

Overview

OrthoProLogic

General features:

1. Split Insurance Payments onto unrelated patients
2. Enhancements to Responsible Party for copying insurance , deleting spouse and editing insurance addresses
3. Lookup screen improvements
4. Configuration improvements
 1. Added ADA Code Wildcards added to Insurance Templates
 2. Added Statement Transaction Date Cutoff Default
 3. Better views for users with view only access
5. Daysheet Sort Order
6. New Reports
 1. Adjustment Transactions by Date report (Reporting – Financial – Adjustments ByDate)
 2. Contract Receivables report (Reporting – Financial – Contract Receivables)
 3. Treatment Plan and Chart Search (Reporting – Treatment – Chart and Tx Plan Search)
7. OrthoBanc transactions descriptions will include Responsible Party name when more than one responsible party is enrolled in OrthoBanc for the patient

Insurance Payments Split onto Any Patient

Transaction

Patient: **Liam Hinkley** Date / Time: 07/13/2016 11:48 AM
Contract: Invisalign - Adolescent Dentition Clerk: **Power**

Charge **Payment** Adjustment

Transaction Type: Insurance Payment
Amount: 0.00 Split onto other patients Show deactivated insurance
Description: Insurance Payment Check Number:

Insurance

MetLife Principle Life Insurance

Patient Name	Patient Id	Responsible Party	Total Fee	Amt Due	New Amt Due	Acct. Balance	Payment
Liam Hinkley	123964	Mrs. Joanne Hinkley	1,000.00	210.94	210.94	1,000.00	0.00
Liam Hinkley	123964	Principle Life Insurance (Marybeth...	0.00	0.00	0.00	0.00	0.00
Bottomley, Bill							

Bottomley, Bill

MetLife (William & Wilma Bottomley) Parents

OK Cancel Save Cancel

Split insurance onto any patient by dropping down in a new row and selecting the patient and responsible party.

Copy Insurance on Responsible Parties

Responsible Party: William & Joanne Hinkley / Patient: Liam Hinkley

Responsible Party

Relationship: Parents Rank: 1 Lives with Patient Divorced Manage Linked Patients

Mother: William Hinkley Gender: M Birth: 10/19/1970 SSN: 823-22-839_
Father: Joanne Hinkley Gender: F Birth: [redacted] SSN: [redacted]

Address: 2261 E Eggleston St Peoria IL 61614
Phone: 312-555-0123
Email: [redacted]

Greeting: Mrs. Joanne Hinkley
Letter Greeting: Mrs. Hinkley

Delivery by Email: Appt. Reminders Statements Letters

Show Deactivated Insurance Companies

[Copy Insurance](#)

Insurance

Insurance Name	Insured Name	Rank	Payer ID	Edit / Open	Delete
MetLife (William Hinkley)	Marybeth Hinkley	Primary	65978	Edit / Open	Delete

Copy Insurance

Responsible Party: **William Joanne Hinkley**

Select	Patient	Insurance	Insured Name
<input type="checkbox"/>	Liam Hinkley	Principle Life Insurance	Marybeth Hinkley

[Copy](#) [Cancel](#)

MetLife (William Hinkley)
Loyola Academy [Add / Update](#)

[Close](#)

Copy Insurance from another responsible party of this patient.

Delete Responsible Party Spouses

Responsible Party: William & Joanne Hinkley / Patient: Liam Hinkley

Responsible Party

Relationship: Parents Rank: 1 Lives with Patient Divorced Manage Linked Patients

Mother William Hinkley Gender: M Birth: 10/19/1970 SSN: 823-22-839_

Father Hinkley Gender: F Birth: SSN: - - -

Address: Hinkley St Phone: 312-555-0123

City: IL 61614 Email: Delivery by Email: Appt. Reminders Statements Letters

Gr: e Hinkley Show Deactivated Insurance Companies

Le: y Copy Insurance

Insurance

Father
Mother
Patient
Spouse
D.S.C.C.
Other
Delete

Statement Copies

Delete spouse here. (May need to click Edit Information under Manage Linked Patients first.)

