

5.31 Release Features

CareStack 5.31 invites you to an impressive tour of prime feature requests brought into effect for practices across locations, including resourceful updates, beneficial reforms in UI design and interestingly much more. The implemented modifications are sure to help practices optimize their dental PMS workflow and better accomplish tasks with fewer clicks; correspondingly equating to time-saving workflows and reducing errors; ensuring users are not missing the basics wherever exceedingly essential as in the smart choice of enabling/disabling creation of Transfer Credits.

The select range of features encapsulated in this release offers significant benefits, such as easy discoverability of self-explanatory operational reports for users, ability to gain actionable insights from the robust Rejected Claims (Count) KPI, potentiality for practices to amp up productive hours while dealing with bulk electronic eligibility requests using our renewed Pending Eligibility Lists. Equally favorable is the capability to efficiently and smoothly Reschedule Appointments and effectively sort out Short Call patient requests parallel to other advantageous features we have enthusiastically brought forth.

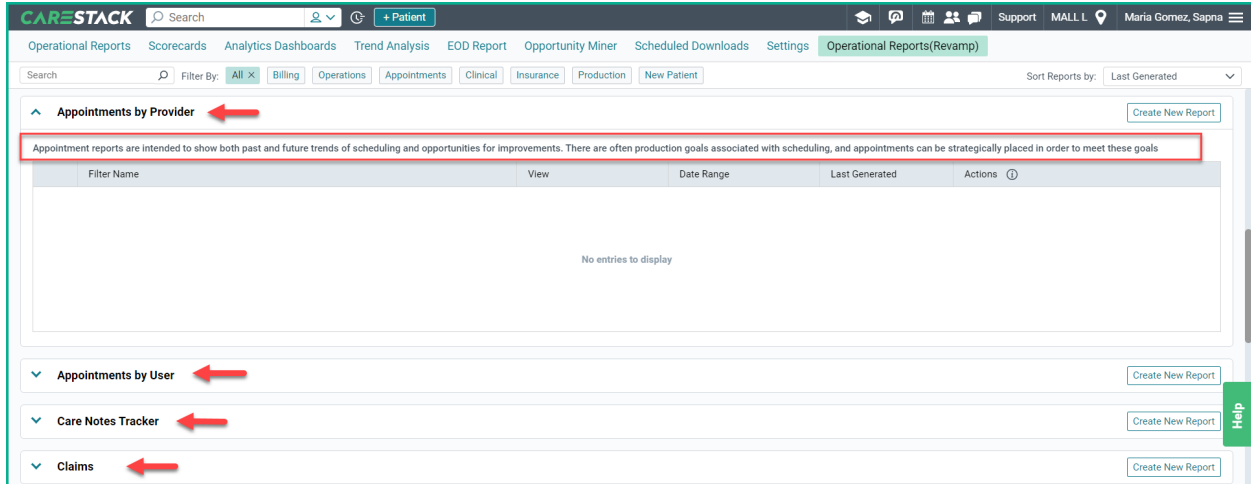
Early Access/Beta

1. Operational Report (revamp)

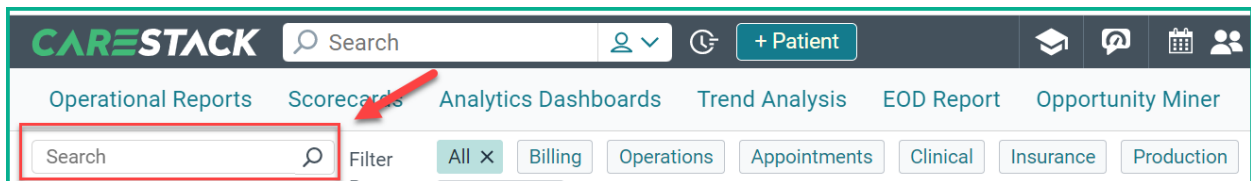
a. UI Redesign

- i. Reports are arranged as cards for quicker selection. To access these reports navigate to **System Menu > Operational Reports**.

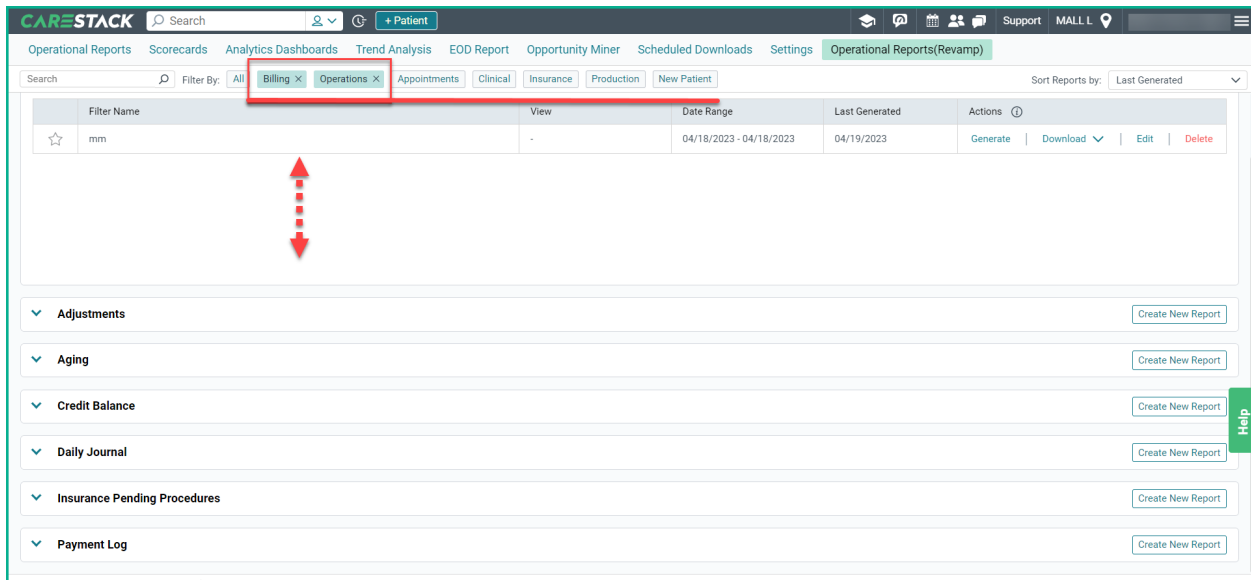
Note: Each card holds a description of the report along with its use case to equip users with the primary knowledge of the specific report and what it is chiefly used for.



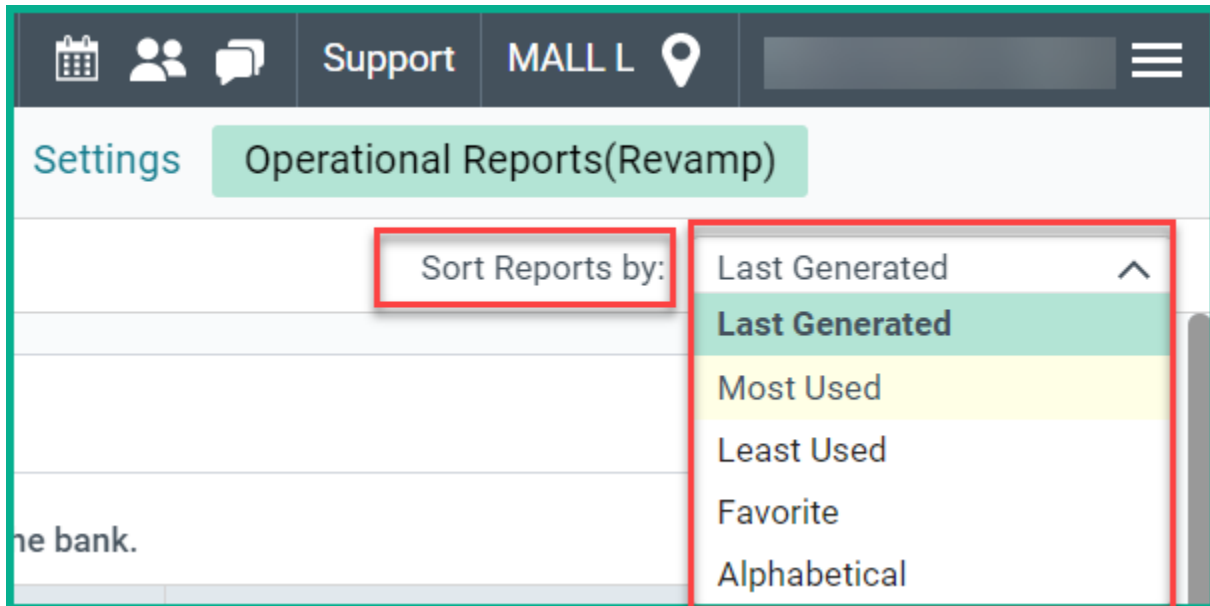
- ii. Use the **Search** field located on the top left to find a report by its name.



