Making them bold in your actual letter will make them bold in the printout. Notice that the date is also bold, but not surrounded by brackets. This is a special date field that will print the current computer date every time the letter is printed.

The letter is arranged in a standard business format with the Guarantor's name and address:

<<FullFormalName>>
<<Street_Address>>
<<City>> <<State>> <<Zip_Code>>

The variables come from the data file that Diamond Dental Software creates. *FullFormalName* will display the Guarantor's Title, First Name, Middle Initial, Last Name, and Sr/Jr designation as in "Mr. Peter J. Brown Jr." These are all fields you had entered when opening an account. The *SalutationName* is also used after the word "Dear" as in "Dear John."



Robert Johnson D.D.S.
127 Hilltop Dr. #24
Redding CA 95433
530-555-1235

July 25, 2000

«FullFormalName»
«Street_Address»
«City» «State» «Zip_Code»

Dear **«SalutationName»**,

Unfortunately, we still haven't received your $**«DueNowAmount»** payment for services rendered. Because your account is over three months past due, we were forced to add a late charge of $**«LateCharge»** in accordance with our credit policy.

Please be sure to settle your account with us today. If you have difficulty paying the full amount now, please call me today to discuss arranging a payment schedule.

Sincerely,

Francis Parkman
Office Manager

This is a MS Word document with the variable fields inserted. The variables are <<bracketed>>. These field will be replaced with your data from the data file that Diamond Dental Software created. For each different record in the data file, another letter will be printed.

Note

When opening an account the program automatically makes the Salutation Name field the same as the First Name field. Let's assume you are entering the name of Robert Jones. The program will automatically enter "Robert" for the Salutation Name. "Dear Robert" will then appear in your form letters. If you want a more formal greeting, change the Salutation

Name to "Mr. Jones." If you prefer a more familiar greeting for this patient change the Salutation Name to "Bob" or "Bobby" -- whatever you like.

As merge letters print within MS Word, the variables will be changed to whatever is in the data file for that record. The particular letter shown here uses two rather specific embedded variables which are *DueNowAmount* and *LateCharge*. These amounts will be inserted into the letters as they are printed.

This particular letter is accessed via the Accounts Receivable report and is designed to be used in conjunction with the Over 90 Days Delinquent option. It also assumes you have been running Late Charges since the Late Charge Amount is one of the letter's variables. If you do not charge Late Charges, just modify the letter to suit your own needs from inside MS Word.

Areas in Diamond Dental Software that Integrate with MS Word

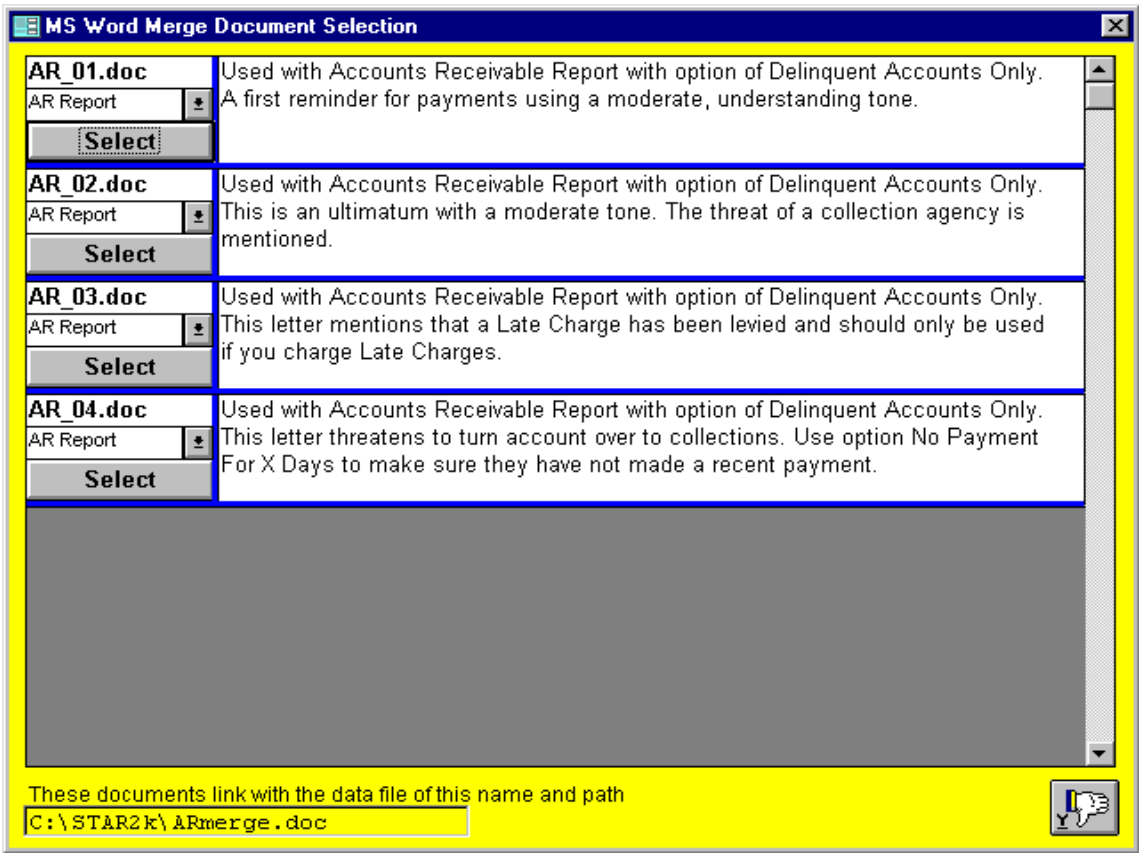
Diamond Dental Software integrates with MS Word in five important areas. These are

Accounts Receivable Report
Patient Report (single patient names)
Patient Report (Guarantor names only)
Recall Printing
Patient Referral Thank You.

Diamond Dental Software creates a different merge file for each area. The different files contain fields that are appropriate for each area. These five integration methods will now be discussed.

Accounts Receivable Merge Letters

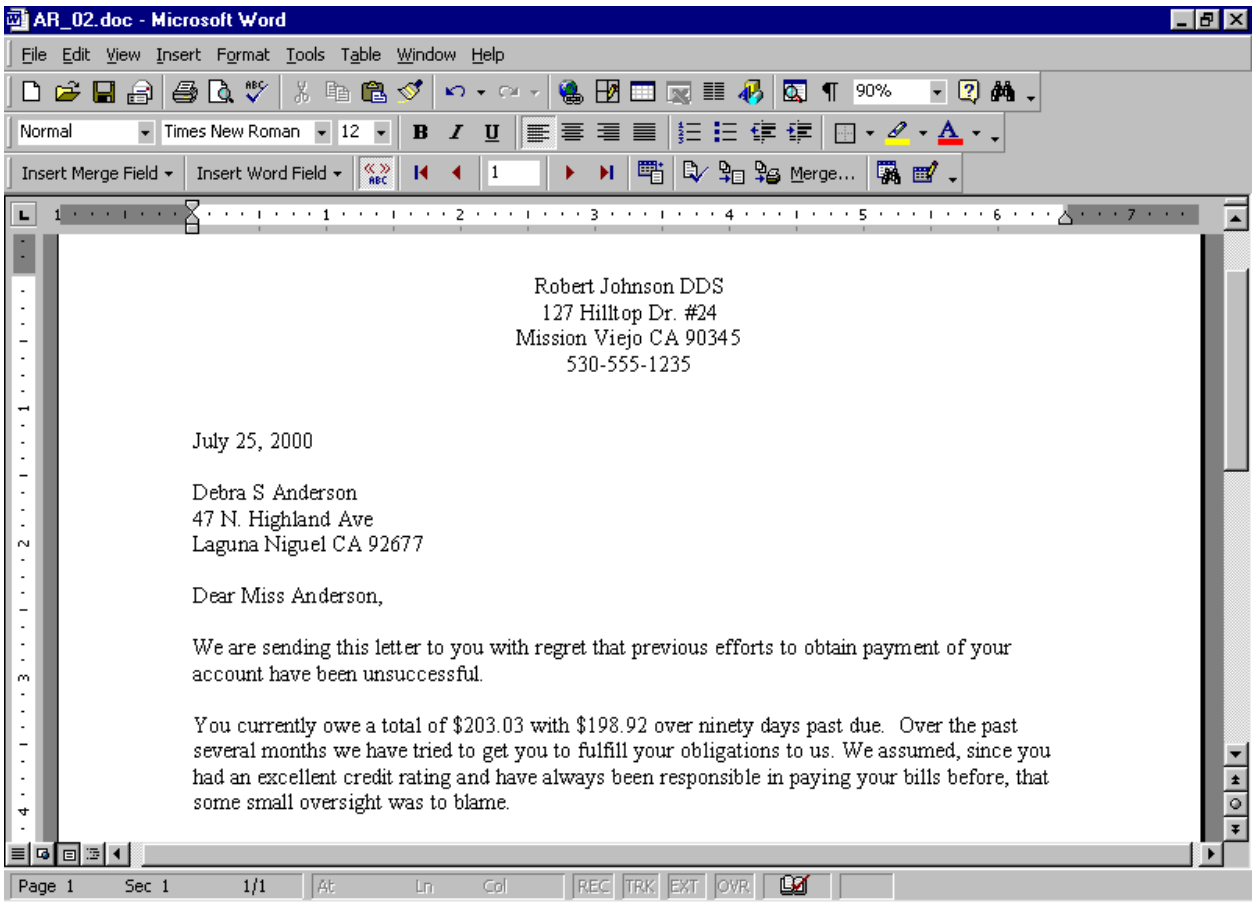
We will describe Accounts Receivable merge letters in the greatest detail because many of the concepts are similar in the other areas of the program. From the Main Menu click *Reports*. From the Reports Menu click *Accounts Receivable*. You will be at the Accounts Receivable Parameters screen. Accounts Receivable has several different output methods: Report, Totals Only, Labels, and MS Word Merge Letters. When you click the MS Word Choice you will be asked to pick a document.



All the Accounts Receivable related merge letters are displayed. Click the Select button to pick a letter. After selecting, you are brought back to the Accounts Receivable parameters screen. The file name you selected will be displayed in the lower right corner of the screen.

You will need to select whatever options are appropriate for this printing. In the case of Accounts Receivable letters, you will usually be selecting the *Delinquent Accounts Only* option and then selecting among *Over 30 Days*, *Over 60 Days*, or *Over 90 Days* delinquent.

After selecting the necessary options, click the OK button. The computer will process and then Microsoft Word will open (see below).



Microsoft Word opens with the first letter displayed.

Note

Volumes have been written on Microsoft Word and it is not our intention to present a comprehensive explanation of how it operates. The assumption here is that you don't care how MS Word operates, you just want to print these letters. So we are going to provide you with enough information to do that.

At this point, all that is necessary to print the letter is to click the *Merge To Printer* icon. That is the icon that shows documents with an arrow pointing to a printer. After printing, exit MS Word and you will be back at Diamond Dental Software.

Note

Sometimes before MS Word opens, you first see a File Conversion screen. It looks like a very complicated screen, but just click the OK button and Word will appear.

A Little More Detail on Microsoft Word

That explanation may have been a little too brief, so we are going to explain some of the more important features of the MS Word screen. When Word is opened with a merge document like the ones provided by Diamond Dental Software, the Merge Toolbar will display.

The Merge Toolbar of Microsoft Word. This toolbar displays when you open a merge document like Diamond



Dental Software's merge letters.

The Microsoft Word Merge Toolbar has several buttons that will aid you with your merge printing. These will now be described.

Insert Merge Field

This is used when creating a merge letter document. It is the instrument to embed the variables into the letter.

View Merged Data

This button shows << >> with an ABC below the brackets. Click this button to toggle between viewing the letter with the variables displayed such as <<City>> and viewing the letter with the actual data displayed.

Navigation Buttons

The Merge Toolbar has navigation buttons very similar to those seen in the Diamond Dental Software program. These are:

|< ... go to first record
< ... go to previous record
> ...go to next record
>| ...go to last record

Use these buttons to move among your letters. As you move the record number will change. You will also see the letter change with new data each time. You may click the Go to Last Record button to see the total number of letters that will print.

Merge To Printer

This is the button to press to begin printing. Selecting the usual print button in Word will just print the first letter only. This button show documents with an arrow pointing to a printer.

Exiting MS Word

After your letters have printed, exit Microsoft Word. You will be asked if you want to save your changes. This is only important if you made changes to the document that you want to keep. When Word closes you will be back at the Accounts Receivable Parameters screen in Diamond Dental Software.

Accounts Receivable Data File (ARmerge.doc)

The data file that Diamond Dental Software creates for the Accounts Receivable letters is ARmerge.doc. This is created in the Diamond Dental Software directory (PROGRAM FILES\DIAMOND DENTAL SOFTWARE) unless you modified this setting in the Microsoft Word Mail Merge Maintenance screen (see sample above). The ARmerge.doc file data has the following fields (all fields refer to the Guarantor for the account):

Account_ID
FirstName
MI (middle initial)
LastName
Title
SrJr
SalutationName (whatever was entered in this field by user)
FullFormalName (such as Mr. Thomas A. Edison Sr.)
FirstNamePlusMI (such as Alfred E.)
Street_Address
City
State
Zip_Code
BalanceAmount
DueNowAmount
CurrentAmount
Over30Days
Over60Days
Over90Days

LastPaymentDate
LastPaymentAmount (from the patient)
LateCharge (delinquent charge generated by New Month Updating)

These fields are available to you if you create your own merge letters.

Useful Features of the Accounts Receivable Parameters Screen

The Accounts Receivable Parameters screen has several features you might find useful in generating merge letters:

- **Delinquent Accounts Only Use this option to include only those accounts who are delinquent. You will be given the option of selecting among over 30, 60, or 90 days late.**
- **No Payment For X Days You might not want to send a collection letter if the patient has made a recent payment. You will enter a maximum number of days to consider.**
- **Activate Letter Tracking This is a check box seen in the lower right part of the screen. It will be visible after you have selected a document. When this is checked, Diamond Dental Software will keep a record of who received a letter, when it was sent, and which letter.**
- **Include If Sent Word Letter This is used in combination with Activate Letter Tracking when the program knows who was sent what letter and when. When you send collection letters, they are often sequential, that is, you start off with a friendly reminder, followed by a letter with a moderate tone, followed by a letter with a more stern tone, etc. For example, if you limit the names to only those who are delinquent and have received collection letter #1 within the last 30 days, then you can select collection letter #2 for this printout, and only these people will receive it.**

  Exclude If Sent Word Letter This choice is the exact opposite of the "Include" choice above. This will allow you to exclude people who have received a certain collection letter within a period of time that you will supply.

Note

The Accounts Receivable parameters screen as well as the Patient Report parameters screen both have an output option for mailing labels. This is internal to the program and not part of MS Word. After printing your merge letters through MS Word, leave the parameters screen with the same settings and print mailing labels for the letters you have just printed.

Patient Report (single patient names)

The Patient Report is the most versatile Diamond Dental Software report with the most options. The *Guarantor Names Only* option is considered another category of report and is discussed separately. From the Reports Menu click *Patient Report*. The Patient Report parameters screen will display. This screen has page one and page two tabs to see all the options.

Patient Report Data File (PTmerge.doc)

The data file that Diamond Dental Software creates for the Patient Report is PTmerge.doc. This is created in the Diamond Dental Software directory (PROGRAM FILES\DIAMOND DENTAL SOFTWARE) unless you modified this setting in the Microsoft Word Mail Merge Maintenance screen (see screen above). The PTmerge.doc file data has the following fields (all fields refer to those entered as patients into an account):

FirstName
MI (middle initial)
LastName
Title
SrJr
SalutationName (whatever was entered in this field by user)
FullFormalName (such as Mr. Thomas A. Edison Sr.)
FirstNamePlusMI (such as Alfred E.)
Account_ID
Patient_Type
Chart_Number
FirstVisit (date)
LastVisit (date)
LastStatementDate
Age
BirthDOW (birthday day of week, Monday, Tuesday, etc. for a birthday that is coming up, not the day they were originally born)
BirthMonth (month of birth, January, February, etc.)
Bdayth (the birth day such as 1st, 2nd, 24th, etc.)
DoctorInitials (initials for assigned doctor for this account)
Street_Address
City
State
Zip_Code

BalanceAmount
DueNowAmount
CurrentAmount
Over30Days
Over60Days
Over90Days
LastPaymentDate
LastPaymentAmount (from the patient)

These fields are available to you if you create your own merge letters.

Useful Features of the Patient Report Parameters Screen

The Patient Report Parameters screen has several features you might find useful in generating merge letters. These are

- **First Visit Date Range This will find patients who are new to the office. Use this in conjunction with Diamond Dental Software's *Welcome To the Practice* letter.**
- **Patient Birthday Range Use this to find patients who have a birthday coming up and send them Diamond Dental Software's *Birthday* letter.**
- **Include If Sent Word Letter See discussion about this item above in the Accounts Receivable section.**
- **Exclude If Sent Word Letter See discussion about this item above in the Accounts Receivable section.**

The Patient Report has a multitude of options and the PTmerge.doc file has numerous fields making the merge letter possibilities unlimited. The ability to create your own merge letter documents will be discussed later in this chapter.

Patient Report - Guarantor Names Only

When using the *Guarantor Names Only* option of the Patient Report, the data records will be limited to only the Guarantor names of the patients who qualified for the report. So if you want to send a letter to all Blue Cross patients, there will be only one letter generated per household, not multiple letters for each family member who is a patient.

With the exception of the output, much is the same with the Patient Report when using the Guarantor option as was discussed above. We will now highlight the differences.

Patient Report (Guarantor Only – "Responsible Party Names") Data File (PTAmerge.doc)

The data file that Diamond Dental Software creates for the Patient Report is PTAmerge.doc. This is a different file with different field then that created for the regular Patient Report output which was PTmerge.doc. The PTAmerge.doc file is created in the Diamond Dental

Software directory (PROGRAM FILES\DIAMOND DENTAL SOFTWARE) unless you modified this setting in the Microsoft Word Mail Merge Maintenance screen (see screen above). The PTAmerge.doc file data has the following fields (all fields refer to the Guarantor for the account):

Account_ID
FirstName
MI (middle initial)
LastName
Title
SrJr
SalutationName (whatever was entered in this field by user)
FullFormalName (such as Mr. Thomas A. Edison Sr.)
FirstNamePlusMI (such as Alfred E.)
Street_Address
City
State
Zip_Code
HomePhone
WorkPhone
WorkExtension
BalanceAmount
DueNowAmount
CurrentAmount
Over30Days
Over60Days
Over90Days
LastPaymentDate
LastPaymentAmount (from the patient)
LastStatementDate
First_DDS (first name of assigned doctor)
Last_DDS
Degree_DDS

Recall Printing Letters

Printing Recall offers many output options including postcards, mailing labels, and the Recall Phone Report. There is also an MS Word Merge Letter option available. From the Main Menu click Print Recall. The Recall Printing Parameters screen will display.

Note

All the rules of recall printing apply when printing recall letters. See the chapter on Recall Printing for a full discussion.

Recall Printing Data File (RECmerge.doc)

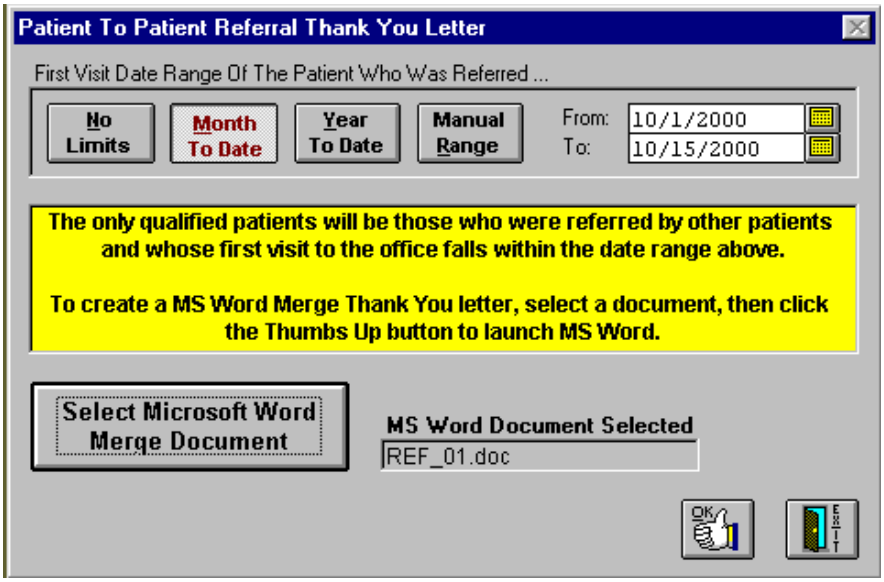
The data file that Diamond Dental Software creates for the Recall Printing is REC-merge.doc. This is created in the Diamond Dental Software directory (PROGRAM FILES\DIAMOND DENTAL SOFTWARE) unless you modified this setting in the Microsoft Word Mail Merge Maintenance screen (see Figure 1). The RECmerge.doc file data has the following fields (all fields refer to the patient being recalled):

Account_ID
FirstName
MI (middle initial)
LastName
Title
SrJr
SalutationName (whatever was entered in this field by user)
FullFormalName (such as Mr. Thomas A. Edison Sr.)
FirstNamePlusMI (such as Alfred E.)
LastVisit (date)
RecDate (the patient's recall date)
MTuWThF (the day of the week of the recall date, Monday, Tuesday, etc.)
Month (the month of the recall date, January, February, etc.)
Day (the day of the recall date in the form of 1st, 2nd, 3rd, 24th, etc.)
Time (the time of the recall appointment such as 10:15 AM)
Recall_Category (established when setting recall)
Recall Message (the same message that would have printed on the postcard)
DDSHygiene_Name (the name of the provider assigned to this recall)
Street_Address
City
State
Zip_Code

Diamond Dental Software has included a recall letter for you to print, or you can design your own.

Patient Referral Thank You Letters

Patient Referral Thank You Letters has its own parameters screen that is for merge letter printing only. From the Main Menu click *Reports*. From the Reports Menu click *Patient Referral Thank You*. The Patient Referral Thank You parameters screen will display



This letter is to the patient who referred someone else, not to the patient who is coming in for the first time. The only options for thank you letters is the date range and the document selection. The date range refers to the *referred* patient's first visit date to the office. Just click the OK button and MS Word will open.

Patient Referral Thank You Data File (REFmerge.doc)

The data file that Diamond Dental Software creates for the Recall Printing is REFmerge.doc. This is created in the Diamond Dental Software directory (PROGRAM FILES\DIAMOND DENTAL SOFTWARE) unless you modified this setting in the Microsoft Word Mail Merge Maintenance screen (see Figure 1). The REFmerge.doc file data has the following fields:

Account_ID
FirstName (of the patient who did the referring)
MI (middle initial)
LastName
Title
SrJr
SalutationName (whatever was entered in this field by user)
FullFormalName (such as Mr. Thomas A. Edison Sr.)
FirstNamePlusMI (such as Alfred E.)
Street_Address
City
State
Zip_Code
First_Visit_Date (of the patient who was referred)

ReferredFirst (first name of the patient who was referred)
ReferredLast (last name of the patient who was referred)
He_She
His_Her
Him_Her

The last three variables, He_She, His_Her, and Him_Her will change in the letter according to the sex of the patient who was referred. For example, in Diamond Dental Software's Thank You letter that is included with the program, there is the following sentence:

During our initial conference, «he_she» has informed me that «he_she» had chosen us based upon your recommendation.

The Thank You letter can be a valuable tool to maintain and build your practice. You the included Diamond Dental Software letter or design your own.

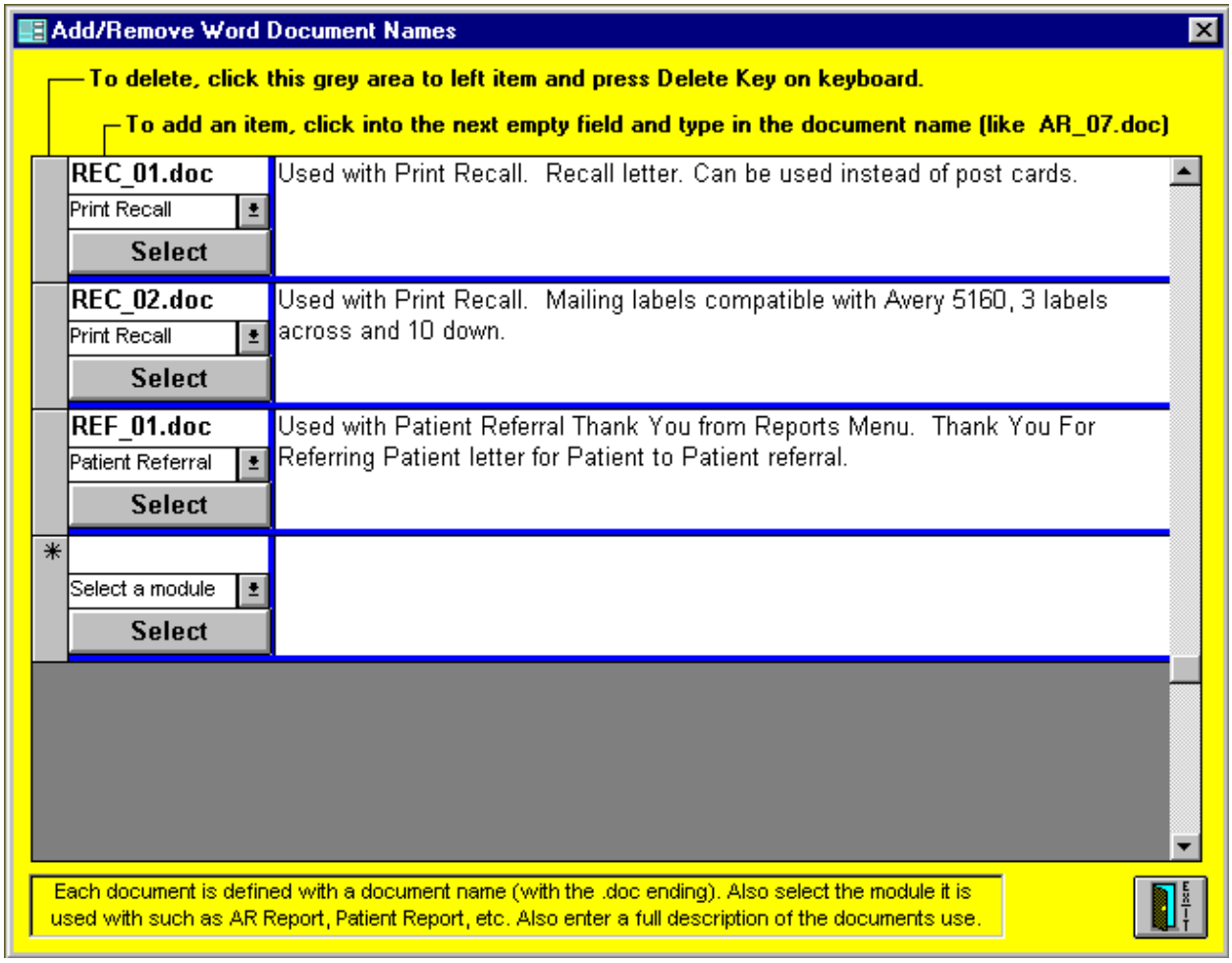
Creating Your Own Merge Letters

To create your own merge letters, simply copy one of Diamond Dental Software merge letters with the *Save As…* choice from the MS Word Files menu. When you use *Save As*, you will be given the opportunity to create a duplicate of the current document with another name. Once saved, you may modify the new document in any way you wish. When a new letter is created in this manner, functionality of the letter is also duplicated. That is, the ability to embed variables from the Diamond Dental Software data file is built into the new letter.

We suggest following the naming conventions set by Diamond Dental Software when you create your document. The conventions are:

AR_XX.doc	For Accounts Receivable documents
PT_XX.doc	For Patient Reports documents
PTA_XX.doc	For Patient Reports with Guarantor Only option
REC_XX.doc	For Print Recall documents
REF_XX.doc	For Patient to Patient Referrals

Once the document is created you need to enter the document name, description, and type into Diamond Dental Software. Starting from the Main Menu click *Utilities*. From the Utility Menu click *MS Word Mail Merge Maintenance*. Then on the maintenance screen click *Edit Main Document Names and Descriptions*. The Add/Remove Main Documents Name screen will open. On this screen scroll down to the last document. The record below the last document is blank with an asterisk (*) on the left. This is where you will enter the new documents information. There are three areas to enter: an empty text box where you will enter the document's name, a large empty memo area where you will enter the document's description, and a drop down box (which says "Select a module") where you will select the type of document (Accounts Receivable, Patient Report, etc.). After entry, click *Exit* to leave the screen.



Add/Remove Main Documents Name screen. To add a document name click in the empty text box with the asterisk (*) to the left. Enter the document name. Click inside the empty memo field and enter the description. Click on the down arrow of the drop down box the says “Select a module” and pick the type of document.

As mentioned earlier, there are five categories of Diamond Dental Software merge letters. Each of these letter categories uses a different data file. The five data files with their related categories are:

ARmerge.doc	Accounts Receivable Report
PTmerge.doc	Patient Report (single patient names)
PTAmerge.doc	Patient Report (Guarantor names only)
RECmerge.doc	Recall Printing
REFmerge.doc	Patient Referral Thank You.

You may modify the letters in any way you wish within the parameters of the variables available for the data file. The data files themselves are not modifiable. The ARmerge.doc data file contains the fields it contains and the structure of the file is not under your control. The same applies to the other categories of data files that Diamond Dental Software creates.

Note

When getting into a merge document, either those of your own creation or those included from Diamond Dental Software, it is best to access these documents through Diamond Dental Software rather than the directory from MS Word. The documents need their associated data file to properly display, and the data file is created by Diamond Dental Software just before it launches MS Word. Once these data files are created once, however, you can access the documents directly from MS Word because the data files are never deleted, they are simply overwritten when a new data file is created.

Embedding Field Variables into a Merge Letter

Once you are inside MS Word and have the merge document displayed, you may modify it in any way. With the letters included from Diamond Dental Software, you will of course need to enter your own letterhead or leave the letterhead blank if you are using paper that has a pre-printed letterhead.

To embed new variable fields into the document you will move the insertion point (the blinking cursor) to where you want the item inserted. Then on the Merge Toolbar of Microsoft Word you will click the *Insert Merge Field* button. This will drop down a list of all the available variable fields for this letter. Click on the field you want, and it will be placed wherever the insertion point is located.

Treat merge fields just like typed words. That is, place spaces, or don't places spaces as appropriate. For example:

Dear <<SalutationName>>,

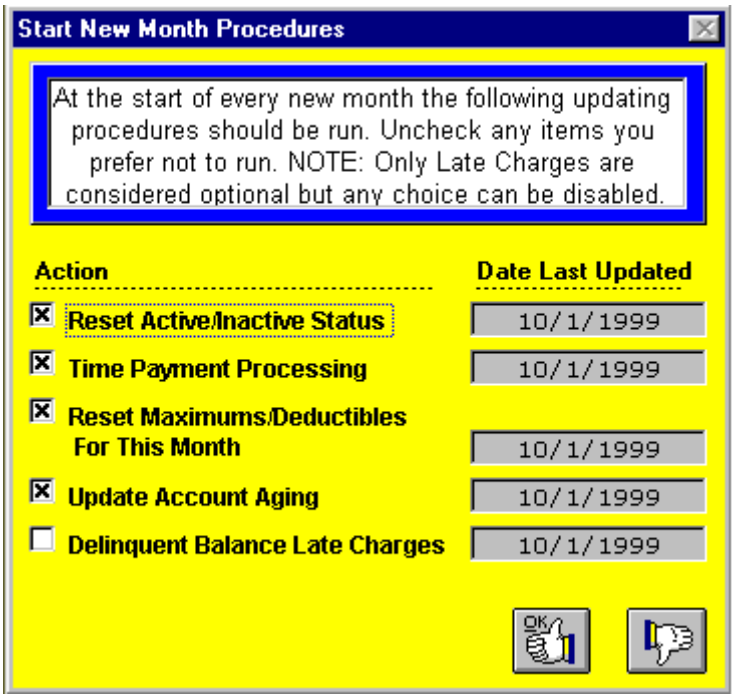
In the example above, there is a space after the word "Dear" and there is no space between SalutationName and the comma.

Chapter

24

24: New Month Updating

At the beginning of each month you should run New Month Updating. From the Main Menu click *Utilities*. From the Utility Menu click *New Month Updating* and the screen will open. This is a once a month routine that we suggest be run at the beginning of the month, but can be run at any regular time, as long as it is once a month.



New Month Updating screen. The only optional choice is the last one, Delinquent Balance Late Charges. As the screen opens, this is not checked. If you want Late Charges, check this choice before clicking OK.

Note

Late Charges are bypassed for accounts marked with the *Special* option and for accounts marked with the *Collection* option. These buttons are seen on the Account Information Entry screen.

The screen opens with all choices checked except the last one, Delinquent Balance Late Charges. If you want to charge late charges for delinquent balances, then check the last choice before clicking OK. Click OK to start the process. When updating is complete, simply exit. The Date Last Updated fields will be updated automatically, indicating the last time updating was run.

Do not run New Month Updating more than once a month. If you have patients on time payments, the time payment charge will increment each time it is run. This is also true for Late Charges if you are running that option.

Note

If you are on a network, be certain no other users are in the program while New Month Updating is being performed.

New Month Updating performs five functions. These are:

Reset Active/Inactive Status
Time Payment Processing
Reset Maximum/Deductibles for This Month
Update Account Aging
Delinquent Balance Late Charges

These functions will now be discussed.

Reset Active/Inactive Status

Some reports use the Active/Inactive status as a filtering option. An *Inactive* account is one where the balance is zero and all patients in the account have been marked as *Treatment Complete*. Treatment Complete is set before leaving the Posting screen with the Treatment Complete button in the lower right corner labeled *Tx Done*. *Active* accounts either have an outstanding balance, or one or more patients in the accounts are considered *Treatment Not Complete*.

When this update function is performed, the program will scan through all your accounts and mark them as either *Active* or *Inactive* according to the criteria just described.

Time Payment Processing

If you have set accounts for Time Payments, it is during this part of New Month Updating that the Time Payments are calculated. When you created your time payment contract, a certain amount was called the “Total Amount Financed.” This amount is what the patient owes on the contract. It is considered the “Loan” amount. This Loan amount is considered to be already owed by the patient, but Time Payments sets the Due Now amount to equal whatever the Down Payment was set for. The Due Now amount is what the patient is expected to pay now.

The Time Payment contract also established a monthly payment that would be due by the patient. This monthly payment will be added to the account's Due Now amount during New Month Updating. The monthly payment is composed of two parts, the *principal* and the *interest*. The principal is the part that reduces the loan amount, month by month. The interest is an extra added charge for the service of providing the loan to the patient. Principal plus Interest together equals the monthly payment. As months go by, the interest portion decreases and the principal portion increase, but together, they also equal the amount of the monthly payment.

New Month Updating will increase a time payment account's Due Now with a Due Now adjustment by the amount of the monthly payment. In addition, if there is interest, it will post a Finance Charge into this account's ledger which will increase the Balance by the amount of the Finance Charge.

Note

After running New Month Updating you will see Finance Charges in the Day Sheet for accounts on time payments who were set up with interest. The Due Now adjustment that increases the account's Due Now amount is not shown on the Day Sheet. Due Now adjustments are never displayed on the Day Sheet.

When there has been enough monthly cycles to reduce the loan amount to zero, the account is removed from time payment status.

Reset Maximums/Deductibles for This Month

If you are using Automatic Benefit Calculation for your insurance accounts, the program will refresh the maximums and deductibles of your patients on whatever month is set in the *Plan Year* field of their benefit plan record. This is usually January. The amount that is entered is whatever Maximum and Deductible is recorded into that benefit plan record.

Note

The New Month Updating program simply bypasses patients who are not set for Automatic Benefits. You do not need to uncheck this choice before performing the update. This is also true for the Time Payment function. There is no need to uncheck if you have no one on time payments.

Update Account Aging

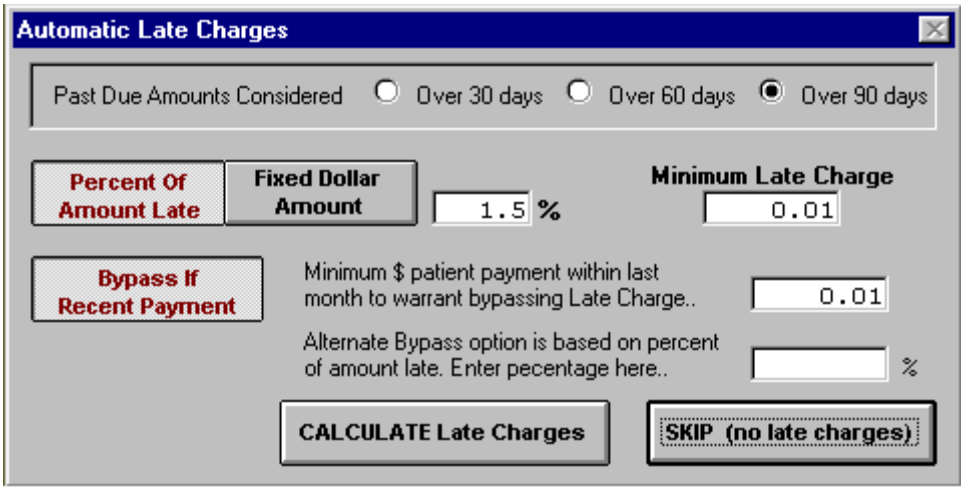
This is the function that ages your accounts. The program will scan all your accounts and properly distribute the Due Now amount in the categories: Current, Over 30 Days, Over 60 Days, and Over 90 Days. It is only the Due Now amount that is aged. If an account has a $1000 balance that is 18 months old but a Due Now amount that is zero, then the aging numbers will be zero.

Note

Use the Zero Due Now Tracker option of the Accounts Receivable report to find accounts that are not getting billed or aged as a result of the Due Now amount being left at zero improperly.

Delinquent Balance Late Charges

If you want to impose a Late Charge on accounts that are delinquent, check this box. It is the only box that is not checked by default when the New Month Updating screen opens. The Late Charges option runs last, after all the other functions have been performed. At that time the Late Charges screen will open.



Automatic Late Charges. This screen will open after all the New Month Updating functions have finished processing.

The Automatic Late Charge screen has several elements and these will now be discussed.

Past Due Amounts Considered

Select to consider among Over 30 days, Over 60 days, or Over 90 days delinquent. When the Late Charge is calculated, only the amount you select will be considered. For example, if an account has a Due Now of $200, with $30 Over 30 days, $70 Over 60 days, and $100 Over 90 days, and you select to consider only Over 90 Days late, then the late charge will be calculated using only the $100 which is over 90 days late.

Percent of Amount Late / Fixed Dollar Amount

You will indicate if the late charge will be calculated using a percentage (of the amount that is late) or a fixed dollar amount. The percentage option is the usual choice. The Late Charge screen opens with 1.5% already selected. So on a $100 delinquent amount, the Late Charge will be $1.50. You may change this percent amount to any amount you prefer.

If you use a Fixed Dollar Amount, you will be asked to enter that amount. For example, if you set the dollar amount to be $2.00, then all accounts who qualify as delinquent will have a Late Charge of $2.00 posted.

Minimum Late Charge

The Late Charge screen opens with the Minimum Late Charge set at $0.01 (1 cent). Late charges may calculate out to any amount. For example, you may have some that are 2 cents, 9 cents, 42 cents, etc. If you set the Minimum Late Charge to be $1.00 (1 dollar), then no late charge will be posted at less than 1 dollar. That means that an account that would have had a late charge calculated at 14 cents will now have a late charge posted at 1 dollar instead.

Note

The Minimum Late Charge does not suppress late charges for accounts whose charge calculates out to a small amount. Instead, it increases their late charge to equal whatever minimum amount is set.

Bypass If Recent Payment

You have the option to bypass late charges for accounts that have made a payment within the last month, if that payment meets one of two criteria:

- **Minimum Dollar Amount If the patient has made a patient payment within the last month that meets the minimum dollar amount that you will set, then late charges are bypassed.**
- **Percentage of Amount Late If the patient has made a patient payment within the last month that meets the minimum dollar amount based upon a percentage that this account is late, then the late charge will be bypassed. For example, if the account is $100 delinquent, and you set the percentage at 30%, then the late charge will be bypassed if there was a patient payment within the last month of at least $30.**

Calculate Late Charges button

When the Automatic Late Charges screen is to your satisfaction click the *Calculate Late Charges* button and processing will commence. You still have the option to click the *Skip* button and no late charges will be calculated.

Note

Late Charges will be posted into the patient's account and seen in the ledger as Service Charge. This will also be visible on the Day Sheet for that day.

Chapter

25

25: Archiving

Archiving an account essentially gets it out of the way. You cannot archive individual patients in an account and not others -- it is all or none. If you know that members from this account are not coming back or not coming back for a long time, you might consider archiving the account.

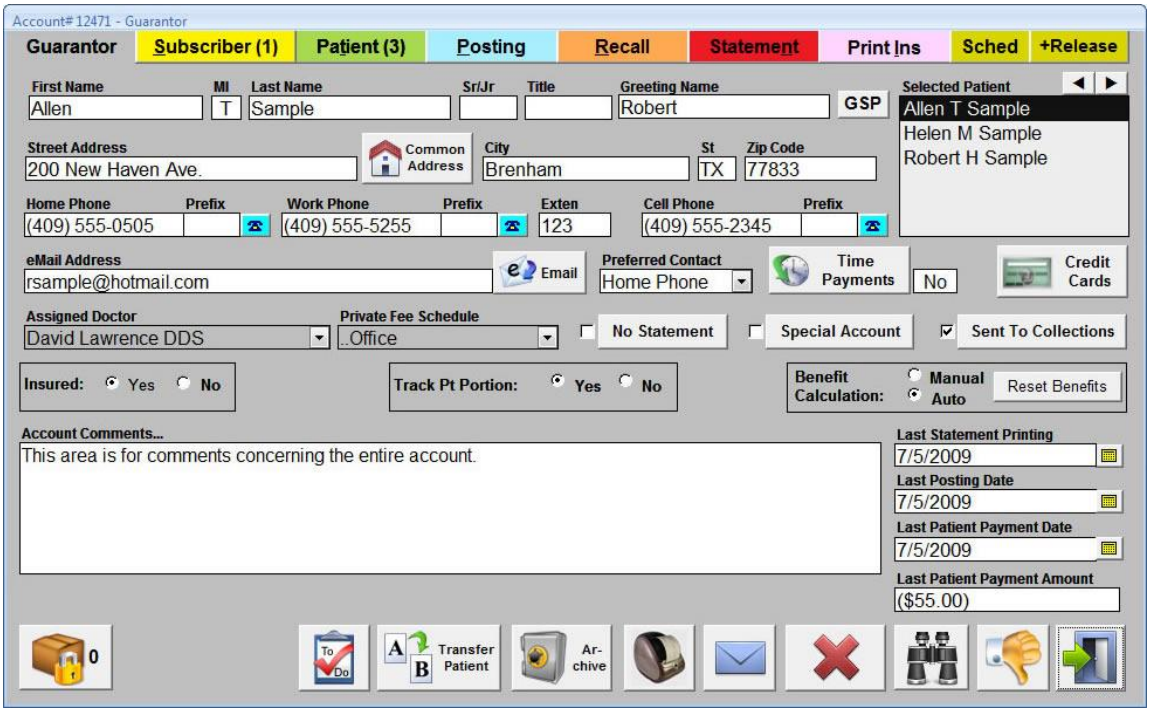
The purpose of archiving is to remove clutter from your database. If you don't want patients who have not been in for a long time to stop showing up on reports or searches, then you might consider archiving.

Archiving can be done singly or in bulk. You cannot archive an account with a non-zero balance.

Archiving a Single Account

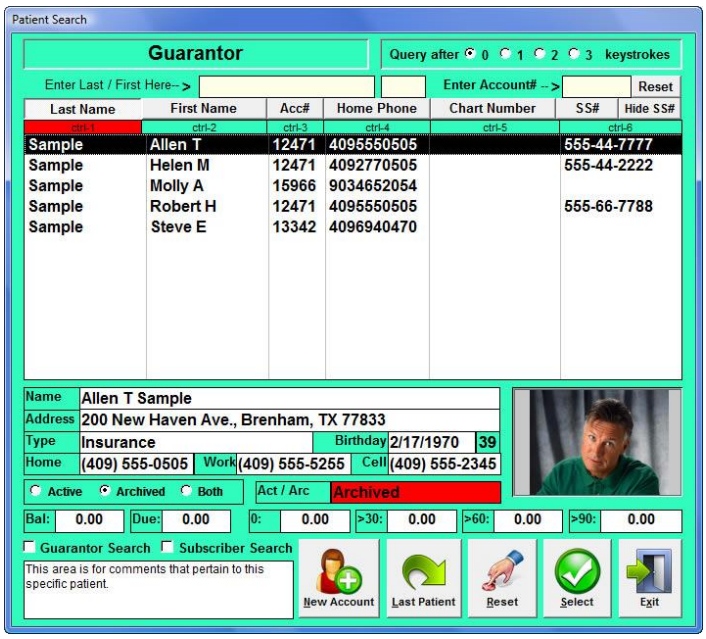
To archive a single account go to the "Guarantor" tab screen.

If the balance is zero, simply click the *Archive* button (the button with the safe). You will be asked if you are sure you want to archive, and say "Yes". That's all you have to do.



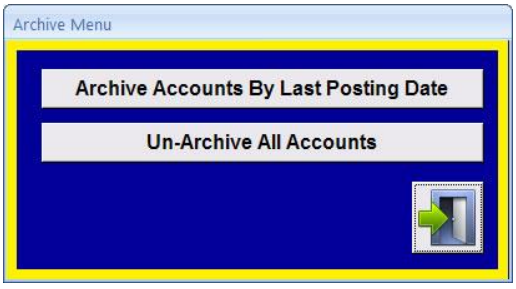
Un-Archive a Single Account

Un-archiving a single account is accomplished using the Patient Search screen. In the lower left section of the Patient Search screen are *Active*, *Archived*, and *Both* radio buttons. Select Archived and the patients you will be showing up in the search screen will be archived patients. Highlight the patient you want and click the *Select* button. You will be prompted to click Yes to un-archive the account and the account will become Active. You will be in the Account Tabs with that account, ready to perform whatever task you wish.



Bulk Account Archiving

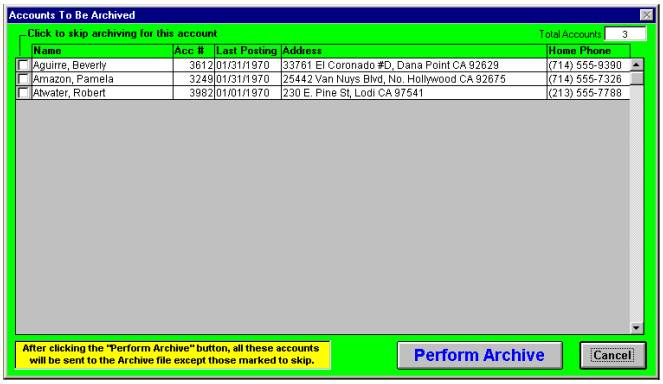
Archiving can be performed in bulk based upon accounts with a zero balance whose last posting date falls within a specific range. From the "Main Menu" click *Reports* and from the "Reports Menu" click *Archives*. The "Archive Menu" seen here will open. Click on the *Archive Accounts by Last Posting Date* and the "Archive Account – Qualifying Last Posting Date" screen will open.



On this screen it is suggested you just leave the *From* date and 1/1/1980. The *To* date is the key. For example, if you want to archive all accounts who have not been in for two years or more, then make the *To* date equal to today's date minus two years. Patient's whose last posting date was more recent than that would not fall within that range and will not be archived. All other patients will be archived.



To perform the archive and to see who and how many accounts will be archived click the *View Accounts to be Archived* button. A sample is seen here. The qualified accounts are displayed. You can scan through the list and check individual



accounts you would prefer not be archived if desired.

When you are ready, click the *Perform Archive* button to bulk archive all the qualified accounts.

Un-Archive All Accounts

Another choice on the “Archive Menu” is *Un-Archive All Accounts*. This does just what it says. If you click this button you will simply be given a Yes/No choice to proceed. If you proceed, all archived accounts will be brought back to active status.

Printing a List of Archived Accounts

There is no special archive report; however, both the Accounts Receivable report and the Patient report have filters for archiving. These are *Include Archived Accounts* and *Archived Account Only*.

Include Archived Accounts

Use this filter on the Accounts Receivable report and the Patient report to include archived accounts. This means your entire database will be qualified to print, both active and archived.

Archived Accounts Only

Use this filter on the Accounts Receivable report and the Patient report to limit these reports to archived accounts only. Active accounts will be excluded.

Chapter

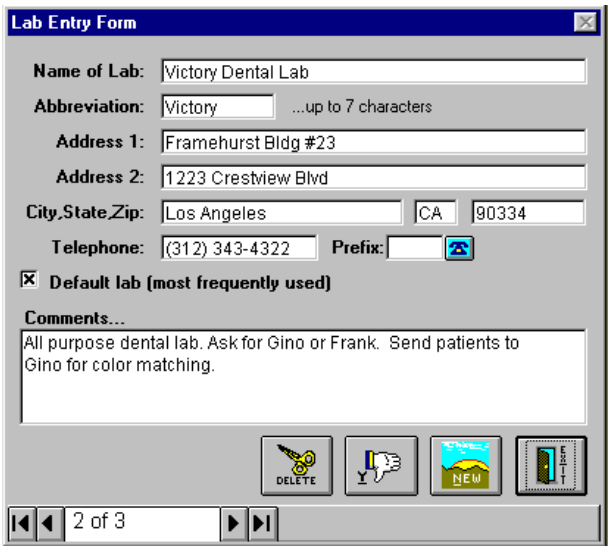
26

26: Lab Tracking

Full lab tracking is integrated into the Diamond Dental Software program. With Lab tracking you can know exactly how many lab cases are out, to what labs they went, what lab services are being performed, and when the cases are due back. You may view lab cases for individual patients or print the new Lab Tracking Report for a practice-wide lab status overview.

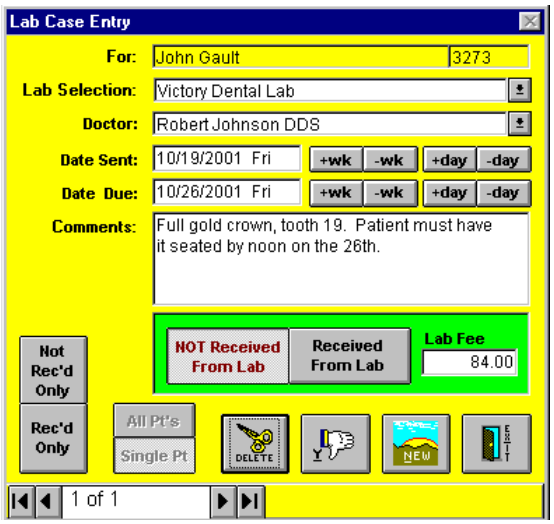
Entering Labs into the Computer

Before you can track your lab cases you must create at least one lab record. This is the actual lab to which your cases are sent. From the Main Menu, click on *Reports*. From the Reports menu, click on *Lab Tracking*. The Lab Tracking menu will display. Click the *Add/Edit Labs* button and the Lab Entry Form screen will display. To create a new lab entry, click the *New* button. The screen will clear and will be ready for data entry.



Creating a Lab Case

With at least one lab created, you are ready to create lab cases within Diamond Dental Software. This is done using the Posting screen. On the Posting screen is a button entitled *Lab*. When you click this button for a patient who has never had a lab case tracked, you will be asked if you want to create a lab case. Answer Yes and the Lab Case Entry screen will open, ready for entry. If the patient has had lab cases tracked in the past, the Lab Case Entry screen will open, displaying that patient's previous lab cases. To create a new lab case, click *New* and the screen will clear, ready for a new entry.



Lab Case Entry. Use this screen to select the lab, set the Dates Sent and Due, and enter unlimited comments about the case.

On the Lab Case Entry screen, the lab that was designated as the default lab will be pre-selected automatically, but this can be changed to any entered lab. The Date Sent will be filled in automatically with the current date. The Date Due needs to be filled in by the user. You may use the convenient plus/minus week or plus/minus day buttons, or directly type in the date. Use the Comments section to enter describe the case. There is no limit to the amount of comments you can enter. If you wish, you can enter the lab fee in the box indicated.

Lab Tracking is established by the designation of "Not Received" or "Received" from the lab. When a new case is created, the *Not Received From Lab* button is selected. When the case is returned back from the lab you will click the *Received From Lab* button. That is the completion of the lab tracking cycle.

Lab Tracking on the Screen

When a case is returned back from the lab, you must mark it as Received on the Lab Case Entry screen. You may access this screen from Posting or the Reports Menu. If you go through Posting the Lab Case Entry screen will only be showing you the lab cases for that one particular patient. If you go through the Reports menu, you will be looking at the lab cases for the entire patient database, the most recent first. You may use the screen's navigation buttons to step through the cases.

The Lab Case Entry screen contains two useful filter buttons entitled *Not Received Only* and *Received Only*. Click the Not Received Only button to filter out cases that have been marked as received. You will then be viewing only outstanding lab cases. You may also click the Received Only button to display only cases that have been received. The Lab Case Entry screen also has a Single Patient Search button to limit the screen to a single patient if you have accessed the screen via the Reports menu.

As previously mentioned, your primary action is to mark lab cases as Received as they come back. Simply click the *Received From Lab* button and lab tracking is completed for that case.

The Lab Tracking Report

To print the Lab Tracking Report, click the *Reports* button from the Main Menu. From the Reports Menu, click *Lab Tracking*. From the Lab Tracking menu, click *Lab Tracking Report*. The Lab Tracking report contains all the pertinent lab tracking information including the entire comment that was entered for the case. The report can be sorted in numerous ways, and has several report filters including: All Patients or Single Patient, Date Sent Date Range, Date Due Date Range, All Doctors/Single Doctor, All Labs/Single Lab, Received Only, Not Received Only.

Chapter

27

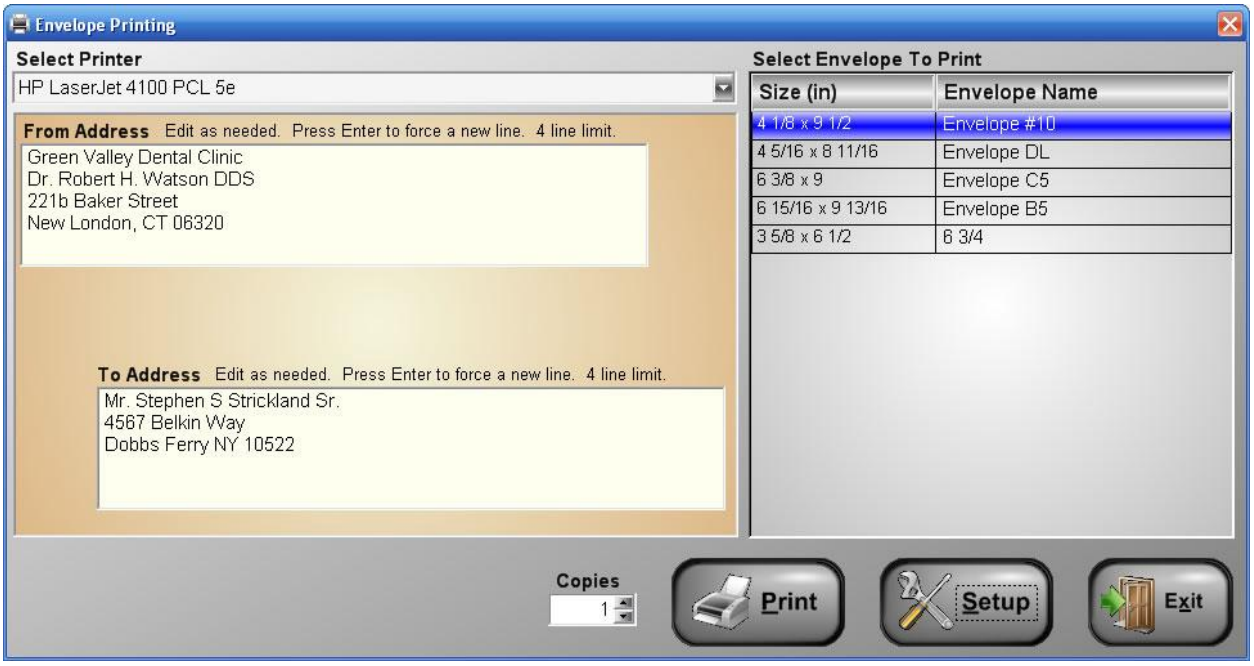
27: Single Label and Envelope Printing

Diamond Dental Software has the ability to print with your regular Windows printer and to print single labels through the use a dedicated label printer such as the Dymo Label Printer.

Envelope Print- ing

Many screens throughout the program have the Envelope button seen above. When a screen includes this button, a single envelope can be printed to the person (or entity) that the screen contains. Screens capable of envelope printing include: Guarantor, Patient, Insurance Subscriber, Phone Book Entry, Employer, Insurance Carrier, and more.

When you click the Envelope button the “Envelope Printing” screen opens as seen here.



Note

Before printing envelopes for the first time you must setup envelope printing. Setup will be discussed shortly.

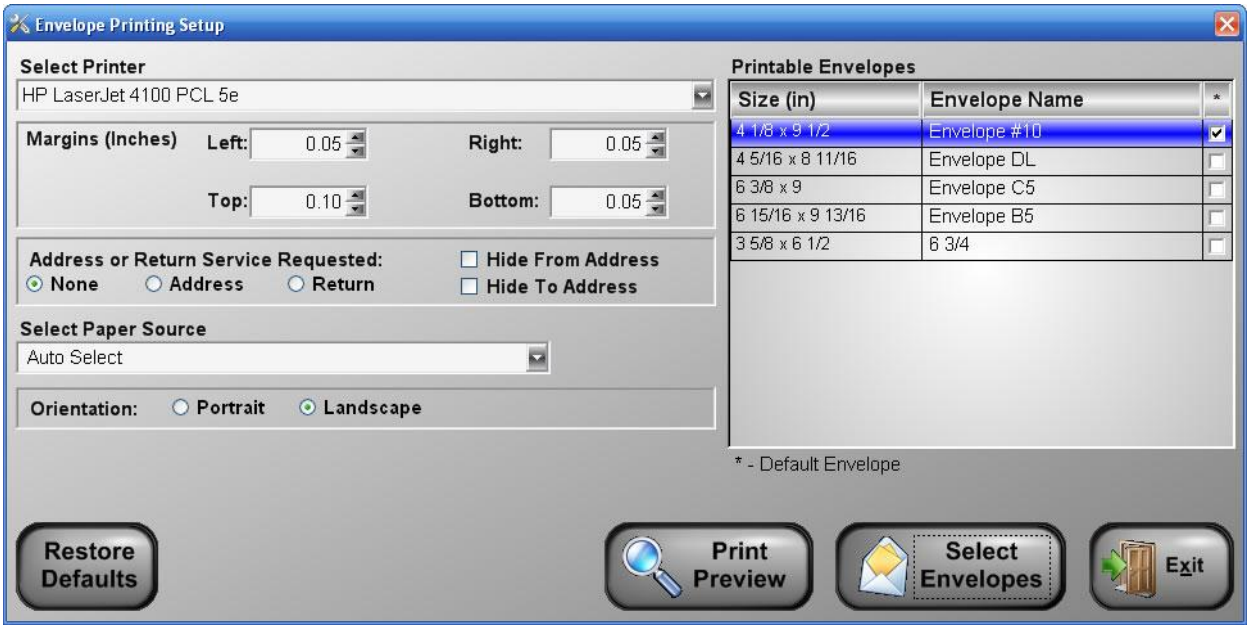
On the "Envelope Printing" screen, the *From* address and the *To* address are filled in for you. Both these fields can be edited and any changes you make will show up on the envelope that is printed. However, any changes you make to these fields will not affect the underlying data stored in the database.

At the top of the "Envelope Printing" screen you can select a printer from a drop down list of all the printers available for the particular computer that you are on. Whatever printer is selected when you exit the "Envelope Printing" screen will be the printer that is selected when you come back into the screen.

On the right side of the "Envelope Printing" screen you can select which envelope you want to print. Again, during setup you can select a default envelope for printing.

To print the envelope, make sure you have an envelope loaded in your printer and click the *Print* button.

Envelope Setup



Before printing envelopes for the first time you must setup envelope printing. You first time into the "Envelope Printing" screen click the *Setup* button. The "Envelope Printing Setup" screen will open.

Note

The "Envelope Printing Setup" screen is based on the selected envelope seen at the right of the screen. Before any setup for a particular envelope can be performed, the selected printer must have one or more associated envelope sizes. Associating envelopes with a particular printer is discussed in the next section

Printable Envelopes

The "Envelope Printing Setup" screen refers to the selected *Printable Envelope* that is highlighted on the right side of the screen. As you click on different envelopes the screen setting will change. Click the checkbox to the right of the envelope to select that envelope as the default. The default envelope will be the one highlighted when the "Envelope Printing" screen is entered.

Select Printer

The group of printable envelopes seen on the right of the "Envelope Printing Setup" screen is dependent on which printer is selected at the top of the screen. Each printer has its own group of printable envelopes, and each printer will have its own default envelope. Associating envelopes with a particular printer is discussed in the next section.

Margins

If you find the margins are not quite right for your particular printing you can modify the margin settings. The most important margin settings are the Top and Left margins. Set the Top margin smaller to move the printing up and make the Top margin larger to move the printing down. Make the Left margin smaller to move the printing to the left and make the Left margin larger to move the printing to the right.

Address or Return Service Requested

Since envelopes may have a return address, Diamond Dental Software can print *Address Service Requested* or *Return Service Requested* on the envelope, just below the return address. Note: you also have the option of printing neither of these if you wish. When people move and leave a forwarding address with the post office, their mail will be forwarded to them. The person sending the letter will not know of the move, but the mail will arrive. If *Address Service Requested* is printed on the envelope, the mail will be forwarded as before, but the post office will also send you a notification of the new address, which allows you to update your records. If *Return Service Requested* is printed on the envelope then the post office will not forward the mailed item to the new address, but instead will return the piece to you with the person's new address printed on the returned envelope. This allows you to update your records but also gives you the option to decide whether or not to re-mail the item. For example, if the patient has moved to another state, re-mailing may not be appropriate. Both these post office services cost you about fifty cents per piece (at the time of this writing).

Hide From or To Address

If you have a reason to hide either the “From” or the “To” address, you have that option. One common reason to hide the “From” address is if you are using envelopes that have your office’s return address already pre-printed on the envelope. In that case, suppressing the “From” address from printing would be appropriate.

Select Paper Source

Many printers have multiple paper trays that can hold different size paper, including envelopes. You have the option of selecting a particular paper tray (or source) if desired. Many printers have an envelope feeder, that when the printer senses an envelope in the feeder it automatically uses it. In that case you would want to select “Auto Select”.

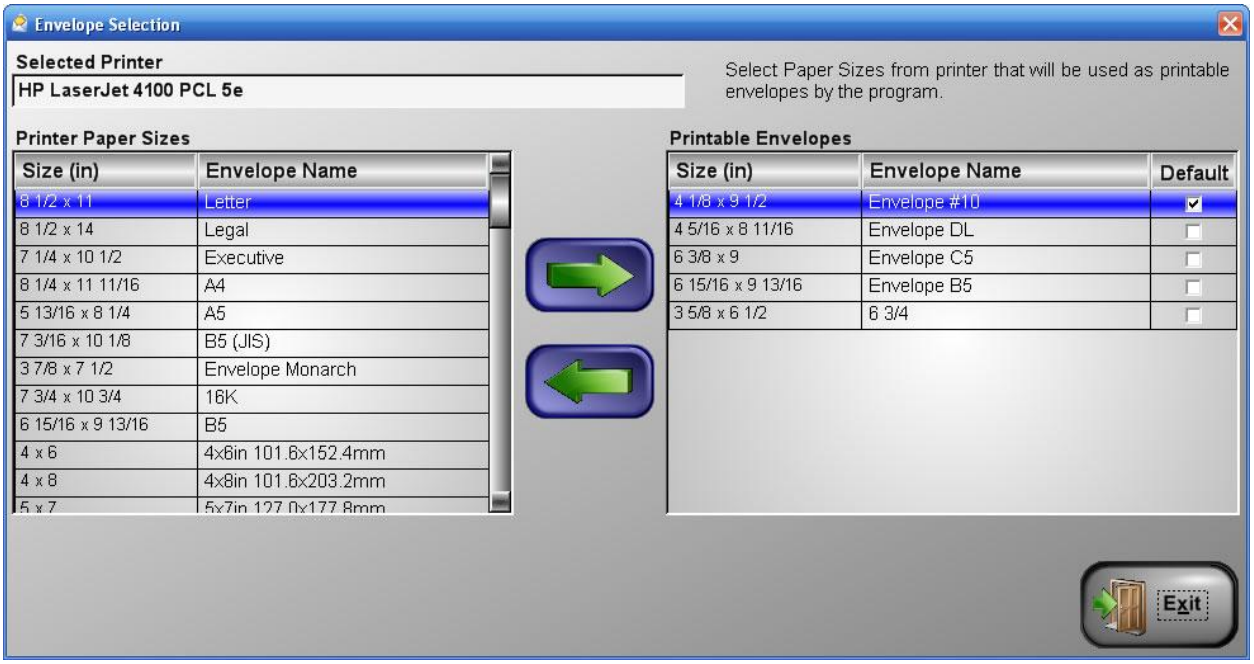
Orientation

Orientation can be either “Landscape” (horizontal) or “Portrait” (vertical). Select whichever is appropriate for the particular envelope in question. Landscape is almost always the correct orientation for envelope printing.

After you have the envelope setup the way you want it, your changes will be saved upon exiting the “Envelope Printing Setup” screen.

Envelope Selection

With regard to envelope printing, we are discussing envelope selection last although it is actually the first part of the setup process. You cannot print envelopes until you have set them up, and you cannot set them up until the particular printer you are using has envelopes associated with it. Associating envelopes with a printer is what we are calling Envelope Selec-



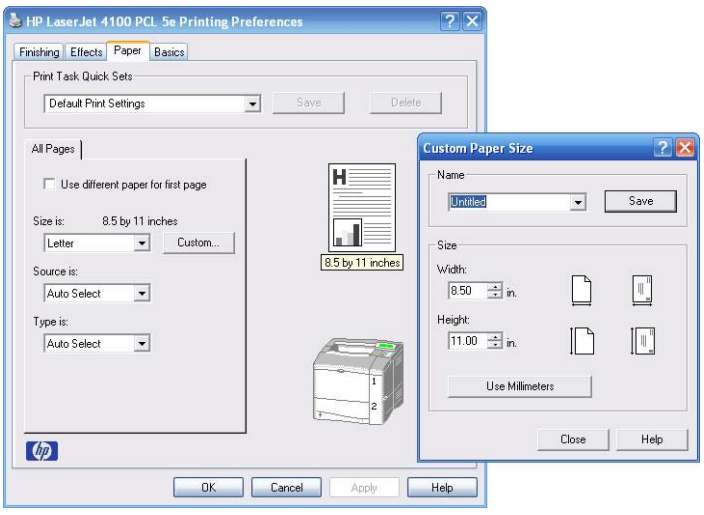
tion. On the “Envelope Printing Setup” make sure the printer you want to select envelopes for is selected, then click the *Select Envelopes* button. The “Envelope Selection” screen will appear. On the “Envelope Selection” screen the printer that is selected will be the one that was the selected printer on the previous “Envelope Printing Setup” screen. If the correct printer is not selected, close the Selection screen and pick the proper printer and then re-open it.

The “Envelope Selection” screen presents two columns. On the left side are all the paper sizes available for that printer and they are gotten from the Windows printer driver for that printer. Some of these are envelope sizes, most are not. On the right side is the column of printable envelopes that will be made available to Diamond Dental’s envelope printing program. To get items from the left column to the right, highlight the paper size, then click the large right arrow button. If you make a mistake, use the left arrow button to move it back from the right to the left.

The envelope names seen on the left might seem a little cryptic. These names were invented by whoever is in charge of naming envelopes for planet Earth. More useful would be the Size of the paper which is displayed in inches. For example, the Envelope #10 is 4 1/8 x 9 1/2. Use the dimensions as your guide to determine what size envelopes are available for your printer.

Custom Envelope Sizes

The printer paper sizes seen in the left column come from the printer itself. These are all the sizes the printer is capable of printing. You might not see the particular size you want. If that’s the case you very likely can create a custom envelope size. If you look at



the “Envelope Selection” screen above, you will notice an envelope with the name 6 3/4 with dimensions of 3 5/8 x 6 1/2 inches. This is a common envelope that can be found at most stationary stores, but the printer we were using did not include it in its standard list of paper sizes. The printer was an HP LaserJet 4100. However, as with most printers, the LaserJet 4100 allows you to setup custom paper sizes, and that’s what we did for this one.

To setup a custom size we went into the Windows Control Panel, and then to Printers. Right click on the printers icons and pick *Printer Preferences* which brought up the screen on the left. On the *Paper* tab we found a *Custom* button. Click that and the “Custom Paper Size” screen opens. On this screen you can give your custom paper size a name and indicate the width and height dimensions. After doing this you will see the new paper size on the “Envelope Selection” screen, available for your selection. The LaserJet 4100 allows you to create as many custom sizes as you want and name them.

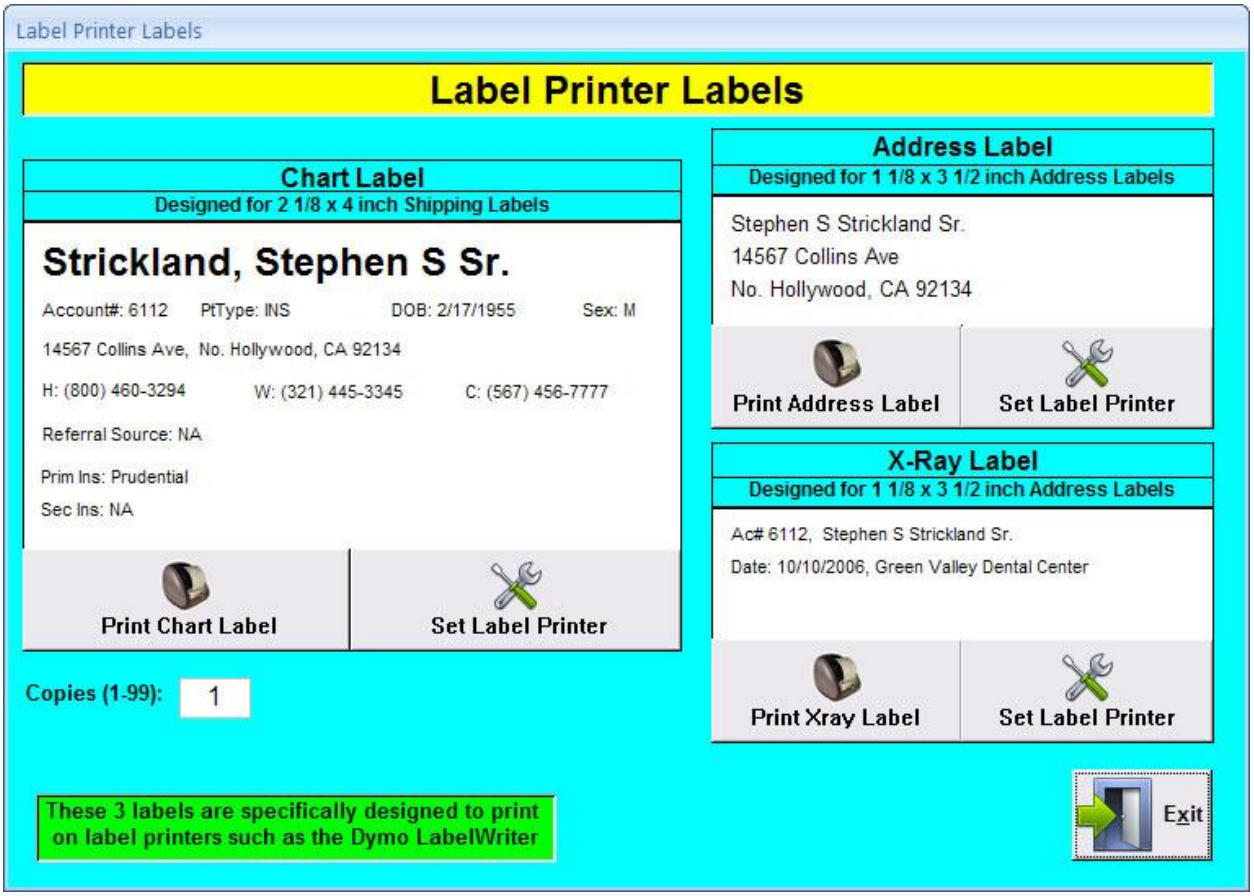
The custom setup will vary from printer to printer. For example, on another one of our printers, the Canon MP530, we used the *Page Setup* tab on the Printing Preferences screen. It had a drop down list of available paper sizes with the last choice being *Custom*. When you click on custom it lets you set the dimensions for the custom paper size. For this printer you can only set one custom size and you cannot give a specific name, it is simply known as Custom. On the “Envelope Selection” screen inside the Diamond Dental program, you will see Custom as a choice with the dimensions that was set for custom.

On another printer we had, a Brother, we could not find a way to setup a custom paper size at all. So this will vary from printer to printer. You will have to check out your own printers Printer Preferences screen and see how custom sizes are setup.

Printing Single Labels with a Dedicated Label Printer



Printing single labels inside Diamond Dental is easy if you have a dedicated label printer such as the Dymo 400 series Turbo. As with envelopes, labels are available for printing throughout the program wherever you see the label printer button (seen upper right). When you click the label button the “Label Printer Labels” screen will open.



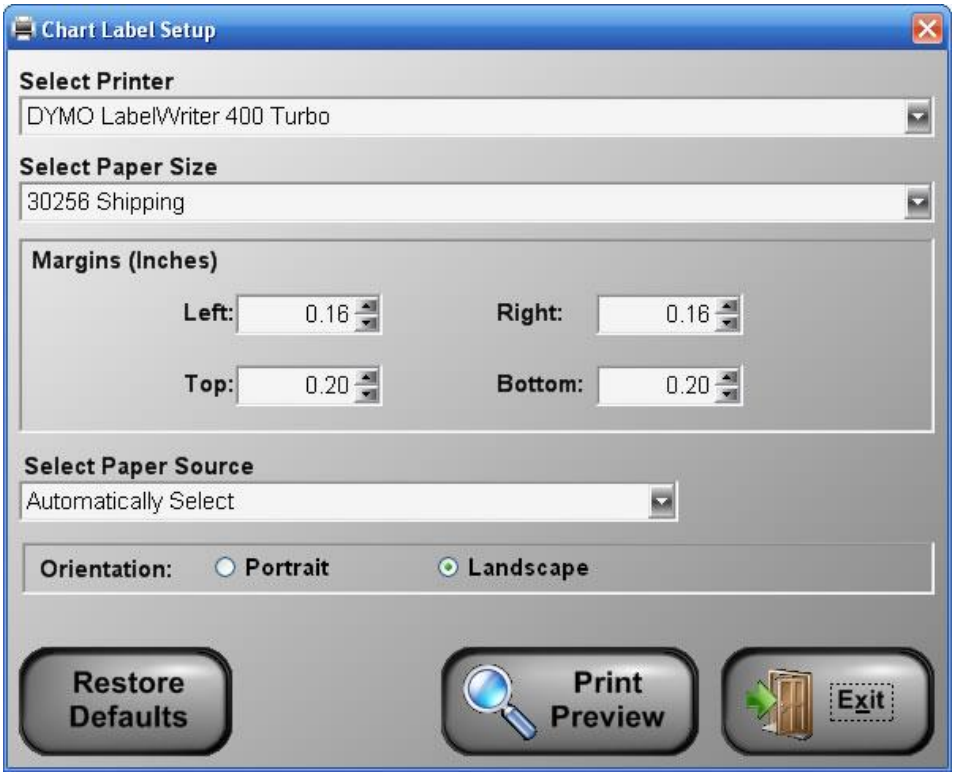
You have a choice of printing three different kinds of labels:

- Chart Label – 2 1/8 x 4 inches
- Address Label – 1 1/8 x 3 1/2 inches
- X-Ray Label – 1 1/8 x 3 1/2 inches

Each label has its own purpose and unique information on it. To print a label, click the appropriate print label button.

Set Label Printer

Before labels can be printed, each type of label requires setup. To set up a label, click the associated *Set Label Printer* button. The “Label Printer Setup” screen will open.



The setup screen seen above is for chart labels. Select your label printer as the printer to be used. Chart labels require a 2 1/8 x 4 inch label size. It is not shown here, but when you open the *Select Paper Size* drop down list, all the possible labels along with their dimensions will display. The dimensions are what are important here, not necessarily label name. For example, on the Dymo 400 Turbo, the 2 1/8 x 4 inch label is listed as “30256 Shipping”. When we go to Staples or Office Depot we do not find 30256 in the store. We do find Dymo Shipping labels with the number 30573 with those dimensions.

This is also the case for Address labels and X-Ray labels. Both these require 1 1/8 x 3 1/2 inch labels. Just look for the proper dimensions. Dymo 30572 is what we find on store shelves.

The setup screen also allows you to modify the preset margins. If you find the label is not printing where you want it on the label paper, modify the margins to align it correctly for your printer.

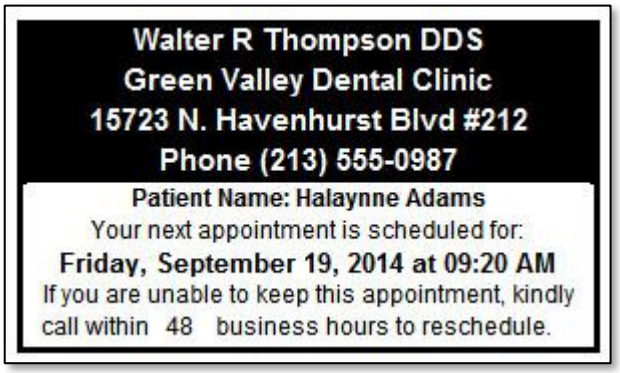
A label printer like the Dymo LabelWriter Twin Turbo has the ability to hold two different size label rolls at once. Use the *Select Paper Source* to print from the appropriate roll. For other label printers, leave this at “Automatically Select”.

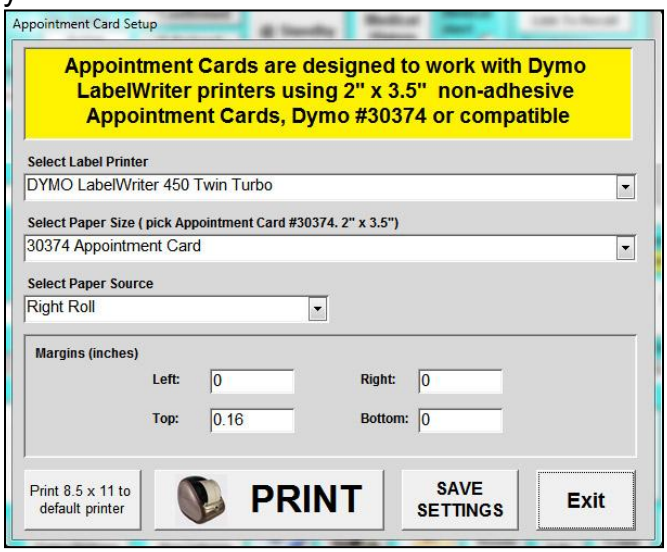
Once the label is setup you should not have to return to the setup screen for that label.

Printing Appointment Cards from a Dedicated Label Printer



Now it's easy to hand your patients appointment cards as they leave your office. This new feature will print an appointment card (like the sample shown on the right) from a Dymo LabelWriter printer. Just keep your Dymo printer loaded with Dymo Appointment Card rolls (#30374). These are not labels but non-adhesive 2" x 3.5" cardstock cards on a continuous roll. They will conveniently fit into your patient's wallet. Since they are thermal, there is no ink to dry and will not smear. If you have the Dymo LabelWriter Twin Turbo, you can keep Address labels on one side and Appointment Cards on the other.





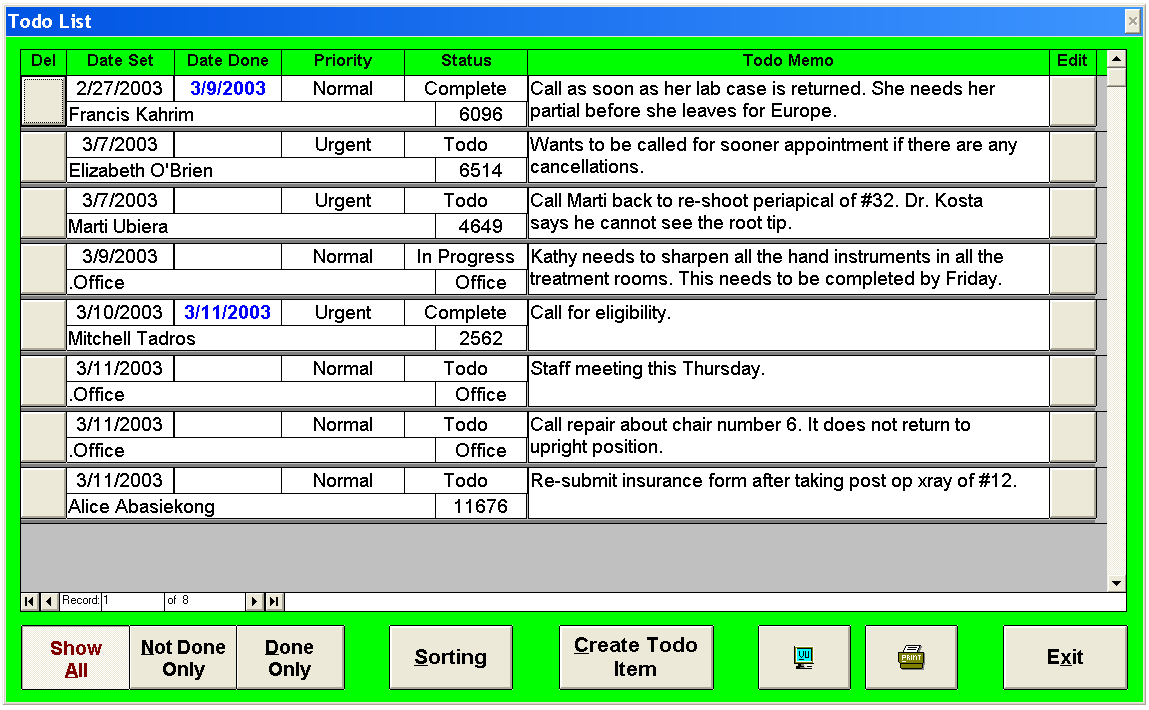
Appointment Cards are accessed from the Appointment Setter screen. You will be presented with the setup screen seen here. Select your Dymo LabelWriter printer and the Appointment Card paper (#30374 or compatible). If it is a Twin Turbo, select if it is the right or left roll. Click print to print. Margins can also be modified if necessary.

Chapter

28

28: ToDo List

The Todo List is a list of things you need “to do”. There is a button on the Main Menu to access the Todo List. When you click it the Todo List will appear.



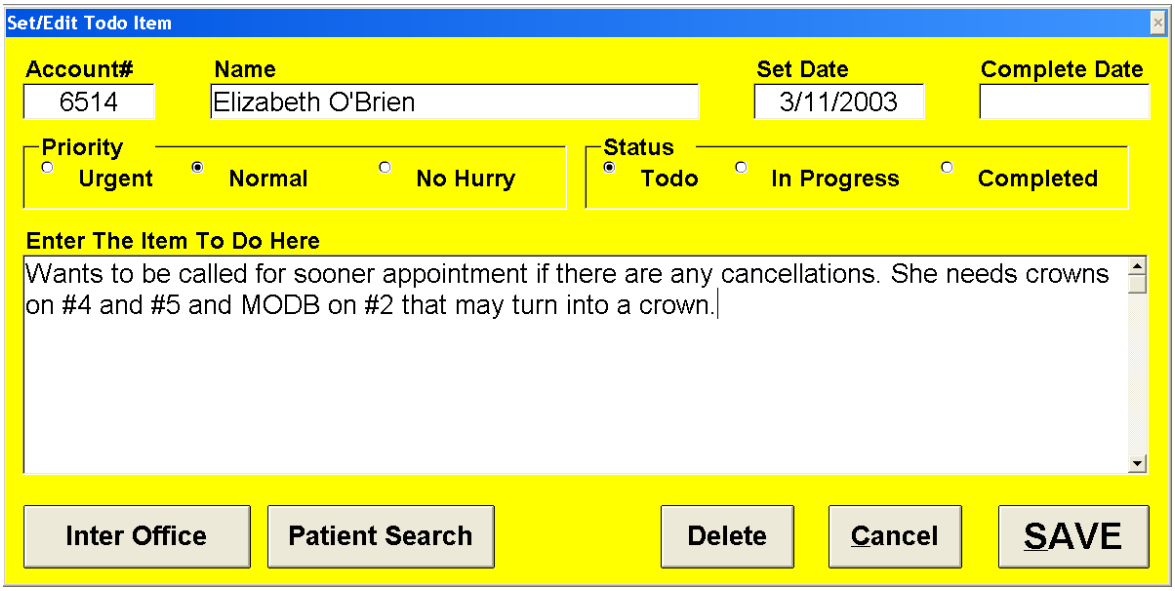
Accessing the ToDo List

Each Todo item includes the date the item was *Set*, the date the item was *Completed*, its *Priority* (Urgent, Normal, or No Hurry), its *Status* (Todo, In Progress, or Completed), the *Name* for whom the item refers (Patient, Account, or Inter Office), and a *Memo* area describing what you need to do. This Memo has no limit to its length. As items are completed they may be marked as Complete, in which case the Date Done field will display the Completed Date, or they may simply be deleted from the list. The button to the left of the item deletes it. The Todo List screen allows you to show all the items or just the items that have not been

completed or just the items that have been completed. You may also sort the list in various ways and print a Todo List Report.

Creating a ToDo Item

The *Create Todo* Item button will bring up the Set/Edit Todo Item screen (below). Use this screen to write your Todo item and set its Priority and Status. Todo buttons are seen in various areas of the program to quickly pop up the Set/Edit Todo screen without having to return to the Main Menu.



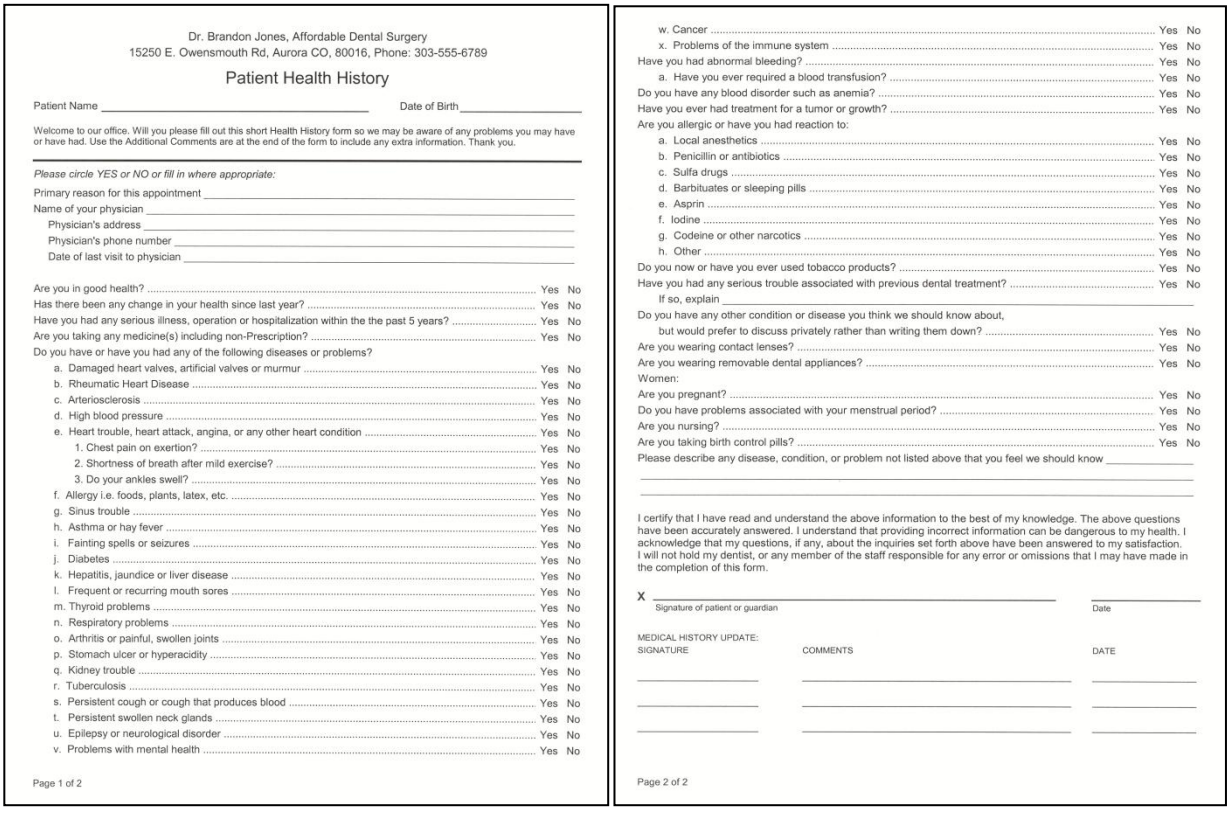
Set/Edit Todo Item

Chapter

29

29: Health History Generator

With the Health History Generator feature you may create and print your own customized health histories. The program also includes six built in health histories. There are two adult and one pedo health histories in English and the same two adult and pedo health histories in Spanish. You may use these health histories as is or modify them or create your own health history from scratch.



Dr. Brandon Jones, Affordable Dental Surgery
15250 E. Owensmouth Rd, Aurora CO, 80016, Phone: 303-555-6789

Patient Health History

Patient Name _____ Date of Birth _____

Welcome to our office. Will you please fill out this short Health History form so we may be aware of any problems you may have or have had. Use the Additional Comments are at the end of the form to include any extra information. Thank you.

Please circle YES or NO or fill in where appropriate:

Primary reason for this appointment _____
Name of your physician _____
Physician's address _____
Physician's phone number _____
Date of last visit to physician _____

Are you in good health? ..... Yes No
Has there been any change in your health since last year? ..... Yes No
Have you had any serious illness, operation or hospitalization within the the past 5 years? ..... Yes No
Are you taking any medicine(s) including non-Prescription? ..... Yes No
Do you have or have you had any of the following diseases or problems?
a. Damaged heart valves, artificial valves or murmur ..... Yes No
b. Rheumatic Heart Disease ..... Yes No
c. Arteriosclerosis ..... Yes No
d. High blood pressure ..... Yes No
e. Heart trouble, heart attack, angina, or any other heart condition ..... Yes No
1. Chest pain on exertion? ..... Yes No
2. Shortness of breath after mild exercise? ..... Yes No
3. Do your ankles swell? ..... Yes No
f. Allergy i.e. foods, plants, latex, etc. ..... Yes No
g. Sinus trouble ..... Yes No
h. Asthma or hay fever ..... Yes No
i. Fainting spells or seizures ..... Yes No
j. Diabetes ..... Yes No
k. Hepatitis, jaundice or liver disease ..... Yes No
l. Frequent or recurring mouth sores ..... Yes No
m. Thyroid problems ..... Yes No
n. Respiratory problems ..... Yes No
o. Arthritis or painful, swollen joints ..... Yes No
p. Stomach ulcer or hyperacidity ..... Yes No
q. Kidney trouble ..... Yes No
r. Tuberculosis ..... Yes No
s. Persistent cough or cough that produces blood ..... Yes No
t. Persistent swollen neck glands ..... Yes No
u. Epilepsy or neurological disorder ..... Yes No
v. Problems with mental health ..... Yes No

Page 1 of 2

w. Cancer ..... Yes No
x. Problems of the immune system ..... Yes No
Have you had abnormal bleeding? ..... Yes No
a. Have you ever required a blood transfusion? ..... Yes No
Do you have any blood disorder such as anemia? ..... Yes No
Have you ever had treatment for a tumor or growth? ..... Yes No
Are you allergic or have you had reaction to:
a. Local anesthetics ..... Yes No
b. Penicillin or antibiotics ..... Yes No
c. Sulfa drugs ..... Yes No
d. Barbituates or sleeping pills ..... Yes No
e. Asprin ..... Yes No
f. Iodine ..... Yes No
g. Codeine or other narcotics ..... Yes No
h. Other ..... Yes No
Do you now or have you ever used tobacco products? ..... Yes No
Have you had any serious trouble associated with previous dental treatment? ..... Yes No
If so, explain _____
Do you have any other condition or disease you think we should know about,
but would prefer to discuss privately rather than writing them down? ..... Yes No
Are you wearing contact lenses? ..... Yes No
Are you wearing removable dental appliances? ..... Yes No
Women:
Are you pregnant? ..... Yes No
Do you have problems associated with your menstrual period? ..... Yes No
Are you nursing? ..... Yes No
Are you taking birth control pills? ..... Yes No
Please describe any disease, condition, or problem not listed above that you feel we should know _____

I certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold my dentist, or any member of the staff responsible for any error or omissions that I may have made in the completion of this form.

X _____ _____
Signature of patient or guardian Date

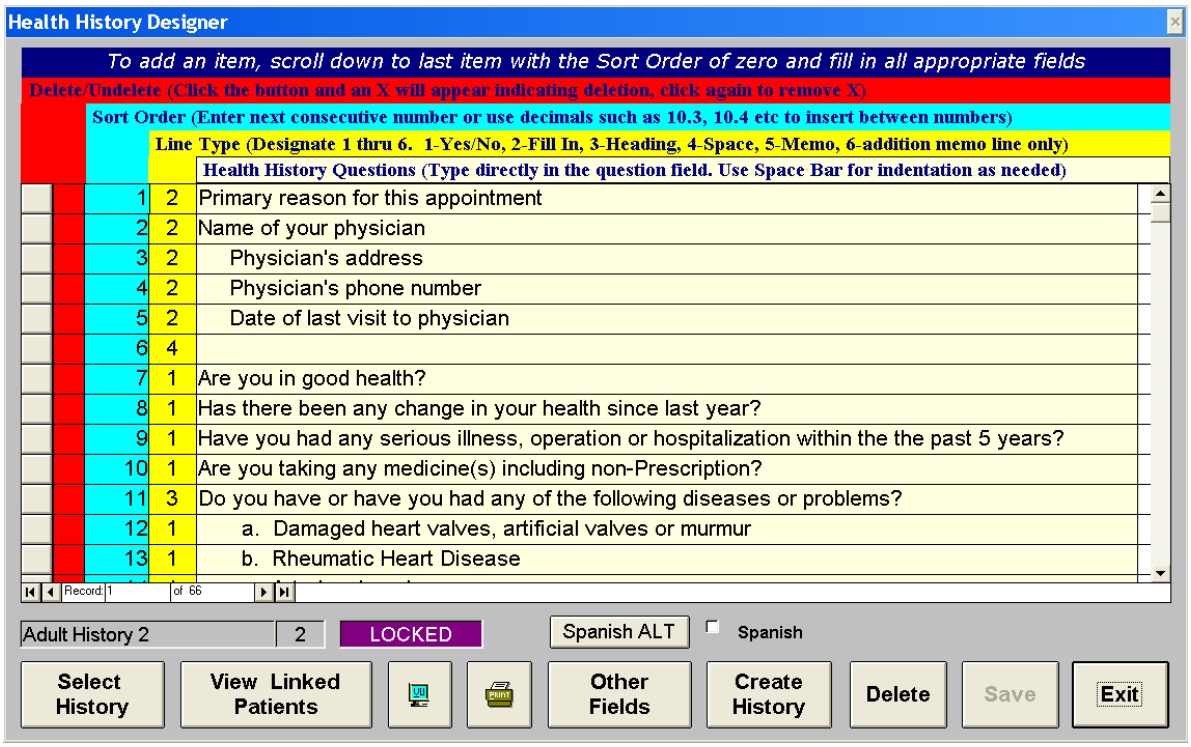
MEDICAL HISTORY UPDATE:

SIGNATURE	COMMENTS	DATE

Page 2 of 2

You will create or edit your histories with the Health History Designer. Each line of the health history is defined by the Designer. Questions may be Yes/No or fill-in. Fill-in questions may be single or multiple line. The Designer also defines lines that are spaces or headings. You

can delete, insert, or modify lines. If you are typing in Spanish, click the *Spanish ALT* button to pop up a guide for typing special Spanish characters such as á, É, ¿, etc.