Insurance Address Information on Responsible Party Screen

Responsible Party: Behzad Carnahan (Insurance) / Patient: Kiana Carnahan

Responsible Party

Relationship: Insurance Rank: 2 Lives with Patient Divorced Manage Linked Patients

Father: Behzad Carnahan Gender: M Birth: 11/12/1959 SSN: 982-07-447_

N/A Gender: Birth: SSN:

Address: 9085 N Science Pl Elgin IL 60122 Phone: 312-555-8939 Email: Behzad@test.com

Greeting: Behzad Carnahan (Insurance) Letter Greeting: Behzad Carnahan (Insurance)

Delivery by Email: Appt. Reminders Statements Letters Show Deactivated Insurance Companies

[Copy Insurance](#)

Insurance

Insurance Name	Insured Name	Ins. Rank	Payer ID	Edit / Open	Delete
United Concordia - Dental - PA Blue Shield	Behzad Carnahan	Primary	99996	Edit / Open	Delete
MetLife	Behzad Carnahan	Primary	65978	Edit / Open	Activate
*					

Enhanced viewing and editing of Insurance Address.

Information for United Concordia - Dental - PA Blue Shield (Behzad Carnahan)

Address: TDP Claim Processing Harrisburg, PA Name: [Add / Update](#)

Address	City	State	Zip	Phone	Website
TDP Claim Processing	Harrisburg	PA	17106	800-332-0366	

Address:

City: State: Zip:

Phone: Website:

[Save](#) [Cancel](#)

Responsible Party Error Indicator

None Search Account 108022

Salutation: Nickname: Birth Date: 9/26/1979 36.9 Status: Storage

First: Ken Gender: M Referred By: Appointment

Last: Aikin Next Appt: No appointment Office: Procedure:

Address: 6236 S Clyde Ct Notify by Email: Appt. Reminders First: 11/22/04 Last: 11/22/04

City, St. Zip: Richton Park IL 60471 Email: HIPAA Storage: O: 47 Hide:

Phone: Comments: TEST

Med Alert:

Office: Chicago

Dentist

Name: Dr. Robert Fishburn

Address: 1114 E Wall St Chicago, IL 60603 Phone: 312-555-9181 Email:

Greeting: Robert Pref. Delivery: Mail Fax Email

Comments:

Responsible Party

Name	Relation	Rank	Amt Due
Ken & Cindy Aikin	Patient	1	0.00
Guardian Life Insurance Co. of America (Cindy Aikin)	Insurance	Ins-1	
Aetna Dental Plans (Ken Aikin)	Insurance	Ins-1	

Red indicates Responsible Party has errors that need to be corrected before changes to the Patient can be saved.

Lookup Improvements

Lookup Screen

Select the lookup entity

Patient Resp. Party Dentist Specialist Insurance Retired By

Hide Filter Add Columns Print Label

Enter text to search...

Select	Patient ID	Last Name	First Name	First Visit	Birth Date	Age	Start Date	Total Fee	Acct. Bal.	Status	Amt.
<input type="checkbox"/>	123335	Aalders	Lauren	12/9/2015	3/28/2007			0.00	0.00	Recall	0.00
<input type="checkbox"/>	120201	Aalders	Madeleine	4/24/2013	5/18/2004	12.1	12/30/2015	5,600.00	4,320.00	Active Comp	1,320.00
<input checked="" type="checkbox"/>	120200	Aalders	Nathan	4/24/2013	8/26/2000	15.10	6/19/2013	6,275.00	975.00	Active Comp	975.00
<input type="checkbox"/>	118001	Abat	Ardu		10/2/1987	28.9		0.00	0.00	New Patient	
<input checked="" type="checkbox"/>	218003	Abat	Radu		10/2/1987	28.9		0.00	0.00	New Patient	
<input type="checkbox"/>	113233	Abbey	Marla	3/10/2006	6/21/1956	60.0		0.00	0.00	Consult	0.00

Dymo Label
Envelope
.....
Open Label Editor

Print multiple labels or envelopes from the lookup screen by selecting multiple rows.

New buttons to filtering and changing the columns in the grid.