- iii. Provides logical grouping of reports. For example, If you select **Billing** and **Operations**, it will show you reports matching both criteria. The logically grouped reports are set as clickable labels on the top for easy access.

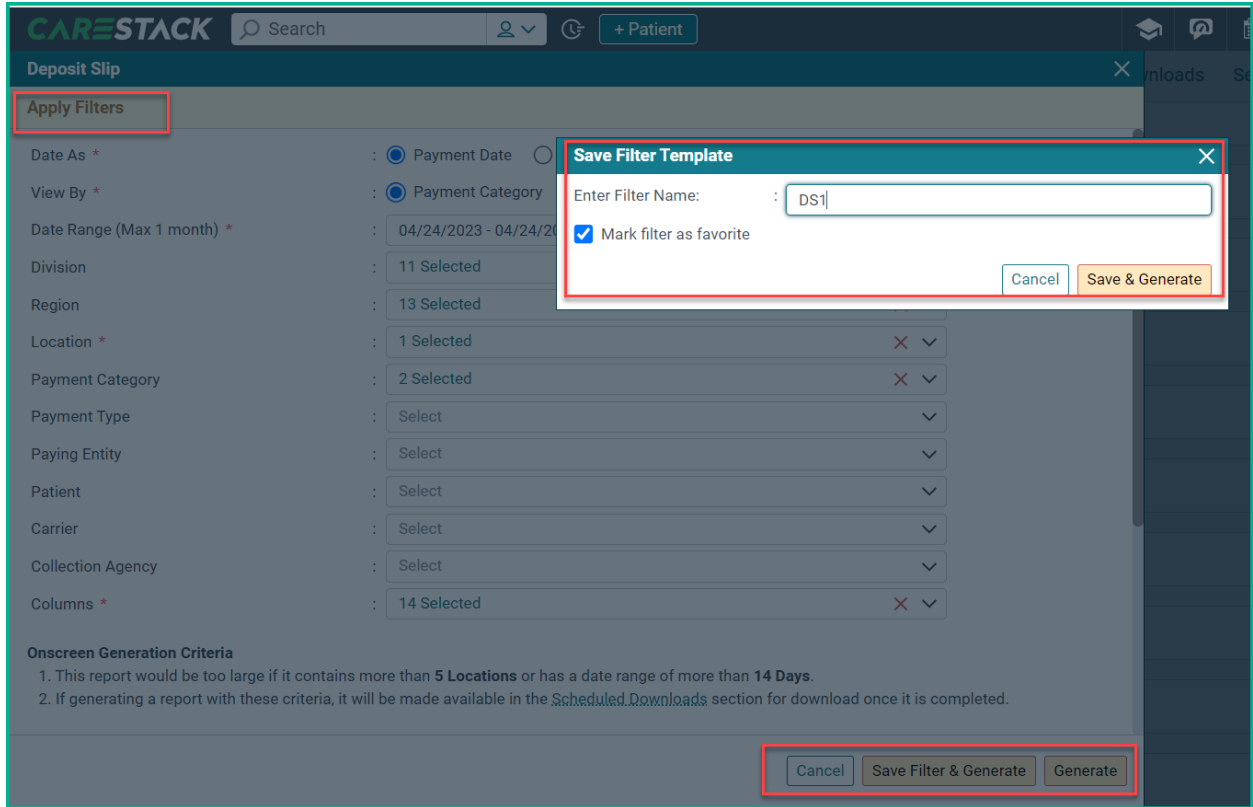


- iv. Ability to **Sort** Reports by different criteria: **Last Generated, Most Used, Least Used, Favorite & Alphabetical**. By default, the option will remain as **Last Generated**.



- b. Offers the ability to save **multiple** Filters by name and seamlessly generate saved reports without having to build a filter criteria each time.





- i. When creating filters (single or multiple), users have the ability to select from any of the following dynamic date ranges: **WTD, MTD, YTD, Last 14 days, Last 7 Days, & Custom.**

Note: These would allow you to generate reports with the selected date range dynamically. For example, if the last 7 days option is selected for saving a filter, then you can generate the report at the end of every week without having to change the date range filter each time.



Adjustments

Apply Filters

Select View * : Summary View Detail View

Date Range (Max 1 year) * : 04/24/2023 - 04/24/2023

Division : YTD MTD WTD Last 6 Months Last 1 Month Last 14 Days Last 7 Days **Custom**

Region : < Apr > 04/24/2023 < 2023 > < May > 04/24/2023 < 2023 >

Location * : < Sun Mon Tue Wed Thu Fri Sat >

Provider : < Sun Mon Tue Wed Thu Fri Sat >

Adjustment Type * : < Sun Mon Tue Wed Thu Fri Sat >

Patient Flag : < Sun Mon Tue Wed Thu Fri Sat >

Patient : < Sun Mon Tue Wed Thu Fri Sat >

Adj. Amt * : < Sun Mon Tue Wed Thu Fri Sat >

Onscreen Generation Criteria

1. This report would be too large if it contains more than 1000 records.
2. If generating a report with these criteria, it will be made available in the [Scheduled Downloads](#) section for download once it is completed.

Cancel Save Filter & Generate Generate

- ii. You can either **Generate** a report (if applicable) or **Download** the report as **PDF, CSV OR Excel**.

CARESTACK Search + Patient

Operational Reports Scorecards Analytics Dashboards Trend Analysis EOD Report Opportunity Miner Scheduled Downloads Settings **Operational Reports(Revamp)**

Search Filter By: All x Billing Operations Appointments Clinical Insurance Production New Patient Sort Reports by: Last Generated

Deposit Slip Create New Report

This report is used to reconcile the total amounts collected for the different types of payment deposits received; more importantly, it is used to deposit these funds at the bank.

Filter Name	View	Date Range	Last Generated	Actions
☆ mm	-	04/18/2023 - 04/18/2023	04/19/2023	Generate Download Edit Delete
☆ DS	-	04/18/2023 - 04/18/2023	04/24/2023	Generate PDF CSV EXCEL Edit Delete

- iii. You also have the added ability to make changes to the **Filter** criteria and either update and generate or create a new filter altogether.



Deposit Slip

Edit Filters

Date As * : Payment Date Transaction Date

View By * : Payment Category Payment Type

Date Range (Max 1 month) * : 04/18/2023 - 04/18/2023

Division : 11 Selected [X] [v]

Region : 13 Selected [X] [v]

Location * : 1 Selected [X] [v]

Payment Category : 2 Selected [X] [v]

Payment Type : Select [v]

Paying Entity : Select [v]

Patient : Select [v]

Carrier : Select [v]

Collection Agency : Select [v]

Columns * : 14 Selected [X] [v]

Onscreen Generation Criteria

1. This report would be too large if it contains more than **5 Locations** or has a date range of more than 1 month.
2. If generating a report with these criteria, it will be made available in the [Scheduled Downloads](#) section.

Save as New Filter & Generate
Update Filter & Generate

Cancel Save Filter [^] Generate

- c. Offers ability to mark saved filters as **Favorites** and then sort by **Favorites** so that all your report(s) that have been marked as Favorite will appear at the top of your list.

Operational Reports(Revamp)

Filter By: All x Billing Operations Appointments Clinical Insurance Production New Patient

Sort Reports by: Favorite

Deposit Slip [Create New Report]

This report is used to reconcile the total amounts collected for the different types of payment deposits received; more importantly, it is used to deposit these funds at the bank.