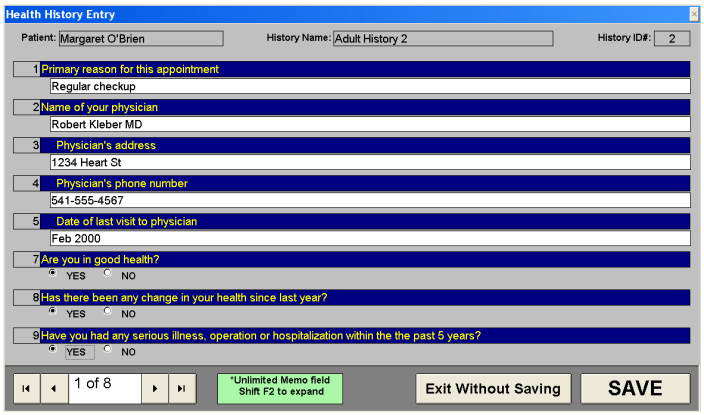


Heath History Designer

The *Other Fields* button pops up a screen that stores some additional items used for the health history. These include the "Welcome to our office…" paragraph seen at the top of the printout (figure 1), and the "I certify that …" paragraph seen near the bottom of the printout where the patient signs. These paragraphs are totally customizable by you, or you can use the standard paragraphs that come with the program. Also on this screen are two office name and address lines that you will customize for your particular office.

Storing Health Histories In the Computer

Health histories for individual patients can be stored in the computer as part of the patient's computer record. This is used in conjunction with the Health History Designer described above. You will print a copy of the desired health history and give it to the patient to fill out.



The patient hands back the completed health history to the office assistant who then will post the patients *Yes* and *Fill-in* answers into the computer using the Health History Entry screen (seen right). This

screen is coordinated exactly with the particular health history that the patient filled out. The same questions in the same order appear on this screen as appear on the paper version. Once the health history is in the computer it can easily be viewed. A button entitled *Health History* is seen on the Posting, Patient Entry, and Appointment Setter screens. Click this button and the green Health History screen (Figure 4) will pop up. This screen shows the health history that has been selected for this patient (if any). Also displayed is the date it was last modified and how many questions have been answered with a "Yes" or have been filled in. You can quickly view the Yes and Filled In questions by clicking the button entitled *VIEW YES and Filled In Answers Only*. A sample of this display screen is seen below. Peruse this screen to quickly review the pertinent information from the health history. You may also view the entire health history. You may also print a hard copy of the health history with the patient's answers if desired.

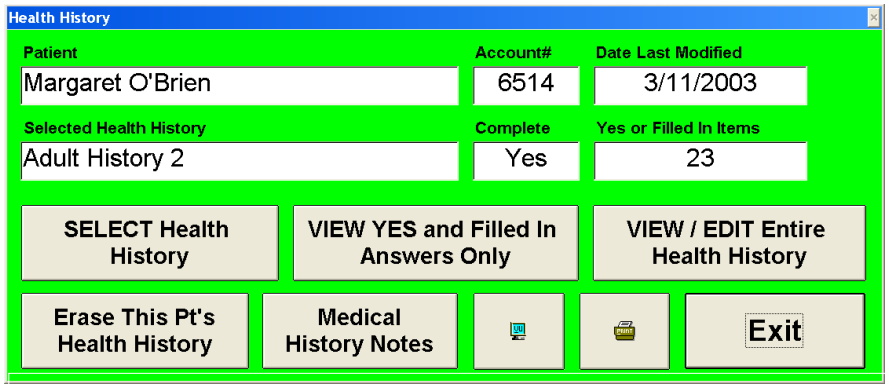
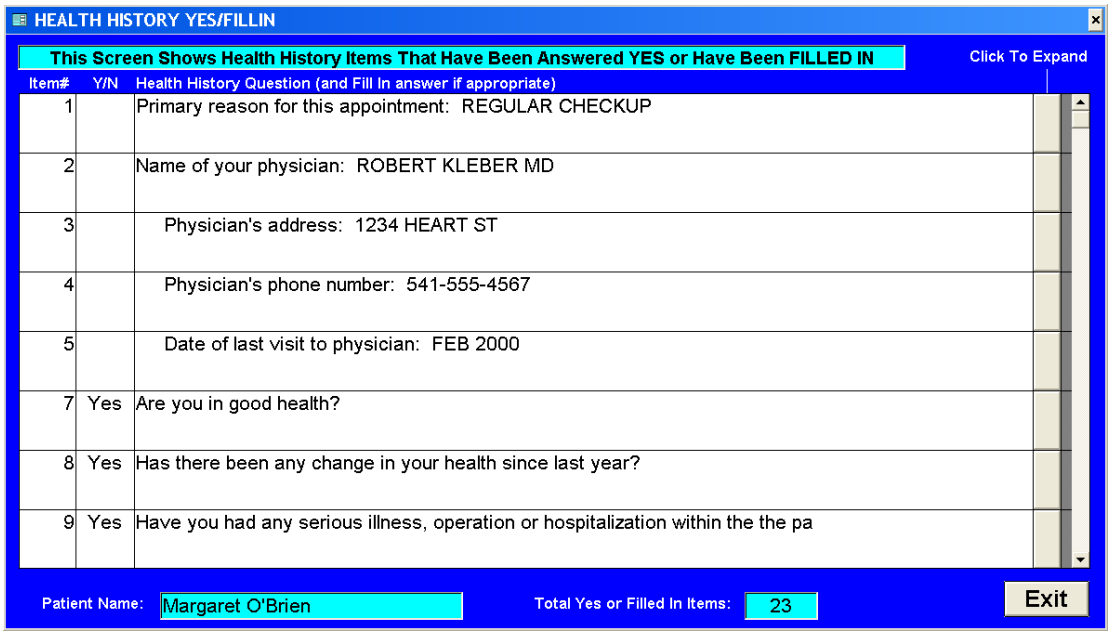


Figure 4



Health History Yes/Fill in

Health History Designer Details

To modify an existing health history, or create a new one, go to *Utilities*. The select *Health History Designer*. The Health History Designer screen will appear (figure 2). To modify an existing health history, pick the desired history with the *Select History* button. To get a hard copy of the history, click *Print* or click *Vu* to display it on the screen. Above the Vu button the word "Unlocked" or "LOCKED" will be displayed. If the health history is unlocked then you

are free to modify it. If the history is locked, it may not be modified. “Locked” means that one or more patients has been linked to this particular health history and they are using it as their current health history. Therefore the program will not allow any changes as long as even one patient is using the history. If the history is locked, you may click the *View Linked Patients* button to open the View Linked To Particular Health History screen. From here you may printed individual histories or all histories and delete (unlink) individual patients or all patients from this history. If you unlink all the patients linked to this history, the status will change from “Locked” to “Unlocked” and modifying the health history will be allowed. With an unlocked health history displayed, you are free to add, modify, or re-arrange the history items in any way you want.

To create a new health history click the *Create History* button on the Health History Designer screen. You will be asked if you want to create a health history from scratch or create a new history based on an existing history. If you select to base on an existing history, you will be asked to select the history to base it on.

The health history is developed from two screens, the Health History Designer screen which is where you enter the health history questions, and the Additional Health History Fields screen. The Additional Fields screen will display first when creating a new health history. On this screen, you will be asked to enter a name for the health history, and two lines for your office name and address. There is also a Greeting Memo area that will appear at the beginning of the history, and a Signature Memo area that will appear just above the line where the patient signs the history. View the Additional Fields screen for some the of existing health histories for examples on how to fill this out. You are also asked to select a number for the how many times you want the Health History Update signature to be printed. This is where the patient will re-examine their health history from a previous visit (perhaps a year prior) and sign, indicating that nothing has changed. A comment area is also provided. When you have finished with the Additional Fields screen, exit to save your changes.

The bulk of the work in creating a health history is performed using the Health History Designer screen. It is work to create a health history, mixed with a certain amount of art. We suggest that you print hard copies of the some of the existing histories and study their Designer screens to see how they were created.

Health histories are created line by line. A line may be of six types. These types are:

Yes/No. A Yes/No line will be a question that will generate the words Yes No to the far right of the question.
Fill In. A Fill In line will be a question that will have a fill in answer. An underscore line will be generated like this_____ after the question and will extend to the far right side of the printout.
Heading. You may type anything you want for a Heading and now Yes/No or underscore line will be generated after it. Several examples of Headings are seen in the existing histories.
Space. This will be a blank line when on is desired.
Memo. This is a special type of fill in line that will allow unlimited text entry into the computer.

Additional Memo Line. This is an underscore line that is used after a Memo line (see #5 above). This will give the patient addition lines to enter long answers. This may be repeated on multiple consecutive lines after a Memo field if a particularly long answer is expected.

Each new line is given a Sort Order number. This is not assigned automatically. You must type this number in yourself. Ordinarily you will just start with 1 and go on to 2, 3, 4, etc. You may change a sort order such as making 4 into 3 and 3 into 4. They will then appear out of order. When you click the *Save* button the health history will record and re-sort numerically. In this case, the 4,3 items will now appear properly as 3,4. If you would like to insert an item, give it a number that falls between two other items. For example, if you want to place an item between 24 and 25, give it a sort number of 24.5. Then click Save. The history will re-sort in the proper order, and replace any decimal fractions with whole number. In this example, 24, 24.5, and 25 will be re-written as 24, 25, 26. What used to be 26 will now be 27, and so down the line.

If you are typing the health history in Spanish, click the Spanish checkbox. To aid in your typing of special Spanish characters, click the *Spanish ALT* button. This will display the Spanish ALT Codes screen. It will guide you in typing these characters. To type a Spanish character, hold down the Alt button and type the 4 number code on your numeric keypad. Make sure the Num Lock key is pressed. For example, to type é hold down Alt and enter 0233. To type ¿ hold down Alt and type 0191.

When you have finished entering your health history you may print it with the print button or display it to the screen with the Vu button.

Chapter

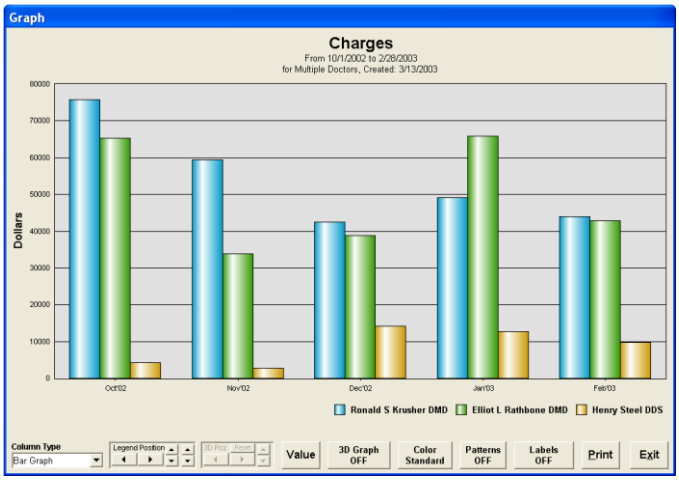
30

30: Graphs

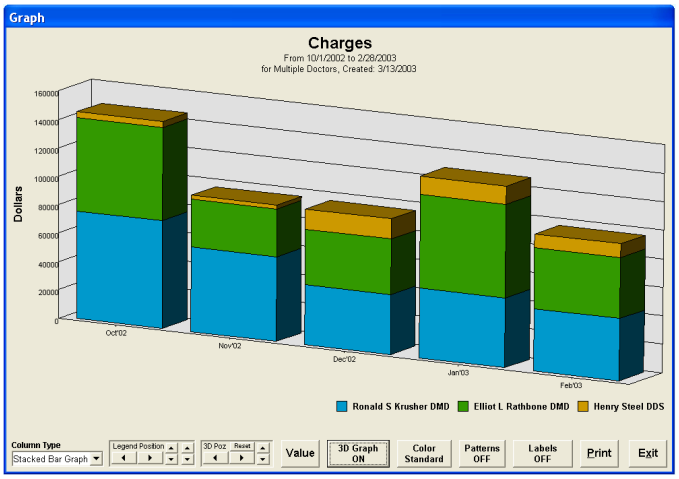
The Diamond Dental Software graphing module presents your data to you visually. Five important aspects of practice management are graphed including: *Accounts Receivable*, *Charges and Payments*, *Procedure Category Analysis*, *New Patients*, and *Patients Seen*. These are accessed via the Reports Menu.

Many Ways To Display Your Data

The Diamond Dental Software Graph Modules use a powerful 32 bit graphing engine that allows many ways to view your data. The examples shown in this section demonstrate five different graph types, each displaying the same data from a different perspective. The data is production totals for three doctors over five months.



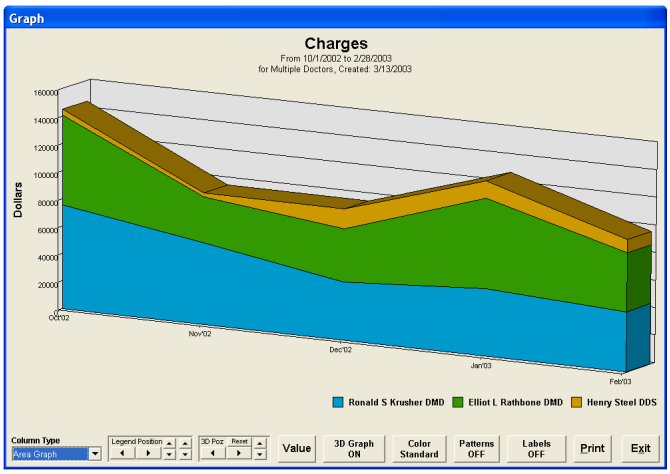
***1. Bar Graph*:** This graph is a standard bar graph. This is the 2D version. All graphs can be displayed in either 2D or 3D. The side by side bars represent each doctor's production per month for easy comparison.



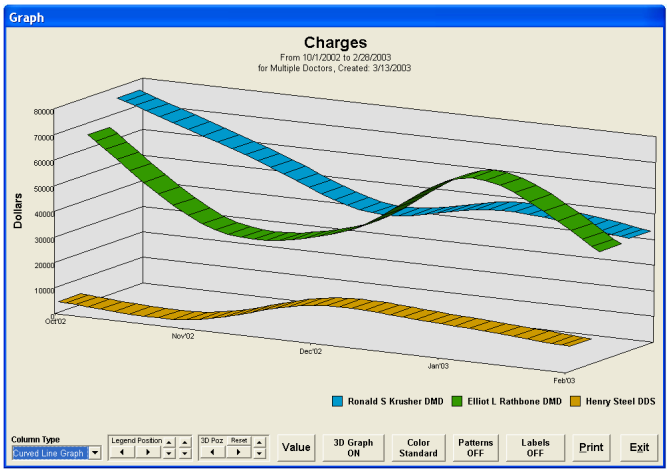
***2. Stacked Bar*:** This graph is a variation of the bar chart but with the bars stacked on top of each other. This lets you see the total office production per month and at the same time each doc-

tor's relative contribution to that monthly total.

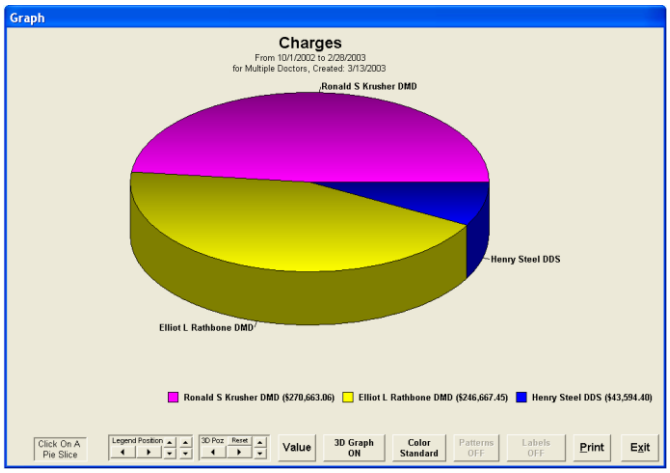
3. Area Graph: This graph has the same concept as the Stacked Bar but spreads the entire period of the graph over one continuum.



4. Line Graph: This graph is actually the 3D version of the Curved Line Graph which displays the data as 3-dimensional continuous ribbons, giving a unique perspective to the doctor's production totals.

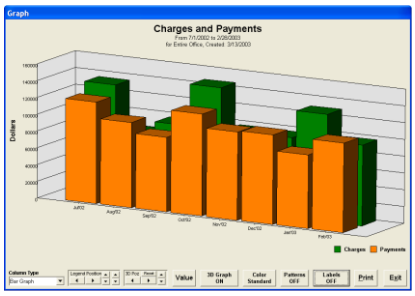


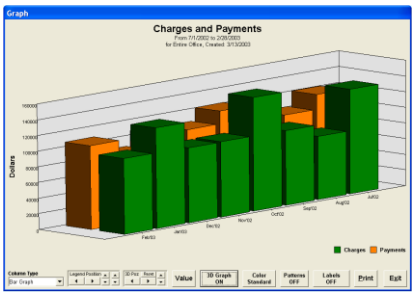
5. Pie Graph: The four graphs described above are all variations of the standard bar graph which show amount changes over time. The pie graph has a different purpose. In this example the entire pie represents the entire production for all three doctors for the five month period designated. Each pie slice represents one doctor's portion of the total production.

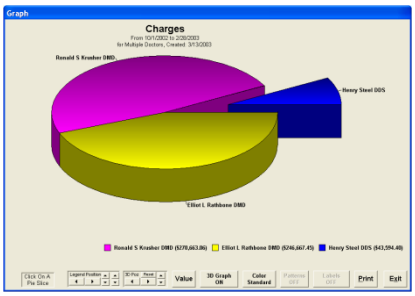


The Graphs Are Animated

Diamond Dental Software graphs can move. On the pie graph, if you want to emphasize one particular slice, click that pie piece and watch the pie spin until the selected piece reaches the 2 o'clock position and then explodes away from the pie. You can also spin the graph around through 360 degrees. Bar graphs and their variations can be spun around while in 3D mode only. Horizontally, you can spin the graph through 360 degrees to see it from every angle. Vertically, you can adjust the angle of view from almost overhead, to straight on to almost underneath. This is actually necessary for some 3D graph because you sometimes can't see the whole graph from one angle alone.

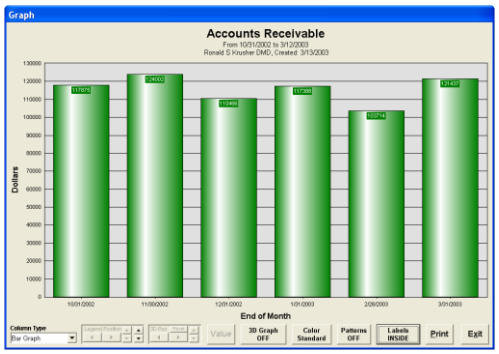






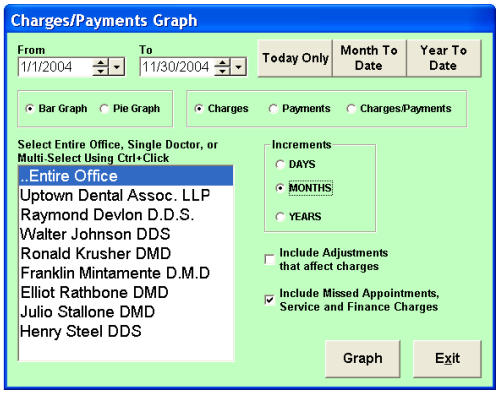
Accounts Receivable

The Accounts Receivable graph is unique in that it displays information that you cannot get from the regular Accounts Receivable report. The AR report only shows you a snapshot of your receivables as they exist at the time of printing. The AR graph is time related and displays your accounts receivable as it existed at certain prescribed time increments which can be days, months, or years. You can select AR totals for the entire office or for a specific doctor and set the date range you are interested in.



Charges/Payments

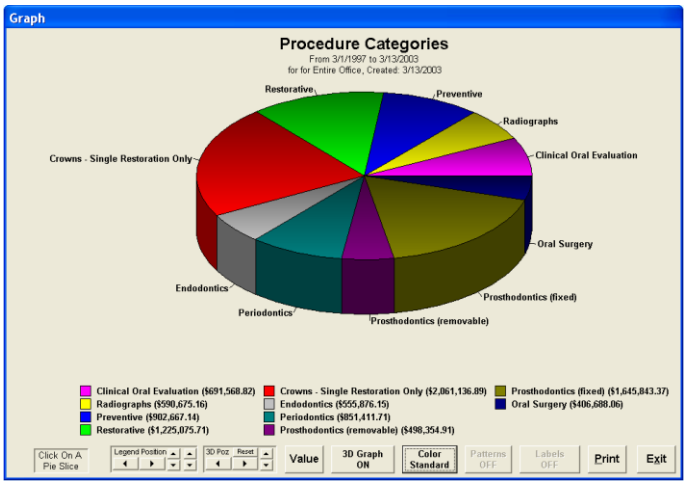
The importance of tracking charges and payments cannot be overemphasized, so we have included a robust Charge/Payment graph in the Diamond Dental Software Graph module. Some samples of Charge/Payment graphs have already been displayed above. Each type of graph has its own specialized parameters screen, and the Charge/ Payment Parameters screen is seen above. Generally, you will be setting a date range and indicating if you want a Bar Graph or a Pie Graph. You will be given the choice to select the Entire Office or one or more individual doc-



tors. You are also required to indicate the time increments to be used, either Days, Months, or Years. Parameter screens for other graphs are similar to this with each one having some unique options pertaining to that particular graph.

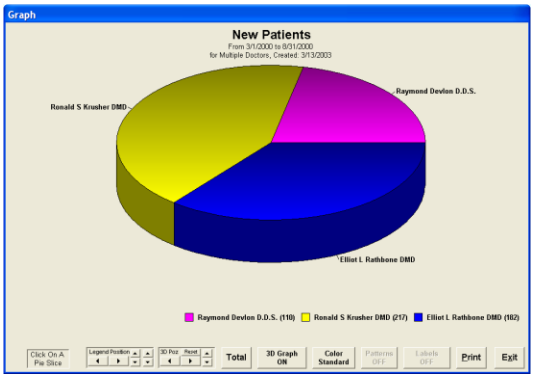
Procedure Categories

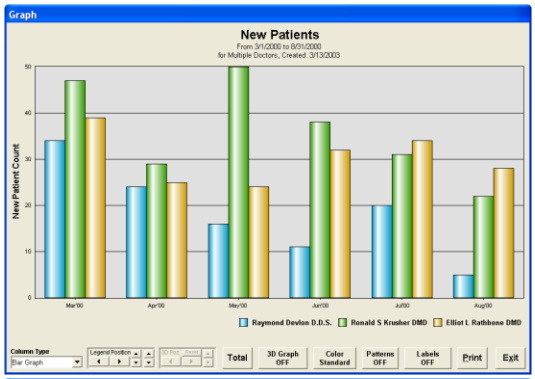
Tracking your procedure categories graphically gives you a new perspective as to where you are spending most of your time. A sample pie graph is seen here. However, bar charts also work well for category analysis. You may pick one or more categories and also include Finance Charges, Service Charges, and Missed Appointments. Procedure Categories can be displayed for the entire office or for one or more doctors.

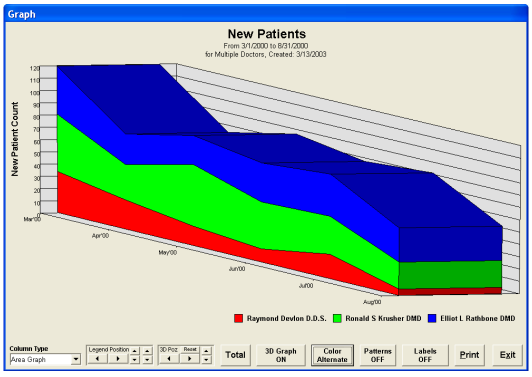


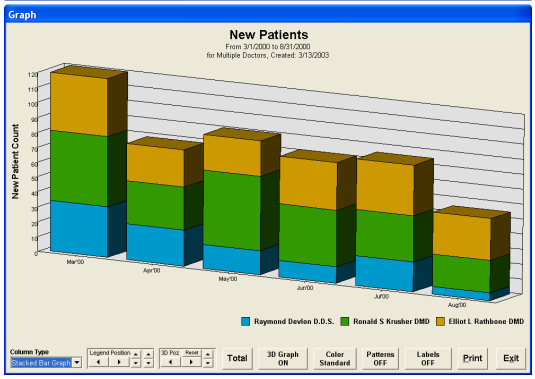
New Patients

Keeping track of how many new patients are coming in is vital to the success of any dental office. Below you see four different ways to analyze your new patients. Each style has its own unique purpose and together a complete picture is developed.









Patients Seen

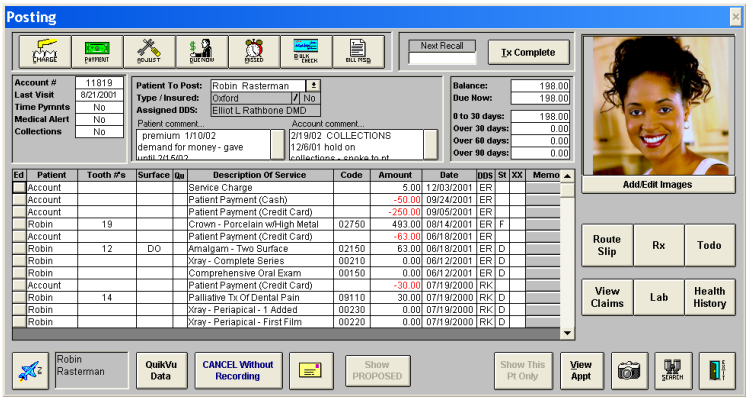
This is similar to the New Patients graph discussed above but will include all patients.

Chapter

31

31: Digital Images

Starting with Three Star for Windows Version 5.0, you may import and display high quality 32 bit images for your patients. The image you designate as the default (usually a face shot) is displayed on various Diamond Dental Software screens for easy patient identification. These screens include *Posting*, *Patient Entry*, *Appointment Setter*, and the *Patients Meeting Search Criteria* of the patient search.



On screens that display images, such as the Posting screen (seen right), the *Add/Edit Images* button is seen below the image. Click this button to open the Add/Edit Patient Images screen.

Add/Edit Patient Images Screen

The Add/Edit Patient Images screen is used to acquire images into a patient's record and for displaying all the images for that patient. The screen displays with three basic sections: the thumbnail viewer on the left, the large selected image on the right, and the controls along the bottom.



You will use the thumbnails to navigate through all the images for a patient. The thumbnails show the images for a patient in miniature and are lined up along the left side of the screen in a scrollable column. The most recent images will be displayed at the top of the column and the

oldest at the bottom. As you click from thumbnail to thumbnail, the selected image will display in the large image area on the right.

The thumbnails are separated from the large image area by a *screen splitter*. As you move your mouse over this dividing line, the mouse cursor will change to a double arrowhead. Hold down the left mouse button to drag the splitter left or right. As you move the splitter to the right you will expose a second column of thumbnails (if enough images exist). When the splitter is moved further right you will expose a third column and so on. Drag the splitter to the left to hide thumbnail columns. As you drag the screen splitter to the right the large image area will proportionally decrease in size. Likewise, dragging it to the left will make the large image area larger.



Setup

Images may be acquired from image files, scanners, or digital cameras. Except for importing images from image files, all these different modalities will require some sort of set up before they can be used with the Diamond Dental Software program. Scanners and many web cameras are TWAIN compliant image acquisition devices. Diamond Dental Software is a TWAIN aware program. Most digital cameras are now “memory based” devices and can also be used with Diamond Dental Software. Memory Based digital camera setup will be discussed shortly.

What is TWAIN

In the early days no standardization existed for scanners. If a program such as Diamond Dental Software were to utilize a particular scanner, special communicating software would have to be written just for that device. If the program were to be able to use a scanner from a different manufacturer, then special communicating software would need to be developed just for that scanner. To solve this compatibility problem, TWAIN was developed.

TWAIN defines a standard software protocol and application programming interface (API) for communication between software applications and image acquisition devices. The word TWAIN is from Kipling’s “The Ballad of East and West” – “and never the *twain* shall meet,” reflecting the difficulty, at the time, of connecting scanners and personal computers. It was made upper case to make it more distinctive. This led people to believe it was an acronym for something, and the buzz was that it meant “Technology Without An Interesting Name,” but that was just a rumor.

Installing Your TWAIN Devices into Diamond Dental Software

Your TWAIN compliant image acquisition devices (such as scanners) should come with its own bundle of software. Included with this bundle should be the TWAIN driver for that device. This should be installed according to the directions included with the device. To load these TWAIN drivers into Diamond Dental Software, you will need to access the *Add/Edit Patient Images* screen (discussed above). Click the *Settings* button (crossed hammer and wrench). After this is clicked the *Default Image Settings* screen will appear. From here click the *Scanner Settings* button.

Note

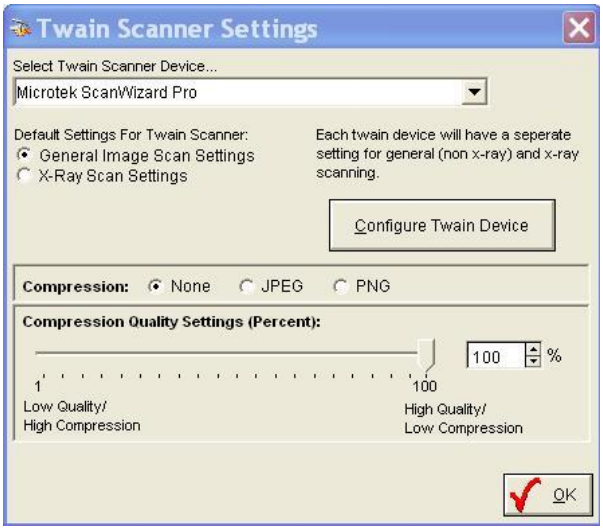
Click the *Scanner Settings* button on the Default Image Settings screen to load your computer's TWAIN drivers into Diamond Dental Software. If you load additional TWAIN drivers into your computer at a later time, come back to the Default Image Settings screen and once again click the *Scanner Settings* button to load those added drivers into Diamond Dental Software. The *Scanner Settings* button will eventually open the TWAIN Scanner Settings screen which is discussed below.

The Default Image Settings Screen

The Default Image Settings screen will link you to the individual setup screens for scanners, digital cameras, and web cameras. In this section, we are concerned with the three settings buttons for scanners, digital cameras, and web cameras. The Default Image Settings screen also has several other controls that will be discussed later in the chapter.

Scanner Setup

From the *Default Image Settings* screen click the *Scanner Settings* button to open the *TWAIN Scanner Settings* screen (seen right). The *Select TWAIN Scanner Device* drop down list contains a list of all the TWAIN devices loaded on your machine. Select the one for your scanner.



Note

The TWAIN Scanner Settings screen sets the default scanner for Diamond Dental Software. Once set you will not have to do this again unless you want to change your default scanner.

Scanner Compression Setting: None, JPEG or PNG

When Diamond Dental Software imports an image from your scanner, it will import one of three image compression types: None (which is a bitmap file), JPEG, or PNG file. The "None" or bitmap setting will have the best image quality because it is saved with no compression. The drawback is that the bitmap will also be the largest of the three file types. The JPEG (pronounced "jay-peg") is the most compressed and, therefore, the smallest file but also of lesser quality than the bitmap. The PNG compression type is unique in that it uses what is called "lossless" compression. Lossless refers to the fact that PNG images do not lose quality when they are compressed. So PNGs are as good a quality as bitmaps which use no compression, but they do not compress as significantly as JPEGs. A major disadvantage for PNGs is that they are slower to use than JPEGs and may give the imaging program an undesirable sluggishness.

While any one image will not take up much room on your hard drive, over the years with hundreds or even thousands of images accumulating, space considerations become more important. Although an image saved as a bitmap will be the best possible quality, it can easily be several times larger than the same image saved as a JPEG. Does this mean that a bitmap will be several times better looking than a JPEG? Not necessarily. In fact, when viewed on screen it may be hard to distinguish a difference between the two images. There is a difference and it's more apparent on some images than others, but JPEGs look very good and they are significantly smaller than their bitmap counterparts. PNGs will compress down smaller than bitmaps but not as much as JPEGs. PNGs will compress better for grayscale images than for color images, but again, we have noticed a sluggishness that makes them less desirable.

Scanner Compression Quality Setting

You can further fine tune JPEG and PNG images by setting their degree of compression. Since bitmaps are by definition not compressed, the Compression Quality Setting does not apply to the None (bitmap) setting.

The Compression Quality Setting goes from 1% to 100%. With JPEGs, 1% gives you the lowest image quality with extreme compression and 100% gives best image quality with the least compression. Therefore, 1% will have the disadvantage of being the lowest quality image but have the advantage of being saved as the smallest possible file. Now a JPEG with a Compression Quality Setting of 100% is still a very compressed file with a small file size. It's just that as you move the Compression Quality down from 100%, the file size gets even smaller, and, correspondingly, the quality of the image deteriorates.

For PNG files, the Compression Quality Setting is something of a misnomer. Remember that PNG files use a “lossless” compression method. So as you increase the compression of a PNG, it does not lose quality but it does take longer to save the file and load the file. Sluggish performance may result. So lesser “Quality” in the case of PNGs refers to lesser performance. For this reason we tend to favor JPEGs over PNGs when image compression is desired.

Note

For scanners, we recommend that you set your Compression setting to JPEG and the Quality Compression Setting be set at 100% or lower (but not so low that image quality suffers).

Scanner General and X-Ray Settings

Each TWAIN device has two setting modes: General and X-ray. Each mode maintains its own settings for Compression and Compression Quality (discussed above). For example, a particular TWAIN scanner can have a General setting with a Compression of “None” and, therefore, Compression Quality is not applicable and an X-ray setting with Compression of JPEG and Compression Quality of 80%. Each mode, General and X-Ray, will store its own values for these choices.

Note

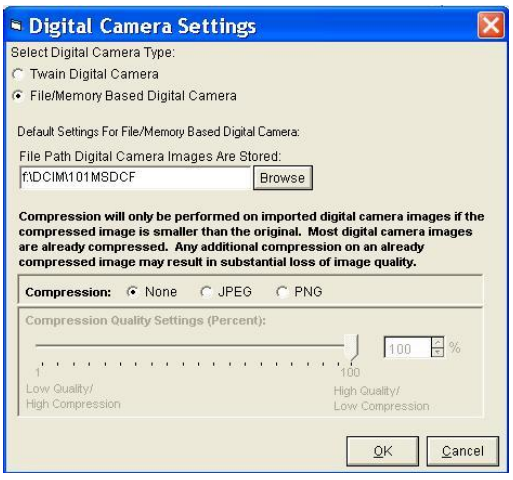
Remember to set both the General Compression and Compression Quality as well as the X-Ray Compression and Compression Quality.

Digital Camera Setup

Digital camera setup is different from scanner setup in that most digital cameras today are not TWAIN based but *Memory* based devices. With a memory based digital camera you attach a USB cable from the camera to the computer, or you will plug the camera’s memory chip directly into a compatible slot in the computer. This will add a new virtual drive to your computer. This virtual drive is where your camera’s digital images can be found. The goal of Digital Camera Setup is simply to give the program the path to that virtual drive where your camera images are stored.

Digital Camera File Path

Once again, access the *Default Image Settings* screen. From there click the *Digital Camera Settings* button. This will open the *Digital Camera Setting* screen (seen right). Select the *File/Memory Based Digital Camera* choice. You will type in or browse for the path to your images. This path will vary from



camera to camera so you will need to know what this path is, for your particular camera, in order to make this entry. In the sample seen on the right the camera being referenced is a Sony Cybershot 5.0 megapixel. When you plug this camera into a computer it creates a virtual drive. In this sample, the computer already had drives from A-E making the next available drive F. The complete path to the pictures is F:\DCIM\101MSDCF. Why did Sony name these folders DCIM and 101MSDCF? Only Sony knows. All we need to know is that is where the pictures are for this camera so that is what we enter into the path field.

Digital Camera Compression Setting and Compression Quality

Like scanner setup, digital camera setup allows you to select a Compression setting of None, JPEG, or PNG. *See the Scanner Setup section for a complete discussion on these file types*. In the Scanner Setup section we suggested that JPEG would be the best choice because it allows compression and maintains good image quality and speed performance. Digital cameras, however, already compress their images significantly. Because of this we do not want to use the compressed formats of JPEG or PNG.

Note

Since digital cameras produce compressed images we suggest you set the Compression setting to "None" which is the uncompressed bitmap setting. The Compression Quality setting will therefore not be applicable.

Controlling Digital Camera File Size

In our example above we referenced the use of a Sony Cybershot 5.0 megapixel as a typical digital camera available today. Actually this particular Cybershot has already been discontinued. No surprise, it's already 8 months old! A few years ago 5.0 megapixel cameras were rare. A few years before that 5.0 megapixel cameras didn't exist. A few years from now, 5.0 megapixels will be old technology.

5 megapixels is a lot of pixels. The more pixels, the bigger the file, even if it is a space efficient JPEG file. The Sony Cybershot at 5 megapixels creates a JPEG file that is 2 megabytes in size. That is not particularly overburdening for the large hard drives available today, but over the years these images can add up. Another consideration is the transmissibility of larger files. NEA (National Electronic Attachment), who we integrate with for transmitting digital images to insurance carriers, have a 2 megabyte limit per attachment. You would be maxed out with one image if you were to send a 5 megapixel JPEG.

If you want to control the file size of your digital camera images, you need to shoot at a lower resolution. The Sony Cybershot, as well as most higher resolution digital cameras, has the ability to select lower resolutions. This can greatly affect file size. Here are some sample resolutions along with their corresponding file sizes using the Sony Cybershot:

Megapixels	File Size
5.0	2 megabytes
3.1	1.3 megabytes

1.2	0.5 megabytes
VGA	0.14 megabytes

Using a smaller resolution does have a dramatic effect on file size. What about image quality? Is a 5 megapixel image very much better than a 3.1 megapixel image? At a normal full screen viewing size, it is not much better. You may not even be able to tell them apart. The 1.2 megapixel image is only one fourth the size of the 5 megapixel. How good does that look? The 1.2 megapixel image for normal picture viewing looks pretty good. Most people would consider it to be a very acceptable image.

Note

If you have a high resolution digital camera we suggest you experiment with lower resolution settings within your camera to determine what trade-off between image quality and file size best suits your requirements.

Video Capture Settings

The program can work with video devices that produce a video stream. This includes web cams and video movie cameras as well. To set up your video device click the *Settings* button (crossed hammer and wrench) from the *Add/Edit Patient Images* screen, which takes you to the *Default Image Settings* screen. Then click the *Video Capture Settings* button which will open the *Video Capture Settings* screen (seen right).



Your installed video drivers will be displayed in the *Select a Video Device* drop down list. Select the video device you want to be active. Certain video devices such as Dazzle may have a multiple video source output. If that is the case make that selection from the *Select a Video Source* drop down list.

Video Compression Setting

Since video cameras generally produce a small lower resolution image compared to digital cameras or scanners, compression is usually not needed and therefore the “None” compression setting is suggested. However, if you want a smaller file and will be satisfied with the image quality, JPEG can also be an option.

DirectX Is Required For Video Devices

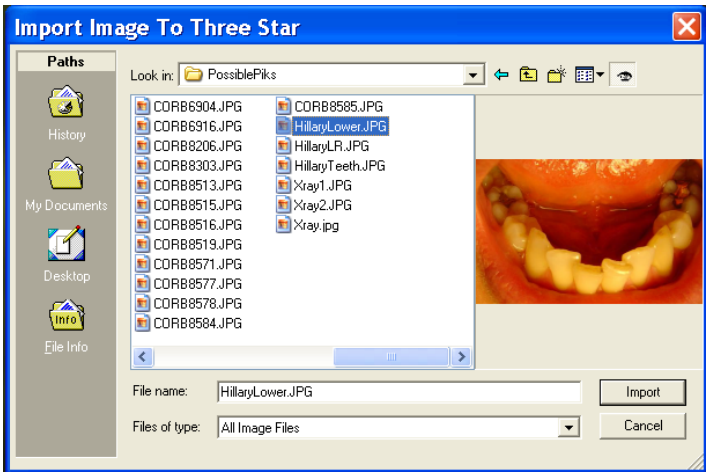
If you going to be capturing images from video devices such as web cameras, your computer must have DirectX installed. Just as TWAIN allows communication between your scanner

and your computer, DirectX provides communication between your video device and your computer.

Acquiring Images

Images may be acquired from image files, scanners, digital cameras, or video devices like web cameras.

Importing Images from Image Files



Click this icon to import images that are stored somewhere in your computer. The *Import Image To Diamond Dental Software* screen will appear. Use this screen to navigate to the directory where the images are stored. Highlight one or more images and click *Import*. You will see the images added to the thumbnail viewer and therefore, to the patient's record.

You can import most popular image formats including: JPEG, Windows Bitmap (BMP), Tagged Image Format (TIF), Paintbrush Picture (PCX, DCX), Portable Network Graphics (PNG), Truevision TARGA (TGA), Kodak Photo CD (PCD), Kodak FlashPix (FPX), Photoshop (PSD), Macintosh Pict (PCT), Sun Raster (RAS), and more.

Acquiring Reflective Images from Scanners

Scanners can digitize images from two types of material items: opaque and transparent. If it is opaque, it reflects light and if it is transparent, light travels through it. Some examples of reflective items are: photographs, EOBs from insurance carriers, perio charts, any sort of document or printout. In dentistry, transparent items usually refer to radiographs which we will call "x-rays." Except for some specialized scanners, all scanners can perform scans on reflective material. Not all scanners can scan transparencies, and of those that do, very few are suited for dental transparency scanning. Transparency scanning will be discussed in a later section.



To acquire a reflective scan from your scanner click the *Scanner* button on the *Add/Edit Patient Images* screen. The *Acquire TWAIN Scanner* popup window will appear (seen right). If you are going to scan only one image select *Single Image*. If you are going to scan more than one image, select *Multiple Images*. For the Image Type select *General* if this is a reflective scan or *X-Ray* is you are scanning a transparency. Then click *OK* to continue. Di-

amond Dental Software will then open your own scanner's software to perform the actual scan.

Note

The actual scan is performed by your own scanner's software. You must have a good working knowledge of how your scanner's software operates to successfully make a scan.

Diamond Dental Software will open the software that came with your particular scanner. Diamond Dental Software knows how to call your scanner's software because in the Scanner Setup discussed earlier, you selected a TWAIN driver as your default scanner software. When your scanner software appears, perform the scan in the usual way. You must be familiar with how your scanner software operates to successfully perform the scan. When the scanning process is complete, your scanner's software will close and Diamond Dental Software will grab the scanned image and insert it into your patient's record. It will be displayed in the *Add/Edit Patient Images* screen.

Note

After Diamond Dental Software opens your scanner's software, make sure your scanner's software is set for a REFLECTIVE scan if you are scanning reflective material.

If you had chosen *Multiple Images* and if your scanner software is compatible, your scanner's software will not close after scanning one image. Instead, you will be prompted if your want to make another scan. You may perform as many additional scans as you like. When you indicate you are finished scanning, your scanner's software will close and all the scanned images will be saved into your patient's record. These will be visible in the *Add/Edit Patient Images* screen. Be aware that not all scanners are compatible with Diamond Dental Software for this feature and you may be required to perform one scan at a time.

Note

Be aware that setting your scanner to 24 bit color resolution should only be used if color is important to what you are scanning. If color is not an issue such as with text documents and x-rays, set your scanners resolu-

tion to 8 BIT GRAYSCALE. Your file size will be greatly reduced and image quality will not be affected.

Acquiring X-Ray Images From Scanners

X-rays are transparencies and cannot be scanned with reflected light in the way you would scan a photograph or document. X-rays must be scanned with the light shined through them. You must use a scanner with a "Transparency Unit." In scanners the *CCD array* is analogous to the film in a film camera. In reflective scans a light unit is enclosed inside the scanner with the CCD array. The opaque target item has light shined onto it and that light is reflected back to the CCD array and the exposure is made. For transparencies the "transparent" target item (like a radiograph) is placed between the light source and the CCD array. Light is shined through the target item and collected by the CCD array which makes the exposure.

Suggested Scanners

Many low-cost scanners have a transparency unit included. These are designed to illuminate 35mm film strips or slides and the transparency unit itself is quite small. For example, the HP Scanjet 3970 which is priced at about $100 has an integrated transparency unit in its lid. It only measures about 1.5 inches by 3 inches. This is just big enough for a few 35mm slides. For dental purposes you could scan 1 or 2 intraoral films at a time. If that is all you want to do then many low-cost scanners are available that could meet your needs.

If you are serious about digitizing your X-rays you will need a scanner with a "large" transparency unit. Surprisingly, there are not very many to choose from. What we consider to be a "large" transparency unit would be at least 8 x 10 inches. With a 10 inch width you have enough room to lay a full mouth set of X-rays on the glass in a standard arrangement. The full mouth set seen here was placed on an 8 x 10 inch transparency scanner. Note that the arrangement is in a familiar standard format but the 8 x 10 inch scanners do not have enough room to include a mounted full mouth set. 8 x 10 inches is also large enough for panorex radiographs; however, you do need to trim a little off the pan in order for it to fit the 10 inch width. That is OK since nothing of significance is at the edges of a panorex.

Scanning X-Rays

To scan X-rays, place them on the glass in the desired arrangement (mounted or un-mounted) with the bubble or dimple facing you. Click the *Scanner* button on the *Add/Edit Patient Images* screen. The *Acquire Twain Scanner* popup window will appear. Select "X-Ray" and click *OK*. Your scanner's software will then display.



Note

Selecting X-Ray on the *Acquire TWAIN Scanner* window does not activate the transparency unit of your scanner. You must make that selection in your scanner's software when it displays.

Make sure your scanner's software is set to Transparency and perform your scan. When you exit, Diamond Dental Software will acquire the image from your scanner and place it in the patient's record.

Considering Scanner Resolution

You scanner has a resolution setting that is set through your scanner's software. It is measured in dpi (dots per inch) or ppi (pixels per inch). We will use the term dpi when referring to scanner resolution although the two measurements are similar (but not identical).

Is there a "correct" setting for scanner resolution? No. You need to be aware that higher resolution (dpi) will produce an image of higher quality but the image file size will be larger. Lower dpi will produce an image of lower quality but the image file size will be smaller.

The question is how high is too high and how low is too low? The dpi is too low if image quality is below what you consider to be acceptable. The dpi is too high if image quality does not justify the larger file size you are creating. So the decision of where to set your scanner resolution is in the "eye of the beholder."

Note

We feel acceptable images for diagnostic purposes are generated when the scanner is set to a resolution between 150 and 250 dpi.

You will need to experiment on your own to determine the best setting for you.

National Electronic Attachment (NEA) suggests x-rays be scanned at about 100 dpi and reflective material be scanned at about 70 dpi. We feel that these settings are below the level for dental diagnosis; however, these settings are not below the level of the insurance examiners who will be viewing them. Because of this, our NEA exporting module has the ability to export image files to NEA at a lower resolution than the original image that you store in the patient's record. This allows you to maintain higher resolution images for your own use and transmit lower resolution images over the internet to the insurance inspectors, who are apparently happy viewing 100 dpi x-ray images.

Add/Edit Patient Image Controls

The *Add/Edit Patient Images* screen has many controls to facilitate importing, exporting, viewing, and modifying



your images. These controls display as numerous icon buttons at the bottom of the screen. The icon picture will give you a clue as to their function and if you hold the mouse over the button, a “tool tip” will display giving you the button’s title. So far in this chapter many of these buttons have already been discussed. These include the *Import Image From File* button (file folder with arrow pointing toward it); the *Setting* button (crossed hammer and wrench), and the Acquire Image From *Scanner, Digital Camera,* and *Capture Video Image* buttons. The other control buttons on this form will now be discussed briefly.

Zoom Functions



The viewing of digital images is greatly enhanced with the ability to zoom in and out. The *Add/Edit Patient Images* screen has seven controls to facilitate zooming. These will be discussed from left to right.

Zoom Combo Box

The *Zoom Combo Box* displays the current state of zoom expressed as a percent of normal size. Change the zoom state by clicking on the down arrow and selecting another preset percentage or type directly into the text field.

Full Size / Zoom Image To Fit Proportionally

The *Full Size* button (pastoral scene pictured) changes the zoom factor to 100%. This shows the actual size of the image. If it is a large image you will no longer see the entire image without using the vertical or horizontal scroll bars. If it is a small image it may take up just a little bit of space on the screen. Whatever 100% is, is what you will see.

The *Zoom Image To Fit Proportionally* (pastoral scene framed) is the default setting for the program. In this state the entire image will be displayed as large as possible in the available display space without distorting the image. So you may see some “white” space below or to the right of the image.

Zoom In (+) and Zoom Out (-)

The Plus and Minus buttons will zoom the image in or out.

Zoom Glass

Click on the *Zoom Glass* (magnifying glass) button and then move the mouse over the image. The mouse cursor turns into a magnifying glass with a plus in the middle. Each time you click on the image you will zoom in. Another feature of the Zoom Glass is that wherever you click will become the new center of the picture.

If you press the Ctrl key you will see the plus sign in the middle of the magnifying glass turn to a minus. If you click in this state the image will zoom out.

Zoom Rubberband

The *Zoom Rubberband* (dashed square) is probably the most useful and easiest to use of all the zoom tools. To use it, click on the *Zoom Rubberband* button and move the mouse over the picture. You will see the mouse cursor turn into crosshairs (+). You will be inscribing a rectangle around the area you want to zoom into. Hold down the left mouse button and drag diagonally. You will see a rectangle form. When you release the mouse the area that you inscribed will now take up the entire picture. To get back to view the full image, click the *Zoom Image To Fit Proportionally* button. Using these two buttons to quickly zoom in and zoom out, makes a very effective tool for image viewing, especially x-ray viewing.

Rotate Functions



There are five rotate functions. From left to right they are: Rotate 90 degrees left; Rotate 90 degrees right; Vertically Flip Image, Horizontally Flip Image; and Rotate Image by Specified Degrees.

When you select *Rotate Image by Specified Degrees* you will be presented with a pop up window allowing you to enter the number of degrees (positive or negative) to turn the image. You will see the image rotate as you enter these values.



Export Image to File

Click this button to bring up a standard Windows dialog box allowing you to export the selected image to a location that you specify. Exporting will NOT affect your original image. The exported file will be a copy of your original.



Save Image

Importing an image from a scanner, digital camera, web camera, etc. does not require saving. The image file is saved by the import action itself. But if you do any modifications to an existing image, you will need to save your changes before selecting another image or exiting the Add/Edit Patient Images screen. Click the *Save* button to save your changes. Until you do click this button your changes are still reversible with the *Restore Original Image* button which will be discussed shortly.



Delete Image

If you wish to delete an image click the *Delete* button. This will completely erase the original image stored in the patient's record. This is NOT reversible.



Print Image

The *Print Image* button will open a standard Windows dialog box for printing the image. You may select the printer, printer preferences, and the number of copies.



Restore Original Image

This button shows a hand holding a magic wand. This button will undo any changes you have made to the image since its last save. If you have already saved your changes the magic wand does not have the power to re-store the original image. Try a magic ring.





Display/Compare Multiple Images

Select specific images you want to dis-play side by side. You may do this with as many images as desired. Automatically arrange the images as tiled or free-floating. Each im-age is in its own window that is zoomable and resizeable. You can move these images around at will. Line them up in any order for “before” and “after” comparisons or a vis-ual treatment progress display for your patients.



Image Comments

If you want to make some special notes or comments about a particular im-age, click this button. It will pop up a window allowing you to enter unlimited comments. After entering comments the button’s background will turn red indicating a comment is available for viewing for this image.



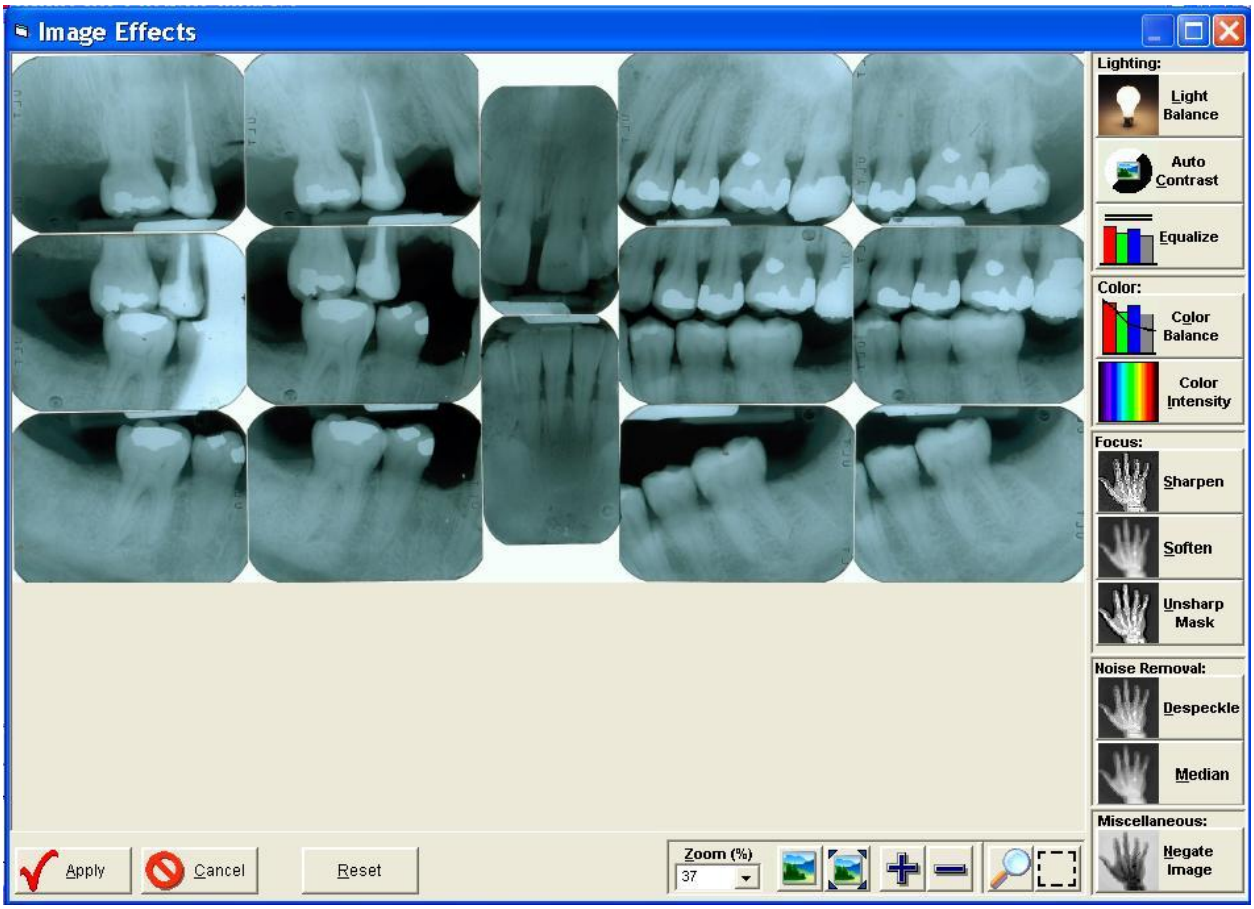
Image Effects

If you are not satisfied with the appearance of your image, Diamond Dental Soft-ware offers several imaging effects to make your image more viewable. Click on the *Apply Effects to Image* button to open the *Images Effects* screen.

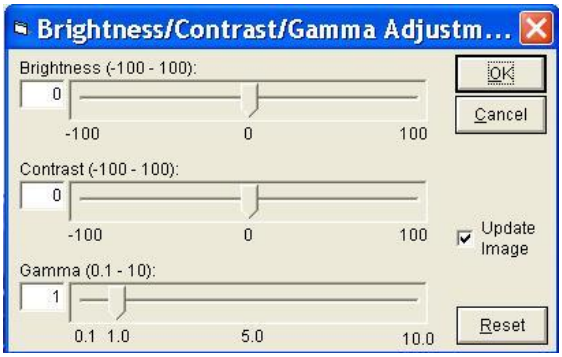
There are eleven effects you can apply to your image. These effects include Light Balance, Auto Contrast, Equalize, Color Balance, Color Intensity, Sharpen, Soften, Unsharp Mask, Despeckle, Median, and Negate Image.

Applying effects may be used to permanently change an image, or you may apply effects temporarily for the purpose of diagnostic examination. For example, you may want to in-crease the brightness and contrast of an x-ray to get a better look at a dark area, then put it back to its original state.

These effects will now briefly be discussed.



Light Balance

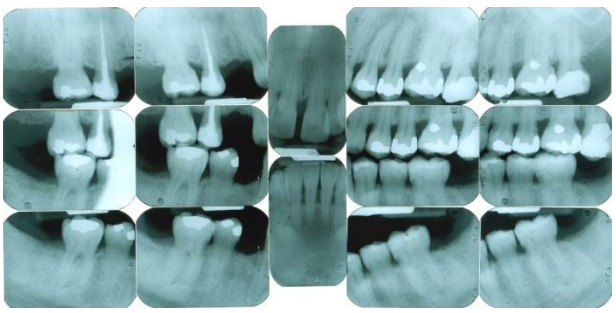


Click on the *Light Balance* button to open the *Brightness/Contrast/Gamma* adjustment window. As you move the slider controls on this screen you will see the image change in the *Image Effects* window. At any time you can click the *Reset* button to undo any changes that have been made.

Adjust the *Brightness, Contrast*, or *Gamma* sliders until you achieve the desired effect.

The full mouth x-ray shown on the left was dark and dull. The right shows the same set with the brightness and contrast punched up.





Gamma is another measure of brightness. Move its slider to the right and the image gets brighter. Move it to the left and the image gets darker. The *Gamma* slider will brighten or darken the image on a different scale than that of the *Brightness* slider. For example, Macintosh monitors are brighter than Windows PC monitors. Macintosh monitors are set to a screen gamma of 1.8. Windows monitors are set to a screen gamma of 2.2. This means that if someone is viewing what looks like a well-lighted image on his Macintosh and then emails that image to your Windows PC computer, that same image will appear darker. If you had the two machines side by side you could see what gamma setting within Diamond Dental Software would be needed to correct images between a Mac and a PC. Another difference in Gamma might be seen between your monitor and your printer. Maybe when you print what looks like a well-lighted image, it always comes out too dark on the printout. If you know what the Gamma difference is between your monitor and your printer, you could make corrections for this. We include the Gamma control for completeness. The Brightness control essentially does the same thing.

If the *Update Image* checkbox is checked the changes to the image will be applied continually as you are moving the sliders. If you uncheck this checkbox an *Apply* button will appear. The changes will not be displayed until you click this Apply button. If the image is very large, real time changes can be slow. In that case, uncheck the *Update Image* checkbox to have the effects only take place when you click Apply. If the image is not very large, keep this checkbox checked to see your changes taking place as you move the sliders.

This adjuster screen is typical of other Effects Adjustor screens. When you are finished with your modifications click *OK* to close the adjuster screen. You will be back at the Image Effects screen with the modified image displayed. On the *Image Effects* screen you still have the option to click *Reset* to undo any changes you made. If you wish to keep the changes click *Apply*. The Image Effects screen will close and you will be back at the *Add/Edit Patient Images* screen.

Even when you have returned to the *Add/Edit Patient Images* screen your changes are not made permanent until you click the *Save* (diskette) button.

Auto Contrast

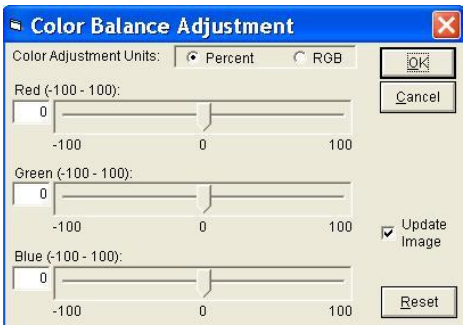
Click the *Auto Contrast* button once and an internal contrast mechanism will give the image what it thinks is the best contrast setting. If you like the results, keep this modification, if not click *Reset* to undo the changes.

Equalize

The *Equalize* method is often the most effective function for bringing out hidden details through contrast improvement, especially in dark areas. Equalize will often enable you to see differences that were too subtle in the original. Although it can be used for both color and grayscale, it is most effective for grayscale images like x-rays. Look at the before and after effects on this panorex.



Color Balance

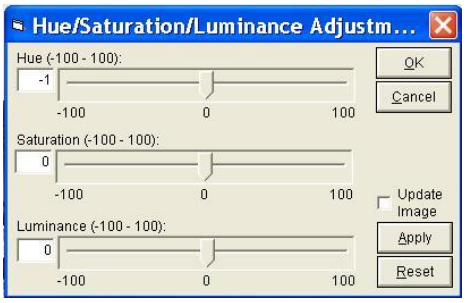


Like Light Balance described above, *Color Balance* displays an adjustor windows with three slider controls. You may increase or decrease the red, green, and blue color content of an image. All color is made from a combination of red, green, and blue (RGB) and this control can be used to correct images where the color seems to be "off."

Color Intensity

Color Intensity is another way of adjusting the color of an image. It consists of a balance among *Hue*, *Saturation*, and *Luminance*.

Hue

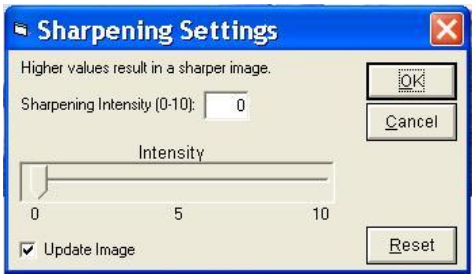


You need to picture *Hue* as existing as a wheel. The wheel goes from magenta to red to yellow to green to cyan to blue and back to magenta. The Hue control is a linear slider with the normal position at zero. As you move the slider from 0 you start proceeding around the wheel. A little to the right makes the image more magenta. A little more makes the image more red. A little more makes it yellowish, etc. When you come to 100 you have traveled all the way around the wheel and you are back at the normal position or zero. So the zero position and the 100 position are both the normal position. Likewise, the -100 position is also the normal position.

Saturation

Saturation is a measure of how much color an image contains. Zero is the normal point. -100 will be no color and 100 will display very rich color. If you have a color image and move the Saturation to -100 it will look like a grayscale image (no color).

Luminance



With *Luminance* zero is once again the normal point. Move the slider to the right (higher) to make the image brighter and move it to the left (lower) to make the image darker. Luminance and Brightness are related but

are not identical. They do both, however, make the image lighter and darker.

Sharpen

To make an image sharper move the slider to the right. Now since sharper seems better, why not just move it all the way to 10 and have the image as sharp as possible? Unfortunately sharpening an image doesn't work that way. The image often can be improved with some minimum to moderate sharpening. Too much sharpening simply gives a strange distorted look. Trial and error will be the best teacher.

Soften

Soften is the opposite of Sharpen which is discussed above. Some images improve with softening. Trial and error is once again suggested.

Unsharp Mask

Click *Unsharp Mask* to make an image sharper. The effect is immediate, no pop up adjustor window will display. Usually, if it is going to improve the image, you will notice it on the first click. Continued clicking will intensify the effect, but usually to the detriment of the image. If you don't like the results simply click *Reset* to restore the original image.

Despeckle

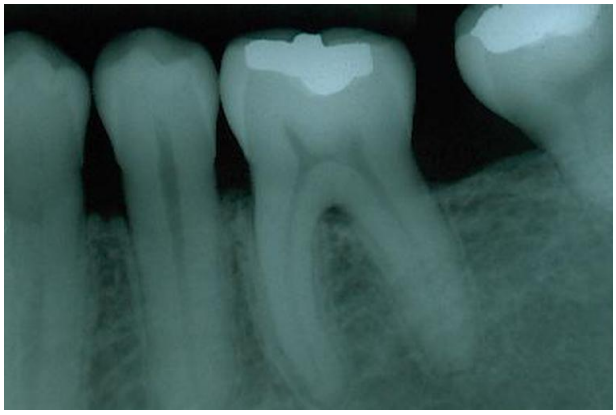
Despeckle is essentially a "spot remover." It attempts to remove specks, spots, and blemishes from an image. If your image has unsightly spots, click Despeckle and see if it helps. If it is going to help, usually the first click will do it. Additional clicks will intensify the effect.

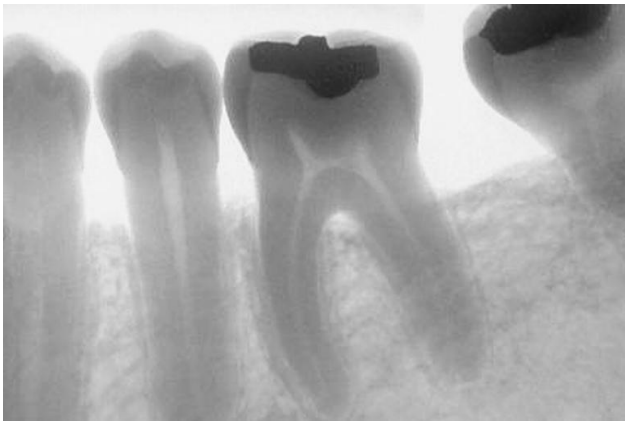
Median

Median is a filter that attempts to remove what is called "salt and pepper" noise from images. "Noise" in an image are small, unwanted random specks in areas where the surrounding majority of pixels are of a different color value. The Median filter is specifically designed to work on this type of artifact and does somewhat overlap with the Despeckle filter.

Negate Image

Click *Negate Image* to make a reversal or negative of an image. Look at the interesting effect achieved by negating this periapical of a first molar:





Default Image Setting Screen

The *Default Image Setting* screen opens when you click the *Settings* (crossed hammer and wrench) on the *Add/Edit Patient Images* screen. It was briefly discussed earlier because it contains the Scanner, Digital Camera, and Video Capture Settings buttons.

When the Scanner, Digital Camera, and Video Capture settings were discussed, we mentioned that each of these settings had a "quality" setting slider control. You could increase the quality of the image but you would also be increasing the size of the image and vice versa. These controls affected images coming from scanners, digital cameras, and web cameras respectively.

Existing Image Save Setting

The *Existing Image Save Setting* seen on the Default Image Setting screen controls the quality of images that are already in a patient's record and have been modified and then re-recorded. For example, if you have an already acquired x-ray image existing in a patient's record and you wish to increase the brightness, you bring it up in the Image Effects screen. After changing the brightness the image must be recorded with the *Save* button. The amount of compression used to re-save this image (if it is a JPEG or PNG) and therefore its size and image quality, is determined by the *Existing Image Save Setting* on the Default Image Setting screen.

Export Setting

If you are exporting a JPEG or a PNG image (compressible images) the *Export Setting* slider control will govern the compression of the exported image. Again, the higher the quality the less the compression and the larger the file and vice versa.

Imported Image Rotation

This feature will not be implemented by most users, but if you are experiencing a regular rotation of your images as they are being imported from your scanner, this choice can be set to permanently correct the rotation.

Chapter

32

32: Electronic Attachments

Note

NEA has developed their own integration with Change Healthcare via their new FastAttach program. For more information on FastAttach and doing electronic attachments, contact National Electronic Attachment (NEA).

National Electronic Attachment Inc.
3577 Parkway Lane
Suite 250
Norcross, GA 30092
phone: 800-782-5150
fax: 770-441-3204
Web: www.nea-fast.com

Chapter

33

33: Treatment Progress Notes

Writing detailed treatment progress notes is not only important clinically, but legally. If you ever find yourself as a defendant in a court of law, you must have detailed treatment notes that chronicle all aspects of your care for that patient. What was the reason for the patient's visit to your office? Did you clearly state your diagnosis? What treatment did you perform? Were health history concerns noted? What type of anesthetic carpule did you use and how many? Did it contain epinephrine, and, if so, what concentration? What other medications were used and at what dosage? What type of retraction cord did you use? Did you note that you gave the patient pre-op or post-op instructions? What plan did you have for the patient's next visit? Etcetera, etcetera. Most busy dental practices simply don't have time to hand write detailed treatment notes for every patient. With so many patients coming through the door every day and so much other work to do, office personnel usually do not have time to write treatment notes with this level of detail.

The two main purposes of the Treatment Note module is

To allow you to store your treatment notes in the computer for easy access instead of a paper chart.
To allow the automated addition of details to your notes that they otherwise would not contain.

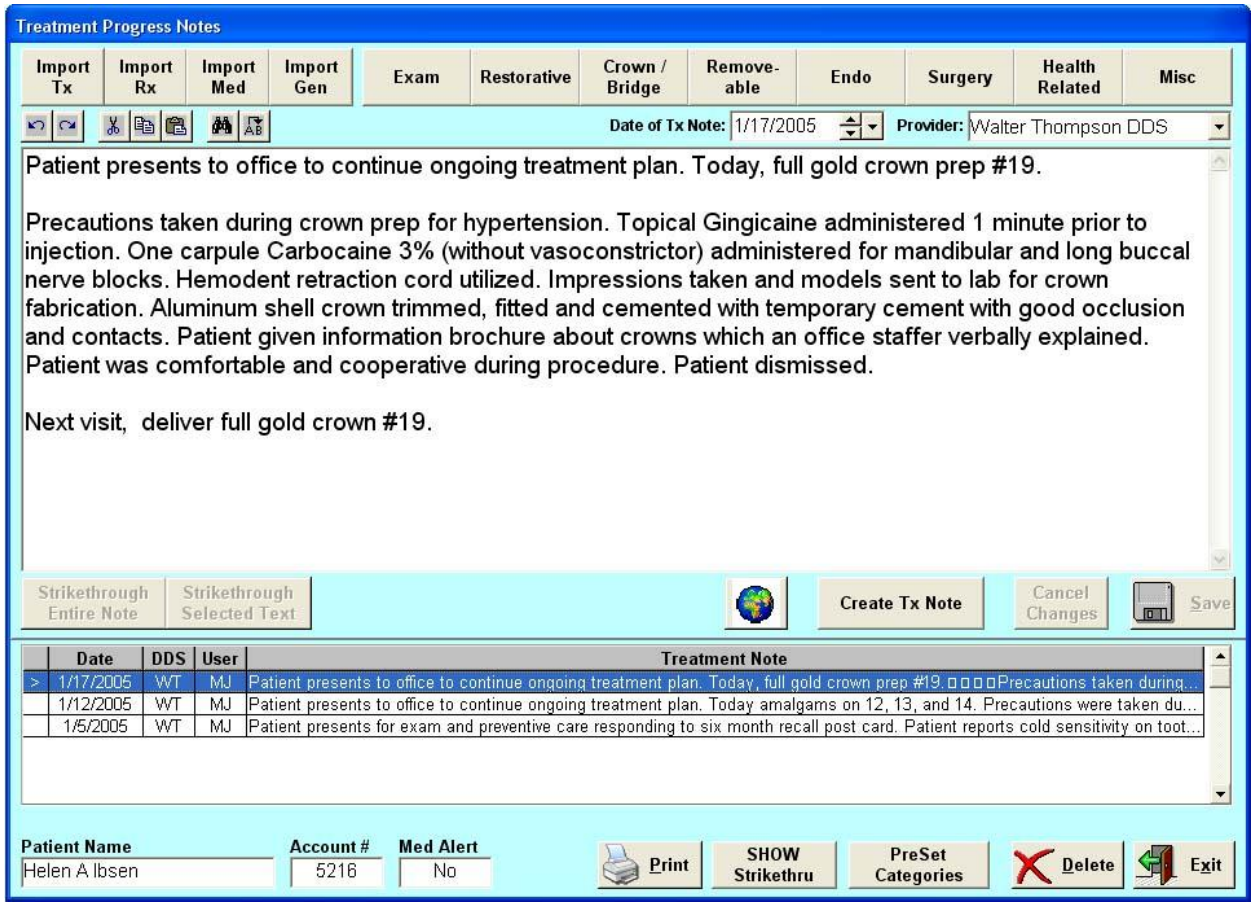
Entering Basic Treatment Notes

Treatment notes are accessed through the patient's Posting screen. From the Main Menu click *Posting* and search for the patient in question. On the Posting screen click the *Treatment Notes* button. The Treatment Notes screen will appear (see below). You will notice the screen is split into a large upper pane and a smaller lower pane. The upper pane is called the *Editing Window* and is where you edit and view the current treatment note. The lower pain is called the *Treatment Notes List Box* and displays a scrollable list of all the entered notes for this particular patient.

Note

In the Treatment Note List Box, notes are sorted in the order they were entered (most recent first), and not necessarily by the date the treatment note was given. Therefore, backdated notes will still be listed in the order they were entered.

To create a treatment note click the *Create Tx Note* button, type your note into the Editing Window and click the *Save* button. You will see the treatment note added to the Treatment Note List Box at the bottom of the screen.



The Editing Window

The Editing Window functions like a mini word processor. You simply type your treatment note into this window. Like a word processor the text will automatically scroll and like a word processor you can hit the enter key to force a new line. Note that this is unlike many other multi-line text entry boxes within Diamond Dental Software where you must use a combination of Ctrl-Enter to force a new line. This is not true here. Simple hit Enter to force a new line just as you would with a word processor. The Editing Window has many of the same

controls used in Microsoft Word and even uses the same icons. These controls include Undo Typing, Redo Typing, Cut, Copy, Paste, Search, Find and Replace.

The *Date of Tx Note* field designates the date of the note. When creating a note the current date will automatically display in this field. You can change it to any date if you wish. The *Provider* field will automatically display the account's assigned doctor. If the account does not have an assigned doctor then the doctor you have designated as the default doctor will display automatically.

Treatment Notes List Box

The Treatment Notes List Box seen near the bottom of the screen displays all the treatments notes for the patient. Each treatment note is displayed as a single line so long notes will not display in their entirety. If you are not seeing the entire note the line will end with "…" indicating there is more to the note than is displayed. Each note displays the *DDS* of the note, *DDS* initials which is the doctor or hygienist to whom the note is assigned, the *User* which is the person who was logged in at the time of creating the note, and the *Treatment Note* itself.

The Treatment Notes List Box is sorted in descending entry order (not necessarily date order) which puts the most recent notes first. The list is scrollable and as you click on any particular note that note will display in its entirety in the Editing Window at the top of the screen.

Tools to Automate Treatment Note Entry

Diamond Dental Software uses two basic methods to automate treatment note entry. These are *Importing* and *Preset Categories*. Importing refers to the importing of data that has already been entered into the Diamond Dental Software program. You may import posted procedures, prescriptions, medical history notes, and general notes.

Preset Categories are eight user definable categories that appear as eight buttons across the top of the Treatment Progress Notes entry screen. Each category can have an unlimited number of pre-written treatment notes "snippets" that you may insert anywhere into the current treatment note you are working on.

Importing Procedure Transactions

You can import procedures that were posted for a patient by clicking the *Import Tx* button. This will insert the transactions that were posted for this patient into the current treatment note at the insertion point of the blinking cursor. Make sure the cursor is where you want the notes to be inserted. The only transactions that will be inserted are those that were posted with the date that is showing in the *Date of Tx Note* at the top of the Treatment Progress Notes entry screen. Only Procedure transactions will be imported. Adjustments and payments will not be included.

A sample of an imported transaction is seen here:

Crown - Porcelain/High Noble Metal, Code: D2750, Th: 20, DDS: WT, St: Started, by User: MJ

There are seven elements to the imported transaction. These elements are

- Procedure Description
- Procedure Code
- Tooth Number
- Surface
- Provider's Initials
- Status: Done (completed in one visit), Started, or Finished
- User's Initials (the person who entered this item into the computer)

All the procedure transactions that were performed that day will be included in a similar fashion.

Customizing the Procedure Description

When importing procedures into treatment notes, you can have Diamond Dental Software replace the usual procedure description with a customized one. For example,

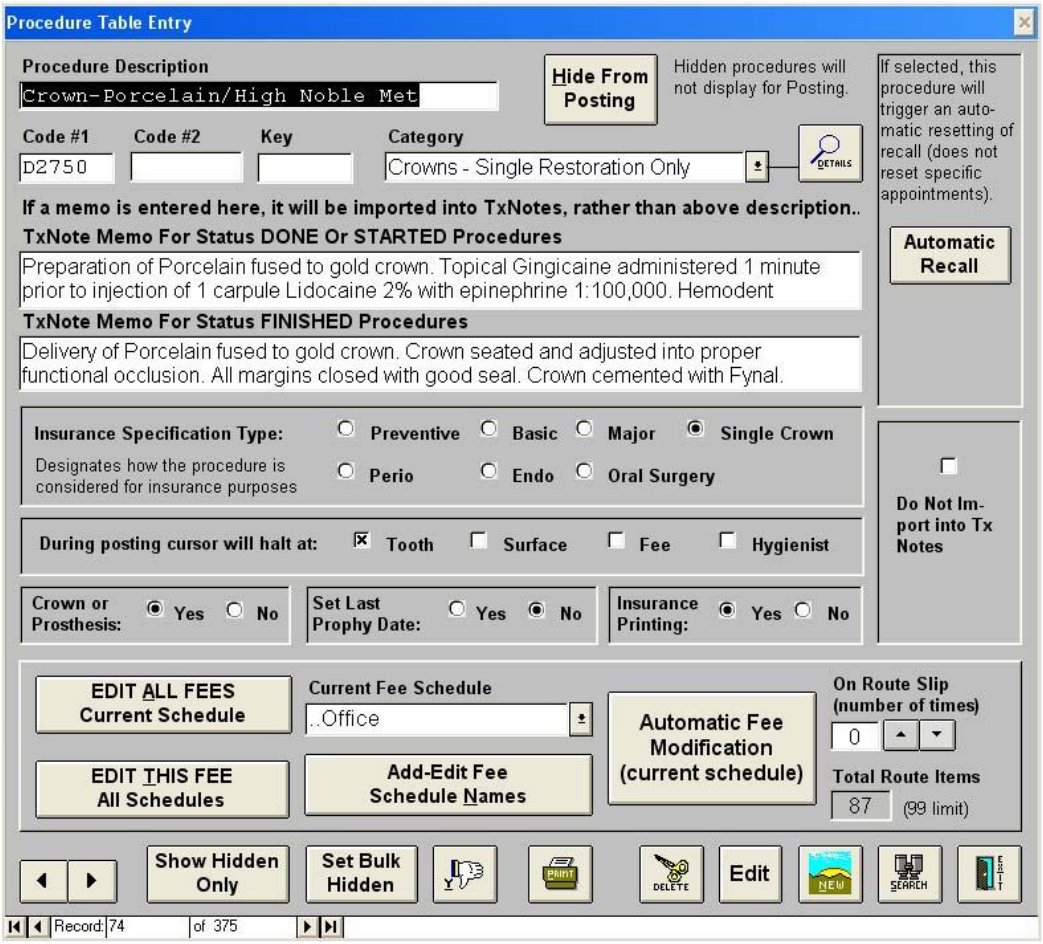
This standard description …

Crown – Porcelain/High Noble Metal

Can be replace with this description…

Preparation of Porcelain fused to gold crown. Topical Gingicaine administered 1 minute prior to injection of 1 carpule Lidocaine 2% with epinephrine 1:100,000. Hemodent retraction placed. Impression taken, poured, and sent to lab for fabrication of crown. Temporary aluminum crown trimmed and placed into proper occlusion. Cemented with temporary cement. Patient cautioned not to chew on affected side due to effects of anesthetic. Patient tolerated treatment well. Home care instructions given by staffer and patient dismissed.

This switch is accomplished by entering a special Treatment Note Memo for this procedure into the Procedure Table Entry screen which is accessed via the Utility Menu.



As seen above, if you want a special descriptive memo to be inserted into the treatment notes instead of the standard procedure description, enter that memo here. These notes have no limit as to size. You may enter one memo for Done or Started procedures, and another for Finished procedures. So when you prep a crown in the Started phase, one description will be used, and when you deliver the crown in the Finished phase, the alternate description will be used. This, of course, would not apply to procedures such as Prophys that are completed in one visit. No Finished memo would be needed in that case.

Importing Prescriptions

Click the *Import Rx* button to import any prescriptions that were recorded for the date of the treatment note.

The imported prescription will take the following form:

Rx: Amoxicillin 500 mg, Disp: 28 tabs, Sig: 1 tab 1 q6h, No Refills, DDS: Walter J Thompson DDS

Each imported prescription has 5 elements. These are

- Rx :(the drug and dosage prescribed)
- Disp: (how much of the drug is being dispensed)

- Sig: (instructions to the patient as to how to take the drug)
- Number of refills
- Prescribing doctor

The imported prescription will be inserted into the treatment note at the point of the blinking cursor.

Importing Medical History Notes / General Notes

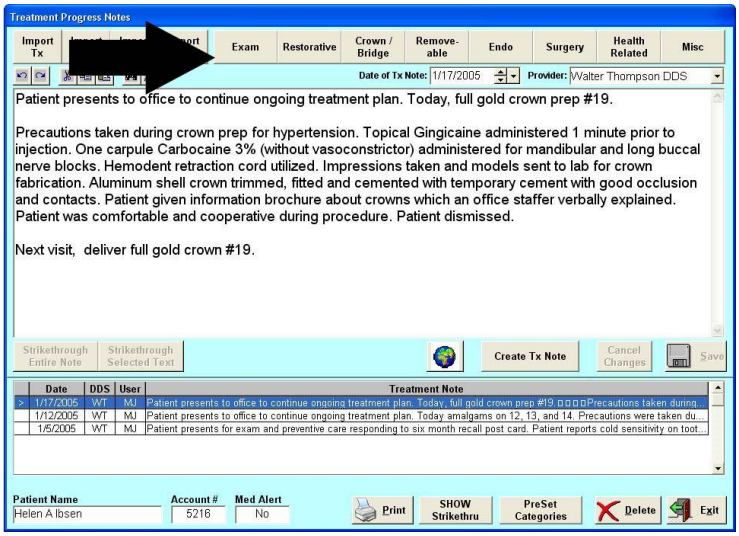
When opening an account you have the option to enter Medical History Notes and General Notes for each patient. This is done from the Patient Entry screen. By clicking the *Import Med* or *Import Gen* buttons, you can import the entire set of either the Medical History Notes or the General Notes for this patient.

Medical History Notes:
Allergic To Penicillin
Hepatitis
Diabetes
Do Not Use Epinephrine
Hearing Impaired

General Notes:
Often Cancels.
Often Comes In Late.
Confirm Appointments.
Delinquent With Balance.

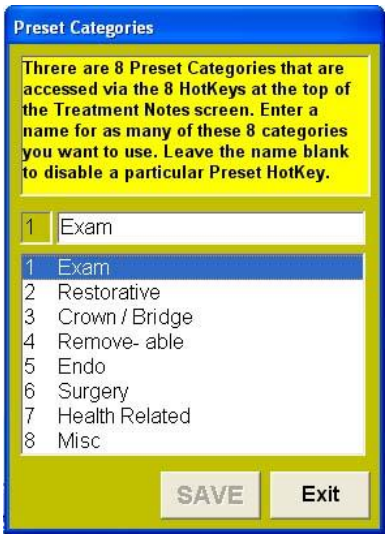
Automating Entry with Preset Treatment Notes

In writing treatment progress notes, there is obviously a lot of repetition. You perform pretty much the same procedures, day after day and year after year. You would like to write detailed treatment notes but the monotony of the task can lead one to cut corners. But medically and legally, you need precise, detailed treatment progress notes.



With Preset Treatment Notes, you can write a detailed description of procedures you do over and over again and save them in a library.

When needed, any of these notes can be imported in its entirety into your current treatment note. Once the Preset Note is imported, it becomes part of that note. You can modify it, if necessary, to suit the particular circumstances of the patient you are working on.

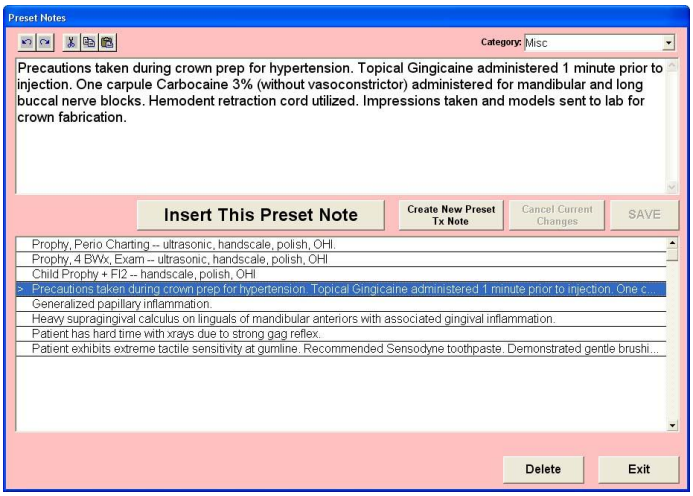


Creating Preset Categories

You can create up to 8 categories of Preset Treatment Notes. Click the *Preset Categories* button on the Treatment Progress Notes entry screen. This will open the Preset Categories screen (below left). From here you will type in up to 8 descriptive names for your categories. The names you type in here will become the captions of 8 buttons that are placed at the top of the Treatment Progress Notes entry screen.

Creating and Using Preset Treatment Notes

Click one of the Preset Treatment Note buttons at the top of the Treatment Progress Notes entry screen to open the Preset Treatment Note selection screen (seen here). This screen is used to both create new Preset Notes for this particular category and to select an existing Preset Note for importing into the current treatment note you are working on.



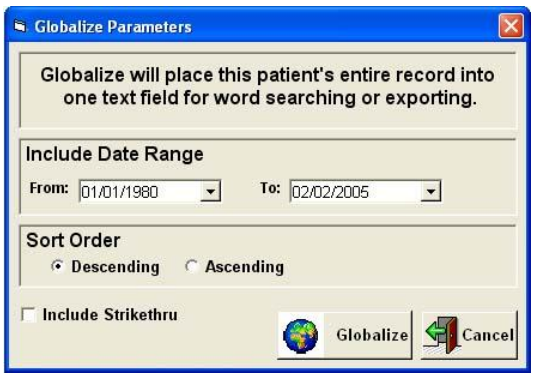
To create a new Preset note to add to your library of Preset Notes, click the *Create New Preset Tx Note* button. Enter your new note (there is no size limit) and then click the *Save* button. The note is now permanently in your library.

To insert a Preset Note into the note you are currently working on, highlight the note (in the bottom list box section) and click the *Insert This Preset Note* button. The Preset Note screen will close and you will be back at the Treatment Progress Notes entry screen. The Preset note will be inserted into your current note at the point of where the blinking cursor was.

Globalize and Search

The Treatment Progress Notes entry screen has a search button (binoculars). This allows you to search for a word or phrase much like is done in Microsoft Word. However, only the editing window for the current note is searched. The editing windows is the large upper window of the Treatment Progress Notes entry screen. It displays the currently selected note. This limits the search function dramatically in that you can only search one treatment note at a time.

Often you may want to search a patient's entire treatment note history for a particular word or phrase. This can be accomplished with the *Globalize* button (a globe is pictured), which will put the patient's entire treatment note history into the editing screen for the purpose of searching.



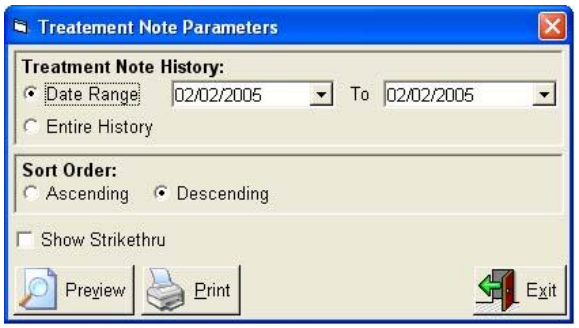
Click the Globalize button to bring up the Globalize Parameters screen. You have the option of selecting a date range to include. The default is from 1/1/1980 to the present which will include the entire history. You may also set the sort order to be most recent notes first or last, and you can include ~~STRIKETHRU~~ item if desired.

Click *Globalize* and the entire history will be placed in the scrollable editing window. Each treatment note will be headed by a line indicating the date of the note, the patient, and the provider. Each note will also be separated by a space (linefeed).

When your search function finds a qualifying word or phrase, the editing window will scroll to that, locating and highlighting the word so it is plainly visible within the editing window. You are also given the choice to continue searching for more matches if desired.

You cannot do anything to the text within the globalized editing window. Globalized text is for the purpose of searching and viewing only. To get out of the globalized mode, just click a note in the list box section of the screen (the smaller bottom window).

Printing Treatment Notes



To print a hard copy of your patient's treatment notes, click the *Print* button on the Treatment Progress Notes entry screen. The Treatment Notes Printing Parameters screen will appear. You can print a specific date range or the entire history. You can sort the notes by most recent first (Descending) or most recent last (Ascending). You can include or exclude notes that have been struck from the record with the ~~STRIKETHRU~~ feature.

Locking Treatment Notes

In days of old, the protocol for treatment notes was that they would always be written in ink. Treatment notes were never to be erased. And if a treatment note needed to be removed, that would be accomplished by drawing a line through the note ~~like this~~. The line out or strikethrough was not to obliterate the original note. A strikethrough (strikethru) should still be able to be read, although the reader would know that the note has been struck from the record. Nothing should be hidden when writing treatment notes.

Diamond Dental Software's treatment note module follows these same guidelines. Treatment notes can be automatically locked. Once a treatment note is locked it cannot be modified or added to. The only thing you can do with a locked treatment note is to strike it out, either whole or in part.

Automatic Treatment Note Locking is set from the User Defaults screen. This is accessed via the Utilities Menu. You may select treatment notes to be locked automatically after one day all the way to after 31 days. You also have the choice to set this option to *Never* which will cause treatment note to not lock automatically. While the Treatment Notes are not locked, you may freely go into them and modify, add to, or delete them at will. There are no restrictions on modifying unlocked treatment notes. Once a treatment note is locked, it may NOT be modified. You cannot change locked treatment notes in any way other than striking them with the ~~STRIKETHRU~~ function. Locked treatment notes display a lock icon.

Note

Once a treatment note is locked, it cannot be unlocked. It cannot be modified, added to, or deleted. The only action that can be taken on locked notes is to strike them out.

Striking Out Treatment Notes (~~STRIKETHRU~~)

Treatment notes that have been locked cannot be modified, but they can be struck from the record. Notes that have been struck do not appear in the standard display as seen on the Treatment Progress Notes entry screen. To show notes that have been struck, click the *Show Strikethru* button. The notes will then appear in their regular entry order. ~~A strikethrough note has a line through it like you see on this sentence~~. You can still read it but you know it has been struck from the record.

To strikethru a treatment note click one of the two strikethru buttons. One button is to strike an entire note and the other is to strike only selected text from the current treatment note. These buttons are only active if the current treatment note has been locked. Locked notes display a lock icon. If the note has not yet been locked you cannot strikeout the note. However, unlocked notes are still eligible to be modified, added to, or completely deleted from the record.

Strikethru Entire Note

To strikethrough an entire treatment note, click this button. The entire note will have a line through it and will only be visible if the *Show Strikethru* button is pressed.

Strikethru Selected Text

You do have the option to strikeout only a section of text from a treatment note if you wish. To do this, mark the text you wish to strike. Put your mouse at the beginning of the text and drag it to the end. That part of the text will now be dark. This is called "selecting" text. With the text you want to strike selected, click the *Strikethru Selected Text* button. The text you marked will be removed from the message. It will be replaced with a number in curly braces

such as {23}. This number will be the reference number for the text portion that has been struck. The text that has been struck is not gone. It will be entered as its own separate message but will begin with the curly braces with the reference number. Look at the following example:

Mary had a little lamb whose fleece was white as snow. Everywhere that Mary went the lamb was sure to go.

The selected text is “whose fleece was white as snow”. We will now strikethrough the selected text and the note will become two notes as seen here:

Mary had a little lamb {23}. Everywhere that Mary went the lamb was sure to go.
~~{23}whose fleece was white as snow~~

Where the marked text used to be, you now see the curly braces with a reference number. A new note has been added that starts with {reference number} and contains the stricken text. This line has the strikethrough line going through it. Only this part of the note has been struck.

Chapter

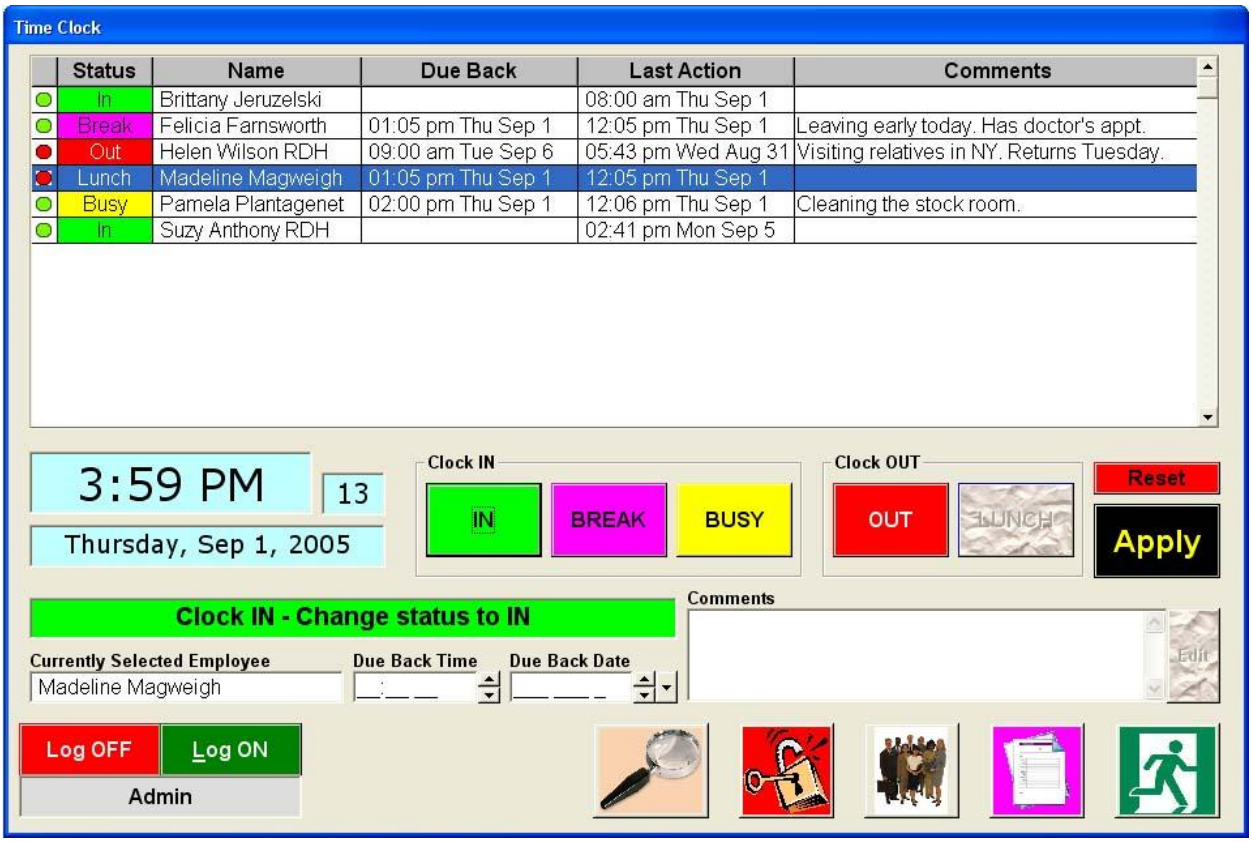
34

34: Time Clock

NOTE

Recently added to the Time Clock module are the new *Time Clock Utilities*. Click here for a full explanation.

The Time Clock program provides a means by which employees can clock In and Out. The program will then total an employee's hours for any given date interval and calculate wages based upon regular hourly wages and overtime wages. In addition, the Time Clock program displays who's in, who's out, who's on break, and who's at lunch. For those employees that are out, you can see why they are out, and when they are expected back. The main Time Clock screen (accessed from the Main Menu) is seen here.



The Time Clock Screen

The main Time Clock consists of the employees list box, a clock showing the current time, various Clock In and Out buttons, and various other controls that will all be discussed in this section.

Green and Red Dot

The Time Clock main screen (seen above) displays all the office employees in its main window. If an employee is currently “In,” the colored dot to the far left of the employee’s name is colored green. If the employee is currently “Out,” the dot will be colored red.

Status

To the immediate left of the employee’s name is the employee’s current *Status* column. The Status is changed by the five Clock In and Out buttons that will be discussed shortly. There are five status descriptions, 3 are for “In” Status, and 2 are for “Out” Status. These are

“In” Status

- In (green)
- Break (magenta)
- Busy (yellow)

“Out” Status

- Out (red)
- Lunch (blue)

The three In Status settings all indicate the employee is in and wage hours are calculating. The “In” status is simply In, here and available to work. The “Break” status indicates the employee is on a break. The Time Clock program does not consider Breaks as clocking out. The “Busy” status indicates that

the employee is clocked In but is currently busy and not available for regular assignments. For example, the employee may have been told to clean the stock room or run an errand, etc.

You may freely change the Status of an employee among the various In Status settings. For example, if an employee is currently clocked in with the “In” status, you may change the status to “Busy” without affecting the employee’s wage hours. Changing from In to Break to Busy and back to In does not change the employee’s hours. The employee is just considered to be In as far as hours calculations are concerned.