Contract Type Groups

Contract Types

Show Hidden

Name	ADA Code for Initial Fee	ADA Code for Monthly Fee	Contract Group	Hide
Comprehensive SureSmile - Adolescent Dentition	D8080	D8670	Full	<input type="checkbox"/>
Comprehensive SureSmile - Adult Dentition	D8090	D8670	Full	<input type="checkbox"/>
Craniofacial - Adolescent Dentition	D8080	D8670		<input type="checkbox"/>
Craniofacial-SureSmile - Adolescent Dentition	D8080	D8670		<input type="checkbox"/>
Craniofacial-SureSmile - Adult Dentition	D8090	D8670		<input type="checkbox"/>
I Full Comprehensive - Adolescent Dentition	D8080	D8670	Full	<input type="checkbox"/>
Infant Orthopedic	None			<input type="checkbox"/>
Invisalign - Adolescent Dentition	D8080	D8670		<input type="checkbox"/>
Invisalign - Adult Dentition	D8090	D8670		<input type="checkbox"/>
Partial Limited Treatment - Adolescent Dentition	D8030	D8670		<input type="checkbox"/>
Partial Limited Treatment - Adult Dentition	D8040	D8670		<input type="checkbox"/>
Phase I Treatment				
Phase II (full) Treatment - Adolescent Dentition				
Phase II Craniofacial - Adolescent Dentition				
Phase II Craniofacial-SureSmile - Adolescent Dentition				
Phase II Craniofacial-SureSmile - Adult Dentition				
Phase II SureSmile - Adolescent Dentition				
Surgical Phase - Adolescent Dentition				
Surgical Phase SureSmile - Adolescent Dentition				
Surgical Phase SureSmile - Adult Dentition				
Transfer (finish to completion) - Adolescent Dentition				
Transfer (finish to completion) - Adult Dentition				
*				

Add Contract Group to Contract Types (Settings - Financial - Contract Type) for use on the Dashboard.

Starts

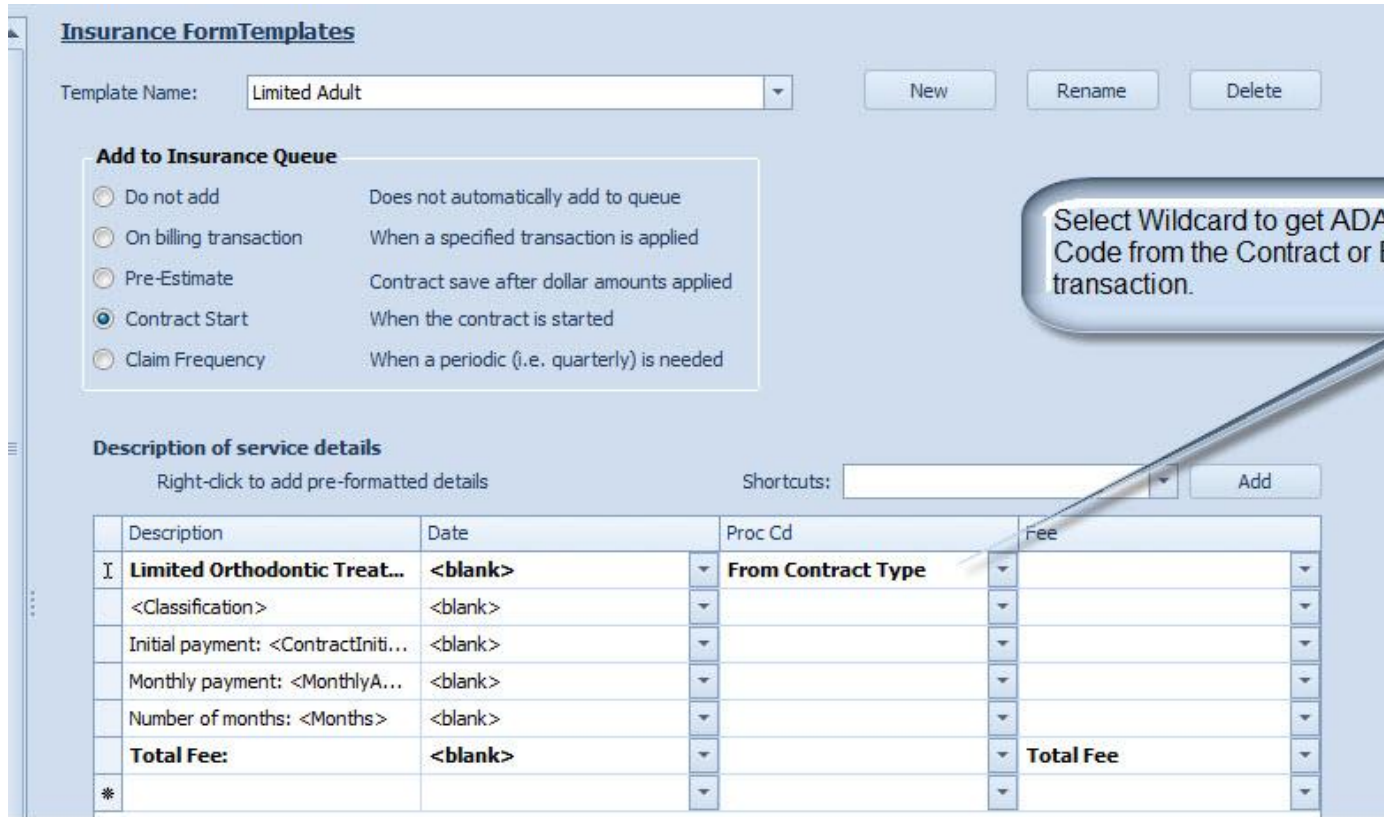
By Office
 By Contract Group
 By Contract Type