Filter Name	View	Date Range	Last Generated	Actions
★ mm	-	04/18/2023 - 04/18/2023	04/19/2023	Generate Download [v] Edit Delete
★ DS	-	04/18/2023 - 04/18/2023	04/24/2023	Generate Download [v] Edit Delete

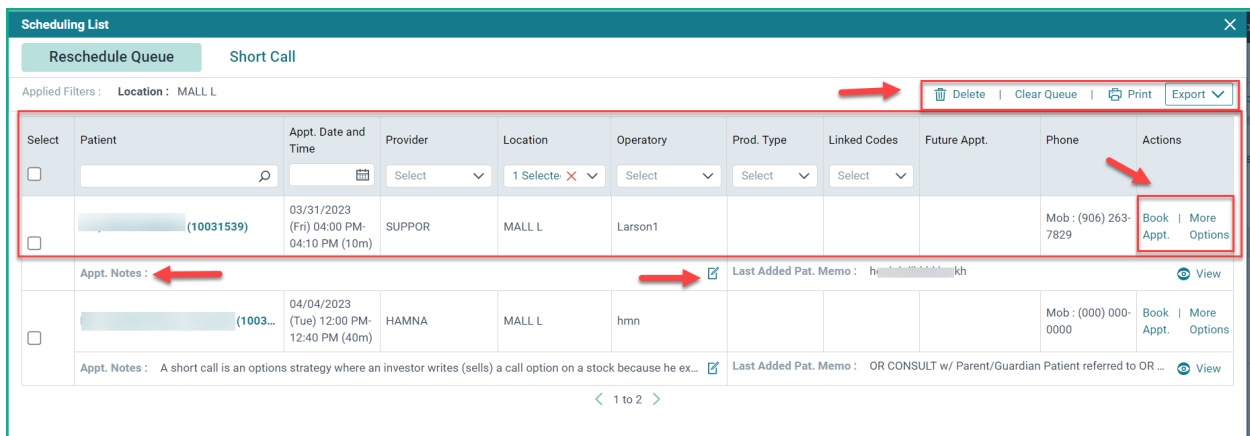
Front Desk



1. Reschedule Queue

a. CareStack offers users the enhanced ability to filter appointment types and action them quickly to aid practices to increase their production. The **Reschedule Queue** comes with a brand new UI and workflow for swiftly tracking patients, booking a new appointment or actioning an existing one. It further allows you to have actionable features like **Book, Delete, Edit, Go to Chart, Add an Appointment Note, and Create Updated Memos**. Besides, It will provide you with the details of the last appointment, upcoming appointments, and treatment codes attached to the appointment. To access these features navigate to **Dashboard > Lists > Reschedule Queue**. Let's narrow it down for you:

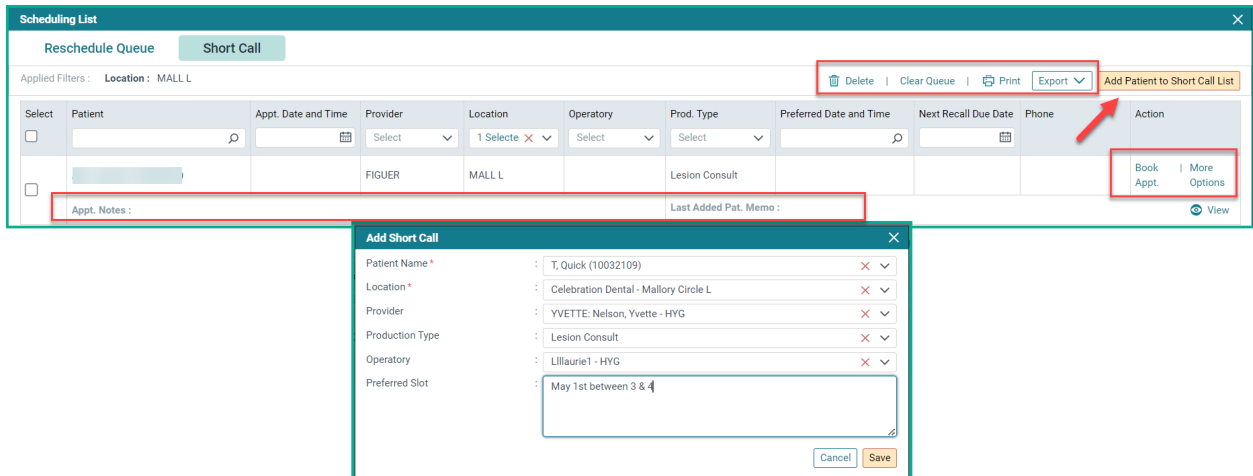
- i. View upcoming **Future Appointments**.
 - ii. Extended view for the patient's **Phone number**.
 - iii. You can view and edit a **Memo**.
 - iv. Edit **Appointment Notes**.
 - v. Choose **Clear Queue** to erase all entries.
 - vi. Ability to **Print** after applying the desired filters.
 - vii. Multiselect the desired patients and apply **Delete**.
 - viii. **Export** the reschedule list to **CSV** or **PDF** format.
 - ix. Actions under **More Options** to **Find Slot, Go to Chart, & Delete** per patient.
- Note:** Similar features are offered in the Short Call Lists.



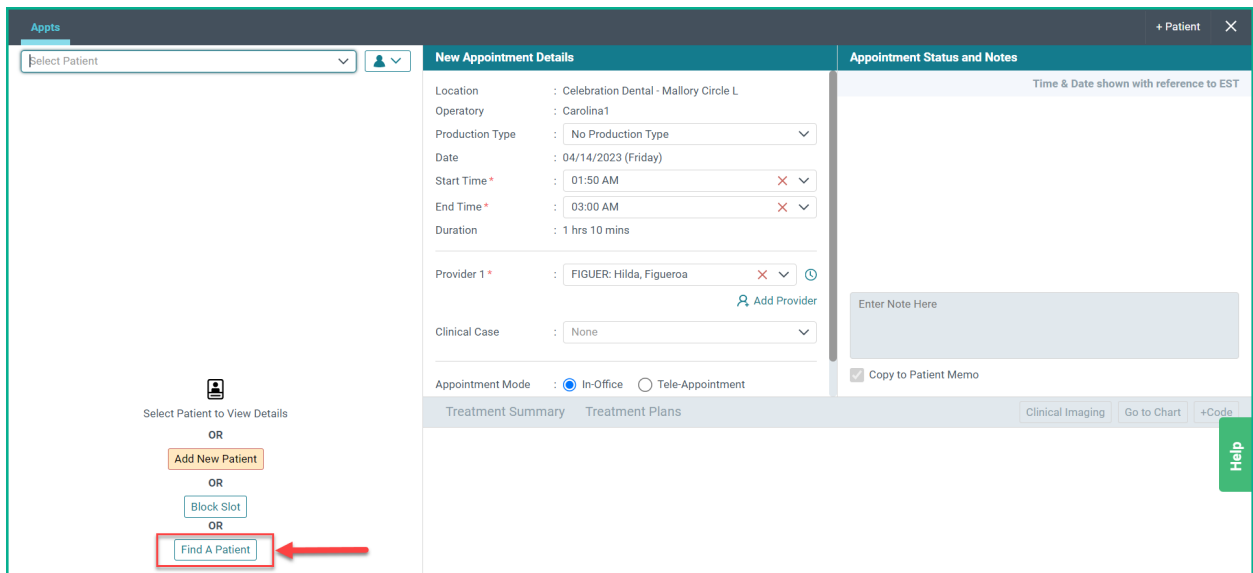
2. Short Call Lists



a. Ability to add patients to the short call queue who have not booked any appointments. To add patients with no appointments, select **Add Patient to Short Call List** and select the suitable dropdown options for **Patient Name, Location, Provider, Production Type, Operatory**. Moreover, users can **Book an Appointment** for the desired patients directly from the short call queue.



b. Quickly access the **Reschedule/Short Call lists** to book a slot from the **Appointment** window > **Find A Patient**.



c. When you book an appointment, a notification pop-up will appear letting users view all appointments in the **Reschedule** or **Short Call Queue**, if any. This further enables users to avoid any duplicate booking of appointments as well as action the relevant appointments appropriately.