When the employee’s status is “Out” it is designated as simply “Out” or “Lunch”. Wage hours are not calculated when either of these status settings are set.

Due Back

If you have set the Status to anything but simply “In,” the *Due Back* column indicates the time that the employee will be available again. The program will set this time automatically for Break, Out, or Lunch settings. The program’s automatic time settings are based on certain criteria that can be overridden. For the Busy setting, it will be up to the user to indicate the time that they will be available for regular assignments again.

Last Action

Whenever “action” is taken to change the Status for an employee (using one of the five Clock In and Out buttons), the time and date of that change is displayed in the Last Action column.

Comments

While clocking In or Out, the employee is free to write an unlimited comment that will be displayed on the Time Clock screen.

Clock In / Clock Out

To clock in or out, the employee will click on his or her name to highlight it, then click the appropriate colored button. These buttons are labelled “In,” “Break,” “Busy,” “Out,” and “Lunch”. Only four of the five buttons will be available at any one time because the corresponding button for the current status of the employee will be disabled. For example, if the employee is currently at Lunch, then the Lunch button will be disabled and not available as one of the choices.

The process of clocking in or out is simple and we will now describe an example of how it is done. Say that employee Mary Jones has just arrived at work and wishes to clock in. From the Diamond Dental Software Main Menu, Mary clicks on the Time Clock button and the Time Clock screen opens. She sees her name listed there with the current status of “Out”. She clicks on her name to highlight it. Then she clicks the green “In” button. To clock in she will click the *Apply* button. That’s all there is to it.

Editing Due Back Time and Date and Comment

Before clicking Apply, Mary would have the option of modifying the Due Back Time and Date fields if she wished. Now these fields are simply blanked out when the “In” button is pressed, but with the other choices of Break, Busy, Out, and Lunch, the Due Back Time and Date fields will be filled in. The program will fill in these fields based upon information the program knows about the employee. For example, when setting up the employee record, you tell the program how long breaks will be. Therefore, when the employee changes their status to “Break” the program knows how long it will be before the employee will be back. More on this in the section on entering employees into the system. But before you press Apply, the employee will have the option of modifying this automatically entered Due Back Time and Date, if desired. The employee also has the option of entering a comment before clicking the Apply button.

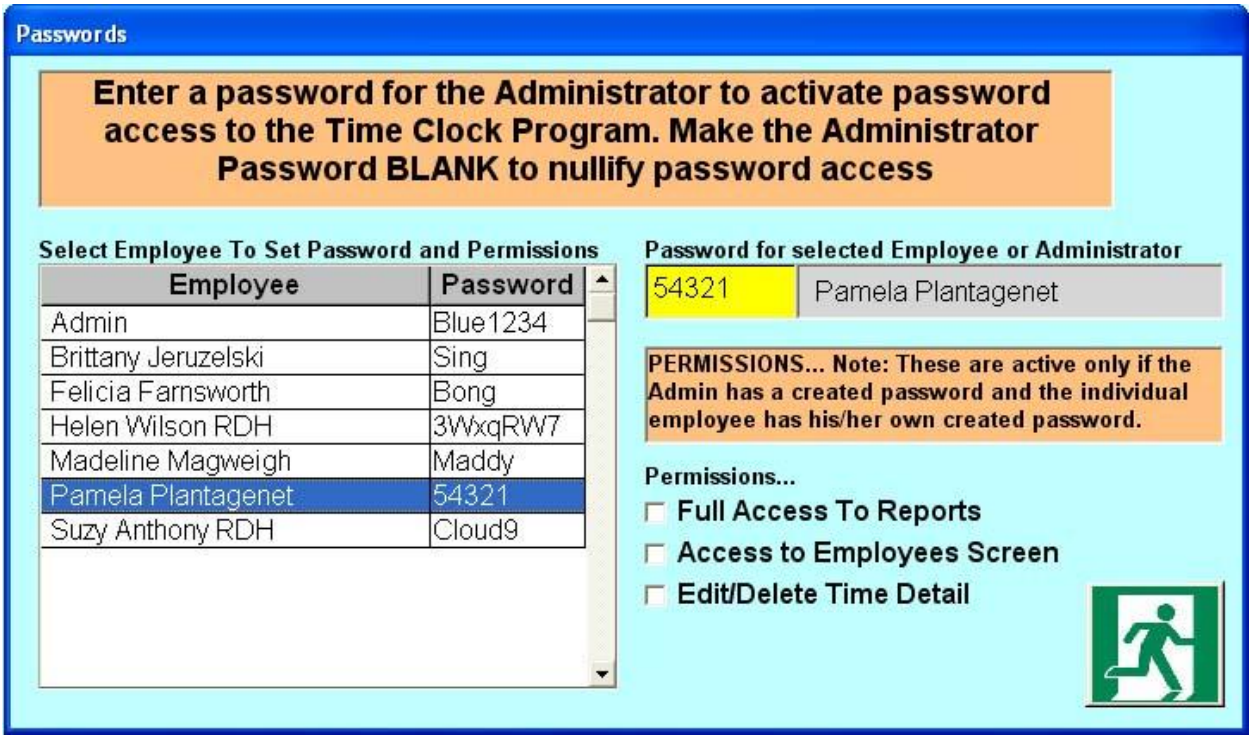
if the employee wishes to modify the Due Back Time/Date or Comment without actually clocking in or out, they would highlight their name, then click the *Edit* button that is to the right of the Comment text box. This will open a window that is used exclusively for editing these fields only.

Passwords

The Time Clock program has its own passwords and these are separate from the passwords for the regular program. Before passwords are set up, the program is in "Admin" mode. That is, Password Administrator mode. In this mode, any user has free access to all areas of the Time Clock program. In order to setup passwords, you must be in this Admin mode.

Passwords are not required and if you wish, you may keep the program in Admin mode permanently by not setting up any passwords.

If you wish to setup passwords, click the *Password* button (lock and key). The Password screen will open.



The Password screen lists all the employees and their passwords (if any). In addition to the employees, the first item on the list is the Admin with its password.

Note

If you do not enter a password for the Admin, passwords will not be in effect for the system. This is true even if passwords are entered for individual employees.

To enter a password, click the employees name or Admin to highlight that line, then enter the password in yellow box provided on the right side of the screen. Passwords can be a maximum of 8 characters and any characters may be used. Passwords are not case sensitive.

When passwords are active, employees will only be allowed to clock in or out when their own personal name is selected. They will not be allowed to clock in for another employee.

Permissions

In addition to passwords, each employee can be given special permissions to access certain areas of the Time Clock program. Permissions are not applicable to the Admin choice as the Admin always has full permissions to access all areas of the program.

Full Access to Reports

If this permission is given to an employee they will have full access to the Time Clock Reports menu and be able to run all of its reports.

Access to Employees Screen

If this permission is given to an employee they will be able to access the Employees screen and use all of its functions. This includes adding, editing, and deleting employees from the system.

Edit/Delete Time Detail

When an employee enters his or her password, he or she will be given access to the Time Detail screen. This screen details the actual in or out entries showing the Status, Time, and Date for each clocking in or out. On this screen the Admin has the ability to edit or delete these items. Employees can view this screen, but not modify any of the line items. If this permission is given, the employee would have this ability to edit or delete the items on the Time Detail screen. This permission would be for the employees own personal screen only.

Note

When the Password screen is selected on Admin, Overtime Day and Week Limit fields will display. The default is 8 hours per day and 40 hours per week. Anything over 8 hours per day or 40 hours per week is considered overtime. You may modify this if your state has different regulations.

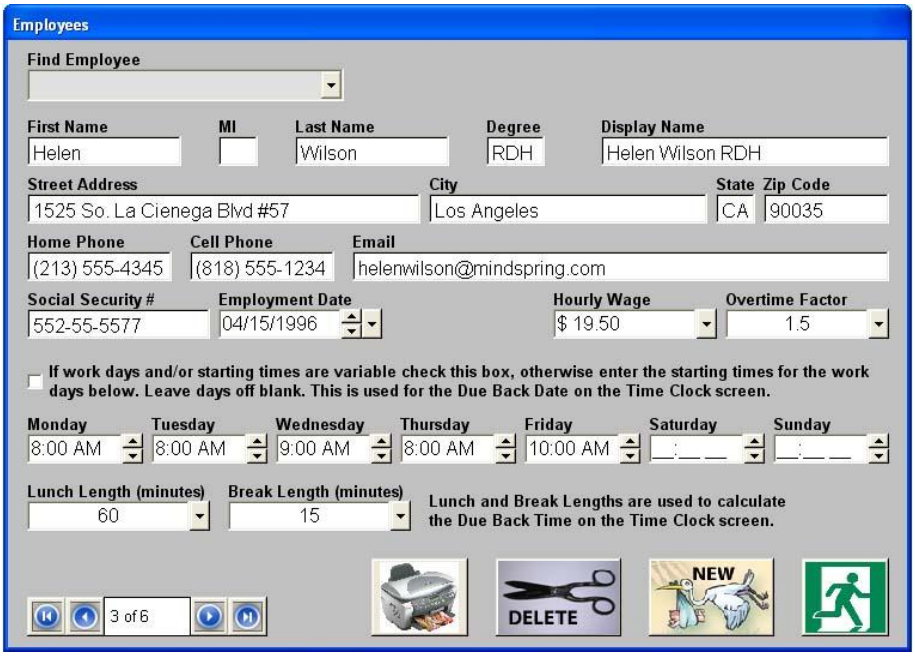
These numbers are used by the Time Clock Program to calculate employee wages.

Employees



Before the Time Clock has any functionality, you must enter employees into its database. To do this, click the *Employees* button (group of people). The Employees screen will display.

To create a new employee record click the *New* button. Fill out the screen. The program



asks for the employees first name, middle initial, last name, and degree (if any). This is for completeness. However the name that is used throughout most of the Time Clock program is the *Display Name*. The Display Name can be the employees nick name, or complete name, or whatever you want. The Time Clock screens are sorted by Display Name. Therefore, the Display Name of “Anne Walters” will sort ahead of “Tammy Andrews.” “A” goes before “T.” Keep this in mind when creating your Display Names.

Wages

Enter the *Hourly Wage* for this employee and the *Overtime Factor*. By default the Overtime Factor is set for 1.5. This means that overtime hours will be paid at 1.5 times the regular hourly wage. If your state has a different overtime factor you would enter here. In addition to these values the program uses the *Overtime Day Limit* and the *Overtime Week Limit* (discussed above in the section on Passwords) to calculate employee wages.

Note

Even if you are not interested in having the Time Clock calculate wages, you must enter some number for the Hourly Wage and Overtime Factor. Blank values in these fields will cause the Time Clock to malfunction. Entering a 1 in each field will suffice if you are not entering actual values.

Automatic Due Back Time and Date

When an employee punches the clock using Break, Busy, Out, or Lunch, the program will automatically fill in the Due Back Time and Due Back Date on the Time Clock screen. This is accomplished by indicating what starting times the employees has been assigned from Monday through Sunday and how long (in minutes) is a Break and how long (in minutes) is Lunch.

So if the employee clocks out for lunch at 12:08 pm and the program knows the employee takes a 60 minute lunch, the program has enough information to say that the employee will be back at 1:08 pm (approximately) of the same day.

If the employee has clock Out for the day at 5:00 pm on Tuesday, and the program sees that this employee starts at 8:00 am on Wednesday, then the program can indicate the employee will be back 8:00 am Wednesday.

For days off, simply leave that day blank, with no time. The program will then know that the employee has that day off and will set the Due Back Time and Date to whatever the next working day is.

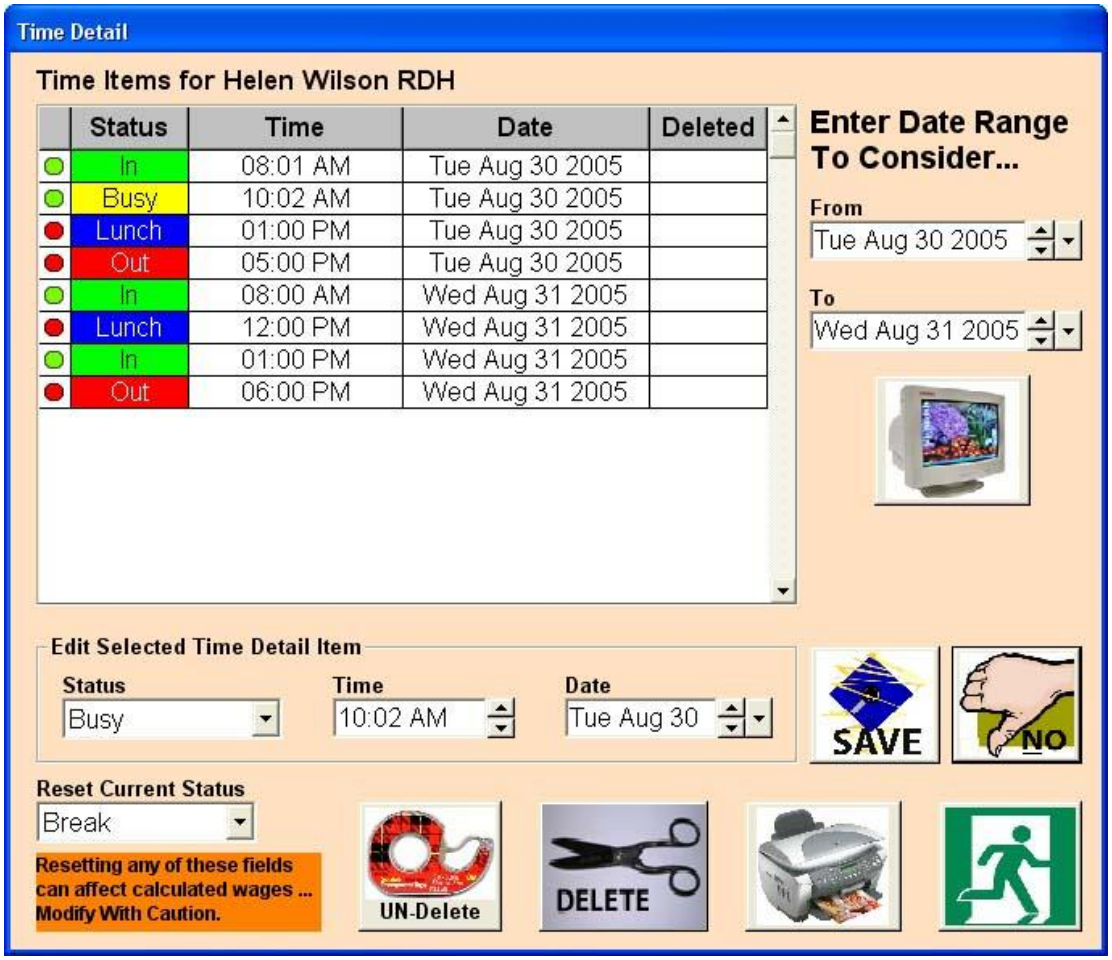
Employee Time Detail

The Time Clock screen displays the current status of each employee. If you would like to see the detail history of the employee's clocking in and clocking out, click the *Employee Time Detail* button (magnifying glass). See screen shot below.



The Time Detail screen displays each clock in or out as a line item. Each line indicates the Status and the Time and Date the clock was punched. The far left column contains a green or red dot indicating if it was a clock in or a clock out event. The far right column indicates if that line item has been deleted. If deleted, an "X" will appear in the column.

The Time Detail screen displays the line items that fall within the date range that is selected. When the screen opens, the date range is set from today's date to today's date. You may modify the *From* and *To* dates as you wish. After modifying the date range, click the *Monitor* button (monitored pictured) to display the new lines items on the screen.



Note

The Time Detail screen allows direct editing and deleting of Time Clock data that has been generated through punching the Time Clock. This function is included to allow complete control of your data but be aware that modifying this data will affect employee wages.

Deleting / Un-deleting Line Items

Only the Admin and employees with specific permission from the Password will be allowed to Delete or Un-delete line items.

To delete an item, highlight it by clicking it, then click the *Delete* button (scissors). You will notice an "X" appears in the delete column for that item. The item does not go away. An item deleted in this fashion will not be used in calculations of wages.

Perform deletions with caution. For example, if you have four line items that are In, Out, In, Out, and you delete the first Out line, you will be left with In, Out, Out. This is not logical and the program will respond by generating bizarre wage calculations.

To Un-delete an item, highlight the deleted item by clicking on it, then click the *Un-Delete* button (scotch tape). The “X” will go away and the item will once again be used in wage calculations.

Editing a Time Detail Item

Only the Admin and employees with specific permission from the Password will be allowed to edit line items.

If you have permission, you can edit the Status, Time, and Date of any line item. Be sure to use caution when editing a line item as it will have a direct effect on the calculation of employee wages.

Each time you click on a line item you will see the Status, Time, and Date for that item appear in the *Edit Selected Time Detail* section. The fields in the section can be edited. After you have made your change, click the *Save* button and your changes will be recorded to the Time Clock database. If you want to cancel your changes, click the *No* button (thumbs down) before clicking Save, and you will be taken out of the screen without recording.

Reset Current Status

The *Current Status* refers to the Status that is seen on the main Time Clock screen. This drop down list will change the Status on that screen. Use with caution.

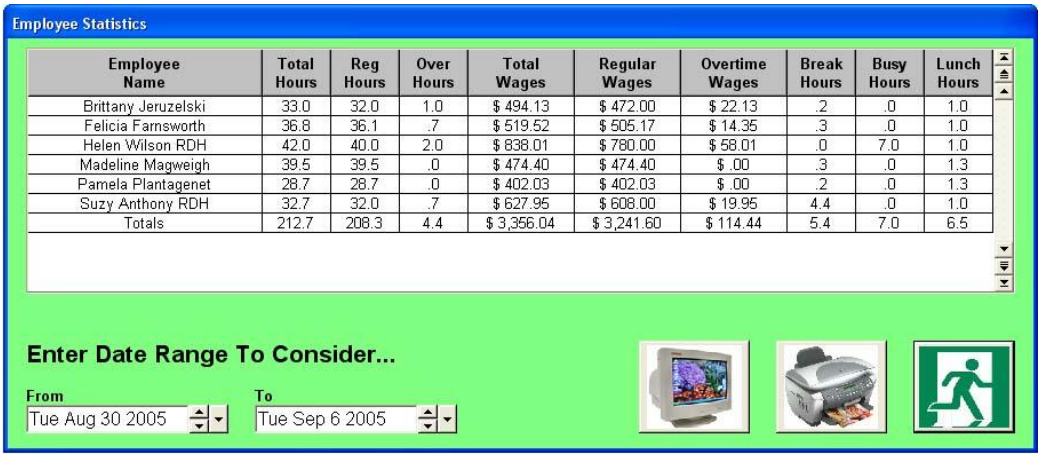
Reports

To access the Reports menu, click the *Reports* button (papers pictured). The Reports Menu will open.



Employee Statistics

Employee Statistics is the report that is used to calculate wages. It generates both to the screen and prints to paper. The Employee Statistics screen is seen below.



Employee Name	Total Hours	Reg Hours	Over Hours	Total Wages	Regular Wages	Overtime Wages	Break Hours	Busy Hours	Lunch Hours
Brittany Jeruzelski	33.0	32.0	1.0	$ 494.13	$ 472.00	$ 22.13	.2	.0	1.0
Felicia Farnsworth	36.8	36.1	.7	$ 519.52	$ 505.17	$ 14.35	.3	.0	1.0
Helen Wilson RDH	42.0	40.0	2.0	$ 838.01	$ 780.00	$ 58.01	.0	7.0	1.0
Madeline Magweigh	39.5	39.5	.0	$ 474.40	$ 474.40	$ .00	.3	.0	1.3
Pamela Plantagenet	28.7	28.7	.0	$ 402.03	$ 402.03	$ .00	.2	.0	1.3
Suzy Anthony RDH	32.7	32.0	.7	$ 627.95	$ 608.00	$ 19.95	4.4	.0	1.0
Totals	212.7	208.3	4.4	$ 3,356.04	$ 3,241.60	$ 114.44	5.4	7.0	6.5

The Statistics screen calculates based upon the date range that is entered. When the screen opens the date range is set from today's date to today's date. Set the dates to the desired range and click the *Monitor* button (monitor pictured). The data will then display on the screen as seen above.

The Employee Statistics screen provides a wealth of information about your employees. This information includes

- Total Hours
- Regular Hours
- Overtime Hours
- Total Wages
- Regular Wages
- Overtime Wages
- Total Break Time
- Total Busy Time
- Total Lunch Hours

Total hours are broken down into regular and overtime hours. Total wages are broken down into regular and overtime wages. In addition, the break time, lunch time, and time designated as "busy" are also tracked.

This data can also be generated in a hardcopy paper report by click the *Printer* button (printer pictured).

Employee Contact Information Report

The Employee Contact Information report list all your employees with the telephone numbers, email, and addresses. See the sample below.



Employee Contact Information

Tuesday September 6 2005

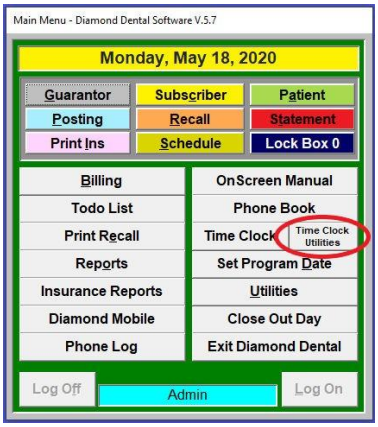
Employee Name	Home Phone	Cell Phone	Email Address
Brittany Jeruzelski	(312) 555-7023	(312) 555-2213	bjeruzelski@comcast.com
Address: 500 Fairfax Ave, Los Angeles CA 90044			
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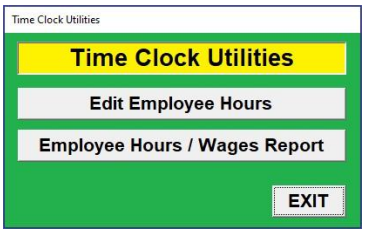
Employee Profile Report

The Employee Profile is essentially a hard copy printout of the Employee screen. From the Reports menu you will be printing out profiles for all employees. The *Print* button on the Employee screen will print an individual profile for the currently displayed employee.

New Time Clock Utilities

Starting with version 5.7 Diamond Dental has some supplemental modules to improve the functionality of the Time Clock. On the Main Menu the Time Clock button has been split into two buttons with the Time Clock Utilities button now available. When you click this button the Time Clock Utilities menu will appear.



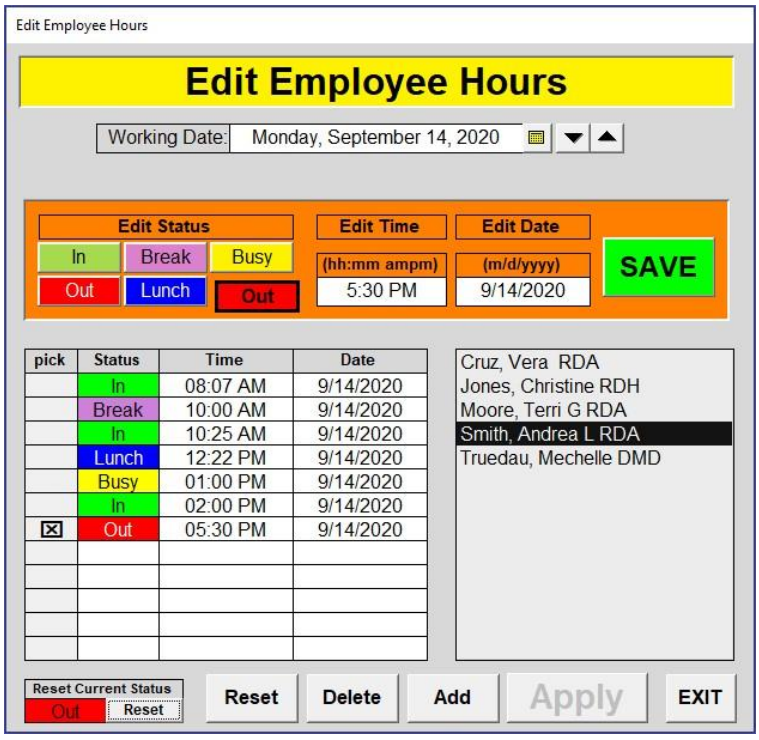


NOTE: If you have set up Time Clock passwords, then you will need to enter the Admin Time Clock password before being allowed access to the Time Clock Utilities screen.

As seen on the Time Clock Utilities menu, there are two options. The first choice concerns displaying employee hours, and the second concerns editing those hours.

Edit Employee Hours

From time to time an employee may not have clocked in or out at the appropriate time. They might have forgotten, or for whatever reason may have been delayed. Since you will want your employees to receive the proper hourly credit that they deserve, we have provided the screen seen here to allow the time clock administrator to correct any inaccurate entries in an employee's recorded hours.



This screen will give you full control over an employee's hours, which is why we have mentioned that if you have set up Time Clock passwords, you will have to enter the Admin password to gain access to this screen.

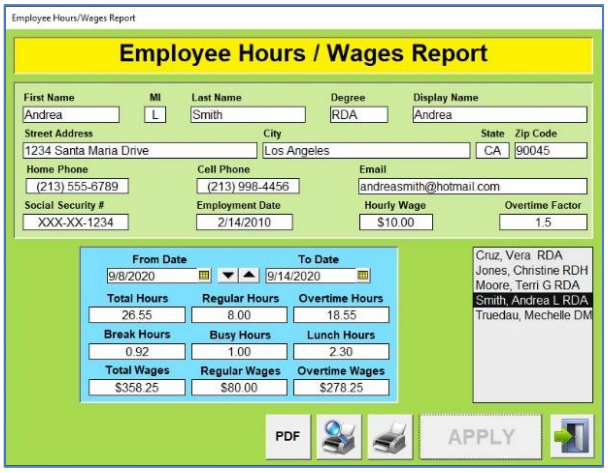
We have made this editing screen very easy to use. Even though much of what this screen does can be performed from the regular Time Clock screen, Diamond Dental users have found that part of the Time Clock to be a challenge. We believe you will prefer the simplicity of this *Edit Employee Hours* screen.

To modify a Time Clock line item click the *pick* button next to the item. The elements of the line item will then appear in the orange rectangle at the top part of the screen. From here you an edit the time, date, or status of the line item.

You also can *Add* or *Delete* a line item and after you click *Save*, you will see it sorted into its proper place in the list of line item entries. Be aware that any changes you make will affect the employee's hours, and therefore, wages.

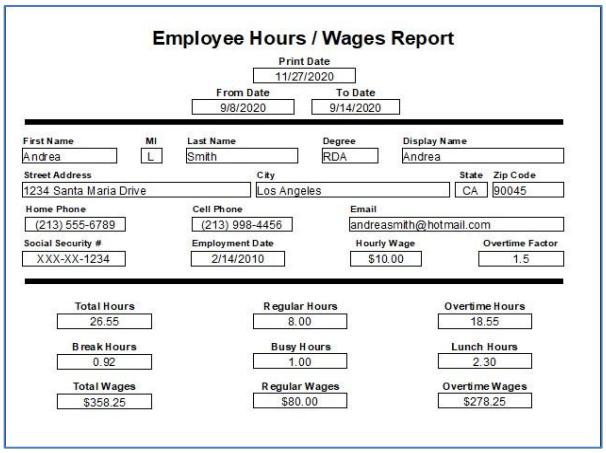
Employee Hours / Wages Screen

The Employee Hours / Wages Report screen (seen right) gives similar information given in the Employee Statistics screen (discussed above). However this screen individualizes the statistics for a single employee. This screen and its associated printed report allows the employee to see just their hours and wages without being able to view the wages and hours of his or her co-workers.



Employee Hours / Wages Report

The Employee Hours / Wages Report (seen lower right) essentially contains the same information seen on its associated screen. The report can be printed to paper or created as a PDF file for easy emailing.



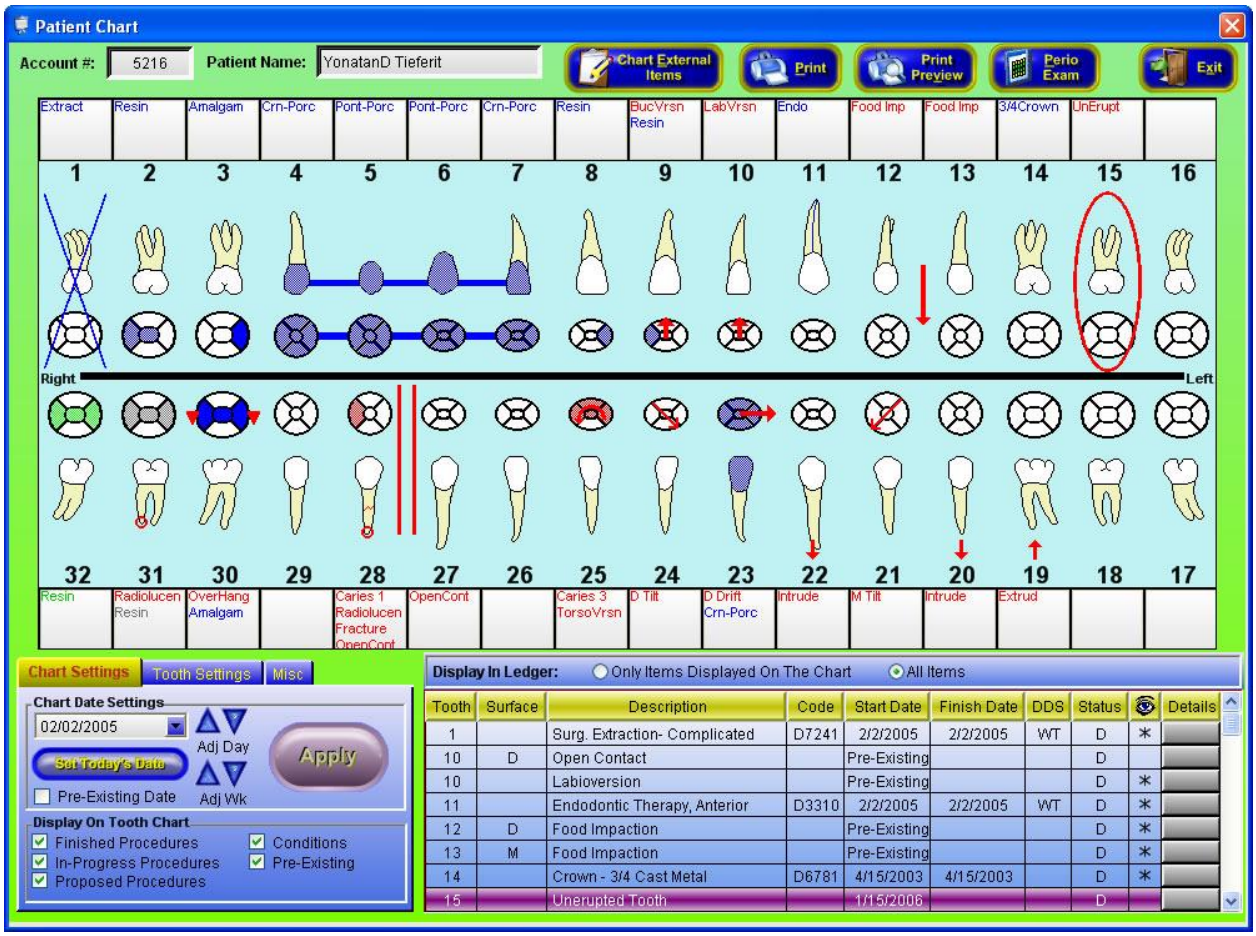
Chapter

35

35: Clinical Chart

The Clinical Chart will graphically display a patient's treatment history. All chartable items will display such as fillings, crowns, extractions, dentures, root canals, etc. Posted items such as exams, radiographs, prophies are not chartable and do not display.

The Clinical Chart is accessed via the *Clinical Chart* button on the Posting screen. Click it and selected patient's chart will appear.



Categories Displayed

Four different categories of symbols are displayed on the chart. These are:

- Finished Procedures
- In-Progress Procedures
- Proposed Procedures
- Conditions

Finished Procedures (displayed as Blue)

Finished procedures are those that have been posted as Done or Started and then Finished. Done procedures are single appointment procedures that are finished the same day they are started. Multi-appointment procedures such as crowns or root canals are usually posted as Started on one day and then posted as Finished on another. Finished procedure symbols are blue in color.

In-Progress Procedures (displayed as Gray)

In-Progress procedures have been posted as Started but have not yet been posted as Finished. An example of In-Progress would be a crown that has been prepped and sent to the lab, but has not yet been delivered, or a root canal that has been opened, but not closed. These procedures are In-Progress and their symbols display on the chart as gray in color.

Proposed Procedures (displayed as Green)

Proposed procedures have not as yet been started, but are planned to be performed in the future. This category is not automatically selected when the chart opens. Proposed symbols are green in color.

Conditions (displayed as Red)

Conditions are special charting symbols that are not posted through the regular posting screen. These items do not have ADA procedures codes as defined in the Current Dental Terminology (CDT) code book. Conditions include such things as *Open Margin, Food Impaction, Caries, Periapical Radiolucency, Torsiversion, Buccoversion,* and many more. The Clinical Chart has its own screen for posting Conditions modeled after the regular posting screen. Condition posting will be discussed shortly. Conditions are red in color.

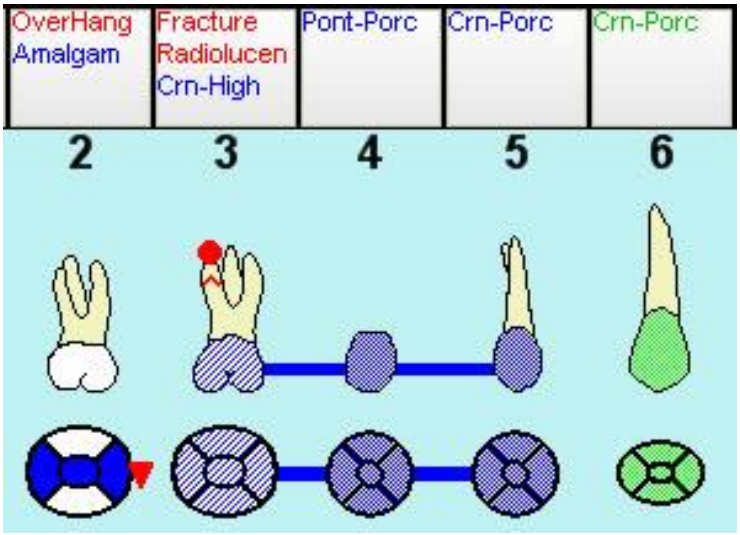
These symbol categories can be shown and hidden by clicking the associated checkbox seen in the lower left of the Clinical Chart when the *Chart Settings* tab is selected. This tab is selected by default. Finished, In-Progress and Conditions are checked by default and display when the chart opens. The Proposed procedure category is unchecked by default and Proposed procedures do not appear when the chart opens. To view Proposed procedures you must check the Proposed checkbox.

Display Pre-Existing

The Pre-Existing checkbox that is also present under the Chart Settings tab is a special category. The Clinical Chart has its own posting program that allows you to enter Conditions into the chart such as caries, root fracture, impacted tooth, etc. In addition, the Clinical Chart

also allows you to post dental procedures that were performed outside of your own office. We call these *External* procedures. When posting conditions or external procedures you are asked to give the item a date. Since it is quite likely that you will not know the date for these items, you may indicate in the date field that the item was simply *Pre-Existing*. For instance, the patient comes to you for the first time, and you see existing dental work and dental conditions. You may chart these using the Pre-Existing date item. Pre-Existing items may be displayed or hidden by clicking the Pre-Existing checkbox under the Chart Setting tab seen in the lower left of the chart.

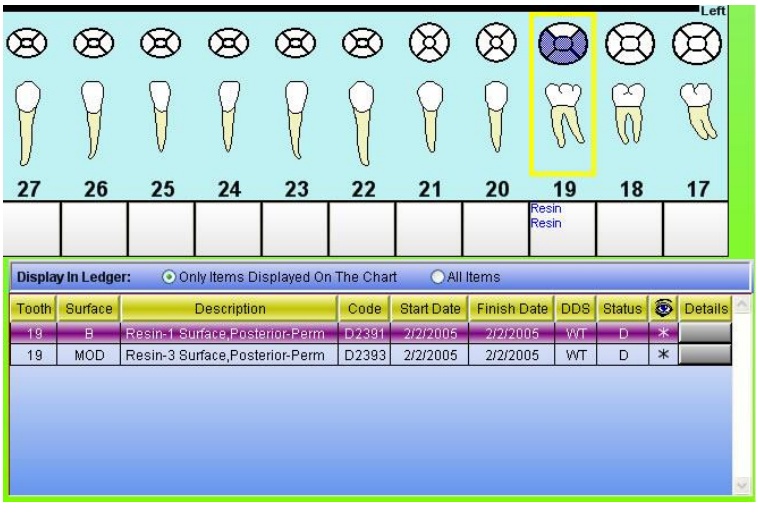
The Abbreviation Box



Above each upper tooth and below each lower tooth is that tooth's *Abbreviation Box*. Each box can display up to four abbreviations for the symbols that are displayed for that tooth. In the example on the right, tooth number 2 shows an MOD amalgam and a mesial Overhanging Margin. The blue color of the amalgam indicates that it is a completed procedure and the red color of the overhanging margin indicates that it was posted through the charting program itself as a condition. Tooth number 3 displays a root fracture, a Periapical radiolucency, and a crown using high noble metal. The bar connecting it to tooth number 4 indicates it is connected as part of a bridge and is therefore a crown abutment. Tooth number 4 is a porcelain pontic. Now if you checked the chart ledger, you would see that the full description for tooth number 4 is "Pontic-Porcelain, High Noble Metal." The abbreviation has limited space and is worded to give the best description it can in the space available. Notice the pattern of the all-metal crown of tooth 3 is distinguishable from the outwardly porcelain pontic and crown on teeth 4 and 5. The patterns will help you identify that different materials were used for these procedures. Likewise, the amalgam on tooth 2 is solid, whereas a resin would be cross-hatched. The bar connecting 3 to 4 and 4 to 5 indicate that these teeth are all connected in one bridge. Tooth number 6 is a porcelain crown but its green color lets you know that it is only proposed and does not yet appear in the mouth.

Selecting Teeth

To select a tooth, click on the tooth or its number. A yellow rectangle will appear around the tooth indicating it is selected.



When you select a tooth, the ledger is filtered to display only the

selected tooth's line items. That is very useful in the case of tooth 19 seen here. Looking at the tooth, it appears that it has an MODB resin filling. However, the abbreviation box shows "Resin" twice, so we know that it is not a single MODB restoration. When we look down at the ledger, which is now displaying only tooth 19's items, we see that there is a 1 surface buccal resin and a 3 surface MOD resin. Two separate fillings.

When a tooth is selected and you click on another tooth, the first previously selected tooth will become unselected and the newly selected tooth receives the yellow rectangle.

Selecting Multiple Teeth

To select multiple teeth, hold down the Shift key as you click the teeth. This will prevent previously selected teeth from becoming unselected.

You can also select multiple teeth using the *Misc* tab in the lower left of the chart. In the Selection section of that tab several buttons can select/de-select several teeth at once. These buttons allow you to *Select All, Upper, Lower, UL, UR, LL,* or *LR*. Clicking these buttons will select or de-select teeth in the associated area of the chart.

Charting External Items

External Items are items that appear on the chart, but were not entered using the regular Diamond Dental Posting program. External items will not appear on the patient's Posting screen ledger. They are dental procedures that were performed on your patient by another dentist. External Items can also be dental *Conditions* that exist in the mouth. The Clinical Chart has its own posting screen to enter external procedures and conditions. To post them, click the *Chart External Items* button at the top of the chart. The External Charting Entry



screen will appear. The sample screen here displays a condition selected.

This screen is modeled after the familiar Charge Entry screen of the regular Diamond Dental posting program.

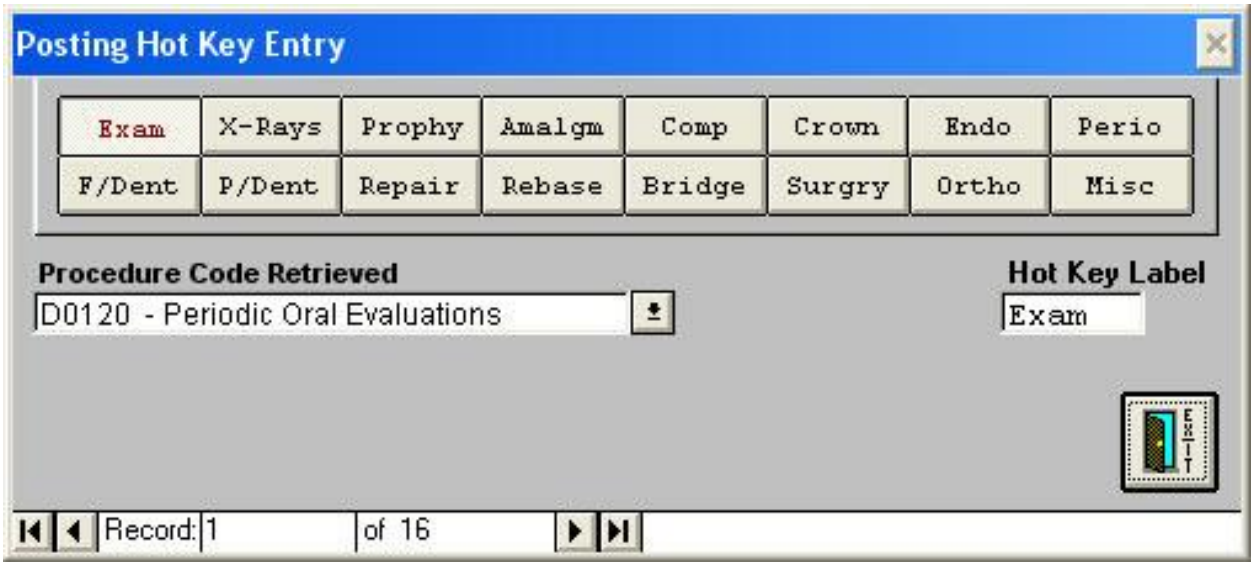
Note

Charting External Procedures and Conditions is *optional*. It should be used if you want the chart to reflect a more complete picture of the patient's dental status.

HotKeys

The External Charting Entry screen has 14 HotKeys (actually they are buttons) across the top, similar to the Diamond Dental Charge Entry screen. If you are entering this screen for the first time, the only HotKeys that are defined are the *Conditions* and the *Show All* HotKeys. These two keys are not changeable or definable. The *Conditions* button will open up a list of all the conditions that are chartable for your selection. The *Show All* button will open up your regular procedure list, but filtered to display only chartable procedures. For example, radiographs and prophylaxis are not included because these procedures do not appear on the chart, but crowns, extractions, amalgams and other chartable procedures are included.

The remaining 12 HotKeys are not defined, and will remain undefined until you define them. The remaining HotKeys are used to access procedures only. Conditions are accessed only through the Conditions HotKey. To customize the remaining HotKeys, click the *HotKey Settings* button on the External Charting Entry screen. This will open the HotKey Settings screen.



Click on the HotKey you wish to define. The HotKey will be defined in two ways:

Select the Procedure Code Retrieved: Click on the down arrow of the *Procedure Code Retrieved* drop down list. Then click on the first procedure of the group you are

interested in. For example, if it is a surgery HotKey, pick the first surgery procedure code.
Give the HotKey a label: This is the caption that will display on the HotKey button face.
Once the remaining HotKeys are defined, you may use to them to assist you in posting external procedures.

Setting Tooth and Surface

All procedures and conditions require a tooth number (except for full dentures), and many require that a surface or surfaces be entered. For example, if you enter a 3 surface amalgam, you must enter both the tooth number and the surfaces in order for the charting program to display it. This is also true for conditions. If you are charting caries, you must enter a tooth number and the surfaces. If you are charting a missing tooth you must enter the tooth number.

Entering the tooth numbers for removable partial dentures is unique in that multiple tooth numbers are required. If you want a partial denture to display on the chart, you must enter the tooth numbers that the partial denture replaces. This can be in the form of tooth numbers separated by commas or a tooth range. For example, a partial dental replacing teeth 2 and 3 and 12 through 15 can be entered as 2,3,12-15 or 2,3,12,13,14,15. Either is acceptable. This applies to posting externally through the chart's posting program and internally through Diamond Dental's regular posting screen.

Setting the Date for External Items

When the External Charting Entry screen opens, the date of the item to be posted is set to "Pre-Existing" by default. When you select Pre-Existing as the date, you are saying that you are not sure (and maybe don't care) what the actual date is for a certain procedure or condition that appears in the mouth. You are only sure that it already existed when the patient presented himself or herself to you. If you are sure of the date, uncheck the Pre-Existing checkbox. Today's date will appear in the date field. You may modify the date by directly changing it or by using the drop down calendar to the right of the date field.

When charting conditions for returning patients, you might want to use this date field to indicate when a condition was first observed. For example, assume a patient's last appointment was six months ago and all their treatment was completed at that time. She comes in today and you observe caries on the mesial of tooth 19. You could chart the caries using today's date since this is the date it was first observed.

Resolution Date (conditions only)

On the sample of the External Charting Entry screen seen above, a condition is selected, and therefore a Resolution Date field is displayed. This field only applies to conditions and does not display for procedures. For example, if you had charted mesial caries on tooth 19 on June 10, and June 15 you performed and MOD amalgam on tooth 19, the caries would have been resolved when the filling was done. Therefore the resolution date for the caries would be June 15. The caries time period for displaying on the chart will be from June 10, when it was first observed, to June 15, when the caries were resolved. If the chart date is set

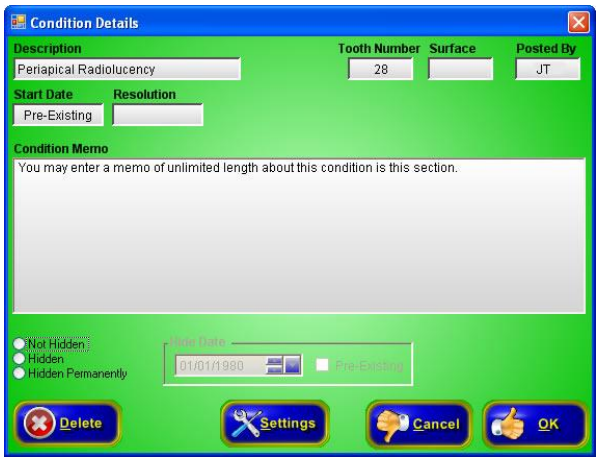
within that date range, the caries will display. If the chart date is set either before or after that date range, the caries will not display. If a condition is unresolved, the *Unresolved* checkbox will be check and the word “Unresolved” will be in the Resolution Date field.

Auto Resolve (conditions only)

The Diamond Dental Clinical Chart has an intelligent feature called *Auto Resolve*. For most chartable conditions, it will set the Resolution Date automatically. If you chart mesial caries for tooth 19 on June 10, and then in the regular posting program, you post an MOD amalgam for that same tooth on June 15, the program is intelligent enough to know that an MOD amalgam will resolve mesial caries that was previously observed on the same tooth.

Manually Setting the Resolution Date (conditions only)

You can manually designate a Resolution date of an existing condition or indicate that it is unresolved. To do this, click on the *Details* button for that condition. This is seen in the ledger section of the chart, on the far right of the line item in question. When you click it, the Conditions Detail screen will appear (seen above). Click the *Settings* button to bring up the External Charting Entry screen. It will be populated with the data from the line item you clicked. You may change anything about the line item, including the Resolution Date if it is a condition.



Hide Status

Only conditions have a resolution status. Unresolved conditions display on the chart and Resolved conditions do not display. Procedures, such as extractions, crowns, and root canals, do not have a resolution status. What controls procedures from displaying or not displaying on the chart is its *Hide* status. Just as conditions have an Auto Resolve feature to intelligently prevent conditions that should not display from displaying, procedures have an *Auto Hide* feature. For example, if an MOD amalgam is posted on tooth 19, and then at a later date a crown is posted on that same tooth, the amalgam’s Hide status will automatically be changed from *Hide Automatically* (which means it is not currently hidden) to *Hide as of this Date*. The date being the date the crown was posted. This prevents the crown and the amalgam from displaying simultaneously, which would be wrong. The Auto Hide feature has the intelligence to know that certain procedures will replace other procedures.

There are four Hide Status types for procedures:

1. **Hide Automatically**: This procedure is <u>not</u> hidden, but if the program determines another procedure has replaced it, its status will be changed to *Hide as of this Date*, with the date being the date of the overriding procedure.

2. **Never Hide**: This choice prevents the Auto Hide function from hiding this procedure. When a procedure's status is Never Hide, you will see its abbreviation in the abbreviation box, and you will see it displayed in the chart ledger. You may or may not see the procedure's symbol on the chart. For example, if you have an MOD amalgam on a certain tooth, and at a later date post a crown on that tooth, the charting program will Auto Hide the amalgam. Its symbol, abbreviation, and ledger line will be hidden. If you then manually change the amalgam's status to Never Hide, the abbreviation and ledger line will once again display, but the symbol will not show because the crown's graphic is covering it up.
3. **Always Hide**: This forces the procedure to be hidden despite the setting of the chart date.
4. **Hide as of this Date**: When a procedure is automatically hidden, the status is changed to Hide as of this Date, with the date being the date of the overriding procedure. You can also manually set the status to Hide as of this Date and the date can be set to whatever date you choose.



To manually change the Hidden status of a procedure, click the item's *Detail* button in the ledger section of the chart. The Procedure Details screen will open (seen right). Select the Hide status desired and click OK.

Conditions also have a Hide Status. The Hide types for conditions are *Never Hide, Always Hide*, and *Hide as of this Date*. Unlike procedures there is no Hide Automatically choice. That is because, unlike procedures, conditions have a Resolution Date and an Auto Resolve function. Despite this, the program allows you to hide conditions if you wish. Hiding a condition does take it off the chart but is not the same as being resolved. For example, a Periapical Radiolucency that has been resolved has actually changed, meaning that bone has actually regenerated and the condition has returned to normal. Hiding a condition says nothing about the condition being corrected, it merely takes it off the chart.

Chart Date Settings



The Diamond Dental Clinical Chart is *Dynamic* because as you change the chart's date, the chart will change to reproduce conditions for that date.

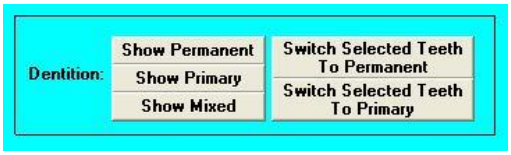
To change the date you may click inside the date field and retype the date, or click the drop down arrow to the right of the date field to open a calendar control, or use the up and down buttons to adjust a day at a time or a week at a time. After modifying the date, no

change takes place on the chart until you click the *Apply* button. After clicking Apply, the chart will reform itself to comply with the new date setting.

To continue with the example we have been using, assume you posted an MOD amalgam for tooth 19 on June 10, 2005. Then you posted a crown for that same tooth on February 5, 2006. If you are looking at the chart on February 17, 2006, you will see only the crown on tooth 19. The amalgam would have been Auto Hidden. Now if you set the chart date to a date prior to the crown, say February 3, 2006 and click Apply, you will see the crown disappear (because it didn't exist until February 5) and the amalgam would once again reappear.

The Pre-Existing checkbox will filter the chart to display only those items (conditions or procedures) that have been entered using the special Pre-Existing date value (discussed above). The *Set Today's Date* button will quickly bring you back to today's date.

Selecting Displayed Dentition: Permanent, Primary, or Mixed



When you open the Clinical Chart for the first time for a particular patient, the default is to display the 32 teeth of the permanent dentition. If you prefer to view the primary teeth, click the *Show Primary* button located on the Tooth Settings tab. This will display the 20 primary teeth. You can also click the *Show Mixed* button to show a mixed dentition. This button, by default, will display the 20 primary teeth and 12 unerupted permanent molars. The symbol for unerupted is an oval surrounding the tooth, but the tooth is not seen. You can flip back and forth among the three dentitions by clicking the *Show Permanent*, *Show Primary* or *Show Mixed* buttons. If you exit the charting program with the permanent dentition displayed, then the next time you access this patient, the permanent dentition chart will be the one that comes up. Likewise, if you leave the charting program with the primary teeth displayed, the primary teeth will come up the next time the patient's chart is opened, and the same is true for the mixed dentition.

Creating a Mixed Dentition Chart

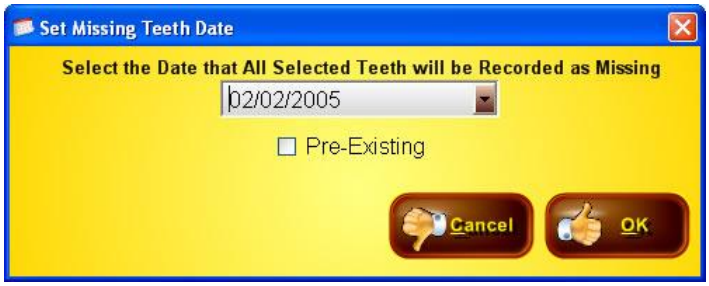
Children within certain age ranges have various combinations of primary and permanent teeth in the mouth at the same time (mixed dentition). Some adults as well may have a retained primary tooth that never exfoliated. To create a chart for a patient with a mixed dentition follow these steps:

1. Display the Mixed dentition by clicking the *Show Mixed* button on the Tooth Settings tab.
2. Select the tooth or teeth you want to change. Click on the tooth to select a single tooth. To select multiple teeth hold the Shift key down and click the teeth to select. A yellow rectangle displays around selected teeth.
3. With the teeth selected, under the Tooth Settings tab, click either the *Switch Selected Teeth To Permanent* or *Switch Selected Teeth To Primary*. The selected teeth will change accordingly.

4. To mark one or more teeth as erupted or unerupted, select the teeth in question and click the *Erupted* button or the *Unerupted* button, which is also located under the Tooth Settings tab. The eruption status of the teeth will change accordingly.

You have now created a mixed dentition. The setting for the mixed dentition is automatically saved when you create it. You can now flip back and forth among the three dentitions by clicking the Show Permanent, Show Primary, and Show Mixed buttons located under the Tooth Settings tab. Whichever dentition you exit with is the one that will appear when you re-enter the charting program.

Set Missing Teeth

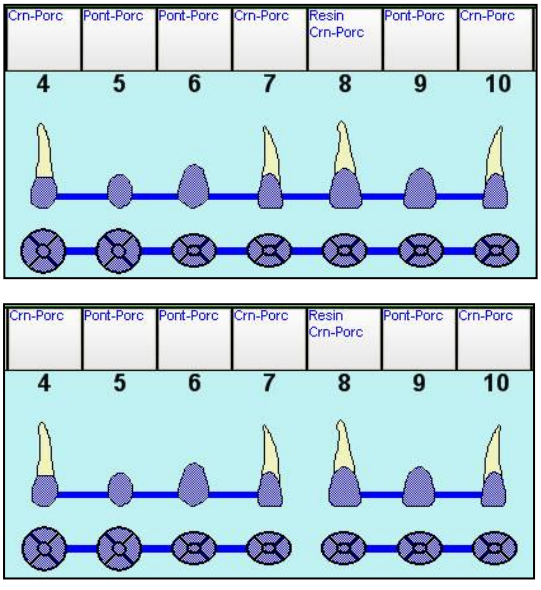


There are two ways to set missing teeth. One way has already been discussed. That is to post it through the External Charting Entry screen, just as you would any other condition. However, since indicating missing teeth is so common, and since there may be many missing teeth, we have provided a special mechanism to set missing teeth.

On the Misc tab is a *Set Missing Teeth* button. It is disabled until you select one or more teeth. Click a tooth to select it. To select multiple teeth, hold down the Shift key and click as many teeth as desired to select them all. A selected tooth will have a yellow rectangle around it. With the teeth selected, click the Set Missing Teeth button. The Set Missing Teeth Date screen will open (seen right). This screen opens with the date set to Pre-Existing by default. Uncheck the Pre-Existing checkbox if you wish to enter a specific date. To set all the selected teeth to missing (with the date displayed), click the OK button.

Bridge Separation

Two bridge examples are seen on the right. The posting of both bridges are identical. Abutments and pontics are posted on the same day. However, is it one big bridge spanning from tooth 4 to tooth 10 as seen in the upper example, or are there two bridges, from tooth 4 to 7 and tooth 8 to 10, as seen in the lower example? The Clinical Chart will automatically separate them into two bridges if bridge 4-7 and 8-10 were posted on different dates. However, if all the work has the same date, the chart will assume





it is one long bridge, as seen in the upper example.

If you have two bridges, side by side, both posted on with the same date, you will have to manually separate them using the Bridge Separation option. This is located on the Misc tab. Click the *Bridge Separation* button and the Bridge Separation screen will open. Using this screen, you will indicate where you want the break between bridges to occur by designating the tooth and surface for each side of the break. For this example, we have indicated the break to occur between the mesial of tooth 7 and the distal of tooth 8.

When you click OK the single long span bridge will separate into two shorter bridges. These settings will be kept permanently. You can also undo this at any time by un-checking your choice in on the Bridge Separation screen.

Printing the Chart

The chart can be printed to a color or monochrome printer. Click the *Print* button at the top of the screen.

Chapter

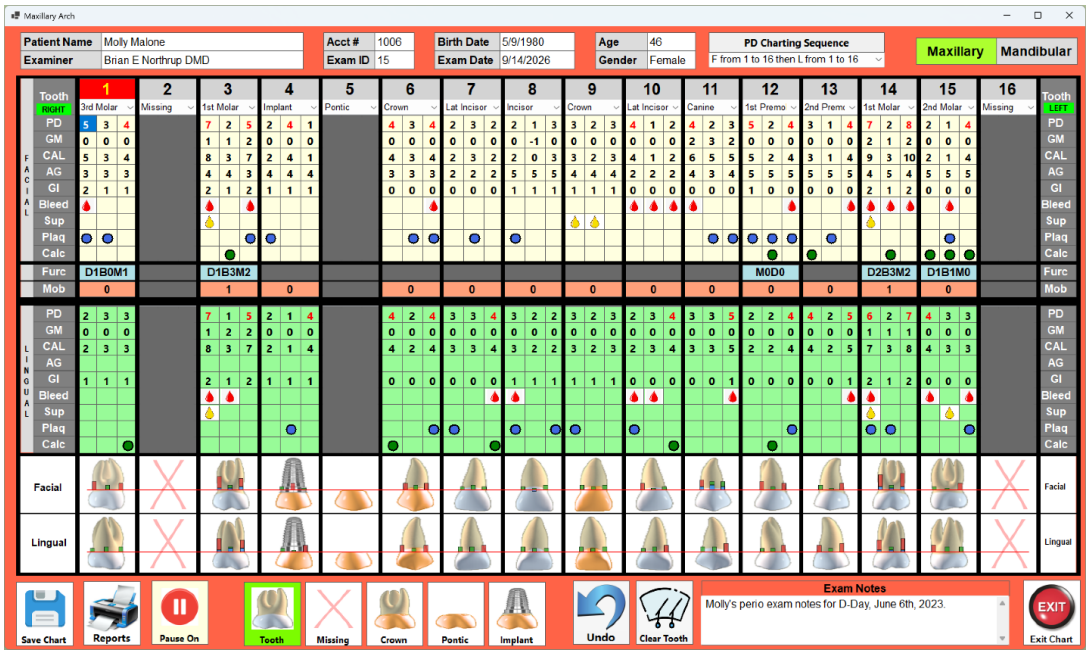
36

36: New Perio Charting

The New Perio Chart is a separate program that is launched from within Diamond Dental. It replaces the original perio charting program now described in Chapter 36a. If you have used the old perio chart you will notice right away that this one is simpler. That is deliberate. The old program had grown to include a great many features, reports, and display options, and in practice most offices used only a fraction of them. The new program keeps what is used every day and leaves out what was not. The new perio program also has features that were not available in the old program, including the charting of **implants**. Everything in the new perio chart is done with the keyboard and the mouse.

The new Perio Charting program was introduced with Diamond Dental version 7.7. Version 7.8 adds some new features. You can now import perio exams made in the old perio charting program into the new perio chart, so a patient's history is all in one place. When you create a new exam, Diamond can fill in missing teeth, crowns, pontics, and implants from the patient's history, so you don't have to chart them by hand. On perio reports, pocket depths over 3 mm are now shown in red, just like on the screen. For more about importing old exams, see Importing Old Perio Exams near the end of this chapter.

NOTE: The new perio chart has a larger format than the previous version and therefore you will need at least a monitor displaying at a 1920 x 1080 resolution.

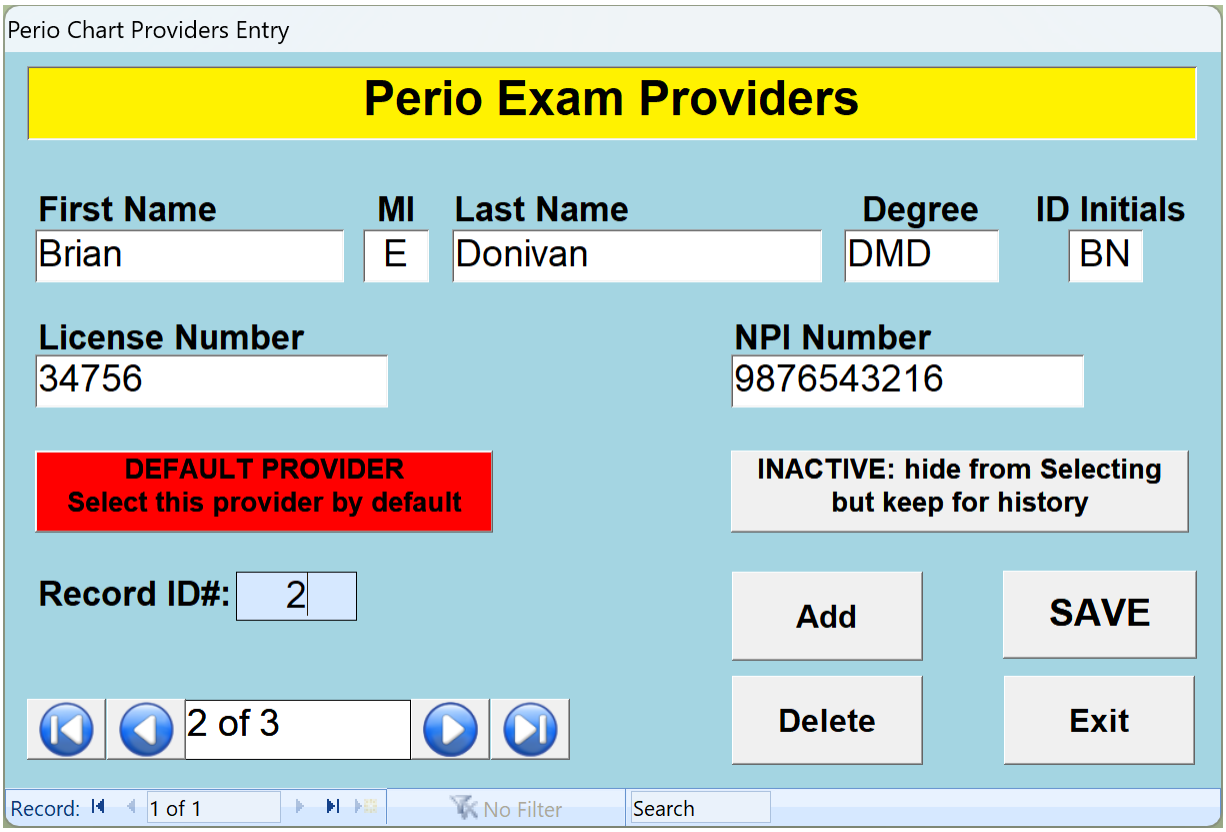


First: Set Up Your Perio Exam Providers

Before anyone can chart a perio exam, the office must enter its Perio Exam Providers. These are the people who will actually be performing perio exams: dentists, hygienists, or anyone else in the office who does them.

These names will most likely duplicate doctors and hygienists you have already entered elsewhere in Diamond Dental, and that is expected. The Perio Exam Provider list is kept strictly for the new perio chart. Keeping it separate means the list you pick from when starting an exam contains only the people who actually perform exams, rather than everyone in the practice.

This is a one-time setup. Once your providers are entered you will rarely come back here, except to add someone new or to retire someone who has left.



The Provider Entry Fields

First Name, MI, and Last Name. The provider's name as it should appear on the chart and on printed reports.

Degree. For example DMD, DDS, or RDH.

ID Initials. Two capital letters identifying this provider, ordinarily the provider's own initials. They must be unique. If your office has both a Mary Jones and a Murray Jackson, one of them will need a different pair, and any unique combination of two capital letters will do.

License Number. The provider's license number.

NPI Number. The provider's ten-digit National Provider Identifier.

Default Provider

Click DEFAULT PROVIDER to make this person the provider who comes up already selected each time a new exam is started. In a practice where one hygienist does most of the perio exams, this saves a step on nearly every exam. The examiner can always be changed when the exam is created.

Inactive Providers

The INACTIVE button hides a provider from the selection list while keeping that provider on file. This is the correct way to handle someone who has left the practice, and it is worth understanding why the program does not simply let you delete them. Exams they performed are part of the patient's record, and those exams must continue to show who performed them. Marking the provider inactive removes the name from the list you pick from going forward, while every exam already charted keeps its examiner. Deleting a provider who has charted exams would take that history with them.

Adding, Saving, and Moving Through the List

Click Add to start a new provider record and SAVE to store it. The arrow buttons at the bottom move through the providers you have entered, and the counter beside them shows where you are in the list. Delete removes the record currently displayed. Exit closes the screen.

Getting to the Perio Chart

The New Perio and Old Perio Buttons

Perio charting is reached from the patient's Posting screen. Along the bottom row of buttons you will find two of them side by side, New Perio and Old Perio.

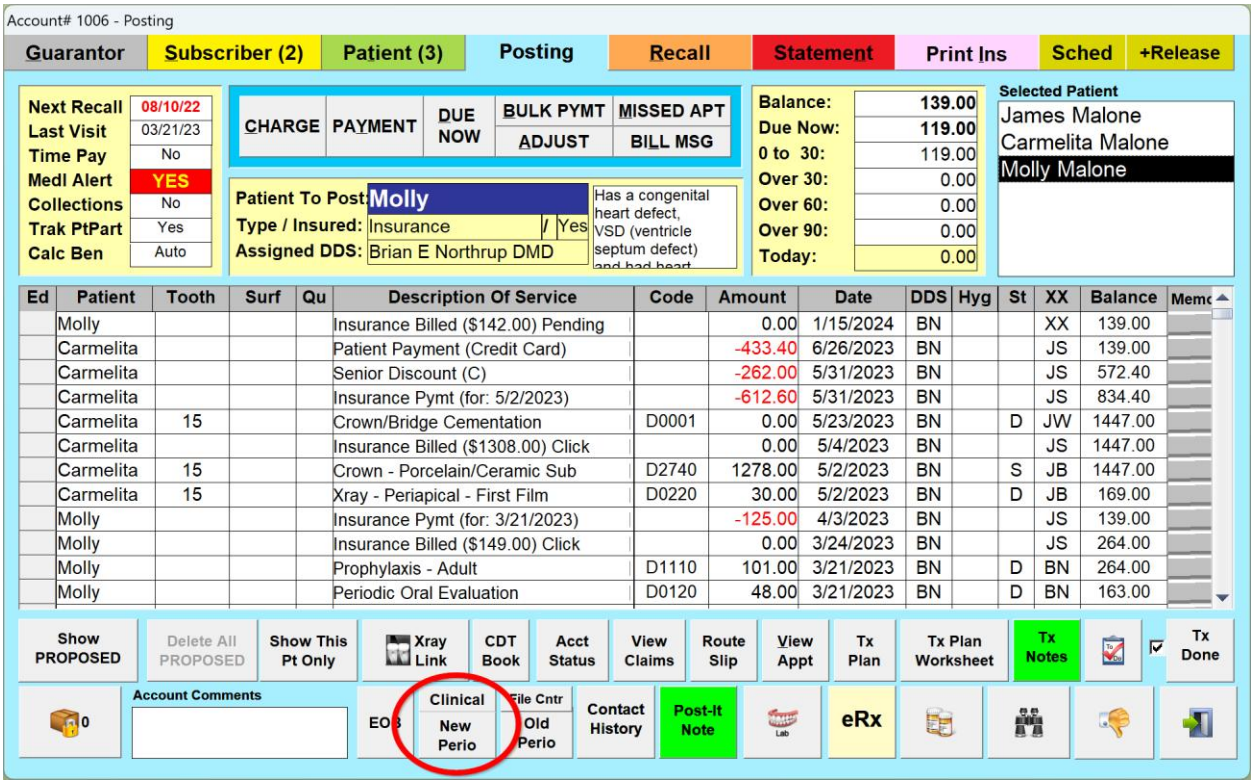
Old Perio opens the original perio charting program, exactly as it always has. That program is described in Chapter 36a.

New Perio opens the new perio charting program described in this chapter.

Both buttons remain on the Posting screen. The two perio programs keep their exams separately: an exam charted in the old program opens in the old program, and an exam charted in the new program opens in the new program. Your old exams can, however, be copied into the new program with the Import Old Perio Data screen, described later in this chapter under Importing Old Perio Exams.

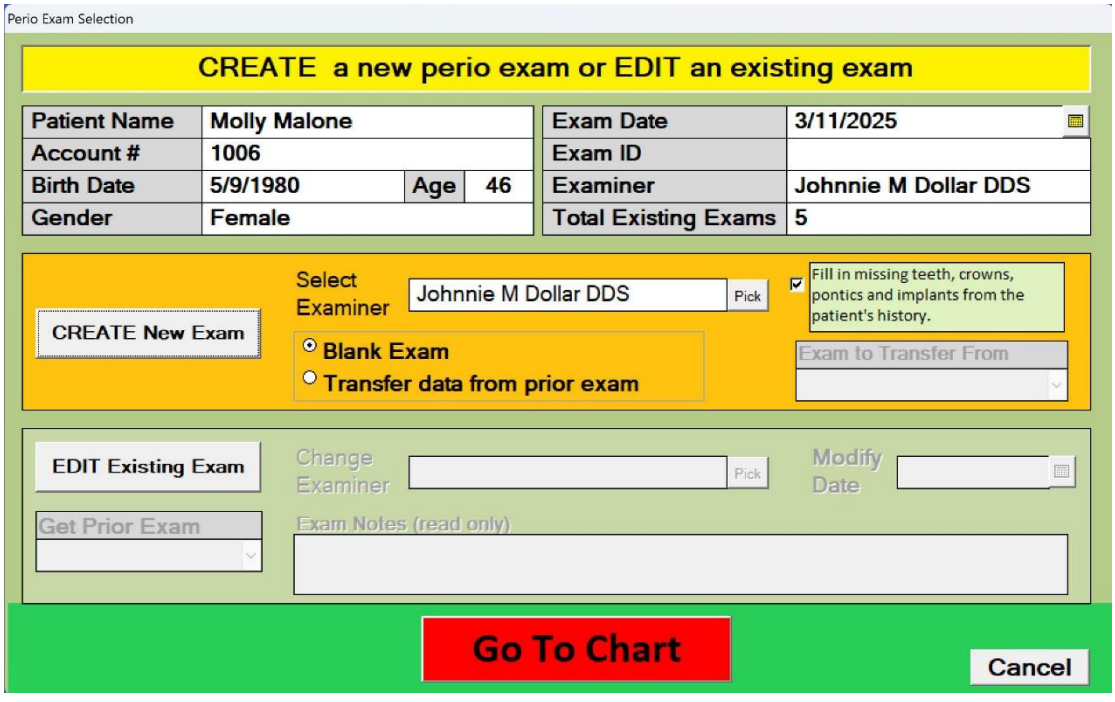
If you decide to use the new perio program exclusively from a certain date forward, simply do so. The old program stays available for historical purposes, and your old perio data is not removed and not changed in any way, even when it is imported, because importing makes a

copy. Click Old Perio to look up an exam charted before the changeover, and click New Perio for everything from the changeover on, including any old exams you have imported.



The Perio Exam Selection Screen

Clicking the New Perio button does not take you straight to the chart. It first opens the Perio Exam Selection screen. It has two main functions, to CREATE a new perio exam or EDIT an existing exam. This is where you decide which exam to work on, and it is worth a moment of study because everything you do afterward depends on the choice made here.



Across the top of the screen is the patient and exam information: Patient Name, Account #, Birth Date, Age, and Gender on the left, and Exam Date, Exam ID, Examiner, and Total Existing Exams on the right. None of this is typed in. It is there so you can confirm you have the right patient before you go any further. Total Existing Exams tells you at a glance how many perio exams this patient already has stored.

Below that, the screen is divided into two halves. The upper half is for creating a new exam. The lower half is for editing an exam that already exists. You use one or the other, not both.

Creating a New Exam

Set the Exam Date at the upper right if it is not today's date. An exam is identified by its date, and you cannot have two exams with the same date for the same patient.

Select Examiner shows the provider who will be performing this exam. This list comes from the Perio Exam Providers entry screen discussed above. If you designated a default provider, that person is already filled in. Click Pick to choose somebody else from your Perio Exam Provider list.

You then choose what the new exam starts out as:

Blank Exam creates an empty exam. Every cell begins blank, meaning "Not Observed."

When Blank Exam is chosen you will also see a check box that reads Fill in missing teeth, crowns, pontics and implants from the patient's history. It is checked each time you start a new exam. Leave it checked and the program looks through the patient's posted procedures and the pre-existing items on the Clinical Chart, as of the exam date, and marks those teeth on the new exam before the chart opens. The pocket depths and all the other readings still begin blank.

For example, if tooth #2 was extracted, an implant was placed at #19, and a bridge was seated from #26 to #28, the new exam opens with #2 marked Missing, #19 marked Implant, #26 and #28 marked Crown, and #27 marked Pontic. You do not have to mark any of them by hand.

The fill-in comes from two places in Diamond: work posted in the Posting program, and pre-existing work entered into the Clinical Chart, such as teeth missing before the patient came to you, or crowns, bridges, and implants done at another office. Look the chart over and make any corrections before you begin charting. Uncheck the box if you want a completely empty exam. Its wording changes to Blank Exam so there is no doubt about what you will get.

Transfer data from prior exam creates the new exam pre-filled with the readings from an exam you choose in the Exam to Transfer From list. You then chart the changes rather than the whole mouth.

Transfer data from prior exam can only be chosen when the patient already has at least one exam. When you choose it, the fill-in check box goes away, because the new exam takes its

missing teeth, crowns, pontics and implants from the exam you transfer from, just as they were on that exam. If anything has changed since, such as a tooth extracted after that exam, correct it on the chart.

Click CREATE New Exam.

Editing an Existing Exam

To return to an exam already on file, use the Edit Existing Exam option. Choose the specific exam from the Get Prior Exam list.

Change Examiner lets you correct who the exam is credited to, and Modify Date lets you correct the exam's date. Both are there for the ordinary case of an exam started under the wrong name or on the wrong day.

Exam Notes displays the notes stored with that exam. On this screen they are read-only, so you can see what was written without any risk of changing it in passing. The notes themselves are edited on the charting screen.

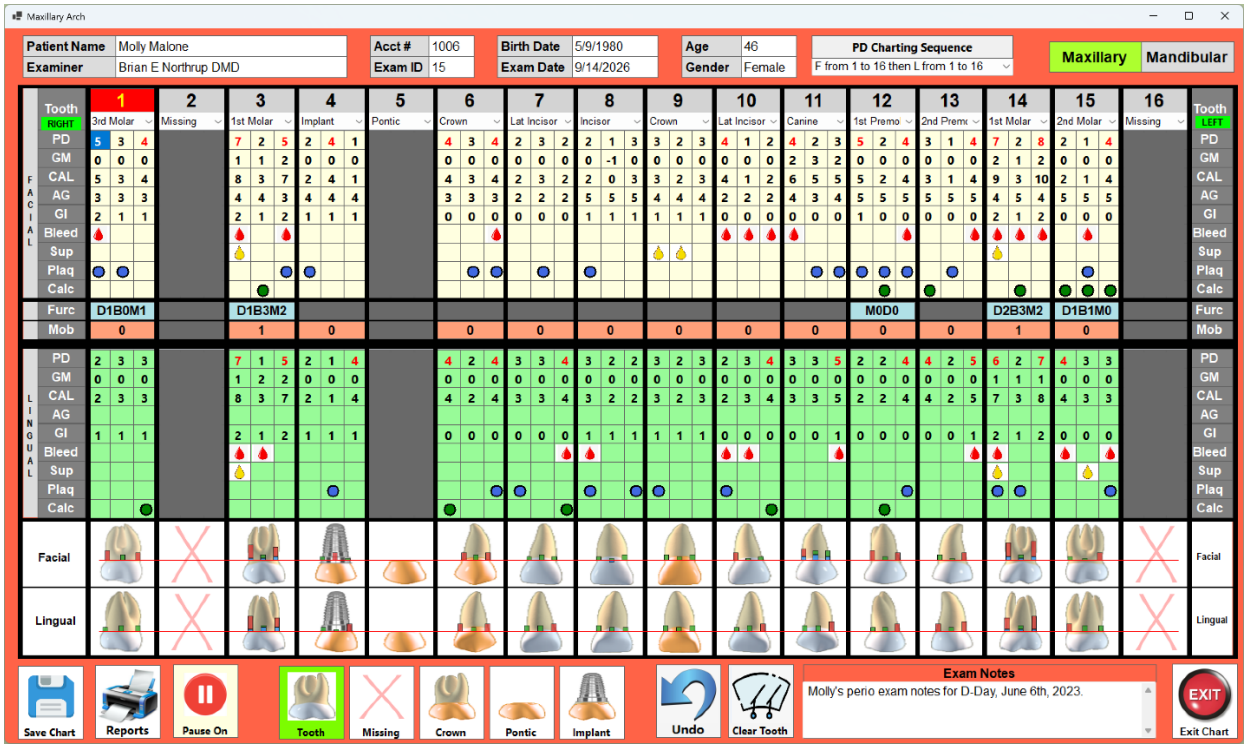
Click EDIT Existing Exam.

Go to Chart

Whichever half of the screen you used, click Go to Chart and the charting screen opens with that exam loaded. Cancel closes the screen without opening anything.

The Patient Band on the Charting Screen

Once the charting screen opens, the patient and exam information is repeated across the top: Patient Name, Acct #, Exam Date, Examiner, Birth Date, Age, Gender, and Exam ID. Again there is nothing to fill in. This band exists so that you can confirm at a glance that you are charting the right patient on the right exam.



The Charting Screen

Maxillary and Mandibular Are Two Separate Screens

The old program presented the whole mouth as one very large grid. The new program uses two screens, one for the upper arch and one for the lower arch. The Maxillary screen holds teeth 1 through 16 and the Mandibular screen holds teeth 17 through 32. Each screen is therefore large enough to read comfortably from across the operatory.

To switch arches, click the word Maxillary or Mandibular in the upper right of the screen. You do not need to save anything when you switch. Both arches belong to the same exam and are saved together.

Everything described in this chapter works identically on both screens.

The Facial and Lingual Grids

Each arch screen shows two grids. The upper grid is the FACIAL surfaces and has a light yellow background. The lower grid is the LINGUAL surfaces and has a pale green background. The color is there so that you always know which side of the teeth you are charting without having to hunt for a label.

Each tooth occupies three vertical columns in each grid, one for each of the three measurement points. The centerline is between teeth 8 and 9. Teeth 1 through 8 are to the left of the centerline and reading left to right on the screen, their three columns are known as distal, middle, and mesial. Teeth 9 through 16 are to the right of the centerline and again reading from left to right the cell columns are named mesial, middle, and distal.

The corner at the far left of the grid is marked Tooth RIGHT and the corner at the far right is marked Tooth LEFT. This is a reminder that you are looking at the patient from the front, so the patient's right side appears on your left.

NOTE: The new perio chart uses the terms Facial and Lingual to identify tooth surfaces for both the maxillary and mandibular arches. Even though Buccal and Palatal may be more correct technically for the maxillary, we use Facial and Lingual for both arches for simplicity.

Progression Always Moves from Left to Right

In the new perio chart cursor progression always moves from your left to your right. Therefore, in the maxillary grids cursor progression moves from tooth 1 to tooth 16. In the mandibular grids progression moves from tooth 17 to tooth 32.

The Nine Rows

Both grids have the same nine horizontal rows. The labels appear down both the left and the right side of the screen, so that they are always close at hand no matter which part of the arch you are working on:

PD - Pocket Depth

GM - Gingival Margin

CAL - Clinical Attachment Level (calculated for you)
AG - Attached Gingiva
GI - Gingival Inflammation
Bleed - Bleeding on probing
Sup - Suppuration (pus)
Plaq - Plaque
Calc - Calculus

The row labels on screen are abbreviated to save space.

The Furcation and Mobility Rows

Furcation and Mobility are recorded for the tooth as a whole rather than for each surface, so they are not part of the nine rows. They have their own narrow band between the facial grid and the lingual grid, with a single cell for each tooth. Like the grid rows, they are labeled Furc and Mob on both the left and the right.

The Furc cells are shaded to show where a furcation can exist at all. A pale blue cell means the tooth has a furcation that can be probed, and a dark gray cell means it does not. On the upper arch the pale blue cells are teeth 1, 2, 3, 14, 15, and 16, which are the molars, along with teeth 5 and 12, which are the first premolars. The Mob row accepts an entry for every tooth. Both are explained in detail later in this chapter.

The Tooth Images

Across the bottom of the screen there are two rows of tooth images. There are two images for every tooth in the arch, lined up directly under the columns they belong to. The upper row of images is labeled Facial and the lower row is labeled Lingual, matching the two grids above them. Because the whole arch is shown at once, you can see at a glance which tooth you are on and what shape its roots are, which matters when you are deciding where a furcation can be probed.

A thin red line runs horizontally through every tooth image. That line is the Cementoenamel Junction (CEJ), the point where the enamel of the crown meets the cementum of the root. The CEJ is worth knowing because it does not move. Gums recede and gums swell, but the CEJ stays where it is, and that is what makes it the fixed landmark the chart is drawn from.

Pocket Depth itself is measured from the gingival margin (GM) to the bottom of the pocket, not from the CEJ. In practice, though, dentists often do not measure the gingival margin separately, and when the GM row is left empty the program assumes the gingival margin sits right at the CEJ. Under that assumption a 3 mm pocket is drawn 3 mm above the red line on the maxillary and 3 mm below the red line on the mandibular.

This is also the reason Clinical Attachment Level (CAL) is two measurements added together. The GM figure records how far the gingival margin sits from the CEJ, so adding it to the Pocket Depth (PD) gives the distance from the CEJ down to the bottom of the pocket, and

that is what CAL is. When GM is left blank then CAL will also be blank. If GM is given some value then the Clinical Attachment Level will equal the sum of PD + GM.

The Perio Categories

The clinical meaning of each category is unchanged from the old program. If you are already familiar with the old perio chart you may skim this section, with one important exception: Clinical Attachment Level is now handled differently, and that is described below.

The Meaning of a Blank Cell

Every cell in the perio grid can accept a particular value. Sometimes it is a number and sometimes it is a graphic. However, common to all cells is the "Blank" status. Blank simply means "Not Observed." For example, the Bleeding category has a positive status represented by a red drop, which means bleeding is present. It also has a negative status represented by an empty circle, which specifically means no bleeding was present. However, if the cell is blank, it does not indicate that no bleeding was present, and it also does not mean that bleeding was present. It means that this category was not looked at for this tooth and no conclusions as to the state of health should be drawn from it.

This distinction matters more than it may first appear. An empty circle is a finding. A blank is the absence of a finding. Keeping the two separate is what allows a perio chart to be read honestly a year later.

Pocket Depth (PD)

The Pocket Depth (or probing depth) is the distance (in millimeters) from the gingival margin to the bottom of the pocket. The bottom of the pocket is also known as the epithelial attachment or the Clinical Attachment Level (CAL). The allowable range for Pocket Depth is 0 to 19 mm.

Gingival Margin (GM)

The Gingival Margin is the top edge or crest of the gingiva. The Gingival Margin measurement is the distance (in millimeters) from the gingival margin to the cementoenamel junction (CEJ). A Gingival Margin measurement level with the CEJ is 0. Measurements coronal to the CEJ are considered negative and measurements apical to the CEJ are positive. A GM measurement apical to the CEJ is more common and is known as Recession, whereas a GM coronal to the CEJ is known as Gingival Hyperplasia and is less common. Allowable values for the Gingival Margin are from -9 to 19.

Clinical Attachment Level (CAL)

The Clinical Attachment Level (CAL) is the distance in millimeters from the CEJ to the bottom of the pocket. Measuring pocket depth is very important but it does not necessarily tell the whole story. Consider a pocket depth of 3 mm. That's good. Pocket depth is the distance from the gingival margin to the bottom of the pocket. But what if the gingiva had receded 9 mm. The 3 mm pocket in that case would be misleading when attempting to determine the

state of periodontal health. Pocket depth is always important but the addition of the Clinical Attachment Level measurement (CAL) allows for a more complete picture.

It is assumed that in a healthy young mouth the gingival margin starts out at or near the CEJ. Over time the gingival margin may go up or down (usually down, or it recedes). The CAL measurement uses the fixed landmark of the CEJ rather than the unpredictable gingival margin level.

CAL is not entered by you. It is derived from the two measurements of Pocket Depth and Gingival Margin, and the program calculates it the instant both are present. The formula is CAL = PD + GM. For example, assume a pocket depth of 4 mm. If the gingival margin is 5 mm, then CAL will be 9 or 4 mm + 5 mm. Conversely, if the gingival margin is minus 3, the CAL will be 1 or 4 mm - 3 mm. A healthy CAL measurement is typically considered to be between 0 and 3 mm.

Because CAL is calculated, the cursor never stops on the CAL row. When you move up or down through the rows with the arrow keys, the CAL row is skipped automatically. If either the Pocket Depth or the Gingival Margin is missing for a surface, the CAL cell for that surface stays empty, since there is nothing to calculate from.

Attached Gingiva (AG)

Attached Gingiva is that part of the gingival tissue that is tightly bound to the underlying alveolar bone. It is bordered coronally by the epithelial attachment (bottom of the pocket) and apically by the mucogingival junction. The mucogingival junction is where the tightly bound attached gingiva ends and the loose alveolar mucosa begins. Attached Gingiva is the measurement (in millimeters) from the bottom of the pocket to the mucogingival junction. To be healthy, this distance should be at least 2 mm. Even though the program does not stop you from entering values for Attached Gingiva on the lingual and palatal sides of teeth, this is a facial measurement and only facial values should be entered. Allowable values for Attached Gingiva are from 0 to 9 mm.

Gingival Inflammation (GI)

Diamond Dental uses the Modified Gingival Index (MGI) for its measurement. The scale goes from 0 to 4. These values are defined as follows:

0 - Absence of inflammation.

1 - Mild inflammation. Slight change in color, little change in texture. Does not encompass entire marginal or papillary gingival unit.

2 - Mild inflammation. Same as above but does involve the entire marginal and papillary gingival unit.

3 - Moderate inflammation. Glazing, redness, edema, and/or hypertrophy of the marginal or papillary gingival unit.

4 - Severe inflammation. Marked redness, edema, and/or hypertrophy of the marginal or papillary gingival unit, spontaneous bleeding, congestion, or ulceration.

Because the scale stops at 4, the program will not accept a larger number on the GI row.

Bleeding, Suppuration, Plaque, and Calculus

Bleeding and Suppuration (on probing) are closely linked to the Pocket Depth measurement because bleeding and suppuration are observed while probing the pocket to measure the pocket depth. Plaque and Calculus are non-mineralized and mineralized deposits on teeth. All four of these categories are measured separately on the perio chart, and all four behave identically. Each has a positive status, a negative status, and blank.

Bleeding present is shown as a red drop.

Suppuration (or pus) present is shown as a yellow drop.

Plaque present is shown as a solid blue circle.

Calculus present is shown as a solid green circle.

A negative status for all four categories is represented by an empty circle. This means the condition was looked for and does not exist. As with the other categories, a blank cell indicates the condition was "Not Observed."

Furcation Involvement (Furc)

Furcation Involvement is classified according to the degree the furcation can be probed. Mandibular molars can have buccal and lingual probe measurements. Maxillary molars can have buccal, mesial, and distal probe measurements. The maxillary first premolar can have mesial and distal probe measurements. The scale goes from 0 to 4 and is defined as follows:

0 - No Furcation Involvement. Cannot probe furcation.

1 - Initial Furcation Involvement. You can probe the furcation up to 1/3 the width of the tooth.

2 - Partial Involvement. You can probe the furcation greater than 1/3 the width of the tooth.

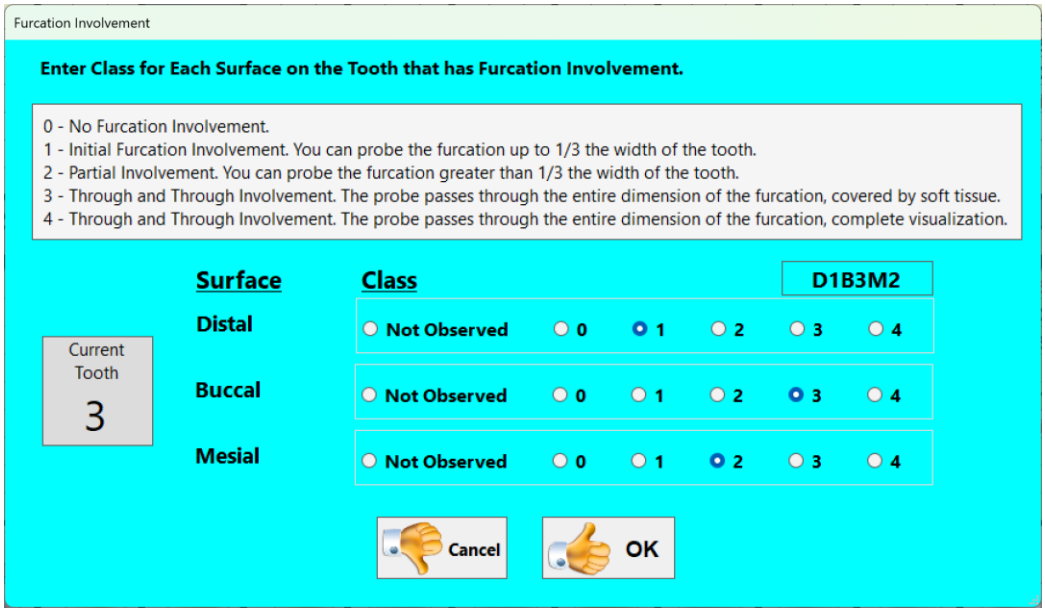
3 - Through and Through Involvement. The probe passes through the entire dimension of the furcation. Covered by soft tissue.

4 - Through and Through Involvement. The probe passes through the entire dimension of the furcation. Complete visualization.

There is no direct typing into the Furc cell. Click the Furc cell for a tooth, or press the space bar while it is selected, and the Furcation screen opens. Only the surfaces that apply to the selected tooth are offered. On the upper arch, teeth 1, 2, 3, 14, 15, and 16 offer Distal, Buc-

cal, and Mesial. Teeth 5 and 12, the maxillary first premolars, offer Mesial and Distal only. Select the grade for each surface and click OK.

The result is written into the Furc cell in a compact form. For example, a Distal of 2, a Buccal of 3, and a Mesial of 4 displays as D2B3M4.



Mobility (Mob)

Tooth mobility is measured on a scale from 0 to 3. These values are defined as follows:

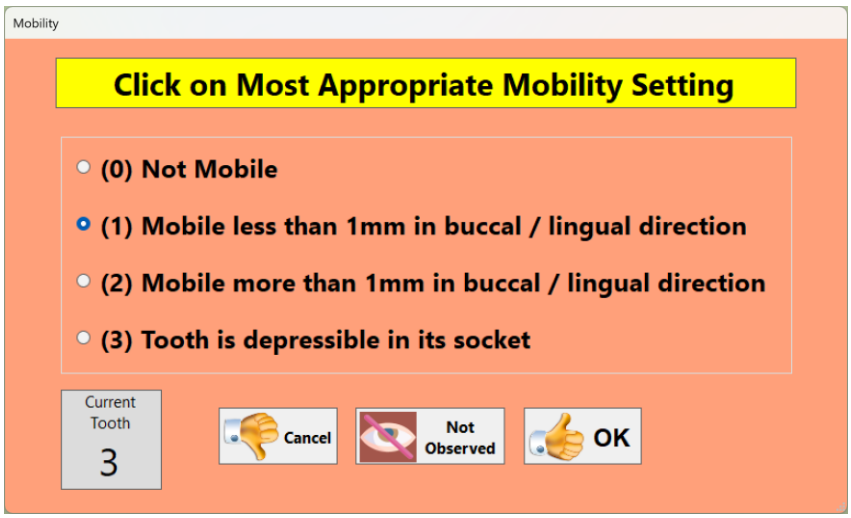
0 - Not Mobile.

1 - Mobile less than 1 mm in buccal/lingual direction.

2 - Mobile more than 1 mm in buccal/lingual direction.

3 - Tooth is depressible in its socket.

Mobility is recorded in the Mob row, in that tooth's own cell. You may click the cell and choose a value on the Mobility screen that opens, or, if the cell is already selected, simply press 0, 1, 2, or 3 on the keyboard and the value is entered directly.



Charting with the Keyboard and Mouse

Selecting a Tooth

On top of the facial grid of both arches are the tooth numbers of the teeth. In the maxillary they are numbered from 1 to 16 from left to right. In the mandibular they are numbered from 17 to 32, again from left to right. To select a tooth you may click this number. You will see the number's background turn red and the font color will turn yellow. You will also see its corresponding tooth type button at the bottom of the screen turn green. While a tooth is selected you can use the dropdown list below the number to modify the tooth type, or you can also use the tooth type buttons at the bottom of the screen to accomplish the same task. If a tooth is designated as Missing or is a Pontic, you cannot reach the tooth using the normal progression by way of the arrow keys, or by entering values into the cells because Missing teeth and Pontics are skipped by design. However, you can click the tooth's number and select it that way. While it is selected you can turn its type back into any tooth type you want.

Moving Around

Click any cell to go to it. The currently selected cell will be highlighted with a blue background and the tooth number, seen above the facial grid, turns yellow with a red background indicating it is the currently selected tooth. The arrow keys move left and right one cell at a time, and up and down one row at a time. The cursor never stops on the CAL row, since the program fills that row in for you.

Entering Values

On the number rows (PD, GM, AG, GI) press the number key for the value you want. The value appears in the cell and the cursor advances to the next cell in the sequence, and as mentioned before, progression always moves from your left to your right.

Values over 9 are entered by pressing F11 and then the digit. F11 places a 1 in the cell, and the digit you press next completes it, so F11 followed by 2 enters 12. This applies to the Pocket Depth and Gingival Margin rows, which are the rows where a value above 9 occurs. If you move off the cell before pressing the digit, the entry is cancelled.

The Gingival Margin row is also the one row where a value can be negative. Press the minus key first and then the digit, so minus followed by 3 enters -3. The minus sign appears in the cell as soon as you press it, and the digit you press next completes the entry. As with F11, moving off the cell before pressing the digit cancels it.

On the four condition rows (Bleed, Sup, Plaq, Calc) clicking a cell multiple times cycles through the cell's three states: the colored symbol, then the empty circle, then the blank. More clicks will repeat this process. Multiple presses of the space bar does the same thing.

Function Key Shortcuts

The function keys give you quick ways to chart without reaching for the mouse. They work while the cursor is in the facial or lingual grid. A function key that does not apply to the row you are on simply does nothing.

On the Pocket Depth and Gingival Margin rows:

F11: Enters a value of 10 or more. F11 places a 1 in the cell, and the digit you press next completes it, so F11 followed by 2 enters 12. If you move off the cell before pressing the digit, the entry is cancelled.

On the four condition rows (Bleed, Sup, Plaq, Calc):

F2: Sets the cell to negative (the empty circle) and moves to the next cell in the sequence.
F3: Sets the cell to positive (the colored symbol) and moves to the next cell in the sequence.
F4: Sets the cell back to blank (Not Observed) and moves to the next cell in the sequence.
F5: Sets all three cells for the tooth to positive, on the row and side (facial or lingual) you are on. The cursor stays on the tooth.
F6: Sets all six cells for the tooth to positive, the three on the facial and the three on the lingual, on the row you are on. The cursor stays on the tooth.

For example, if tooth #3 bled at every site, put the cursor anywhere on tooth #3's Bleed row and press F6. All six red drops appear at once. If only the facial bled, press F5 instead while on the facial side.

If you press F5 or F6 by mistake, one click of Undo puts the tooth back the way it was.

The Charting Sequence

The old program offered nine charting sequences. In practice almost everyone used one of two, so the new program offers those two. The choice is made in the PD Charting Sequence drop-down at the upper right of the screen, and it is remembered between sessions, so you set it once.

(F)acial from 1 to 16 then (L)ingual from 1 to 16. This takes you all the way around the facial surfaces of the arch first, then returns and takes you around the lingual surfaces. This is the traditional order, and it is the default.