Date Contract Type Quarter

Count Month ▲

Office	Year	Contract Group	January	February	March	April
▼ Chicago	▼ 2015					
		Full				
	2015 Total					
	▼ 2016					
		Full				
2016 Total						
Chicago Total						

Wildcard for ADA Code on Insurance Templates



Insurance Form Templates

Template Name:

Add to Insurance Queue

- Do not add Does not automatically add to queue
- On billing transaction When a specified transaction is applied
- Pre-Estimate Contract save after dollar amounts applied
- Contract Start When the contract is started
- Claim Frequency When a periodic (i.e. quarterly) is needed

Description of service details
Right-click to add pre-formatted details Shortcuts:

Description	Date	Proc Cd	Fee
I Limited Orthodontic Treat...	<blank>	From Contract Type	
<Classification>	<blank>		
Initial payment: <ContractIniti...	<blank>		
Monthly payment: <MonthlyA...	<blank>		
Number of months: <Months>	<blank>		
Total Fee:	<blank>		Total Fee
*			

Added wildcard to Insurance Templates to get ADA Code from the billing transaction or the Contract Type so you don't have to create a template for each type of contract/treatment. Access this via Settings - Insurance - Templates.

Statement Cutoff Date Default

Options

- Contract Types
- Transactions
- Warning
- Insurance
 - General
 - Templates
- Letters
- Late
- Patient / Responsible Party
- Relationships
- Status
- Printing
- Dymo Setup
- Label Layouts
- Program Settings
 - General
 - File Directories
 - Privacy
- Reports
 - Daysheet
 - New Patient
 - Payment Schedule
 - Statement
 - Truth In Lending
- Scheduling
 - Chair Colors
 - Chair Names
 - Procedures
- Statement
 - General
 - Late Charges
 - Reminder

General

Monthly treatment fee billing desc: Contract Installment Fee: <Month spelled out> Wildcards: [dropdown]

Test: Contract Installment Fee: July

To use "Wildcards", put your cursor where the wildcard is to appear. Select the appropriate wildcard in the dropdown. Always ensure that the "Test area" looks correct.

Show transactions that are 3 months old or newer. (This can be changed when individual or monthly statements are created.)

Footer: Ronald S. Jacobson D.D.S., M.S.
Raymond Y. Tsou D.M.D., M.S.
(773) 545-5333

General Message:

Show pending insurance claim message on statement:

Autopay Statement Message On: Wildcards: [dropdown]

Autopay Message: NO PAYMENT DUE. Payment will be automatically deducted electronically as previously authorized by you on the <<Withdrawal Day of Month>>th of every month.

Select default cut off date for individual and monthly statements.

Statement Print

Statement Type

Total Account

Walkaway/Flex Spending

From: 4/1/2016

To: 7/13/2016

Responsible Party

William Joanne Hinkey

Default cut off will set this date initially but users can override when a statement is printed.

Daysheet Sorting Option

Daysheet

Office: Criteria: Show History

Locked	From Date	To Date	User	Unlock User	Bank Deposit	Credit Card Total	Total Charges	Cash	Payment Adjusts	Charge Adjusts
<input checked="" type="checkbox"/>	06/24/2016 4:35 PM	06/27/2016 4:41 PM	Luisa							
<input checked="" type="checkbox"/>	06/27/2016 4:41 PM	06/28/2016 5:23 PM	Jessenia							
<input checked="" type="checkbox"/>	06/28/2016 5:23 PM	06/29/2016 4:08 PM	Doris Meza							
<input checked="" type="checkbox"/>	06/29/2016 4:08 PM	07/01/2016 4:03 PM	Luisa							
<input checked="" type="checkbox"/>	07/01/2016 4:03 PM	07/05/2016 7:00 PM	Doris Meza							
<input checked="" type="checkbox"/>	07/05/2016 7:00 PM	07/06/2016 3:43 PM	Jessenia							
<input type="checkbox"/>	07/06/2016 3:43 PM	07/13/2016 11:24 AM	Jessenia		0.00	1,644.06	1,489.06	0.00	0.00	0.00

Blue amounts indicate a change since the last draft was printed.

Report Sort Order:

Select sort order by daysheet report - Patient Name (last, first) or Transaction Date.

Selection will be saved for future use.