Slot Details: 04/14/2023 | 02:10 AM-03:00 AM (50 mins) | Prov: SONA | Loc: MALL L

Select an action to be done for the following

Entries in Shortcall Queue

Patient has been marked for Short Call (No Appointment Linked)

Remove from Queue Book Appointment

Preferred Slot: May 1st between 3 & 4

Celebration Den... Nelson, Yvet... No Linked Codes

Llllaurie1 - HYG Lesion Cons...

Other Future Appointments

Friday, November 17, 2023

06:00 AM-06:30 AM(30m)

Celebration Den... Watson III, D... D0120 - Periodic Oral Evaluat...

Nordmann3 - G... Consult

Cancel Go to Chart View All Appointments Proceed to Book New Appt.

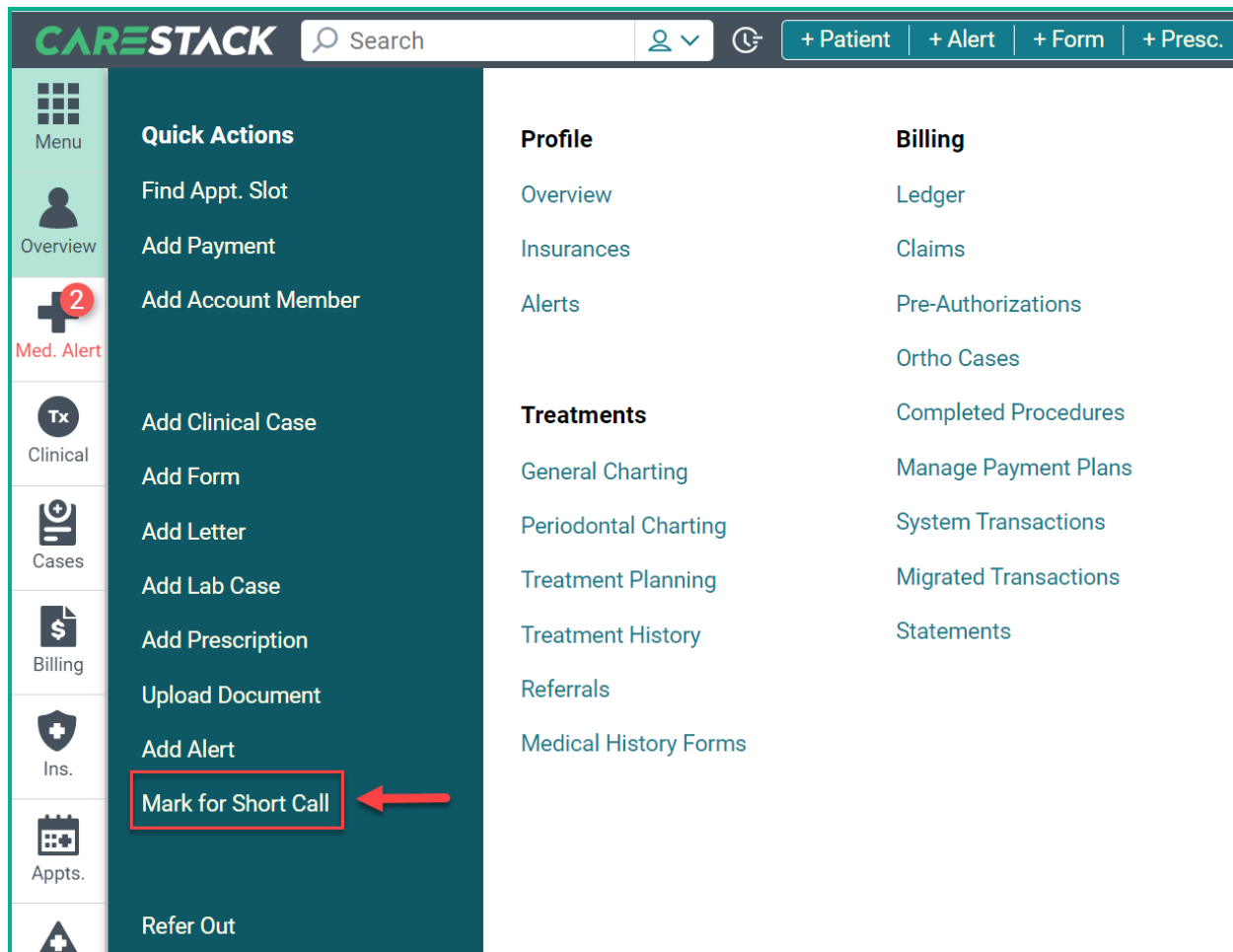
d. Users can also select the **Set Short Call** option from the patient's **Appointment** booking window and input the **Preferred Slot** to capture the patient's desired date and time.
Note: Let's say the user puts in a **Preferred Slot** description such as **May 1st between 3 & 4**, then that is what will reflect under **Preferred Date and Time** on the Short Call queue.

The screenshot displays two overlapping windows from the Carestack system. The top window, 'Appointment Details', shows an appointment for 04/19/2023 at 03:00 AM. The 'Set Short Call' option is selected as 'Yes', and the 'Preferred Slot' is 'May 1st between 3 & 4'. The bottom window, 'Scheduling List', shows a table with columns for Patient, Appt. Date and Time, Provider, Location, Operatory, Prod. Type, Preferred Date and Time, Next Recall Due Date, Phone, and Action. A red box highlights the 'Preferred Date and Time' column, which contains the text 'May 1st between 3 & 4'.

Select	Patient	Appt. Date and Time	Provider	Location	Operatory	Prod. Type	Preferred Date and Time	Next Recall Due Date	Phone	Action
<input type="checkbox"/>			FIGUER	MALL L		Lesion Consult				Book Appt. More Options
<input type="checkbox"/>			YVETTE	MALL L	Llllaurie1 - HYG	Lesion Consult	May 1st between 3 & 4	1/17/2023 (Fri)	Mob: (123) 456-7890	Book Appt. More Options



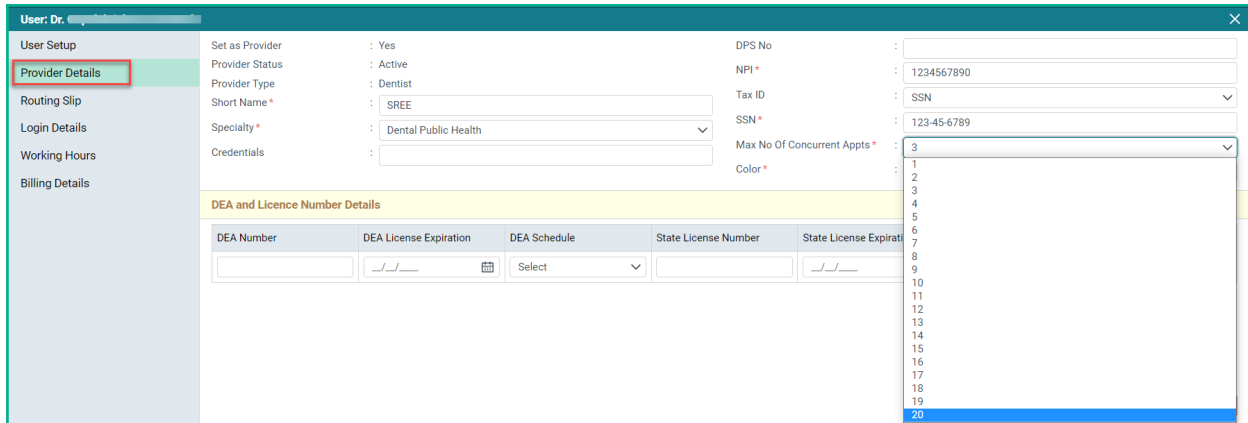
e. Users can avail the ability to mark for **Short Call** from the **Patient Menu** as well.