(F)acial then (L)ingual for Each Tooth from 1 to 16. This completes both the facial and the lingual of one tooth before moving on to the next tooth. Some operators prefer this because the probe stays with the tooth.

The sequence governs the Pocket Depth row, which is the row you travel the mouth on. Missing teeth and Pontics are skipped automatically, so you never have to step over them.

The Pause Button

The Pause button controls one specific thing: whether the cursor is allowed to leave a tooth on its own.

With Pause ON, which is the default, the cursor advances freely from surface to surface within a tooth, but it stops when it reaches the end of that tooth and waits there. The moment you enter the next numerical value, it moves to the first surface of the next tooth and puts your value there. Nothing is lost and nothing extra is required of you.

The reason for this small hesitation is that the end of a tooth is where a real examination pauses anyway. You reposition the probe, you may speak to the patient, and an assistant may ask a question. With Pause ON, the program is not creeping ahead of you during that gap. It is at this pause that you now have time to mark any of the other rows regarding the periodontal health of this tooth. As discussed previously, besides pocket depth there is gingival margin, attached gingiva, gingival inflammation, bleeding, suppuration (pus), plaque, calculus, furcation involvement, and mobility. This pause gives you time to mark any of these conditions if you choose.

With Pause OFF, the cursor advances continuously and never waits at a tooth boundary. Operators who have charted for years at a steady rhythm may prefer Pause OFF.

The Pause button may be clicked at any time.

Tooth Types

Each tooth has a small drop-down list directly below its number. The first entry in the list is the tooth's own name, such as 3rd Molar, 1st Premolar, or Canine, and that is what an ordinary tooth is set to. Below the name comes Missing, Crown, Pontic, Implant and Clear. Clear will be discussed below. To put a tooth back to normal, choose its name again at the top of the list. The same choices are also on the Tooth, Missing, Crown, Pontic, and Implant buttons along the bottom of the screen. Click one to set the tooth you are on. The button that matches the current tooth is lit in green, so you can see its type at a glance.

Missing and Pontic disable the tooth. A disabled tooth holds no perio data, is skipped by the charting sequence, and cannot be charted into. Choosing Missing or Pontic therefore clears any perio data already on that tooth, so that the program will not quietly keep readings for a tooth you have just declared absent.

Crown and Implant do not disable the tooth. A crowned tooth and an implant are both probed, so their perio data is kept.

As tooth type is changed the facial and lingual tooth images will graphically take on the look of the new tooth type.

Undo

The Undo button reverses your last entry. Undo works on data entry throughout the program.

The Clear Tooth Button

Next to Undo is the Clear Tooth button. It empties every posting on the tooth you are currently on, including furcation and mobility, and puts its tooth type back to normal. Because

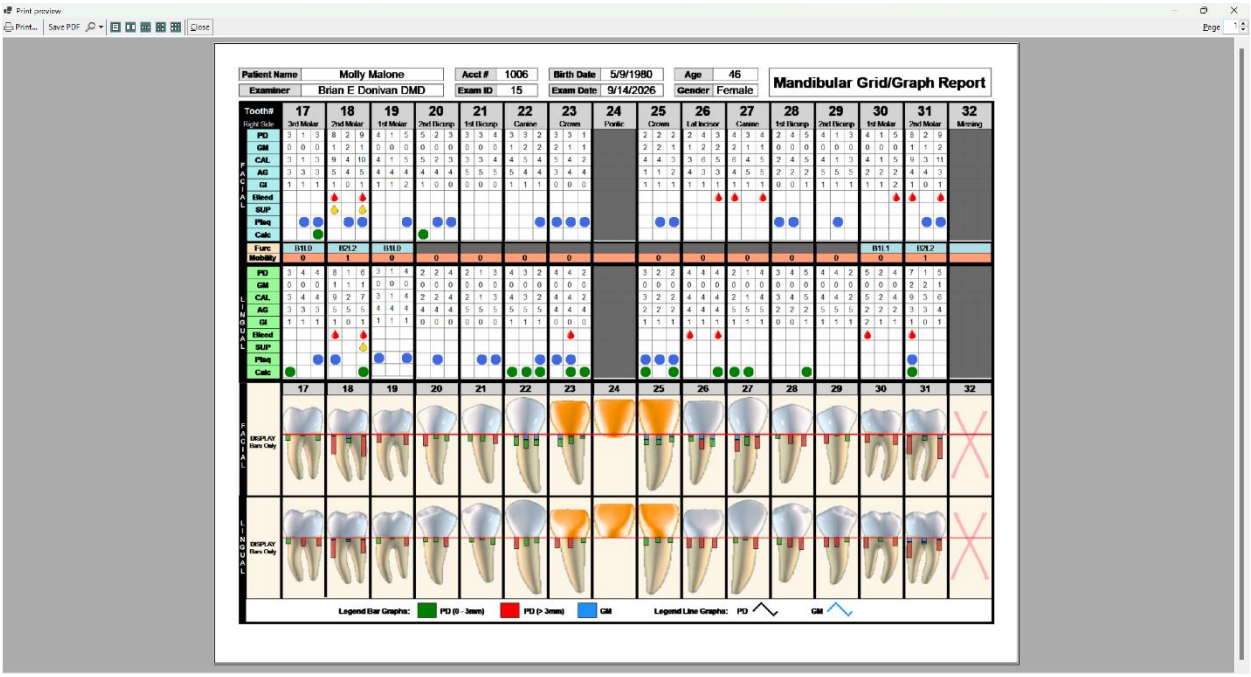
that throws away data, the program asks, "Clear all postings for the selected tooth ... are you sure?" and nothing happens unless you answer Yes. Once the tooth is cleared, the cursor goes to the Pocket Depth row of the facial grid, on the leftmost cell of that tooth, ready to chart it again.

You can also clear a tooth by choosing Clear, the last entry in that tooth's drop-down list. It clears the tooth the same way and moves the cursor to the same place. It will also ask the user to confirm by answering Yes before any action is taken.

Reports

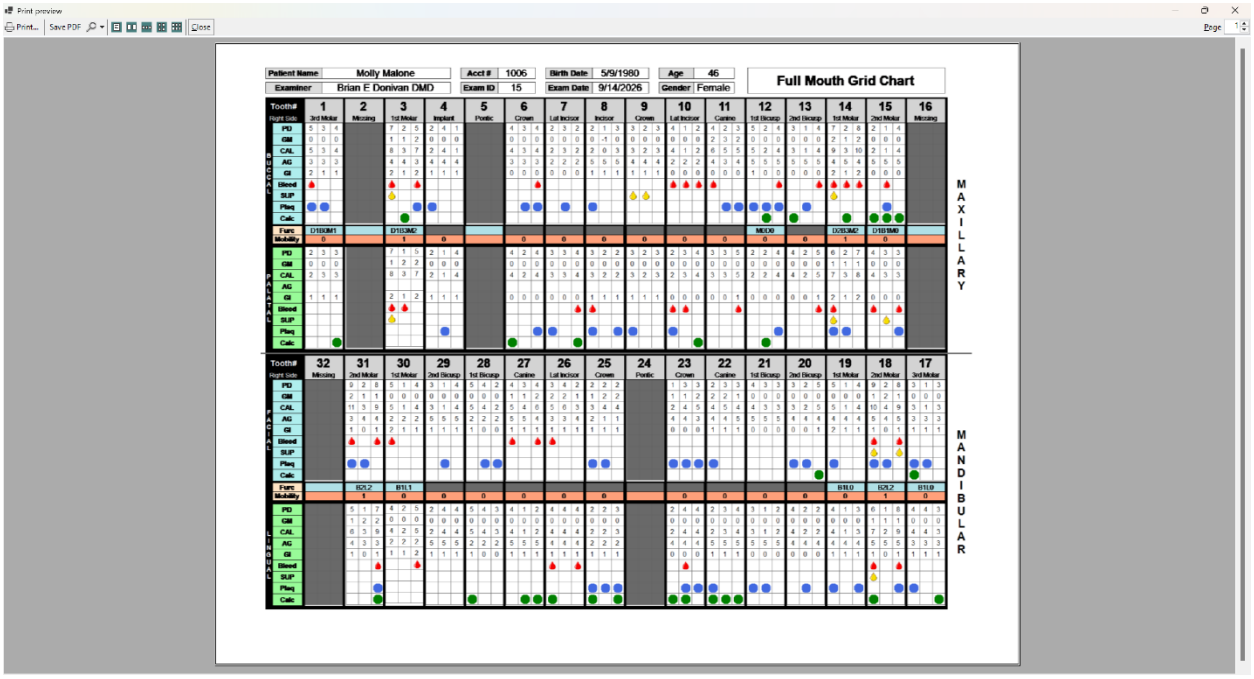
Click the Reports button to open the report selection screen. Five reports are available.

Maxillary Grid/Graph Chart. The upper arch, grid and graph together.

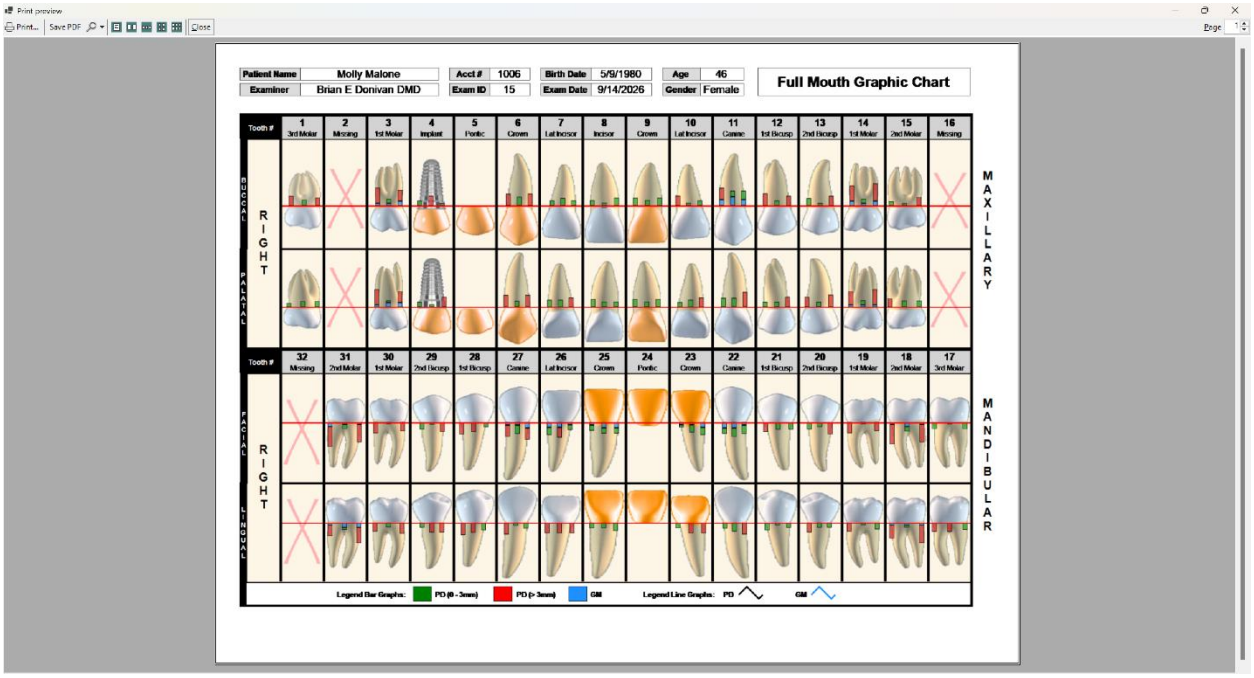


Mandibular Grid/Graph Chart. The lower arch, grid and graph together.

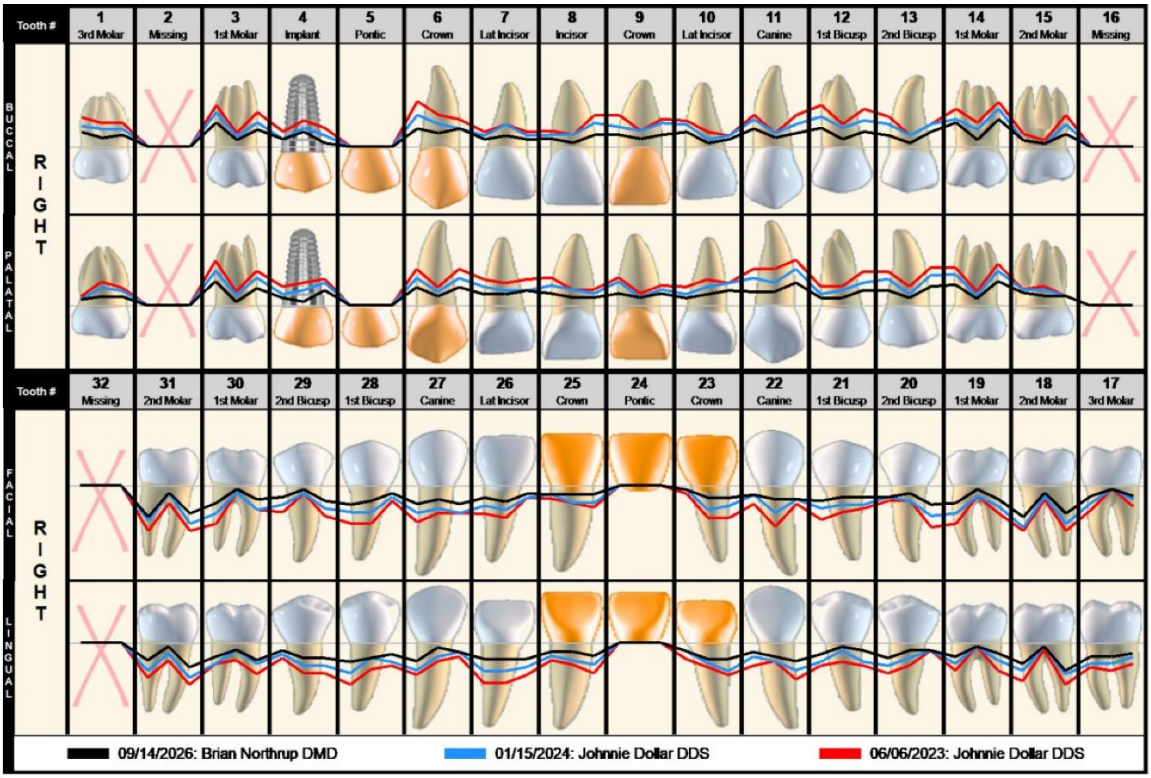
Full Mouth Grid Chart. Both arches as grids, on one page.



Full Mouth Graphic Chart. Both arches in graphic form, on one page.



Pocket Depth Comparison Chart. Pocket depths from several exams shown together, so that change over time can be seen at a glance.



Graph Options

For the grid and graph reports you choose how the graph is drawn: Bar Graph, Line Graph, or Bar + Line Graph. You then choose what the line represents: Pocket Depth Only, Gingival Margin Only, or Pocket Depth + Gingival Margin.

Grid Font Size

The numbers printed inside the grid can be sized from 1 to 40 points. The default is 12. Offices that put perio charts in front of patients often size them up. Your choice is remembered for next time.

Comparing Exams

The Pocket Depth Comparison Chart asks which exams to include. The exam list is shown newest first, and the three most recent are checked for you, which is what is wanted most of the time. Check or uncheck as you like. Each exam is drawn in its own color so that the exams can be told apart.

Preview or Print

Every report can be sent straight to the printer or shown on screen first. Preview is the better habit, particularly while you are still settling on a font size. You also have the option to save the chart as a PDF for digital transmission.

Save as PDF

There is a *Save PDF* button on the report screen, and a second *Save PDF* button on the Print Preview toolbar. All PDFs will be saved to the C:\ExportDDS folder. If it does not exist the program will create it. The PDF filename that is saved will be in this or similar format:

Molly Malone (1006)-PerioMaxGridGraph-2024-01-15.pdf

Saving and Exiting

Click Save Chart button to save. Both arches are saved together, and so are the Exam Notes, which are shared between the two arch screens. You do not need to save before switching arches.

Click Exit Chart to leave. If anything is unsaved you will be asked whether you want to save first.

The Save Chart button changes color when there are unsaved changes, so a glance at it tells you where you stand.

Importing Old Perio Exams

If your office has been using the old perio chart, your old exams do not have to stay behind. The *Import Old Perio Data* screen copies them into the new perio chart, so a patient's perio history can be seen, compared, and printed in one place.

The old exams themselves are not changed. They are copied, not moved, and the old perio program can still open them exactly as before.

NOTE: Patients in accounts that have been archived are not considered for importing.

To open the screen, go to the Main Menu, click Utilities, and then click *Import Old Perio Data*.

Choosing the Date Range

The import only looks at old exams whose exam date falls inside the Importing Date Range. When the screen opens, the range is already set to the last 5 years.

The four buttons on the left set the range for you: 1 Year, 3 Years, 5 Years, and All Dates. All Dates reaches all the way back to the oldest old perio exam on file. Each of them sets the To date to today's date.

You may also type your own From and To dates, or pick them with the calendar buttons. When you do, the button on the left turns off, since the dates no longer match it.

If you want one particular exam, and only that exam, set both the From and the To date to that exam's date.

How Many Exams per Patient

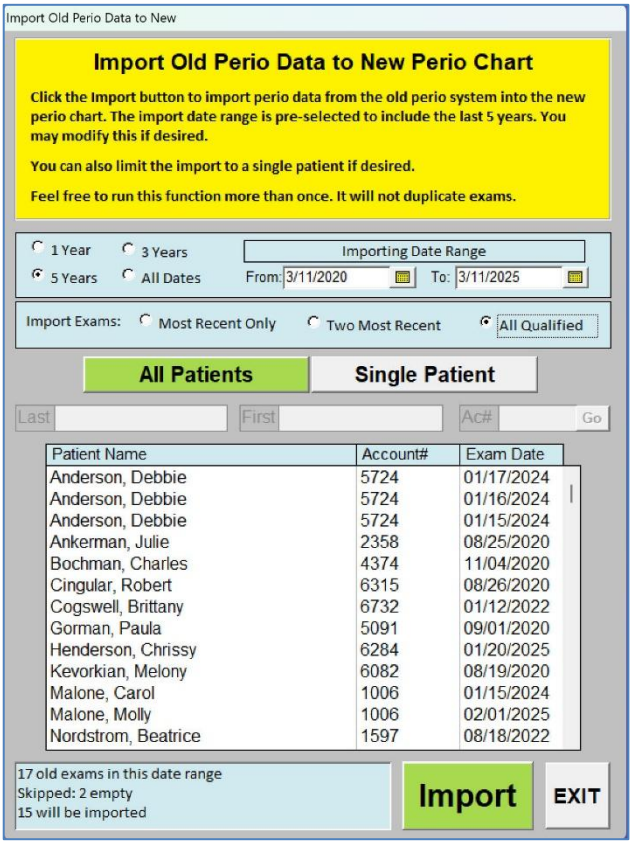
The Import Exams buttons decide how many of each patient's exams are brought in:

Most Recent Only. Only the patient's newest exam inside the date range.

Two Most Recent. The patient's two newest exams inside the date range.

All Qualified. Every exam inside the date range. This is the default.

Most recent always means most recent inside the date range. If a patient's newest exam has already been imported, *Most Recent Only* does not reach back and take the next older one instead. It simply has nothing to import for that patient.



All Patients or a Single Patient

The two large buttons below decide whose exams are imported. The one in use is green.

All Patients is the default. Every patient with old exams in the date range is included. The search boxes are grayed out, because there is nothing to search for.

Single Patient limits the import to one patient. The Last, First, and Account # boxes come to life and the list empties, waiting for you to search.

Type the first few letters of the last name, the first name, or both. The list fills as you type, showing only patients whose names start with those letters. Click the patient you want. If only one patient matches, that patient is picked for you and there is nothing to click.

To search by account number, type the complete number and click Go, or press Enter. The list then shows the patients on that account who have exams to import. Typing the account number by itself does nothing until Go is clicked.

The List

The list shows every exam that will be imported with the settings you have chosen, one line per exam, with the patient's Name, Account #, and Exam Date.

With All Patients, the list is in alphabetical order by last name and then first name. When two patients have the same name, the lower account number comes first. Each patient's exams are listed newest first.

With Single Patient, once a patient is picked, the list shows only that patient's exams, newest first.

Exams that will not be imported are not listed at all. What you see in the list is exactly what the Import button will bring in. Change the dates or the Import Exams buttons and the list changes right along with them.

The Count Box

The box in the lower left corner keeps a running count. For example:

451 old exams in this date range

Skipped: 12 already imported, 66 empty, 3 copies, 250 older

120 will be imported

Already imported means the exam was brought in on an earlier run. Empty means the old exam was started but nothing was ever charted on it. Copies are exams saved twice on the same day for the same patient with exactly the same readings, so only one of them is brought in. Older means exams left out by Most Recent Only or Two Most Recent.

Importing

Click Import. You will be asked to confirm, and the count box shows the progress while the exams are imported. When it is finished, a summary tells you how many exams were imported.

Feel free to run the import more than once, with different settings if you like. An exam that has already been imported is never imported a second time.

Missing Teeth, Crowns, Pontics, and Implants

The old perio chart did not store missing teeth with the exam. The new perio chart does, with its Tooth Types. So as each exam is imported, the program works out every tooth's type as of that exam's date. It looks at the procedures posted for the patient, and at the pre-existing work entered on the Clinical Chart. A tooth extracted before the exam is Missing, a bridge pontic is a Pontic, and crowns and implants are marked the same way. A tooth extracted after the exam was still there on the exam date, so it comes in as an ordinary tooth.

If the old exam has readings on a tooth that was already missing, or was a pontic, on the exam date, those readings are not imported, because a missing tooth cannot hold perio data in the new chart. The summary at the end lists them. For example:

Molly Malone 02/01/2025: #15, #30 readings skipped

One other small difference. The old chart could record a lingual furcation on the upper molars. The new chart records the upper molars as distal, buccal, and mesial only, so an upper lingual furcation reading is not carried over.

Imported Exams in the New Perio Chart

An imported exam opens and works like any other exam. It can be viewed, edited, compared, and printed.

On the charting screen, Imported shows Yes in the upper right corner, so you always know the exam came from the old program.

The Examiner shown is the doctor or hygienist who did the original exam, taken from the old exam itself, so imported exams do not need a Perio Exam Provider. If that doctor or hygienist has since been deleted, the Examiner shows Deleted.

If You Are Coming from the Old Perio Chart

The old perio charting program is still described in this manual, in Chapter 36a. It remains available and it has not been taken away from anybody who is using it.

As explained earlier in this chapter, the two programs keep their exams separately. Exams charted in the old program stay in the old program and are read there, and nothing you have already charted is removed or altered. If you would like your old exams in the new program as well, use the Import Old Perio Data screen described above under Importing Old Perio Exams. Otherwise, simply begin charting in the new program from your changeover date forward, and reach back to the old one when you want to see an older exam.

The differences you will notice first:

The whole mouth is now two screens instead of one, one per arch.

CAL is calculated for you and is no longer a row you enter.

There are two charting sequences rather than nine.

The report list is shorter and aimed at what is printed routinely.

Chapter

36a

36a: Old Perio Charting

Perio Charting consists of two main screens, the Perio Data Entry screen or grid (seen directly below), and the Perio Graphical Chart. There are also various report and comparison



screens. All these modules will be discussed in this chapter.

The Perio Data Entry Screen

The Perio Data Entry screen is accessed from the patient's Posting screen. Click on the *Perio Chart* button and the Perio Data Entry screen will open.

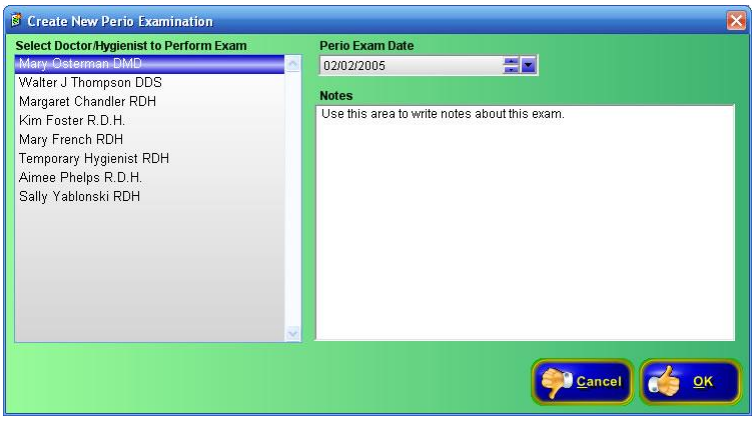
The Perio Data Entry screen allows you to enter data for the following eleven perio categories:

- Pocket Depth
- Gingival Margin
- Clinical Attachment Level*
- Attached Gingiva
- Bleeding
- Suppuration
- Plaque
- Calculus
- Gingival Inflammation
- Furcation Involvement
- Mobility

Creating A Perio Exam

A patient can have any number of perio exams. Each exam is known by its date, and you cannot save two perio exams with the same date for the same patient. To create an exam you first need to open the Perio Data Entry screen by clicking the *Perio Chart* button on the Posting screen. A sample of the Perio Data Entry screen is seen above.

The *New* Button



To create a new Perio exam, click the *New* button on the Perio Data Entry screen. The Create New Perio Examination screen will open. Perio exams are identified by date and the Perio Exam Date will come up as today's date by default. You can change this date if you wish. You may also select a provider for this exam (doctor or hygienist). Click *OK* and the exam will be created. You will be at the Perio Data Entry screen with the first tooth selected.

Charting Sequence



The Perio Data Entry screen displays as a large grid with over 56 cells per tooth. You can randomly click into any cell and enter data, but the program has built-in sequencing options that will take you from cell to cell in a convenient and predictable order. Select the *Charting Sequence* tab in the

lower right of the screen. The default setting is known as “F for 1-16; L for 16-1; F for 32-17; L for 17-32.” To explain this in words, the default order is to start with the distobuccal surface of tooth #1 and go around the upper arch to the distobuccal surface of tooth #16. After all the maxillary facial surfaces are entered, the cursor moves to the distopalatal surface of tooth #16 and moves around the arch to the distopalatal surface of tooth #1. The cursor then moves to the distobuccal surface of #32 and goes around facially to the distobuccal surface of #17, and then moves to the distolingual surface of #17 and courses lingually to the distolingual surface of #32.

There are eight other sequence orders to pick from.

Categories Included in Sequence and Sequence Order



There are 10 possible categories for which you can enter data. These include Pocket Depth(PD), Gingival Margin (GM), Attached Gingival (AG), Bleeding, among others. In any one sequence, you can indicate which categories you want the cursor to halt at and which to skip. This is accomplished by checking the desired categories under the *Charting Sequence* tab.

For example, if you want to include Pocket Depth (PD) and Gingival Margin (GM) in your sequence around the mouth, you would check those categories. The sequence will begin with tooth #1 (unless it’s missing) and you will see the distobuccal cell on the Pocket Depth row highlighted and ready for entry. On your keyboard you press 3 (in this example). The cursor than moves to the buccal of #1. You press 4 (again this is just a example). The cursor next moves to the mesial of #1. You press 3. You have now finished entering the three buccal pocket depth measurements for tooth #1. If Pocket Depth was the only category selected, the cursor would move to the distobuccal cell for tooth #2 on the Pocket Depth row. However, in this example we said that we had selected Pocket Depth and Gingival Margin. Therefore, before leaving tooth #1, the cursor drops down to the distobuccal cell of the Gingival Margin row for the entry of that category. When the three Gingival Margin cells for tooth #1 are entered, the cursor jumps back to the Pocket Depth row, ready to enter tooth #2.

The order that is followed depends on the order in which the categories appear under the *Charting Sequence* tab. This order can be modified by using the vertically aligned arrow keys that are seen just to the right of the category check boxes. Click on a category to highlight it, then use the arrows to move the category up or down in the order. The order that you set the categories will remain unless you change them again.

Entering Perio Data

Entering your measurements into the perio data entry grid has been made as streamlined as possible. We will examine each category in detail.

Entering Values Greater than 9

The perio categories of Pocket Depth and Gingival Margin allow measurement values up to 19 mm. Normally you simply press the appropriate number key on the keyboard for this entry and the number will appear in the cell. The cursor will then move to the next cell. However, if you need to enter a number greater than 9 where two digits are required, a special protocol must be followed.

For entering numbers greater than 9, first press the **F11** key on your keyboard. This will place the number 1 in the cell, however, the cursor will stay in that cell and not move to the next cell. The program is waiting for the entry of another number. After pressing the F11 key, press 0 through 9 to complete the entry. This technique will allow you to enter a value from 10 through 19. Once the second number is pressed, the cursor will proceed to the next cell.

The Meaning of a *Blank* Cell

Every cell in the Perio Data Entry grid can accept a particular value. Sometimes it is a number, sometimes it is a graphic. However, common to all cells is the "Blank" status. Blank simply means "Not Observed." For example, the Bleeding category has a positive status represented by a red circle "●" which means bleeding is present. It also has a negative status represented by an empty circle "**O**" which specifically means no bleeding was present. However, if the cell is blank, it does not indicate that no bleeding was present, and it also does not mean that bleeding was present. It means that this category was not looked at for this tooth and no conclusions as to the state of health should be drawn from it. Blank cells are not considered when the program calculates percentages such as the Bleeding percentage, Plaque, etc.

Pocket Depth (PD)

The Pocket Depth (or probing depth) is the distance (in millimeters) from the gingival margin to the bottom of the pocket. The bottom of the pocket is also known as the epithelial attachment or the Clinical Attachment Level (CAL). The allowable range for Pocket Depth is 0 to 19 mm.

Gingival Margin (GM)

The Gingival Margin is the top edge or crest of the gingiva. The Gingival Margin measurement is the distance (in millimeters) from the gingival margin to the cementoenamel junction (CEJ). A Gingival Margin measurement level with the CEJ is 0. Measurements coronal to the CEJ are considered negative and measurements apical to the CEJ are positive. A GM measurement apical to the CEJ is more common and is known as Recession, whereas a GM coronal to the CEJ is known as Gingival Hyperplasia and is less common. Allowable values for the Gingival Margin are from -9 to 19.

Clinical Attachment Level or Loss (CAL)*

The Clinical Attachment Level (CAL) is the distance in millimeters from the CEJ to the bottom of the pocket. Measuring pocket depth is very important but it does not necessarily tell the whole story. Consider a pocket depth of 3 mm. That's good. Pocket depth is the distance

from the gingival margin to the bottom of the pocket. But what if the gingiva had receded 9 mm. The 3 mm pocket in that case would be misleading when attempting to determine the state of periodontal health. Pocket depth is always important but the addition of the Clinical Attachment Level measurement (CAL) allows for a more complete picture.

It is assumed that in a healthy young mouth the gingival margin starts out at or near the CEJ. Over time the gingival margin may go up or down (usually down or it recedes). The CAL measurement uses the fixed landmark of the CEJ rather than the unpredictable gingival margin level.

CAL is not directly measured by the user. Instead it is derived from the two measurements of the gingival margin and the pocket depth. Therefore, unlike pocket depth, the gingival margin measurement must be entered. As described above, the gingival margin measurement is the distance from the crest of the gingiva to the CEJ. So if the gingival margin is 3 mm coronal to the CEJ the measurement is minus 3 (-3). If the gingival margin is 5mm apical to the CEJ the GM measurement is plus 5 (or just 5). So the GM measurement is directly related to its distance from the CEJ.

When the program has been given these two measurements (pocket depth and GM), it automatically derives the CAL value by adding pocket depth + GM. For example, assume a pocket depth of 4 mm. If gingival margin is 5 mm then CAL will be 9, (4 mm + 5 mm). Conversely, if the gingival margin is minus 3 the CAL will be 1 (4 mm – 3 mm). A healthy CAL measurement is typically considered to be between 0-3 mm.

Attached Gingiva (AG)

Attached Gingiva is that part of the gingival tissue that is tightly bound to the underlying alveolar bone. It is bordered coronally by the epithelial attachment (bottom of the pocket) and apically by the mucogingival junction. The mucogingival junction is where the tightly bound attached gingiva ends and the loose alveolar mucosa begins. Attached Gingiva is the measurement (in millimeters) from the bottom of the pocket to the mucogingival junction. To be healthy, this distance should be at least 2 mm. Even though the program does not stop you from entering values for Attached Gingiva on the lingual and palatal sides of teeth, *this is a facial measurement and only facial values should be entered*. Allowable values for Attached Gingiva are from 0 to 9 mm.

Bleeding, Suppuration, Plaque, and Calculus

Bleeding and Suppuration (on probing) is closely linked to the Pocket Depth measurement because bleeding and suppuration are observed while probing the pocket to measure the pocket depth. Plaque and Calculus are *non-mineralized* and *mineralized* deposits on teeth. All four of these categories are measured separately on the Perio Chart. A positive status for these four categories are all similar in that they all are represented by a colored circle. When the colored circle appears, the condition exists for that surface. The colors are as follows:

- Bleeding (Red) ●
- Suppuration (Yellow) ●
- Plaque (Blue) ●

- Calculus (Green) ●

A negative status for all four categories is represented by an empty circle "**O**". This means the condition does not exist.

As with other categories, a blank cell indicates that the condition was "Not Observed".

While the cursor is in one of these cells, there are three ways to set the status. This is the same for all four conditions.

1. **Space Bar:** The Space Bar toggles the status from negative (empty circle), to positive (colored circle), to blank.
2. **Function Keys:** Pressing the F2 function key sets the status to negative (empty circle). The F3 key sets the status to positive (colored circle). The F4 key sets the status to blank.
3. **Mouse Click:** Clicking the mouse in the cell toggles the status from negative (empty circle), to positive (colored circle), to blank.

Special Simultaneous Entry Method for Pocket Depth, Bleeding, and Suppuration

Since Bleeding and Suppuration are often measured on probing, special keystroke combinations are available to chart these items simultaneously. The special keystroke combinations are as follows:

- **Pocket Depth Alone:** Pocket Depth number alone
- **Pocket Depth + Bleeding:** Shift + Pocket Depth number
- **Pocket Depth + Suppuration:** Ctrl + Pocket Depth number
- **Pocket Depth + Bleeding + Suppuration:** Alt + Pocket Depth number

For example, if you are probing a pocket and find it to be 6 mm and also notice bleeding is present, you can chart that by holding down the Shift key and pressing 6. The 6 will be recorded in the Pocket Depth cell and a red circle will appear in the Bleeding cell.

Another example. Suppose you probed a 6 mm pocket and found both bleeding and suppuration. You could chart that by holding down the Alt key and pressing 6. The Pocket Depth, Bleeding, and Suppuration will all be recorded simultaneously.

One more example. On probing you find the pocket to be 12 mm with suppuration. To chart this, press the F11 key (to indicate a two digit number), then hold down the Ctrl key and press 2. That will chart a 12 for the Pocket Depth, and since the Ctrl key was held down, Suppuration will also be recorded.

Gingival Inflammation (GI)

Diamond Dental uses the Modified Gingival Index (MGI) for its measurement. The scale goes from 0 to 4. These values are defined as follows:

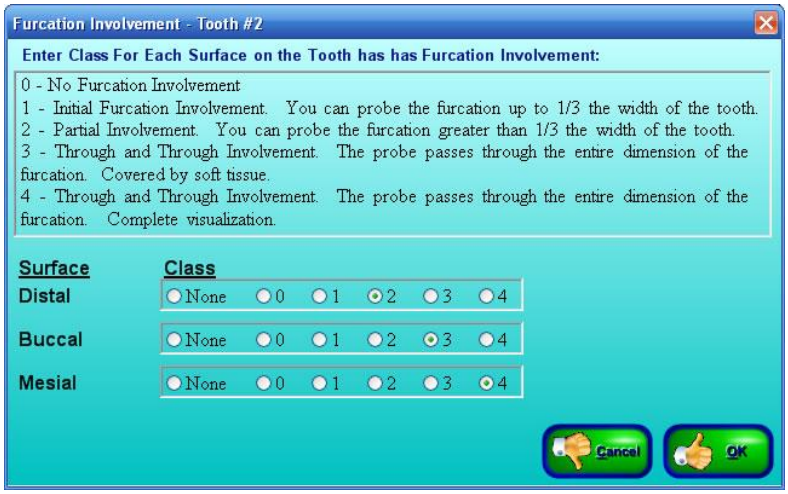
0. Absence of inflammation.
1. Mild inflammation. Slight change in color, little change in texture. Does not encompass entire marginal or papillary gingival unit.
2. Mild inflammation. Same as above but does involve the entire marginal and papillary gingival unit.
3. Moderate inflammation. Glazing, redness, edema, and/or hypertrophy of the marginal or papillary gingival unit.
4. Severe inflammation. Marked redness, edema, and/or hypertrophy of the marginal or papillary gingival unit, spontaneous bleeding, congestion, or ulceration.

Furcation Involvement (Furc)

Furcation Involvement is classified according to the degree the furcation can be probed. Mandibular molars can have buccal and lingual probe measurements. Maxillary molars can have buccal, mesial, and distal probe measurements. The maxillary first premolar can have mesial and distal probe measurements. The scale goes from 0 to 4 and is defined as follows:

0. No Furcation Involvement. Cannot probe furcation.
1. Initial Furcation Involvement. You can probe the furcation up to 1/3 the width of the tooth.
2. Partial Involvement. You can probe the furcation greater than 1/3 the width of the tooth.
3. Through and Through Involvement. The probe passes through the entire dimension of the furcation. Covered by soft tissue.
4. Through and Through Involvement. The probe passes through the entire dimension of the furcation. Complete visualization.

There is no direct entry into the Furcation cell. Instead, upon entering the cell the Furcation Involvement screen appears, as seen on the right. The appropriate furcation surfaces will display, according to which tooth is selected. For the case on the right, the maxillary second molar is selected, therefore Distal, Buccal, and Mesial furcation involvements are possible. Click the appropriate choices and then click OK.



In the sample above, the Distal furcation is 2, the Buccal furcation is 3 and the Mesial is 4. The way this will display on the Perio grid is **d2b3m4**.

Mobility (Mob)

Tooth mobility is measured on a scale from 0 to 3. These values are defined as follows:

0. Not Mobile.
1. Mobile less than 1mm in buccal/lingual direction.
2. Mobile more than 1 mm in buccal/lingual direction.
3. Tooth is depressible in its socket.

Entering Three or Six at Once



The Perio Data Entry Repeat Settings screen is used to automate data entry. To access this screen, click on the Options button on the right and then click the Entry Repeat Settings button. The perio categories displayed as abbreviations in the screen shot at the right all take three readings for the facial and three readings for the lingual sides of the teeth. That is six measurements per tooth. If you prefer to take only one or two measurements per tooth, the Perio Data Entry Repeat Settings option will be useful.

The default setting for all categories is 1. This means that when you enter a value into a cell, only that one cell takes the value. If you select 3 for that category, then when you enter a value into any cell, all three cells for that tooth will be filled with the same value. If you select 6 for that category, then all 6 cells on both the facial and lingual will receive the same value.

In the example on the right, Gingival Inflammation is marked as “3”. Assume you have just entered the distobuccal cell for tooth #3 on the Gingival Inflammation row. If you enter a 2, that number will automatically be entered in the buccal, and mesiobuccal cells as well. So one entry filled in all three cells. The cursor will then skip to the next tooth in the sequence. If “6” would have been selected for the Repeat Settings, not only would all three cells of the facial be filled in for you, but all three cells of the lingual for tooth #3 would have been filled in as well.

Keyboard Shortcuts for Navigating

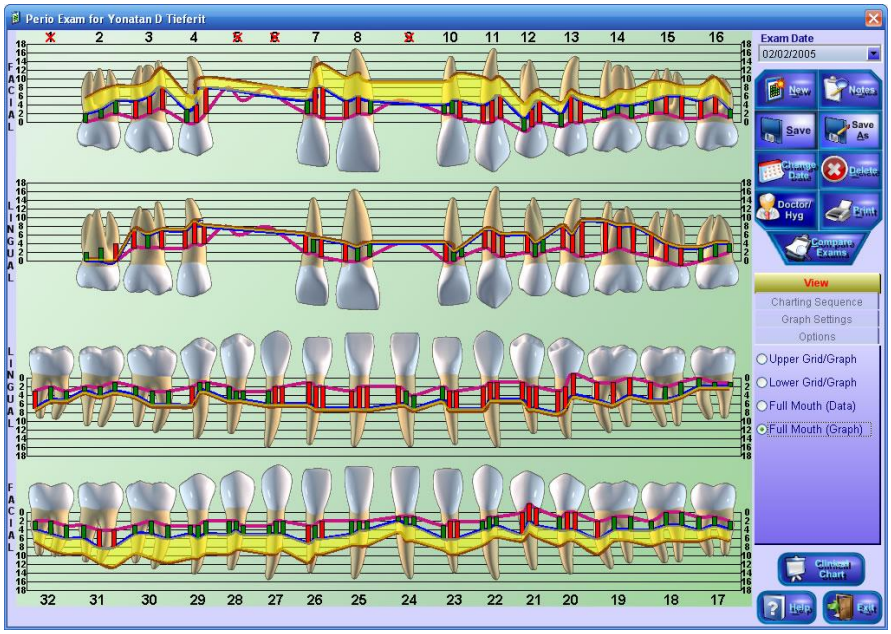
Using the mouse you can randomly click anywhere within the perio grid. Whatever cell you click into will become selected and a red selection rectangle will surround that tooth. When using the keyboard you can navigate around the grid as follows:

- **Arrow Key:** Moves one cell at a time left, right, up, and down.
- **Shift + Arrow Key:** Moves the selection rectangle one tooth to the right, left, down, or up.
- **Home:** Moves selecting rectangle to the beginning of the current row.
- **End:** Moves selecting rectangle to the end of the current row.
- **PgDn:** If currently in the upper arch, moves to the opposing tooth in the lower arch.

- **PgUp:** If currently in the lower arch, moves to the opposing tooth in the upper arch.

Perio Graphical Chart

After your perio data has been entered, the Perio Graphical Chart can be displayed. There are four display modes, as seen on *View* tab in the lower right of the screen. You can display the Full Mouth Data Entry Grid, which is the default. You can display the Full Mouth Perio Graph. You can also display a split screen that displays the grid and graph together for either the upper or lower.



The *Graph Settings* tab controls what appears on the graph. Five categories can be displayed on the graph. Pocket Depth (PD) is seen as bars. The bars are green if they are up to 3 mm. Pocket Depth bars over 3 mm are red. Gingival Margin (GM) is a magenta line. Clinical Attachment Level (CAL) is seen as a blue line. Mucogingival Junction (MGJ) is seen as a brown line. Attached Gingival (AG) is seen as a translucent yellow band, since it isn't just a location, but a thickness.

These categories can be turned on and off by clicking the associated checkbox under the Graph Settings tab.

Perio Reports

Perio Reports can be displayed on screen or printed. To access the reports, click the *Compare Exams* button. This will bring up the screen on the right that will allow you to pick between four basic types.



Graphical Comparison Chart

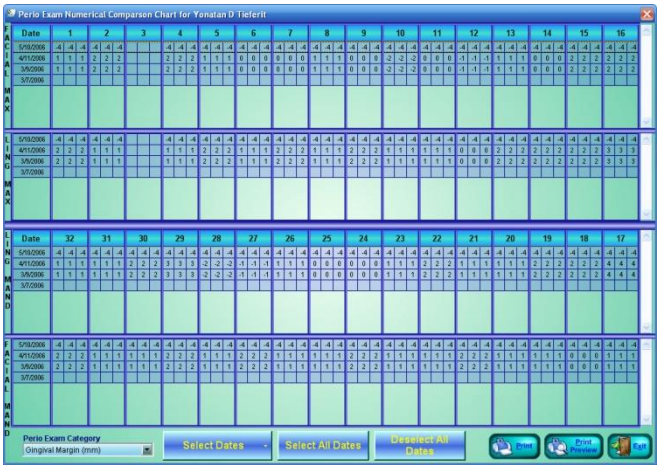
The Graphical Comparison Chart (not shown) displays the perio graph with the option of displaying up to three exam dates simultaneously. The default is to show the last three exams but this can be customized as you desire. You can pick one of four possible categories to compare. These categories are: Gingival Margin (GM), Clinical Attachment Level (CAL), Mucogingival



Junction (MGJ), or Attached Gingival (AG). The color of the category line (or band in the case of AG) is determined by the date of the exam. Each of the three exam dates are assigned a color. The first date selected is blue, the second is red, and the third is green.

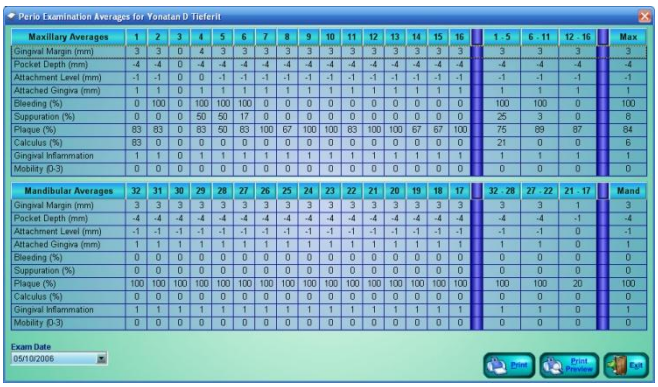
Numerical Comparison Chart

The Numerical Comparison Chart will compare any number of exams by any one category that you select. The exams are lined up vertically which allows you to compare tooth by tooth and surface by surface. The drop down list seen in the lower left of the screen allows you to select any perio category for comparison.



Perio Exam Averages (Single Exam)

The single exam version of the Perio Exam Averages screen displays averages for all perio categories in three ways. First, it shows averages for all 32 teeth. For categories such as Pocket Depth, which takes six measurements per tooth, the number you see on this screen will be the average of those six measurements. Averages by sextant are also displayed. On the upper this is teeth 1 through 5, 6 through 11, and 12 through 16. On the lower it is teeth 17 through 21, 22 through 27 and 28 through 32. The averages shown in this section are for the sextant as a whole. The last category of averages is for the entire Maxillary dentition and the entire Mandibular dentition. Blank or “Not Observed” categories are not calculated into these averages.



Perio Exam Averages (Multiple Exams)

The multiple exam version of the Perio Exam Averages screen displays averages in the same format as the single version; per tooth, per sextant, and per arch. However, any number of exams are compared and only one perio category is compared at a time. You can select the



perio category you wish to compare with the drop down list in the lower left of the screen.

Default Values for New Exams



When you create a new perio exam, the default is for all the cells of the grid to be blank. “Blank” means “Not Observed” to the perio chart. You have the option of setting your own new exam defaults by using the Perio Data Entry Default Values screen seen on the right. To access this form click the *Set Exam Default Values* button under the *Options* tab.

To illustrate the potential advantage of setting your own default values, consider this example about the Bleeding category. When you create a new exam, all the Bleeding cells are created as blank. That is 6 cells per tooth times 32 teeth or 192 blank Bleeding cells. If a patient has no bleeding and you want the perio chart to register that you did look at the bleeding status, you would have to change 192 cells from blank (not observed) to “No Bleeding Present” which is represented by an empty circle “**O**”. Now you could simply mark the areas that are bleeding and leave the remaining cells as blank, but technically that means that you simply did not look at those areas of the mouth. If you want the chart to reflect the true status, that is, that no bleeding was present except where marked, then you would need to change all those cells.

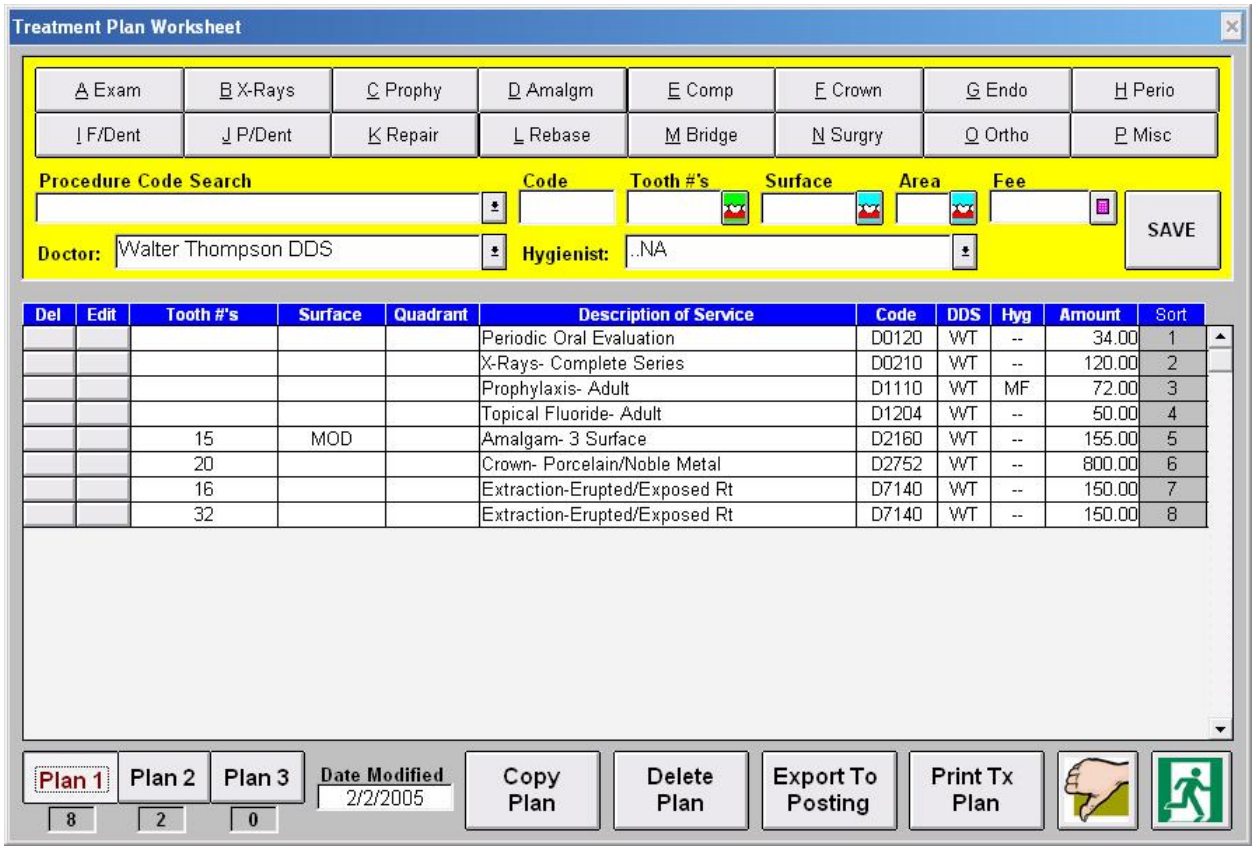
If you prefer, you could set your default value for Bleeding to “No Bleeding Present”. In that case, when a new exam is created, all cells will be marked with “**O**”. Therefore, all that is needed is to mark the cells where bleeding does exist with its symbol, ● a red circle. This gives heightened significance to Blanks, which truly will indicate “Not Observed”. All perio categories can be set with your own customized default settings.

Chapter

37

Chapter 37: Treatment Plan Worksheet

A treatment plan is a list of procedures that you plan to perform on a patient. Diamond Dental introduced the Treatment Plan Worksheet with Version 2.1 to aid you in developing your Treatment Plans.



To access this screen, click the *Tx Plan Worksheet* button on the Posting screen. You can store up to 3 distinct alternative treatment plans using the worksheet. In the lower left corner of the screen the *Plan 1*, *Plan 2*, and *Plan 3* buttons will flip back and forth among the plans you have entered. Below each plan button is a number indicating how many procedures (if

any) are entered into that plan. The sample screen above displays eight entries for Plan 1, two entries for Plan 2, and zero entries for Plan 3.

Add, Edit, Delete Procedures for The Worksheet

The yellow upper section of the screen is used to enter procedures into your worksheet. This looks very similar to and operates very much like the Charge Entry screen that is used in Posting. Simply add the procedures you want, making sure you are adding it to the correct plan (1, 2, or 3).

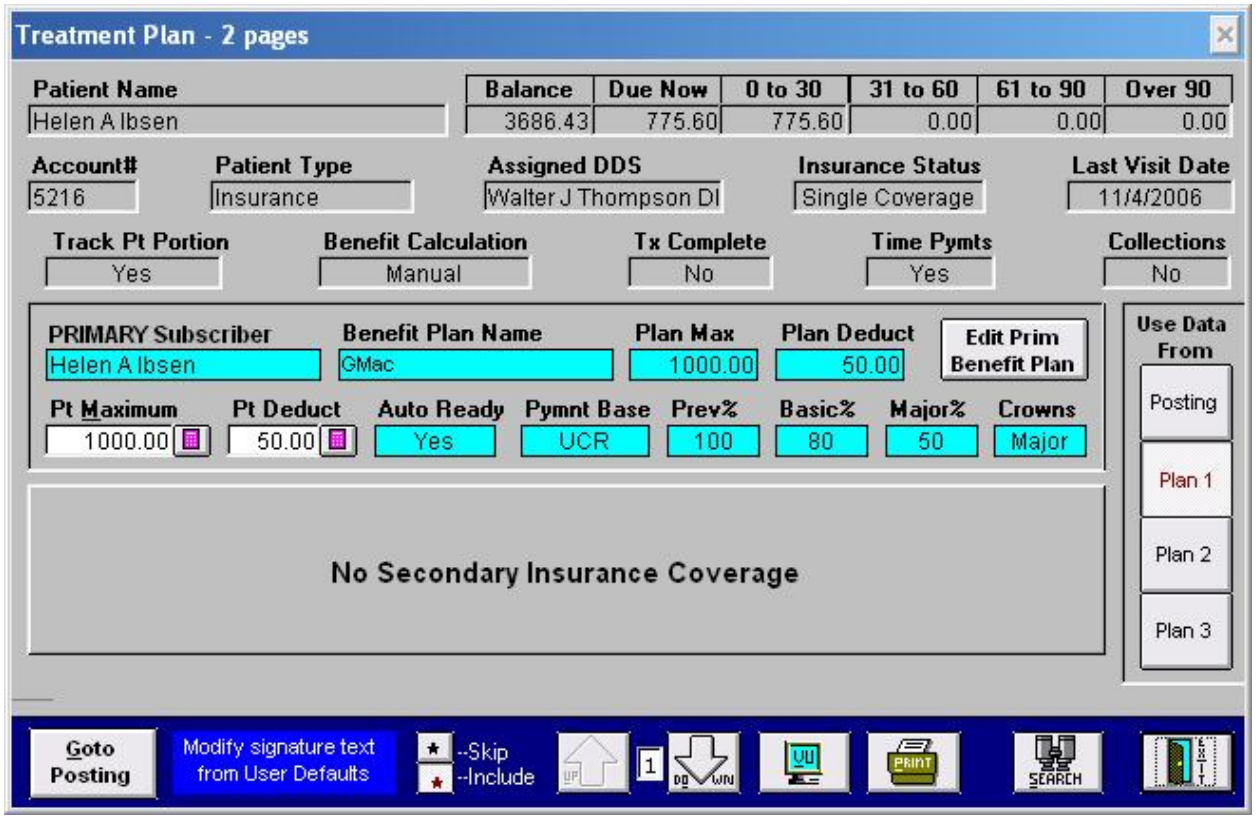
To the left of each procedure you will find a *Del* button if you want to delete the procedure, and an *Edit* button if you want to modify it.

Re-Sorting Procedures

As you add new procedures their sorting number will display on the far right of the line item. These will start with the number 1 and go up as you add more procedures. If you want to change this order, simply click inside the Sort order number field and change the number. For example, if you have four procedures numbered 1, 2, 3, and 4, and you want to have number 3 come before number 2, just change 3 to a number smaller than 2, such as 1.5. When you change a number you will see a red button appear with the caption *Click To Re-Sort*. Click this button and the procedures will change position and the sort number will be re-established with the whole number 1, 2, 3, and 4.

Printing the Plan

Presenting your proposed treatment plan (and optional plans) to the patient is of paramount importance. To assist you in this you can print the various treatment plans to paper. Click the *Print Tx Plan* button to open the Treatment Plan screen.



The Plan number (1, 2, or 3) that was selected on the Treatment Plan Worksheet will automatically be selected on the Treatment Plan screen in the *Use Data From* section. But even at this point you can still select procedures from an alternate plan number or you can use the procedures that are entered into this patient's Posting screen. Whatever is selected in the *Use From Data* section will be the procedures that print on this Treatment Plan printout.

The Treatment Plan printout is fully discussed in Chapter 20. Refer to that chapter for details on this printout.

Export to Posting

After you and your patient have decided upon the Treatment Plan that is going to be performed, you can import that plan directly into the patient's Posting screen. To do this go to the Treatment Plan Worksheet screen and follow these steps:

- Select the plan you want to export (1, 2, or 3)
- Click the *Export To Posting* button
- When prompted if you want to continue click *Yes*

That's all there is to it. The procedures from the Worksheet are posted into the patient's Posting screen as Proposed procedures. You can now print an insurance form for predetermination and as procedures are completed, change the *Proposed* status to *Done*.

Copy from One Treatment Plan to Another

Treatment plans can become quite involved containing numerous procedures. When crafting alternate plans, you may have many of the same procedures, with only some changes. To assist you in creating similar (but different) optional treatment plans, you can copy the procedures from one plan into another plan. For example, you can copy the procedures from Plan 1 into Plan 3. Then switch to Plan 3 and delete, add, or modify as needed to create your alternative plan.

To copy to another plan, go to the Treatment Plan Worksheet screen and follow these steps:

- Select the plan you want to copy (1, 2, or 3)
- Click the Copy Plan button (the Copy To Another Plan screen opens)
- Click the plan you wish to copy to

You can now switch to that plan and customize it.

Delete a Treatment Plan

After exporting your treatment plan to Posting, there really isn't any reason to keep the plans stored. After all, this is simply a worksheet. The goal is to get the agreed upon plan into Posting. At that point, the worksheet is no longer needed. To delete a treatment plan click the *Delete Plan* button. The Delete Treatment Plan screen appears. On this screen you can pick the plan you wish to delete or pick the *Delete All Treatment Plans* button to delete all the plans.

Chapter

38

Chapter 38: Integrated Credit Card Processing With X-Charge

Diamond Dental has been integrated with X-Charge for seamless credit and debit card processing since 2007. This gives the user the ability to swipe cards or to store credit card information and directly pass that information to X-Charge for processing.

Contacting X-Charge

To take advantage of integrated credit card processing you have to register with X-Charge. Registering is easy. Just call X-Charge at this number:

800-338-6614

Let them know that you are using the Diamond Dental program and they will set you up with an account. X-Charge will give you a free analysis of your existing merchant service and a full comparison on all rates and fees involved with processing credit and debit cards. In most cases X-Charge's fees will be less than you are paying now.

Diamond Dental is Compliant with PCI Guidelines

With credit card fraud rampant, the credit card companies (Visa, MC, AMEX, and Discover) formed the PCI Security Standards Council. The purpose of this council was to develop security guidelines and procedures that all the card companies would abide by. The latest guidelines became active in September of 2010.

A major source of credit card fraud stemmed from evil-doers acquiring the credit card numbers of unsuspecting cardholders. This might be accomplished by actual theft of computers or computer data, intercepting electronic transmissions of credit card data, or just looking over someone's shoulder who is sitting at a computer with the card number displayed on the screen.

In order to be compliant with the new PCI guidelines, **credit card numbers can no longer be stored in the computers of merchants** (that's you). To meet these new PCI Security Standards, X-Charge has devised a clever system whereby the actual credit card number is only stored on the X-Charge server. X-Charge would then issue an encrypted alias number to qualified merchants. It is that card alias rather than the actual card number that is stored

on your computer. If a nefarious scalawag somehow acquires this card alias, it would be useless to him (or her).

Consequences of Non-Compliance with PCI Guidelines

If you have full credit card numbers stored on your computer you are not compliant with these new PCI Security Standards. If a credit card becomes compromised that you have stored on your computer, you could be held liable for damages, lawsuits or fines.

Note

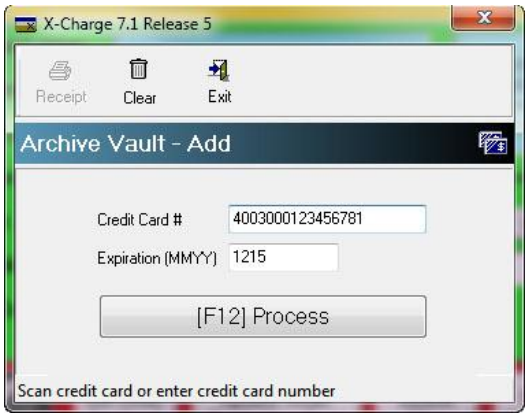
This chapter describes how to use Diamond Dental Software with X-Charge integration, but does not provide a comprehensive explanation for the X-Charge program. For complete details on X-Charge, refer to the X-Charge documentation.

Acquiring and Storing a Credit Card Alias

You can store any number of credit card aliases for an account. They can be added from two places. From the *Credit* Card button on the Guarantor tab for an account, or from the *Add/Edit Credit Card* button on the "Process Credit Card Using X-Charge" screen. Both these buttons will open the "Credit Card Entry" screen, seen here. You should be registered with X-Charge and have X-Charge 7.1 Release 5 (or later) installed on your computer.



To obtain a credit card alias, click the *Get Alias for Card* button. The "Archive Vault-Add" screen will open (seen lower right). You will enter the full credit card number and expiration date, or if you have the actual card you may swipe it. Then click the *Process* button.



The "Archive Vault-Add" screen will close and the card alias will appear on the "Credit Card Entry" screen. The four blue fields of Credit Card Alias, Credit Card #, Type of Card, and Expiration Date will all be populated for you. These items are all stored with the alias on the X-Charge server. The actual Credit Card # field will display the card number as all X's except for the last four numbers. The zip code and street address is not stored with the alias and should be entered on the "Credit Card Entry" screen.

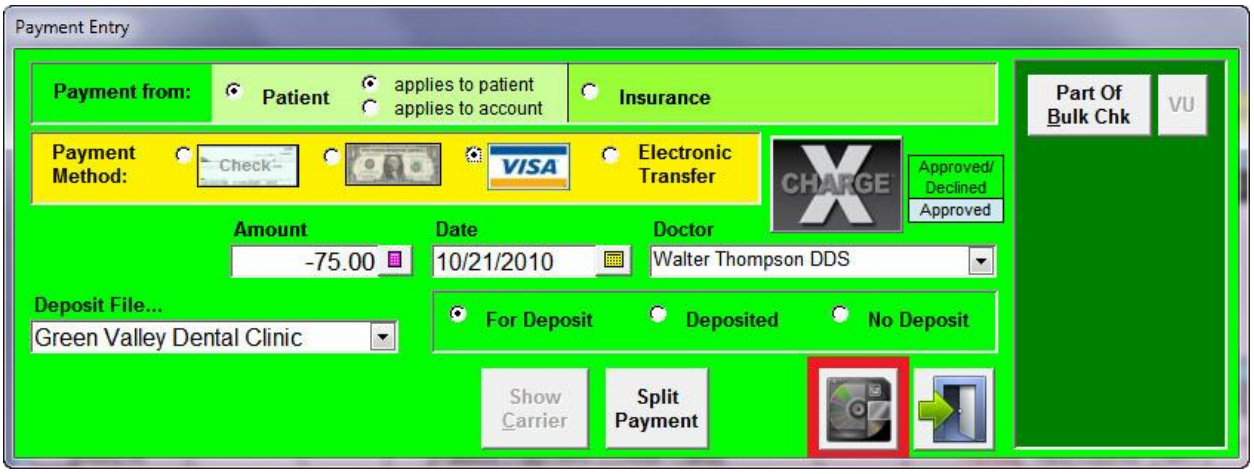
Use this screen to enter as many credit cards for an account as desired. Select Default for the card you are most likely to use. When you arrive at the “Process Credit Card Using X-Charge” screen, you will see the entered cards in the lower left corner of the screen. The default card will be selected. You can select a different card by clicking it.

Deleting an Alias

On the “Credit Card Entry” screen there is a distinction between using the *Delete Alias* button and using the red X button to delete the credit card. When you pick the *Delete Alias* button you will be removing the card from the X-Charge server. When you use the red X, you are deleting the credit card information from Diamond Dental’s database. If you want to completely delete a card, both delete buttons should be used.

Two Processing Methods

After you have installed the X-Charge program (available free from X-Charge) you are ready to process cards. You will post the credit card payment in the usual way from the Payment



Posting screen (seen below), accessed from the Posting section of the program.

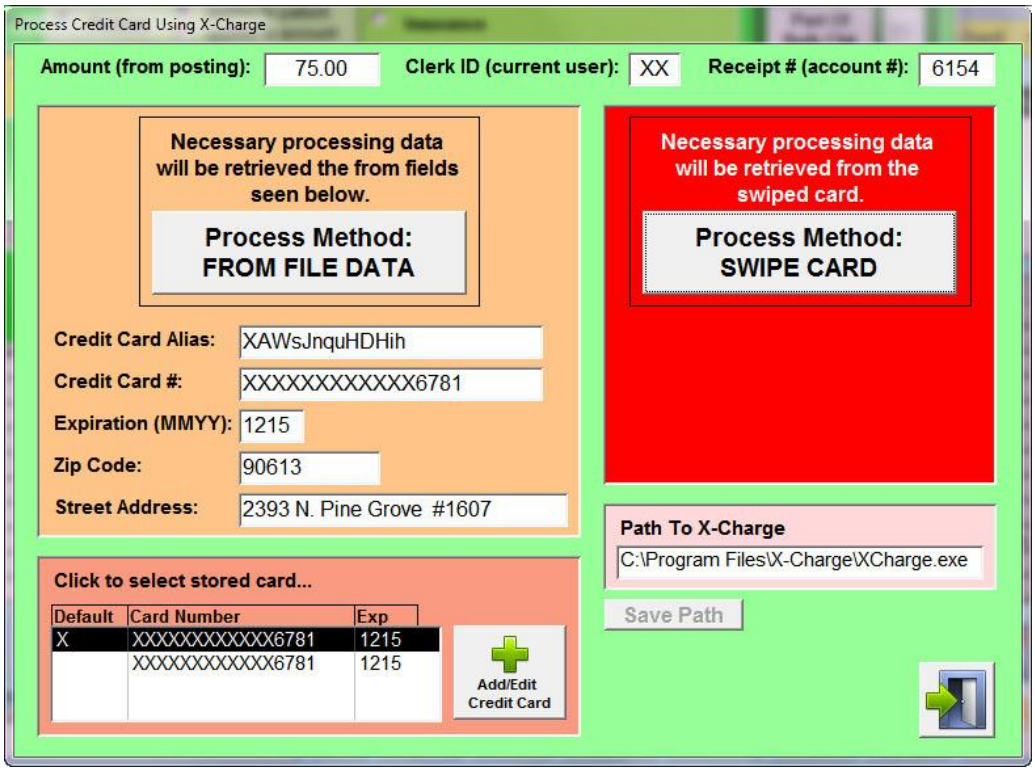
Select the *Payment Method* of credit card (shown as a Visa icon). When this is selected the *X-Charge* button will become enabled. Also make sure you enter the amount of the payment.

Note

The credit card should be processed before clicking the *Record* button on the Payment Entry screen. Since X-Charge will be giving you instant feedback as to whether the card processed successfully, you will have the opportunity to exit the Payment Entry screen without recording the payment if the credit card payment was declined.

Click Process Credit Card (X-Charge Button)

After the Payment Entry screen (seen above) is properly filled out (and before clicking the *Record* button) you will click the large *X-Charge* button. That will open the "Process Credit Card Using X-Charge" screen (seen below).



On this screen, the Amount, Clerk ID, and Receipt Number are all taken from the Payment Entry screen, and you will not need to re-enter them. These items will be used in the processing. The *Amount* is the amount of the payment. The *Clerk ID* is taken from the logged on Diamond Dental user. If you use passwords, it will be the initials of the current logged on user. If you do not use passwords, the default is the Admin's initials, which is always "XX." The *Receipt Number* is simply the patient's account number.

Choose "Swipe" or "From File Data"

It is from the "Process Credit Card Using X-Charge" screen that you will indicate which processing method you will be using, either "From File Data" or "Swipe Card." If you are going to swipe the card, click the *Swipe Card* button. The remaining necessary processing data will be taken from the card itself. Often you will not have the physical card to swipe, for example, you may have received the credit card information in the mail in response to a billing statement. In that case, click the *From File Data* processing button. The necessary data will be taken from credit card data that you have previously stored.

After Processing "From File Data" (the alias method)

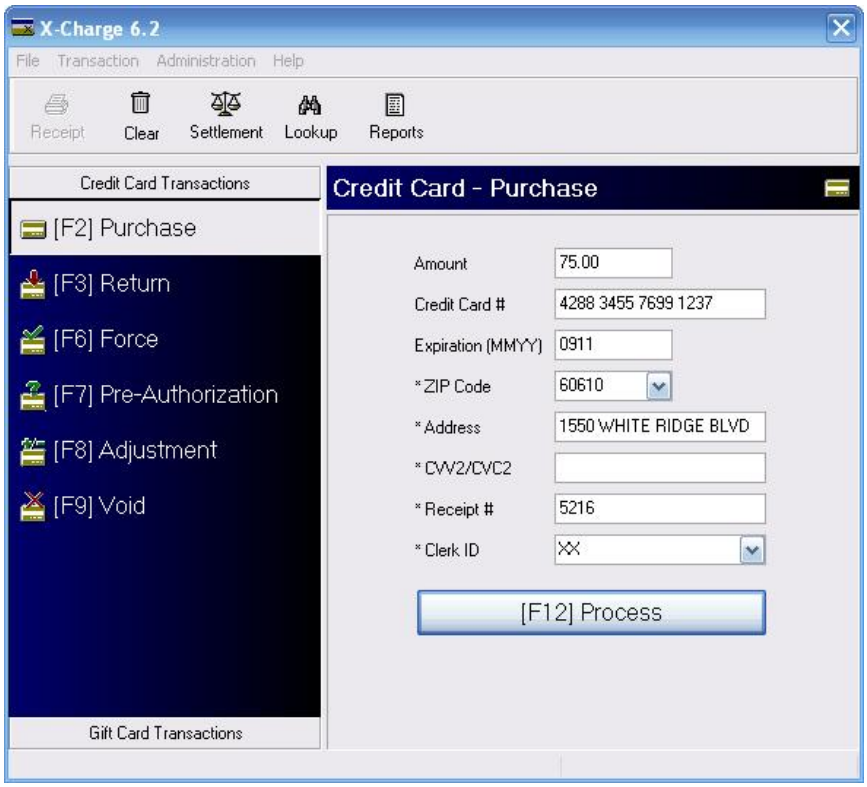
If you are processing the card from a stored alias, you will click the *From File Data* button. Processing takes place immediately and a message box will appear indicating success or failure. Click *OK* to close the message box. You are then returned to the "Payment Entry" screen. If the transactions failed, the word "Declined" will appear to the right of the *X-Charge* button. In this case you should not record the payment, but instead click the *Exit* button to exit without recording. If the payment was approved the word "Approved" will display to the right of the *X-Charge* button and the *Record* button will be outlined in red (as seen above). You should record this transaction. If you try to exit without recording, you will be warned.

Note

If the processing method is *From File Data*, the charge will be processed as soon as you click the button. If the processing method is to *Swipe* the card, the X-Charge screen (discussed below) will display.

X-Charge Screen (Swipe Method Only)

If you used the *Swipe Card* method of processing, the X-Charge screen will appear, with the *Purchase* option selected. The Amount, Receipt #, and Clerk ID fields will be filled in. If you clicked *From File Data* then the Credit Card #, Expiration Date, Zip Code and Address fields will also be filled in.



The CW2/CVC2 field is the Card Verification Value and the Card Verification Code. This is the four digit number found on the front of AMEX cards and three digit number found on the back of other cards. This field is optional and does not need to be filled in. You can manually fill it in if you want.

If you have picked the *Swipe Card* choice, the Credit Card # field will display the words "SWIPE CREDIT CARD". When you swipe the card, the Card Number and Expiration date will display on the screen. Zip Code, Address and CW2/CVC2 fields are not required when you swipe a card.

Purging Existing Credit Card Data

Diamond Dental versions prior to 3.6 (released December 2010) stored credit card information with the full credit card number. This puts your data out of compliance with the new PCI Security Standards. Diamond Dental version 3.6 and later provide a utility to blank out all these credit card numbers with one operation.

The effect of this operation is to take a credit card such as 4444555566667777 and convert it to XXXXXXXXXXXX7777. The last four numbers are retained for identification purposes and the other numbers are converted to X's. This is also what happens when you retrieve an alias from X-Charge, however, you may not want to wait until you have converted all your credit cards to aliases to become PCI compliant.

To perform the credit card purge operation, start at the "Main Menu" and click *Utilities*. From the "Utility Menu" click *Special Utilities*. On the "Special Utility Menu" click *Blank Out Credit Cards*. This will take you to the "Blank Out Credit Cards" screen. From here you will click the *Begin Purge* button to perform this operation.

Chapter

39

Chapter 39: Trojan Benefit Service Integration

Diamond Dental Software now integrates with the Trojan Benefit Service Program from Trojan Professional Services. As a Trojan client you will have access to the largest Employer and Insurance Benefit database in the country. Trojan also acts as an extension of your office staff. If you can't find a plan in the Trojan database, call them and they will help you find it. If the plan is not in the database, Trojan will do the research for you and quickly get the plan information back to you. That plan will then be added to Trojan's database, which means it's added to your database.

You must register with Trojan to use their service. Tell them you are a Diamond Dental Software user. Contact information for Trojan Professional Services:

1-800-451-9723 ext. 3
M-Th 6:00 am – 5:00 pm PST
F 6:00 am – 4:00 pm PST

Email: salesdevelopment@trojanonline.com
website: www.Trojanonline.com

Trojan Professional Services, Inc.
PO Box 1270
Los Alamitos, CA 90720-1270

Please Note: As of the time of this writing the Trojan Benefit Service Program is available for the following states: Arizona, California, Connecticut, Delaware, Georgia, Illinois (greater Chicago), Maryland, Massachusetts, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Utah, Virginia (northern), Washington, Washington D.C., Wisconsin (greater Milwaukee). Call Trojan for up to date details concerning coverage in your specific area.

Trojan Installation and Network Considerations

Refer to the Network Supplement for details on sharing and mapped drives.

After you have registered with Trojan you will receive the Trojan Benefit Service program software. Unlike Diamond Dental, Trojan is only installed on one computer. We suggest that this be what is considered your "main" computer for Diamond Dental. This is the computer that has Diamond Dental's data on it. When Trojan is installed, it will install itself into a folder named ETW. You can modify the folder name ETW but we suggest you do not. When this is installed on the main computer, that computer will not have a problem "seeing" its own ETW folder.

For network setups, you have shared either your entire hard drive or only the "Program Files\Diamond Dental Software" folder on the main computer. If you have shared your entire hard drive then the remote computer will be able to "see" the ETW folder on the main computer. However, if you have only shared the "Program Files\Diamond Dental Software" folder on the main computer, then the remote computer can only see the "Program Files\Diamond Dental Software" folder. It will be necessary for you to either share the entire hard drive or share the ETW folder and map a drive to it, just as you did the "Program Files\Diamond Dental Software" folder. For example, if on the remote, you have mapped the "Program Files\Diamond Dental Software" folder as drive "Z", you can then share the ETW folder and map it as drive "Y". So in this example, the main computer would see the ETW folder by the path "C:\ETW" and the remote computer would see the ETW folder with the path "Y:\". If you have shared the entire hard drive of the main computer and on the remote, mapped it as drive F, the path to ETW from the remote would be "F:\ETW". That can be confusing and if it is not clear, please call Diamond Dental's support line for assistance.

As just discussed, each computer that will be using Trojan needs to have a designated path to the ETW folder. Once that path is known and established, you need to enter it into the Diamond Dental program. This must be done on each computer and the path may or may not be unique on each computer. To enter the path, starting at the Main Menu, click *Utilities*, and then *User Defaults*. On the User Defaults screen on the *External* tab you will see a checkbox labeled *Use Trojan Data*. Click this checkbox. If this checkbox is not checked Trojan data will be disabled. You will also see a button labeled *Path to Trojan.exe*. Click this button



and the "Custom Path To Trojan" screen will open.

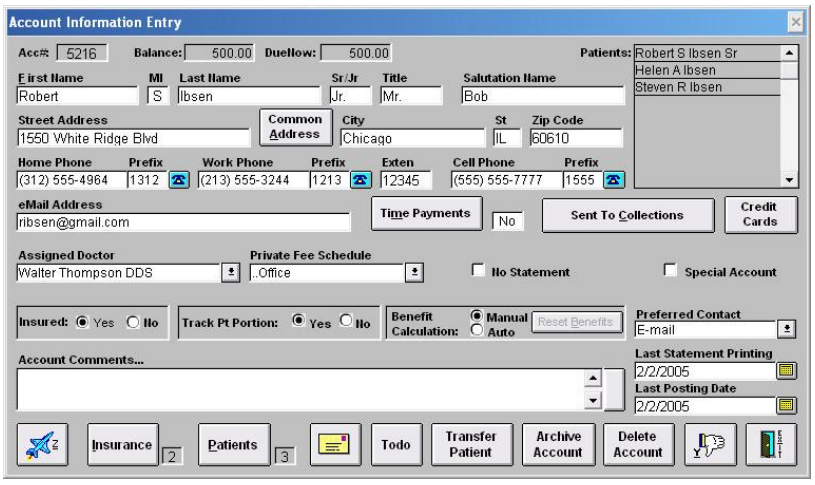
Enter the path as displayed here. The Trojan.exe file will be in the ETW folder and that path will vary from computer to computer as discussed above.

Trojan / Diamond Dental Integration

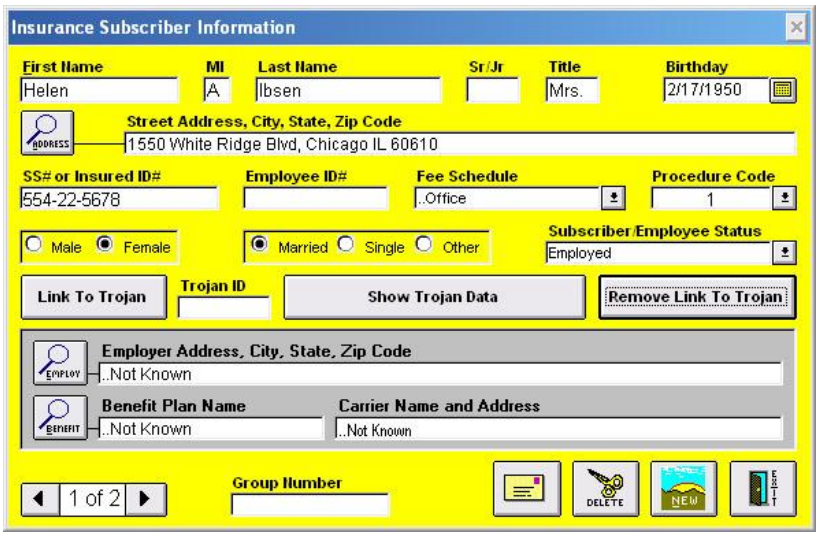
Besides all the benefits of being a Trojan client, we have closely integrated the Trojan Benefit Service Program into Diamond Dental Software. Probably the most complicated data entry task in Diamond Dental is creating the Insurance Subscriber's record. If you are familiar with opening a patient account in Diamond Dental, you know that you have to create an Employer record and then link that to the subscriber, and then create a Benefit Plan record and then an Insurance Carrier record. Then link the insurance carrier to the Benefit Plan record and finally link the Benefit Plan record back to the subscriber. That has all been replaced by simply linking the Trojan record to the subscriber, and that is all. The Trojan record contains the employer, it contains the insurance benefits, and it contains the insurance carrier.

Creating a Trojan Linked Insurance Subscriber Record

As discussed above, creating an insurance subscriber record is greatly streamlined when you link the subscriber to Trojan. When opening an account you will be at the Account Information Entry screen.

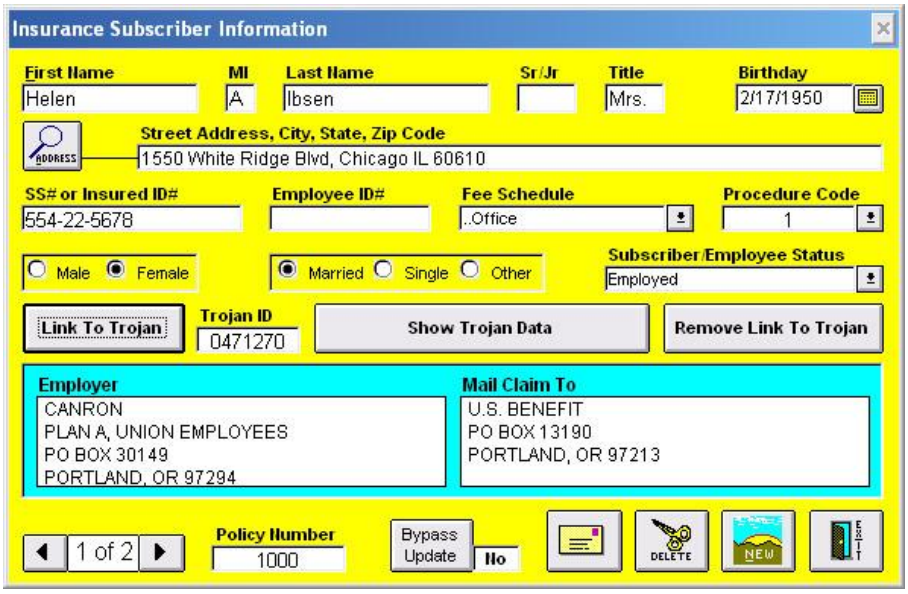


To access the Insurance Subscriber's record, click on the *Insurance Button*. This will open the Insurance Subscriber Information screen.

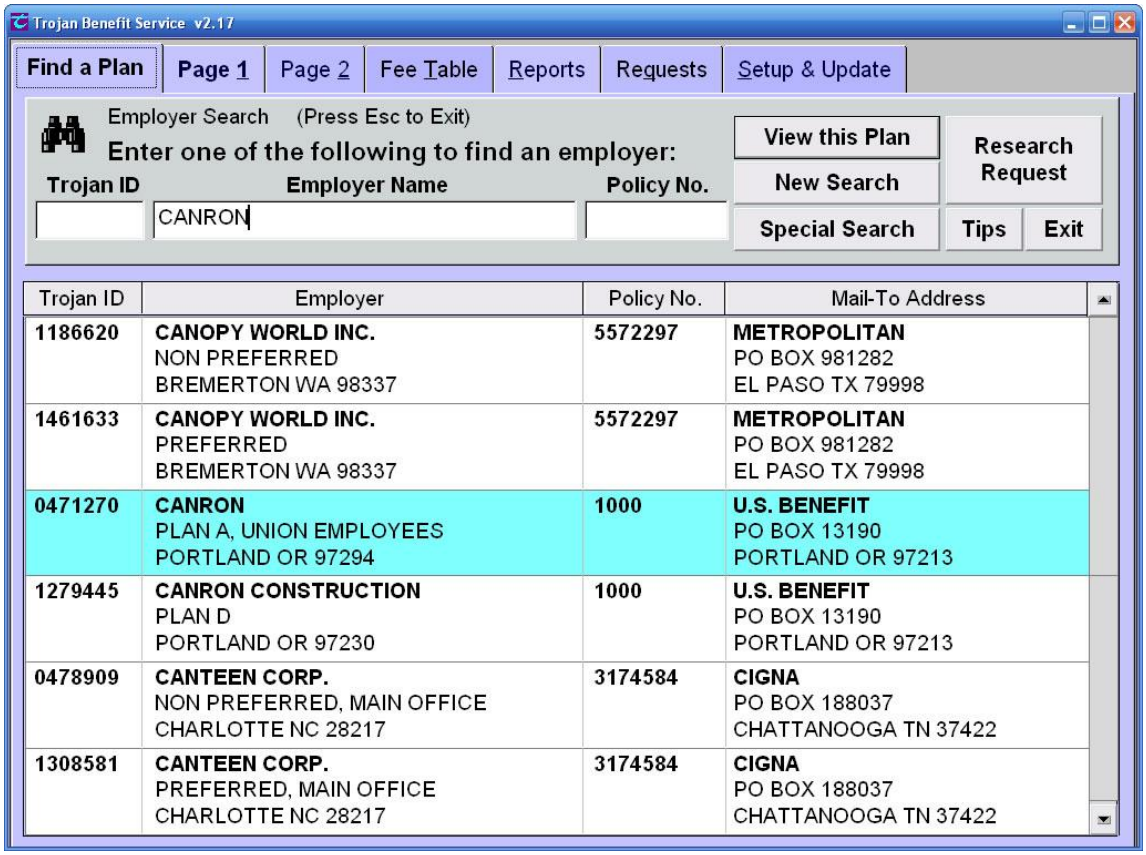


The Insurance Subscriber screen as it appears above, still needs the employer, benefit plan, and insurance carrier information entered. At this point, you have the choice to enter this information by using Diamond Dental's own database as discussed in the chapter on Insurance Accounts, or you can simply link this subscriber to a Trojan record, as discussed below.

Link to Trojan

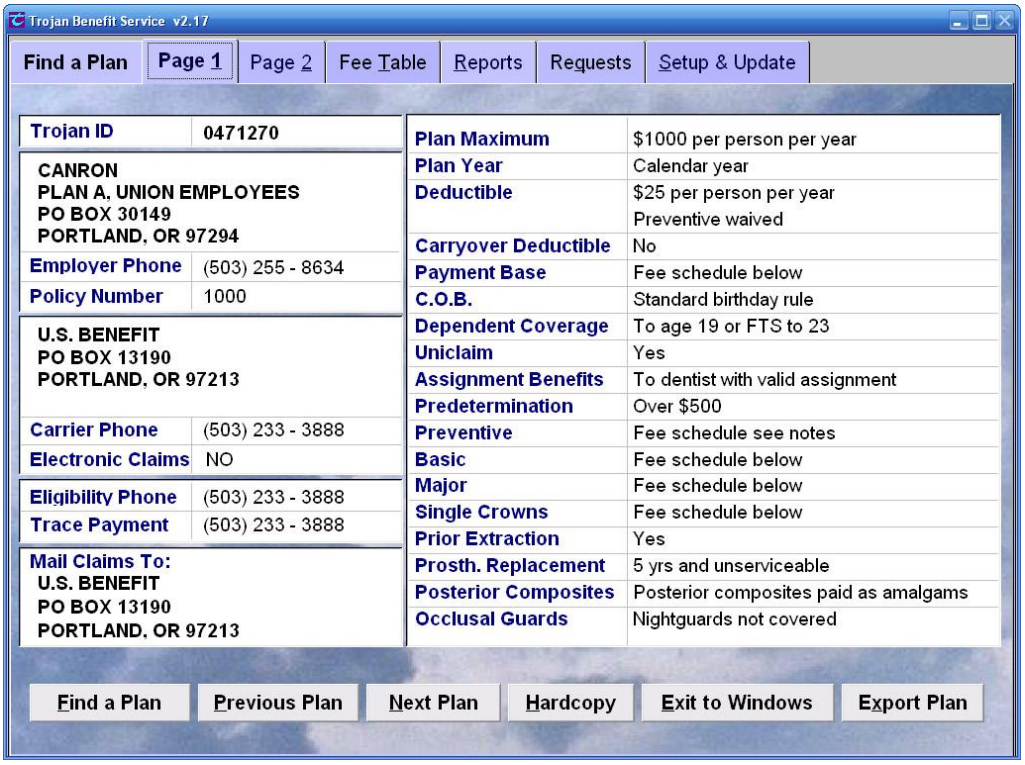


To link this subscriber to a Trojan record you will of course click the button labeled *Link to Trojan* on the Insurance Subscriber screen. This launches the Trojan Benefit Services screen with the *Find a Plan* tab selected. You will use this screen to search Trojan's vast database to find the exact plan you are looking for. There are three ways to search. If you happen to know the Trojan ID number for the plan, enter it in the Trojan ID field. You can also search by Employer Name or Policy Number. As you type characters into the search field you will see the listing of plans jump to match the search criteria characters you have so far entered. In the sample above, after entering the letters "CANRON" we see the listing below is highlighted on the Canron plan. To view the details of the Canron plan you can double click the highlighted line or click the *View this Plan* button. This will take you to the *Page 1* screen displaying Canron's details.



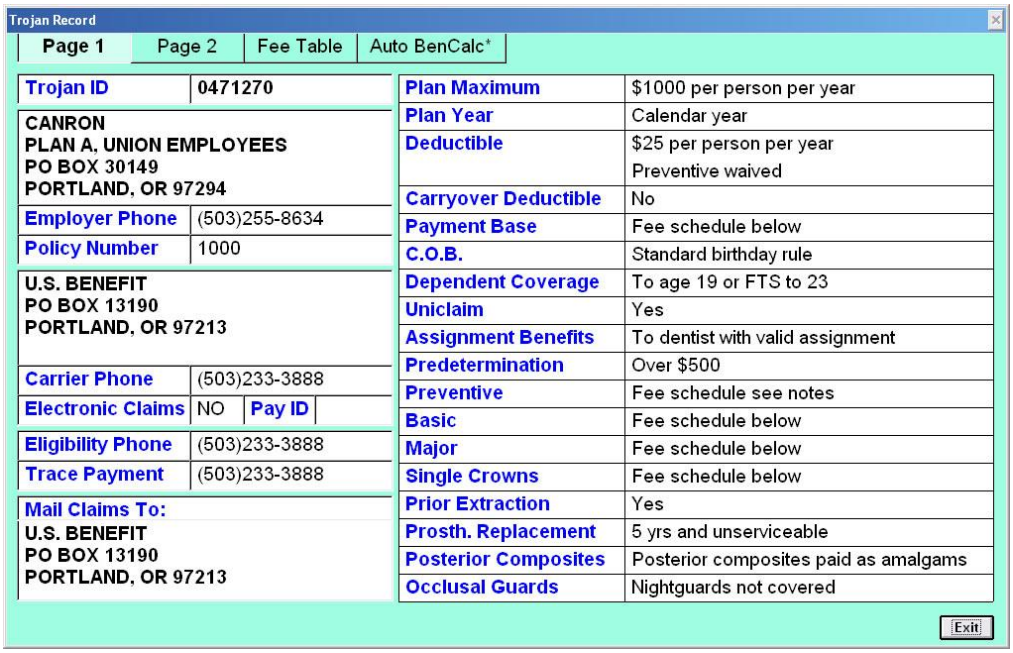
The *Page 1* tab of the Trojan Benefit Service screen has an *Export Plan* button. To link this plan to the insurance subscriber, click the *Export Plan* button. Then click the *Exit to Windows* button to close the Trojan screen. The Insurance Subscriber screen will now appear and the link is established.

The Insurance Subscriber screen now displays the Trojan ID number of the linked plan, as well as the employer, where you mail the claim to (which is usually the carrier), and the policy number (which is the group number).

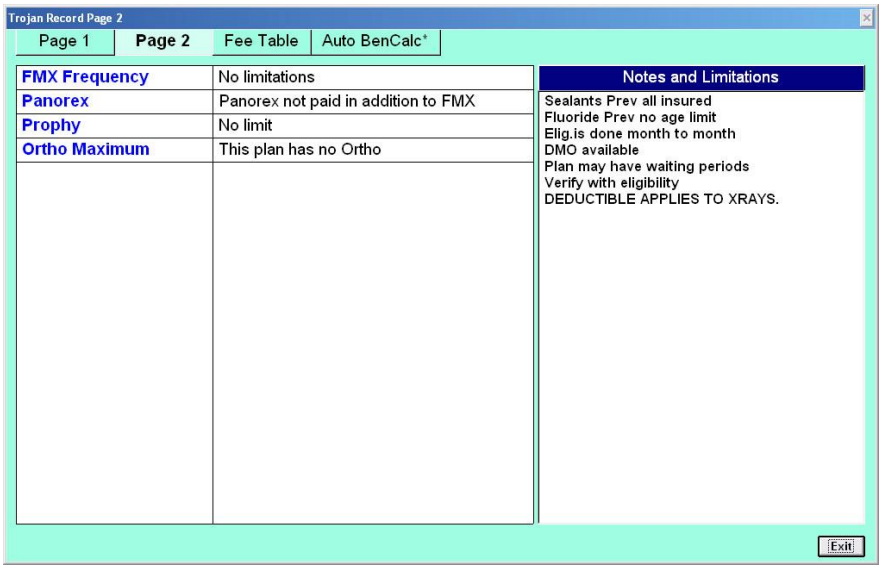


Viewing Trojan Data

The Insurance Subscriber screen displays some of the Trojan data, but of course there is much more. To view the entire Trojan record that is linked, click the *Show Trojan Data* button. Diamond Dental has reproduced the data screen from Trojan's Benefit Service program



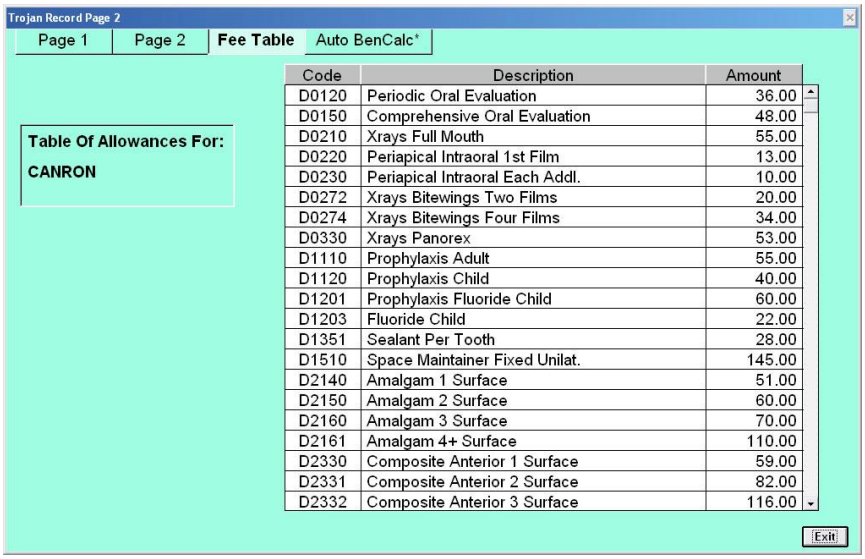
so you can view them without leaving the Diamond Dental program. The *Page 1* screen displays first.



The tabs across the top are like the tabs in the Trojan program with the addition of an *Auto BenCalc* tab. This will be discussed shortly.

The *Page 2* screen will appear as seen here.

If there is no fee table associated with this plan then the *Fee Table* tab will be disabled. If there is a fee table, that screen appears.



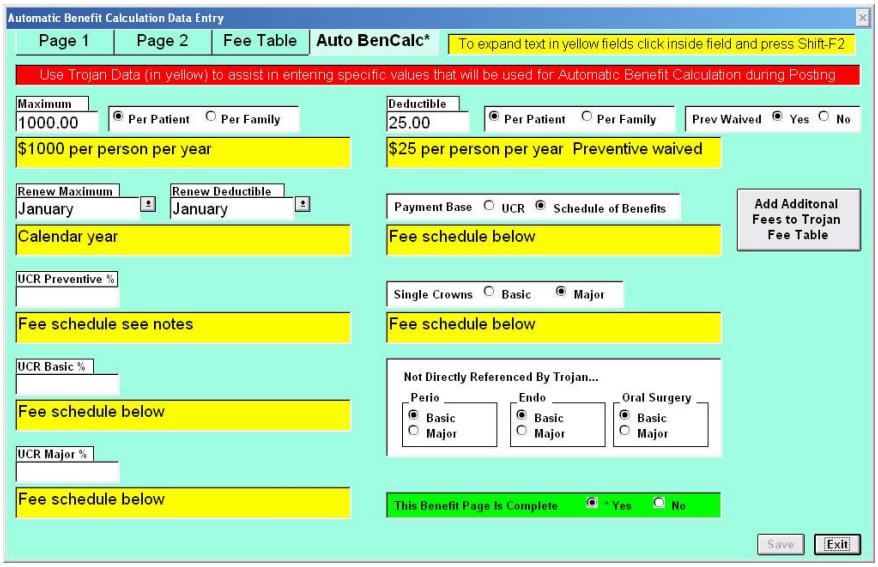
All three of these screens are modeled after the screens in Trojan's Benefit Service program. They are for display only. You cannot directly modify them because they come from Trojan's database. However, when the Trojan database is updated, the values on these screens will reflect that updating.

Automatic Benefit Calculation with Patients Linked to Trojan (Auto BenCalc)

When a patient is set to have Automatic Benefit Calculation the program will calculate insurance benefits as you post procedures. The program will change the account's Amount Due Now which is the patient portion of the balance. To calculate these benefits you need to enter benefit information in the account's benefit plan record. Chapters 4, 5, and 7 have details on Automatic Benefit Calculation.

If you are linking the insurance subscriber to Trojan you will not be creating a benefit plan record and, therefore, automatic benefit calculation would not be possible. To solve this problem there is a special Trojan benefit plan screen. This is accessed with the *Auto BenCalc* tab.

This screen allows you to enter the values that are used for Automatic Benefit Calculation. The fields that you enter are in white. Directly below the white fields are yellow fields that display the corresponding Trojan data. Use the yellow Trojan fields to assist you in entering the white fields that will be used in actual benefit calculation.



You might wonder why we don't just use the Trojan data directly and save the trouble of using this screen. The reason is the Trojan data is often not just arithmetic values, but also may include narrative. However the benefit calculation program deals only with arithmetic values and that is what this screen will provide. So if you are going to use Automatic Benefit Calculation with a Trojan linked patient, you will need to fill out this screen.

Add Additional Fees to the Trojan Fee Table

If Automatic Benefit Calculation is in effect, and the plan uses a Schedule of Benefits rather than UCR, then Diamond Dental will use Trojan's Fee Table to calculate benefits. A sample screen of the Trojan Fee Table was shown earlier in this chapter. The Trojan Fee Table comes from what the insurance carrier published and is often fairly complete. But if you want to add to the fee table you may. On the Auto BenCalc tab screen click the *Add Additional Fees to Trojan Fee Table* button.

What is displayed is a listing of your entire procedure table. When a "T" appears in the "T" column, that is a benefit amount that is coming from the Trojan Fee Table. These "T" procedures cannot be modified. However, all the other procedure benefit amounts can be modified. You may enter any amount you wish for these "blank" procedures. The benefits that you add to Trojan's Fee Table will be used to calculate the patient portion of charges if Automatic Benefit Calculation is in effect.

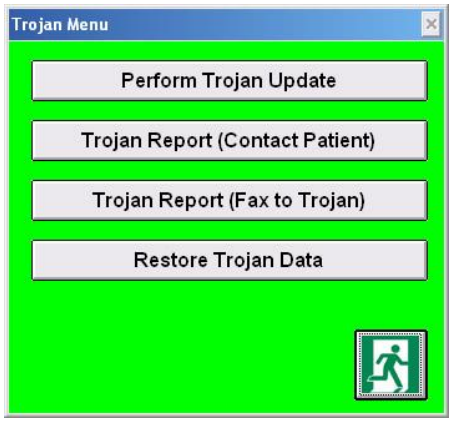


Remember, this is NOT the fee you charge, this is the amount the insurance carrier pays as a benefit for the procedure.

The items that you enter on this Add Additional Fees

screen and on the Auto BenCalc screen discussed above are linked to the Trojan plan itself. It not only affects the insurance subscriber you are currently working on, but will affect any insurance subscriber linked to this particular Trojan plan.

Insurance Claim Processing with Patients Linked to Trojan



If you are generating a paper insurance claim or an electronic claim for a patient you have linked to Trojan, there is really nothing special you have to do. Diamond Dental will simply use the Trojan data for the claim processing. Specifically, this data includes the employer, carrier (seen in the "Mail To" section), and the group number (a.k.a. Policy Number). This also works for dual coverage situations.

Remove Link to Trojan

If you want to remove the link to Trojan just click the *Remove Link to Trojan* button on the Insurance Subscriber screen. All the Trojan fields will clear and the Insurance Subscriber screen will return to the standard format. You may then select employer, benefit plan, and carrier using Diamond Dental's database.

If you wish to simply change the linked Trojan plan to another Trojan plan you do not need to unlink. Just click the *Link to Trojan* button and select a different plan.

Bypass Trojan Updating

If a subscriber has a linked Trojan plan you will notice a *Bypass Update* button on the Insurance Subscriber screen. Bypassing updating would be an unusual choice, but its purpose would be to freeze the Trojan data for a particular subscriber only. This is discussed further in the section on Restoring Trojan Data.

Updating Trojan Data

Periodically you will be updating your Trojan data and receiving update files from Trojan. Each time you enter the Diamond Dental program, the program will check to see if any Trojan updates exist. If an update exists you will be given the option to process the update. If you choose not to process the update at that time, you will be given another prompt the next time you enter Diamond Dental.

You can also process the update at your leisure but going to *Reports* and then on the Reports menu click the *Trojan Menu* button. On the Trojan Menu there is a *Perform Trojan Update* button.

Trojan Update Reports

After performing the Trojan update and processing it in Diamond Dental, you should print two reports. To print these reports go to the Reports menu and click the *Trojan Menu* button. The Trojan Menu is seen below.

Both these reports have to do with deleted Trojan plans.

Trojan Report: Contact Patient

This report will list patients whose Trojan plans have been deleted and further information needs to be gathered from the patient. For example, the employer may no longer exist and the employer may no longer provide insurance, so Trojan deleted the invalid plan. The specific reason for the plan deletion will be listed on the report. You will need to contact the patients listed on this report and determine their insurance status and adjust their Insurance Subscriber screens accordingly.

Trojan Report: Fax to Trojan

Trojan requests that you fill in the questions on this report and fax or mail it to Trojan so they can update the Trojan database. For each patient listed you are asked if the patient is active (i.e. has been in the office within the past 8 months). You are also shown the current employer that is listed for this patient and asked to indicate if that is correct, and if not, enter the name of the new employer. Likewise for the carrier, you are shown the current listed carrier and if it is not the correct carrier, you are asked to enter the name of the new carrier.

Restore Trojan Data

Diamond Dental program data is stored in the Program Files\Diamond Dental Software folder of the main computer. Remote computers do not have any data but access the data also from the Program Files\Diamond Dental Software folder of the main computer. There is only one place where data exists. If you are using the Trojan option, Trojan data will be stored in a folder called Trojan which is also in the Program Files\Diamond Dental Software folder of the main computer.

Trojan data is stored as individual text files in the Trojan folder. Do not confuse the Trojan folder with the ETW folder discussed above. The Trojan program itself is in the ETW folder but the Trojan data that Diamond Dental uses is in the Trojan folder which is inside Diamond Dental's Program Files\Diamond Dental Software folder. These Trojan files are named after the Trojan ID number for that plan. So the file holding the data for Trojan ID 1291020 would be in the file 1291020.TXT in the Trojan folder.

When you export a plan from the Trojan Benefit Service program during the "Link to Trojan" process (discussed above), Trojan will export that plan as a file with the generic name of PLANOUT.TXT. The Diamond Dental program will then rename that file to a name such as 1291020.TXT and move it to the Trojan folder. During the periodic Trojan updates that you will perform, if there is something new about 1291020.TXT, Trojan will generate an entirely new 1291020.TXT file and Diamond Dental will copy it into the Trojan folder in Program Files\Diamond Dental Software. The previous file with that name will be overwritten by the new one.

The data that is in these Trojan text files are displayed on the Trojan Record screen using tabs titled *Page 1*, *Page 2*, and *Fee Table* (if there is fee table data). This is strictly Trojan data, not entered by you, and also, not modifiable by you. The fourth tab on the Trojan Record screen named *Auto BenCalc* does display data that you entered. As discussed above, this is used for Automatic Benefit Calculation. This does not come from Trojan but comes from your entry, and this data is stored in the Stardata.accdb file along with most of the other data in the program. Stardata.accdb is Diamond Dental's main database and is also stored in the Program Files\Diamond Dental Software folder of the main computer.

This is why you are not required to backup the data in the Trojan folder, although you certainly can if you wish. The Trojan plan text files can be reproduced if need be. To do this, once again go to the Trojan Menu which is accessed from the Reports Menu. Click the button *Restore Trojan Data*. What this will do is provide the Trojan program (Trojan.exe in the ETW folder) with a list of all the Trojan IDs that have been exported to Diamond Dental. The Trojan program will then create a typical Trojan update file containing all those plans. The next time you get out of Diamond Dental and in again, you will be in Trojan Update mode and can perform that update as was discussed in the section on Updating Trojan Data. That will put back all the Trojan plans into the Trojan folder, and you are ready to go. Therefore, there is no critical need to backup your Trojan data. It is reproducible.

One exception to this is plans that you have selected to "Bypass Trojan Updating." As discussed above, when you bypass a plan for updating, the plan data at that moment in time will be copied to a file that starts with the letter "B" followed by a unique number. The unique number is unique for that particular insurance subscriber. For example, the Trojan file 1291020.TXT could be copied and that copy renamed to B1234.TXT. So that particular account no longer is using 1291020.TXT but instead is using B1234.TXT. Other accounts could continue to use 1291020.TXT because it still exists for them. When 1291020.TXT is updated, accounts linked to that plan will see changes, but the single account that is now linked to B1234.TXT will not see any changes.

The bypassed Trojan records, the ones starting with the letter "B" such as B1234.TXT will not be restored by the Restore Trojan Data procedure discussed here. If you want to backup all files in the Trojan folder that start with the letter "B" you may, but the Diamond Dental Backup procedure does not do it and the Restore Trojan Data procedure does not restore it. You should be aware of this if you wish to bypass Trojan updating for any reason.

Chapter

40

Chapter 40: DDS Email

First, a word about Spam. If you are going to use email to communicate with your patients it is important that they actually see your message. Many email servers have become more aggressive about sending emails to the Spam box. We suggest as patients come in and you verify their email addresses that you inform them that you will be sending them a test email, and if they do not see it in their Inbox that they look in their Spam box, and if it had gone to Spam, that they should mark it as "Not Spam". That will correct future e-mailings.

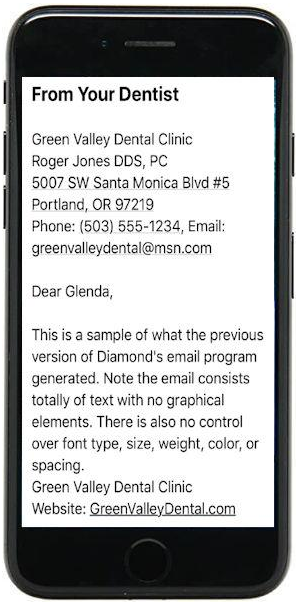
NOTE

This chapter describes Diamond Dental's latest email program and is designed to replace our original email program. There are two email related topics that have been put in their own chapters. They are Chapter 13a, *Email Billing Statements* and Chapter 40a, *PHI Considerations for Emailing*. Make sure you check them out.

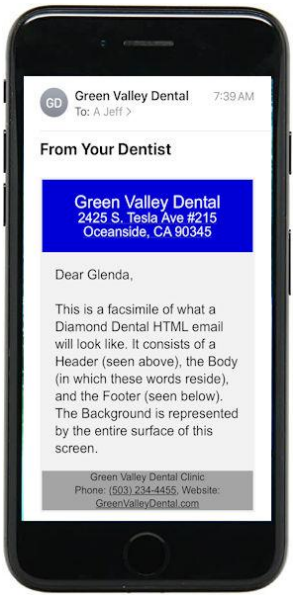
Overview

Diamond Dental's new email program features many improvements over our previous version, but the most striking difference is the appearance of the delivered email itself. Here are three samples. The one on the left was produced by the older system. See the samples:

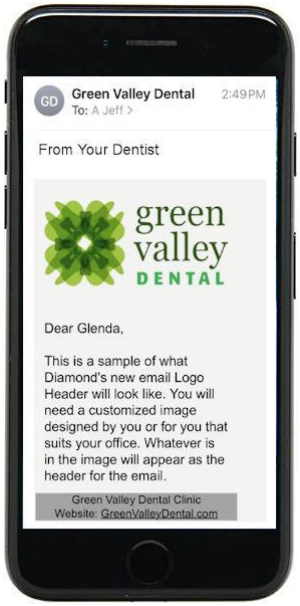
Old Version (text only)

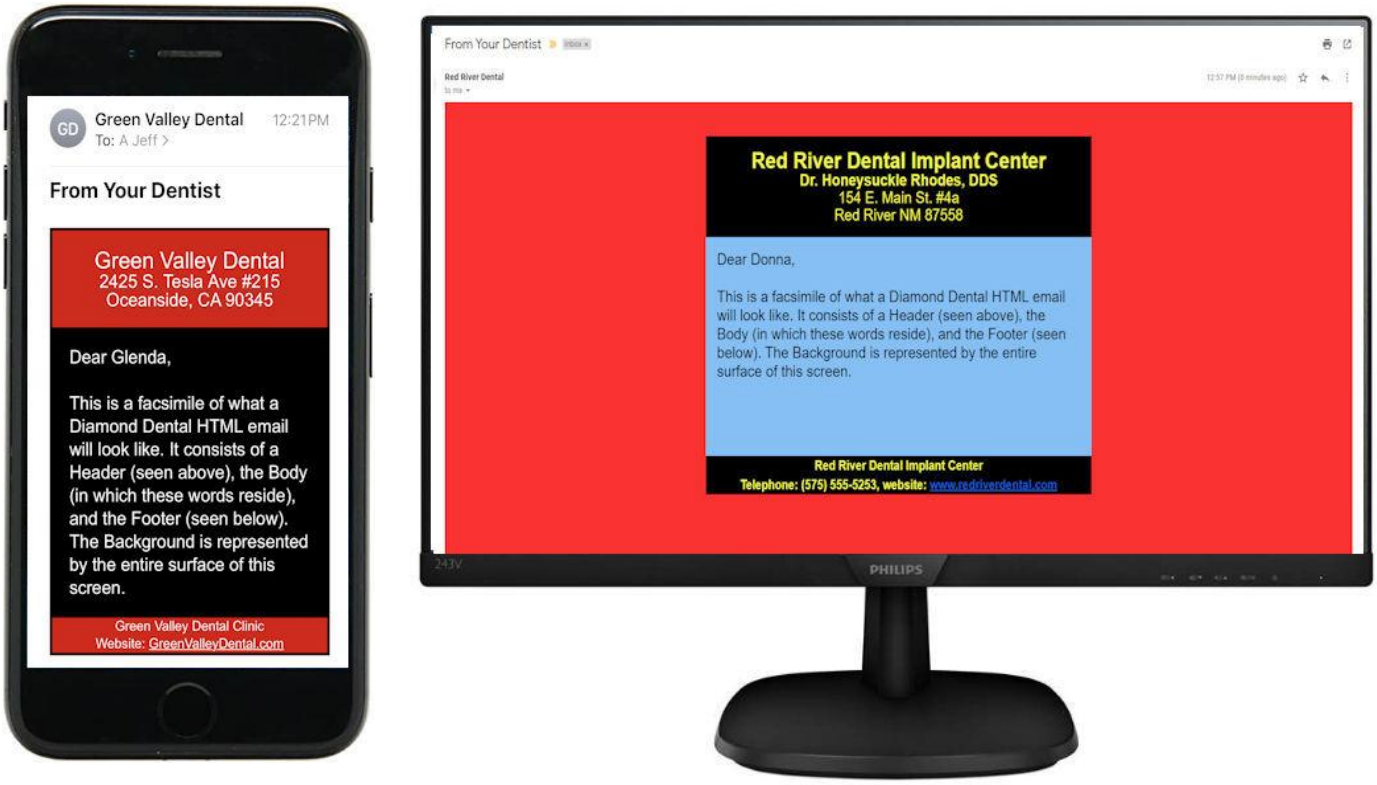


HTML Formatted



HTML with Graphic





As can be seen from the samples on the previous page, Diamond's older email program (see sample of far left on previous page) was just a straight text message. You as the user, have no formatting control at all with the older program. If you notice, this is the kind of message that you would receive from individuals, but not businesses. Look at emails that you receive. You will see that when the email is from a business there is a design to the message that gives it a more professional appearance. The two samples seen on this page display the use of bolder colors on both a smart phone and a regular desktop computer monitor.

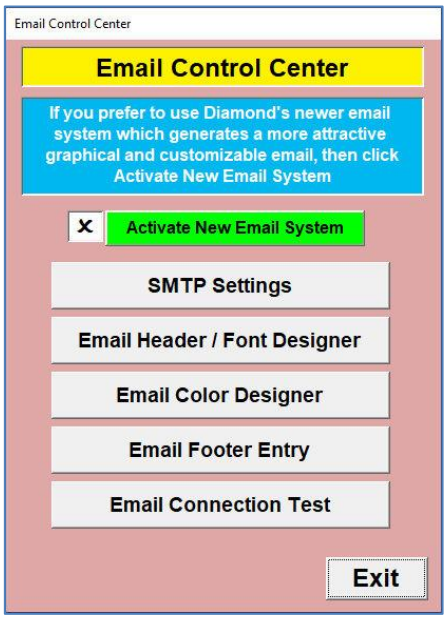
The new email program gives you extensive design capabilities through the use of the HTML language. An email consists of a header, the body text, and the footer. You are given total control over each of these elements. You can select the background color of the header, body, and footer, as well as the font colors of each element. The background color of the entire email is also selectable. Concerning the fonts, you can pick the font type, size, weight, and spacing. The header can consist of up to five lines, each customizable. If you prefer, the header can consist of a graphic that you have had customized for your office. This can be seen in the sample on the previous page which displays the Green Valley Dental graphic. A Hyperlink Designer allows you to insert hyperlinks directly into the text of your body message. The hyperlink will appear as an alias word or phrase to the user and therefore hide the actual internet address that you are linking to. For example:

If you would like to learn more about our practice click here to visit our website.

The "here" hyperlink actually represents a complete web address that will be launched when the user clicks on it. As mentioned, any word or phrase can be the alias hyperlink.

Email Control Center

The *Email Control Center* can be thought of as the centralized switchboard for setting up and managing Diamond's new email system. This screen can be accessed from either the *Reports* menu or the *Utility* menu.

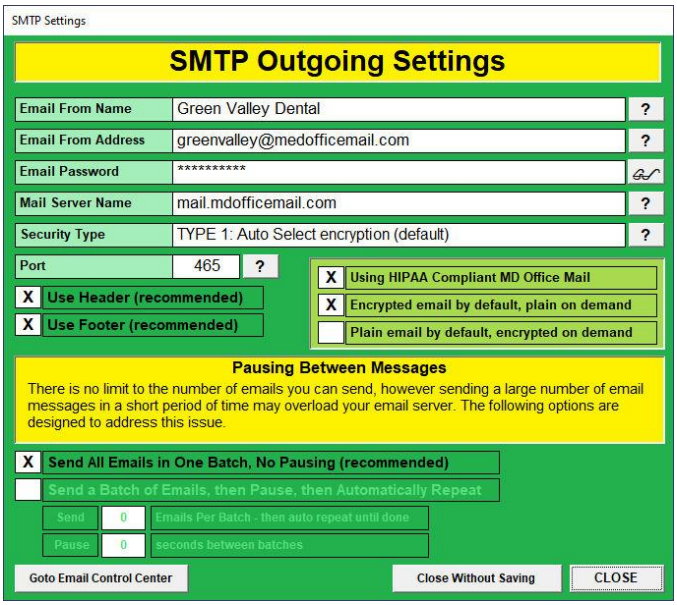


The Email Control Center is used to access the various setup functions of the new email system which include the *SMTP Settings*, the *Email Header and Font Designer*, the *Email Color Designer*, *Email Footer Entry*, and the *Email Connection Test*. Each of these options will be discussed in turn shortly.

Outside of launching other modules, the Email Control Center has no other function, except one. If you want to actually use the new email system you must check the *Activate New Email System* checkbox as seen in the sample, and that should only be done until you have set up the new email system which is the subject of the next several sections.

SMTP Settings

SMTP stands for Simple Mail Transfer Protocol. To make it simple, SMTP settings are the entries you must enter into the program for sending emails out. IMAP or POP3 are protocols for receiving emails, but thankfully, we are not concerned with those. Diamond Dental's email program that will be described in this chapter is an email *sending* program. You will send emails out to your patients. You may or may not receive emails back, but emails that you receive would be handled by the email program provided by your email company such as Hotmail, MSN, Yahoo, etc.



From the *Email Control Center* screen click the *SMTP Settings* button to bring up the screen shown here.

Email From Name

Whatever you enter into this field will display on your email screen that lists all the received emails. When you open the email it will once again display as can be seen in the sample emails at the beginning of this chapter.

Email From Address

This is your office email address. This is the email address from which your emails are being sent.



NOTE FOR GMAIL USERS

In years past Gmail was the email system that we recommended for use with Diamond Dental. However, as of 2020, Google has blocked Gmail from working from third party email programs. As a result we no longer suggest using Gmail in conjunction with either the old or new Diamond Dental email system. This in no way impedes you from sending emails to Gmail accounts.

Email Password

Enter you email password here. On the screen it will display as a series of asterisks (*). You can view the actual password by clicking the "eyeglass" icon on the right side of the text field.

NOTE FOR YAHOO EMAIL USERS

Yahoo email does not allow you to use your regular password from third party email programs (which Diamond email is). See the section below on how to get a special password from Yahoo that will work. It is that password that you will enter into the Email Password field.

Mail Server Name

The Mail Server Name will be unique depending on the email company you are using. In the sample above, we see an "medofficemail" email which is MD Office Mail. The correct entry for them is "*mail.mdofficemail.com*". For Yahoo the mail server name is "*smtp.mail.yahoo.com*". How do you know what this is? We will get to that later in this chapter.

Security Type

The default for this is *Auto Select* where the program itself chooses the appropriate security type. This will already be selected for you and it will almost always be the correct choice. If you are knowledgeable on this subject and want to manually select your own security type, click the question mark icon on the right and you will be presented with some manual options.

Port

Enter the proper port number here. How do you know what this is? Again, we will get to that.

Use Header, Use Footer

We suggest you do use a header and a footer for your email to give it a more professional look. This will be discussed in more detail in the section concerning the *Header and Font Designer*.

Pausing Between Messages

We recommend that you keep this setting on the default which is "*Send All Emails In One Batch, No Pausing*". If you find that your email server gets overloaded and cannot handle the amount of emails you are sending or the speed with which they are being transmitted, then visit the section in this chapter that discusses "*Pausing Between Messages*".

Connection Test

After you have entered the SMTP Settings you should run the *Connection Test* which is a button on the SMTP Settings screen. The Connection Test will be discussed shortly.

How to Find the SMTP Values for Your Email

Referring to the SMTP Settings section above, the following fields must be entered into the *SMTP Settings* screen:

- Email From Name
- Email From Address
- Email Password
- Mail Server Name
- Security Type
- Port

Of these six values, four of them are already known to you. The *Email From Name* is a value you make up. The *Email From Address* is your office email address. The *Email Password* is the password for your email (except for Yahoo which will be discussed later). The *Security Type* is always Auto.

That leaves only the entry values for *Mail Server Name* and *Port* to be discovered. There are two ways to get this information. The first way is to contact your email company and ask them. The other way is to "google it".

Search the Internet for SMTP Settings

Companies who provide email usually publicize their SMTP settings. Remember, we are looking for SMTP settings and not IMAP or POP3 settings. We are looking for the Mail Server Name which is actually just an internet address, and the Port number. The following are some examples of these searches.

We have an email that we use for testing from Microsoft which is of the MSN email type. Microsoft has several email types including MSN, Hotmail, and Outlook. We went to Google

and searched for “MSN smtp settings”. From that search we found the following Email Server Names:

- smtp.office365.com
- smtp-mail.outlook.com
- smtp.live.com

The search also showed the Port Number as “587”.

We entered each of these Email Server Names (addresses) into Diamond’s SMTP Settings screen along the the port number and they all worked with our MSN test email.

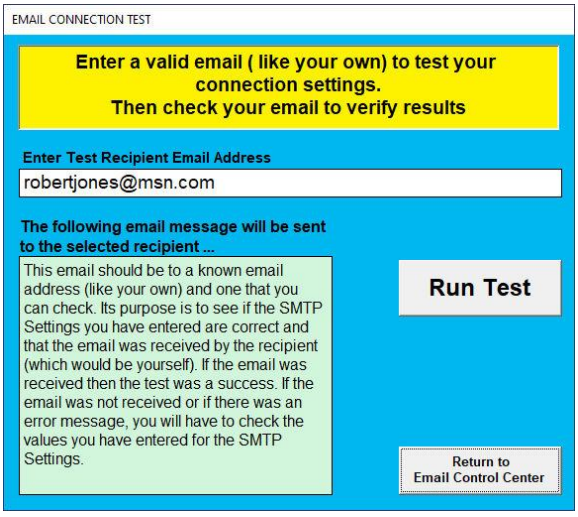
We also did a search for “Yahoo smtp settings” and found the Mail Server Name of “smtp.mail.yahoo.com” with a port number of 465.

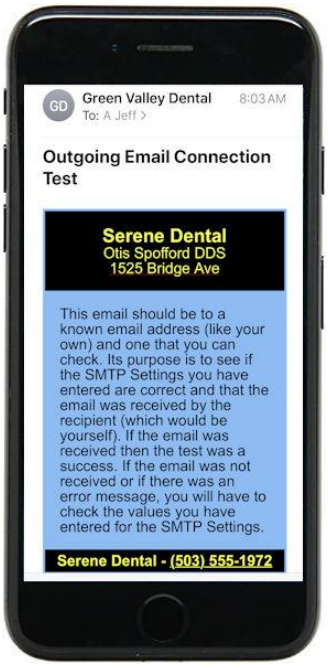
Diamond Dental’s website was created by the GoDaddy company and GoDaddy also provided us with the email of “Info@DiamondDentalSoftware.com”. We did a Google search for “GoDaddy SMTP Settings” and found an Email Server Name of “smtpout.secureserver.net” with port numbers of 465 or 587.

In our testing, all of these settings worked.

Connection Test

After you have entered all the required values into the SMTP Settings screen you should run the Email Connection Test to see if your settings actually work. There is a *Connection Test* button on the *SMTP Settings* screen as well as the *Email Control Center* screen. Either way, you will be taken to the *Email Connection Test* screen seen here. On this screen you will simply enter an email address that you can easily check (like your own email address). If you receive the email then it was a success. The email will look like the “Serene Dental” sample seen here. If you did not receive this email, or received an error message after click the *Run Test* button, then you will need to review your entries. Something is wrong somewhere.





NOTE

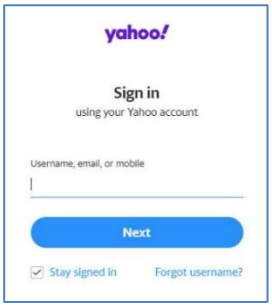
The Connection Test generates the email shown above for the sample office of Serene Dental. Its formatting is pre-set and will not reflect any changes you may have made in the Header, Footer, or Color designers. It is simply a test to verify your SMTP values have been entered correctly.

Obtaining a Special Password from Yahoo

Yahoo email does not allow you to use your regular password from third party email programs. From Yahoo's point of view, Diamond Dental is such a program. This section will describe how to obtain the special password from Yahoo that you will enter into the SMTP Settings screen.

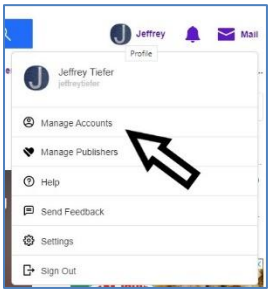
Log into Yahoo

Sign in with your usual email and password.



Go to Manage Accounts

Move the mouse pointer to your name at the top and the list that is displayed here will appear. Select "Manage Accounts". On the next screen that appears select "Account Info".



Select Account Security

After selecting Manage Accounts click *Account Security*.
On the next screen click **Select Generate app Password**.



Select Other App
On the next screen there is a drop down list. Select *Other App*. You will be asked to enter a custom name. Call it whatever you want, for example "MyCustomName". Then click the *Generate* button.



Your App Password will appear

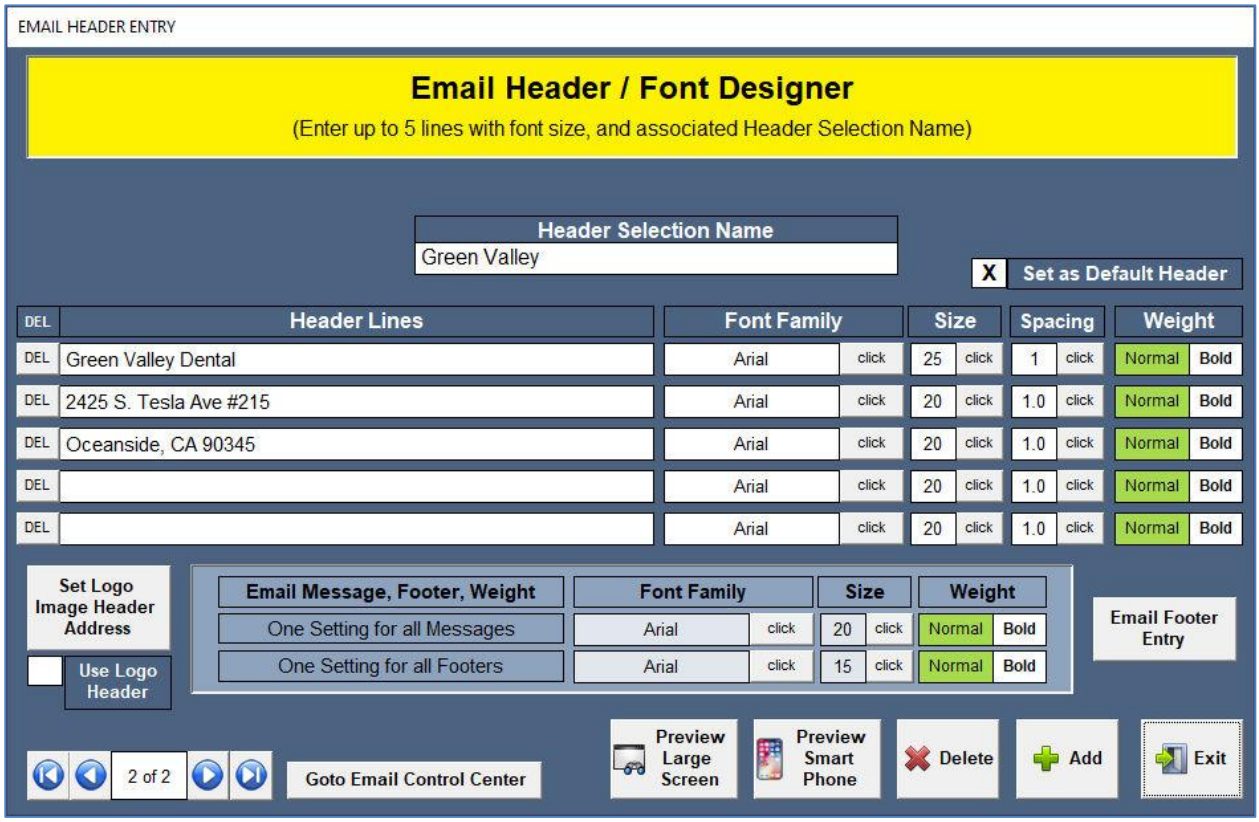
Your special password will then appear. Write it down or copy it to the Windows clipboard with Ctrl-C. Then type it into the *Password* field of the *SMTP Settings* screen (without the spaces). If you copied



it to the clipboard you can paste it into the field with Ctrl-V. It will paste without spaces. Now test it by running a Connection Test.

The Email Header and Font Designer

The Email Header and Font Designer is an important multifunctional form. It is from here that you will design your email header (or headers) as well as the email footer. It is also from this screen that you can enter the internet address of a logo image header, should you choose to use one. These various functions will be described in this section.



Creating a New Email Header

The Email *Header and Font Designer* is accessed from the *Email Control Center*. You can get to the Email Control Center from either the *Reports* menu or the *Utility* menu. Upon opening the header designer for the first time you will see that it already contains one record. This is the "No Header" record. This record is not a header record but the opposite. This is the record that is used when you do not choose to use a header in your emails. This is a reserved record and essentially has no purpose beyond being a place holder. It is not modifiable. To create a new header record you will click the *Add* button. The screen will clear and the cursor will be blinking in the *Header Selection Name* field.

Header Selection Field

The purpose of this field is to give the overall header a name which will allow you to select it from a list of other header names.

Set as Default Header

If the header you are creating is going to be the one you usually use then you should make this the default header. If this is the case click the *Set as Default Header* check-box. If you already have another header selected as the default you will not be allowed to set the current header as the new default until you uncheck the previous one. Once the header has been designated as the default, it will be selected for you without you having to pick the header you want to use each time you do email processing.

Header Lines

A header can contain as many as five lines, but you must have at least one. Lines must be entered in position order, so if you are going to have three lines, they need to be in position 1, 2, and 3. If you want to skip a line for emphasis, do not try to accomplish this by skipping a line. For example, do not enter the line items in 1, 3, and then 4. Instead, this would be handled by the spacing control that is a parameter of each line. In fact, each line has four parameters that will help you get the appearance you are looking for. These parameters are *Font Type, Font Size, Line Spacing*, and *Font Weight*. Each of these parameters will not be discussed.

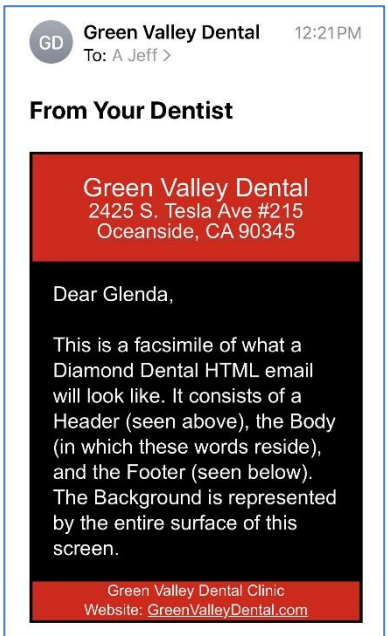
Font Type

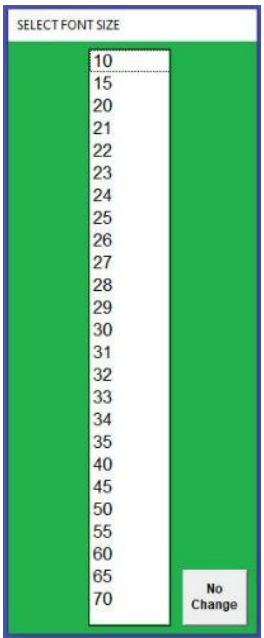


When you are using a Windows program such as Microsoft Word, you will notice that you have access to virtually an endless amount of font varieties to pick from. We really would have liked to give Diamond's email program those kinds of font options for the header designer, but alas, unlike Microsoft Word, the font selection is not dependent upon the fonts that you have stored on your computer, but rather the fonts that are available on the device that the email recipient is using. The recipient of the email might be using any kind of desktop, laptop, tablet, or smartphone from various manufacturers. These various devices share some common fonts, but the more exotic fonts such as ALGERIAN, or French Script MT, are not transferable between unlike devices. Therefore, the font selection you see on the *Select Font Name* screen are your choices and should be available on most devices.

Font Size

Another important parameter for the header line is *Font Size*. When you selection this option the green form seen





on the far right displays. You can select a font size from 10 through 70. This will apply to the selected line only. Each line can be a different font.

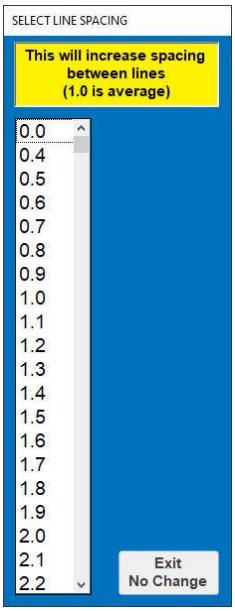
To give you an idea of relative font sizes we have once again displayed the green valley email:

Green Valley Dental (size 25)
2425 S. Tesla Ave #215 (size 20)
Oceanside, CA 90345 (size 20)

The font size for the message area is 20. The message area or body of the email has the black background with white letters in this sample. The font size of the footer (at the bottom in red) is 15. The message and footer font sizes have their own settings in the *Header and Font Designer* screen and will be discussed shortly.

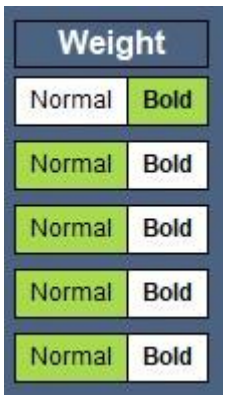
Line Spacing

Line Spacing refers to the amount of space provided after the selected line. The range is from 0.0 to 3.0. The default is 1.0. In the email samples we have seen so far, all spacing was set to 1.0. You will need to send practice emails to yourself to verify that the spacing is exactly where you want it. In most situations, 1.0 will usually be used, but depending on the font size and font type and personal taste, you may want it increased or even decreased.



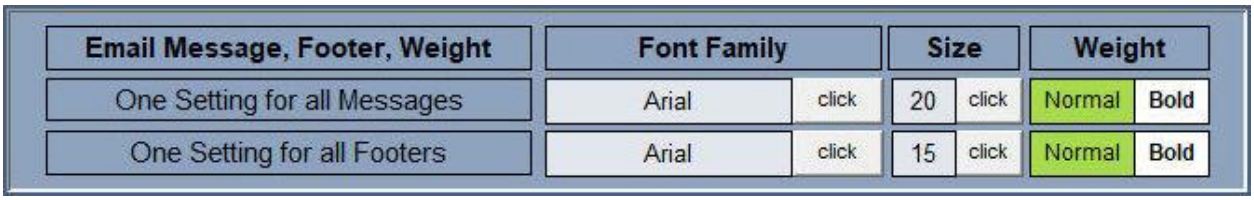
Font Weight

For each header line you can indicate if you want the text to have NORMAL weight or **BOLD** weight.



Control for the Message and Footer Sections

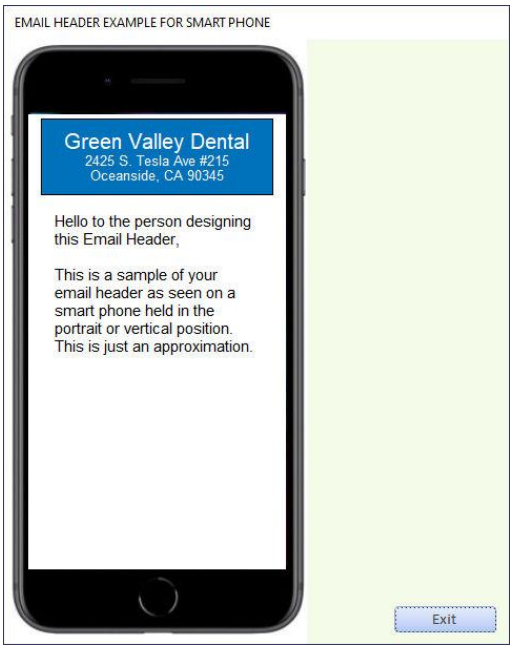
If you glance back to the image of the *Header and Footer Designer* you will see this section in the lower third of the form. This section controls the fonts for the message area (also called the body) of the email and well as the footer area.



This section gives you much the same options as was seen for the header lines except for line spacing. You can select the font type (or family), the font size, and font weight. On significant difference is the font settings for the email message and email footer are universal. That is, the values you enter here will apply to all emails that you send out. If you notice, you can create multiple email headers and navigate through them with the Next and Previous arrow buttons. As you change from header to header, the values change and are specific for each header. However, you will notice that the value seen in this section pertaining to the message and footer areas do not change. These are the settings that will be used regardless of the email header that you have selected to be used. These values do not change unless you change them.

Header Preview for Smartphone

At any time during the entering of values for your header you can click the *Preview Smart Phone* button to see what your header would look like on a typical smartphone. Note that only the header is previewed, not the message and not the footer.



This preview will just be an approximation but your final check should be when you send an actual email to yourself or someone you know in order to examine that email. Note that the Connection Test is not used for this function. It has its own built-in formatting that is not dependent upon your design.

Make Smartphones Your Target Preference

Most people, by far, check their email using their smartphone. Therefore, we feel designing your emails with smartphones in mind is the best practice. If you design your emails to look properly on a desktop computer monitor you may be disappointed when you see how it looks on a smartphone. The reverse is not true. When you design your email for proper appearance on a smartphone, that same email will appear quite acceptable on a desktop monitor. So even though there is another preview button for large monitors, we suggest you favor the smartphone design.

Note

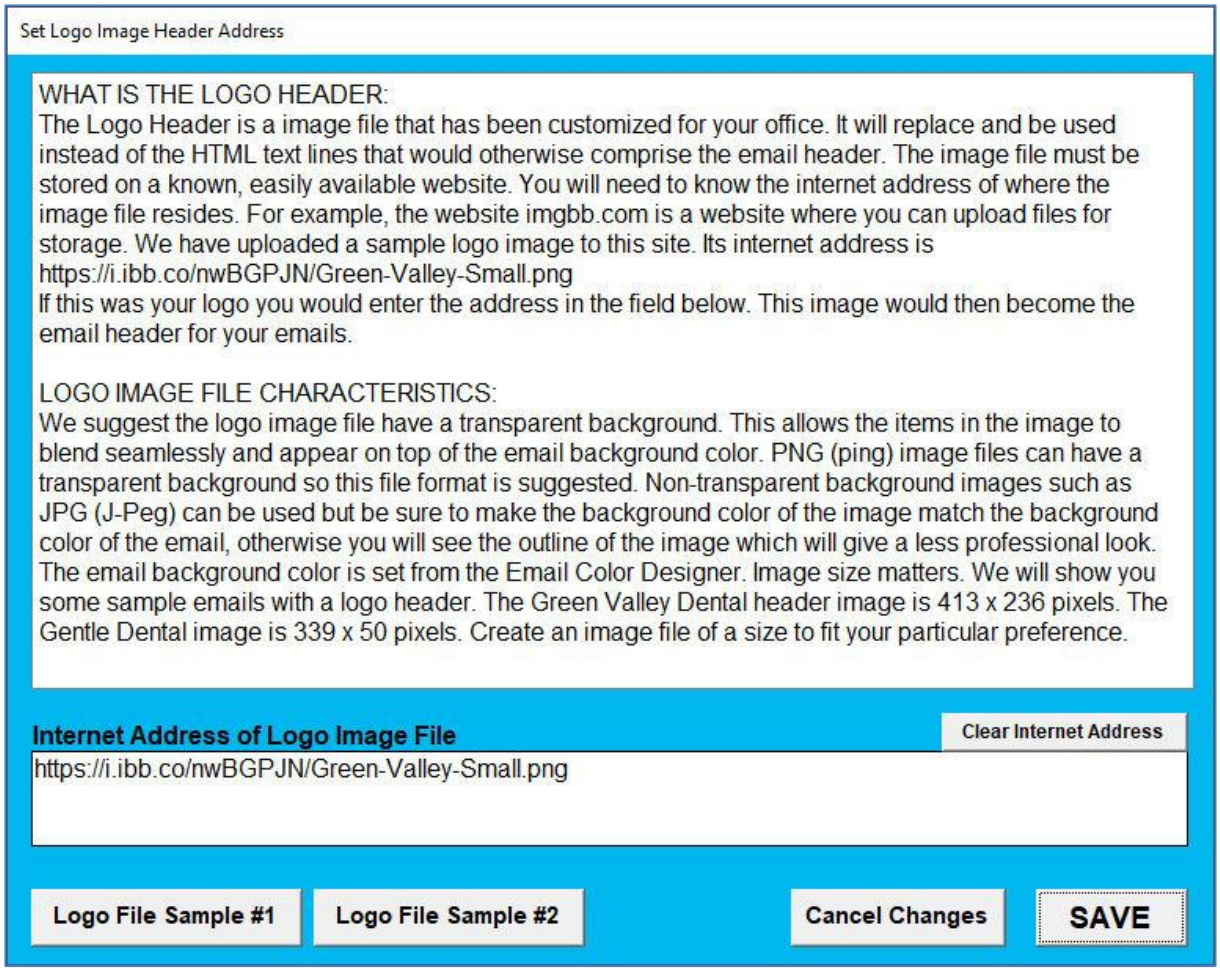
The best final test to completely check your design is to send an actual email to yourself or someone you know. See how it looks on the smartphone, and more than one type phone if possible. If the test recipient is already a patient in your database then go to the green Patient Entry

screen and fire off a single email. If you prefer you can add them as a Phone Book entry and send the email that way.

Using a Logo Image as a Header

To get an understanding of what a Logo Image Header is, click the button on the Header Designer screen labeled *Set Logo Image Header Address*. The following screen will open. This screen contains an explanation and we suggest you read it now. We will continue with a further explanation below the image.

If you read the explanation in the form above you can see that this screen is not a designer for creating a logo image. At this point the log image is assumed to exist and has been placed into a known internet website. The purpose of this screen is to enter that web address into the text field at the bottom of the screen.



Creating a Logo Image Header File

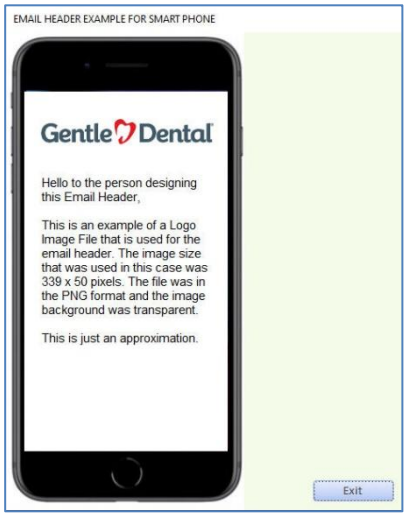
Of course the most important factor for sending out emails with a logo header is to actually have a logo header file. Even if you created a beautiful cusp of carabelli for your dental anatomy final exam, that type of artistic skill is not what is needed to create an attractive logo image header. You may need to outsource.

Google “logo designers” and see the results. There is no shortage of companies anxious to design a logo for you. Google “make your own logo” and see those results. There will be an equal number of do-it-yourself on line logo program where you can design your own logo (with the help of their program).

Notice on the *Set Logo Image Header Address* screen above, you can view two samples. Here are those samples #1 and #2:

To give you an idea of how large an image to create, the Green Valley image used in this sample is 413 x 236 pixels. The Gentle Dental image used is 339 x 50 pixels.





Again, you will need to send out some test emails and see how your logo header appears on an actual smartphone. The more different types of smartphones used the better.

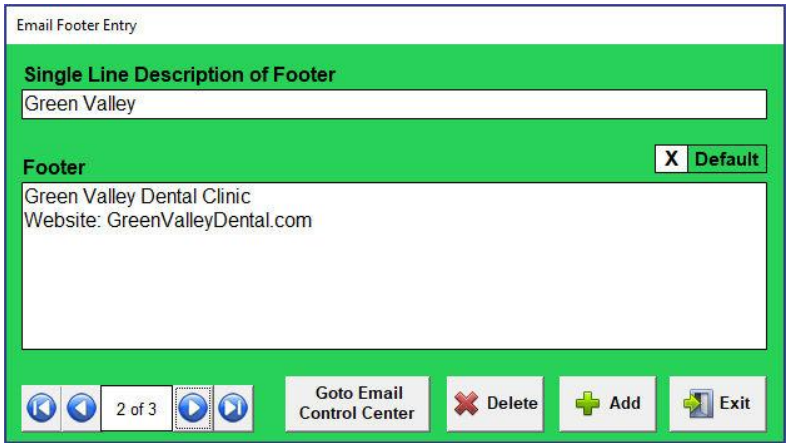
Activating the Logo Image Header File

You now have your logo image created and have stored it on a website with a known address. The website can be a folder on your own website (our first choice), or a public site such as imgbb.com which was discussed above. The web address of the image is written into the *Set Logo Image Header Address* screen seen above.

You are now essentially done except for one further step. Look back again at the Header and Font designer screen seen above. Notice there is a checkbox labelled *Use Logo Header*. This checkbox must be checked for the email to use the logo header. If it is not checked the default HTML text header will be used. You can keep the web address of the logo header file stored where you entered it, and then check or uncheck this box to use the header you prefer for any particular mailing.

Email Footer Entry

The *Email Footer Entry* screen can be accessed in one of two ways. Click its button on the *Email Control Center* screen, or on the fly when composing



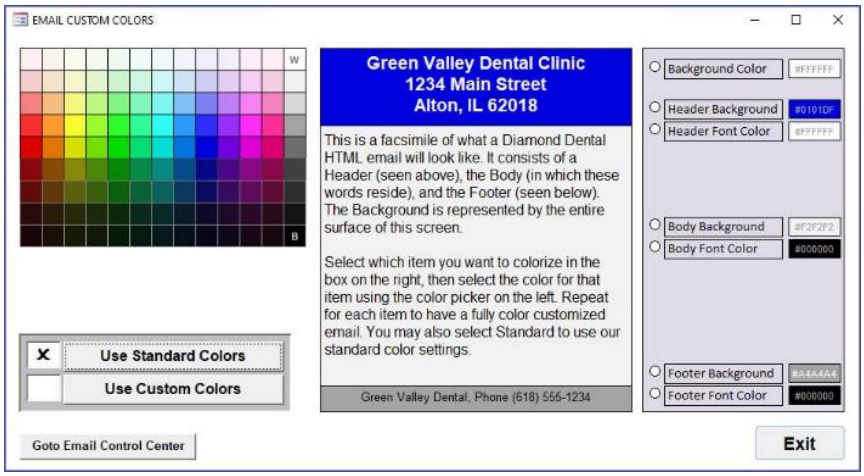
an email, click the *Footer* button.

The screen seen here will open. There are three items to enter for each footer. The *Single Line Description* to allow you to select a footer from a drop down list, and the *Footer* text itself. The third item is the *Default* checkbox. This will only be selected if appropriate. If an alternate footer entry is already marked as the default, then you will have to uncheck that before checking the current footer. The default footer is the one that will come up automatically without you having to select it from the drop down list.

Unlike the email header, the footer is not set up from individual lines. You simply have an open memo field to type whatever you want for the footer. If you want to create an additional line for the footer simple hit the Enter key and start typing on the next line. The font type, size, and weight is entered from the *Header and Font Designer* screen (discussed above) and these settings will apply to all footer entries that you create. The font color and background color of the footer is defined from the *Email Color Designer* screen, and will be discussed shortly.

Email Custom Colors

Emails that are colorful can draw the recipient's attention and give a more professional look over the standard black and white text-only email.

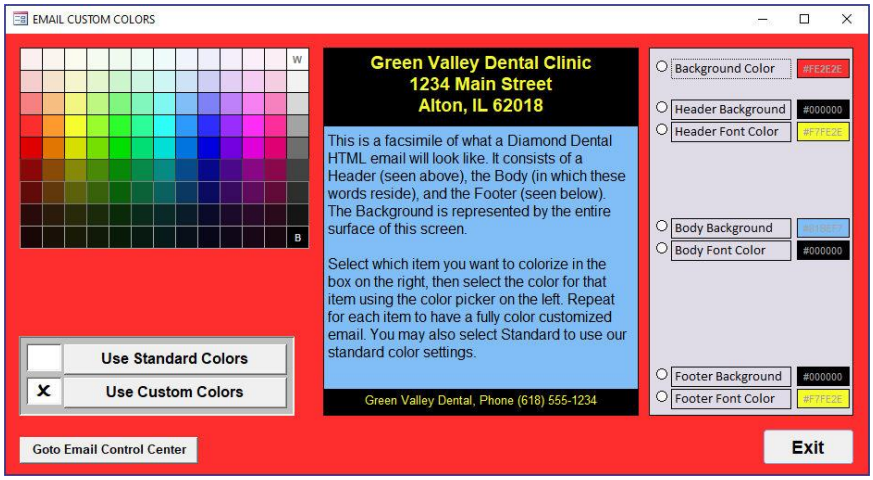


The *Email Custom Colors* screen is once again accessed from the *Email Control Center*.

When this screen opens for the first time the checkbox labelled *Use Standard Colors* is selected. The Standard Colors is what you see on the screen above. The Custom Colors screen allows you to control seven specific colors for your email. These are the following:

- **Background Color** – this is the entire background of the email and is currently selected as white. The white background of the Custom Colors screen represents this.
- **Header Background** – this has been selected as blue.
- **Header Font Color** – this has been selected as white.
- **Body Background** – the body which is also know as the message is a very light gray.
- **Body Font Color** – the body (or message) text is black.
- **Footer Background** – this has been selected as a darker gray.
- **Footer Font Color** – once again the font color is black.

These are the standard colors the are pre-packaged with Diamond Dental, and they make a very attractive email. However, the purpose of the *Custom Colors* screen is to allow you to customize your own colors. In order to do this you must first check the checkbox labelled *Use Custom Colors*, such as been done is this sample:



Notice that the seven customizable colors are listed on the right as a series of radio buttons. The process for selecting a color is to first click on the radio button or it text label. For example, when you click on the label *Body Font Color*, you will see it turn bright green and a dot will appear in its radio button (that little white circle to the left of the label). You are now ready to click on a color from the color palette seen on the left. When you click on one of the colored squares of the palette you will see the body font color change to that color.

You can select any combinations of colors that you find appealing. Once you modify a color the setting is recorded until you modify it again. Both the standard and custom colors are permanently stored in the database. You can flip back and forth between the two settings, but whatever option is selected upon exiting, that is the colors that will be used in email processing.

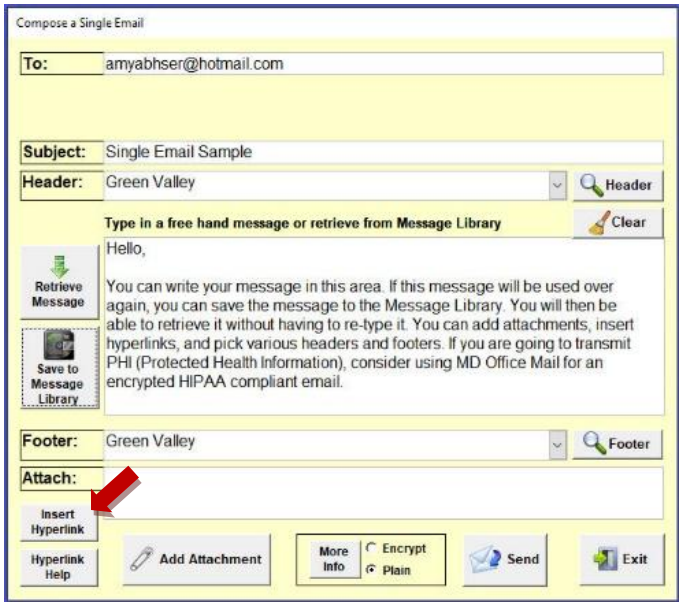
Inserting Hyperlinks

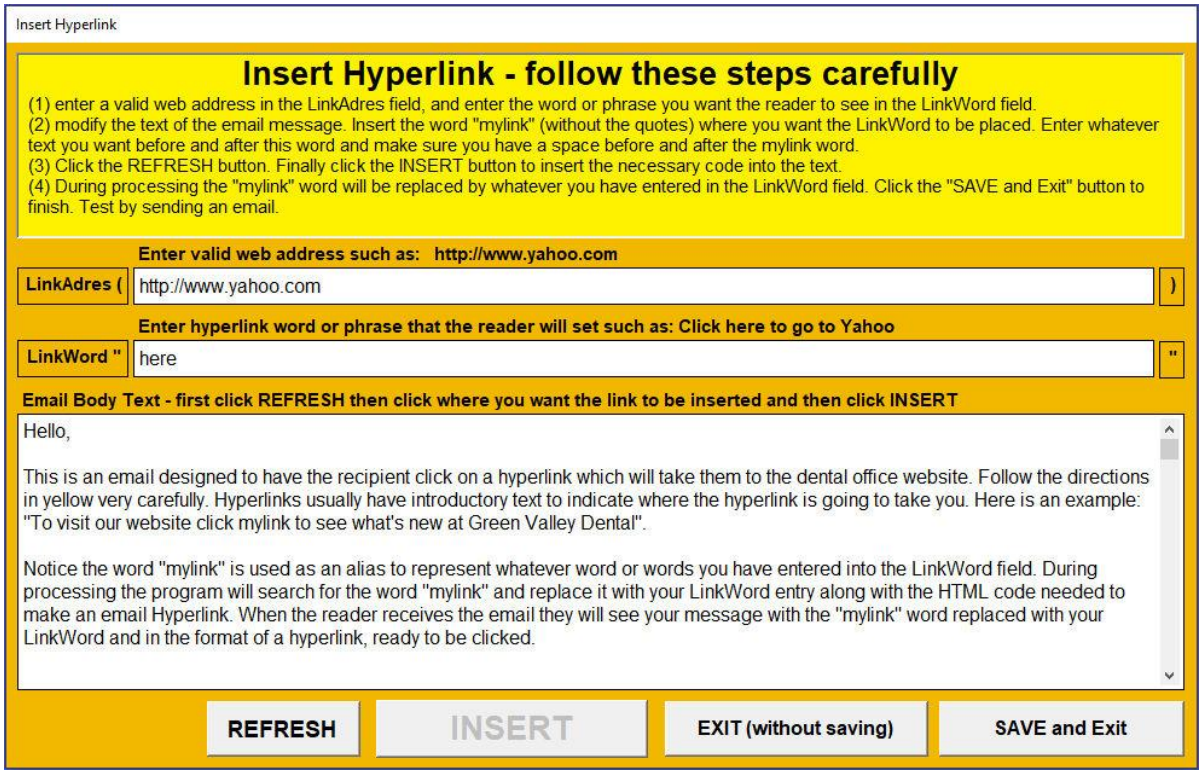
This section discusses inserting hyperlinks into the message section of your emails. To accomplish this you will use Diamond Dental's *Hyperlink Designer*. This designer allows you to insert hyperlinks directly into the text of your body message. The hyperlink will appear as an alias word or phrase to the user and therefore hide the actual internet address to which you are linking. For example:

If you would like to learn more about our practice click here to visit our website.

The "here" hyperlink actually represents a complete web address that will be launched when the user clicks on it. As mentioned, any word or phrase can be the alias hyperlink.

The screen seen on the right is what you are presented with when sending an email. This happens to be the screen for single emails and there is a similar screen for batch emails. They will be discussed in more detail later. This screen is setup and ready to go. The *Subject* line is entered, the *Header* is selected, the *Message* has been created, and the *Footer* is selected. All that needs to be done is to click the button labelled *Send*. We want to bring your attention to the button labelled *Insert Hyperlink*, seen on this screen in the lower left hand corner. When the Insert Hyperlink button is pressed the *Hyperlink Designer* opens.





When you open the Hyperlink Designer for the email composing screen the message that exists on that screen is loaded into the designer. If there is no message yet, this area will be blank in the designer. You can create or modify the message in the designer and when you exit you are brought back to the email composing screen and whatever message you had in the Hyperlink Designer will now be the message in the email composing screen.

Of course the purpose of the Hyperlink Designer is to insert a hyperlink into your message and the designer screen has some very detailed instructions as to how that is accomplished. These directions are seen at the top of the designer screen in yellow. Because this can be a little tricky, we will go over those instructions in more detail now.

Inserting a Hyperlink – Step by Step

The following are the four steps listed on the Hyperlink Designer screen, with some additional comments. Refer to the image above of the Hyperlink Designer screen.

(1) enter a valid web address in the LinkAdres field, and enter the word or phrase you want the reader to see in the LinkWord field.

In the *LinkAdres* field you will enter the complete web address that the hyperlink will link to. For example: *https://mydentaloffice.com*, or just *mydentaloffice.com*. Whatever web address successfully brings up the website should be entered into this field. This web address will not be seen in the email that is being sent.

The *LinkWord* field is the word or phrase that will be seen by the reader. This is what the reader will click on to implement the hyperlink. On most computers or smartphones it will be underlined and made to be a different color than the rest of the message text.

(2) modify the text of the email message. Insert the word "mylink" (without the quotes) where you want the LinkWord to be placed. Enter whatever text you want before and after this word and make sure you have a space before and after the mylink word.

Usually a hyperlink will require some setup text. Let's look at an example that we have used before:

To learn more about our practice click here to visit our website.

The above text is what the reader of the email will see. However, below is what you will type in the designer:

To learn more about our practice click mylink to visit our website.

Notice the word "mylink" is used as an alias to represent whatever word or words you have entered into the LinkWord field, in this case the LinkWord is "here". During processing the program will search for the word "mylink" and replace it with your LinkWord entry along with the HTML code needed to make an email Hyperlink.

3) Click the REFRESH button, then finally, click the INSERT button to insert the necessary code into the text.

After you have the text the way you want it and have inserted the "mylink" alias where the LinkWord will be going, click the REFRESH button and then click the INSERT button.

(4) Finally During processing the "mylink" word will be replaced by whatever you have entered in the LinkWord field. Click the "SAVE and Exit" button to finish. Test by sending an email.

After INSERT is pressed the program will search for the word "mylink" and replace it with your LinkWord entry along with the HTML code needed to make an email Hyper-

link. Here is an example of a message with the HTML code inserted. The HTML code has been made **bold**:

To learn more about our practice click **‹https://mydentaloffice.com›"here"** to visit our website.

To finish click the *Save and Exit* button. You will be returned to the email composing screen and the message you have modified in the designer will now appear in the email composing screen. The message will include all the changes you made in the Hyperlink Designer including the inserted HTML code. If this is a message you will be using again you do have the option in the email composing screen to save the message, hyperlink and all, to your Email Message Library.

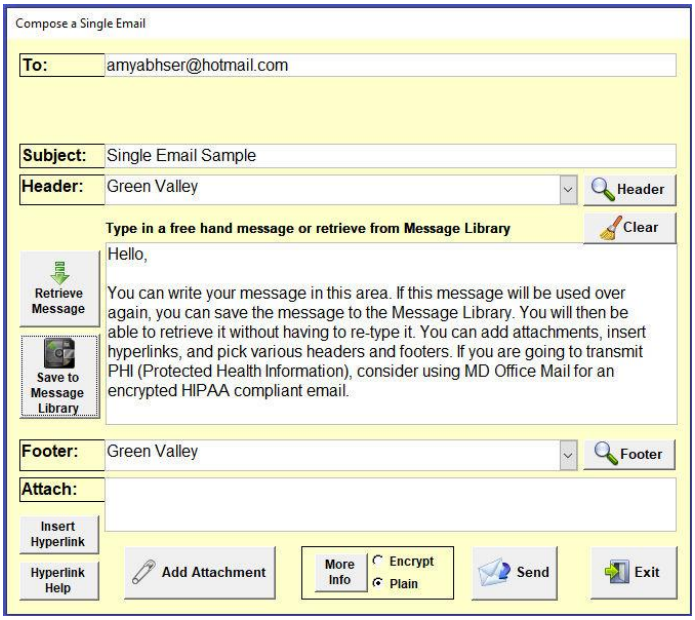
Sending Single Emails

Single emails can be sent to the following persons or entities:

- Patients
- Guarantors
- Insurance Subscribers
- Diamond Dental Phone Book entries
- Insurance Carriers
- Employers
- Referral Sources.



All of the above have Email fields on their entry screens. DDS Email uses this field when sending emails. You can send emails from screens that have an email button as seen here. This button appears on many screens throughout the program. When you click this button the "Compose Single Email" screen appears as seen below:



Compose a Single Email

The "Compose a Single Email" screen is a typical screen for composing emails with some notable additions. The required fields to send an email are *To*, *Subject*, and *Message*. You must have these three filled out for the email to go through. The other fields are optional. All the fields on this screen will now be described.

To: The "To*"* field is the email address of the person (or entity) that you are sending the email to. The program automatically fills the "To" field in for you.

Subject: Entering of a Subject line is required. The Subject is what recipients will see when they open their email program and view what they have received in their Inbox.

Header: The Header is optional. The header has been discussed in great detail earlier in this chapter. It can be an HTML text header or a graphical image header. This field is a drop down list and you can select any of your previously created headers. If you have selected one of the headers to be the "default", than that will be selected for you when this screen opens.

Message: The large white text area is where you type in your email message. The email message can be of any length. You may use any characters you wish in the message with the exception of the bracket characters [ ]. These characters are reserved for entering embedded data, such as `[LASTNAME]`, for bulk emails and will be discussed later.

Footer: The Footer is optional. It is preset text of any length that will come after the email message. The Footer field has been discussed in detail earlier in this chapter.

Attach: You may attach files to your email by typing in the complete path and file into the Attach text box or by clicking the *Add Attachment* button and using the file picker to select the files. If more than one file is to be attached they should be separated by a semicolon (;).

Insert Hyperlink: You may insert alias hyperlinks into your email message. Click the *Insert Hyperlink* button to open the *Hyperlink Designer*. This feature was discussed earlier.

Encrypt or Plain: If you have signed up with *MD Office Mail*, a HIPAA compliant email service, then this field will be enabled. *Encrypted* email would be the HIPAA compliant version that will require the reader to enter a password that they have previous set up, in order to access the email. This is important if you are transmitting any *Protected Health Information* (PHI) in your message. *Plain* email is the email you are more likely used to, where the email simply appears in the recipient's inbox and is available for them to read. See our complete discussion on *MD Office Mail* earlier in the chapter.

Saving Your Message to the Message Library

After composing an email message the way you like it on the email composing screen, you can save it to your *Email Message Library*. This way, a message that you will use over and over again will not have to be retyped each time.



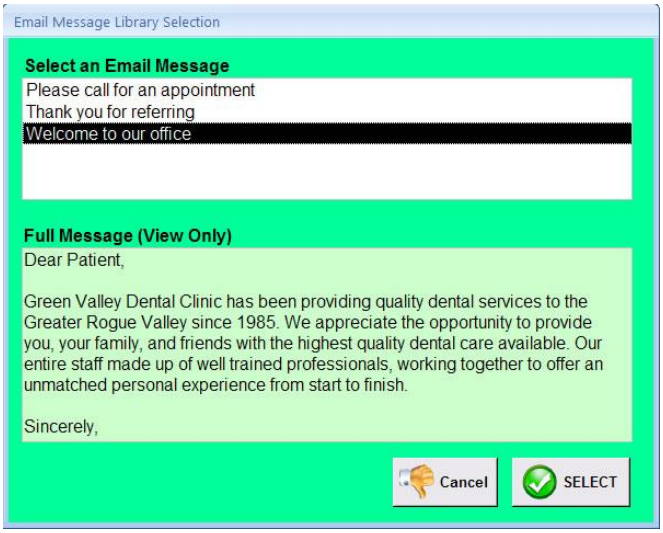
To save the message, click the *Save to Message Library* button. The screen on the left will appear. The email message that you created will be displayed. The message cannot be changed on this screen. Any editing to the message would have been performed on the previous email composing screen.

If you had entered a Subject line on the email composing screen, that will also be filled in. However, you can edit the Subject line or leave it blank if you prefer not to associate a Subject line with this message. You are also required to enter a description for the message.

If this message was originally retrieved from the Message Library, you will have the choice to overwrite the existing message, in which case you are essentially editing the original message, or you can save the current message as a new message, thus keeping the original message unaltered.

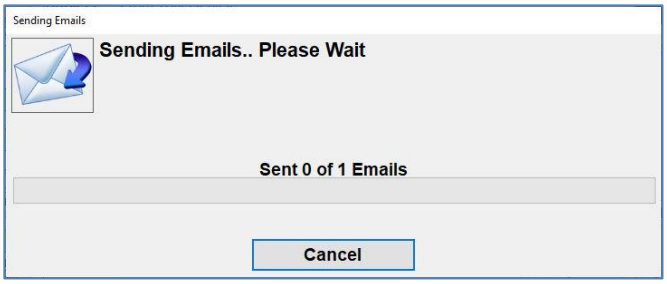
Retrieving a Message from the Message Library

Once you have stored messages in the *Message Library*, it is a simple matter to retrieve them. On the email composing screen, click the *Retrieve Message* button. The screen seen on the right will appear. Select the message you want and it will be pasted into the message area of the email composing screen. If you have associated a Subject line with the message, it will be pasted as well.



Sending the Email

When the email is configured the way you want it, click the *Send* button. The message at the right will appear indicating that the email is being processed and then the message will disappear indicating that the process is complete.

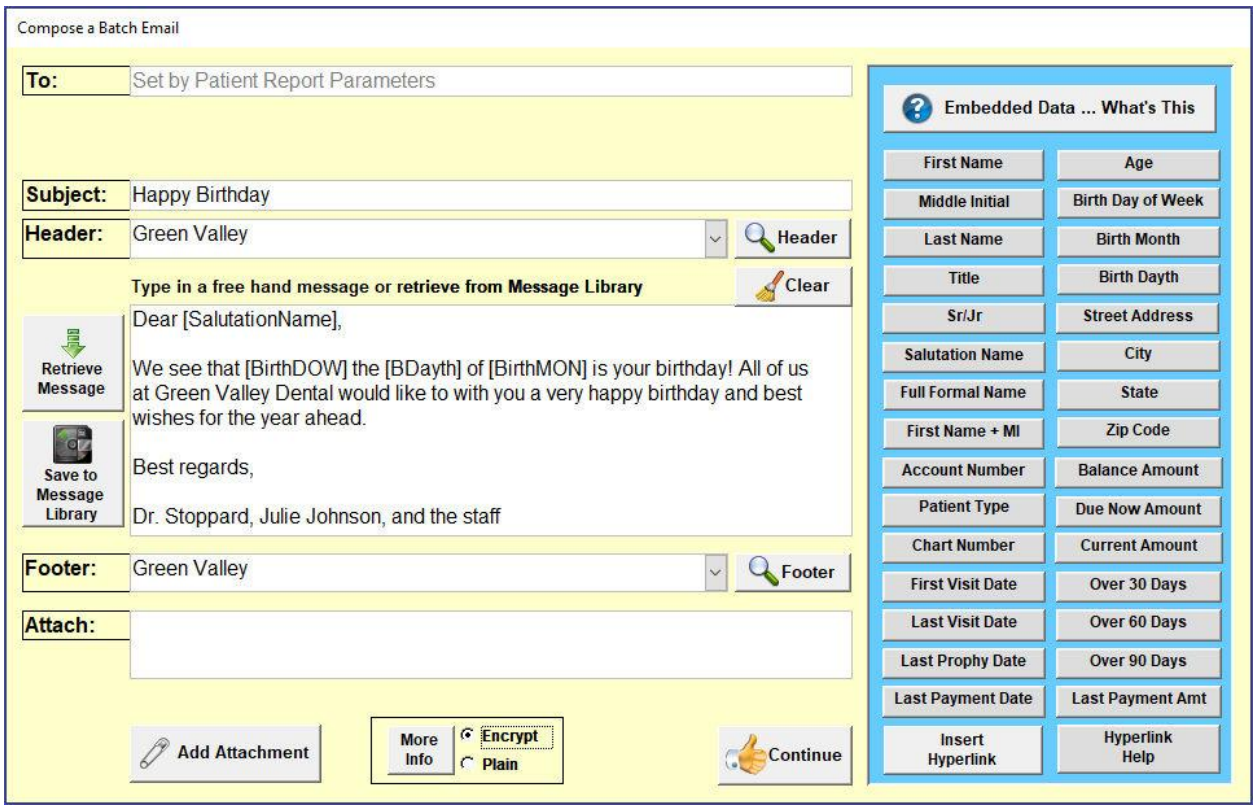


Sending Bulk Emails

Besides single emails discussed above, DDS Email allows you to send bulk emails (also known as an “email blast”). Bulk emails can be sent as an output method from the following program modules:

- Patient Report
- Accounts Receivable Report
- Schedule Report
- Print Recall

Each of the parameter screens for the above modules have an Email output option that brings up the following screen:



The “Compose a Batch Email” screen is exactly the same as the “Compose a Single Email” screen described above, with the addition of embedded data buttons seen on the right.

Using Embedded Data with Bulk Emails

Embedded data items are used in the message area of the email. As you are typing your message you can click on an appropriate embedded data button seen in the blue area on the right of the “Compose a Batch Email” screen. This will insert an embedded data item right at the cursor position where you left it in the message area. An embedded data item is a special reserved word surrounded by brackets such as `[FirstName]`, or `[FirstVisitDate]`, etc.

When running bulk emails you are sending out many emails to many different people. As each email is produced, an embedded data item is a signal to the DDS Email program to replace that embedded item with an actual data item from the patient’s record.

For example, below is a simple birthday greeting in its raw form showing the embedded fields:

Dear [FirstName],

We see you're having a birthday on [BirthDOW], [BirthMON] [BDayth]. All of us at Green Valley Dental would like to wish you a very happy birthday and best wishes for the upcoming year.

When the email blast (multiple emails) is run, the embedded fields for each email will be filled in with the appropriate data as seen in the example below:

Dear Helen,

We see you're having a birthday on Monday, January 16th. All of us at Green Valley Dental would like to wish you a very happy birthday and best wishes for the upcoming year.

In this sample, four embedded data fields are used. These are:

- [FirstName] – the patient's first name
- [BirthDOW] – the day of the week on which the patient's birthday falls, such as Monday, Tuesday, etc.
- [BirthMON] – the months of the patient's birthday such as January, February, etc.
- [BDayth] – the day of the month of the birth date such as 1st, 2nd, 3rd, 4th, 27th, etc.

NOTE

Notice in the screen shot above, "Encrypt" is selected instead of Plain. This is because this message has crossed the line into the transmission of Protected Health Information (PHI). In fact, most of the embedded fields from this screen could be considered PHI. See our full discussion above on this topic entitled "HIPAA Compliant Email Using *MD Office Mail*".

Saving and Retrieving Email Messages

Saving and retrieving messages is the same as when performing single emails. The one difference is that with bulk emails, you can save and retrieve messages with or without embedded fields and for single emails, embedded data is not allowed. Therefore, messages you saved while using the "Compose a Single Email" screen (that is without embedded fields) will be available to you from the "Compose a Bulk Email" screen, but while you are in the "Compose a Single Email" screen you will not be allowed to retrieve saved embedded messages.

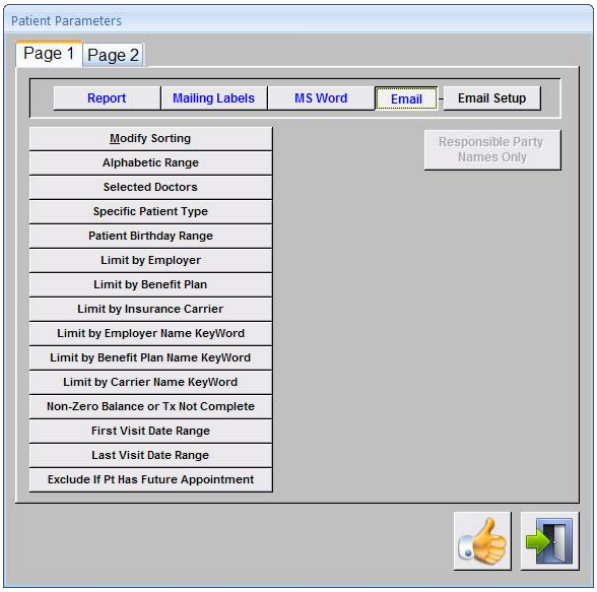
What Can You Do with Bulk Email Messaging?

Each of the four bulk email methods has their own unique possibilities. These different methods will now be discussed.

Patient Report

Sending emails through the Patient report allows you to communicate with all your patients. However, the Patient report is also the most flexible report with the most options. These op-

tions allow many different ways to communicate with select groups of your patients. In this section we will highlight some of these options and how they can be used to make the DDS Email module a more powerful tool. To send an email using the Patient Report Parameters screen seen here, you will select the filter options you want (remember there is a Page 2 of more filters on this screen) and then click the button labelled *Email* as shown in the image, and then click the *Email Setup* button. This will bring you to the "Compose a Batch Email" screen seen above.



All Patients – If you select no filters, then you will be sending emails to all your patients who are not archived. If you select *Include Archived Accounts* on page 1, you will be sending email to every patient in your database. This is very useful for holiday greetings, special announcements, or newsletters.

Birthday Greetings – Use the *Patient Birthday Range* to send birthday greetings to your patients.

New Patient Welcome Message – Use the *First Visit Date Range* to limit the list to new patients and send them a "Welcome to the Practice" message.

Reactivate Dormant Patients – Use the *Last Visit Date Range* to find patients who have not been into the office in a while. For example, let's consider today's date is September 17, 2020. Set the *Last Visit Date Range* from 1/1/1980 to 9/17/2019. What this will do is give you a list of patients whose last visit date was not more recent than 1 year ago. Patients whose last visit was more recent would be out of that range and would not be considered. To make this option even more useful also select *Exclude If Patient Has a Future Appointment*. With this added choice you can filter out patients who have an appointment scheduled at some future date.

There are many other filter options available with the Patient Report and their power can be greatly extended by implementing them in conjunction with other options. For example, you can send a holiday greeting to all patients who have been in for a visit within the last 2 years, who are over 18 years of age, and who are not in collections. The combination possibilities are endless.

Protected Health Information Consent – The Patient Report Parameters screen has so many filters that we have placed them on two pages. You can flip back and forth between these pages by click the *Page 1* and *Page 2* tabs. This is mentioned here because on Page 2, which is not seen in the image, is a filter labelled *Protected Health Information Consent*. This filter allows you to create a report and to send bulk emails to only those patients who have signed a consent form allowing you to send messages that may contain Protected

Health Information (PHI). The filter works in two ways. You can include patients who have only signed a consent form or you can include only those patients who have not given consent. This topic is discussed in more detail later in this chapter.

Accounts Receivable Report



The Accounts Receivable report targets responsible parties rather than patients. In most cases the Guarantor for an account is also a patient, but not necessarily. So sending email via the Accounts Receivable report will result in one email per account. With the Patient report, if there are five patients in the account you could send five emails to one household. If that is not your desire, then use the Accounts Receivable report.

Your purpose for sending emails via the Accounts Receivable report can vary greatly. For sending holiday greetings, it has the advantage of generating only one email per account. When composing your letter, you might consider inserting the words “and family” after the greeting name such as:

Dear [Title] [LastName] and family,

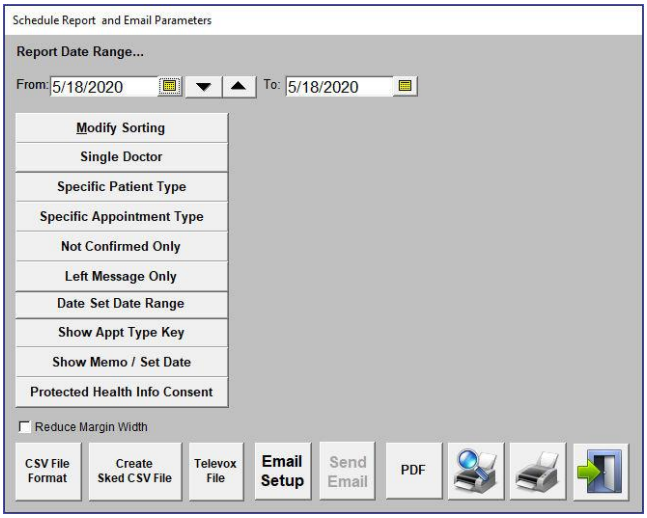
which would format out for example as:

Dear Mr. Johnson and family,

The main focus of the Accounts Receivable report is often financial and the embedded fields that are available reflect this. Besides name and address data, other embedded fields include Balance, Amount Due Now, Current, Over 30 Days, Over 60 Days, Over 90 Days, Last Patient Payment Date, and Last Patient Payment Amount.

Using the filters of the Accounts Receivable report you can create reminder emails for delinquent accounts, you can fashion billing statements, collection letters, and more.

Schedule Report

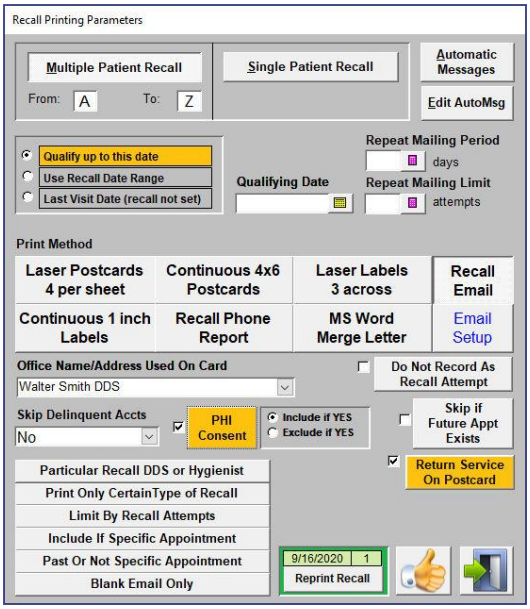


The main purpose of tying email to the Schedule report is for appointment reminders. The report includes the filter *Not Confirmed Only* which can be used to limit the emails to only those patients who have not yet been confirmed, or you might leave that filter off and send emails to everyone coming in within the date range specified at the

top of the “Schedule Report Parameters” screen.

The embedded data options again change to be applicable to the Schedule report. Besides the usual patient name fields also included are Appointment date, time, and length. The Appointment Day of Week, Month, and Day (such as 1st, 2nd, 5th, etc.). Also included is the provider’s name information to make truly customized appointment reminders that you can save to your Email Message Library.

Doing Recall with Email



Email Recall is a little different than other email methods discussed above. Email Recall is truly incorporated into the recall system. You do not type email messages and save them into the Email Message Library. Instead, Email Recall is just another output method for recall printing. It is most associated with recall postcard printing in that the message that would print on the postcard instead is used as the email message. Therefore, automatic message printing used for postcard printing is also used for Email printing. Recall tracking and updating as to Recall Attempts, Repeat Mailing Period, Repeat Mailing Limit, and Recall Tracking Reports all apply to Email Recall.

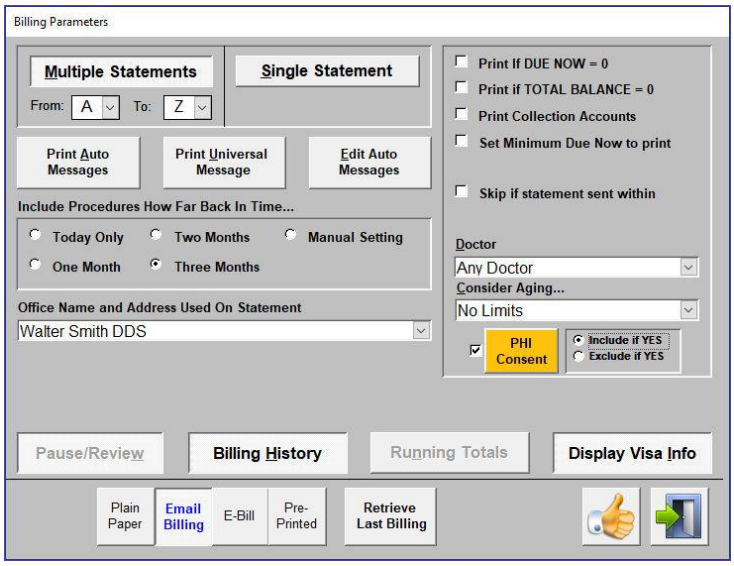
Unlike postcard printing, the Email Header and Footer will appear on Email Recalls.

Only Valid Email Addresses Will Transmit

The email address for patients is entered into the “Patient Entry” screen. If the address is blank or invalid, no email will be sent to that patient. If you would like a list of all patients who have a blank email address the Patient report will give you that list.

Email Billing

Sending billing statements using email is not new to Diamond Dental but what is new is the ability to use HIPAA compliant encrypted email with the *MD Office Mail* system to send your email statements safely. The previous version of DDS Email allowed MD Office Mail to transmit email billing but did not encrypt it as HIPAA requires. The new system does allow this encryption.



Sending Billing Statements via email is definitely transmitting Protected Health Information over the internet and could be construed as a violation. The billing statement cannot be made generic enough to not contain PHI. If you are going to use DDS Email to send billing statements we suggest you use MD Office Mail with the “Encrypt” option turned on.

There are some other new features concerning email billing statements that include the ability to customize your own message that appears at the top of the email billing statement and that customized message can contain a hyperlink. For a complete discussion on email billing check out Chapter 13a.

Chapter

40a

Chapter 40a: Using MD Office Mail for Emailing and PHI Considerations

Dentists and other health care professionals are very aware that their patients' personal health information needs to be kept safe and private. This information is known as *Protected Health Information* or PHI. Email is a very easy and convenient method to communicate with your patients but thanks to a number of unscrupulous characters, it is not as safe or private as it once was. This chapter is designed to raise your awareness of PHI as it relates to email.

What is Protected Health Information (PHI)

The following is a list of Protected Health Information items according to the *HIPAA Journal*:

- Names (Full or last name and initial)
- All geographical identifiers smaller than a state.
- Dates (other than year) directly related to an individual
- Phone Numbers
- Fax numbers
- Email addresses
- Social Security numbers
- Medical record numbers
- Health insurance beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers (including serial numbers and license plate numbers)
- Device identifiers and serial numbers
- Web Uniform Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger, retinal and voice prints
- Full face photographic images and any comparable images

- Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data

So what is PHI? Well, pretty much everything is PHI, with a few exceptions. But almost everything that you are going to communicate to a patient is probably PHI. So what is a well-meaning 21st century dental professional to do? We have a few suggestions.

Obtaining Patient Consent for PHI

Is transmitting *Protected Health Information* (PHI) via email a violation of HIPAA? Probably it is, therefore we suggest that you do not send PHI via email without taking proper precautions.

That is why we suggest you use a HIPAA compliant email service like MD Office Mail. MD Office Mail can send encrypted emails but you can also send unencrypted emails using MD Office Mail. We like that it does both but the main reason we suggest using MD Office Mail is that we found this service to be the most compatible with the Diamond Dental Program. So program compatibility is the primary reason for our recommendation but it is also nice that you can send encrypted HIPAA compliant emails if you so choose. However we know that most offices may not like the inconvenience to the patient of having to enter a password to see an email.

We are going to make a suggestion for an alternative but be aware that we are not HIPAA lawyers at Diamond Dental (obviously) and we advise you to check out the following information with your own HIPAA expert. However, according to the HIPAA Journal, in the following quote the Journal discusses *Protected Health Information Consent forms*:

> "If emails containing PHI are sent outside the protection of an internal network there is considerable potential for PHI to be viewed by unauthorized individuals. This is not a problem when emailing patients, provided consent to use email to send PHI has been obtained from the patient in advance. The patient must have been made aware of the risks of sending PHI via unencrypted email and must have given authorization to use such a potentially insecure method of communication."

That sounds rather official, but who or what is the HIPAA Journal. Is it the law? It is NOT the law. Here is what the HIPAA Journal say about themselves:

> "We provide the most comprehensive coverage of HIPAA news anywhere online, in addition to independent advice about HIPAA compliance and the best practices to adopt to avoid data breaches, HIPAA violations and regulatory fines. Our ultimate ambition for this website is for it to become the number one resource on all matters relating to HIPAA and be the first location healthcare professionals look to obtain the information they need to protect the privacy of patients and avoid causing HIPAA violations."

Again, we suggest you consult your own HIPAA expert on this matter and if you are going to create a Protected Health Information Consent form, run it by your expert.

On each account's Guarantor screen there is a checkbox to indicate that a PHI Consent Form has been signed. In each of the batch emailing functions there is a filter to either include or exclude accounts that have been marked with this checkbox.

NOTE: Since this indicator applies to the entire account, each patient (or guardian for minors) should be a signatory to the consent form.

Signing Up With MD Office Mail

We feel the best way to protect your patients and yourself is to use a HIPAA compliant email service. Diamond Dental has made an integration with *MD Office Mail*. However, regardless if you will be using MD Office Mail in its encrypted or unencrypted mode, *we found this service to be the most compatible for sending emails through Diamond Dental Software*. That's the main reason we are big fans of MD Office Mail.
From their website, this is how MD Office Mail describes their service: *"Most convenient, easy-to-use HIPAA Compliant Email Service"*

To sign up with MD Office Mail go to their website which is: https://mdofficemail.com. Their home page is seen here. Pick the *Pricing & Signup* link. They do offer a 30 day trial, however the regular price is very reasonable. Only about $9 per quarter.

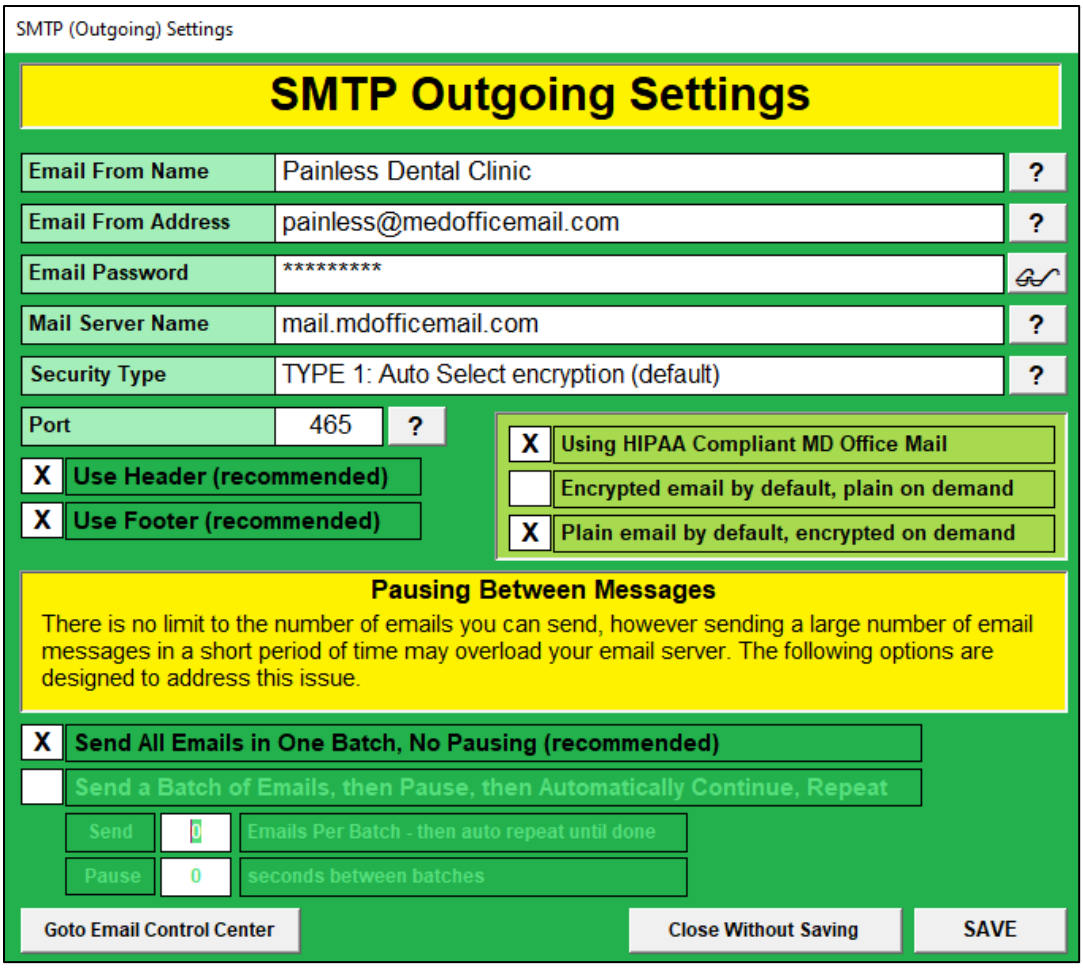


When you sign up you will also create an email address. In email nomenclature the characters before the @ symbol is known as the *local part* and the characters after the @ symbol is the *domain*. So an email address is "localpart@domain". You will have the

option of creating your own local part and you will be given a choice of a few MD Office domain names. For example, your email address could be:
greenvalley@medofficemail.com.

SMTP Setup for MD Office Mail

Here is an example of what you will enter into Diamond's SMTP Setup screen:



The only fields here that you have not personally created are the *Mail Server Name* and the *Port*.

As seen in the image, the *Mail Server Name* for MD Office Mail will be **mail.mdofficemail.com** and the port will be **465**.

Since you are using MD Office Mail you should check the box labelled *Using HIPAA Compliant MD Office Mail*.

Which Default, Encrypted or Plain

When you check the checkbox labelled ***Using HIPAA Compliant MD Office Mail***, the two boxes below it become enabled. Your choices are ***Encrypted email by default, plain on demand***, or ***Plain email by default, encrypted on demand***.

What is Plain Email

Plain email simply means that there is no special security involved with the transmission. Plain email is NOT encrypted and is NOT HIPAA compliant. However, refer to the section above entitled "Obtaining Patient Consent for PHI" which discusses sending HIPAA information via email as long as you have your patient's permission.

"Plain Email" does not mean that the email you transmit will be "plain looking" or just "plain text". The emails you send with this option will have the same HTML graphical look as is described throughout Chapter 40, just as if you were sending it from Yahoo, Hotmail, or any number of other email providers. Plain option emails will appear in the recipient's inbox, ready to be view, as any other email.

What is Encrypted Email

When this option is selected you are transmitting HIPAA compliant email. The email is encrypted and is stored on a HIPAA compliant server. Encrypted email can only be viewed when the recipient inputs a password.

As discussed above, the main reason for our recommendation for using MD Office Mail is that it seems to be the most compatible with the Diamond Dental program. We have found sending encrypted emails is inconvenient for the patient, but doable.

The purpose of using email to communicate is the it is very convenient. We found encryption makes it less convenient and therefore we are less enthusiastic about it. However, by all means, try it if you thing it would be right for you and your patients.

You Can Use Any Email Service The Works

If it works it works. That is the ultimate test. If you want to try another email service, try it. It's a matter of plugging in the appropriate values into the *SMTP Outgoing Settings* screen seen above. The only variables are *Mail Server Name* and *Port*. Test it on single emails and batch emails. As we said, if it works it works, and that is all right with us.

Chapter

40b

Chapter 40b: DDS Email (original version)

Note

This chapter describes Diamond Dental's original email program. It still functions just as described in this chapter and is available for users who prefer to implement it. Starting with version 5.7 a new email program has been added. It has many visual advantages over the original version and it is described in detail in the previous chapter which is Chapter 40.

You can create an Email Message Library where you will save messages that will be used over and over again. The message can be embedded with customized data fields to personalize your message. This is used when sending out multiple emails at once.

For example, below is a simple birthday greeting in its raw form showing the embedded fields:

> Dear [FirstName],
>
> We see you're having a birthday on [BirthDOW], [BirthMON] [BDayth]. All of us at Green Valley Dental would like to wish you a very happy birthday and best wishes for the upcoming year.

When the email blast (multiple emails) is run, the embedded fields for each email will be filled in with the appropriate data as seen in the example below:

> Dear Helen,
>
> We see you're having a birthday on Monday, January 16th. All of us at Green Valley Dental would like to wish you a very happy birthday and best wishes for the upcoming year.

Besides “Email Blasts” where multiple emails are sent at once, you may also send individual emails to patients, guarantors, insurance subscribers, Diamond Dental Phone Book entries, insurance carriers, employers, and referral sources.

NOTE FOR GMAIL USERS

In years past Gmail was the email system that we recommended for use with Diamond Dental. However, as of 2020, Google has blocked Gmail from working from third party email programs. As a result we no longer suggest using Gmail in conjunction with either the old or new Diamond Dental email system. This in no way impedes you from sending emails to Gmail accounts. As described in Chapter 40 and Charter 40a we now suggest MD Office Mail.

Setting Up a HIPAA Compliant Email Server Using MD Office Mail

NOTE: Refer to Chapter 40a PHI Considerations for Emailing for more updated information concerning MD Office Mail.

Note

DDS Email was introduced as a feature of the Diamond Dental Software program in November of 2008 with Version 3.0. At that time Diamond Dental was recommending that Gmail be used as your email service. However, in light of recent legal rulings that recommendation has changed starting with Diamond Dental Version 4.7, introduced in October of 2013. As a health care provider you need to be aware of the requirements of the HIPAA law as it relates to transmitting patient information electronically and to protect yourself from steep fines as described by the HITECH Act. The *Health Information Technology for Economic and Clinical Health (HITECH) Act* provides a tiered system for assessing the level of each HIPAA privacy violation and, therefore, its penalty. The HIPAA law as it relates to ePHI (Electronic Protected Health Information) has become more stringent and the penalties and fines have recently increased. To help you comply with the new situation Diamond Dental now only recommends that you use a HIPAA compliant email service. Specifically we are suggesting that you use “*MD OfficeMail.*” Within this chapter we will be making reference to this email service.

The DDS Email module requires an SMTP server to send emails. DDS Email bypasses email clients such as Outlook and Lotus Notes, and uses an SMTP server directly so your emails are sent without interruption. We suggest using MD OfficeMail as your SMTP server.

Why Choose MD OfficeMail?

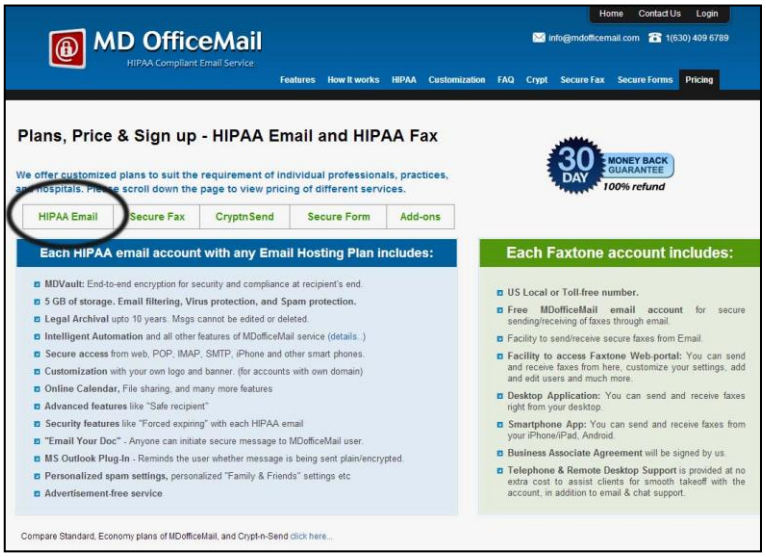


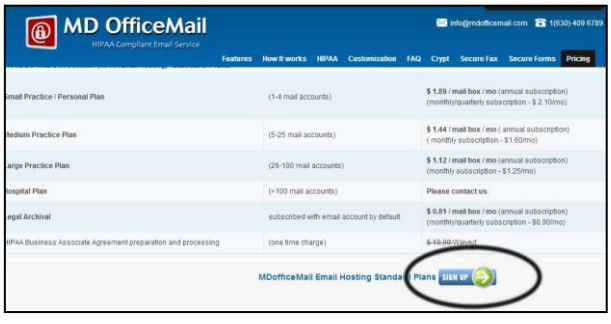
MD OfficeMail has many options. What is being presented here is the basic HIPAA email setup. If you want to select additional features offered by this company such as HIPAA compliant fax, that would be your choice. From this screen click *HIPAA Email* (circled).