2. Concurrent Appointment Setting

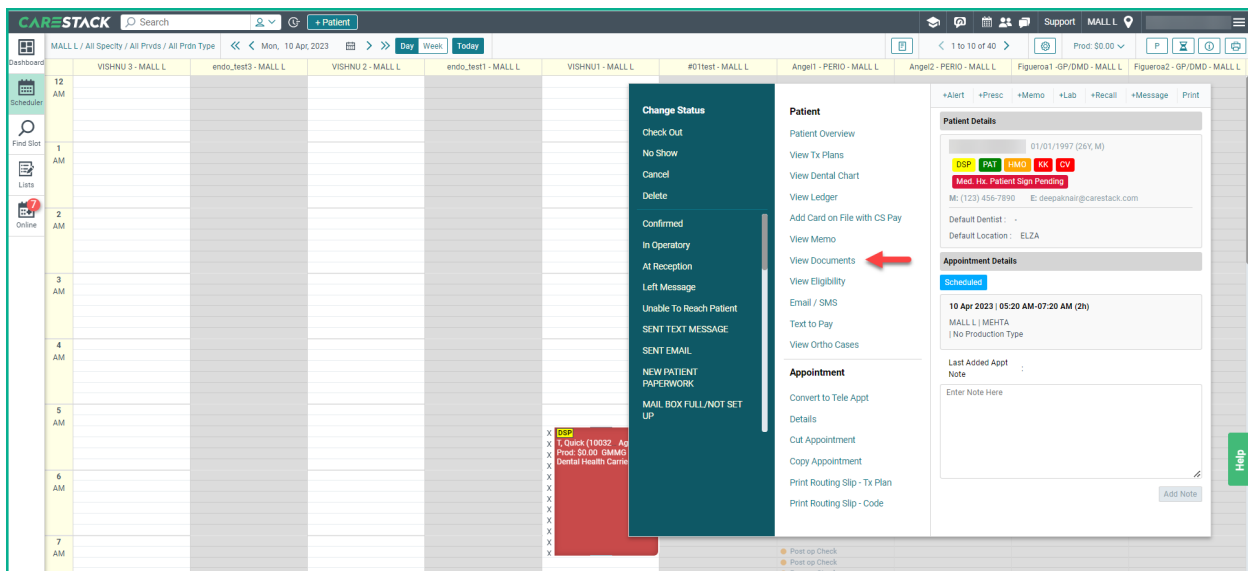
- a. CareStack has increased the amount of concurrent appointments to schedule at one time from **7** to **20**. To access this feature and make the desired changes, navigate to **Practice Settings > Users > select Provider > Provider Details > choose the desired count for the Max No of Concurrent Appointments.**





3. Documents

- a. Right click the **Appointment** block on the Scheduler and click on **View Documents** to directly open up the **Documents** page of the patient. This lets users swiftly take action be it to view, upload, add or complete patient documents, saving considerable time and clicks.



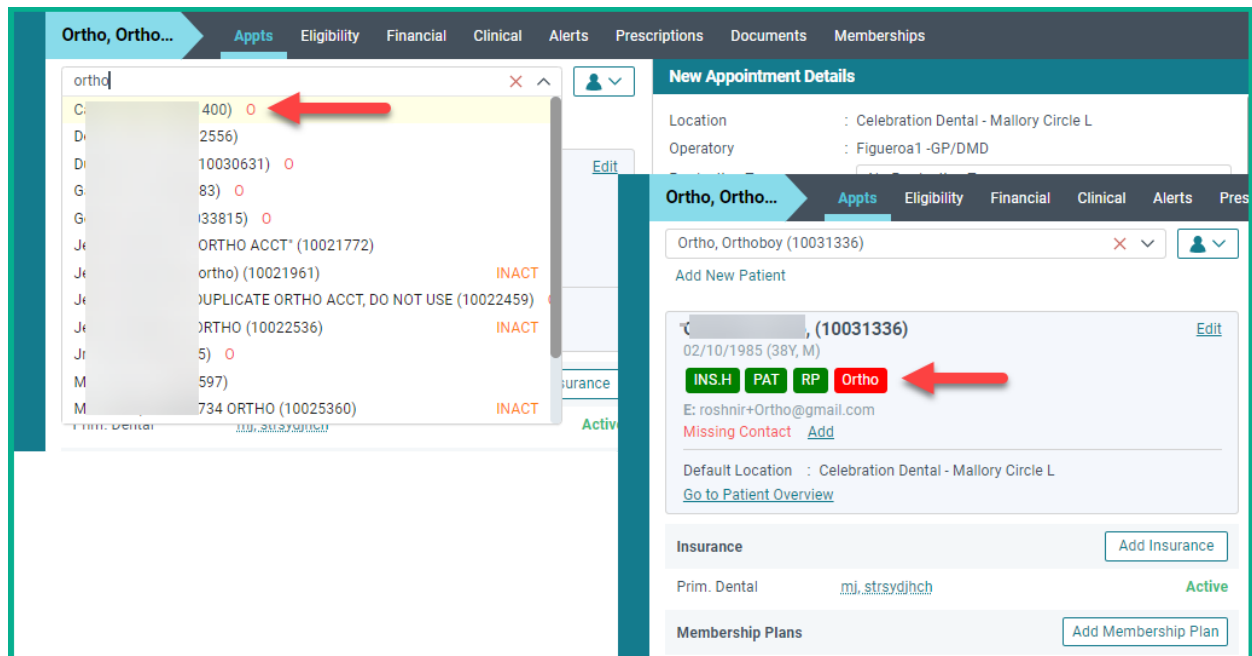
4. Scheduler Enhancements

- a. **Ortho Patient Label**

i. Easily identify **Ortho patients** by means of the **O** alphabet icon in red assigned against each ortho patient that shows up on the **Scheduler**. This lets users easily differentiate between general and ortho patients. Moreover, within the patient appointment details section for Ortho patients you will see an additional **Ortho label** highlighted in orange to



render a better visual.

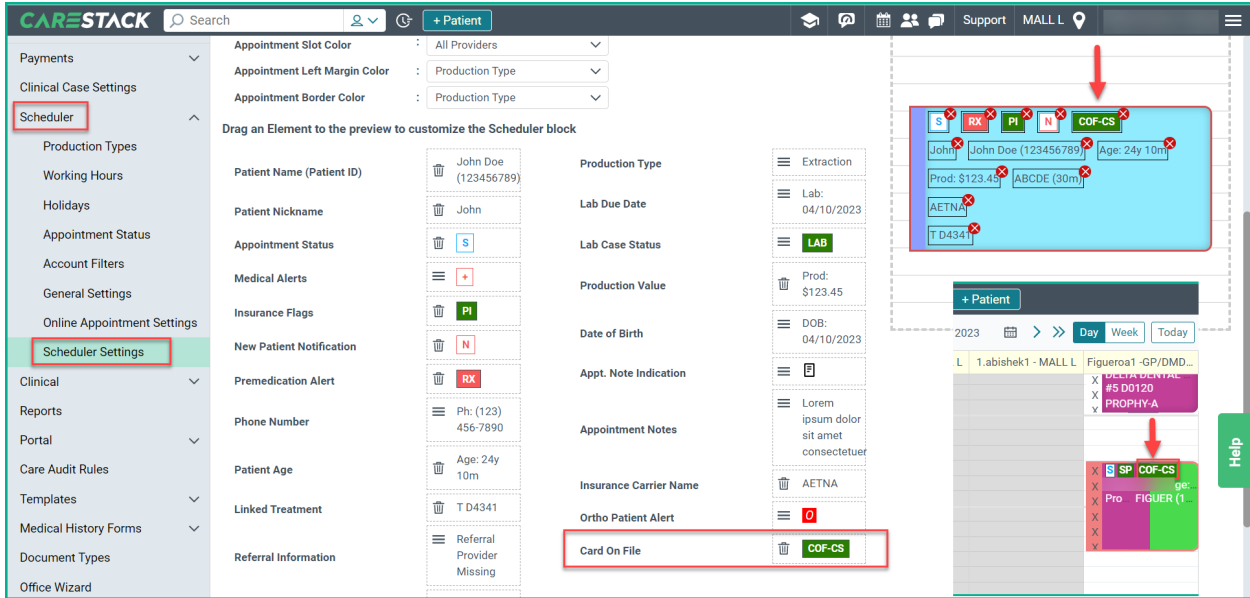


b. Card on File Label

i) For patients who have their card(s) saved on file, practices can make use of the **Scheduler Settings** to include the **Card on File (COF)** tile on the **Appointment** block. This enables users to easily identify the patient’s mode of payment from the outset of a patient appointment.