Setting Up an MD OfficeMail Account

To setup an MD OfficeMail email account go to their website at www.mdofficemail.com. Select "Pricing & Sign Up" in the upper right hand corner (circled).

Plans, Price and Sign up



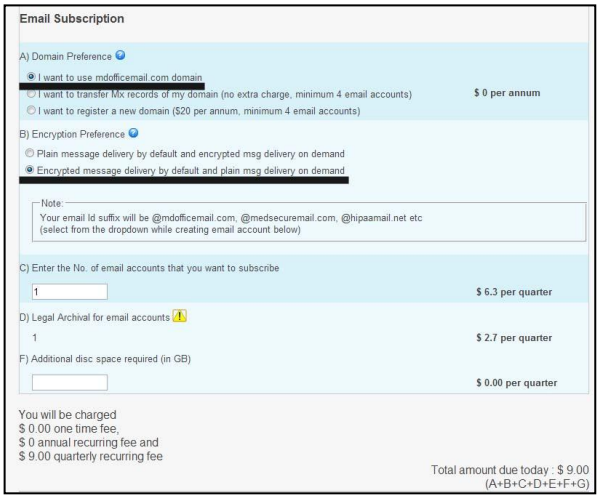


Click Sign Up

Further down the same web page click “Sign Up” next to “MDofficeMail Email Hosting Standard Plans” (circled).

Subscription

On this next screen, select “*I want to use mdofficemail.com domain*” . For Encryption Preference we suggest you select “*Encrypted message by default*”. In Diamond Dental you will be able to override this default option if you wish to send a plain unencrypted message.



Final Steps

You will also be asked for your personal information and method of payment. You will also enter the email address you wish to have and the password. You are now ready to use MD OfficeMail.



Entering Your Email Data into Diamond Dental

Once you have your email account, go to Diamond Dental's Main Menu, and then to *Utilities* and then to *User Defaults*. Select the *Emailer* tab as shown below. The sample settings shown here are what you would enter for an *MD OfficeMail* account. If you are using MD OfficeMail fill out this screen as shown except fill in your own email address and password. The Connection Type should be SSL and the Port should be 465. If you are using MD OfficeMail make sure you check "MD Officemail is my email service." Also select if you signed up to make encrypted email the default or plain email the default. When sending email you will be given the opportunity to send the opposite of your default if desired. These features only apply if you are using MD OfficeMail.

You are now ready to send emails using the DDS Email module.

Sending Single Emails

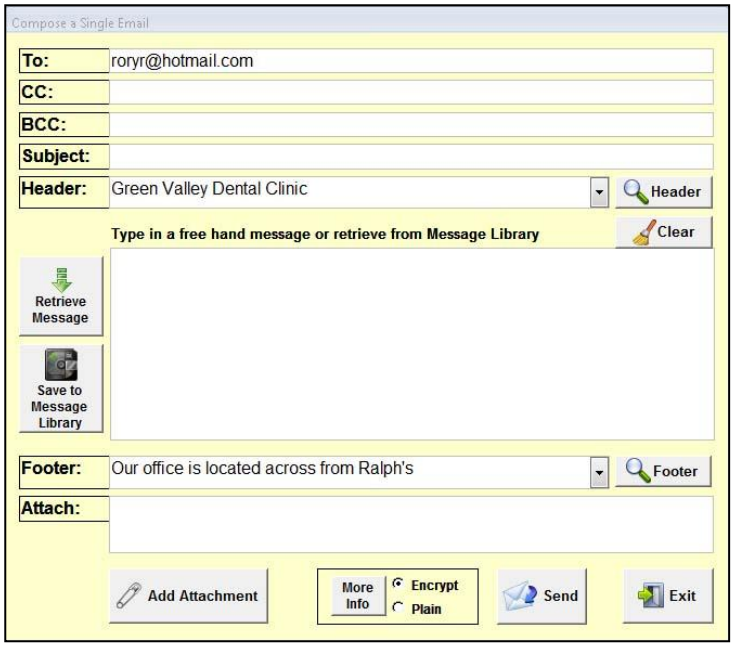
Single emails can be sent to the following persons or entities:

- Patients
- Guarantors
- Insurance Subscribers
- Diamond Dental Phone Book entries
- Insurance Carriers
- Employers
- Referral Sources.

All of the above have Email fields on their entry screens. DDS Email uses this field when sending emails. You can send emails from screens that have an email button as seen here. This button appears on many screens throughout the program.



When you click this button the "Compose Single Email" screen appears as seen below:



Compose a Single Email

The "Compose a Single Email" screen is a typical screen for composing emails with some notable additions. The required fields to send an email are To, Subject, and Message. You must have these three filled out for the email to go through. The other

fields are optional. All the fields on this screen will now be described.

To: The "To**"** field is the email address of the person (or entity) that you are sending the email to. The program automatically fills the "To" field in for you.

CC: "CC" stands for *Carbon Copy*. This is optional. If an email address (or addresses) is entered here, a duplicate of the email will be sent to that address.

BCC: "BCC" stands for *Blind Carbon Copy*. This is optional. The difference between BCC and CC is that with BCC the recipient will not see the email addresses of others who received the same email. With the CC choice the recipient will see who else receive a copy of the email.

Subject: Entering of a Subject line is required. The Subject is what recipients will see when they open their email program and view what they have received in their Inbox.

Header: The Header is optional. It is preset text of any length that will come before the email message. The Header and Footer fields are discussed in detail later in this chapter.

Message: The large white text area is where you type in your email message. The email message can be of any length. Note that earlier Diamond Dental Software versions required that you hold down the Control (CTRL) key and then press the Enter key in order to force a new line when typing in a text field such as this. As of version 3.0 you simply press the Enter key to force a new line as you would with a word processor. You may use any characters you wish in the message with the exception of the bracket characters [ ]. These characters are reserved for entering embedded data, such as `[LASTNAME]`, for bulk emails and will be discussed later.

Footer: The Footer is optional. It is preset text of any length that will come after the email message. The Header and Footer fields are discussed in detail later in this chapter.

Attach: You may attach files to your email by typing in the complete path and file into the Attach text box or by click the *Add Attachment* button and using the file picker to select the files. If more than one file is to be attached they should be separated by a semicolon (;).

Encrypt or Plain: If you are using "MD OfficeMail" as your HIPAA compliant email service, you have the option of sending an email as encrypted (HIPAA compliant) or plain (non-HIPAA compliant). When you register with MD OfficeMail you are given the choice to have your default email transmission to be either encrypted or plain. This option allows you to pick the opposite of your default for this particular email transmission. If you are not using MD OfficeMail this option is disabled.

Creating Headers and Footers

Headers are lines of text that you create that will display before the email message, and Footers are lines of text that will follow the email message.



To create a Header click the *Header* magnifying glass button on the "Compose a Single Email" screen. The "Email Header Entry" screen will open as seen on the right. You will enter a single line description for the Header, and the Header text itself. The Header may be of any length.

You may create as many Headers as you wish. Clicking the *Default* checkbox will cause that Header to be automatically selected on the "Compose a Single Email" screen. You may select only one default Header.

Footers are created in exactly the same way as Headers. Just click the *Footer* magnifying glass button to open a similar entry screen.

On the "Compose a Single Email" screen, the Header and Footer choices are a dropdown list. Click on the down arrow to open the list and then select the Header or Footer of your choice. "No Header" and "No Footer" are also choices. If you wish to create a new Header or Footer click the *Header* or *Footer* magnifying glass buttons as described above.

When Headers display in the emails they always include a blank space (linefeed) after the Header and likewise Footers always include a blank space (linefeed) before the Footer, so there is no need to add this blank space when creating your Header or Footer.

Saving Your Message to the Message Library

After composing an email message the way you like it on the "Compose a Single Email" screen, you can save it to your Email Message Library. This way, a message that you will use over and over again will not have to be retyped each time.

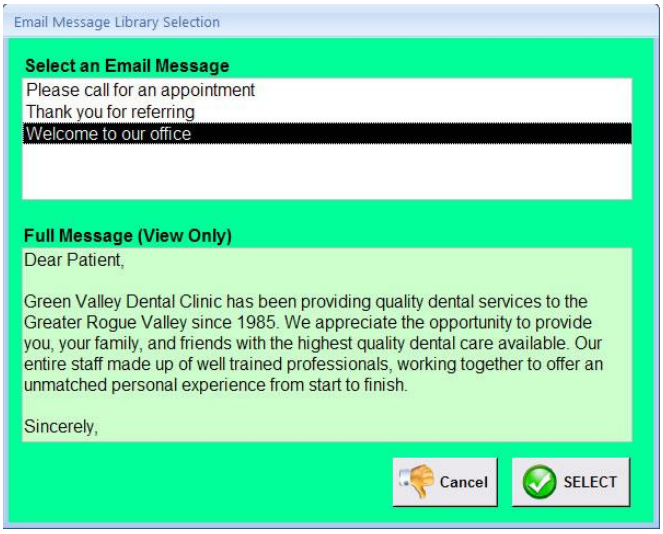


To save the message, click the *Save to Message Library* button. The screen on the left will appear. The email message that you created will be displayed. The message cannot be

changed on this screen. Any editing to the message would have been performed on the previous “Compose a Single Email” screen.

If you had entered a Subject line on the “Compose a Single Email” screen, that will also be filled in. However, you can edit the Subject line or leave it blank if you prefer not to associate a Subject line with this message. You are also required to enter a description for the message.

If this message was originally retrieved from the Message Library, you will have the choice to overwrite the existing message, in which case you are essentially editing the original message, or you can save the current message as a new message, thus keeping the original message unaltered.

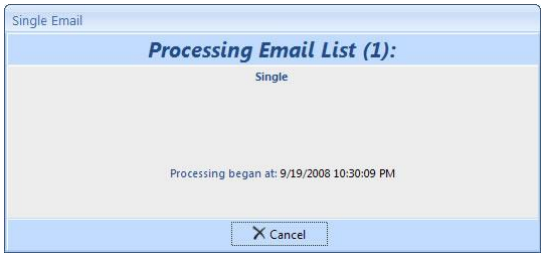


Retrieving a Message from the Message Library

Once you have stored messages in the Message Library, it is a simple matter to retrieve them. On the “Compose a Single Email” screen, click the *Retrieve Message* button. The screen seen on the right will appear. Select the message you want and it will be pasted into the message area of the email screen. If you have associated a Subject line with the message, it will be pasted as well.

Sending the Email

When the email is configured the way you want it click the *Send* button. The screen at the right will appear indicating that the email is being processed, and finally a message box will appear informing you that it has been sent successfully.

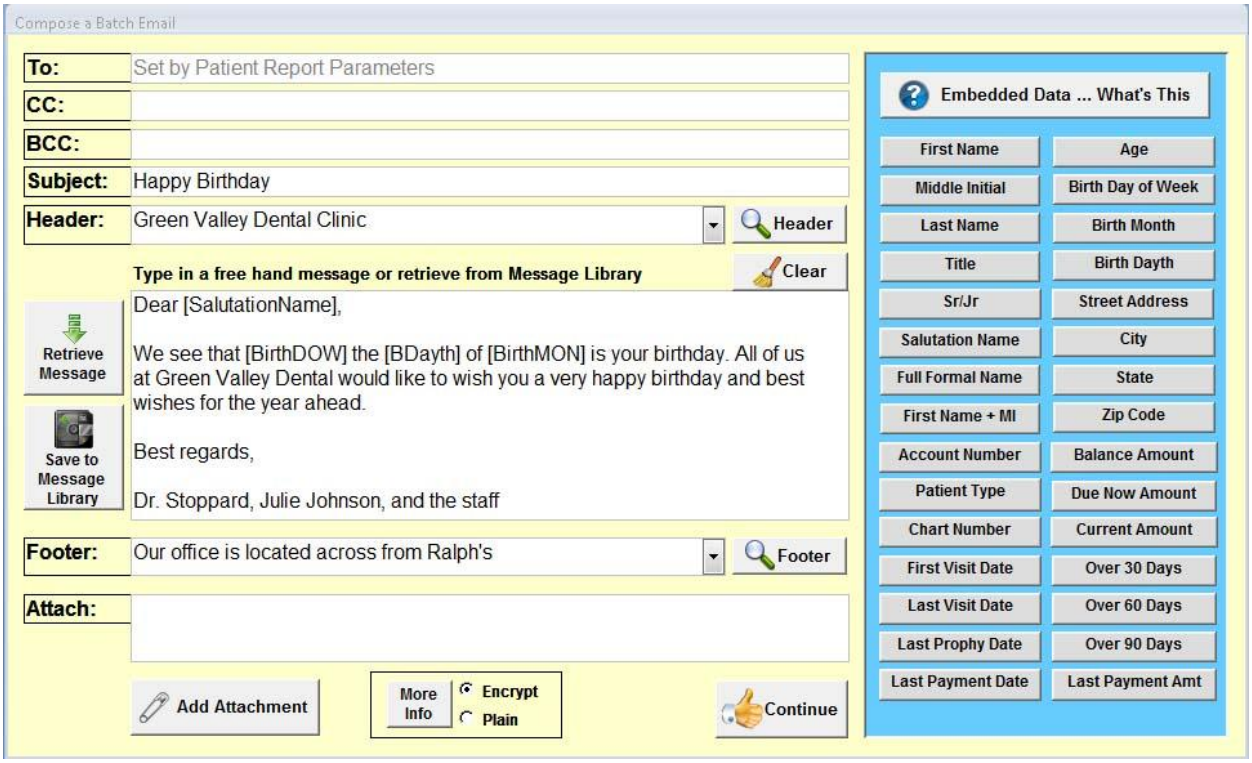


Sending Bulk Emails

Besides single emails discussed above, DDS Email allows you to send bulk emails (also known as an “email blast”). Bulk emails can be sent as an output method from the following program modules:

- Patient Report
- Accounts Receivable Report
- Schedule Report
- Print Recall

Each of the parameter screens for the above modules have an Email output option that brings up the following screen:



The “Compose a Batch Email” screen is exactly the same as the “Compose a Single Email” screen described above, with the addition of embedded data buttons seen on the right.

Using Embedded Data with Bulk Emails

Embedded data items are used in the message in the message area of the email. As you are typing your message you can click on an appropriate embedded data button seen in the blue area on the right of the “Compose a Batch Email” screen. This will insert an embedded data item right at the cursor position where you left it in the message area. An embedded data item is a special reserved word surrounded by brackets such as `[FirstName]`, or `[FirstVisitDate]`, etc.

When running bulk emails you are sending out many emails to many different people. As each email is produced, an embedded data item is a signal to the DDS Email program to replace that embedded item with an actual data item from the patient’s database.

For example, below is a simple birthday greeting in its raw form showing the embedded fields:

> Dear [FirstName],
>
> We see you're having a birthday on [BirthDOW], [BirthMON] [BDayth]. All of us at Green Valley Dental would like to wish you a very happy birthday and best wishes for the upcoming year.

When the email blast (multiple emails) is run, the embedded fields for each email will be filled in with the appropriate data as seen in the example below:

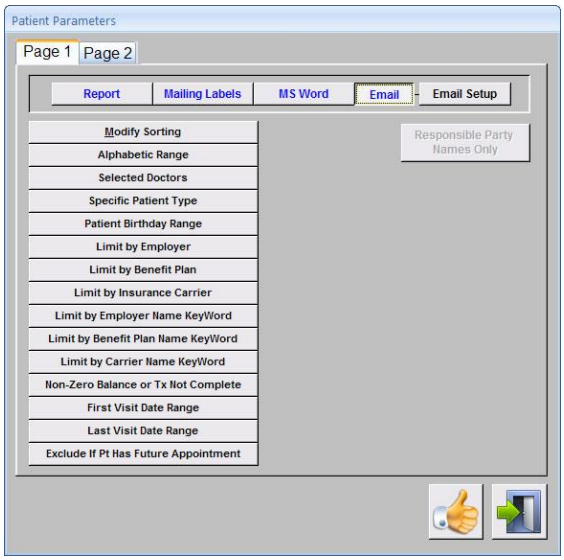
> Dear Helen,
>
> We see you're having a birthday on Monday, January 16th. All of us at Green Valley Dental would like to wish you a very happy birthday and best wishes for the upcoming year.

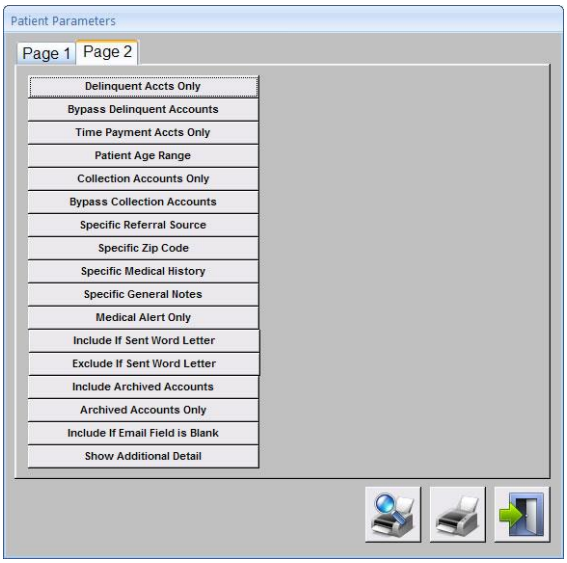
In this sample, four embedded data fields are used. These are:

- [FirstName] – the patient's first name
- [BirthDOW] – the day of the week on which the patient's birthday falls on such as Monday, Tuesday, etc.
- [BirthMON] – the months of the patient's birthday such as January, February, etc.
- [BDayth] – the day of the month of the birth date such as 1st, 2nd, 3rd, 4th, 27th, etc.

Saving and Retrieving Email Messages

Saving and retrieving messages is the same as when performing single emails. The one difference is that with bulk emails, you can save and retrieve messages with or without embedded fields and for single emails, embedded data is not allowed. Therefore, messages you saved while using the "Compose a Single Email" screen (that is without embedded fields) will be available to you from the "Compose a Bulk Email" screen, but while you are in the "Compose a Single Email" screen you will not be allowed to retrieve saved embedded messages.





What Can You Do with Bulk Email Messaging?

Each of the four bulk email methods has their own unique possibilities. These different methods will now be discussed.

Patient Report

Sending emails through the Patient report allows you to communicate with all your patients. However, the Patient report is also the most flexible report with the most options. These options allow many different ways to communicate with select groups of your patients. In this section we will highlight some of these options and how they can be used to make the DDS Email module a more powerful tool.

All Patients – If you select no filters, then you will be sending emails to all your patients who are not been archived. If you select *Include Archived Accounts* on page 1, you will be sending email to every patient in your database. This is very useful for holiday greetings, special announcements, or newsletters.

Birthday Greetings – Use the *Patient Birthday Range* to send birthday greetings to your patients.

New Patient Welcome Message – Use the *First Visit Date Range* to limit the list to new patients and send them a "Welcome to the Practice" message.

Reactivate Dormant Patients – Use the *Last Visit Date Range* to find patients who have not been into the office in a while. For example, let's consider today's date is September 17, 2008. Set the *Last Visit Date Range* from 1/1/1980 to 9/17/2007. What this will do is give you a list of patients whose last visit date was not more recent than 1 year ago. Patients whose last visit was more recent would be out of that range and would not be considered. To make this option even more useful also select *Exclude If Patient Has a Future Appointment*. With this added choice you can filter out patients who have an appointment scheduled at some future date.

There are many other filter options available with the Patient Report and their power can be greatly extended by implementing them in conjunction with other options. For example, you can send a holiday greeting to all patients who have been in for a visit within the last 2 years, who are over 18 years of age, and who are not in collections. The combination possibilities are endless.

Accounts Receivable Report

The Accounts Receivable report targets responsible parties rather than patients. In most cases the Guarantor for an account is also a patient, but not necessarily. So sending email via the Accounts Receivable report will result in one email per account. With the Patient report, if there are five patients in the account you could send five emails to one household. If that is not your desire, then use the Accounts Receivable



report.

Your purpose for sending emails via the Accounts Receivable report can vary greatly. For sending holiday greetings, it has the advantage of generating only one email per account. When composing your letter, you might consider inserting the words “and family” after the greeting name such as:

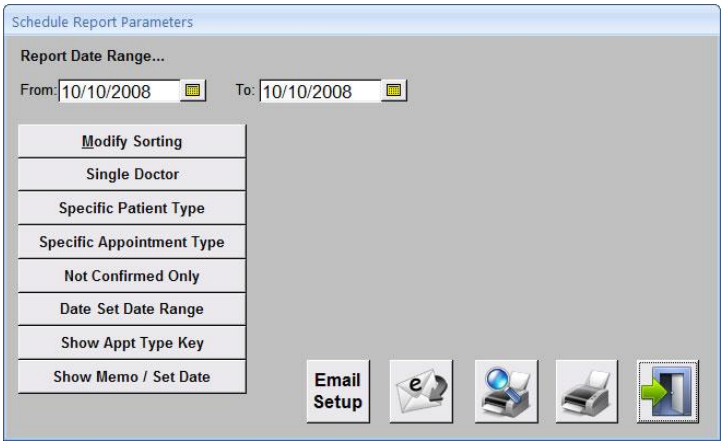
Dear [Title] [LastName] and family,

which would format out for example as:

Dear Mr. Johnson and family,

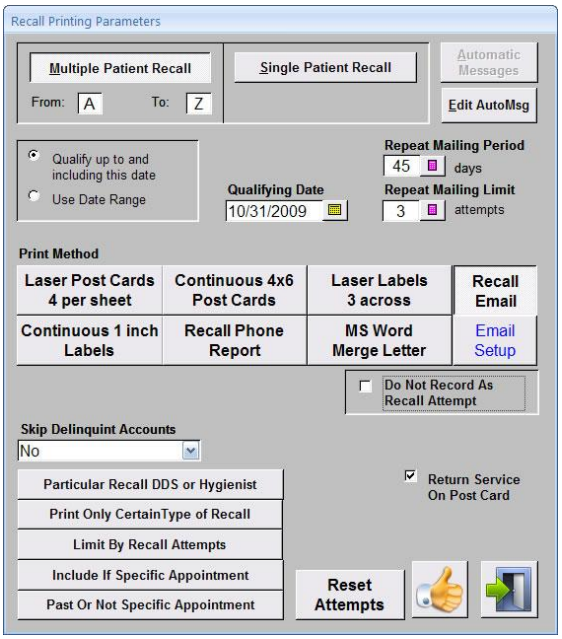
The main focus of the Accounts Receivable report is financial and the embedded fields that are available reflect this. Besides name and address data, other embedded fields include Balance, Amount Due Now, Current, Over 30 Days, Over 60 Days, Over 90 Days, Last Patient Payment Date, and Last Patient Payment Amount.

Using the filters of the Accounts Receivable report you can create reminder emails for delinquent accounts, you can fashion billing statements, collection letters, and more.



Schedule Report

The main purpose of tying email to the Schedule report is to confirm appointments. The report includes the filter *Not Confirmed Only* which can be used to limit the emails to only those patients who have not yet been confirmed, or you might leave that filter off and send emails to everyone coming in within the date range specified at the top of the “Schedule Report Parameters” screen.



The embedded data options again change to be applicable to the Schedule report. Besides the usual patient name fields also included are Appointment date, time, and length. The Appointment Day of Week, Month, and Day (such as 1st, 2nd, 5th, etc.). Also included is the provider’s name information to make truly customized appointment reminders that you can save to your Email Message Library.

Doing Recall with Email

Email Recall is a little different than other email methods discussed above. Email Recall is truly incorporated into the recall system. You do not type email messages and save them into the Email Message Library. Instead, Email Recall is just another output method for recall printing. It is most associated with recall postcard printing in that the message that would print on the postcard instead is used as the email message. Therefore, automatic message printing used for postcard printing is also used for Email printing. Recall tracking and updating as to Recall Attempts, Repeat Mailing Period, Repeat Mailing Limit, and Recall Tracking Reports all apply to Email Recall.

Unlike postcard printing, the Email Header and Footer will appear on Email Recalls.

Only Valid Email Addresses Will Transmit

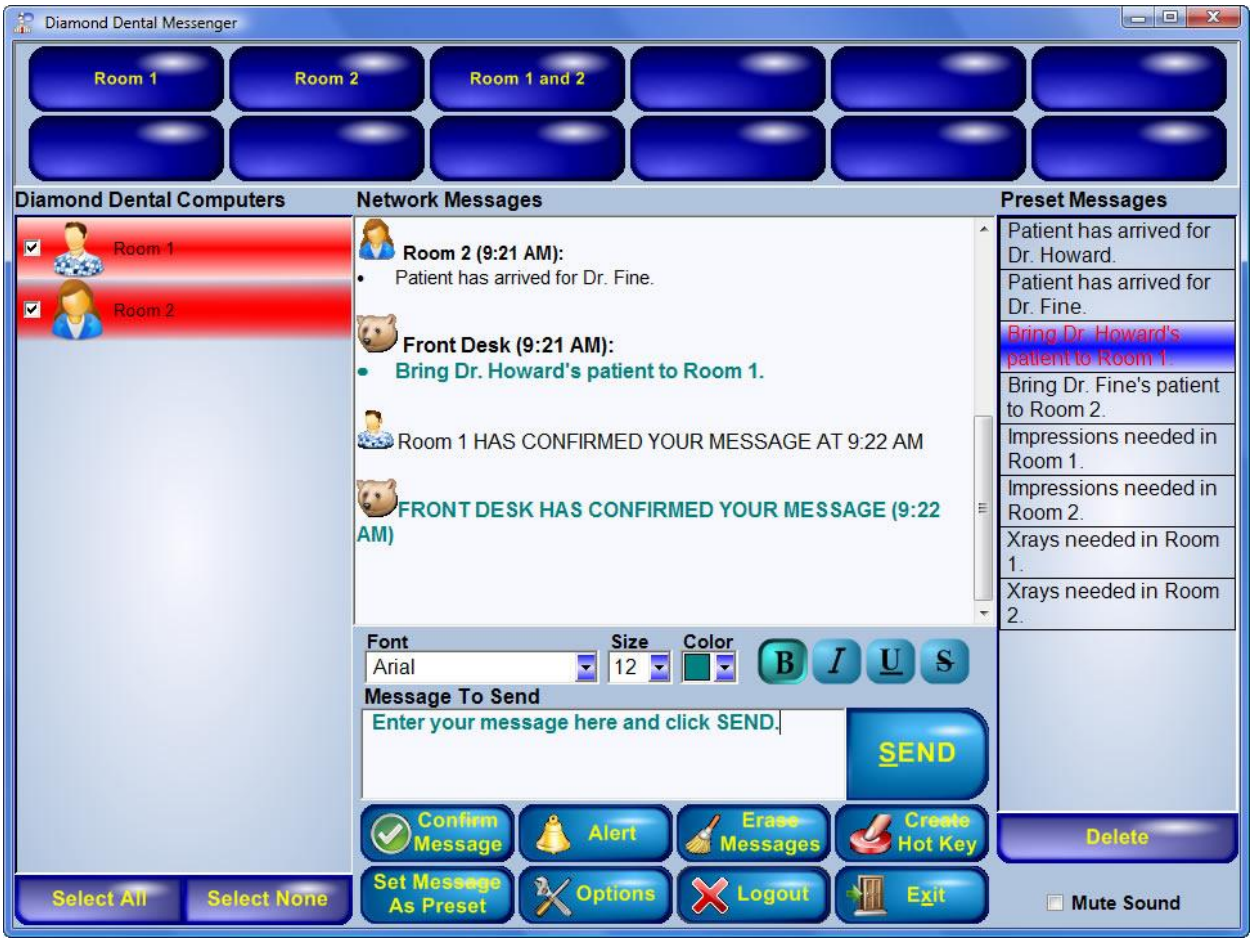
The email address for patients is entered into the “Patient Entry” screen. If the address is blank or invalid, no email will be sent to that patient. If you would like a list of all patients who have a blank email address the Patient report will give you that list. On page 2 of the Patient Report’s parameters screen select the option entitled *Include If Email Field Is Blank*. That will limit the Patient report to only those patients with a blank email field. You will then know who needs an email entered into the system.

Chapter

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Chapter 41: DDS Messenger

DDS Messenger allows you to communicate throughout the office without ever leaving your desk and without having to shout from room to room.



You can send your message to one or more targeted stations or to the entire office. The *Confirm Message* button allows the recipient to quickly send an acknowledgment that the message was received and understood. The left side of the screen shows you who's online, the right side contains preset messages that you create. Customized Hot Key buttons across the top let you target who the message will be going to. Each station can set up its own customized icon, alert tones, and fonts.

You do not need to have Diamond Dental open in order for the Messenger to work. It runs independently of the dental software. If a message is sent while the Messenger is minimized, a customized tone will play on the target station and a notice will display telling that station that a message is waiting.

Starting DDS Messenger





Installing Diamond Dental Software will put a *DDS Messenger* icon on your desktop. It will also put a *DDS Messenger Server* icon on the desktop of your main server computer. Open the DDS Messenger Server icon BEFORE opening the DDS Messenger on any of the other computer. The Messenger Server must be running before DDS Messenger is opened. Once this is done, you may open the DDS Messenger. Its screen is seen above. Each computer that wants DDS Messenger active will need to open it using the icon. DDS Messenger is not active on a particular computer until DDS Messenger is opened with the icon. Once opened, DDS Messenger stays active until the computer is shut down or restarted.

Note

The DDS Messenger Server icon on your MAIN SERVER computer must be opened BEFORE the DDS Messenger is opened. The Diamond Dental Software program does not have to be opened in order for DDS Messenger to work. DDS Messenger runs independently from the dental software.

Minimize DDS Messenger

Once opened, you can minimize the Messenger screen with the *Minimize* window button seen in the upper right corner of the Messenger screen. It appears as an underscore __ line. Minimize removes the screen from view and puts an icon on your task bar at the bottom of the screen. You may bring it back by clicking that icon.

"Close" DDS Messenger – but still active

You may close the Messenger screen by clicking the 'X' window button in the very upper right corner of the Messenger screen. The X button closes the Messenger and you will not see its icon on your task bar. However, **when you close the Messenger with the X button it is still active**. That is, you can still receive message from other computers. Your computer will still be seen by other computers as being "online". You know DDS Messenger is active because its icon can be seen in your *System Tray*. The System Tray appears at the lower right corner of your screen along with the time. Other memory resident programs such as your anti-virus software are also seen in the System Tray. If you do not see the DDS Messenger icon in your System Tray, the icon may be hidden. If there are hidden icons there will be a little arrow button that you can click to "show hidden icons". Click this button and the DDS Messenger icon will come into view. You can double click this icon in the System Tray to bring the DDS Messenger screen into view once again.

Logout or Exit DDS Messenger – not active

When you click the *Logout* button you take DDS Messenger "offline." The Messenger screen stays open but other computers cannot see you or send you messages, and you cannot send other com-

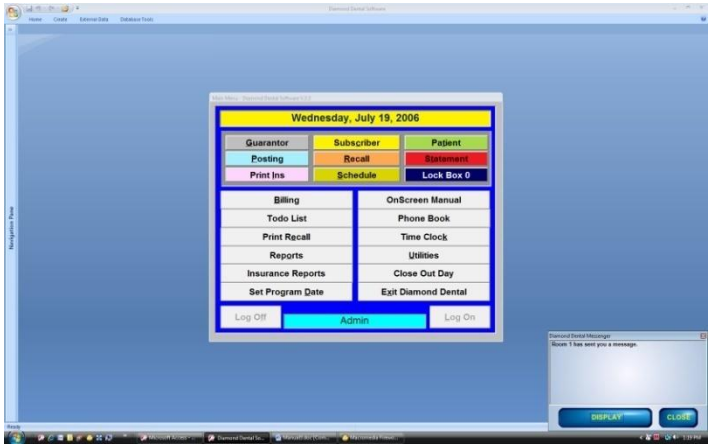
puters messages. After clicking *Logout* that button turns into a *Connect* button. You can go back online by clicking the *Connect* button.

The *Exit* button will close the Messenger screen and log you out. To restart Messenger you will need to double click the DDS Messenger icon on your desktop.

Receiving Messages

Messages are received in the large white *Network Messages* window. Both messages that you send and receive are displayed here. The message is time-stamped and labeled as to who the sender is and also displays the sender's unique identifying icon. Each station can select its own identifying icon. The Network Messages window is scrollable which allows you to scroll up and see messages that were received earlier. You can clear the Network Messages window with the *Erase Messages* button.

Receiving Messages While DDS Messenger Is Minimized



Usually your Messenger screen will be minimized or closed. Remember, a "closed" Messenger screen is still active. Only when the "Exit" or "Logoff" button is pressed is the Messenger made inactive.

When you receive a message while your Messenger screen is minimized or closed, a warning screen will appear in the lower right corner of your screen with a message indicating you have a message waiting from a particular station. This warning box appears along with a special sound for minimized warnings that you can select for your particular station. This is much like your cell phone when it receives a voice mail or text message. You can click *Display* to bring the Messenger screen up or click *Close* and the warning screen will go away, but you have the information that a message is waiting. This warning screen will pop up over any program. You do not have to be in Diamond Dental to receive this warning.

Sending Messages

To send a message, simply type your message in the *Message To Send* box and click the *Send* button. The message will be sent to the online stations that have been selected in the *Diamond Dental Computer* window that appears on the left side of the Messenger screen. You may select one or more computers and these will stay selected until the computer is rebooted or the Messenger is logged off.

Sending a Confirmation of Message Received

After you have received a message you can send a quick confirmation back by clicking the *Confirm Message* button. This will send a message back with wording similar to "Front Desk HAS CONFIRMED YOUR MESSAGE AT 1:56 PM". The sender will then know that the message was received, understood and acknowledged.

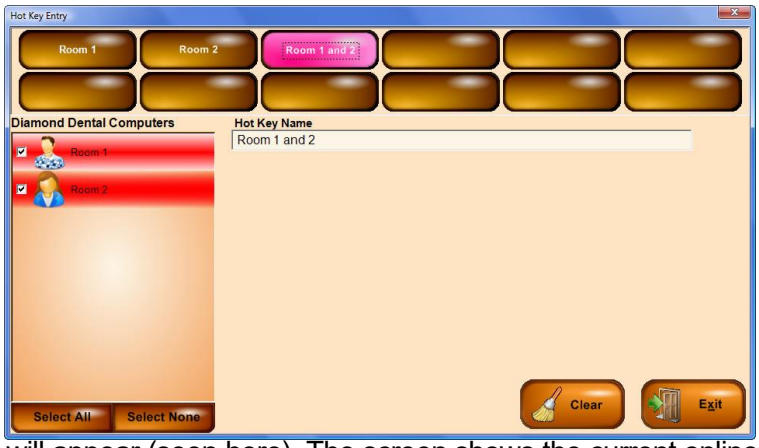
Sending an ALERT!

To send an alert to all selected stations click the *Alert* button. The target stations will receive a message like this: "ROOM 1 HAS SENT YOU AN ALERT!!! (1:42 PM)". This message will be accompanied by a special tone that each station can select for alerts. Sending the alert will usually be followed by a specific message that you want the alerted stations to read.

Creating Preset Messages

You might use some messages over and over again. Rather than typing the same message each time you can create a library of "Preset Messages". Your Preset Messages appear on the right side of the DDS Messenger screen. Just click a Preset Message (or messages) and it will appear in the *Message To Send* window, ready to be transmitted. To create a Preset Message just type the message in the *Message To Send* window, but before clicking *Send*, click the *Set Message As Preset* button. You now have added that message to your Preset Messages library. It will be added to the Preset Messages listed on the right side of the screen. To delete a Preset Message just highlight the message and click the *Delete* button that appears at the bottom of the list of Preset Messages.

Creating Target Station Hot Keys



The 12 buttons across the top of the DDS Messenger screen are reminiscent of the HotKeys of Posting's Charge Entry screen. But in the case of the Messenger, the Hot Keys are a quick way to select which computers you want to receive a message. You click the Hot Key and the stations you want are selected and the stations you don't want are de-selected.

To create Hot Keys click the *Create Hot Key* button on the DDS Messenger screen. The "Hot Key Entry" screen will appear (seen here). The screen shows the current online users. To create a Hot Key, click the desired Hot Key at the top of the screen and select the stations you want to include. Then type in a name for the Hot Key and click Exit. The Hot Key will be created.

DDS Messenger Options

The DDS Messenger Options allows each station to set four customized settings:

1. Unique Identifying Icon
2. Sound for Alerts
3. Sound when Messenger is Hidden
4. Computer Alias Name for this computer

Each station should pick the options that are desired.

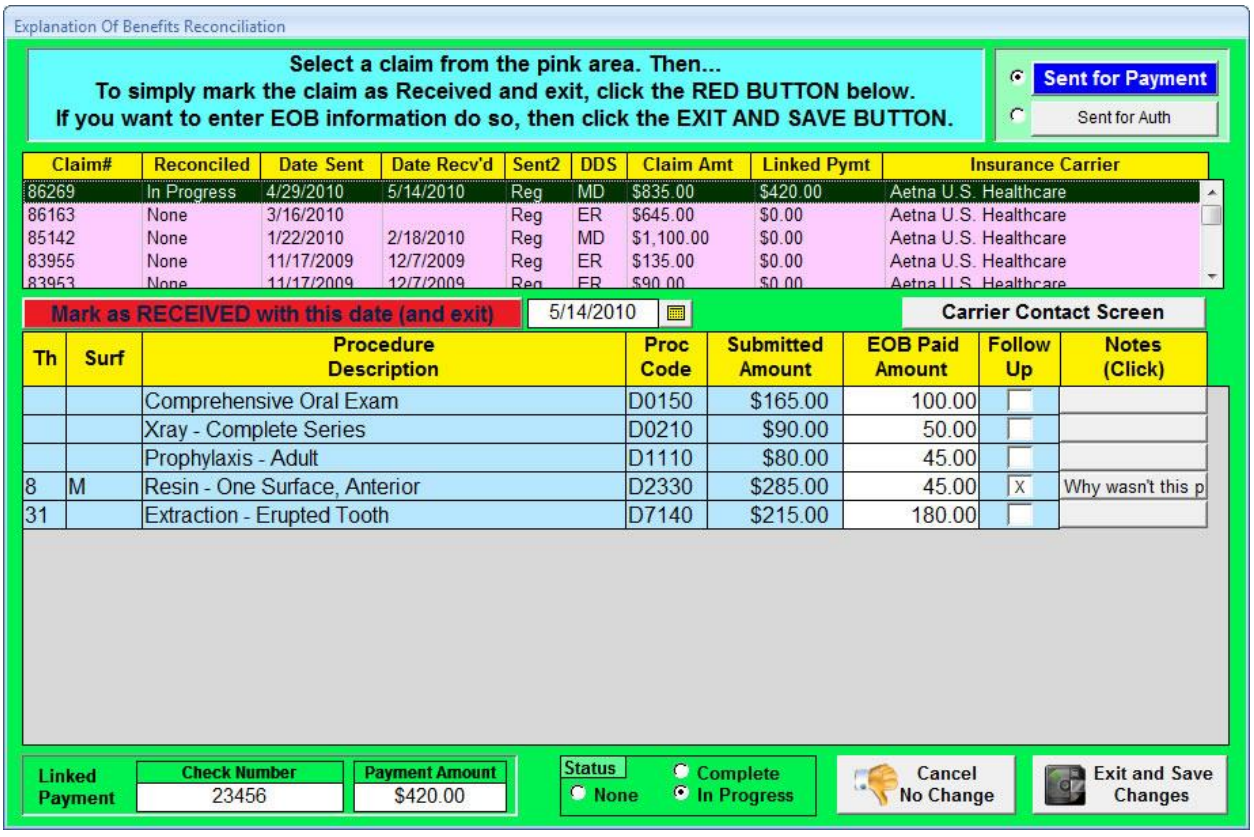


Chapter

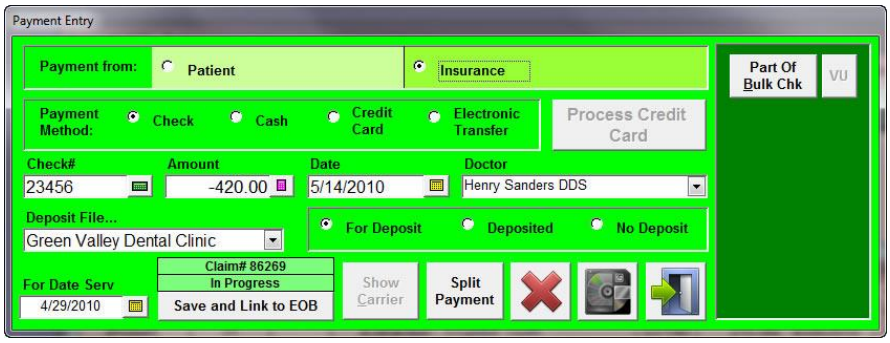
42

Chapter 42: Explanation of Benefits Reconciliation

When an insurance payment is received from the carrier, the payment is usually accompanied by a document called the *Explanation of Benefits* or *EOB*. The EOB gives a breakdown of what was paid for each procedure that was submitted on the insurance claim that they received from you. Although this is optional, you may enter these values into the system using the "Explanation of Benefits Reconciliation" screen seen here. The "EOB" screen is also used to mark claims as received.



Accessing the EOB Screen



When you post a payment you fill out the "Payment Entry" screen seen here, and click the *Save* button, which is the disk icon seen in the lower right of the screen. However, if you want to link this payment to an EOB, instead of clicking the *Save* button; you click the ***Save and Link to EOB* button** seen on the lower left side of the screen. This will bring up the "EOB" screen on the first page of this chapter. When you select a claim on the EOB screen, the *For Date of Service* field on the "Payment Entry" screen will be filled in for you.

The "EOB" screen can also be accessed by clicking the *EOB* button on the "Posting" screen. Opening the "EOB" screen with this button will not link a payment to the EOB. Look at the screen shot of the "EOB" screen seen on the first page of this chapter. In the lower left corner the linked payment's check number and amount are shown. This indicates that for the highlighted claim (claim #86269), that check number 23456 in the amount of $420 is the payment that is linked to this EOB. This is because the "EOB" screen was accessed from the "Payment Entry" screen. If the "EOB" screen was opened from the *EOB* button on the "Posting" screen, that payment information would not display, but you can still mark claims as received and enter the *EOB Paid Amounts* for the items on the selected claim. You will just not see the linked payment information in the lower right of the "EOB" screen or the corresponding claim number and EOB status on the "Payment Entry" screen.

Marking Insurance Claims as "Received" Only

When you print a paper insurance claim or create an electronic claim, a record is created in the Insurance Tracking file for that claim. Along with other pertinent information about the claim, there is a "Date Sent" field and a "Date Received" field. The Date Sent is immediately filled in with the current date when the claim is created. The Date Received is left blank. Insurance Tracking is based on this blank Date Received field. Claims that have a blank Date Received field are tracked because they have not yet been returned from the insurance carrier.

When you post an insurance check for a patient, the program will check the Insurance Tracking file to see if that patient has an Insurance Tracking record with a blank Date Received field. If the program finds just one such record, it will automatically fill in the Date Received field with the current date. This would complete insurance tracking for this claim and there is no intervention from the user other than the posting of the insurance payment.

If there is more than one claim outstanding, that is, more than one claim with blank Date Received fields, then the program will not automatically fill in these Date Received fields. Instead, you will be prompted that more than one outstanding claim exists, and you will be taken to the "EOB" screen for that patient. A sample "EOB" screen is seen on the first page of this chapter.

On the "EOB" screen the patient's claims are displayed with the most recently created listed first. Claims that have not been received are easily spotted because their Date Received fields are blank. Your ability to enter detailed EOB information on this screen will be discussed shortly, but if you are only interested in marking a claim as Received, this can be accomplished with two clicks. First, select the claim you want to mark in the pink list box at the top of the screen. Then click the red button la-

beled *Mark as Received*. That is all you do. The claim will have its Date Received field filled with the current date, and "EOB" screen will close, and you will be returned to the "Posting" screen. In addition, since you accessed the "EOB" screen through the "Payment Entry" screen, your action has linked that payment to the selected claim. If you clicked on the *Edit* button for that payment, it would look similar to the sample "Payment Entry" screen seen above. The *Date of Service* field would be filled in and the *Claim#* for the linked claim will be displayed.

Entering Detailed EOB Information

The primary purpose of the "EOB" screen (see sample on first page of this chapter) is to enter detailed EOB information from the EOB that the insurance carrier sent to you along with the payment. Specifically, you can enter the amount that the insurance paid on an item by item basis.

At the top of the "EOB" screen is a pink list box showing the claims that have been submitted for this patient. These claims are listed in descending order with the most recent claims listed first. Claims that have not been marked as Received will have a blank "Date Received" date field. As you click on a claim you will see the procedures that were submitted on that claim display in the blue middle section of the "EOB" screen.

EOB Paid Amount

In the *EOB Paid Amount* column enter the amount that was paid for that procedure. The important point here is to not if the insurance paid what you expected them to pay. Also take into consideration that this amount may have been reduced by the deductible responsibility of the patient.

Follow-Up Check box

If the amount paid by the insurance carrier is less than expected, click *Follow-Up* and an X will be displayed in that field. This procedure is now flagged and this patient will be included in the "EOB Follow-Up Report" that will be discussed shortly. This line item will remain flagged until you un-check it.

Follow-Up Notes

To the right of the *Follow-Up* check box is *Follow-Up Notes*. Click on the *Notes* field and a text box pop-up will open for you to enter whatever notes you wish about this procedure. These notes can be for your own record keeping or for points you wish to discuss with the insurance carrier when you talk to them.

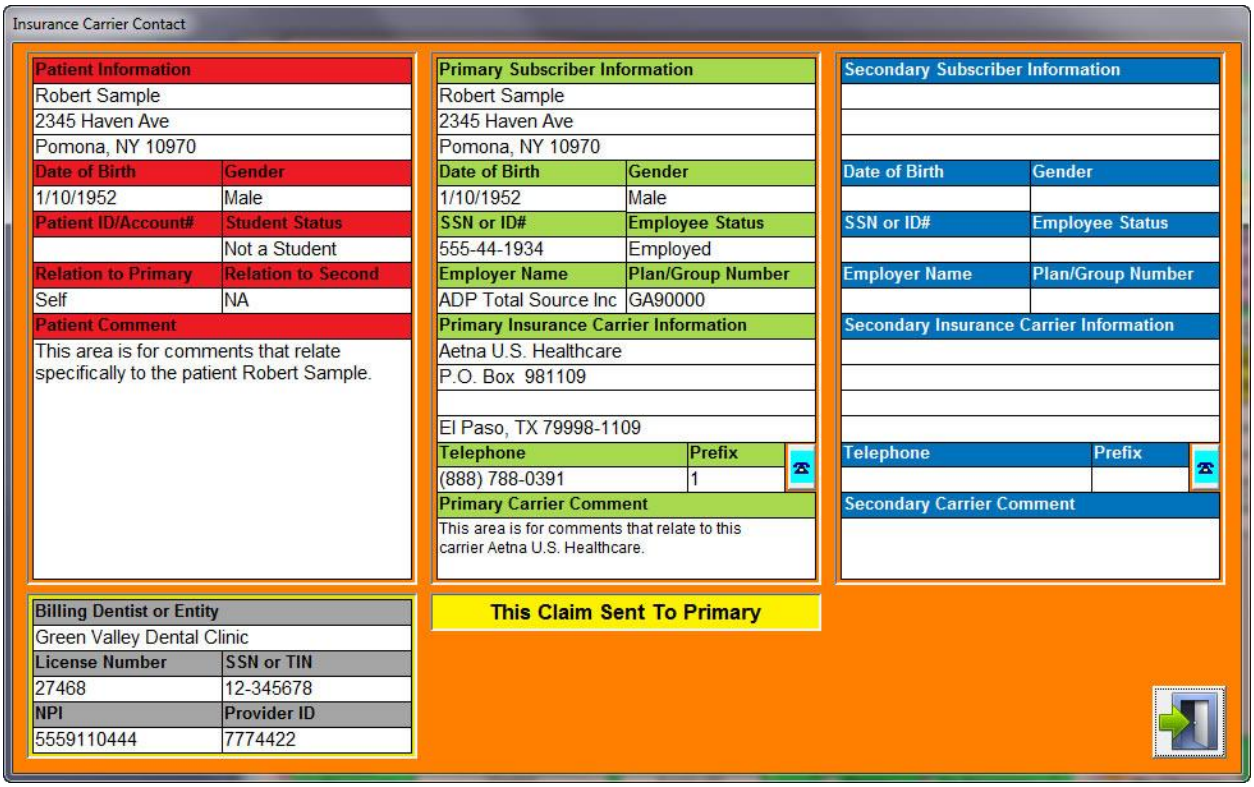
EOB Status

The *Status* of this EOB reconciliation is indicated at the bottom of the "EOB" screen. A status of *None* simply indicates that the status of this EOB is not a factor. Use *In Progress* if you have marked one or more procedures to Follow-Up with the insurance carrier and that process is still ongoing. Use *Complete* if you have successfully completed this EOB reconciliation.

Carrier Contact Screen

EOB reconciliation is useful for complete record keeping. However, its main purpose is to track benefit payment amounts the insurance carrier has paid for individual procedures performed by your office and if there is suspected underpayment, to flag those procedures for later inquiry with the carrier.

When you make an inquiry with the insurance carrier you want to have all the necessary information about the patient, right at your fingertips. We suggest you have the “EOB” screen open and to further assist you, there is the “Carrier Contact” screen. To open this screen, click the *Carrier Contact Screen* button on the “EOB” screen. A sample is seen here.



Between the “EOB” screen and the “Carrier Contact” screen, you should have all the information you need to make efficient carrier contacts without fumbling through the chart for patient information.

EOB Follow-Up Report

The “EOB Follow-Up Report” will list all the patients who have had procedures marked to Follow-Up. Access the report through the *Insurance Reports* menu. The report will display the following:

- Patient Name
- Account Number
- Claim Number
- Date Claim was Sent
- Date Claim was Received
- Sent2 (sent to the patient’s single insurance carrier or primary or secondary)
- DDS (the doctor for which the claim was sent)
- Claim Amount (the total claim amount you submitted)
- Linked Payment (if you linked a payment to this claim, the amount of the payment)
- Insurance Carrier Name

By default the report will be sorted in the patient's last name. You can modify this to sort by Last Name, Account Number, Claim Number, Date Received, and Claim Amount. This can be done in either ascending or descending order.

To remove a name from the "EOB Follow-Up Report" you would access the "EOB" screen for that patient and highlight the claim in question and uncheck any items that are marked to follow up.

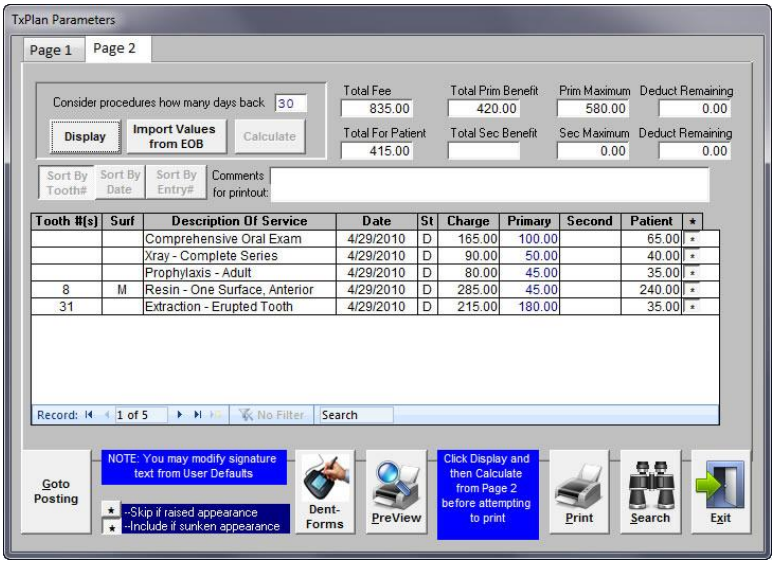
Entering Prior Authorization Values

In the upper right corner of the "EOB" screen (see sample on first page of this chapter) you can choose *Sent for Payment* or *Sent for Authorization*. The payment choice is the default but when you click the *Sent for Authorization* button the screen will change. In the pink list box now will be claims that were sent for prior authorization. Just as you did for claims sent for payment, you can mark authorization claims as received and enter the values the insurance carrier will pay for each procedure. These are not payments you have received but this is what the insurance company says they will pay for these procedures once they are completed and submitted to the carrier.

Since Prior Authorization deals with proposed procedures that you plan to do in the future, there has been no payment as of yet, and therefore there is no payment to link to this claim for authorization. However, once you have entered the values of what the insurance is going to pay into the "EOB" screen, these values can be imported into the Treatment Plan section of the program to create an accurate treatment plan printout that can be presented to the patient. The Treatment Plan display each procedure, its charge, what the insurance will pay (from the EOB), and what the patient portion will be. EOB / Treatment Plan integration is discussed next.

EOB Integration with Treatment Plan

Once you have entered the amount paid for claims that have been sent for payment or the amount that will be paid for claims sent for authorization, these values can be imported into the Treatment Plan program.



On the right you are looking at page 2 of the Treatment Plan program. You will click *Display* to display the procedures. Once the items are displayed click *Import Values from EOB* and those values will be imported from the EOB and inserted into either the Primary or Secondary columns. To finish you will click *Calculate* and the Patient Portion will display. For more details on treatment plan printing see the chapter on Treatment Plans.

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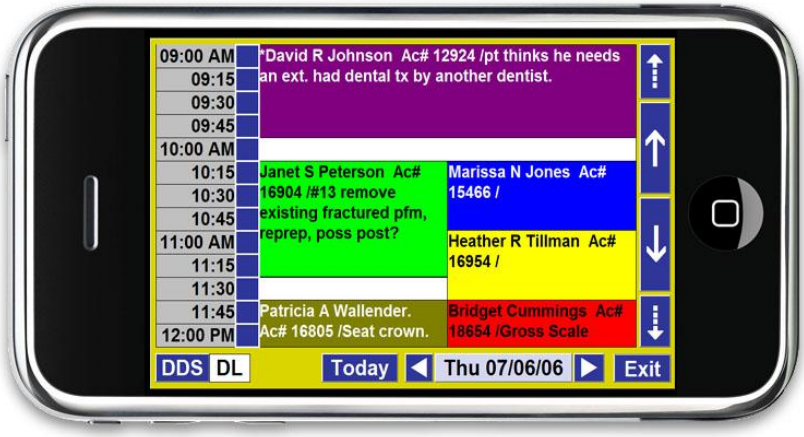
Chapter 43: Diamond Mobile

Note

Diamond Mobile utilizes remote control software to link your smartphone to your desktop computer. We have highlighted the TeamViewer app for iPhone and Android smartphones. A version is also available for iPad. Other remote control apps are available such as Wyse PocketCloud and LogMeIn Ignition. These apps are either free or available for a modest cost. We will refer to TeamViewer throughout this chapter but be aware that it is not your only option. These remote control programs allow you to remotely access your unattended office computer and operate it from your smartphone. This means you can actually open the Diamond Dental program from your phone and see its Main Menu. Accessing your computer with one of these apps is password protected and secure. Installation and use specifically of TeamViewer on your smartphone and office computer is discussed in Appendix I. This chapter deals specifically with Diamond Mobile itself.

Diamond Dental Mobile is mobile-user friendly with modified, larger screens. Accessing Diamond Dental's Main Menu is easy with TeamViewer but running the full version of the program from your phone, while not impossible, is difficult and frustrating. It is rather like trying to watch a movie through a soda straw. Diamond Dental, like most desktop applications, was designed to be used while sitting in front of a fast computer with a large monitor, a mouse, and ten fingers on a full keyboard.

Diamond Mobile was specifically developed with smartphones in mind. The screen displays implement large text boxes, large buttons, and large fonts. The screens are designed in such a way that you never need to zoom



in and out or scroll from side to side to see the entire display. Diamond Mobile's screens are easy to see and easy to use and you are always seeing the entire screen.

Advantages of Diamond Dental's Desktop Based Phone Module

Diamond Mobile is not installed on your smartphone. Your Diamond Dental database containing all the sensitive information about your patients is also not stored on your smartphone. You are merely using your smartphone as a window to observe and operate your desktop computer.

Speed

Since Diamond Mobile is actually running on your powerful desktop computer, the module runs with the speed of your desktop computer. The tiny processor inside your smartphone is actually not doing any of the processing. This has allowed us to write a much more sophisticated and useful program than if we were limited to the capabilities of the onboard smartphone computer itself. You do not have to wait for large amounts of data to be transferred back and forth between your smartphone and your office computer. All the data stays on your office computer. The only thing being transferred to your smartphone is the screen displays from your office computer which transfer much faster than the data itself.

Data Security: Your Data Is NOT Stored on Your Smartphone

It is your legal responsibility to keep your patients' dental and medical records secure. Diamond Mobile does not store any patient data on your smartphone. If your phone is lost or stolen, there is no data on the smartphone to be compromised. The TeamViewer link from your smartphone to your office computer is also secure and password protected.

Power

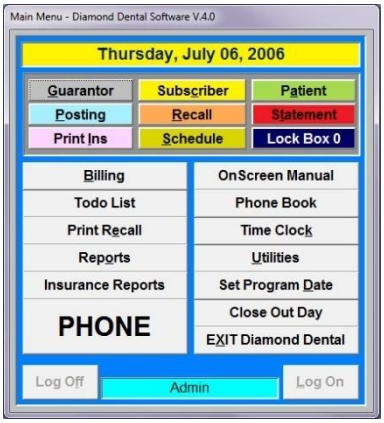
Diamond Mobile has more power and features than you might expect from a mobile application. This is because (as already mentioned) it is not a mobile application but a desktop application that you are viewing and operating remotely from your smartphone. Since we were liberated from the significant limitations of the onboard computer in your smartphone, we have given Diamond Mobile powerful and useful features that would be beyond the smartphone's ability to perform. See the section below entitled "Features of the Diamond Mobile" for details.

Data Is Updated Instantly

Diamond Mobile stores no data on your smartphone. All the data that you see on the smartphone is actually on your office computer. For example, when you bring up the smartphone's appointment schedule, you are viewing your office schedule in real time. You are not seeing the schedule as it appeared two hours ago, or two minutes ago, but it is your schedule as it is now. If you set an appointment through your smartphone, you can be confident that the appointment time for which you are setting the appointment is actually available, just as if you were setting the appointment on your office computer. If a member of your office staff is on Diamond Dental on another terminal, that person will see your changes instantly, just as if you were using another terminal in the office.

Features of Diamond Mobile

The smartphone module assumes that you are away from your office, and, of course, carrying your smartphone. If you receive an emergency call from a patient, you will want to know everything about that patient: what procedures you have performed in the past and what are planned for the future and the patient's health issues and drug prescription history. You will also want to know what your schedule looks like and when you have an opening to see the patient. Diamond Mobile will let you do this and much more. You can even schedule the appointment into your office computer's database and if you call in a prescription, you can enter the prescription into the patient's computer record.



Accessing the Diamond Mobile

To access Diamond Mobile you will open the TeamViewer app on your smartphone and log into your office computer (see Appendix I for details). You will then open the Diamond Dental Software program which brings up the Main Menu. Starting with Diamond Dental version 4.0, the Main Menu displays a double-sized button with the word "PHONE." Click the *PHONE* button to enter Diamond Mobile. You will be taken to the Smartphone Menu seen below.

The Smartphone Menu (seen right) is the central switchboard for Diamond Mobile. The program is best operated while holding your smartphone in the horizontal position seen here. The program will function just as well in the vertical position; however all the screens will appear smaller, so we suggest keeping the smartphone horizontal.



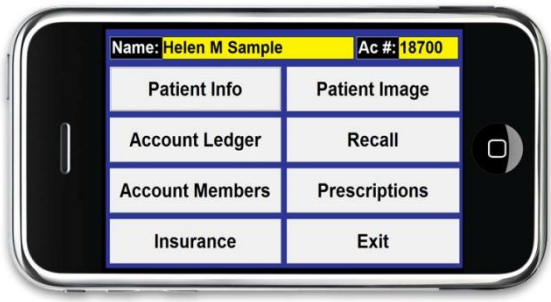
Patient Search

To find a particular patient click the *Patient Search* button on the Smartphone Main Menu. You may search by patient's name, account number, or phone number. This screen contains its own keyboard, but you may use your phone's keyboard if desired. The program will then display all the patients who meet the search criteria. When you select the patient you are looking for, you will be brought to the Patient Menu.



Patient Menu

Once you have searched for and selected a patient, you are brought to the Patient Menu. The selected patient's name is seen at the top of the screen. All the choices on this screen pertain to the selected patient.



Patient Menu → Patient Info

The Patient Info screen gives general information about the selected patient. In addition, this screen launches four other screens: Email, Referral Source, Notes, and View Appointment.



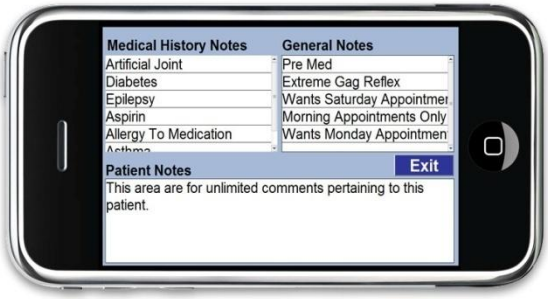
Patient Menu → Patient Info → Email

You can send an email to the selected patient with the Email screen. However you are not sending the email directly from your phone. You are actually sending it from your office computer which has been set up to utilize Diamond Dental's Email capability (see Chapter 40).



Patient Menu → Patient Info → Notes

The Notes button displays the patient's Medical History Notes, General Notes, and any comments you have entered for the patient.



Patient Menu → Patient Info → VuAppt

If the patient has any past, present, or future appointments set in the appointment schedule, you can click the *VuAppt* button to view the appointments. You can step through the appointments with the navigation buttons. The appointments are sorted by date from future to past. Click the *GoTo* button to open the appointment scheduler for the selected appointment.



Patient Menu → Account Ledger

You may view the complete account ledger for this patient's account. Line items are sorted from most recent to oldest. If there are procedures that are posted as "Proposed," the *Proposed* button will be enabled. Click it to display the Proposed procedures for this account.



Patient Menu → Account Members

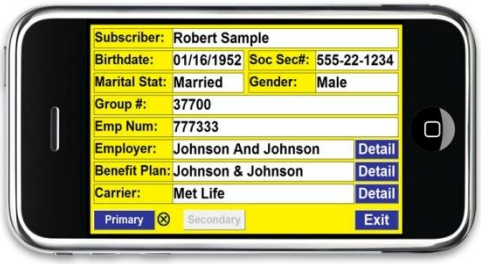
Use this screen to view the other patients who are in this account. You can also change the selected patient



without having to perform another patient search.

Patient Menu → Insurance Information

The *Insurance* button will display the insurance subscriber information for this patient. You can flip back and forth between primary and secondary if the patient has dual coverage. You can also click on *Detail* buttons for Employer, Benefit Plan, and Carrier to see extended details about each of these records.



Patient Menu → Patient Image

Click the Patient Image button to display the patient's default image.



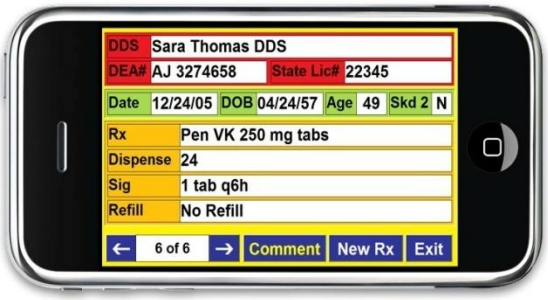
Patient Menu → Recall

Display the patient's recall information.



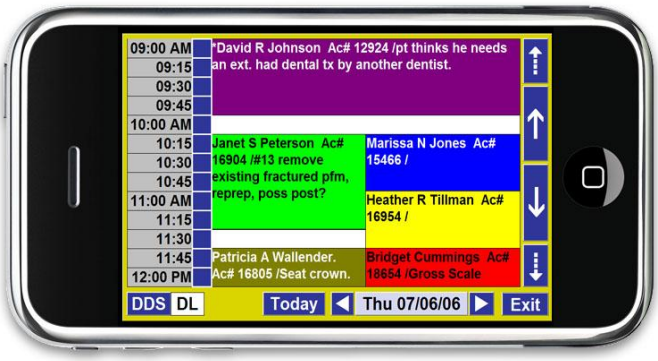
Patient Menu → Drug Prescriptions

One of the most important features of Diamond Mobile is to be able to view a patient's past drug prescriptions. All the drugs that have been prescribed for this patient can be viewed. In addition, if you click the *New Rx* button, you can enter a new drug prescription into the patient's records.



Appointment Schedule

The Appointment Scheduler is fully functional and looks and operates very much like the full version scheduler of the Diamond Dental program. You can set appointments, delete ap-

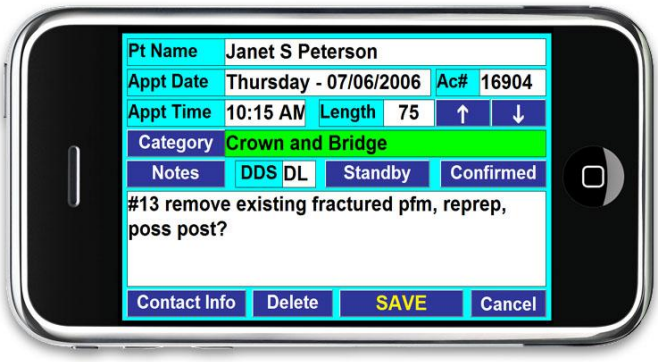


pointments, and move appointments just like the full version.

The screen displays one provider's schedule for one day. You can navigate up and down the schedule using the four arrow buttons on the right side. From top to bottom these buttons will take you to the top of the schedule, up one screen, down one screen, and the bottom of the schedule. The *DDS* button in the lower left displays the initials of the provider currently being viewed. Click the DDS button to switch to a different provider's schedule. The date displayed at the bottom of the screen is actually a button that will open a date picker for you to navigate to different days. The left and right buttons on either side of the date button will move you up and down one day. The *Today* button will bring the schedule back to today's date.

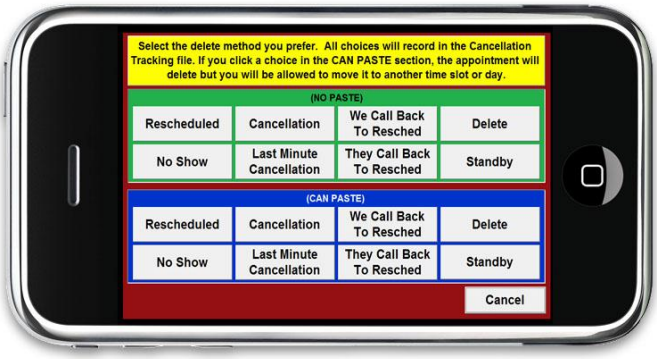
To set an appointment, click on one of the blue time increment buttons seen directly to the right of each time caption. This will bring up the usual patient search where you can pick an existing patient. If this is a new patient, click the *New* button on the Patient Search screen. This will take you to a special wizard for creating appointments for new patients who do not as yet have a record in the system.

The Appointment Setter Screen



Use the Appointment Setter screen to actually set an appointment. Use the up and down arrows to set the length in minutes. The *Category* button will give the appointment a specific color code. Use the *Notes* button to paste pre-set appointment notes into the memo box. You can also directly type into this memo box using your smartphone's built-in keyboard. You can also set the *Standby* and *Confirmed* status by clicking either of those buttons. The *Contact Info* button will bring up the Patient Information screen for this patient discussed above.

Deleting an Appointment



To delete (or edit) an appointment, click directly on the colored appointment box on the schedule screen. That will bring the appointment up in the Appointment Setter seen above. Click the *Delete* button to open the delete screen (seen right). Two duplicate sets of eight buttons are displayed. One set is under the heading of (NO PASTE) and the other set is under the heading of (CAN PASTE). If you simply want to delete the appointment use one of the No Paste buttons. If you want to delete the appointment from its current position and move it to another place in the schedule, use one of the Can Paste buttons. The specific button you pick defines the reason the appointment is being removed from its current position. This reason will appear on the Appointment Cancellation Report in the Diamond Dental program.

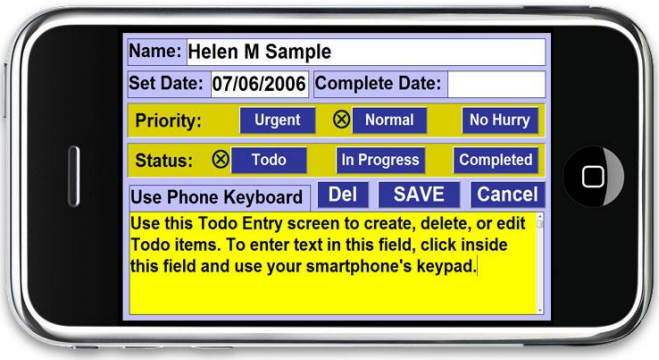
Moving an Appointment

To move an appointment to another spot in the schedule, delete the appointment as described above using one of the *Can Paste* buttons. The appointment will then disappear from the schedule. Now navigate the schedule to the day you want the appointment to be moved and click the specific time button that you want. The Appointment Setter screen will open and be populated with all the appointment data filled in from the deleted appointment. All you have to do is click the *SAVE* button and the appointment is recorded into its new position.

ToDo List

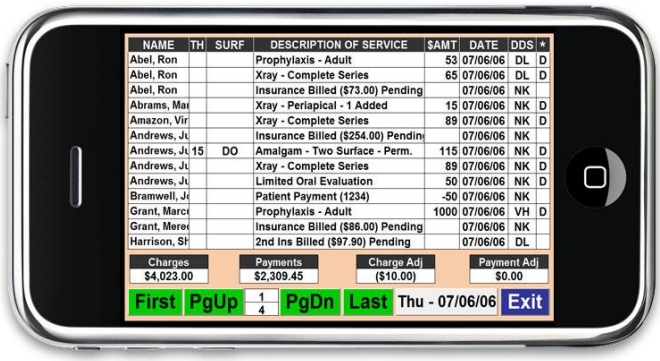
The smartphone version of the Todo List is very similar to its corresponding version in the Diamond Dental program. It is a list of things you need "to do." Each Todo item includes the date the item was Set, the date the item was Completed, its Priority (Urgent, Normal, or No Hurry), its Status (Todo, In Progress, or Completed), the Name for whom the item refers (Patient, Account, or Inter Office), and a Memo area describing what you need to do. This Memo has no limit to its length. As items are completed they may be marked as Complete, in which case the Date Done field will display the Completed Date, or they may simply be deleted from the list. The Todo List screen allows you to show all the items, or just the items that have not been completed, or just the items that have been completed. You may also sort the list in various ways, and print a Todo List Report. Use the Todo Entry screen seen here to create, edit, or delete Todo items. For entering data in the memo field you will use your smartphone's keypad.





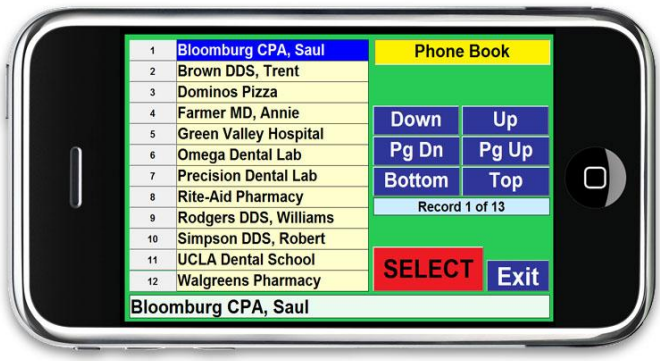
Day Sheet

You can check your day sheet from your phone. This is a detailed item by item listing of the procedures performed for a particular day. The date button at the bottom of the screen will open a date picker for you to select different days for viewing.



Phone Book

You can view your Diamond Dental Phone Book on your smartphone. Highlight an entry



and click *Select* to view the full Phone Book details.

Chapter

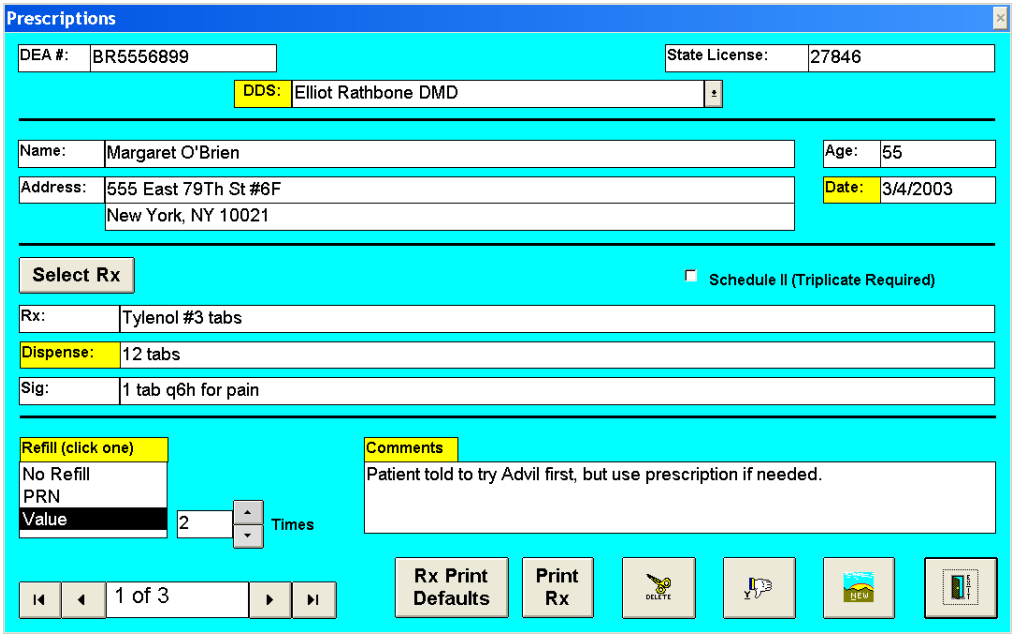
44

Chapter 44: Drug Prescriptions

Diamond Dental can print drug prescriptions to paper and facilitate electronic prescriptions using the ePrescription company of your choice. Prescriptions printed to paper will be discussed first.

Prescription Writer

Prescriptions that you write can be stored in the permanent record of the program's database. Diamond Dental Software will also generate a printed prescription that can be given to



the patient to take to his or her pharmacist. With the Prescription Writer, you will create your own library of drugs that you prescribe. Each library entry will store the Rx "Take Thou" line (name of drug, dose, and units) and the Sig line (Route and Frequency). The Prescription button is seen on the Posting screen displaying two drug bottles to record and print prescriptions. When you click the Rx button the Prescriptions screen will display. To create a prescription you will select the drug from your drug library (this automatically fills in the Rx and Sig lines), enter the Dispense line (e.g. 12 tabs), and indicate the number of refills. Then simply click the print button to print the prescription. The prescription will also be stored in the patient's record permanently and you may review the patient's drug history at any time.

Prescription Defaults

On the Prescriptions screen click the *Rx Print Defaults* button to access the Prescription Defaults screen. Use this screen to control the displayed options and also to access special state formats for California, Missouri, etc.



Printing the Prescription

Click the Print button to print the prescription in the format of your choice. The printed prescription can then be handed to the patient.

DEA #: AP5836727 STATE LICENSE: 77788
NPI #: 1234567890

Green Valley Dental Clinic
Walter R Thompson DDS
15723 N. Havenhurst Blvd #212
Los Angeles, CA 90112
(213) 555-0987

NAME: Rory A Strawhacker DOB: 6/22/1954
ADDRESS: 15726 Sepulveda Blvd
Los Angeles, CA 90613

Rx DATE: February 6, 2015

Amoxicillin 500 mg

DISP: 24 tabs

SIG: Take 1 tablet 3 times a day until gone

Walter R Thompson DDS

[X] LABEL

NO REFILLS

Interchange mandated unless the practitioner writes the words "No Substitution" in this space

Electronic Prescriptions

Electronic prescriptions (ePrescriptions) have become popular in recent years and some states have passed laws requiring doctors and dentists to use electronic prescriptions exclusively. While Diamond Dental does not transmit ePrescriptions directly, it does provide tools that will greatly facilitate your use of ePrescriptions.

Sign Up with an ePrescription Company

In order to generate ePrescriptions you will need to sign up with an electronic prescription company. There are several of them out there, but we suggest *MDToolBox*. The reason is that MDToolBox accepts a file that Diamond Dental creates that can be uploaded to MDToolBox. There will be more on this file shortly.

Here is their contact information:

MDToolBox
Phone: 206-331-4420
Website: www.MDToolBox.com

Diamond Dental Helps with Your Electronic Prescriptions

Diamond Dental facilitates your electronic prescribing with two very useful functions:

- Diamond can generate a file of your patient data that will be uploaded to MDToolBox so you do not have to retype all your patient names, addresses, birth dates, etc.

- You can click a button inside Diamond Dental that will take you directly to the MDToolBox Login screen without leaving Diamond Dental.

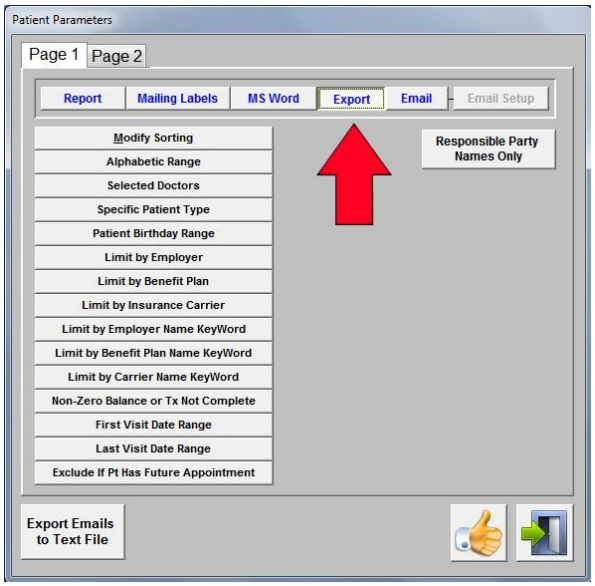
These features will now be discussed in more detail.

Generate an Upload File

When you register with MDToolBox, none of your patient data is in their database. This means that every time you write a prescription you would need to retype the patient's name, address, phone number, birth date, gender, etc. This is information you already have entered into Diamond Dental. Fortunately, Diamond Dental can create a file that contains all the pertinent patient information needed for ePrescription writing, and that would be for your entire patient population. The file can be uploaded to MDToolBox in seconds, thus saving you many hours of monotonous data entry.

The Export File Is Created from the Patient Reports Screen

Starting with Diamond Dental version 5.0 a new output option is seen on the *Patient Report Parameters* screen. The *Export* option will create a text file named *Export.csv* containing the following fields in the following order (the order matters):

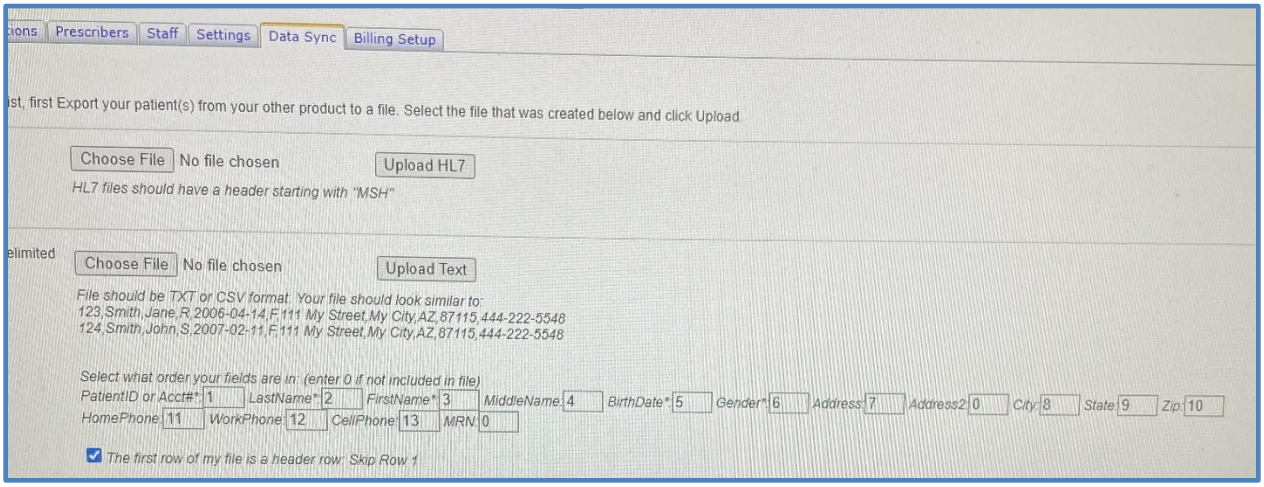


- **(1) PatientID# (unique number)**
- **(2) Last Name**
- **(3) First Name**
- **(4) Middle Initial**
- **(5) Birthdate**
- **(6) Gender**
- **(7) Street Address**
- **(8) City**
- **(9) State**
- **(10) Zip Code**
- **(11) Home Phone**
- **(12) Cell Phone**
- **(13) Email**
- **Record Terminator (a semicolon)**

Below is a screen shot of the MDToolBox Upload Screen. Sorry for the image quality. It was from a picture taken on an iPhone directly from of a computer screen, but if you look closely it is readable.

Notice the order of these fields. When uploading to MDToolBox you will be presented with a screen asking you to indicate the order of the fields in your file. You will be asked to enter the order in which these fields appear in the file. We have displayed the field order above. Starting with version 5.8, this is the order with which Diamond Dental creates the file.

Note that Diamond does not have an Address2 field so a zero is entered for that. Also, notice we are using Cell Phone for item 12 instead of Work Phone and Email for Item 13 instead of Cell Phone.



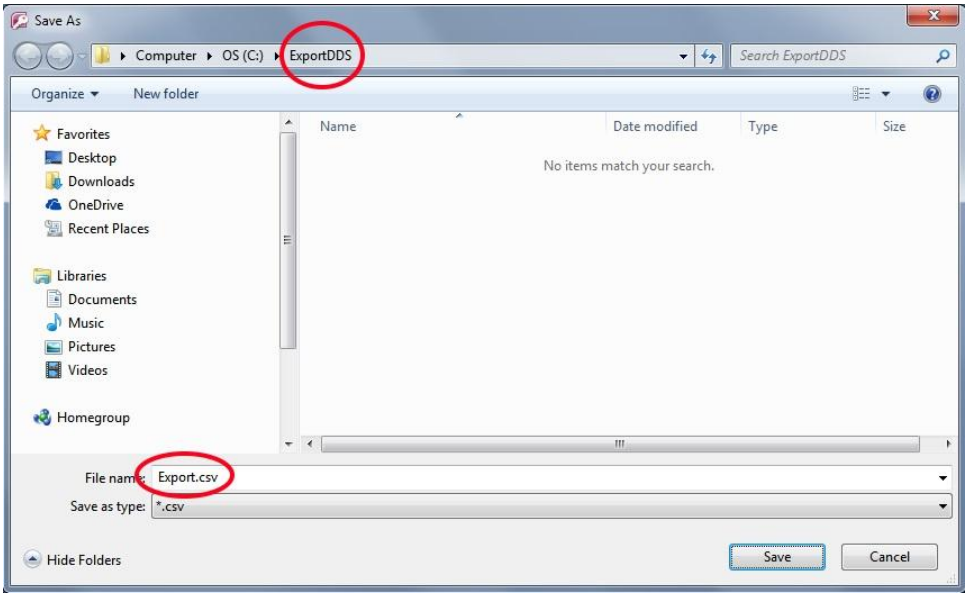
Note

Diamond Dental versions earlier than 5.8 created an Export.csv file with Gender at position 5 and Birthdate at position 6. It uploaded fine as long as you entered the numbers accordingly in the MDToolBox upload screen. To verify the order in which the fields appear in your file, navigate to the ExportDDS folder and double click on the Export.csv file. If you have Excel, it will open in Excel, otherwise you can open it in Notepad. You can easily see exactly what order your fields appear and that is the order that should be entered into the MDToolBox screen.

How to Create an Export.csv File

To create a file for export, from the "Main Menu" pick *Reports*, and then *Patient Report*. You will be at the "Patient Reports Parameters" screen seen above. Select the filters (if any) that you would like to use. Click *Export* seen at the top of the Patient Parameters screen. Then click the *Thumbs Up* button to continue. You will be taken to the "Save File As..." screen (seen below). You will notice that by default, the file name that you are saving will be *Export.csv*, and it will be saved into a folder named ExportDDS, which is a folder directly off the C drive. The complete path of the file that will be created is:

C:\ExportDDS\Export.csv



All you need to do at this point is click the *Save* button. If you want to give this file a different name or save it in some other location on your computer, you can do that before clicking *Save*. You will need to know the file's location in order to upload it to MDToolBox.

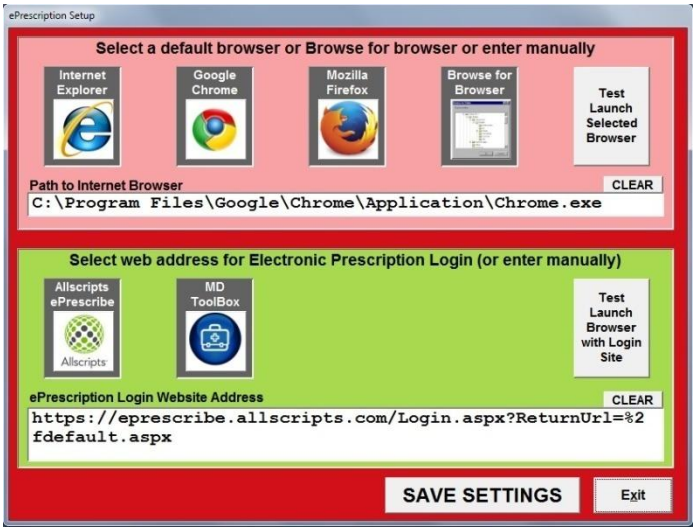
Open Your ePrescription Program Without Leaving Diamond Dental

You can launch your ePrescription program without leaving Diamond Dental. You will see a button labeled *eRx* on the "Posting" screen, and another button labeled *ePrescription Launch* on the "Utilities Menu." Both these buttons will take you directly to your ePrescription software's Login screen. After logging in you will search for the patient in question. If you have uploaded your patient data to your ePrescription program as discussed above, the patient will be there for you to find to find. You will then use your ePrescription program to write the prescription and transmit it to the appropriate pharmacy.

The *eRx* and *ePrescription Launch* buttons require some setup. This setup process will now be discussed.

Setting Up the eRx and ePrescription Launch buttons

Setup of your launch buttons will be accomplished using the ePrescription Setup screen seen here. Starting at the "Main Menu", click *Utilities*, then *System Files*. On the "System Files" menu, click *ePrescription Setup* and this screen will open.



Picking Your Default Browser

Your ePrescription program is web-based, therefore you will access it using an internet browser. We have provided a choice of the three most popular browsers from which to choose: *Internet Explorer*, *Google Chrome*, and *Mozilla Firefox*. As you click a choice you will see the path to that browser's launching file appear in the text field below. You can click the *Test Launch* button to make sure the path is correct for your computer. The test launch will take you to Yahoo.com. Seeing Yahoo.com appear indicates a successful test. Just close the browser. You can also browse for the browser of your choice, or manually enter a path of your choosing directly into the text field.

Enter the Web Address for ePrescription Login

After selecting your default browser (discussed above) you will enter the web address for your ePrescription program's login screen. If you are using Allscripts or MDToolBox, simply click the appropriate button and the web address will display in the text box below. You may also manually enter the web address by typing it directly into the text area. Click the *Test Launch* button on the right of the screen to see that your default browser indeed does open your ePrescription program's Login screen. Close the browser after this test.

Save Your Settings

After you have selected your default browser and have entered the login screen web address, click the *Save Settings* button. The settings are now saved for this computer. Each computer that is going

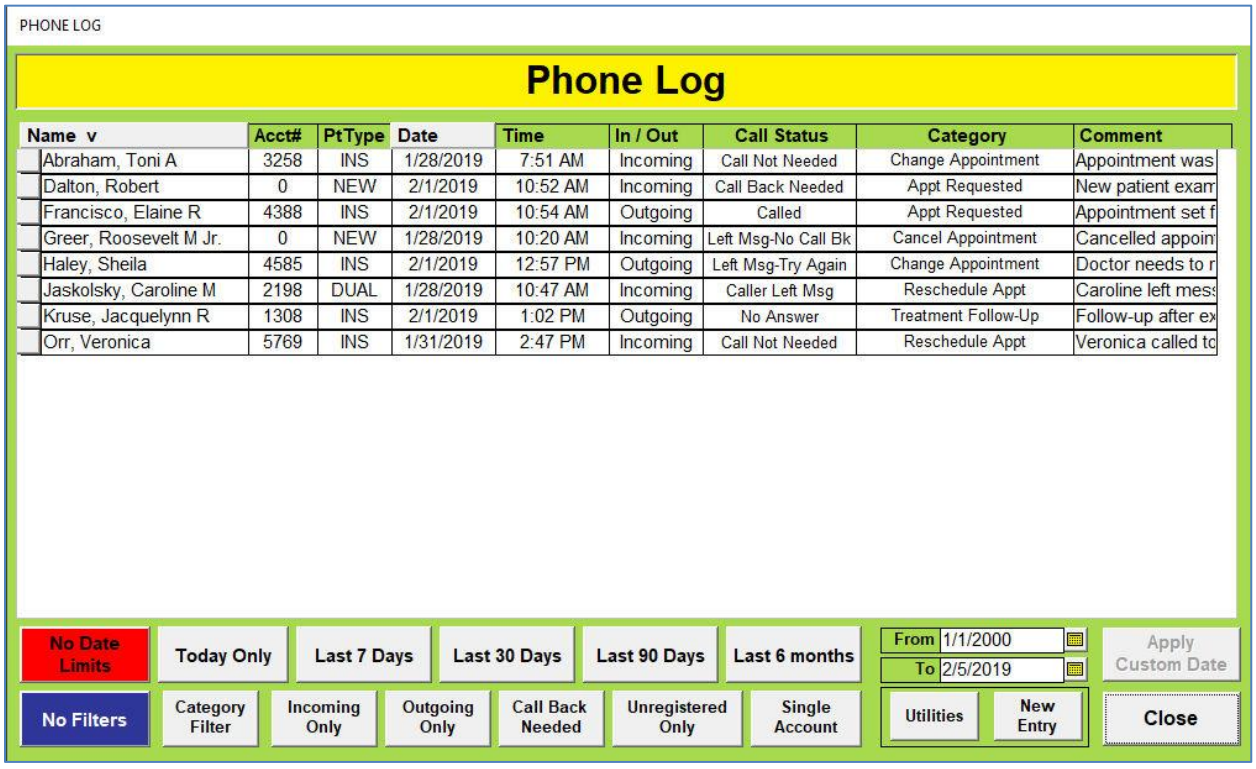
to be using ePrescriptions will have to do this setup procedure as the paths are unique for each machine.

Chapter

45

Chapter 45: Phone Log Tracking

In a busy dental office, the telephone can be in constant use, either for incoming or outgoing calls. These phone calls are the lifeline of your business and as such need to be tracked in an organized fashion.



Features

The Phone Log screen (seen right) displays quickly from a new button on the Main Menu. At a glance you can see who has recently called or has been called. The calls can be sorted either by caller name, or by the date and time of call with the most recent call seen at the top. You can see whether the caller called you or you called the caller. The *Call*

Status column indicates if a call back is needed or if the call has been resolved. Each call can be put in a category (of your design) and be given a comment (of unlimited length).

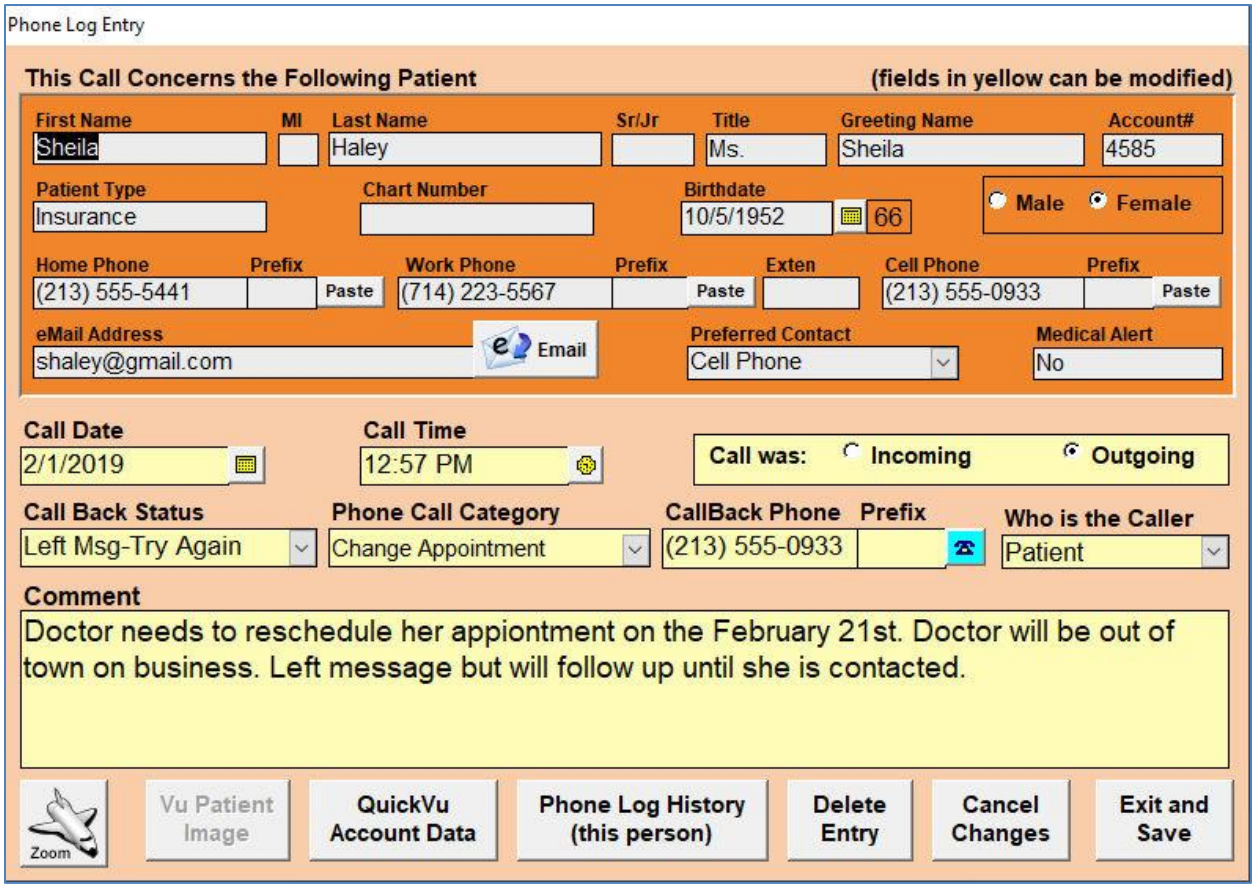
Creating a Phone Log Entry

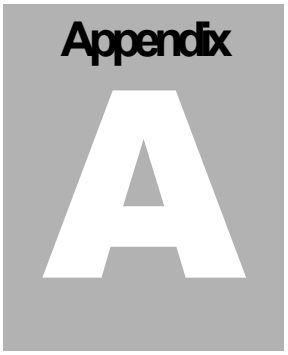
When you create a Phone Log entry you will be taken to this screen. For existing patients, the top section will be filled in for you. Much of the bottom section will also be filled in but you will select the *Call Back Status* which indicates if a call back will be needed and optionally the *Category* and *Comment* fields if desired.

If the caller is not a registered patient you will need to additionally enter their name, birth date, gender, and phone number.

If you click on a name on the Phone Log screen (seen on the previous page) you will also be taken to this screen where you can examine the entry with its full detail. From this screen you can also edit, or delete the entry.

Phone Log Report: The *Phone Log Report* (not shown) is essentially a print out of the Phone Log screen. The date ranges and filters used on the Phone Log screen carry over to the report and will display the same names.