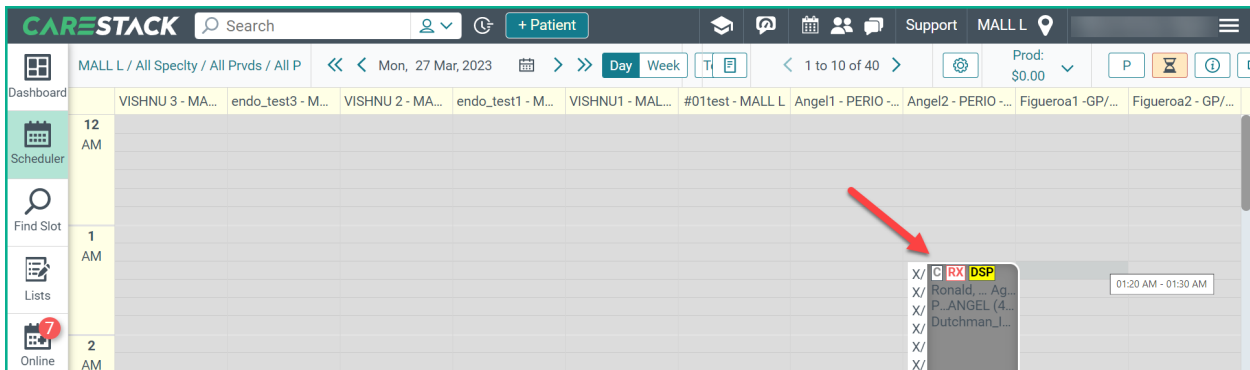
Note: To access and customize this ability, navigate to your **Practice Settings > Scheduler > Scheduler Settings > Edit > Card on File > click Save** to have it reflect accordingly on the **Scheduler**.





c. Check Out Status View

The color of the Appointment status will automatically turn to gray once the user selects the **Check Out** status and the letter **C** will also reflect the color gray which previously was lettered in green.



d. Routing Slip

Access the **Med Hx Last Completed On** information on the patients **Routing Slip**. This lets users view the most recent date on which the medical history form was last updated providing users insight into how recent the updates on **Allergies** and **Conditions** are.



1 / 2 | - 100% + | [Zoom In] [Zoom Out]

Routing Slip - Celebration Dental - Mallory Circle L

Patient : T, Quick (10032109) DOB : 01/01/1997 (26) Gender : Male Address : 345345df rertergfg,rg, ertert , CT - 12313-5444 Preferred Name : Email : deepaknair@carestack.com (H) : (C) : (123) 456-7890 (W) : Ref. By : Preferred Language : English	Resp. Party : Raj, Rahul (10033844) Address : ,njvgcyycjh.vzjvakkhj, bailllyfyfj, GA - 12346-5432 Email : rahylrraaj@gmail.com (H) : (C) : (876) 543-2123 (W) : (677) 648-6479 Last Appt. : 04/10/2023 Last Missed : 02/21/2023 # Missed : 4 Def. Provider : Def. Location : ELZA	Allergic to : (+) New alert Medical Conditions : (+) alcohol abuse Premedication : No Strike-through : removed by practice (+) : Added by practice Med. Hx Last Completed On : 02-21-2023
Scheduled Appointment Details Date : 04/10/2023 (Mon) Time : 05:10 AM-07:10 AM (2h) Provider : GMMG Location : MALL L Prod. Type : No Production Type Appt Notes : awrgagaergaehsethjsriwebfw uehbfaweibferhgbvugfiuwvyg fweuyg. uwyergeiurygeu geug euryg euryg euryg euryg erug erg	Next Appointment Details Date : 11/17/2023 (Fri) Time : 06:00 AM-06:30 AM (30m) Provider : WATSON Location : FRONT Prod. Type : Consult Appt Notes :	Periodic Exam : 0 Detailed Exam : 2 11/22/2022 Complete Series : 0 Panoramic Films : 0 Patient Notes : Mar 10 2023 06:01 AM Sent via email(deepaknair@carestack.com) hi how are you?
		Bitewing Series : 1 03/17/2022 Prophies : 2 02/09/2022 Perio Maintenance : 0 Scaling/Root Planning : 0

5. View email

- a. Hover over the **Appointment** block on the **Scheduler** to view the patients' **Email ID** just below the patient details section.



The screenshot displays a patient's appointment details in the CareStack system. The patient's name is partially visible as '1.abishek1 - MALL L'. The appointment is scheduled for April 4, 2023, at 12:00 AM for a 20-minute duration. The provider is identified as 'Figuroa1 - GP/DMD - MAL...'. The patient's insurance information includes 'PPO', 'INS.H', 'PAT', and 'HMO', with a note that 'Med. Hx. Patient Sign Pending'. The patient's contact information is listed as follows:

- Phone:
- Mobile:
- Work:
- Email: **gvm289@gmail.com** (highlighted with a red box and arrow)
- RP Name:
- RP Phone: (718) 769-5558

The financial summary shows the following balances:

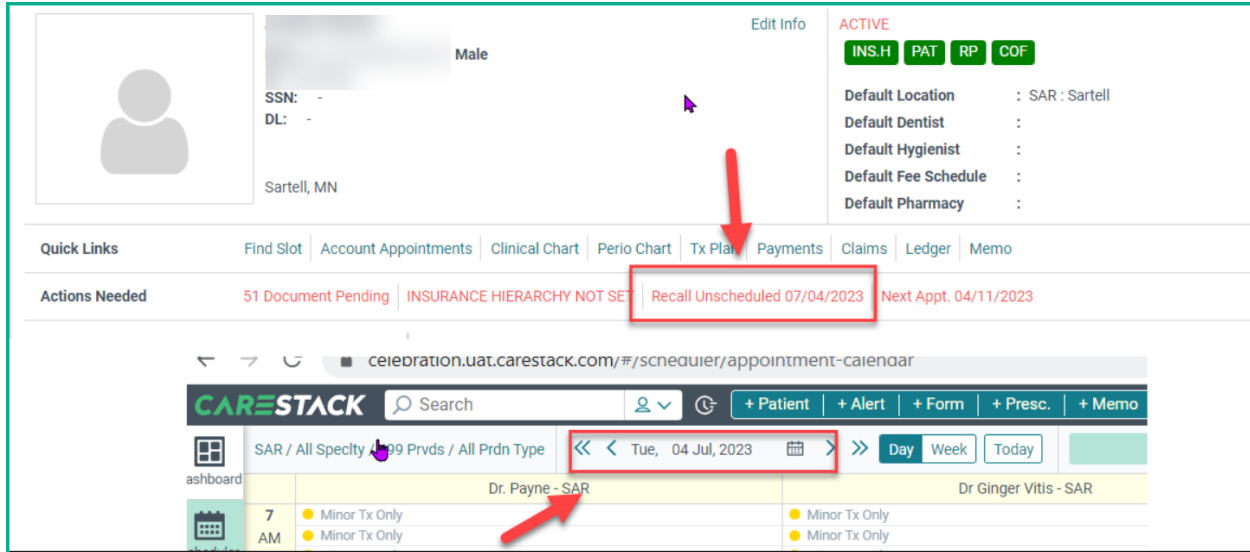
Patient Balance	\$28.50
Insurance Balance	\$38.50
Total Balance	\$67.00
Account Balance	\$15,891.43
Account Unapplied Credits	\$6,622.76

The appointment was created by Support #118 on 04/04/2023 at 05:58 PM and last modified by the same support on the same date and time.