Appendix A: What's New

The Diamond Dental Software program is continually being updated. This "What's New" section will present the highlights of features that have been added, categorized by version number, starting with our most recent version and going backwards to include the last several years.

Diamond Dental Version 7.8: November 18, 2026

Includes all the features from previous version 7.7.
The new Perio Charting program was introduced with Diamond Dental version 7.7. Version 7.8 adds some new features. You can now import perio exams made in the old perio charting program into the new perio chart, so a patient's history is all in one place. When you create a new exam, Diamond can fill in missing teeth, crowns, pontics, and implants from the patient's history, so you don't have to chart them by hand. On perio reports, pocket depths over 3 mm are now shown in red, just like on the screen.

Diamond Dental Version 7.7: September 14, 2026

Includes all the features from previous version 7.5.
New Perio Charting Program.
Diamond Now Works On High Resolution Monitors.
CDT 2027 Code Update.
On-Screen Searchable 2027 Code Book.
Prints Latest ADA Dental Claim Form.
Compatible with Windows Server 2025 and earlier. You no longer need our special Windows Server version which required special installation.

Diamond Dental Version 7.5: September 25, 2025

Includes all the features from previous version 6.8.
Did you know there have been more than 260 changes to the CDT Code since 2020? It is important to be familiar with CDT Code changes so you and your staff can more accurately document and report the services delivered to a patient. Don't let outdated codes cost you time and money.
CDT 2026 includes 60 code changes: 31 additions, 14 revisions, 6 deletions, and 9 editorial changes, impacting areas such as saliva testing, prosthetics duplication, implant mainte-

nance, photobiomodulation therapy, and a comprehensive overhaul of anesthesia codes. Key changes involve **new codes for cracked tooth testing** and peri-implantitis procedures, while outdated COVID-19 vaccine codes have been deleted.
A bridge to Romexis Xray Imaging from Planmeca is now included in version 7.5.

Diamond Dental Version 6.8: June 26, 2025

Includes all the features from previous version 6.7
Correction of failure to open Perio and Clinical chart affecting many of our offices

Diamond Dental Version 6.7: December 9, 2024

Includes all the features from previous version 6.5
Compatible with Windows Server 2022
New CDT 2024 Dental Procedure Codes and New 2024 Paper Claim
On-Screen Searchable CDT 2025 Code Book
2024 ADA Dental Claim Form
Integration with DrDirect for Electronic Claim Transmission
Single Patient Ledger Printout
CC (carbon copy) for Email Billing for your records

Diamond Dental Version 6.5: April 3 2024

Includes all the features from previous version 6.1
Compatible with Windows Server 2022
New CDT 2024 Dental Procedure Codes and New 2024 Paper Claim
On-Screen Searchable CDT 2024 Code Book
2024 ADA Dental Claim Form
Integration with DrDirect for Electronic Claim Transmission
Single Patient Ledger Printout

Diamond Dental Version 6.1: October 2023

Inherits all features from version 6.0
CDT 2024 Procedure Code Update
On-Screen Searchable CDT 2024 Code Book
2024 ADA Dental Claim Form
Compatible with DrDirect for Electronic Claim Processing

Diamond Dental Version 6.0: May 2023

All the features from version 5.9
Billing Statements with QR Codes
Email Billing Statements with Payment Portal Link

Diamond Dental Version 5.9: February 2023

CDT 2023 Procedure Code Update

On-Screen Searchable CDT 2023 Code Book
Insurance Tracking Improvements
Interactive Carrier Contact Screen
Diamond Dental Integrates with Patient Communicator
XVWeb, XVCapture, VisionX, VistaSoft, Xray Integration has been added

Diamond Dental Version 5.8: December 2021

CDT 2022 Procedure Code Update
Procedure File Linked to CDT Categories and Subcategories
New Transaction Frequency Reports
Profit Per Hour Calculations
On-Screen Searchable CDT 2022 Code Book
Diamond Dental Integrates with Patient Communicator

Diamond Dental Version 5.7: November 2020

Completely Overhauled Graphical Email Module
New Guidance Concerning Emailing and PHI
Improvements in Email Billing Statements
CDT 2021 Procedure Code Update
Complete Searchable On Screen CDT 2021 Code Book
New Time Clock Utilities
Individual Employee Hours / Wages Report
Explosion Code Limit Raised from 5 to 9 Procedures Per Explosion Code
Running Balance Column Added to Posting Screen
Procedure Code Column Added to Treatment Plan Print-out

Diamond Dental Version 5.6: May 2020

Post-Op Contact Report
New Phone Number and Birthday Search

Diamond Dental Version 5.5: December 2019

CDT 2020 Procedure Code Update

Diamond Dental Version 5.4: February 2019

CDT 2019 Procedure Code Update
Bulk Check Entry Modified to All Inclusive Bulk Payment Entry
Comprehensive Payment Report Updated
Phone Log Tracking
2019 ADA Dental Claim Form
Carrier / Patient Count Report
Effect of Windows Update 1809 Corrected (program crash)

Diamond Dental Version 5.3: August 2018

CDT 2018 Procedure Codes
New Post-It Note Format including Patient and Account notes
Customization of Patient Payment line item on Billing Statements
‘Left Message’ tag added to Appointment Setter
Insurance Processing using Office name for Billing Entity improved
Update for California Prescription Forms

Diamond Dental Version 5.2: April 2017

FileCenter Integration
Hide Patient's last name from Appointment Scheduler
Patient Count Added to Carrier Payments/Charges Report
Prescription Writer Accessible Even When Account Locked by Another User

Diamond Dental Version 5.1: April 2016

Bridge to Florida Probe
Hygienist Initials Now Displays on Posting Screen
Create PDF Documents from Any Diamond Dental Report
Prescription Report
Email Filter and Email Address Added to Patient Report
Cell Phone Number Replaces Work Number in Reports
Recall Printed Based on Last Visit Date Only (if recall is not set)
ICD-10 Processing (after the 11/26/2016 version)

Diamond Dental Version 5.0: February 2015

Facilitate Electronic Prescriptions
CDT 2016 Dental Procedure Code Update
Export Text Data from Patient Report to Excel
Cell Phone displays on Patient, Schedule, and Recall Reports w/ Text Message Indicator
Phone or Email from ToDo List Entry screen.
iRYS Digital Xray Bridge Available
Improved Patient Notifications with *Televox*™ and *Patient Communicator*™
Custom Setting for Billing and Treating NPI Numbers when Required
Bridge to DataGrabber from Apteryx and therefore to any X-Ray Program
Bridge to Two Different X-Ray Programs

Diamond Dental Version 4.9: May 2014

7 Day High Resolution Appointment Scheduler
Digital Xray button now on Posting, Search, and Appointment Setter screens
Office name and address prints at bottom of billing statements
Appointment Cards from label printer
Excuse Slip
California prescription form

Diamond Dental Version 4.8: November 2013

CDT 2014 Dental Procedure Code Update
Custom Specialty entry as required by some state Medicaids
Medical Health Insurance Claim Form 1500 (02-12)

Diamond Dental Version 4.7: October 2013

HIPAA Compliant Email

Diamond Dental Version 4.6: August 2013

Relaxed Record Locking with Limited Access Mode

Diamond Dental Version 4.5: May 2013

All Phone Number Search (by home, work, or cell)
NPI Number and Date of Birth on Prescription Form
Reprint Recall Button
Hide Account Numbers on Appointment Schedule and Pin-Up Report
Social Security Numbers Encrypted on Patient Search Screen
X-Ray Link and *Treatment Notes* no longer place record locks on account for posting
Patient Street Address increased in length from 30 to 40 character maximum
Quadrant field added to Electronic Claims Detail Report

Diamond Dental Version 4.3: October 2012

Windows 8 Compatibility
Windows 8 Tablet Ready

Diamond Dental Version 4.2: September 2012

2012 ADA Dental Claim Form
CDT 2013 Dental Procedure Code Update
Full CDT Codes and Explanations
All New Charge Entry Screen
Show Proposed Button Turns Red on Posting Screen
Added Password Protection
Office Name and Address Prints on Treatment Plan
"Pending" on Billing Statements Made Optional
View Claims Screen Displays Remarks from Insurance Form

Diamond Dental Version 4.1: June 2012

Smartphone Module
Five Column Appointment Scheduler
Password Protection to Allow View/Edit of Social Security Numbers
Password Protection to Allow Posting Outside of Today's Date
Password Protection for Direct Balance Editing (now on Special Utilities)
Show "Pending" on Billing Statements for Unpaid Claims Now Optional from User Defaults
Treatment Plan Displays Office Name and Address Like Billing Statement
Chairside Overview now displays Cell Phone, Email, and Preferred Contact

Diamond Dental Version 3.7: June 2011

Appointment Standby Scheduling
Email Billing
Email Search
Delta Dental Date Format Compliance
Care Credit Payment Tracking
Improved Delete for Appointment Scheduler
New Preferred Contact Method of Text Message
Import Benefits between Benefit Plans
Ledger Printout that displays Line Item Memo

Diamond Dental Version 3.6: December 2010

Integrated Credit Card processing with X-Charge

Diamond Dental Version 3.5: June 2010

Explanation of Benefits (EOB) Reconciliation
EOB Follow-Up Report
Display Account Status screen on Exit
View Claims Screen Improved
Schedule Provider Views button on Schedule screen
Past Cancellations button on Appointment Setter screen
CDT 2011-2012 Update

Diamond Dental Version 3.4: March 2010

Accounts Receivable History Report
Automatic DaySheet / AR Crosscheck
Reprint Insurance Claims

Diamond Dental Version 3.3: November 2009

Single Form Format Using Account Tabs.
Lock Box to put aside what you are working on to perform another task.
Account Record Synchronization.
Check if an Account is Already Entered Before Entering it Again.
DDS Messenger
Comprehensive Payment Report
Last 99 Patients Button
Appointment Scheduler now allows simultaneous users into the same day.
Diamond Dental now operates in 32 and 64 bit Windows 7, Vista, and XP

Diamond Dental Version 3.0: November 2008

Diamond Dental now operates in 64 bit Windows
DDS Email
New Envelope and Single Label Printing
New filter to exclude is patient has future appointment on Patient Report and Cancellation Report.
Improved Patient Search screen
Improved Account Archiving
CDT-2009 Update

Diamond Dental Version 2.1: October 2007

Integration with Trojan Benefit Services
Integrated Credit Card processing with X-Charge
Treatment Plan Worksheet
Allow each doctor two NPI numbers. One for Rendering (treating) and one for corporate (if needed)
New Daysheet format

Diamond Dental Version 2.0: January 2007

The program was made compatible with Microsoft Windows Vista.

Diamond Dental Version 2006: June 2006

Clinical Chart
Perio Charting
Pocket 3Star now included with dental program.
National Provider Identifier capable
Multiple Facility Numbers for Emdeon Electronic Claims
CDT-2007 Update
ADA Dental Claim Form Version 2006
Next Appointment now appears on single Billing Statements
Prescriptions now print on official New York State prescription blanks

Three Star Version 6: November 2005

Treatment Progress Notes
Time Clock
One Button Database Maintenance
Post-It Notes
New Patient Search with *Last Patient Accessed* Button
Preferred Contact
Change Phone Numbers From Appointment Setter Screen
Import Proposed Procedures To Appointment Schedule
Capture Broken Links Between Recall and Appointments
Track Outstanding Lab Cases While Setting An Appointment
Specific Recall Not On Schedule Report
Televox HouseCalls File Creation
Pocket 3Star Integration

Three Star Version 5: October 2004

Integrated Digital Images
Graphs
Electronic Attachments
CDT-2005 Update
Restore Deleted Accounts and Patients
Network Users Not Required To Share Root Directory
Multi-Provider Next Available Appointment Search
Schedule Pin-Up Reports Prints On Legal Size Paper
Schedule Note Indicator
High Resolution AutoSizer
Prompt On Leaving Posting For Treatment Complete
Prompt On Leaving Posting For Printing Insurance
Prompt On Leaving Posting For Setting Recall
User Default Setting For Patient Search
Alternate Wording For Amount Due Now
Cell Phone Numbers For Patients And Responsible Parties
Editing Guarantor's Phone Numbers Updates Underlying Patients' Numbers
Hygienist Name Repeats In Posting

On screen report showing new (not yet entered) patients who failed to show up for appointments.
Modification to Day Sheet displaying Procedure Codes and Patient's Social Security Number.

Three Star Version 4: October 2003

Todo List
Routing Slip
Prescription Writer
Health History Generator
HIPAAA Compliant Electronic Claims
Splitting Accounts
Schedule Provider Arrangement Changer
Three Across Appointment Schedule Printout
Improved Appointment Schedule Record Locking For Network Users
Improved Record Locking For Network Users
Improved Linkage To Microsoft Word
Pre-Printed ADA 2002 Insurance Claim Form

Three Star Version 3.3: October 2002

New Appointment Scheduler
Passwords And Permissions

Three Star Version 3.2: October 2001

Insurance Claim Detail
Bulk Check Tracking And Editing
Lab Tracking
Single Label And Envelope Printing
Transaction Memos
Insurance Subscriber Report
Fee Comparison Report
Pre-Printed Billing Statement
Program Entry Password
Recall Printing Date Range Qualification
Day Sheet Filter For Patient Type
Day Sheet Filter For Insurance Carrier
Accounts Receivable Filter For Patient Type
Accounts Receivable Report Credit Balance Filter
Payments Print In Custom Color In Statements And Reports
Date Range Feature For Account Ledger Printout
QuickVu Data Access
Automatic Benefit Calculation Expanded
Return Service Requested Prints On Recall Cards
Billing Statement Margins Modifiable
Bridge To Tiger View Digital Imaging

Three Star Version 3.0: October 2000

Archive Capability
Automatic Recall Setting

Amount Due Now Can Be Modified From Billing Screen
Automatic Date Setting When Program Opens
AMEX And Discover Options For Billing Statement
Bridge To DiCom Dental Imaging Suite
Date Set Scheduling Report
Exclude Patient Type Filter Added To Various Reports

Appendix

B

Appendix B: Diamond Dental Software Merge Letter Library

The following pages contain samples of the merge letters that accompany Diamond Dental Software Version 3. These letters are used with the MS Word Integration section of the program. Since these are mail merge letters, they are designed to work with a data file. These samples are shown with their embedded variables fields. When printing merge letters these fields will be replaced by data supplied by the data file.

These letters are also presented with a generic letterhead. For your own letters, you will type over this generic information and enter your own office name, address, and telephone number. If you will be printing on paper that has a pre-printed letterhead, then blank out the sample letterhead to leave space for your pre-printed information.

Your Office Name (or blank out if using letterhead paper)
Address
City, State, Zip
Telephone

July 26, 2021

«FullFormalName»
«Street_Address»
«City» «State» «Zip_Code»

Dear «SalutationName»,

As of this date, we have not received your payment for the services that were rendered. Have you forgotten? Please check your records.

If you have already sent your payment, please disregard this notice and accept our thanks for your payment.

Sincerely,

[Your Name]

Office Manager

Collection Letter. Used with Accounts Receivable Report with option of Delinquent Accounts Only. A first reminder for payments using a moderate, understanding tone. Filename AR_01.doc. Uses data file ARmerge.doc.

Your Office Name (or blank out if using letterhead paper)
Address
City, State, Zip
Telephone

July 26, 2000

«FullFormalName»
«Street_Address»
«City» «State» «Zip_Code»

Dear «SalutationName»,

We are sending this letter to you with regret that previous efforts to obtain payment of your account have been unsuccessful.

You currently owe a total of $«DueNowAmount» with $«Over90Days» over ninety days past due. Over the past several months we have tried to get you to fulfill your obligations to us. We assumed, since you had an excellent credit rating and have always been responsible in paying your bills before, that some small oversight was to blame.

Please send us your payment for the overdue bill within five days so that we do not have to turn your account over to a collection agency.

Sincerely,

[Your Name]

Office Manager

Collection Letter. Used with Accounts Receivable Report with option of Delinquent Accounts Only. This is an ultimatum with a moderate tone. The threat of a collection agency is mentioned. Filename AR_02.doc. Uses data file ARmerge.doc.

Your Office Name (or blank out if using letterhead paper)
Address
City, State, Zip
Telephone

July 26, 2000

«FullFormalName»
«Street_Address»
«City» «State» «Zip_Code»

Dear «SalutationName»,

Unfortunately, we still haven't received your $«DueNowAmount» payment for services rendered. Because your account is over three months past due, we were forced to add a late charge of $«LateCharge» in accordance with our credit policy.

Please be sure to settle your account with us today. If you have difficulty paying the full amount now, please call me today to discuss arranging a payment schedule.

Sincerely,

[Your Name]

Office Manager

Collection Letter. Used with Accounts Receivable Report with option of Delinquent Accounts Only. This letter mentions that a Late Charge has been levied and should only be used if you charge Late Charges. Filename AR_03.doc. Uses data file ARmerge.doc.

Your Office Name (or blank out if using letterhead paper)
Address
City, State, Zip
Telephone

July 26, 2000

«FullFormalName»
«Street_Address»
«City» «State» «Zip_Code»

Dear «SalutationName»,

Your account is now seriously overdue. Because you have failed to make any payment towards your balance of $«DueNowAmount» or to contact us to arrange a payment schedule, we have been forced to initiate collection action against you.

Your account will be turned over to a collection agency if we do not receive full payment from you within two weeks. Please make every effort to ensure that we are not forced to take this drastic action.

Sincerely,

[Your Name]

Office Manager

Collection Letter. Used with Accounts Receivable Report with option of Delinquent Accounts Only. This letter threatens to turn account over to collections. Use option No Payment For X Days to make sure they have not made a recent payment. Filename AR_04.doc. Uses data file ARmerge.doc.

Your Office Name (or blank out if using letterhead paper)
Address
City, State, Zip
Telephone

July 26, 2000

Susan Abdullah
23010 Lake Forest Dr. #553
Laguna Hills CA 92653-1351

Dear Susan,

We would like to take this opportunity to welcome you as a new patient to our dental practice. Thank you for choosing [Your Doctor or Office Name] as your dental care provider. If you have any questions about your treatment, insurance, or billing matters, please feel free to contact us at any time.

We perform a full range of dental services including cosmetic and restorative dentistry, bonding, teeth whitening, veneers, oral surgery, endodontics, dentures, and crown and bridge. We have state of the art equipment and implement the most thorough sterilization techniques available for you safety. We accept dental insurance and most major credit cards. Time payment plans are also available.

Although we are a full service practice, the greatest enjoyment we experience with our patients stems in large part from the mutual understanding of the joint responsibility regarding dental care. Our personal goal is to prevent dental disease through education and proper preventive measures. Healthy teeth and gums throughout your entire life is possible and that will be our focus.

Thank you again for choosing [Your Doctor or Office Name] and we will be looking forward to working with you in the future.

Sincerely,

[Your Name]

Used with Patient Report. Welcome to the practice. Use this in conjunction with the First Visit Date range to find first time patients who are new to the practice. Filename Pt_01.doc. Uses data file PTmerge.doc.

Your Office Name (or blank out if using letterhead paper)

Address

City, State, Zip

Telephone

July 26, 2000

Dear «SalutationName»,

We noticed you have a birthday coming up on «BirthDOW», «BirthMON» «BDayth». From all of us at [Your Office Name], we would like to wish you a very healthy and happy birthday.

Best wishes,

[Your Name]

Used with Patient Report. Patient Birthday Letter. Set the Patient Birthday Range option. Filename PT_02.doc. Uses data file PTmerge.doc.

Your Office Name (or blank out if using letterhead paper)

Address

City, State, Zip

Telephone

July 26, 2000

«FullFormalName»

«Street_Address»

«City» «State» «Zip_Code»

Dear «SalutationName»,

This letter is used with the Patient Report with the Guarantor Names Only option activated. Its data file is PTAmerge.doc. Modify it or copy it for your own purposes.

Used with Patient Report - Guarantor Names Only. Blank Letter. Modify it or copy it for your own purposes. Filename PTA_01.doc. Uses data file PTAmerge.doc.

Your Office Name (or blank out if using letterhead paper)

Address

City, State, Zip

Telephone

July 26, 2000

Dear «SalutationName»,

We are always happy when Thanksgiving is approaching, because this wonderful holiday affords us the opportunity to thank all of our friends. This past year has been good to us, and we thank you for your confidence and trust in our ability to serve you.

HAPPY THANKSGIVING!

[Your Name]

Happy Thanksgiving letter. Used with Patient Report - Guarantor Names Only. Filename PTA_03.doc. Uses data file PTAmerge.doc.

Your Office Name (or blank out if using letterhead paper)

Address

City, State, Zip

Telephone

July 26, 2000

«FullFormalName»

«Street_Address»

«City», «State» «Zip_Code»

Your recall visit is scheduled for «MTuWThF», «Month» «Day» at «Time».

Dear «SalutationName»,

«RecallMessage»

Sincerely,

[Your Name]

Recall letter. This will print the full recall message that would have printed on the postcard. Used with Print Recall. Can be used instead of postcards. Filename REC_01.doc. Uses data file REC-merge.doc.

Your Office Name (or blank out if using letterhead paper)

Address

City, State, Zip

Telephone

July 26, 2000

Dear «SalutationName»,

«ReferredFirst» «ReferredLast» is now a patient with our office. During our initial conference, «he_she» has informed me that «he_she» had chosen us based up-on your recommendation. I want to thank you for this referral and express my appreciation for your confidence and trust.

I also look forward to seeing you again. If you have any questions or concerns, our staff is available to you. Should the need arise, please give us a call.

Thank you again,

[Your Name]

Used with Patient Referral Thank You from Reports Menu. Thank You For Referring Patient letter for Patient to Patient referral. File-name REF_01.doc. Uses data file REFmerge.doc.

Appendix

C

Appendix C

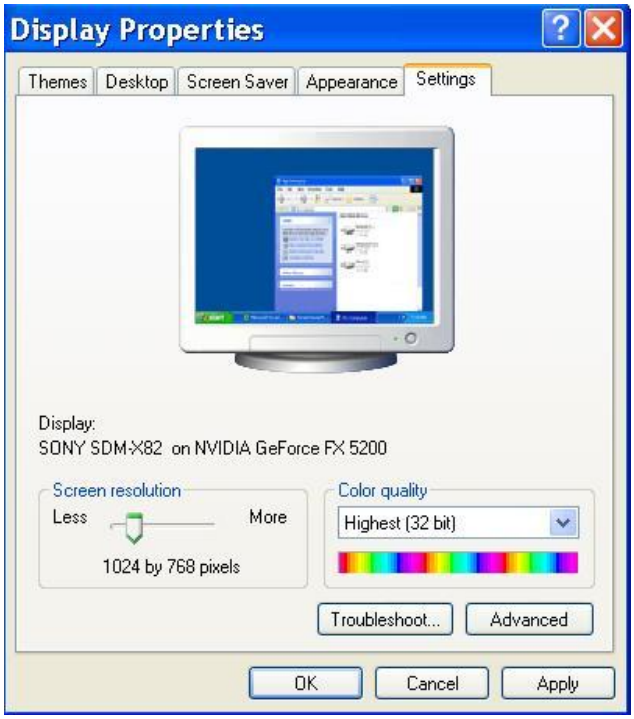
Setting Your Screen Area To 1024 x 768 Resolution

NOTE

Newer versions of Windows will look different than is described in this Appendix. Just right click on a blank area of the desktop (not on an icon). From the context menu that appears select *Display Settings*".

Diamond Dental Software requires that your screen area be at an 1024 x 768 resolution or higher.

- Make certain that all programs are closed. You should be at the Windows Desktop.
- Click on *Start* and click on *Control Panel*. The Control Panel window will display.
- In the Control Panel window, double click on the *Display* icon.
- The Display Properties window will open.
- In the Display Properties window select the *Settings* tab.
- Set the *Screen Area* or *Screen Resolution* to 1024 by 768 pixels. It is also suggested that your *Colors* setting be at least High Color (16 bit) as seen above.
- Click on the Apply button, and then the OK button.
- Your Screen Area is now set for 1024 by 768 resolution. Appendix

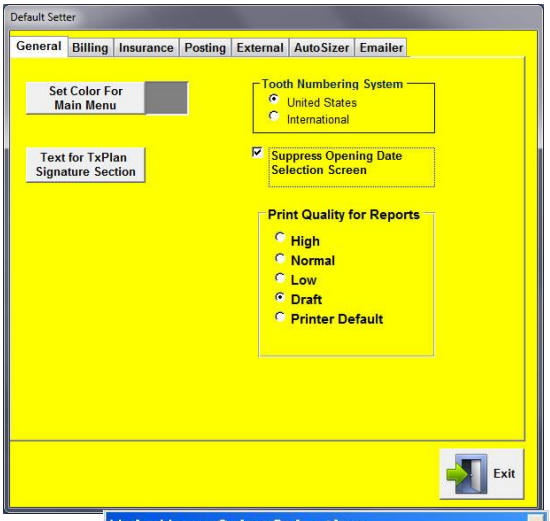


Appendix

D

Appendix D: User Defaults

Several areas of program operation can be customized by the user. The *User Defaults* screen is used for this customization. To access User Defaults from the Main Menu, click Utilities. From the Utilities menu click *User Defaults*. The Users Defaults screen will display. The User Defaults screen has 7 tabs which will now be discussed.



General Tab

The General Tab options are now discussed.

Main Menu Color

Use this option to change the color of the Main Menu to any one of these colors.



Suppress Opening Date Selection Screen

Diamond Dental Software uses its own Posting Date for program operation and does not rely on the computer's clock/calendar date. If the Posting Date set within Diamond Dental Software is in variance with the computer's date, then the *Select Posting Date* screen (seen right) will display when Diamond Dental Software first opens. You are being warned that the date you have set within Diamond Dental Software is not today's date. You have the choice of resetting the program's date by clicking the *Use Today's Date* button, or keeping the date you had before by clicking the *Use Previous Date* button. This feature was



added several years back because users reported they had posted entire days using the wrong date because they didn't notice the program was still set on the day before. You may suppress this screen from coming up by checking this option on the User Default screen.

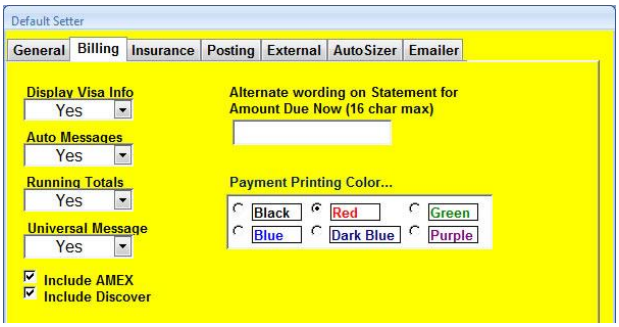
Tooth Numbering System

Leave this choice on United States.

Print Quality for Reports

If you are using an ink jet printer (as opposed to a laser) we suggest you set this to *Draft*.

Billing Tab



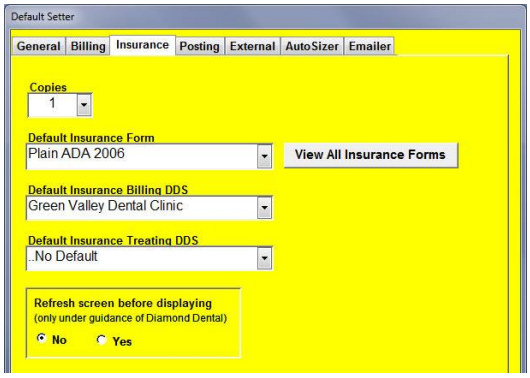
You may pre-set the Billing Parameters screen options of *Display Visa Info* (credit card information), *Running Totals*, *Auto Messages*, and *Universal Message* settings. If you include Visa information the user has the option of paying with a Visa or Mastercard. Additional checkboxes are available for AMEX and Discover.

If you prefer something other than the words "Amount Due Now" to appear on the billing statement you may enter alternate wording in the *Alternate Wording For Amount Due Now* text box. Whatever you enter here will replace the words "Amount Due Now" on the billing statements only.

Payment Printing Color

If you prefer color other than black for payments as they print on billing statements and on the Day Sheet, select that alternate color here. Actually any negative amount will take on this color which means payments and negative adjustments.

Insurance Tab



You may pre-set the *Number of Copies* for insurance printing and the *Default Insurance Form*. Whatever you pick here for the Default Insurance Form will be what comes up for the *Form to Print* field on the Insurance Form Parameters screen, every time you go to print insurance. Electronic Claims is one of the options. You may also set the *Doctor To Print On Form*. If you want a particular doctor to always come up when printing insurance, then select that doctor here. If you

leave the setting as “No Default” then the doctor assigned to that particular account will automatically come up as the Billing Dentist for the insurance form.

Refresh Screen before Displaying

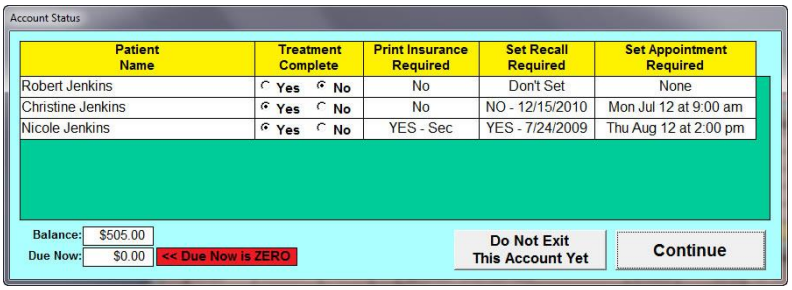
Some computers experience the insurance form incorrectly coming up blank on occasion. If this happens to you, set this choice to *Yes*. This will affect the local machine only.

Posting Tab

The Posting Tab options are now discussed.



Display Account Status Screen



After posting transactions for an account it is very easy to simply exit back to the Main Menu and leave certain important tasks undone. For example, did the user indicate if the patient’s treatment was complete? Did the user print insurance for the patient? Was the patient’s recall set? Does the patient need an appointment set? Did the user change the account’s Amount Due Now (if it needed it)? Starting with Version 3.5, if you check the *Display Account Status* checkbox on the Posting Tab, Diamond Dental Software will pop up the “Account Status” screen on exiting an account. Using Account Status you can reset whether the patients in the account have Treatment Complete, and it will warn you if recall or insurance printing is required. You will also be warned if the account has a positive Balance with a zero Amount Due Now. If this was an oversight, billing and aging will not happen for this account.

The *Treatment Complete* setting is included because several reports within the program rely on an accurate setting of this flag. In particular the *Treatment Complete / X Days Since Last Visit* report is totally dependent on this flag. Several other reports also use this flag as an important parameter.

Suppress Bulk Check Tracking

Since Version 3.2, payments that were part of a bulk check could be tracked against their parent bulk check (see the chapter containing the section Part Of Bulk Check for details). You may suppress this bulk check linking by checking this option.

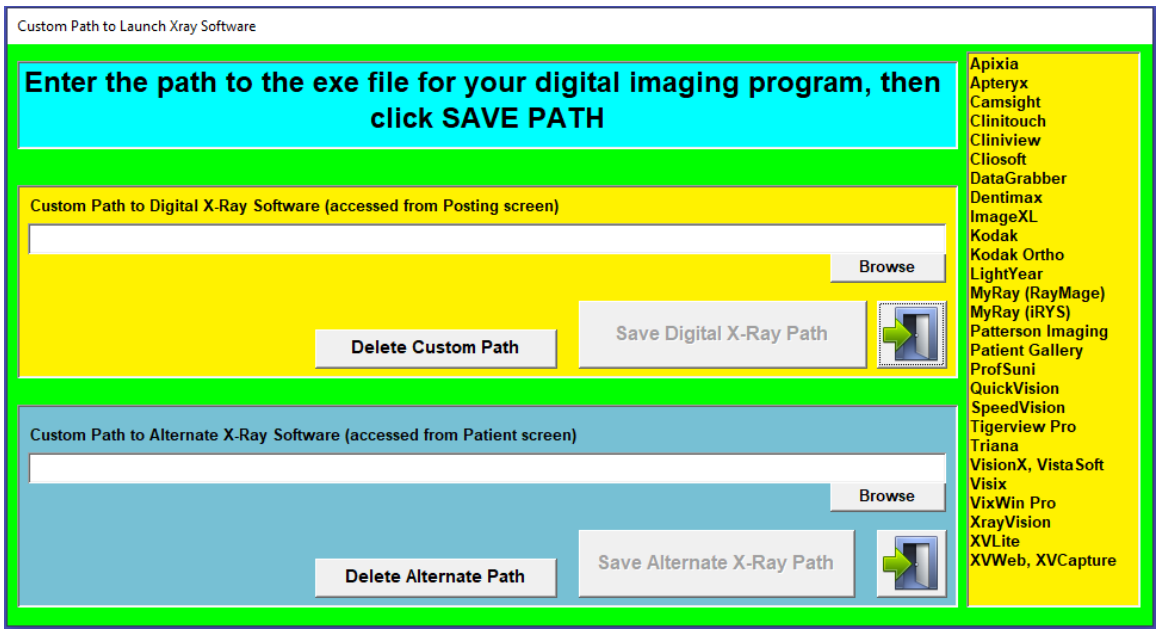
External Tab

The External Tab concerns third-party software.

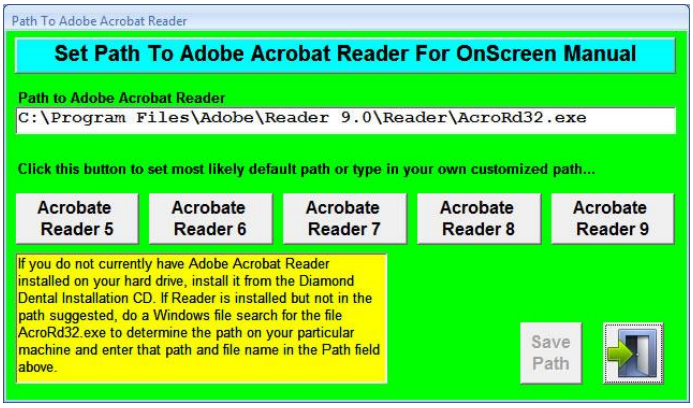
Bridge to External Digital Imaging Software



Diamond Dental "bridges" to several third-party digital Xray programs. For most of these you will be required to enter the complete path to that program's "exe" file. While in Posting you can click the Xray *Link* button to access this program. The bridge will pass patient information to this external software which will then open and take you to that patient's record in that software. If there is no record, one will be created. You then use that external software the way it was designed, and when finished you close it. You will then be brought back to Diamond Dental's Posting screen, just where you left it. You will click the appropriate radio button on the External tab and then click the Enter Custom Path button where you can enter the path in the yellow area as seen below. The blue area if for an alternate Xray program if you have one.

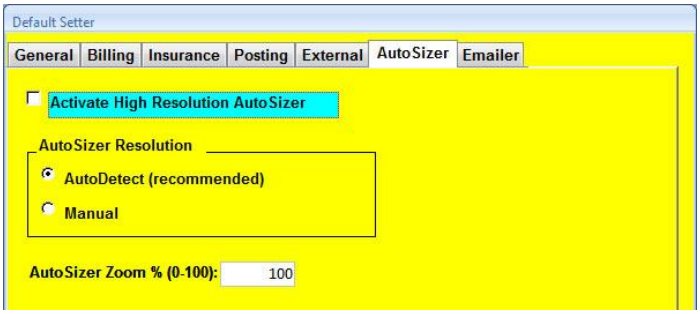


Path to PDF Reader



This Diamond Dental Software Manual can be accessed via the *On-Screen Manual* button on the Diamond Dental Software Main Menu. Diamond Dental Software uses Adobe Acrobat Reader to display the manual. Other PDS readers will also work, for instance Foxit Reader is our favorite. Diamond Dental Software needs to know where on your hard drive the PDF reader resides in order to display the manual. Click the *Path to Adobe Acrobat Reader* button to set this path with the screen displayed here.

AutoSizer Tab



NOTE: It is suggested that the AutoSizer Zoom% be set to 70%.

Diamond Dental Software now includes the *High Resolution AutoSizer*. Diamond Dental Software has a long history (in computer years) dating back to 1985 for the DOS version and 1995 for the Windows version. Back in the mid 1990's the standard screen resolution was 640 x 480 (pronounced 640 by 480) , and Diamond Dental Software was written to accommodate that screen size. Today the standard screen resolution is 1024 x 768 and 1280 x 1024 is being seen more and more. New computers you buy today will be set either at 1024 or the 1280 resolution. So what does this mean? If you are viewing a program that was designed for 640 resolution (like many of the screens seen in Diamond Dental Software) on a computer set for 1024 resolution, the screens will appear very small and hard to read. This is more pronounced at higher resolutions like 1280. With the High Resolution AutoSizer activated, Diamond Dental Software's small screens will be expanded to fill monitor's set for the higher resolutions used today. The various Diamond Dental Software screens will be large, sharp, and easy to read no matter how high you set your monitor's resolution. To activate the High Resolution AutoSizer, check this option on the User Defaults screen.

Appendix

E

Appendix E: Network Supplement

Diamond Dental Software can be operated on a Windows peer to peer network. In a network, two or more computers are linked together. When networking Diamond Dental Software, one computer is the *Server* or “Main” computer, and all the other computers are considered “Remotes”. All computers, the *Main* and the *Remotes*, have Diamond Dental Software installed. However, only the *Main* computer has your patient data stored on it.

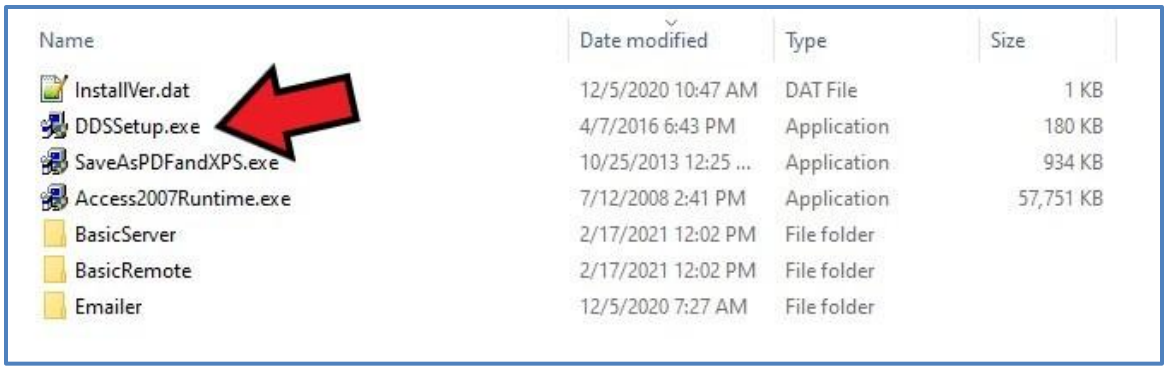
As mentioned, the Main computer is the machine that stores the data. This includes the accounts, patient records, transactions, insurance carriers, benefit plan records, insurance tracking history, etc. All this information is stored in one place only, and that place is the hard drive of the Main (or server) computer. In your network setup, the Main computer's “Diamond Dental Software” folder must be configured to be shareable with full read/write permissions. The Remote computers will then be able to access the Main computer’s hard drive and use the data that is stored in the data files.

Installing Diamond Dental Software on the MAIN Computer

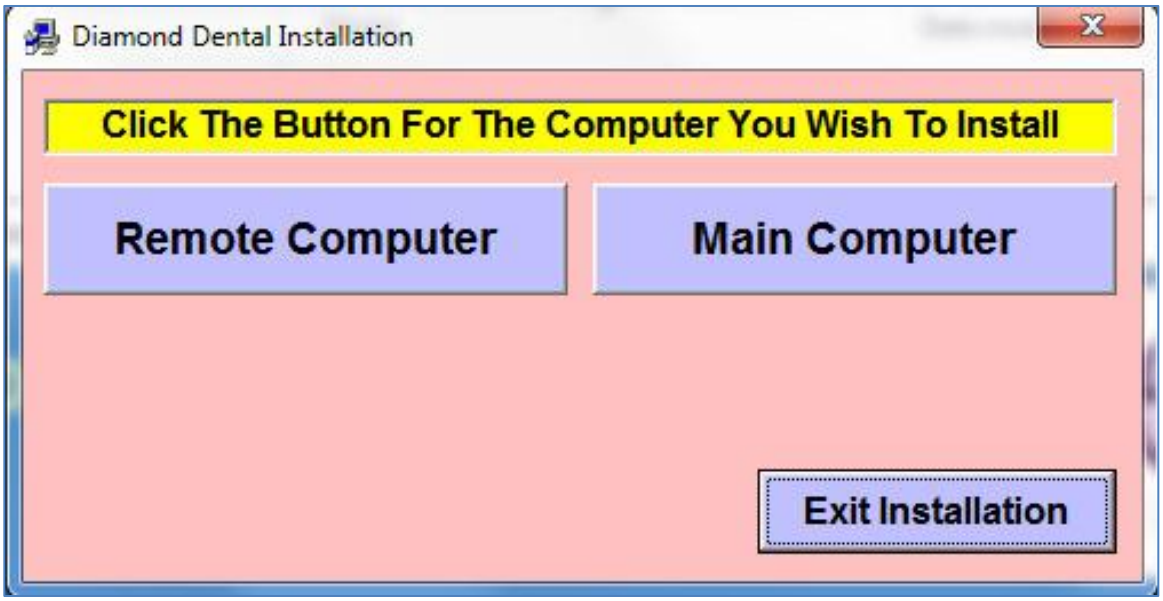
Note

The MAIN computer is loaded first and the *After Update Operation* is performed (if you are upgrading from an older version). The *After Update Operation* is only performed on the Main computer. Only after the Main computer is fully operational with the latest version, are the Remote computers loaded.

At the Main computer, insert the Diamond Dental Software Installation flash drive. After insertion a window should open displaying the files that are on the flash drive. If a window does not open, access it by opening the flash drive using File Explorer.



You will double click DDSSetup file and the Installation menu will open. Click the button labelled *Install Diamond Dental Software*. Then, the following screen will display:



Click the button indicating which computer you are loading, the Main or a Remote computer. After this, the installation program will install Diamond Dental. Just follow the directions on the screen. You will be told to exit and re-enter the program.

After installing a new version and before you are allowed to do anything, the *After Update Operation* must be performed. You can access the After Update Operation from the Special Utilities menu, however, a shortcut would be to just click the “Billing” button on the Main Menu. You will be prompted that the After Update operation needs to be performed. Just click Yes to this prompt. Once this is complete you should exit Diamond Dental again and then re-enter. If you did not receive a prompt that the After Update Operation was needed, then you do not need to run it.

Sharing the Main Computer's *Diamond Dental Software* Folder

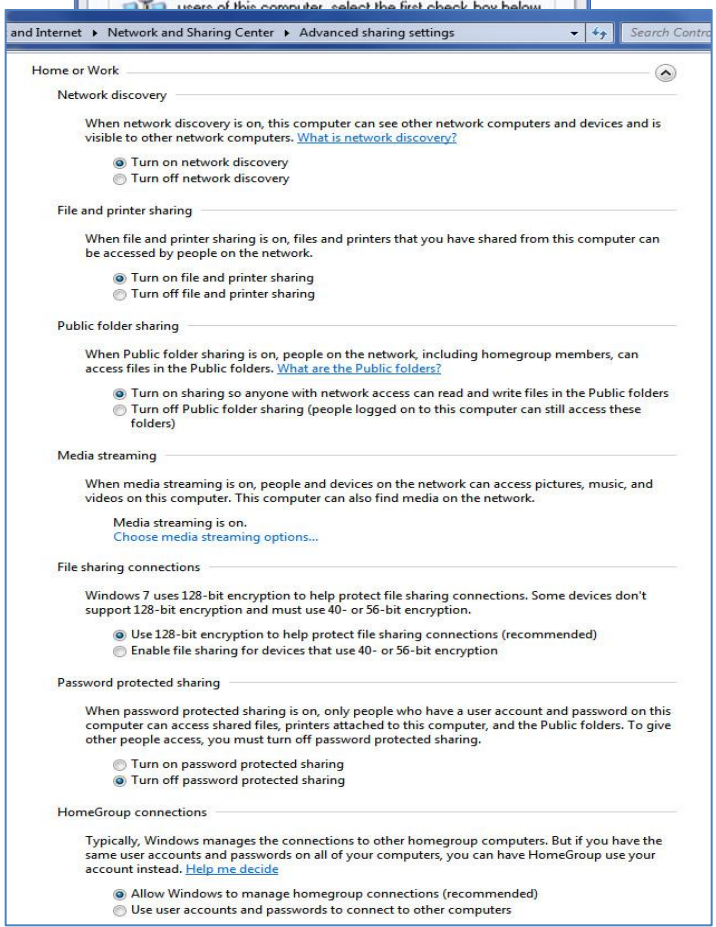
If you are going to be using Diamond Dental in a network with multiple users, the *Diamond Dental Software* folder on the Main computer must be *shared*. The "Main" computer is the computer that stores the data for the Diamond Dental Software program. The data is stored in the Main computer's *Diamond Dental Software* folder. This folder is inside your Main computer's "Program Files (x86)" folder and if you are using a 32 bit Windows version it is simply called "Program Files". So it is the *Diamond Dental Software* folder that we will be sharing, and it is located inside the *Program Files (x86)* folder.

Sharing Using Windows XP

If your Main computer is still using Windows XP, sharing the Diamond Dental Software folder is quite simple. Follow these steps:

1. Open the *My Computer* window.
2. Double click on the C drive to open it.
3. Double click on the *Program Files* folder to open it. This will open a window displaying all the folders inside *Program Files*.
4. Right click on the *Diamond Dental Software* folder and pick "Sharing". The *Diamond Dental Software* Properties window will appear.
5. Check both the "*Share this folder on the network"* checkbox and the "*Allow network users to change my files"* checkbox. Use the Share Name of "*Diamond Dental Software*".





Sharing Using Later Versions of Windows

Sharing the Diamond Dental Software folder with newer versions of Windows

is more involved but quite doable if you follow these steps:

Click the Start button (or use the “Everywhere” search in Windows 8.1) and type in “Network”. Select “Network and Sharing Center”.

Select “Change Advanced Sharing Settings”.

Click the down arrow to open up the “Home or Work” section or the “All Networks” section in Windows 8.1.

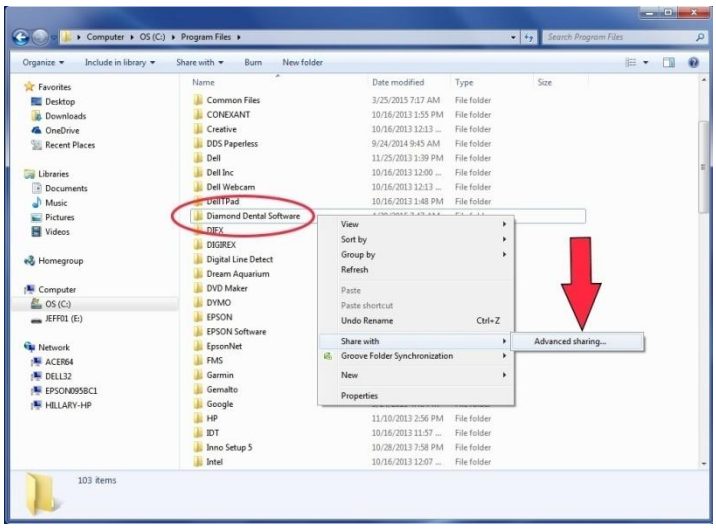
Use the choices seen here on your own screen. Windows 8.1 will have less choices.

Close the Network and Sharing Center.

Open Windows Explorer (or File Explorer) and navigate to your C drive and open “Program Files (x86)” (or just “Program Files” in 32 bit Windows).

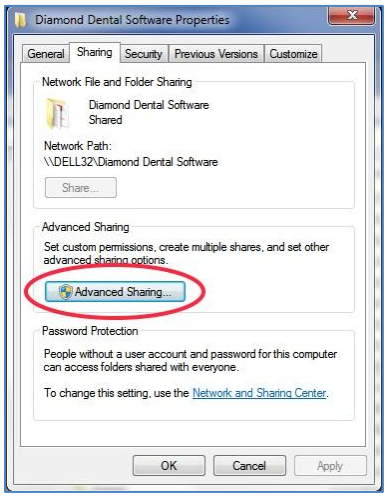
Find the “Diamond Dental Software” folder and Right Click on it.

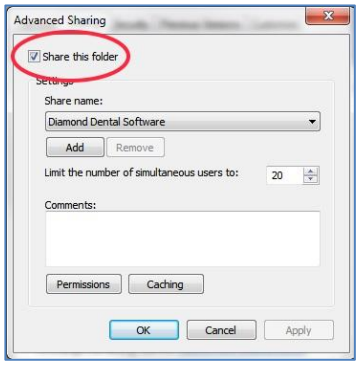
In the context menu that displays select “Share with” and then “Advanced Sharing”.



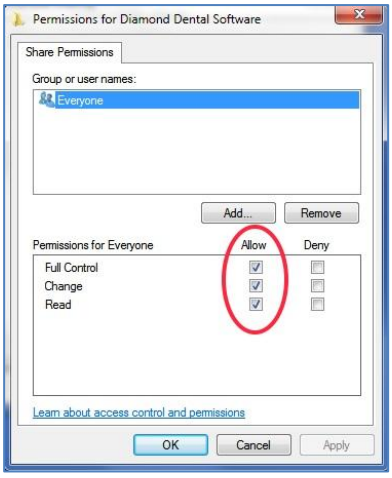
In the *Diamond Dental Software Properties* screen select the *Sharing* tab and click the *Advanced Sharing* button. Then check the “Share this folder” check box.

Then click the *Permissions* button on the Advanced Sharing screen.



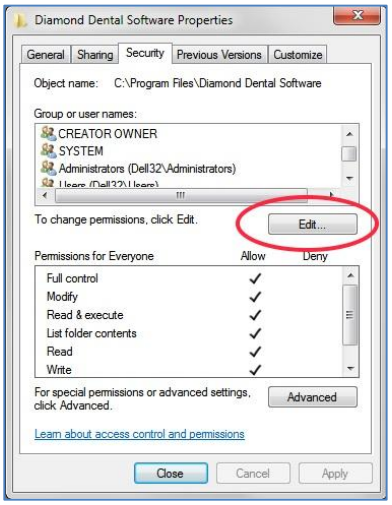


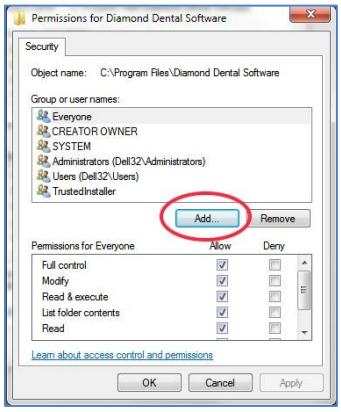
On the Permissions screen check ALL the permissions and click *Apply* and *OK* to close the screen.



Back at the “Diamond Dental Properties” screen select the *Security* tab and click the *Edit* button.

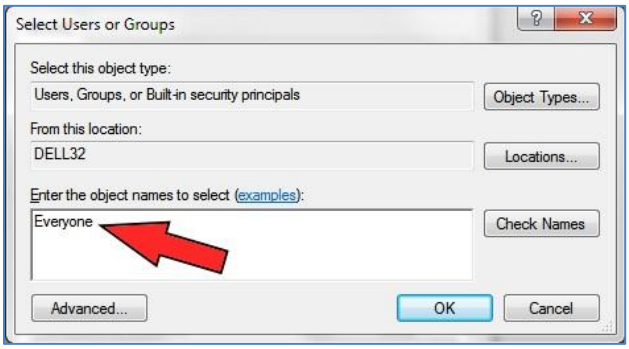
Then on the Permissions screen click the *Add* button.





On the Select Users or Groups screen enter the word “Everyone”.

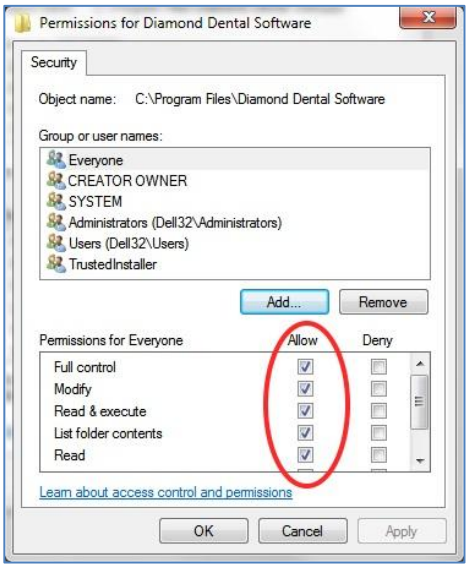
Click *OK*.



Now on the Permissions screen with the “Everyone” user highlighted, check all the permissions as shown.

Click *Apply* and *OK* to close this screen.

Then close the Diamond Dental Properties screen with *Apply* and *OK*.



The Diamond Dental Software folder is now properly shared and ready for Mapping from the Remote computers.

Mapping the Network Drive

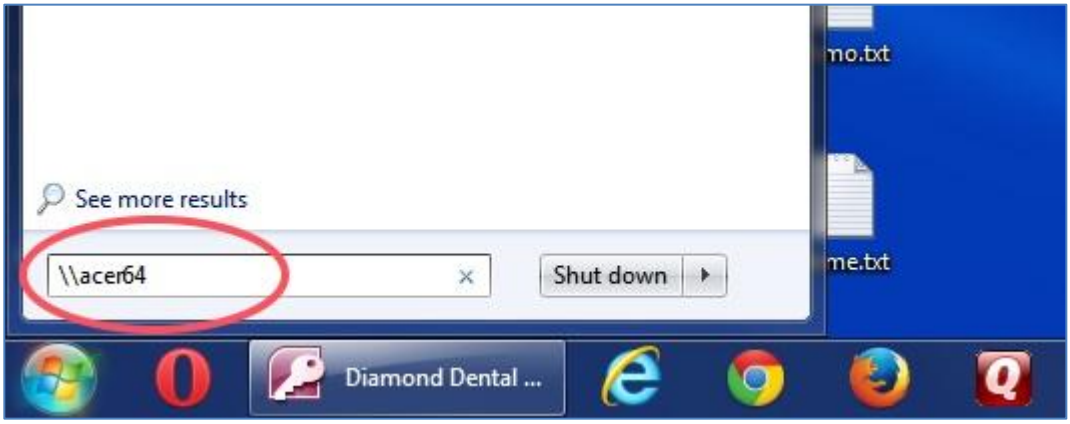
Mapping is performed on the Remote computers. What we will be mapping is the *Diamond Dental Software* folder on the Main computer. It is the folder that we shared in the section above. The *Diamond Dental Software* folder of the Main computer is where the data is stored, and that is why the Remote computers need to have access to it. Diamond Dental does not have to be loaded on the Remote computer in order to map the drive. It is your choice to load Diamond Dental on the Remote before or after mapping. However, the Main computer should be loaded and fully functioning before mapping is performed.

To Map a Drive You Must Know the Main Computer's Name

Before proceeding, you must know the name of the Main or server computer. We mentioned earlier that after installing Diamond Dental you will be asked to give the computer a "name". That is NOT the name we are referring to. The name we are referring to is the name that was assigned to the computer when Windows was installed onto it. To find the full computer name go to the Control Panel. Pick "System". The Computer Name is listed in this section. Remember it or write it down. You will be asked to enter this name shortly.

Mapping Step by Step

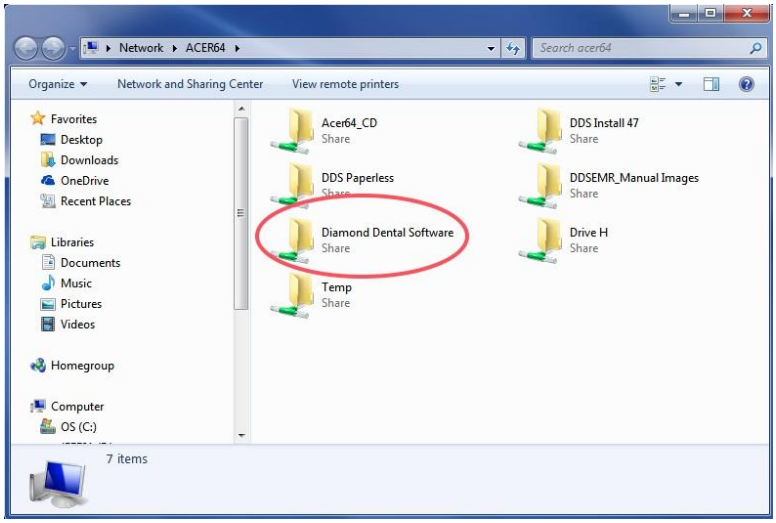
From the Remote computer for which you are creating the mapped drive, click the *Start* button. A text box will appear. In Windows 8.1 press the Windows key on the keyboard then press R and the text box will appear.



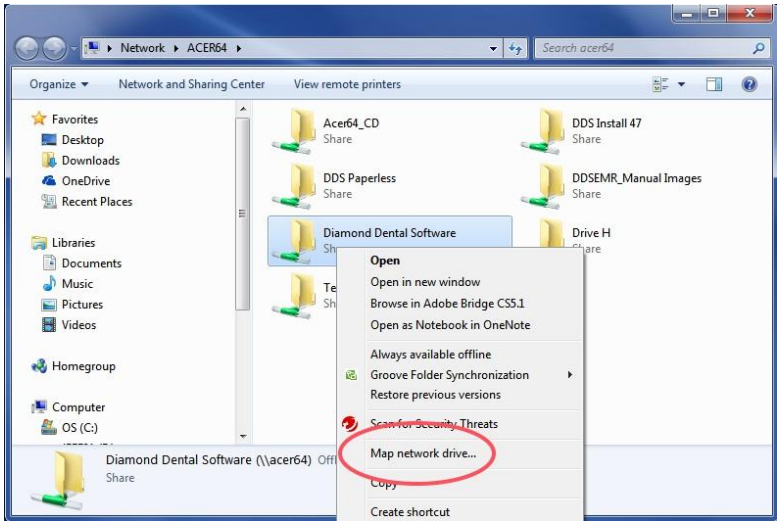
As seen above, type in two backslashes \\ followed by the name of the Main computer. In the example above "acer64" was the name of the computer. You will of course use your Main computer's name.

With this typed, press the *Enter* key on the keyboard. A windows similar to the one seen below should appear.

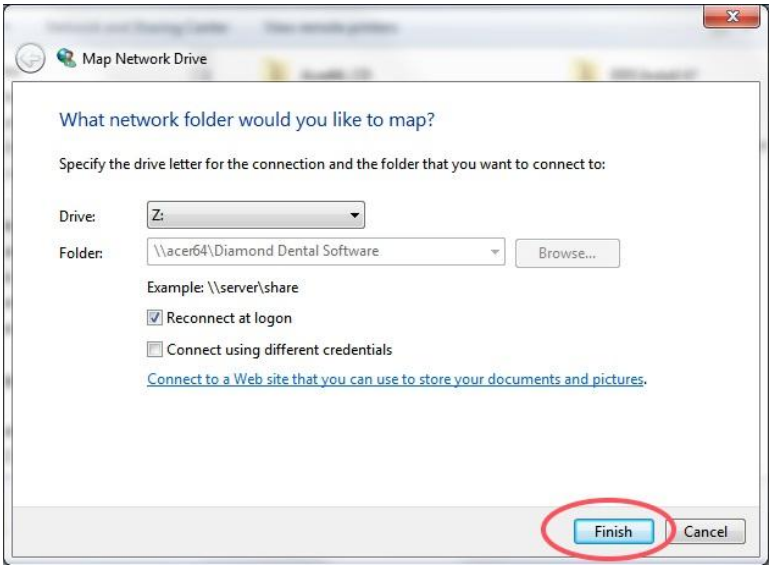
What will display in this window are the folders that have been shared in the Main computer. What we are interested in is the *Diamond Dental Software* folder.



Right click on the *Diamond Dental Software* folder. In the context menu that opens, left click on *Map Network Drive*.



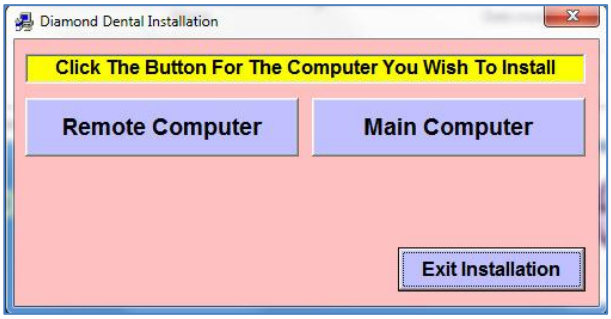
On the "Map Network Drive" screen, note the drive letter that is being assigned. Windows assigned the highest available letter. This is a dropdown list. You can select another letter if you wish, as long as the letter is not already in use. When you are ready, click *Finish*, and the drive is mapped. Your Remote computer now has a connection with the Main



server computer.

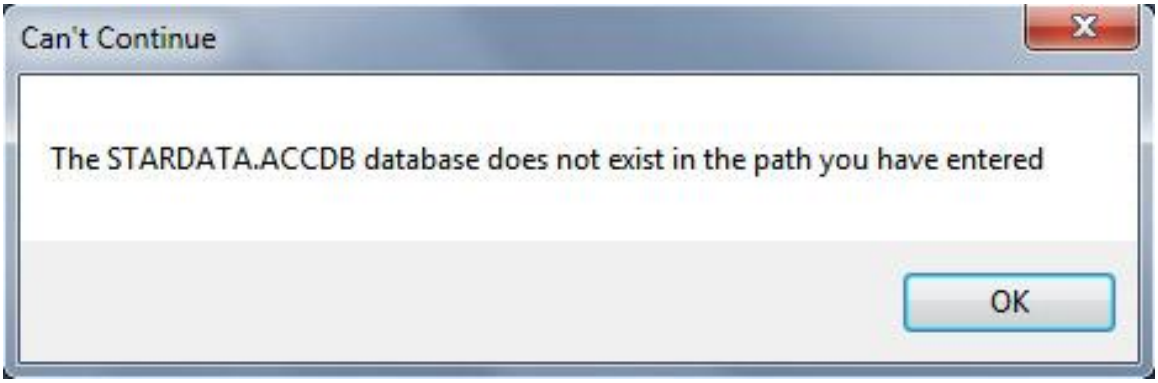
Installing Diamond Dental Software on the REMOTE Computer

Installing Diamond Dental Software on the Remote computer is exactly the same as was described for installation of the Main computer. The only difference is that when you see the Remote/Main option, you will select *Remote Computer*.



Opening Diamond Dental Software on the Remote

The first time you enter Diamond Dental Software from the Remote computer you will see this message:

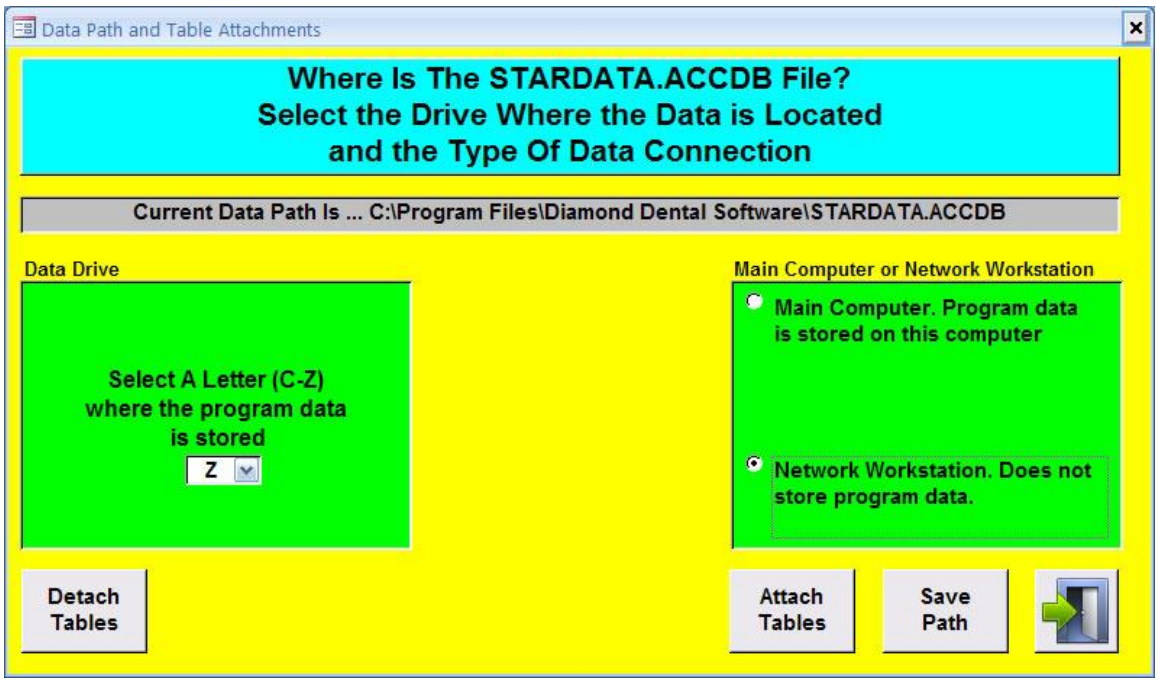


This is a normal message. Remember that there is no data on the Remote computer and you have not yet told the Diamond Dental Software program on the Remote where the data is. When you see this message simply click *OK* and you will be brought to the Diamond Dental Software Main Menu. On the Main Menu where the date is normally seen will be the words “Data Tables NOT Attached.” This again, is normal, so far.

Attaching Tables from the Remote Computer

Attaching Tables is the process that “hooks up” the Remote computer to the Main computer. The Main computer is where the data is, so the Remote needs to be told where to go to look up the data tables.

To Attach Tables, go to Utilities, then Special Utilities, and click the *Data Path* button. The Data Path and Table Attachments screen will appear.



Data Drive

You will need to select the *Data Drive*. At this point, this is not an arbitrary choice. You must select the drive letter that was used when the Network Drive was mapped. Refer to the section above on "Mapping the Network Drive" for details. The Data Drive is the drive letter that this computer (the Remote computer) "sees" the Main computer's *Diamond Dental Software* folder as.

Main Computer or Network Workstation

As seen in the screen shot above, you are to indicate if this is the Main Computer (which also has the data locally) or a remote workstation. Select Network Workstation if you are on the Remote computer.

Save the Path

After you have selected the Data Drive and Main or Network Workstation choice, click the *Save Path* button.

Attach the Tables

Click the *Attach Tables* button and the Remote computer will *attach* to the Main computer. This attachment will be remembered. You should not have to attach tables again unless you reload the program.

After the tables have been attached, your program will close, after which you may re-enter the program. You should now see a date on the Main Menu (the same date

that is seen on the Main Menu of the Main computer). The Remote computer is now ready for use.

Appendix

F

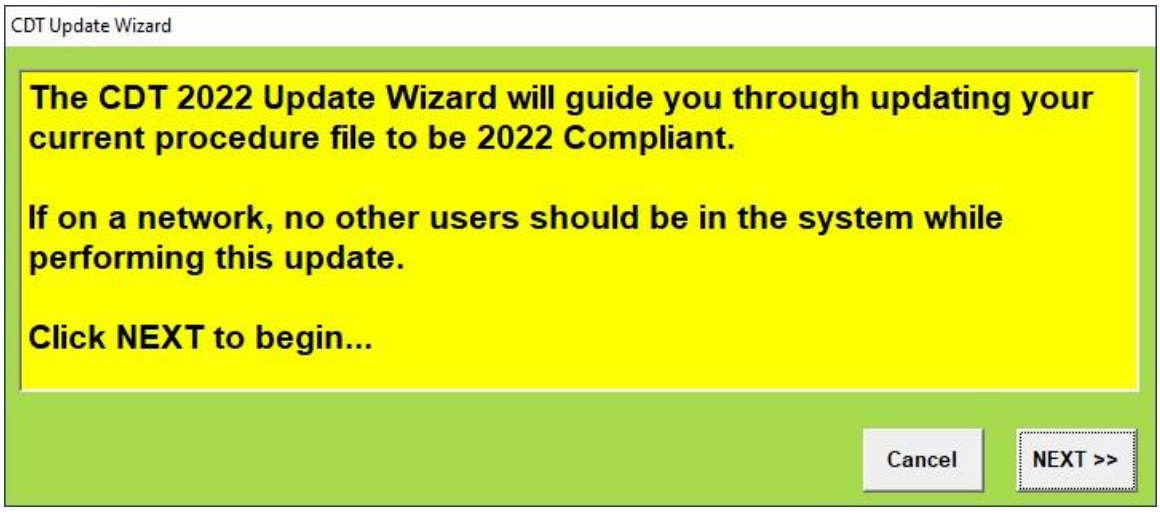
Appendix F: CDT 2024 Update

The American Dental Association has published a new set of dental procedure codes which will become effective the January 1, 2024. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), all dental offices that transmit health information electronically must use the current version of dental procedure codes found in latest CDT 2024, and all payers must accept these codes. Many insurance carriers (payers) will also be requiring these new codes for paper claims which they receive.

The version of Diamond Dental Software that you have received contains a CDT 2024 Update Wizard that will guide you through updating your procedure file to include the latest CDT 2024 codes and to remove codes that are not CDT 2024 compliant. To update your codes, follow the steps below.

Begin the CDT 2024 Update Wizard

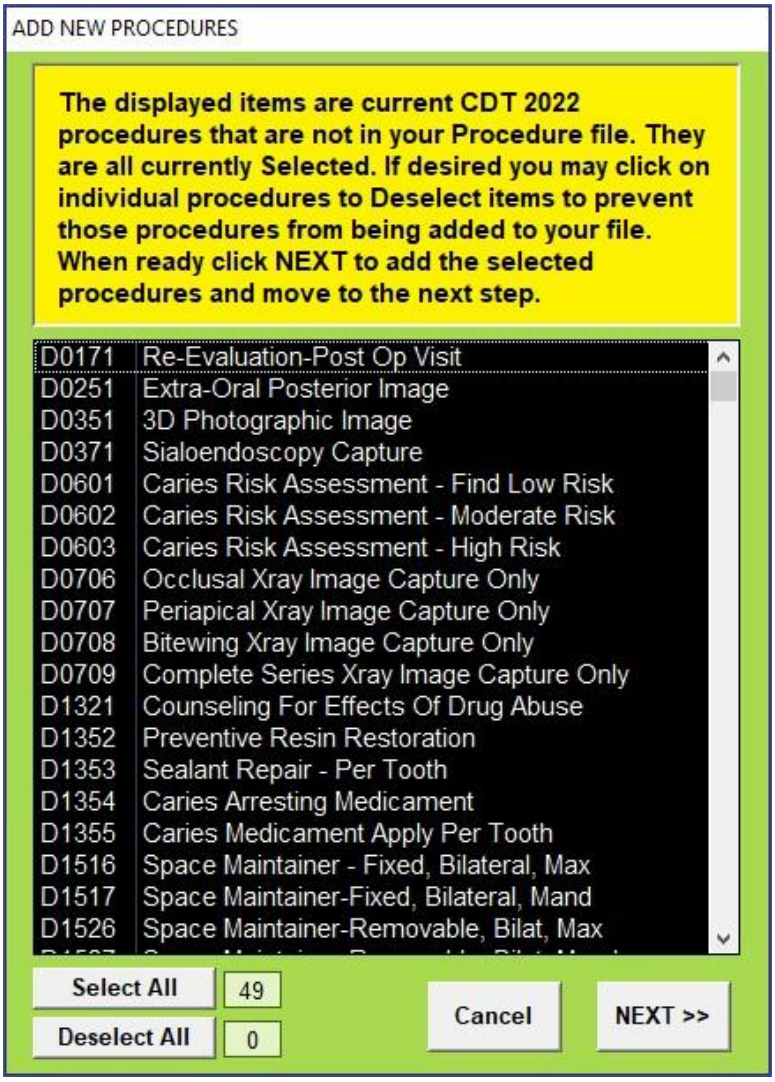
From the Main Menu, click *Utilities*, then *Special Utilities*. On the Special Utilities menu click the *CDT 2024 Update* button. The CDT 2024 Update Wizard will begin with the following screen:



Each screen of the Wizard has its own instructions. Click *Next* to continue.

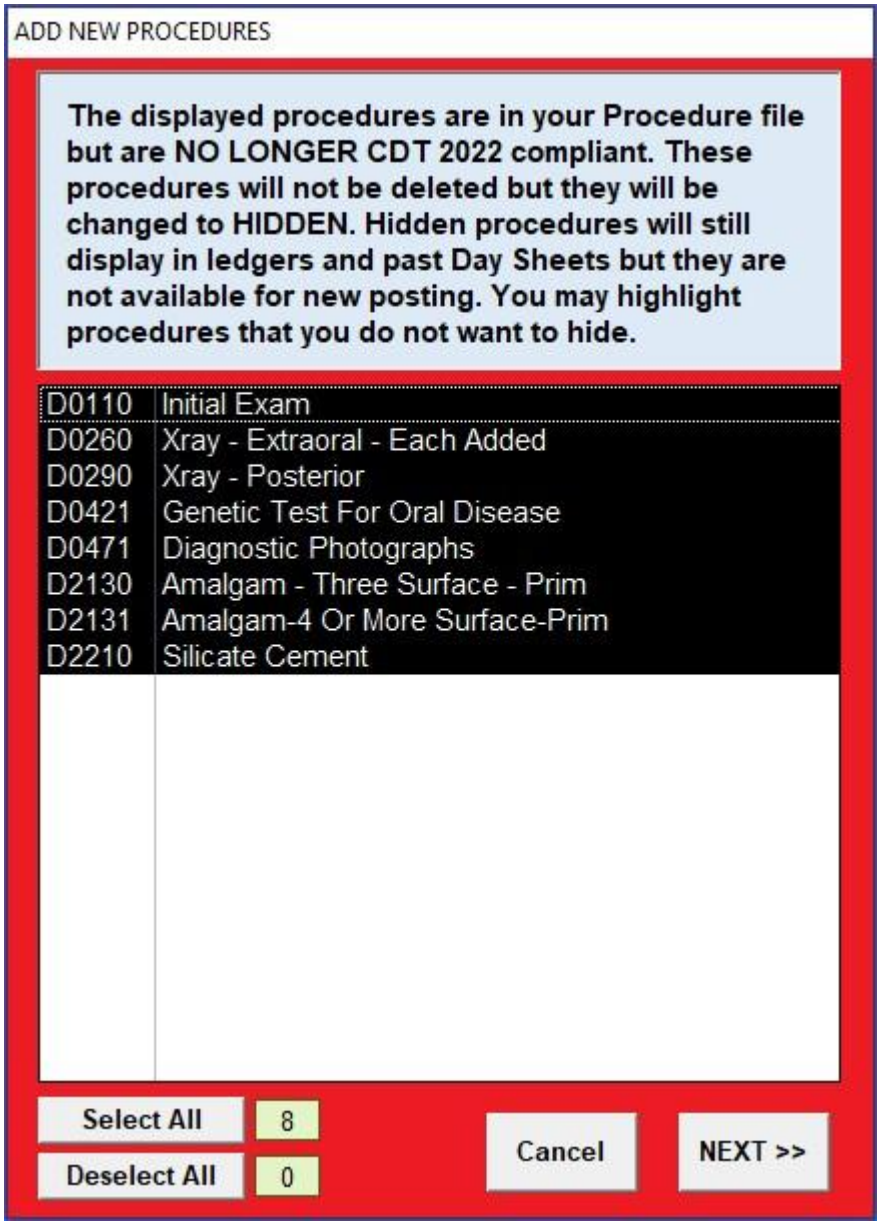
CDT 2024 Procedures to Be Added

The next screen shows the new procedures that are about to be added to your Procedure file. The fact that the procedures appear with a white font and a black background indicates that currently, they are all selected to be added. You can scroll and view them all. If there are any you would prefer to not add, just click on the desired procedure. It will change to a white background with black letters. This indicates it is not selected and will not be added. When you are ready click the Next button to proceed to the next step.



Procedures No Longer CDT 2024 Compliant

The next screen displays the procedures that are currently in your Procedure file that are NOT CDT 2024 compliant. The procedures seen on this next screen should no



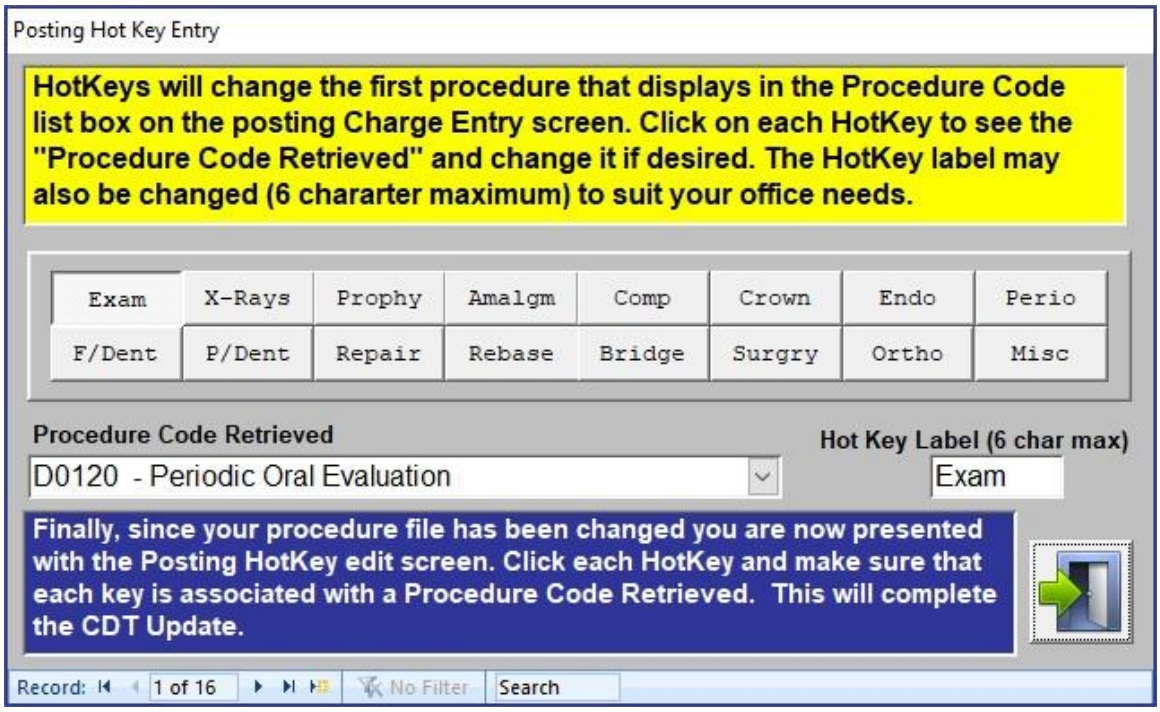
longer be used.

Again all the displayed procedures are selected which is indicated by white letters on a black background. These procedures will not be deleted, but merely hidden. They are still in your procedure file and when viewing ledgers from the past, they will appear, as they must. The Hidden status means they will not appear in the listing of procedures that are available for new posting.

We suggest that all procedures that are no longer compliant with the latest CDT Codes be hidden. However, if you wish to de-select one or more procedures you may, and they will remain in your procedure file as active or un-hidden.

Check Your Posting HotKeys

Finally, since your procedure file has been changed you will be presented with the Posting HotKey edit screen. Click each HotKey and make sure that each key is associated with a Procedure Code Retrieved.



Since procedures may have been hidden in the update operation the Posting HotKeys may have been affected. Click on each of the sixteen HotKeys and see that each one is associated with a *Procedure Code Retrieved*. In the example above, “Exam” is associated with “D0120 - Periodic Oral Evaluation.” If we were to click on the “X-Rays” HotKey the *Procedure Code Retrieved* would change to “D0210 – X-Rays, Complete Series.” This would be correct. The HotKey is used to open up the procedure file to the first procedure in a category (as defined by the HotKey label).

You should always see a *Procedure Code Retrieved*. It should NOT be blank. If you click on a HotKey and it brings up a blank *Procedure Code Retrieved*, then click on the down arrow and open up the list and select an appropriate Procedure Code Retrieved selection.

You also have the option of changing a HotKey label by entering a 6 character maximum name in the *Hot Key Label* field. The selected HotKey label will change when this is done.

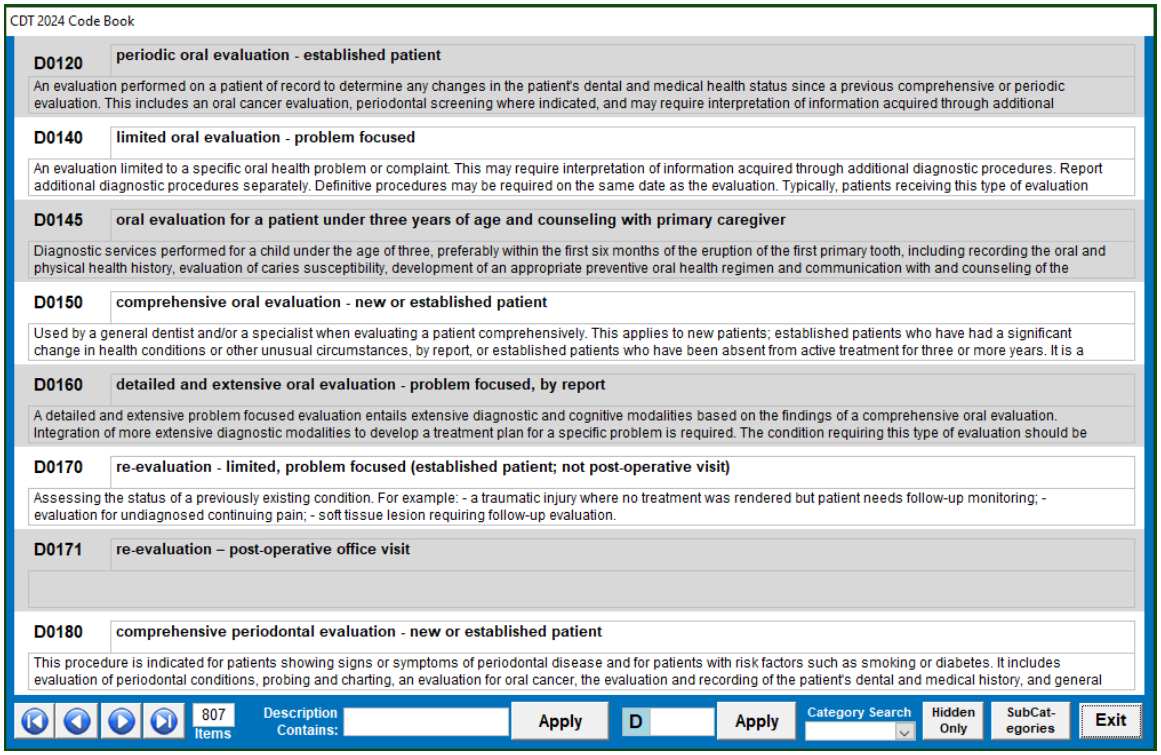
When you are finished, click *Exit*. The CDT 2023 update is complete and you will be brought back to the Main Menu.

Appendix

G

Appendix G: CDT 2024 On Screen Procedure Code Book

The entire CDT 2024 Dental Procedure Code Book is available inside Diamond Dental as an on screen searchable utility.



You can access the *CDT Book* button on the *Posting* screen or the *CDT 2024 Code Book* button on the *Reports* menu. The screen seen above will open.

Components of a Dental Procedure Code Entry

There are three elements for each procedure code. These definitions are taken directly out of the printed CDT Code Book:

1. **Procedure Code**: A five character alphanumeric code beginning with the letter “D” that identifies a specific dental procedure A Procedure Code cannot be changed or abbreviated.

2. **Nomenclature**: The written title of a Procedure Code. Nomenclature may be abbreviated when printed on claim forms or other documents that are subject to space limitation. Any such abbreviation does not constitute a change to the Nomenclature.

3. **Descriptor**: A written narrative that further defines the nature and intended use of a single Procedure Code, or group of such codes. A Descriptor, when present, follows the applicable Procedure Code and its Nomenclature. Descriptors that apply to a series of Procedure Codes precede that series of codes.

NOTE: As described in the Nomenclature definition above, it is permissible to abbreviate the Nomenclature in order to allow it to fit within insurance claim forms and other documents. Within the Diamond Dental program we use the term “Procedure Description” rather than “Nomenclature”. Procedure Description has a 40 character limit within the program. Diamond Dental has a yearly CDT Code Update (described in Appendix F above). This update will add new procedure codes to your Diamond Dental procedure file. Since a procedure’s “Nomenclature” from the CDT Code Book can go well beyond the 40 character maximum length, we have abbreviated the Nomenclature before inserting it into your Procedure File. However, whether you are viewing a procedure in the Procedure File Entry screen or in Posting, the original Nomenclature and Descriptor for that procedure is also displayed in their unaltered original length.

Some Procedure Descriptions and Descriptors can be quite long and my not fit within the space allowed. To view the entire contents just click inside the field and scroll bars will appear. Use the scroll bars to view the entire item.

Navigating the CDT Code Book

The navigation buttons seen in the lower left of the screen will allow you to move around the book. From left to right these buttons will move you as follows:

- beginning of the book
- previous page
- next page
- end of the book

Searching the CDT Code Book

The big advantage of the On Screen CDT Code Book is the ability you have to search its contents. There are several search methods seen across the bottom of the code book:

Description Contains

This search allows you to enter any word fragment, word, or phrase into the text field. You will then click the *Apply* button. The screen will then display only those procedures where the *Procedure Description* includes the text that you entered. After viewing, the *Apply* button will change to a *Show All* button. Click *Show All* and you are back to the full book contents.

Procedure Code Search

The Procedure Code Search is a text field with the leading “D” already entered. Enter the four numbers of the code and click *Apply*. The screen will jump to that procedure. It will be at the top of the screen.

Category Search

The *Category Search* is a drop down list of all the CDT categories such as Preventive, Restorative, Endodontics, Periodontics, etc. Open up the drop down list and click on a category. The screen will jump to that category with the first procedure in that category being at the top of the screen. You can then use the navigation buttons to move from page to page until you find what you are looking for.

Hidden Procedure Search

Each year the ADA demotes some procedure codes and replaces them with other codes. However, these “non-compliant” codes still exist in the history of your patients’ ledgers. Clicking the *Hidden Only* button will display these older codes that are no longer in the latest CDT Code Book.

Category Search

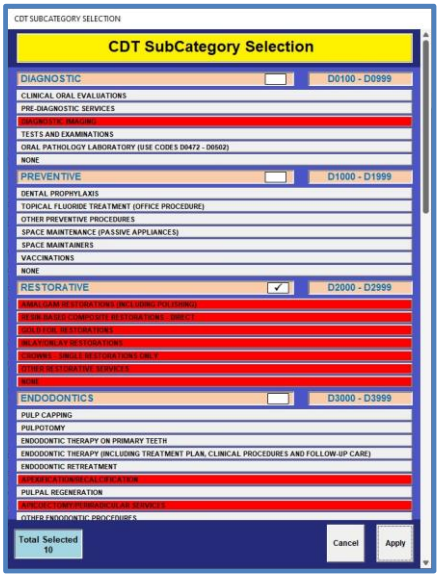
Open the drop-down list of Categories and click the category you want and jump directly to that category in the book.

Subcategory Search

You may limit the displayed procedures to certain Subcategories of your choosing. The Subcategory selection screen is discussed in the next section.

Subcategory Selection

There are 73 CDT Subcategories in the CDT Code Book. When you choose to limit the On-Screen Code Book to one or more Subcategories the selection screen seen here will be used.



Appendix

H

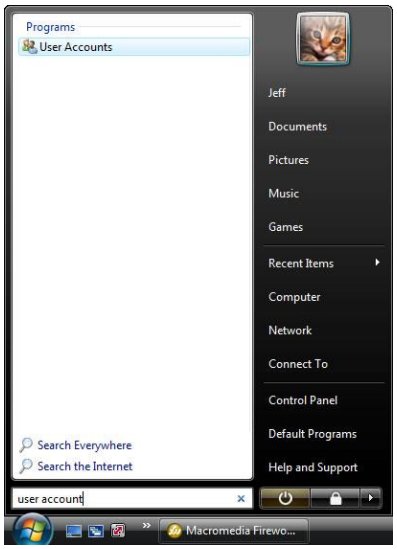
Appendix H: Turn Off the User Account Control (UAC)

Windows 8, 7, and Vista have what is called the User Account Control built into Windows. This feature must be shut off and the computer rebooted before running the Diamond Dental Program.

Note

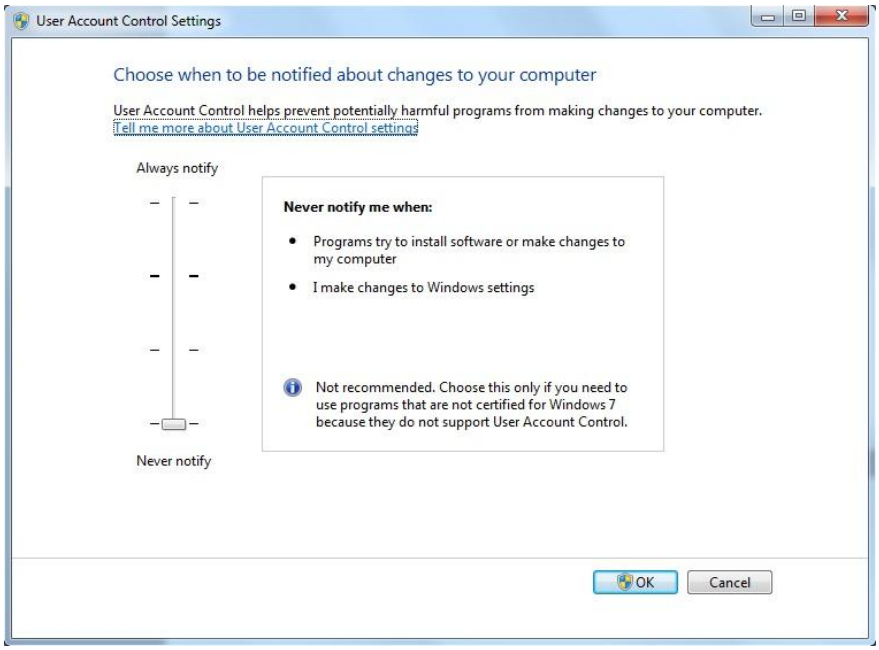
If you are running Windows 8 you have lost the very useful Windows START button. We will be using the Start button in this discussion. The removal of the Start button has been one of the many complaints about Windows 8, but this is easily remedied. To put back the start button back go to www.StartIsBack.com. At this website you can download a perfect duplicate of the Windows 7 Start button that will work in Windows 8. It is just $3. We strongly suggest you do this.

To begin, click on the Windows Start button and type "user account" which is two words. You will see a choice appear that says "Change User Account Control Settings". Click this choice. This will take you to the User Account Control Setting screen.



Move the vertical slider all the way down to **Never Notify**. Click OK.

The User Account Control is not actually shut off until you reboot your computer.



MAKE SURE YOUR REBOOT YOUR COMPUTER. THE USER ACCOUNT CONTROL IS NOT ACTUALLY SHUT OFF UNTIL YOU DO.

Appendix

I

Appendix I: Using TeamViewer with Diamond Mobile

Diamond Mobile utilizes a remote control software such as TeamViewer to establish the link between your smartphone and your desktop computer. Diamond Mobile resides inside your Diamond Dental desktop program on your office computer and your smartphone is used as a device to remotely control the Diamond Mobile application.

TeamViewer Is Not the Only One

We like TeamViewer as a remote control software. It is easy to use and works well. However, Teamviewer is not your only option. Most notably is Wyse PocketCloud. This app will allow you to use your smartphone or tablet with the familiar direct finger tapping of a button rather than moving a simulated mouse with your finger and then tapping. Another worthy remote control app is LogMeIn Ignition. This works very much like TeamViewer.

Setting Your Mouse Movement

All these apps have a simulated mouse. You move the mouse with your finger and then tap to do the mouse click (although with PocketCloud you can directly tap a button with your finger). There are two ways to set this mouse movement. One way is to have the mouse stationary in the center of the screen and the entire screen is moved to place the button in the center of the screen (under the mouse) for clicking. Do not setup your remote app with this type of mouse action. The preferred way is to have the mouse move around the screen while the screen stays stationary, which is the way it works with a desktop computer. Diamond Mobile is designed to operate full screen. You will not have to zoom in or out to see the controls on the screen. If a button is in the upper left hand corner, you will want to move the mouse to the upper left hand corner. This is what you are used to and this is the way the mouse action should be configured.

Note

This chapter will give full instructions on how to setup and use Teamviewer. But as we have said, it is not your only option. For instructions on setting up PocketCloud, Ignition, or any other compatible remote control software, refer to the accompanying instructions for those particular apps.

No Zooming Required

TeamViewer allows you to zoom in with the familiar two fingered pinch gesture, or you can use a zoom button (on the iPhone) or a zoom slider (on the Android). This can be useful in getting into Diamond Dental's Main Menu. But once into Diamond Dental, you should set your display to view your computer's full screen. Diamond Mobile is designed to be used at full screen on your smartphone. The module uses big screens with big buttons and big fonts. These are easy to see in full screen mode. *No zooming in is required*.

Note

The following steps will guide you through installing TeamViewer on your desktop computer and your smartphone. For more detailed documentation, go to www.TeamViewer.com. Click the *Support* tab and then click the *First Steps* link to view a series of pdf documents explaining the process.

Setup for Your Office Computer

Follow these steps to install TeamViewer on your office computer.

Download and Run TeamViewer on your desktop computer

On your office computer, go to www.TeamViewer.com. Click the green *Start Full Version* button. This will download and run TeamViewer on your office computer.



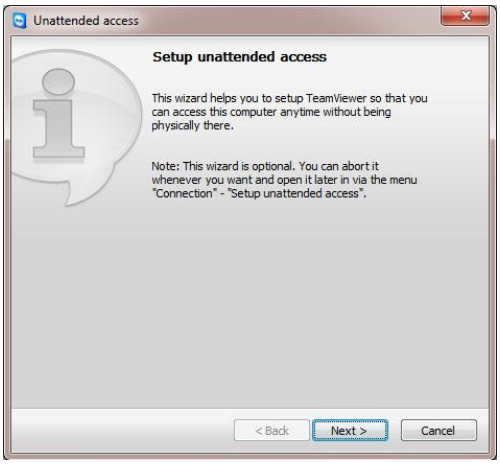
Click the Connection Menu

The TeamViewer program will be open on your office computer. Click the *Connection* menu and then select *Setup unattended access*.



Run Unattended Access Wizard

There are two ways using TeamViewer to get into your office computer from your smartphone. Attended Access is where someone at your office can open TeamViewer and read you an ID and Password for you to enter into your smartphone TeamViewer App. We are assuming this will not be the usual situation. You very likely will want to be able to get into your office computer when no one is at the office. This is Unattended Access, and the wizard displayed here will guide you through the unattended access setup. Click *Next*.



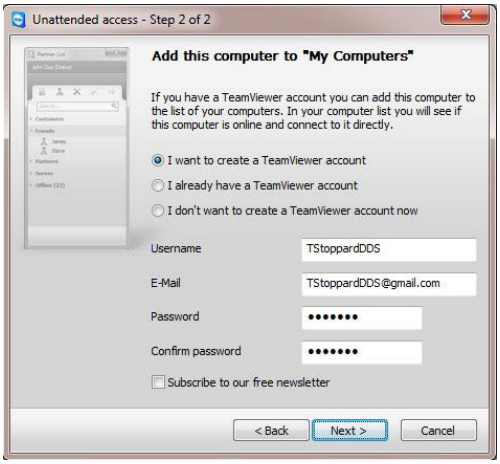


Step 1: Define Predefined Password

In this step you will create a name (or alias) for this computer and a password. The Computer name can be anything you wish as long as it is unique.

Create TeamViewer Account

On this screen you will create a TeamViewer account. This is needed for unattended access. Enter a Username, an Email address, and a Password for your new TeamViewer account. This is not the same as the previous step where you gave a specific computer a name and password. Here, you are creating an account with TeamViewer to enable you to add your office computer (and however many other computers you want to include) into a group called "My Computers". The TeamViewer account is required for this step. Click *Next* and then *Finish* on the final wizard screen.



Activate your TeamViewer Account

TeamViewer will be sending you an email which contains a link to activate your TeamViewer account. Open this email and click the link to activate your account.

Accessing Your Office Computer from Your Smartphone

Follow these steps to install and run the TeamViewer app from your smartphone.

Note

Your office computer must be turned on and the TeamViewer program must be running in order to access that computer from your smartphone. TeamViewer is always running in the background unless you specifically close it. To totally close TeamViewer, double-click on its icon to display the TeamViewer window. Click on the *Connection* menu and then click *Exit TeamViewer*. With TeamViewer totally closed, access from a smartphone will not work.

Install the TeamViewer App onto Your Smartphone

The TeamViewer App is FREE. You can obtain it from the "iPhone Store" for your iPhone (or iPad) or the "Android Market" for your Android. Download the app and open it.

Accessing Your Office Computer

TeamViewer should be open on your smartphone. Select the *Partner List* option at the bottom as seen on the right.



Enter your TeamViewer account *Username* and your TeamViewer account *Password*. Remember, this is not the Computer Name and Password you created for your individual office computers, this is the Username and Password you created earlier for your TeamViewer account. Tap the *Sign In* button.

Note

You have the option of having TeamViewer remember your Username and Password by turning *Remember Account* to "ON." This saves you the trouble of entering this information but is less secure if your phone is lost.

Accessing Your Office Computer's Desktop

Once you sign in you will be able to see the computers in your group. Tap the one you want to login to, and click *Connect to Partner*. The desktop of your office computer will appear on your smartphone.



Opening the Diamond Dental Program on Your Smartphone

Once you have accessed your office computer's desktop, open the Diamond Dental program with your usual icon. You may need to zoom in to properly click the icon. But once you have opened Diamond Dental you should zoom out to full screen again. While at the Main Menu, click the large *PHONE* button. This will take you to the Diamond Dental Smartphone Module.



For full details on running Diamond Dental Smartphone module, go to the chapter on the Diamond Mobile.

Appendix

J

Appendix J: FileCenter Integration with Diamond Dental Software

(for a Fully Paperless Office)

FileCenter from Lucion Technologies is a document scanning and file management program. Diamond Dental now directly integrates with FileCenter from Lucion Technologies (www.Lucion.com) to make your office truly paperless. Diamond Dental users will receive special pricing. To receive this special price call Kevin Anderson at 801-722-7095. FileCenter is sold "per computer" but is very reasonably priced. You do not have to have FileCenter installed on every computer in your network, but you will have to have it installed on any computer on which you want to use FileCenter.

NOTE

This document is NOT an instruction manual for the use of the FileCenter program itself. This document only describes how Diamond Dental integrates with FileCenter. The Lucion Technologies website contains a very extensive video tutorial library on the use of FileCenter and we suggest you use those videos for training, as needed. For questions that are strictly related to the use of FileCenter itself, contact Lucion's support staff.

Download and Install FileCenter

From the Lucion.com website, download FileCenter onto each machine where you want to use it. There is a free trial available for your testing. Install FileCenter according to the screen prompts that appear. We suggest you install FileCenter into the default path that is suggested.

For 32 bit Windows that path is:

```
C:\Program Files\FileCenter\Main\FileCenter.exe
```

For 64 bit Windows the default path is:

```
C:\Program Files (x86)\FileCenter\Main\FileCenter.exe
```

When launching FileCenter from Diamond Dental, Diamond Dental will look for the FileCenter program in this path. However, if you wish to install FileCenter elsewhere on your computer, Diamond Dental can be adjusted to an alternate path.

NOTE

The path to where your FileCenter program is stored and the path to where the FileCenter data will be stored will be entered into the "FileCenter Utilities" screen. This screen, and its other features, will be discussed shortly.

Decide Where to Store Your FileCenter Data

All the FileCenter data relating to your Diamond Dental program will be stored in a folder named "DDSDocs". The question is where to store this folder.

Default Location for "DDSDocs"

The Default location for your "DDSDocs" folder will be inside the "Diamond Dental Software" folder of your server computer. Putting the "DDSDocs" folder inside the server's "Diamond Dental Software" folder has one big advantage: this arrangement will simplify setting up FileCenter on a network. This is because the server's "Diamond Dental Software" folder has already been properly shared on the network and the workstations already have a mapped drive which connects them to the server's "Diamond Dental Software" folder to allow the workstations to connect with Diamond Dental's data. All this is already in place and it is a simple matter of just pointing the FileCenter programs that are on the various workstations to this location and they will operate.

Simplifying network setup is in fact the only advantage to using the default location, but we suggest it, at least at first. At a later time the "DDSDocs" folder can be moved to another location on your hard drive, or to a different drive altogether.

This may be preferred, or even required at a later time because the "DDSDocs" folder can become quite large over time. The "DDSDocs" folder will be holding all the paperless files for the entire practice. "Paperless Files" can be images, scans, or anything else, and these files can take up quite a bit of room.

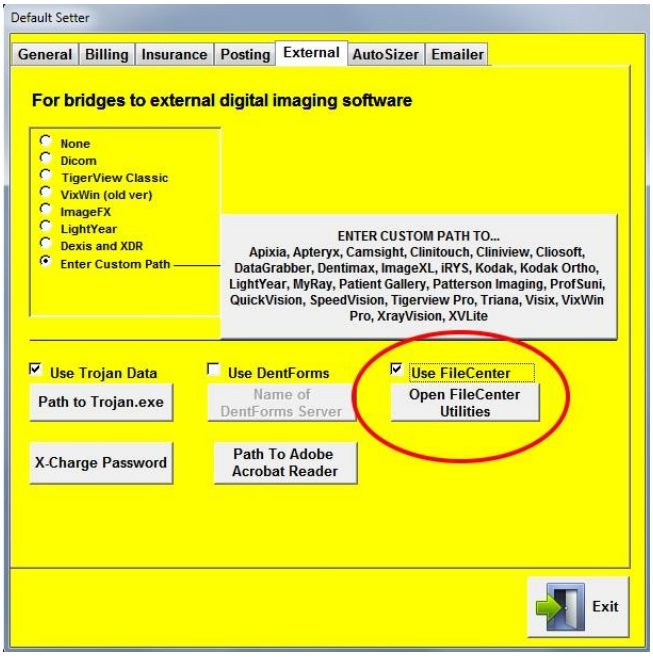
NOTE

Images and scans should be saved to the "DDSDocs" folder with as small of a file size as possible. That means the file should be saved with enough resolution to be "comfortably readable", but that is all. Do not use extra resolution if it is not necessary. The more resolution you use, the sharper the document (up to a point), but also the larger the file size. It is a trade off.

Custom Location for "DDSDocs"

You may store the "DDSDocs" folder anywhere you want in your computer system. However be aware that if you store it anywhere besides the server computer's "Diamond Dental Software" folder, then you will have to share that folder on the network and map drives to that folder from workstations to allow them to communicate with the FileCenter data. For information on "Sharing" and "Mapping Network Drives" refer the *Appendix E - Network Supplement* of the Diamond Dental Software manual.

Activate FileCenter Integration with the Defaults Setter

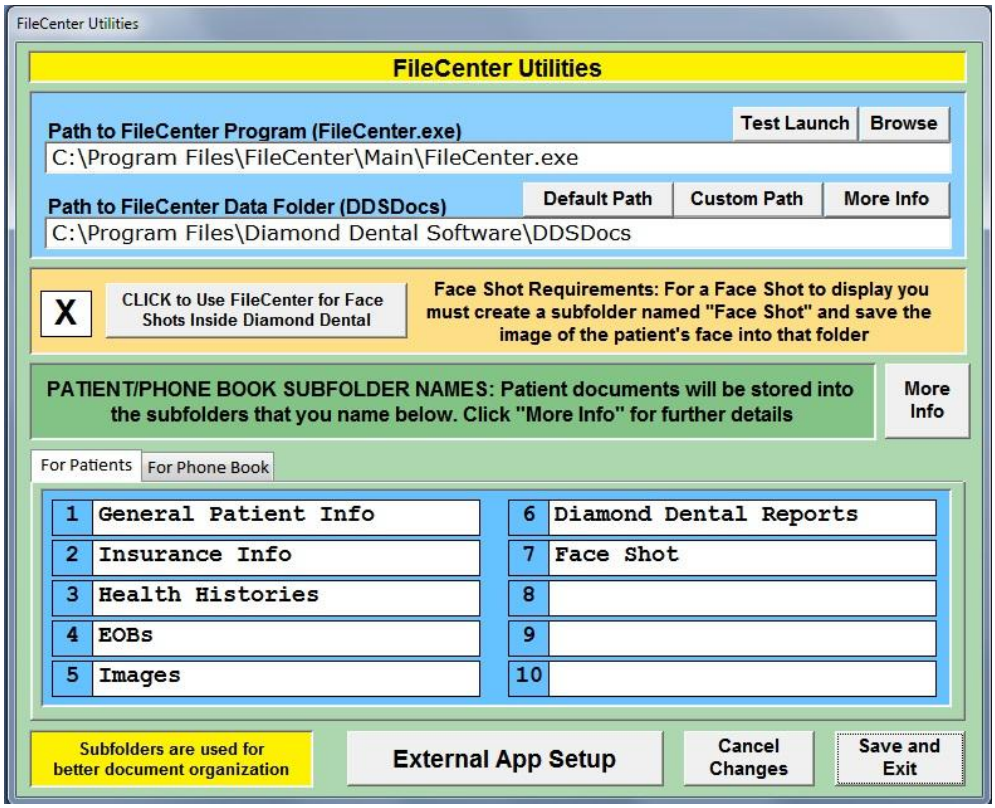


Before you can access the “FileCenter Utilities” screen (discussed below) you must first activate the FileCenter integration. From the “Main Menu” click *Utilities* and then *User Defaults*. On the “User Defaults” screen click the *External* tab. Put a check in the *Use FileCenter* checkbox. The integration is now

activated. You can directly access the “FileCenter Utilities” screen from the *External* tab by clicking the *Open FileCenter Utilities* button or access it from the “Main Menu” as described below.

The FileCenter Utilities Screen

The “FileCenter Utilities” screen will be used to set up Diamond Dental’s integration with the FileCenter program.



To access this screen from the “Main Menu” click *Utilities*, then *System Files*, then *FileCenter Utilities*. Its functions include the following:

- Set the path to the FileCenter Program
- Set the path to the FileCenter data
- Create subfolder names for patient electronic records
- Create subfolder names for Phone Book electronic records
- Launch the External Apps program

Set Path to FileCenter Program

Upon entering the “FileCenter Utilities” screen, the default path to launch FileCenter will already be entered. There is no reason to change this setting unless you have loaded FileCenter into some customized location. You can test that it properly launches by clicking the *Test Launch* button.

Set Path to FileCenter Data

Upon entering the “FileCenter Utilities” screen, the path to where the FileCenter data is stored is not automatically entered; you will have to enter this path yourself. If this is your server computer and if you have decided to use the “Diamond Dental Software” folder to store your FileCenter data (as is discussed above) then you can click the *Default Path* button and that path will be entered for you.

Using Phone Book Entries with FileCenter

Within FileCenter each patient has his or her own file folder. You can think of this folder as the patient's electronic chart. To keep the files organized within this patient folder you may create subfolders. It is into these subfolders that you will save the files you wish to store for this patient. You can have from 1 to 10 subfolders with names that you create. For example, everything you scan could go into a folder called "Scans". Images can go into a folder called "Images". Reports generated directly from Diamond Dental could be called "Diamond Reports". You will decide how you want to name these subfolders. When you launch FileCenter from the Posting screen for a patient, Diamond Dental will create the main patient folder for that patient along with the subfolders that you designate. These will then appear inside FileCenter and will be ready for the input of files.

Create Subfolder Names for Phone Book Electronic Records

Diamond Dental not only integrates with FileCenter for your patients, but with your Phone Book entries as well. Since the type of documents you will be saving for Phone Book entries likely will differ from what you save for patients, the “FileCenter Utilities” screen allows you to setup a completely different set of sub folder names specifically for your Phone Book entries. To get another ten spaces for the entry of Phone Book subfolders, click the tab labeled *For Phone Book*.

Launch the External Apps Program

Diamond Dental can also be set up to launch external applications and then seamlessly transfer the documents from those applications directly into FileCenter. For example you would integrate with Microsoft Word. You can then create a document in Word and then upon exiting Word, the document you created

would be directly transferred into the patient's record and subfolder of your choice in FileCenter. This would likewise work for Phone Book entries. The External Apps program will be discussed later in this document.

Setting Up FileCenter for Integration with Diamond Dental

Before setting up FileCenter you should first perform the tasks described above concerning the "FileCenter Utilities" screen. These tasks specifically are:

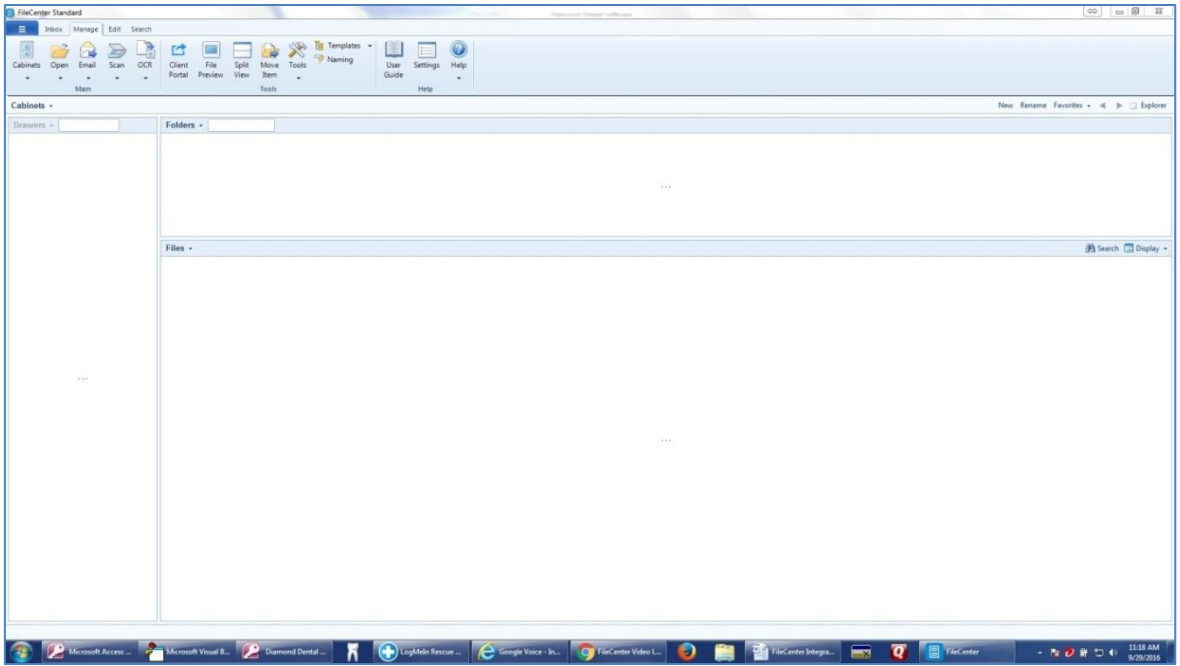
- Set the path to the FileCenter Program (for each computer)
- Set the path to the FileCenter data (for each computer)
- Create subfolder names for patient electronic records

If you plan on integrating your Phone Book entries with FileCenter you can also create subfolders names that apply to them. Make sure you click the *For Phone Book* tab before entering and you will have another 10 blank spaces for subfolder names that will be used for Phone Book Entries.

Make sure you also exit the "FileCenter Utilities" screen with the *Save and Exit* button.

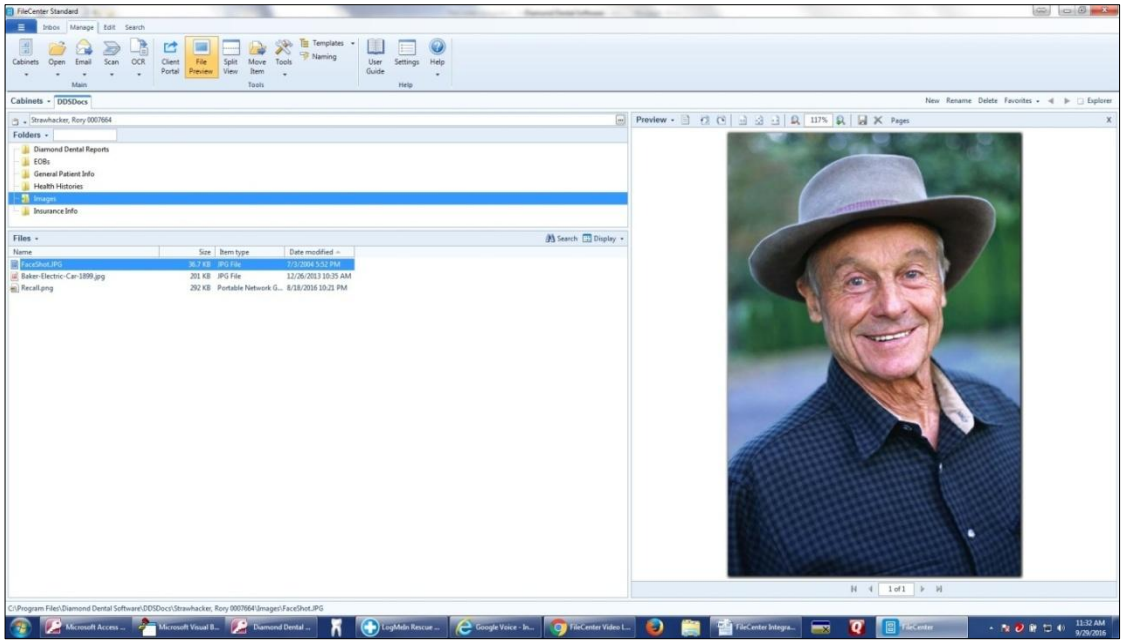
First Time Launch of FileCenter through Diamond Dental

With the "FileCenter Utilities" screen properly set up, you are ready to launch FileCenter for the first time through Diamond Dental. Pick a patient and go to the "Posting" screen. Click the *FileCenter* button on the "Posting" screen. FileCenter will open but it is just a blank screen as seen below.



Diamond Dental Requires a Specific Setup for FileCenter

The goal of Diamond Dental's integration with FileCenter is for you to click on the *FileCenter* button on the "Posting" screen and have FileCenter launch. Once you have set FileCenter up properly it will show you a particular patient's electronic record with the subfolders displayed, like this:



It's a little hard to see in this image but the patient's name is displayed in the upper left of the screen in this format: "0007664, Strawhacker, Rory". This is the patient that you clicked on from the "Posting" screen. It shows the patient's *Unique Number,* last name, and first name. Every patient in Diamond Dental is assigned a unique number to identify them. This cannot be the account number because all family members share the same account number. If you are interested you can see each patient's Unique Number displayed on the green "Patient Entry" screen. If you were to open File Explorer and then open the DDSDocs folder you would see that "0007664, Strawhacker, Rory" is actually the name of a folder. If you then open the "0007664, Strawhacker, Rory" folder you will see the subfolders for this patient that were created. If you open up one of these subfolders you would see the documents and images that have been saved into that subfolder (if any). This is the structure that Diamond Dental uses with FileCenter. All the other patients you have opened into FileCenter would have similar folders.

Manage Tab and File Preview

To recap where we are now (if you are following along), we have launched File-Center for the first time by bringing a patient up in the Diamond Dental "Posting" screen and then we clicked the *FileCenter* button and that brought us to essentially a blank FileCenter screen. That is where we are now.

Along the top of FileCenter is what is called the "Ribbon" and this Ribbon has tabs. If it is not already selected, click the ***Manage*** tab. The *Manage* tab is the only tab that you will be using when integrating Diamond Dental with FileCenter, so keep it on the *Manage* tab at all times. As we mentioned, FileCenter has many functions and options, but we need it set up in a specific way to properly integrate with Diamond Dental.

Also in the top Ribbon of the *Manage* tab is an icon labeled *File Preview*. If this is not highlighted then click it. This will display a Preview Window on the right side of the screen that will display the document or image that you click on in File-Center. The Preview Window is horizontally adjustable in size.

The Preview Window will display most common office file types, including word processor, image, text, and PDF files. Office files will approximate the look of the original closely enough for you to see what the document contains, but some of the fonts, spacing, and styles may vary from the original. Image and PDF files will be true previews of the originals.

Adding the DDSDocs Cabinet into FileCenter

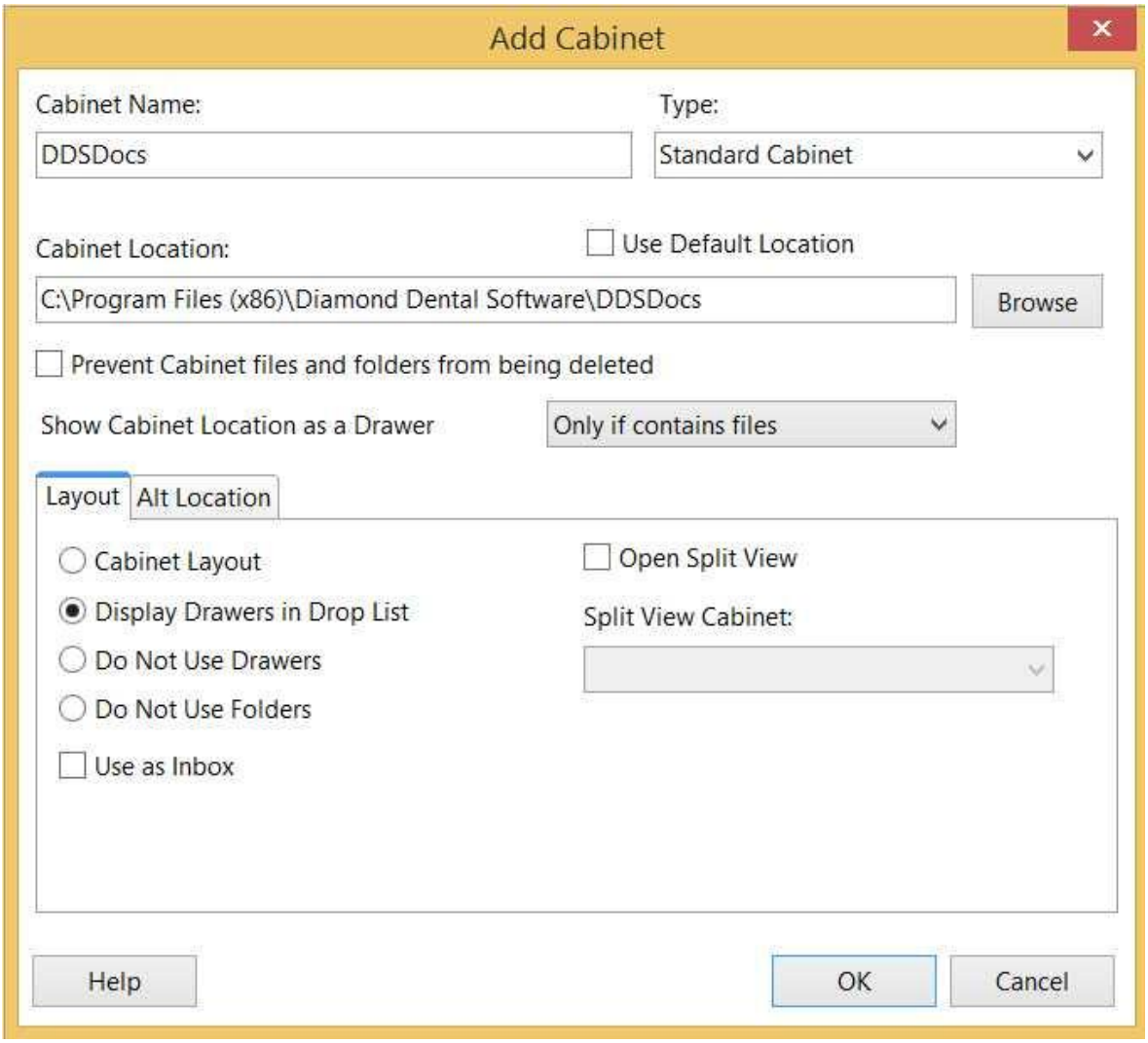
FileCenter needs to know where the DDSDocs folder is. This is the folder that contains all the Diamond Dental documents that FileCenter will be storing. Earlier in this document we described how to create the DDSDocs folder using the "FileCenter Utilities" screen within Diamond Dental. We are assuming that this has been accomplished.

To add the DDSDocs folder to FileCenter (which FileCenter calls a "Cabinet"), follow these steps:

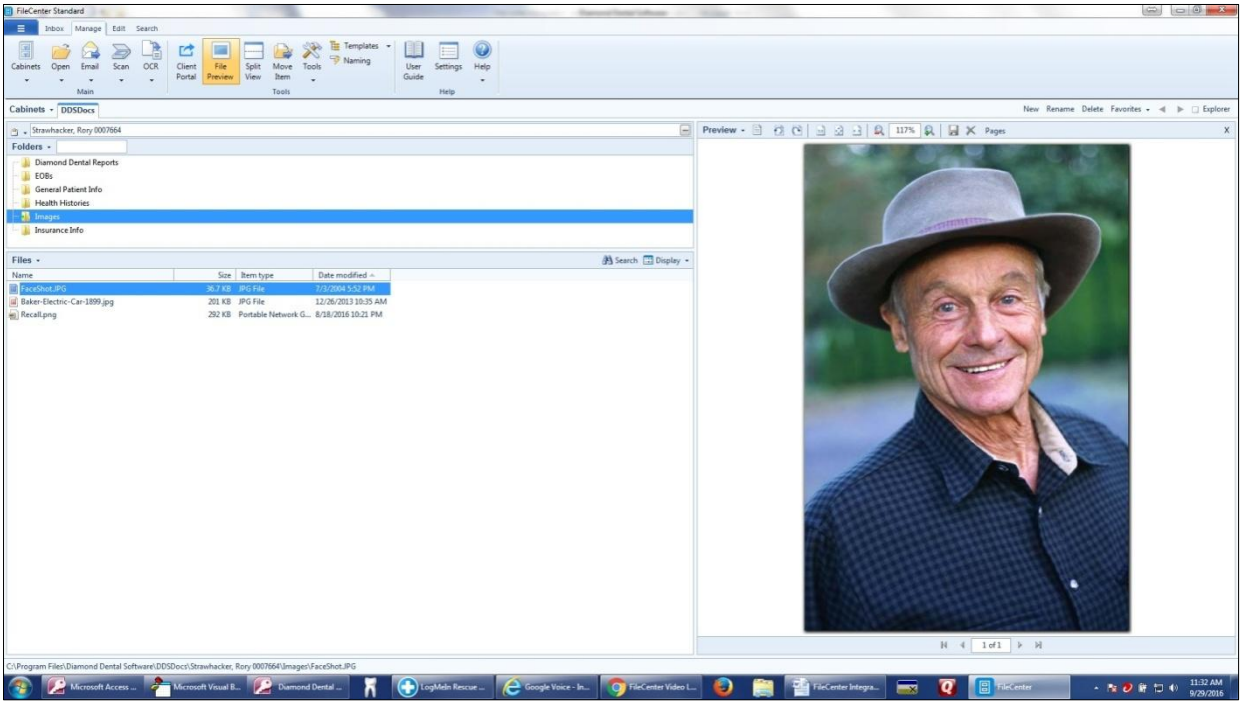
1. In the upper left corner of FileCenter is an icon labeled *Cabinets*. This icon has a down arrow. Click the down arrow and click *Add Cabinet*. The "Add Cabinet" screen will open.
2. For *Cabinet Name* enter "DDSDocs".
3. For *Cabinet Location* enter or browse for the complete path to the DDSDocs folder that you created.

4. On the *Layout* tab select "Display Drawers in Drop List.

Here is an example of what the "Add Cabinet" screen should look like:

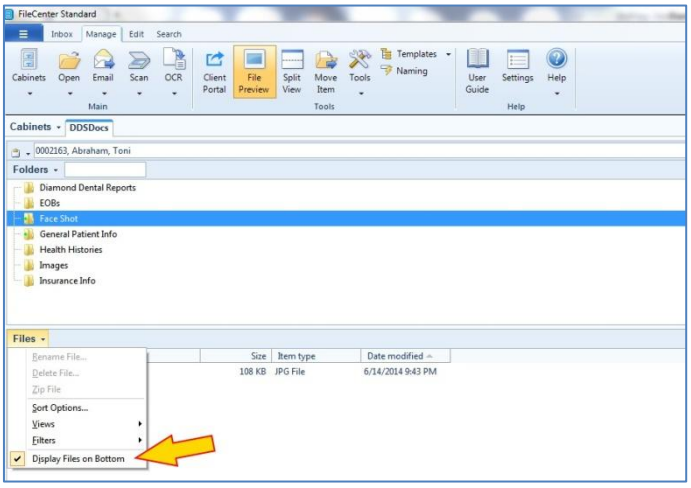


After setting up the "Add Cabinet" screen click *OK*. The FileCenter screen should change to something like the sample seen below:



Looking at the upper left area of this screen you can see the “Cabinet” we are looking into is “DDSDocs”. Below the cabinet name you see the patient’s name in the format of “0007664, Strawhacker, Rory”. Below the patient’s name is the “Folders” section that displays the subfolders that have been created for this patient. When you click on one of the subfolders you will see the files that are in that subfolder. These files are displayed in the “Files” section below the “Folders” section. When you click on one of the files the image or document will display in the “Preview” section on the right side of the screen. If you do not see the “Preview” section it can be displayed by clicking its icon at the top of the screen. All these sections have adjustable borders that you can make larger or smaller by dragging with your mouse.

You might find that the *Files* window is positioned to the right of the *Folders* window rather than below it as we suggest. To correct this click the down arrow in the *Files* windows as seen here and select *Display Files on Bottom*.



The Basic FileCenter Setup is Complete

This completes the basic setup of FileCenter that allows it to integrate with Diamond Dental. Closing FileCenter is accomplished by single clicking the “X” in the upper right hand corner. Do Not double click this “X” or you will close FileCenter but you might inadvertently also close the program below FileCenter which would be Diamond Dental. Just use a single click.

Setup for Network Workstations

Integrating Diamond Dental with FileCenter for network workstations is similar to what was just discussed for your server computer. The difference is the path to the FileCenter data will be different from the server.

For example, consider this hypothetical case. Suppose you have chosen to create the “DDSDocs” folder inside the “Diamond Dental Software” folder of the server. Remember we said this would be the simplest setup since the server’s “Diamond Dental Software” folder has already been shared on the network and the network workstations already have established mapped drives to that folder. In this example we will assume the network workstation has a mapped drive to the “Diamond Dental Software” folder that has been labeled as drive “Z”. Therefore when establishing the path to the “DDSDocs” folder from the point of view of that workstation, the path would be “Z:\DDSDocs”. Remember, there is only one “DDSDocs” folder and it resides on the server. Alternatively, if the mapped drive on the workstation would have been called “M”, then the path would have been “M:\DDSDocs”.

If you choose to create the “DDSDocs” folder in a location other than inside the server’s “Diamond Dental Software” folder you will have share that folder on the network and map drives to that folder. This is more work to set up but may be desirable since the “DDSDocs” folder can eventually contain a very large amount of data. For information on sharing and mapping folders refer to Appendix E, Network Supplement, of the Diamond Dental On-Screen Manual.

Using Phone Book Entries with FileCenter

Up until now we have only discussed using FileCenter for storing your patients’ documents. However you can also store documents relating to your Phone Book entries. The Diamond Dental Phone Book is accessed from the Main Menu with

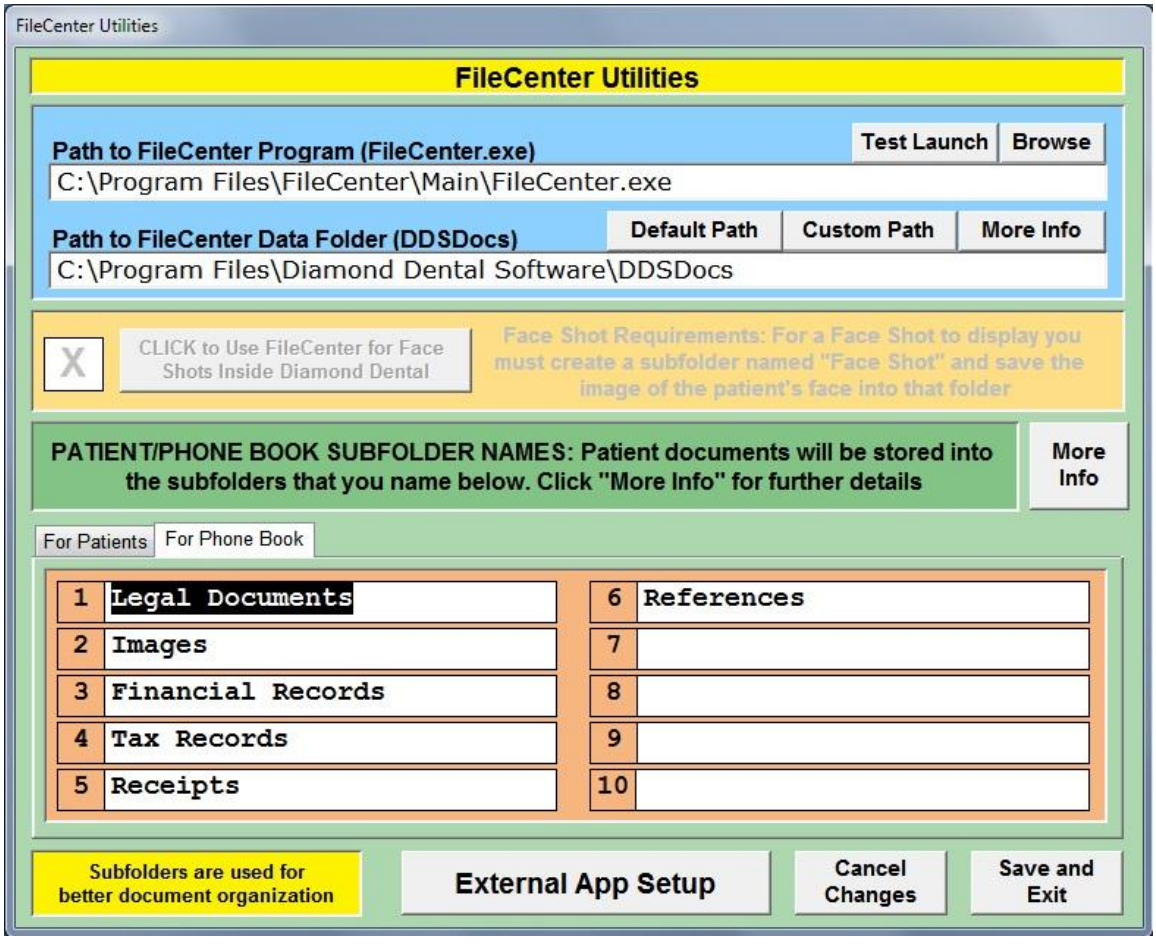
the *Phone Book* button. You are free to enter as many Phone Book entries as you wish.

Phone Book entries can be any type of entity such as other dentists, other medical practitioners, pharmacies, advertisers, business associates, employees, or anything or anyone else. You can also make your own office a Phone Book entry and keep documents concerning your practice digitized and stored in FileCenter.

FileCenter Utilities for Phone Book

The “FileCenter Utilities” screen for the Phone Book is the same FileCenter screen that was discussed earlier. From the “Main Menu” click *Utilities* and then *System Files* and finally *FileCenter Utilities*. The “FileCenter Utilities” screen will then appear.

This is the same screen that was used in setting up FileCenter for your patients. The path to the FileCenter program will be the same and the path to the FileCenter data will also be the same. What is different is that you can click the tab labeled “For Phone Book”. You will get another ten spaces to enter names of subfolders that you want created when a Phone Book entry is created in FileCenter. You will also notice that the “Face Shot” option is disabled for Phone Book. This option is discussed later.



The Created FileCenter Folder for Phone Book Entries

If you recall, on your hard drive FileCenter folders for patients are created in the “DDSDocs” folder. A folder for patient Rory Strawhacker would have the following format: “0007664, Strawhacker, Rory”. The number is an ID number used to identify the patient. Phone Book entries are a little different. The created folder in the “DDSDocs” folder for the Phone Book entry for Green Valley Dental Clinic would appear as: “0008597, PB_Green Valley Dental Clinic”. All Phone Book entries will have the characters “PB_” preceding the name. Phone Book entry folders will also have a leading unique number.

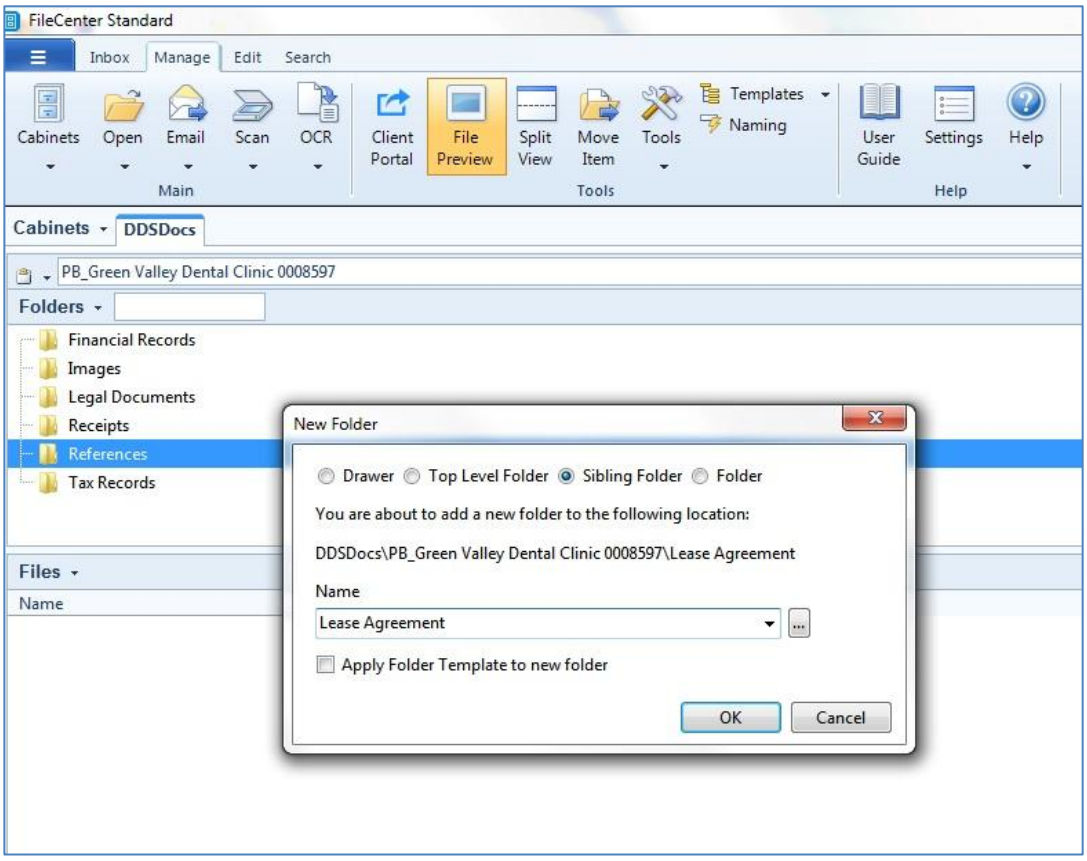
Creating Custom Subfolders in FileCenter

As has already been discussed, the “FileCenter Utilities” screen allows you to enter up to ten subfolders definitions for patients and up to another 10 subfolder definitions for Phone Book entries. These subfolders, which are used to categorize documents, are created automatically when each patient or Phone Book entry is created into FileCenter.

You might find it useful to create “Custom” subfolders for certain patients or Phone Book entries. For example, let’s suppose your dental office is named “Green Valley Dental Clinic” and you have created an entry for your office in FileCenter. Your stock subfolders would have been created at that time but you want an additional subfolder called “Lease Agreement”. Now “Lease Agreement” would probably not be appropriate for any other entry except for your office so you would not want to add it as one of your ten standard subfolder names.

To create a custom subfolder name, follow these steps:

- Open FileCenter using the patient or Phone Book entry of your choice.
- Right click in the “Folders” section in a blank white area.
- In the context menu that appears select “New Folder...”
- In the “New Folder” pop up that appears make sure “Sibling Folder” is selected.
- Enter the name you want for the new folder in the *Name* field.
- Click the OK button and the new folder will appear in the “Folder” section.



By selecting “Sibling Folder” the new folder will be created as a new folder in the “Folders” section along with the other folders that were created automatically. If you instead select the “Folder” option, then the new folder will be created as a subfolder to whatever folder was highlighted when you right clicked. If this was your intention that is fine, but otherwise, make sure you pick “Sibling Folder” when creating a new custom folder. The choices of “Drawer” and “Top Level Folder” are not appropriate for the Diamond Dental integration.

Using FileCenter to Display Patient Face Shots

In 2004 Diamond Dental introduced its “Imaging Module”. Among other functions it allowed the program to display the image of a patient’s face on various screens including the “Patient Entry”, the “Patient Search”, and the “Appointment Setter” screens. The imaging module has not changed in all those years and Diamond Dental has introduced this FileCenter integration to largely replace the aging Imaging Module.

Diamond Dental allows you to continue using the older Imaging Module alongside FileCenter is you wish. It is not an “either / or” situation, they can both be used freely.

NOTE

If you wish to completely shut off the old Imaging Module you may do so by opening “DDS Manager” (the crossed screwdriver and wrench icon) on your desktop. Pick “Application Module Settings” and then uncheck the Imaging Module check box. This will disable the Imaging Module.

However, if you have both FileCenter and the Imaging Module active, you do need to indicate which system will be displaying the Face Shots that appear inside Diamond Dental. This is an “either / or” situation. The default is for the Imaging Module to display the Face Shots unless you specifically indicate you want FileCenter to control this function.

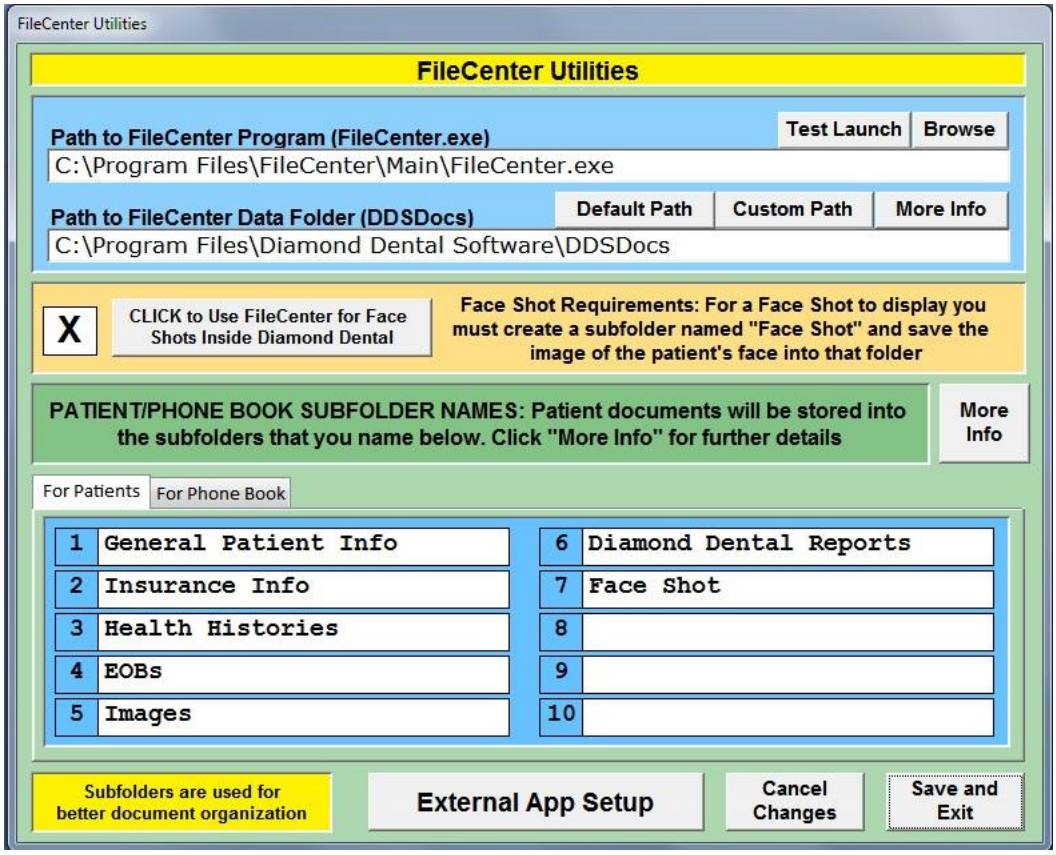
Setting Up FileCenter to Display Face Shots inside Diamond Dental

There are 3 requirements that will allow FileCenter to replace the Imaging Module in the displaying of Face Shots inside Diamond Dental. These requirements are:

- On the “FileCenter Utilities” screen click the button to allow FileCenter to display Face Shots.
- Also on the “FileCenter Utilities” screen create a subfolder named “Face Shot”.
- When you save a Face Shot image it must be saved into the patient’s “Face Shot” subfolder.

NOTE: Face Shots only apply to Patients and do not display for Phone Book Entries.

As can be seen on the “FileCenter Utilities” screen below, you must click the button labeled “*CLICK to Use FileCenter for Face Shots*...”. After you click this button an “X” will appear in the box indicating that Face Shots will now be handled by FileCenter. Any Face Shots that previously displayed inside the program from the old Imaging Module will no longer display. These images and the other images saved into the Imaging Module are still there and can be viewed by opening the Imaging Module, however they will no longer display inside Diamond Dental.



The second requirement is that you must add a subfolder with the exact name of “Face Shot”. “Face Shot” is two words with a space between “Face” and “Shot”.

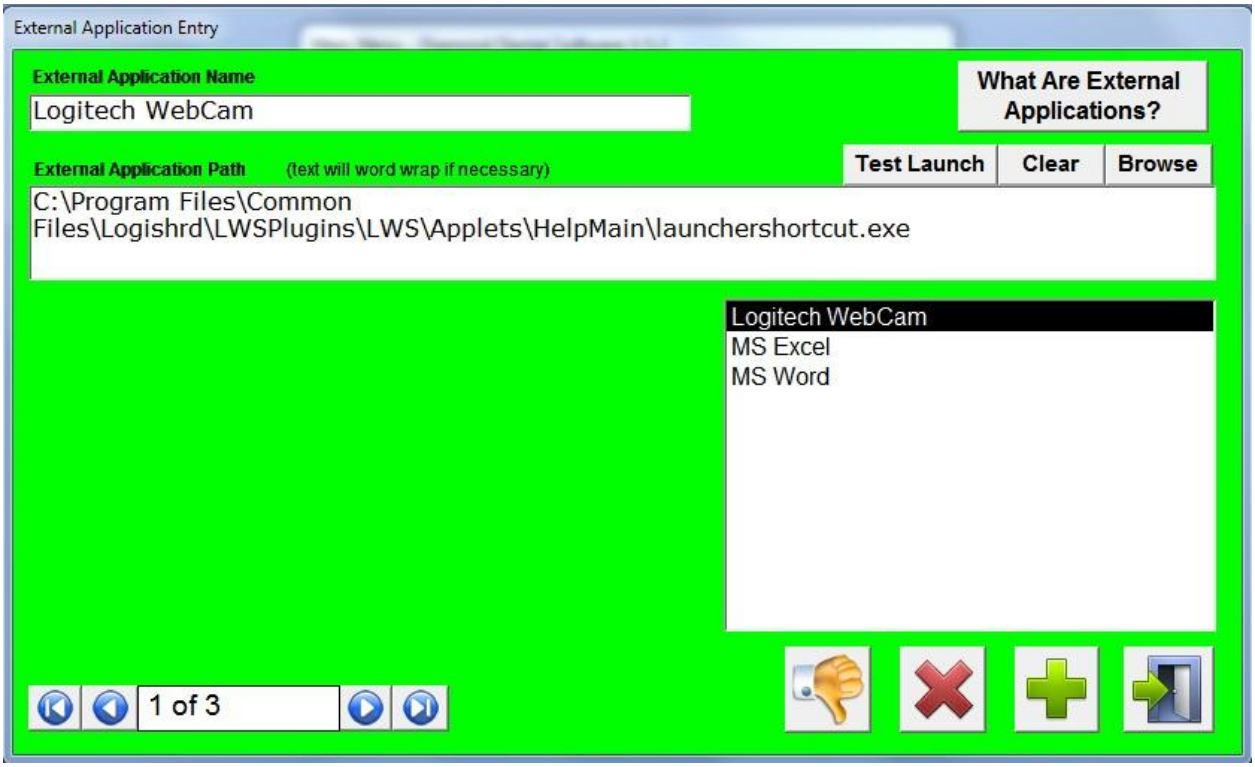
The final requirement is that when you save the Face Shot image it must be saved into the patient’s “Face Shot” subfolder. The image file can be any valid format although we suggest it be in the JPG format to save space. You can give the file any name you wish. You should save just one image file into the “Face Shot” folder.

When all these requirements are met, whatever image you have stored into the patient's "Face Shot" subfolder will display inside Diamond Dental on the "Patient Entry", the "Patient Search", and the "Appointment Setter" screens.

External App Setup

Diamond Dental can be customized to integrate with any Windows application and then take the resulting file created by that application and export it into File-Center. We call this "External App Integration".

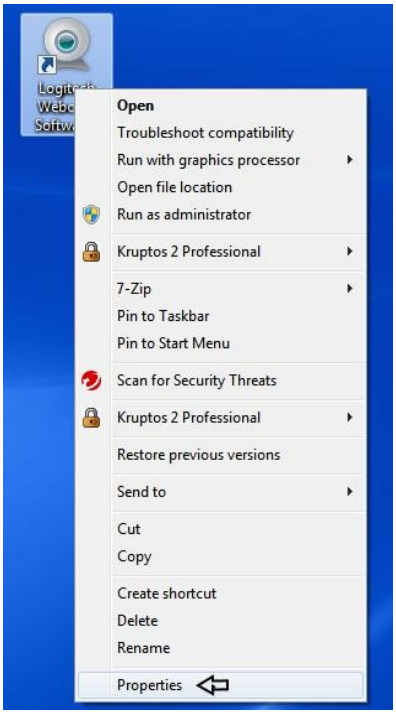
To set up an *External App* go to the "FileCenter Utilities" screen and click the *External App Setup* button. The "External App Entry" screen will open.

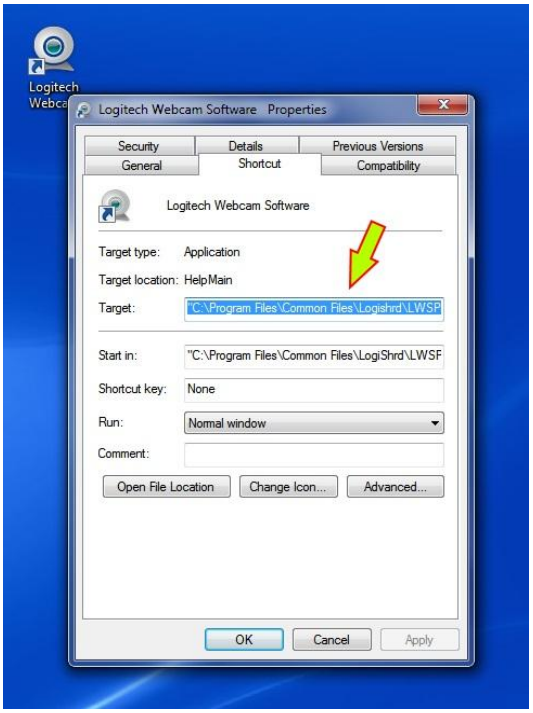


To create an External App click the green "+" button. You will enter two items, the *Application Name* and the *Application Path* (on the current computer) to the "exe" file that launches it. External Application Entry is not a network wide setting. If you want an External App on a particular computer you will have to set up the External App on that computer.

Setting the External Application Path

Setting the path for an External App can be difficult for some users. One method is to use the *Browse* button to search for the launching “exe” file of the application in question, and that will paste the application’s path into the field. However you will need to know where to browse.





Another method is to use the application’s icon that can be found on your computer’s desktop.

Find the icon in question and right-click on it. This will bring up a context menu as seen above (near right). Left-click on the *Properties* item.

That will bring up the icon’s “Properties” window (seen above, far right). Look for the *Target* field. This is the full path to the application’s “exe” file.

Copy the contents of the Target field. Make sure the entire text area is marked (blue background and white letters) as seen in the example. Hold down the Control (CTRL) key and press “C” to copy the text.

Now navigate back to the “External Application Entry” screen and click inside the *External Application Path* field so that you can see the Windows cursor blinking in it.

Now, again hold down the Control (CTRL) key and press “V”. This will paste what you have copied into the field.

If quote marks have been included in what you copied from the icon’s *Target* field you should remove them after pressing Ctrl-V. The quote marks will cause a problem in launching the application.

Using External Apps

To demonstrate how External Apps are used we will continue with our example of the Logitech Webcam. We will now assume that this application has been set up according to the directions given above.

The DDSTransfer Folder

In the External Apps process Diamond Dental will launch the external application from the patient's green "Patient Entry" screen. You are then inside the external application and you will use that application for the purpose it was intended. If it is a webcam program you will be taking pictures. If it is a MS Word you will be creating Word documents. If it is Excel you will be creating spreadsheets. Whatever the purpose of the external application, you will be creating some kind of file and saving it to some folder on your hard drive.

After the file is saved you will close the external application and Diamond Dental will then send that file to the patient's FileCenter record and place it into the subfolder of your choice.

The only way Diamond Dental can accomplish this last part is if Diamond Dental knows where the file has been saved. That is why Diamond Dental will create a special folder on your hard drive named **DDSTransfer**.

For simplicity the DDSTransfer folder comes directly off your C drive's root directly so the path to DDSTransfer is:

`C:\DDSTransfer`

NOTE

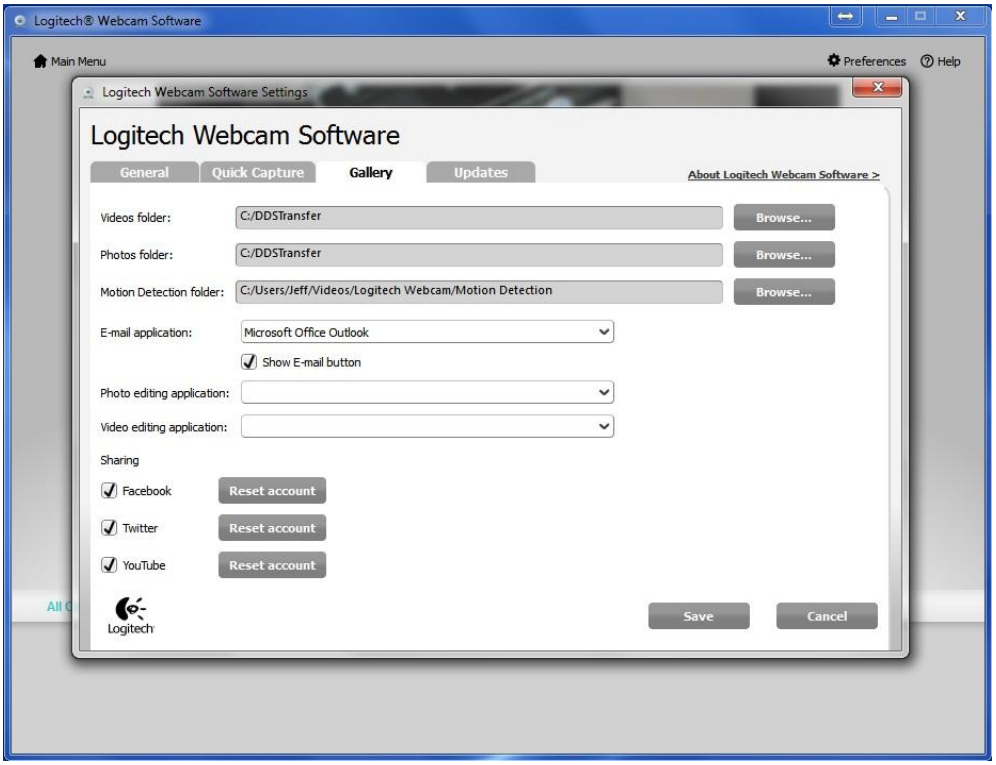
Files created from External Applications must be saved into the C:\DDSTransfer folder.

Windows applications have the ability to save files anywhere on your hard drive. You will have to save the file or files into the *C:\DDSTransfer* folder in order for the integration to properly function. Some applications allow you to determine where a file will be saved just before saving, others may have a pre-set folder that you can select where files will be saved. It will be up to you to know enough

about your external application that you can direct it to save files to *C:\DDSTransfer*.

A Sample Use of an External App

Here is our mission. We want to snap a picture using our Logitech webcam of Mary Smith and save the image into Mary's "Face Shot" folder in FileCenter. The Logitech Webcam program is a little different in that it does not give you an "on the fly" option that allows you to direct where images are to be saved before saving. Instead it has a pre-set path that you can modify. The Logitech setup screen is seen below:



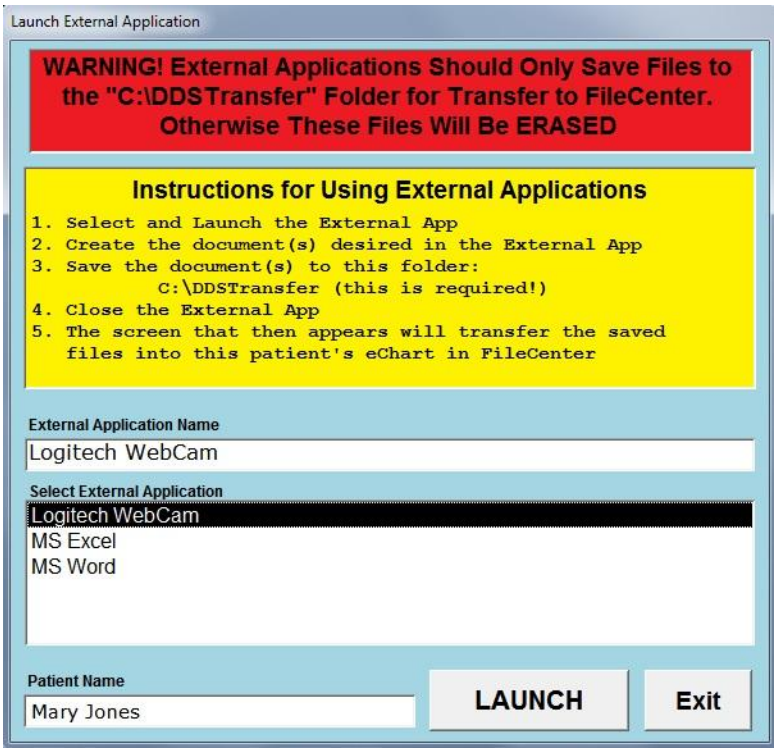
As can be seen above, we have set photos to be saved into the *C:\DDSTransfer* folder.

To use the Logitech Webcam program as an External App of Diamond Dental, follow these steps:

1. From Diamond Dental's "Main Menu" click the *Patient* button to go to the green "Patient Entry" screen.

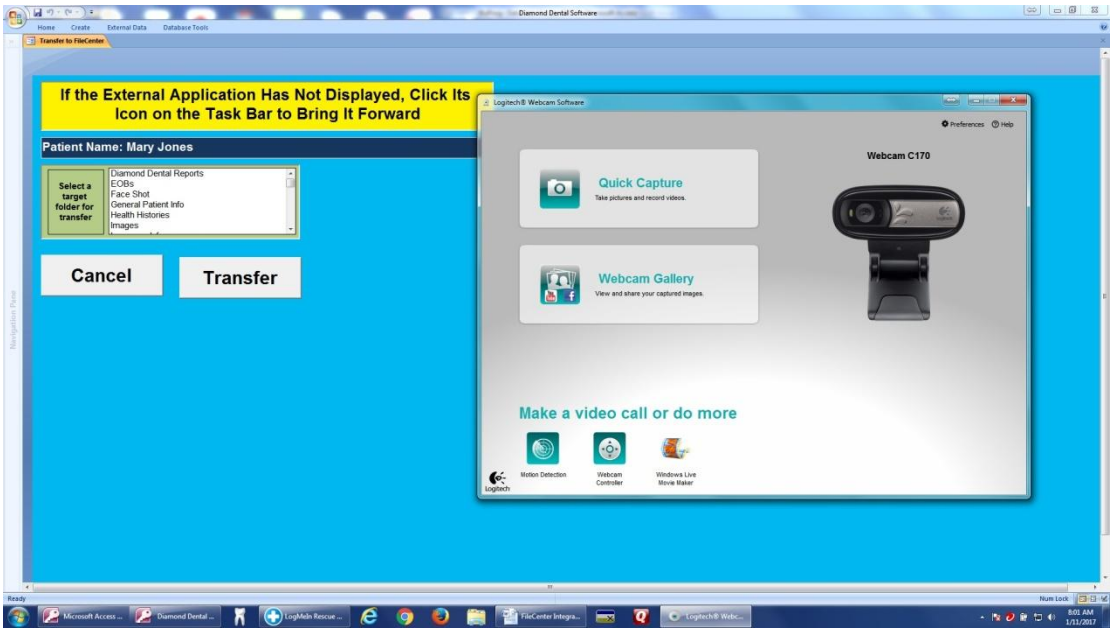
2. At the bottom of the “Patient Entry” screen click the button labeled *External Apps*.

3. This will open the “Launch External Application” screen.



4. Select *Logitech WebCam* and click the *Launch* button.

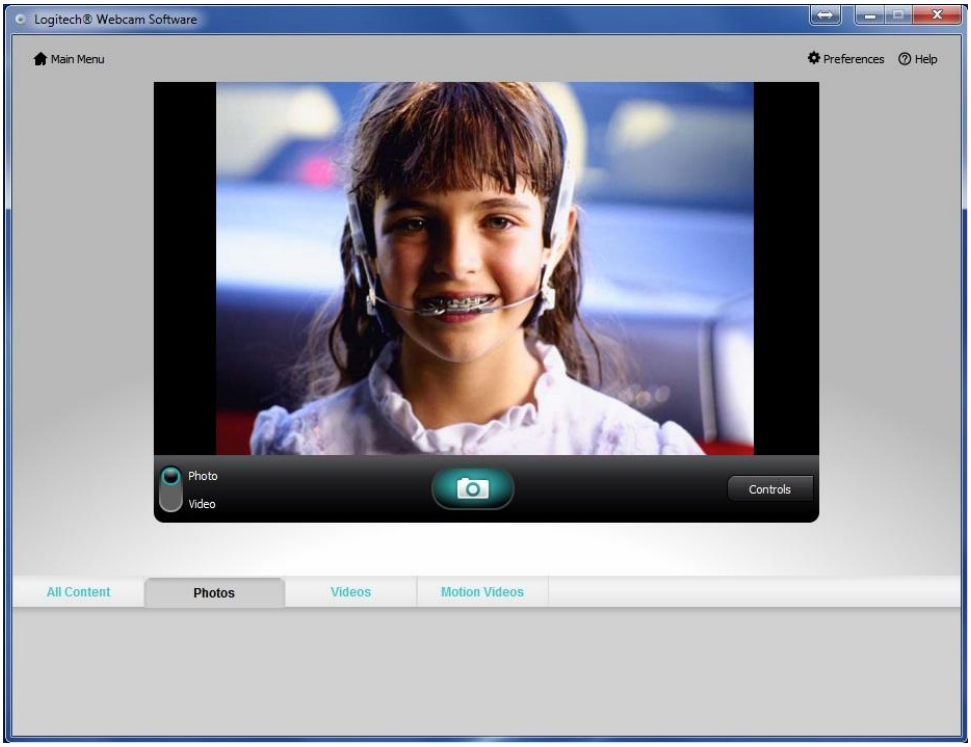
5. This will open the *Logitech WebCam* application.



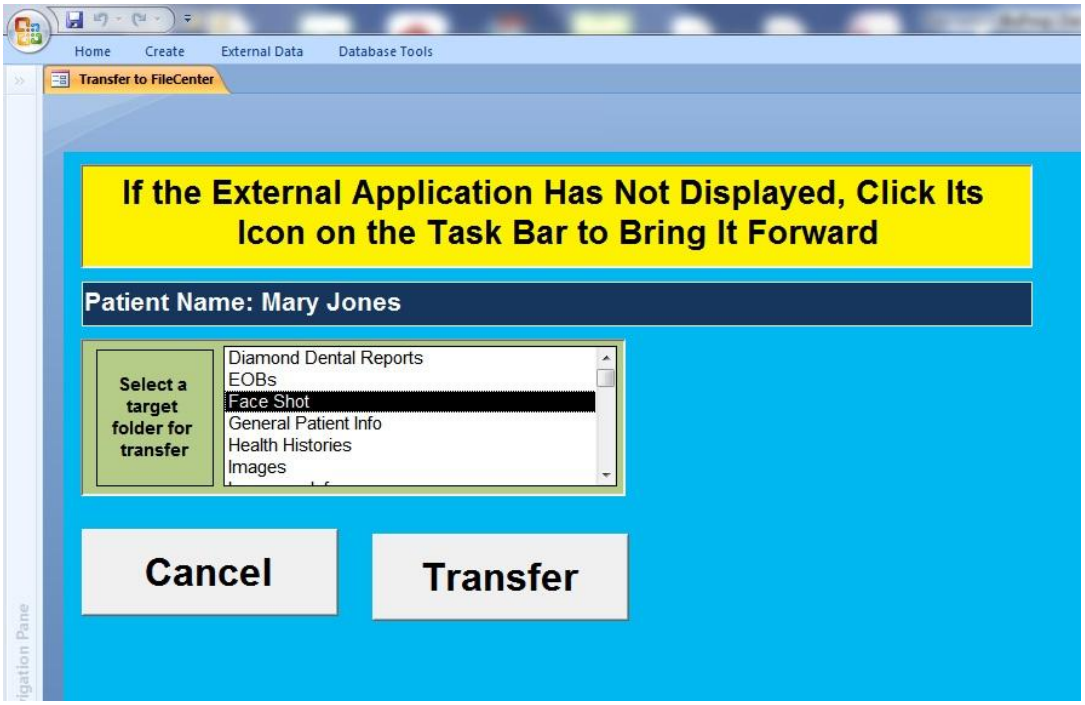
6. The opening screen of the Logitech Webcam application is open. Notice behind it you can see Diamond Dental's "Transfer to FileCenter" screen. You will see this if your External App does not take up the whole screen, as seen in this sample. To continue with Mary's picture we will click on *Quick Capture*.

7. This will open the Logitech screen where you actually snap the picture.

8. After snapping the picture you will close the Logitech screen. The picture or pictures will be saved upon closing this screen. You are not asked where you want the images saved. Remember this application has a pre-set saving path and we set the path to C:\DDSTransfer so that is where the images will go.



9. With the Logitech program closed you can now see the complete "Transfer to FileCenter" screen.

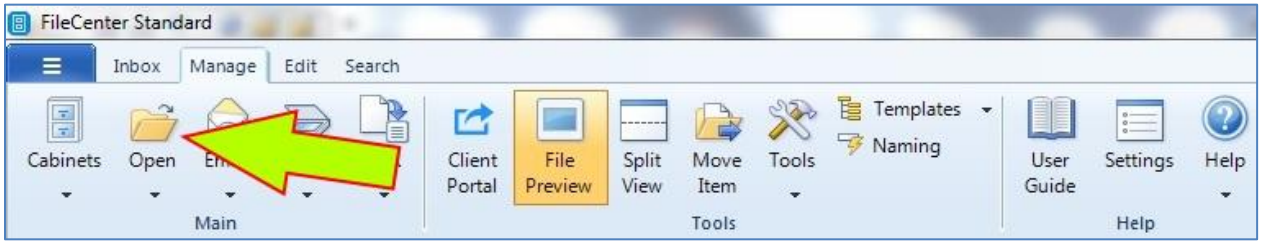


10. To complete the operation you will select *Face Shot* as the folder to where the images will be stored, and finally you will click the *Transfer* button. You will get a message indicating that the transfer was successful and "Transfer to File-Center" screen will close.

Basic File Operations inside FileCenter

FileCenter allows the same basic file operations that are seen in the Windows File Explorer program. While inside FileCenter if you right click on a file a context menu will appear that will allow you to perform the standard file operations such as: Copy, Paste, Delete, Cut, Rename, and more.

"Drag and Drop" file operations work within FileCenter and you can move files from one subfolder to another using Drag and Drop.



The Ribbon at the top of the FileCenter programs contains several icons. The icon of the file folder labeled Open is particularly useful. If you click this icon while you have a file selected inside FileCenter it will open the file in its default program. For example, if you have a Word document highlighted and then click the File Folder icon, the document will open in Microsoft Word.

However, if you click off the file so no file is selected and then click the File Folder icon, it will open a Windows Explorer window on top of FileCenter. With Windows Explorer (aka File Explorer) open, you can navigate anywhere within your computer and copy or move files into (or out of) your patient's FileCenter subfolders.

Scanning with FileCenter



Your dental office is going to accumulate mounds of paper over time. Some of it will be from documents you receive and some of it will come from documents you generate. The purpose of Diamond Dental's integration with FileCenter is to allow you (as much as possible) to have an essentially paperless office. That means you will be converting your documents into digital files that can be organized and stored in the FileCenter system.

The primary method that this will be accomplished is through document scanning. FileCenter has a very strong scanning function that is integrated into the program. FileCenter also has an extensive video tutorial library where all aspects of the FileCenter program are explained. For example there are 8 video tutorials on the subject of *Scanning* alone.

Since scanning will become an important part of your office management we suggest that you watch these tutorials on scanning. At a minimum you should at least watch the video entitled "*Scanning - Part 1: Basics*" and "*Scanning - Part 6: Advanced Scanning Options*".

FileCenter Video Tutorials

As discussed above, FileCenter has an extensive video tutorial library on the Lucion website. At the time of this writing there are over 60 video tutorials on FileCenter on this site. To access these videos go to www.Lucion.com and click the *Videos* link. Then click on the FileCenter icon to display FileCenter's tutorials.

These videos are a fabulous source of information on the features and use of



FileCenter and we urge our users to take advantage of this resource.

Backing Up FileCenter Documents

Diamond Dental's *Closeout Day* operation is used to back up your Diamond Dental data and to also perform database maintenance and some other functions. You should be aware that the *Closeout Day* operation **DOES NOT** back up FileCenter documents.

In order to back up your FileCenter documents you will need to use a separate backup program. We suggest you subscribe to one of the many online cloud based backup systems. You will set that system to backup all new and modified files inside the DDSDocs folder. You will also set the system to include all sub-

folders of DDSDocs. This will insure that all your FileCenter documents will be backed up. If you wish to include additional files to your online backup that would be your choice.

Note that even if you include Diamond Dental files in your online backup you should continue to regularly run Diamond Dental's *Closeout Day* operation. Diamond Dental performs several other functions during the *Closeout Day* operation and these functions should not be skipped.

The information you are storing in FileCenter is patient information and therefore considered private medical information. Since these online backup systems transfer this data over the internet, the backup operation is subject to HIPAA privacy rules. We suggest you use a system that is HIPAA compliant to protect your patients' privacy and to protect yourself.

Appendix

K

SMTP Settings and Email Hosting Companies

Settings for Some Common Email Servers

Email Company: MD Office Mail (suggested)
Mail Server Name: mail.mdofficemail.com
Port: 465
Notes: This can be a HIPAA compliant email where the user will need to set up a password, or it can be sent as regular email.

Email Company: Yahoo.com
Mail Server Name: smtp.mail.yahoo.com
Port: 465 or 587
Notes: Uses a special password. See how to obtain it in chapter 40 of Diamond manual. Yahoo sending limits are 500 emails per day or 100 connections per day.

Email Company: Mail.com
Mail Server Name: smtp.mail.com
Port: 587
Notes: Mail.com may stop processing if the email domain name is invalid. The domain part of an email address is the part after the "@" symbol. For example, if an email address is "jsmith@gmail.com" but you misspell it as "jsmith@gmaill.com", then Mail.com may stop processing the batch at that point. It is misspelling of the domain name that is affected by this.

Email Company: Microsoft
Mail Server Name: smtp-mail.outlook.com, or smtp.office365.com
Port: 587
Notes: Users can sign up for an e-mail account with Microsoft's webmail services designated domains (i.e., @hotmail.com, @live.com, @msn.com, @passport.com and @outlook.com. Sending limits of 300 emails per day or 100 recipients per day.

Email Hosting Companies

Email Hosting refers to a company whose servers will be used by businesses for running their emails. If you have a website for your business, the company that hosts that site is very likely such a company. So, if you have a domain name and you want to include it in your email address, you need a host. Rather than the typical @yahoo.com or @outlook.com, you can have it personalized based on your domain or business name. The hosting company can provide you with their email server name and port to allow your customized email name to be integrated with Diamond Dental.

Here are some email hosting companies for your investigation:

- Bluehost
- HostGator
- GoDaddy
- JustHost
- Network Solutions
- HostPapa
- Web.com
- 1&1

If you have any difficulties sending emails in bulk the technical support staff at these companies can troubleshoot that for you. This would not necessarily be the case with Yahoo or Microsoft.

Appendix

L

Patient Communicator Integration

Patient Communicator is a feature rich patient communication platform that enables your office to have easy, efficient, and effective communication between your practice and your patients. There are many such online patient communication companies around, but only *Patient Communicator* seamlessly integrates with Diamond Dental to make it a very useful tool for your practice. When you contact them let them know you are using Diamond Dental. Here is their contact information and a summary of their features:

Patient Communicator
17660 Union Turnpike, Fresh Meadows, NY 11366
Phone: (888) 512-3452
Email: sales@patientcommunicator.com

Special Integration Button on Patient Entry and Appointment Setter Screens

- Click the *Patient Communicator* button to access all the Patient Communicator information for the selected patient.
- This includes all the forms and information that is discussed below that relates to the patient.

Automated Appointment Reminders and Confirmations

- You set the parameters for all your outgoing messages, the number of attempts and how many days before the appointment date, including the day of the appointment.
- Appointment Reminders are automatic. Once it is set up, it does all the work.
- Confirmations are updated directly into your scheduler.
- Connect with patients the way they want: text, email, or voice.
- Patients can confirm appointments with one click.
- Day-of reminders decrease no-shows up to 70%.

Online Scheduler

- Patients can schedule real appointments 24/7.
- New and existing patients can easily schedule appointments online 24/7.
- Define the exact parameters of the appointment slots that are offered for online scheduling.
- Online bookings are updated directly into your scheduler!
- Patients can “Wait List” themselves for preferred appointments.
- The “Blacklist” blocks chronic cancellers from scheduling online.

Recall Wizard

- Set your practice’s recall preferences once and then let it go!
- Recall messages are sent out automatically, every day.
- Patients can schedule online with a link from their recall message.
- Recall messages are sent based on the last recall appointment date.

Patient Forms

- Access your patients’ forms directly from Diamond Dental!
- Customized forms for your practice are available.
- Make patient check-in efficient for your staff and convenient for your patients.
- Patients can complete and digitally sign their registration, medical history, and insurance forms.
- Create customized consent forms that patients can sign anywhere in the office.
- New patients can complete their forms securely from the comfort of their own home.
- Reduce data entry time with forms that are saved directly into Diamond Dental.

TrueText

- Patients can finally communicate with your practice like they do with their friends and family.
- Unlimited texting with your patients.
- Desktop notifications for incoming texts.
- Text in multiple languages.
- Text messages are saved and archived.

Curbside Check-In

- Make checking in easy and convenient even during these difficult times.
- Patients can text the front desk to inform them of their arrival.
- Registration forms can be filled out and submitted while waiting in the car.
- Patients can enter the practice precisely when their appointment is to begin.

Treatment Plans

- Present your patients with treatment plans and obtain their consent in a simple and convenient way.

- Forms are clear and easy for patients to understand.
- Treatment plans are pulled directly from your Diamond Dental program.
- Patients can digitally sign on the spot.

ClearCall

- Make incoming calls more productive and deliver a truly personalized experience with a smart caller ID.
- Identify unscheduled treatments and recommend them on the call.
- Remind patients of their unpaid balances and collect.
- Schedule patients or their family members for their recall appointments.
- All the patient's information is displayed on one screen at just the right time.

iPhone and Android App

- Access your Patient Communicator from anywhere with the smartphone app.
- See your upcoming schedule for the day and reach out to anyone who has not confirmed.
- Communicate with your patients with your mobile phone using your practice's phone number.
- Send last-minute emergency notifications to patients without missing a beat.

Marketing

- You will have access to Email Templates.
- Create custom marketing templates for new campaigns.
- A full template library is uploaded to your account for use with any new campaign.
- Patient Communicator's design team is available to help with special template requests.
- You can have customized headers on every message with your practice logo and contact details.
- Social Media and Reputation Management.

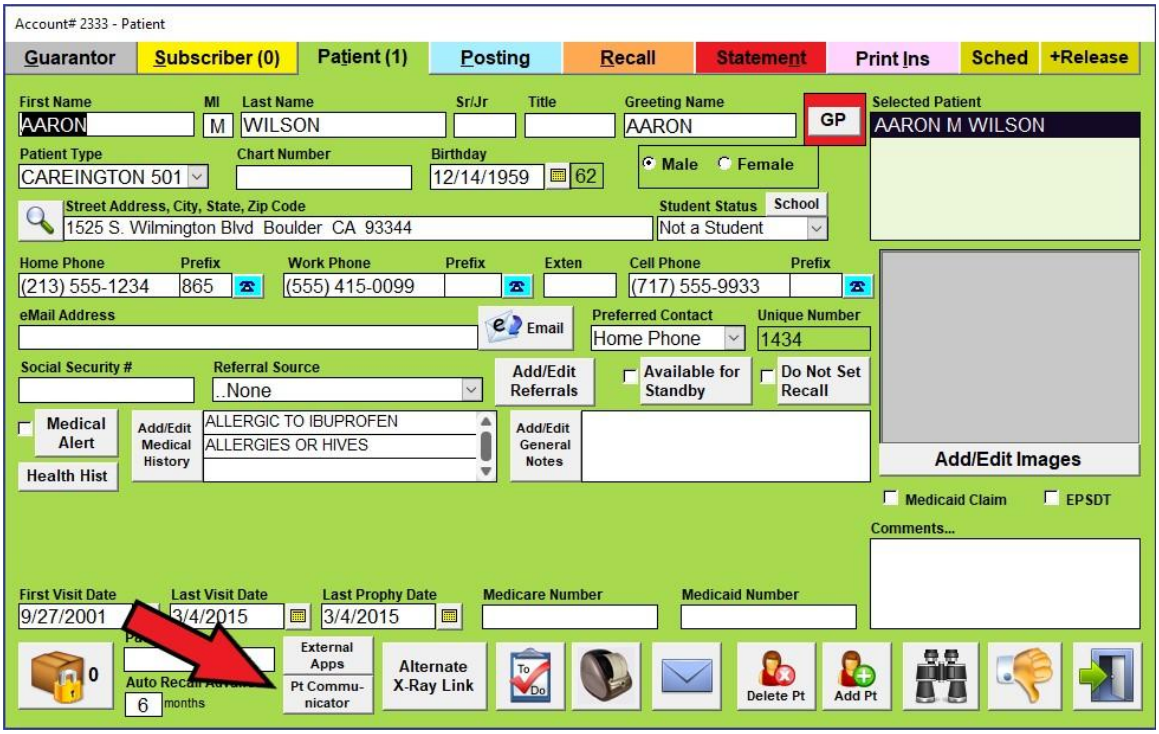
Automate Just About Everything

- Connect to patients effectively without tying up your staff.
- Send emergency closure messages from the comfort of home.
- Communicate essential pre-op and post op instructions.
- Welcome new patients to your practice.
- Tell your patients about promotions or ask them to refer a friend.

Access Particular Patient's Forms from Inside Diamond Dental

You can directly access a patient's Patient Communicator forms and information by going to that patient's "Patient Entry" screen. You can then click on the *Patient Communicator* button (which is labelled *Pt Communicator*). See the screen shot be-

low. You will be taken to Patient Communicator's Log In screen, and then you will be in that patient's Patient Communicator records.



Setting a Default Browser

Since the Patient Communicator button launches an internet browser that launches the Patient Communicator website, a default browser must first be set up within Diamond Dental. Since our ePrescription setup already does this, we have not made a special screen for this purpose. If you have already set up ePrescriptions that can be launched from inside Diamond Dental then this is already done and you do not have to do it again.

To access this screen From the Main Menu go to *Utilities*, then *System Files*, then *ePrescription Setup*. On the ePrescription setup screen it is possible to only setup the browser section. The website of Yahoo.com is already included for purposes of testing the browser. Notice that you can change the search for the browser for 32 bit (Program Files (x86)) or 64 bit (Program Files). When you get a successful test launch, click *Save Settings*.



Appendix

M

Database Engine Reset

The Diamond Dental Software program requires a copy of Microsoft Access in order to run. Microsoft Access is a database program that can create other applications. Diamond Dental is one of those other applications and is therefore an *Access-based application*. You can think of it this way: the Microsoft Word program can create Word document files such as letters, short stories, recipes, etc. On their own these document files cannot be opened or viewed. You need a copy of the Microsoft Word program to open a Word document file. Likewise, the Access-based application known as Diamond Dental cannot be opened on its own. It requires a copy of Microsoft Access to open.

You are likely familiar with the "tooth" icon on your computer's desktop that is used to open Diamond Dental. It does not actually open Diamond Dental directly. What it does is open a copy of Microsoft Access which in turn opens the Diamond Dental program. Diamond Dental cannot be opened by itself.

Diamond Dental Includes a Free Copy of Access Runtime Version



Microsoft wants Access to be popular with program developers and they are very aware that not everybody wants or needs the full development version of Access. So they have "kindly" allowed Access developers to distribute, *free of charge*, what is known as the *Access Runtime Version*. The is a modified version of Microsoft Access that allows customers to run Access programs but it does not allow them to create or modify programs with it. Diamond Dental does distribute the Access Runtime Version to our customers and it is installed when you install Diamond Dental. This has been a very successful strategy for Microsoft because Microsoft Access has become the world's most popular desktop database program.

From 2007 up until early 2024 we have been distributing the Access 2007 Runtime version. It had served us and our customers very well. However, with changes to the Windows Operating System, Access 2007 is becoming obsolete. Starting with Dia-

mond Dental Version 7.0 we now distribute the Access 2013 Runtime version which is free to our customers and is automatically installed when you install Diamond Dental 7.0 or later. However, you have another option and the advantages of that option will now be discussed.

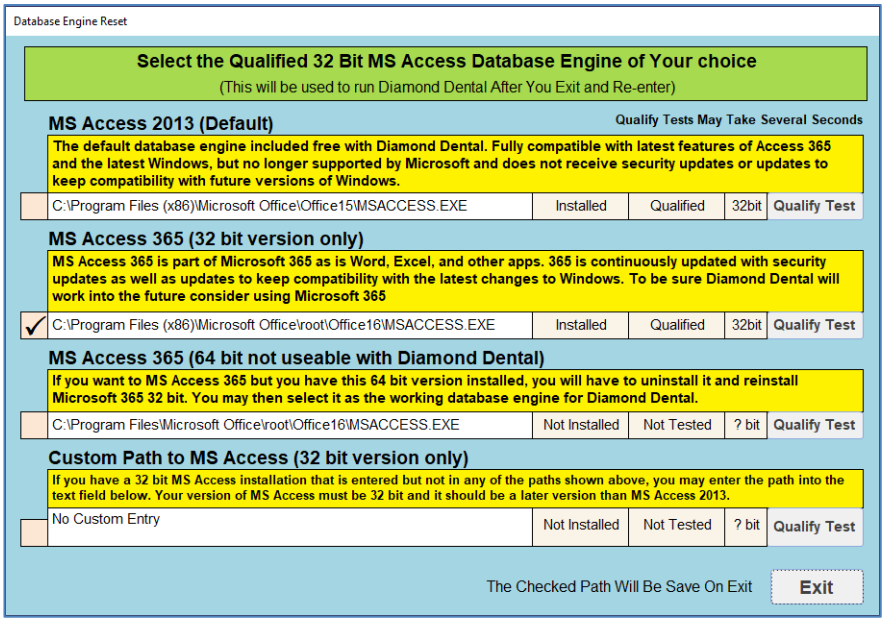
Using Access 365 to Run Diamond Dental

Diamond Dental 7.0 and later has been modified to work with the latest version of Microsoft Access which is called Access 365. Microsoft Access was introduced in 1992 and we started using it in 1995 with the introduction of Access 95. That is when we left MS-DOS and went to Windows. New versions of Access were named after its year of introduction such as Access 95, Access 97, Access 2000, Access 2007, and so on. However, after Access 2019 they stopped doing that. Now it is simply Access 365 and always will be. Access 365 is continuously updated and keeps compatible with Windows as it changes. Also, it is given continuous Security updates to help protect Access from cyber-attacks that specifically target Access and Access databases. This is a great advantage and we wanted Diamond Dental to take advantage of these ongoing updates. However, Access 365 is only available by subscription from Microsoft, although the subscription is very reasonably priced. We will discuss this more later, but first we will discuss how you can change Diamond Dental from using the default Access 2013 Runtime version to using Access 365.

NOTE: Unlike the previous 2007 version, the Access 2013 Runtime version that is installed free of charge to you will run all the newer features of Access 365. However, the runtime version does not receive the Windows compatibility updates or security updates that Access 365 receives and will receive into the future.

The Default Database Engine Reset Screen

For now we will assume you currently have installed a qualified version of Access 365. **It must be the 32-bit version of Access 365** to work with Diamond Dental.



More on this later. For now we are assuming you want to set 32-bit Access 365 as your new default database engine. From the *Main Menu* go to *Utilities*. On the Utilities Menu click the button labelled *Database Engine Reset*. The *Database Engine Reset* screen will open (seen above).

The first time you open the *Database Engine Reset* screen the first choice will be checked. This is the Access 2013 Runtime version that is installed with the program and if that is what you want to use, it is already set and working and nothing further is needed.

However, if you want to use Access 365 as your default database engine with all of its updating advantages, then we need a little more information about Access 365.

How to Obtain Access 365

Access 365 is not available as a stand-alone program. It is part of Microsoft Office 365. Microsoft Office 365 is a suite of applications which include Word, Excel, Outlook, PowerPoint, Access, and several more. Be aware that in October of 2022, Microsoft Office 365 was renamed to Microsoft 365, so look for that. Not all versions of Microsoft Office 365 included Access but since the renaming to Microsoft 365, Access 365 is always included.

NOTE: We will no longer refer to *Microsoft Office 365* since it has been renamed to *Microsoft 365*. The word "Office" has been dropped.

Access 365 Must Be the 32-bit Version



When subscribing to Microsoft 365 you are given 3 options for downloading: Default, 64-bit, or 32-bit. In order to work with Diamond Dental *you must pick the 32-bit version*.

What If I Already Have the 64-bit Version of Access 365

This can be a very common situation. If you simply click the *Download* button for Microsoft 365 without paying attention, you probably would get the 64-bit version. If that is the case and you do want to use Access 365 with Diamond Dental you would need to uninstall the 64-bit version and then download again, being careful to select "32-bit" this time.

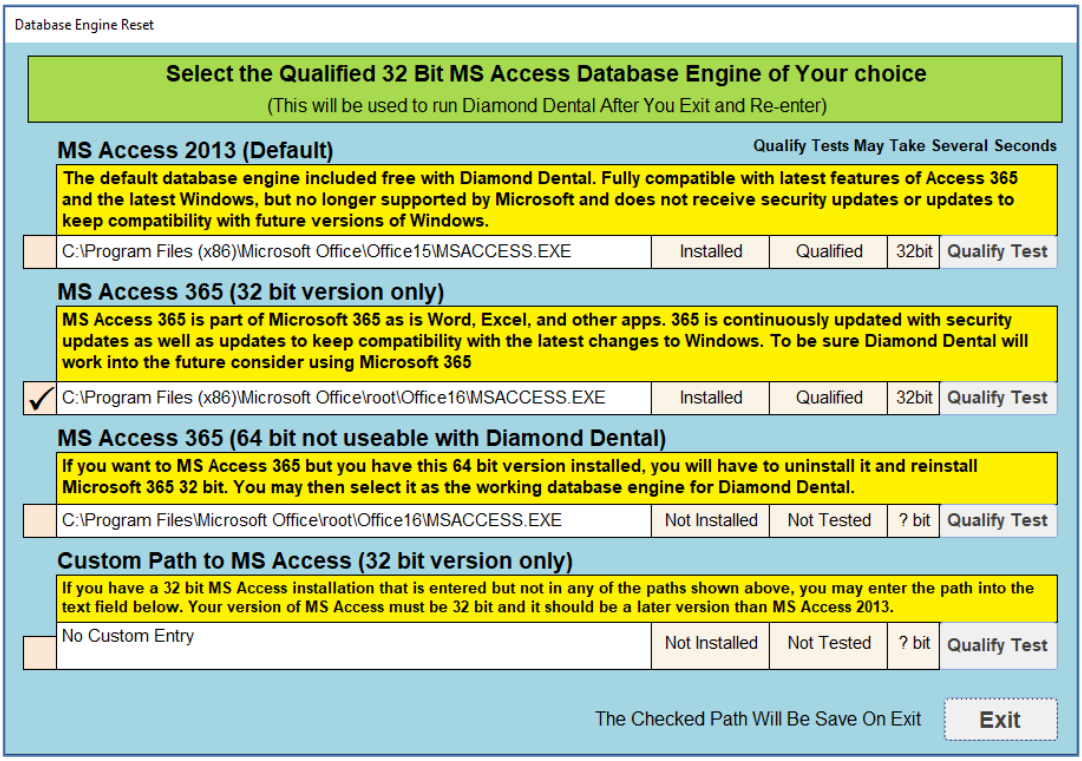
Subscribing to Microsoft 365

NOTE: If you are going to use Access 365 to power Diamond Dental, make sure you read the section below on *Setting Up a Trusted Location for Microsoft Access*.

As far as Diamond Dental is concerned, the only reason for subscribing to Microsoft 365 is to take advantage of the ongoing Windows Operating System updates and Security updates to help with cyber-attacks. We have had some problems with Windows 11 on some computers. Just a few at this time. On a new computer of a customer with Windows 11, the program wouldn't open with the previous Access 2007 Runtime version. We sent them a prototype of Diamond Dental 7.0 using the Access 2013 Runtime version and the program popped right up. We became immediate believers in having continuous updates. It's not the first time. Back in 2009 when Windows was changing from Windows Vista to Windows 7, on some computers the program at the time would just display as a white screen, a polar bear in a snow storm. We needed to send out many updated programs for that one.

Steps to Change Your Database Engine

Here again is the *Database Engine Reset* screen.



This screen displays with four options. The first option is the ***MS Access 2013 Runtime Version*** which is included with Diamond Dental 7.0 and later. It will be the one selected when you first open this screen.

The next option is the ***32-bit MS Access 365 Version***. If you have downloaded the 32-bit Version Microsoft 365, you will have this installed. If your subscription is up to date, you will have the advantage of ongoing Windows and Security updates.

The next option is not an option. It is showing you the path to the 64-bit Version of Access 365. You will not be selecting this choice.

The final option is the Custom Path. Notice that all the other options show the path to the Microsoft Access executable file. However, it is possible that a particular installation on a particular computer can send Access to a different path. If that is the case you can enter your own custom path to make this work. Call Diamond Dental if you need help with this, or any of this.

The Selection Procedure and the Qualify Test

Notice each option has a button labelled *Qualify Test*. Each option also has three indicators. The first indicator tells you whether or not the Access version is ***Installed***. The next indicator tells you whether or not the Access version is *Qualified* to be used. The last indicator tells you if the Access version is ***32-bit or 64-bit***. Of course, if it is not 32-bit it automatically will not be qualified.

For example, if you believe that you have installed the 32-bit version of Access 365, you will click the *Qualify Test* button. If the test is successful then the three indicators will appear as they do in the image above. They will show **Installed**, **Qualified**, and **32-bit**. All three of these must be displayed for this to be a viable option.

If the Qualify Test is successful you may then click the checkbox box on the far left of the option as seen in the image above. You may then exit Diamond Dental and re-enter. Upon re-entry you will be using the newly selected database engine.

This Selection Is a Local Option Only

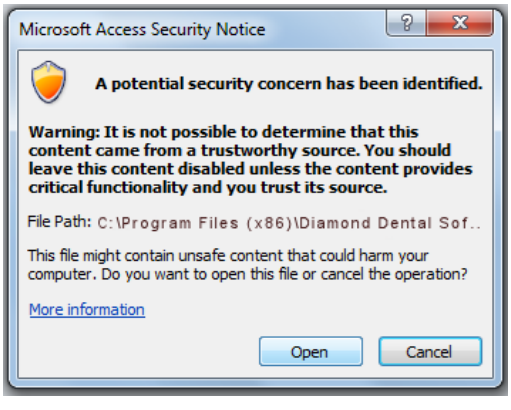
What has been discussed only affects the computer you are on. Other computers in your network are not affected by the choice you make on this computer.

Computers In a Network Can Have Different Database Engine Selections

As long as your database selection has passed the Qualify Test, it can work alongside other computers running Diamond Dental with a different version of Access. Of course they all need to be running the same version of Diamond Dental 7.0 or higher. For example, one computer could be running Access 365, and another could be running the included Access 2013 Runtime, while another could be running Access 2016. Don't pick a custom option older than Access 2013, but Access 2016, 2019, or 365 all would work. Of course you are only getting the advantage of Windows and Security updating if you are selected a subscribed version of Access 365.

Setting Up a Trusted Location for Access 365

Microsoft Access features robust, integrated security mechanisms. One of these mechanisms is *Trusted Locations*. The Security Notice seen here will continually pop up if your Access program and data are not in one



of these Trusted Locations. If you have decided to use Microsoft Access 365 to power your Diamond Dental program then you must have the 32 bit version of Microsoft 365 which was formerly known as Microsoft Office 365. This section will guide you, step by step, in setting up a Trusted Location for your Diamond Dental program.

> **NOTE**: This section only applies to Diamond Dental Version 7.0 or later. Also, If Diamond Dental has not been previously installed on this computer, it is required to install Diamond Dental prior to establishing a Trusted Location for it.

Open Access 365 as Administrator



The Trusted Location will be stored in your computer's registry so you should have Administrative Privileges when you do it. You will open Access 365 as an "Administrator". First locate the Access icon. If you see it on your computer's Desktop right-click on it. A context menu will open where one of the options is to "Run as Administrator". Left-click on that and click "Yes" to the permission warning that next appears. Access will then open.

If you don't see the Access icon on your Desktop but you know you have it installed, click your Windows button on the left side of your taskbar at the bottom of the screen. A list of all your programs will appear. Find Access and right-click on it. You very likely will not see "Run as Administrator" as one of the choices but you will see "More >" as a choice. Hover your mouse over "More >" and another context menu will appear which does have "Run as Administrator" as a choice. Left-click on that and Access will open.

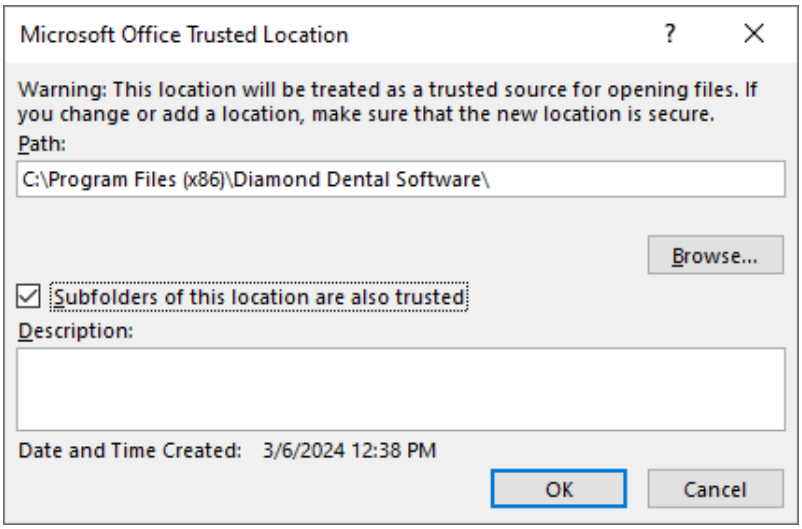
Navigate to Trust Center

With Access 365 open you will see an "Options" choice near the bottom left of the screen. Click *Options*. On the Access Options screen highlight *Trust Center*, then click *Trust Center Settings*. The *Trust Center* screen will open. This will display all the Trusted Locations for Access 365 that have been established on this computer. Here is the Trusted Location we are looking for:

C:\Program Files (x86)\Diamond Dental Software

If you already see it, highlight it. With it highlighted look lower on the screen where you will see "Subfolders:". Next to Subfolders it must say "Allowed". If not, click the *Modify* button and modify this setting. More on this coming up.

Creating a Trusted Location for Diamond Dental



Assuming you did not see Diamond Dental as one of the Trusted Locations on the Trust Center screen, you will have to create one. On the Trust Center screen click the *Add New Location button*. The "Trusted Location" screen will appear as shown above. You could type in the location in the *Path* text box, but you do need to get it exactly right and this includes the spaces. We suggest you use the *Browse* button where you first find the ***C*** drive, then find ***Program Files (x86)***, then find ***Diamond Dental Software***, and finally click *OK*. However, if you want to type it in here again is what you type:

```
C:\Program Files (x86)\Diamond Dental Software
```

And here it is again with the **^** (caret symbol) representing where you put a space

```
C:\Program Files^(x86)\Diamond^Dental^Software
```

Notice where the 3 spaces are used.

NOTE: Make sure you check "*Subfolders of this location are also trusted"*, as shown below.

Click OK and your Trusted Location is recorded.