6. Recall

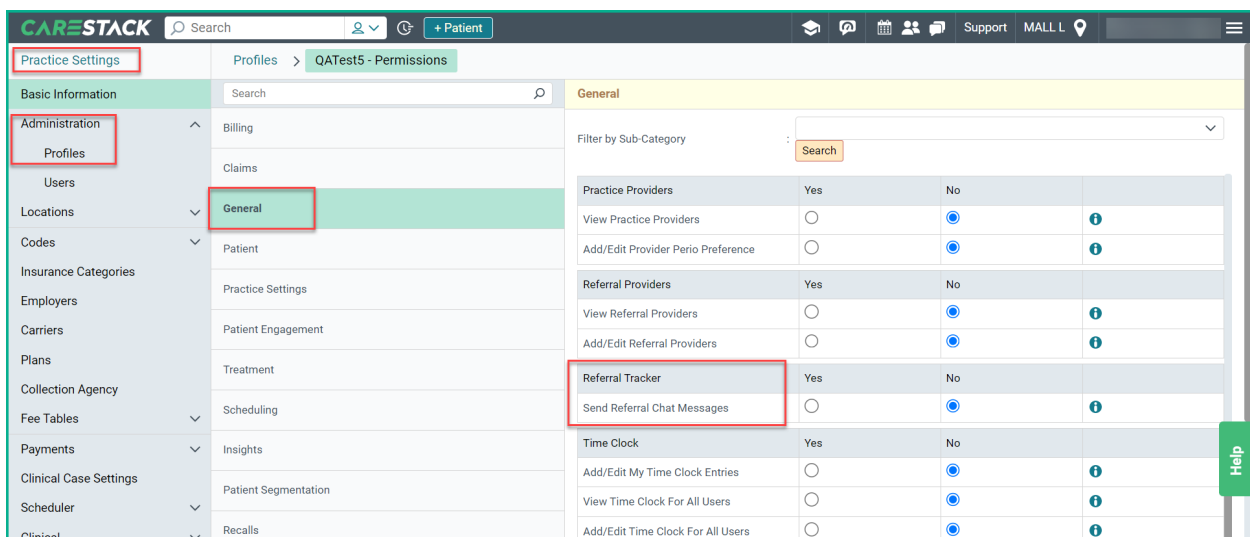
- a. When clicking on the **Recall due date** it takes you to the specific due date on the scheduler allowing users the added ability to view all providers. The below navigation points will take you directly to the scheduler.
 - i. **Recall screen** > select **Recall date** brings you to date on scheduler where available providers/operatorories are shown to schedule the patient.
 - ii. **Patient overview** > select **Recall date** brings you to date on scheduler where available providers/operatorories are shown to schedule the patient.
 - iii. **Patient Chart** > select **Recall date** brings you to date on scheduler where available providers/operatorories are shown to schedule the patient.

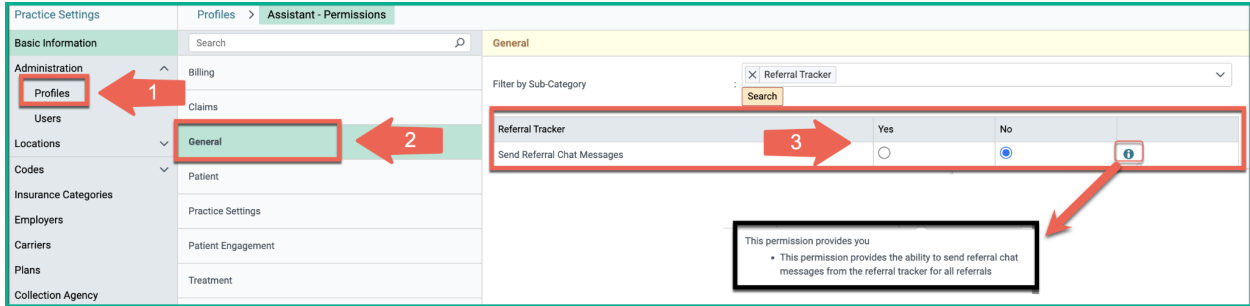




7. Referral provider

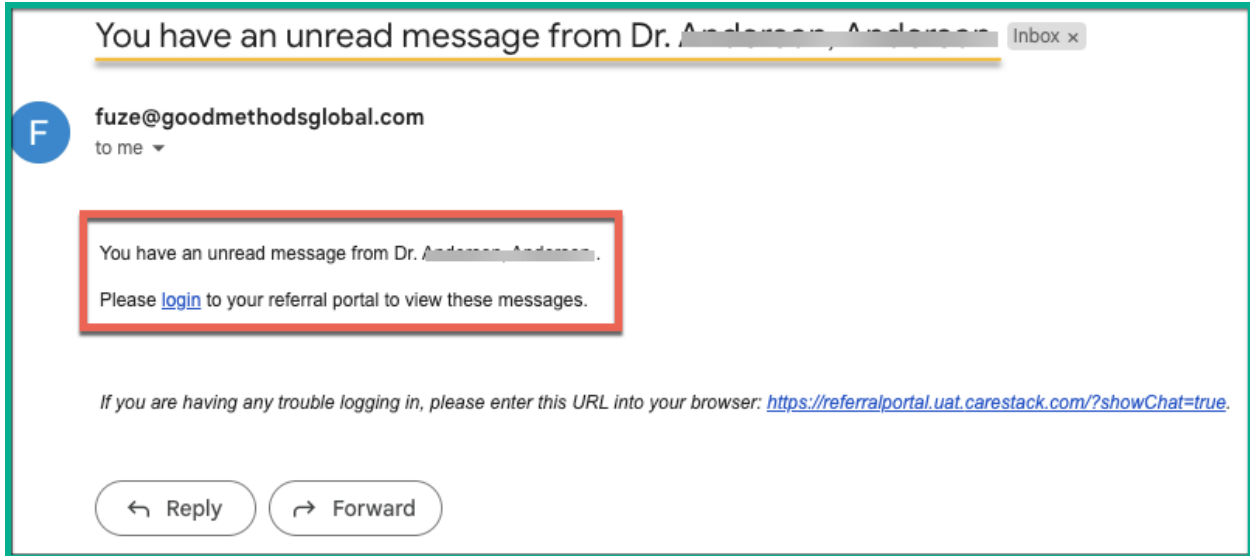
- a. New **Chat permission** introduced for the **Referral Tracker**. To access, navigate to **Practice Settings > Administration > Profiles > Manage Permission > General > Referral Tracker > Send Referral Chat Messages**. By default, only Super Admins are endowed with permission for the same. To enable it for other users, use the toggle button to switch between **Yes/No**.

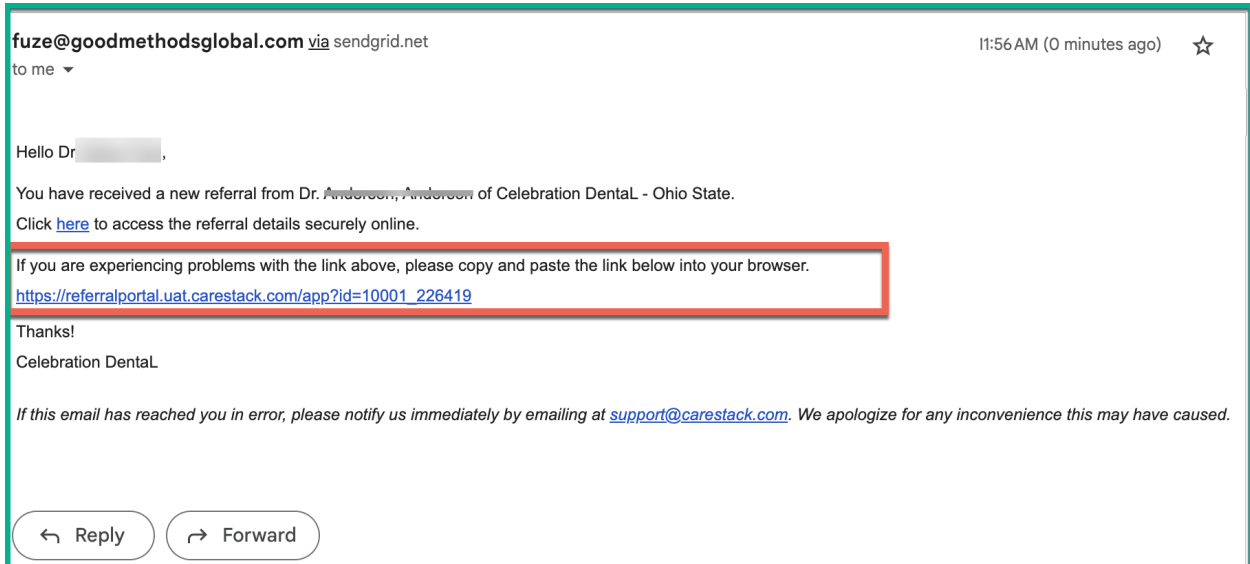




b. An **Email** will be sent to the Provider notifying that there is a message to view once the message is sent out in the referral portal with the **referral portal link**.

Note: Email goes out each morning for unread messages in the portal from the referring provider to the referral provider.





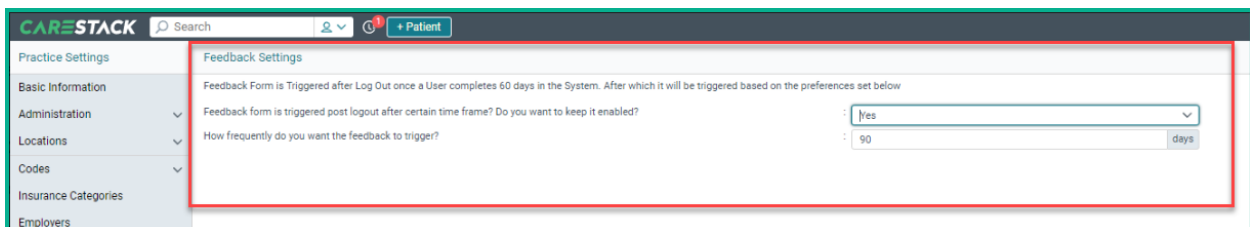
8. Feedback Settings- (Request Support)

- a. Users can contact support to enable the ability to access the **Feedback Settings** at an account level. This allows users to alter the feedback timeframe from within **Practice Settings** which includes:

Feedback forms are triggered after log out once a user completes 60 days in the system. After which it will be triggered based on the preferences set below.

- i. Feedback form is triggered post logout after a certain time frame? Do you want to keep it enabled? **Y/N**
- ii. How Frequently do you want the feedback to trigger?
 1. Set the preferred number of days within which you would want it triggered.

Note: Contact Support to raise a request to avail the **Feedback Settings** feature. Get in touch with **support**, anytime you wish to have it switched off.



Clinical

1. Add/Edit a Pharmacy

CareStack extends its users the convenience to assign a patient's preferred Pharmacy to their profile. Previously the only way to obtain information about the pharmacy was by searching the Clinical Notes. The ability to add a pharmacy will further allow practices the ease of maintaining a list of location-specific pharmacies they are associated with.

a. Practice Settings

Practices can add new pharmacies to maintain a list of the same. To access this feature, navigate to the **Practice Settings > Prescriptions > Pharmacy > Add Pharmacy**. Input the **Name, Location, Address**, and other relevant details and select **Add New Pharmacy**. You can also Edit Pharmacy details in the **Practice Settings**.

Note: Inputting the correct location(s) will aid users filter out the relevant pharmacies near the set location.

Pharmacy Name	Address	Phone No.	Location	Actions
A_____hi	wertyuop, Newton Falls, OH - 44444-4444		FRONT : Celebration Dental - Front Street, MALL L : Celebration Dental - Mallory Circle L, CBO : Celebration Dental Central Billing Office	Deactivate
A_____ic	qertyuop, Newton Falls, OH - 44444-4444		All	Deactivate

Add Pharmacy

Name* : AA

Location* : X| BENCOOLEN : BenCoolen

Address Line 1* : New Haven

Address Line 2 : North Street

Zip* : 44444-4444 Verify

City* : Newton Falls

State* : Ohio

Phone 1 : () _- _ EXT

Phone 2 : () _- _ EXT

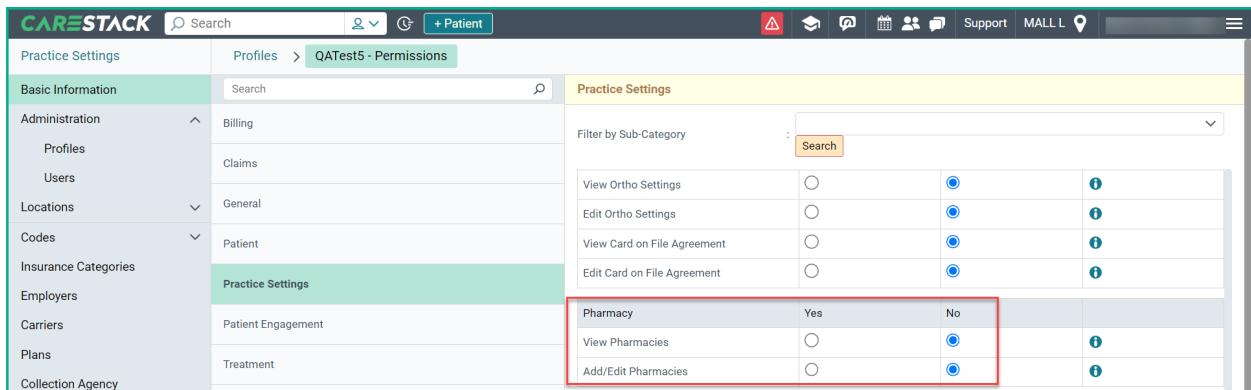
Fax : () _- _

Email : Email

Cancel Add New Pharmacy

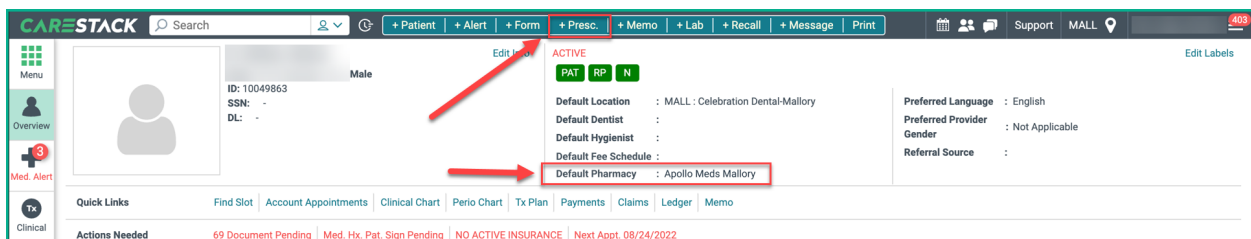
i. Only users with permission can View **Pharmacies & Add/Edit Pharmacies**. To access permissions, navigate to **Practice Settings > Administration > Profiles > Manage**

Permission > Practice Settings > Pharmacy. To enable it for other users, use the toggle button to switch between **Yes/No**.



b. Patient Overview

CareStack has updated Pharmacy to be seen in the overview as the default Pharmacy chosen by the Provider when adding the new patient or editing the patient in the overview. To have the **Default Pharmacy** assigned to **Patient Overview**, select **Add New Patient >** choose/change the preferred **Default Pharmacy** from the dropdown. Users can also directly add a pharmacy right from the **Add New Patient** window by selecting the **Add Pharmacy** button.



c. Prescription

When creating a **Prescription**, you can utilize the pharmacy dropdown to change the pharmacy. This provides a visual insight into the kind of Pharmacy patients are prone to use or have used in the past. Also, it lets you run a quick check with your patient when prescribing the medications. Here again, to add a preferred Pharmacy, select the **Add Pharmacy** button.

Eligibility Financial Clinical Alerts Prescriptions Documents Memberships + Patient + Alert

Add New Prescription

Title : TT

Provider* : FIGUER: Hilda, Figueroa

Pharmacy : ss | ss, Newton Falls, OH - 44444-4444 ✕ ▼ + Add Pharmacy

Drug Details
Add drugs to prescription by searching from the system or by clicking on the recently used drugs.

Search for drugs in the system ▼ OR Add a New Drug to the System

Add New Patient

Enable Communications : Text Voice Email Notifications Marketing Emails Enable Portal Notifications

Additional Contact Information

Phone : () - - EXT

Work Phone : () - - EXT

Fax : () - -

Other Information

SSN : - - - -

Driver's License :

Marital Status : Not Applicable ▼

Chart No. :

Assignments

Default Dentist : Select ▼

Default Hygienist : Select ▼

Default Fee Schedule : Select ▼

Default Pharmacy : Apollo Clinic | | qrtuyiop, Newton Falls, OH - 44444-4444 ✕ ▼ + Add Pharmacy

2. Care Notes

a. Resourceful fields added to the **Care Note** Properties section boxed in yellow.

- i. **DOB** (date of birth) and **age** are present.
- ii. **Clinical case** is present to choose from a dropdown if it applies.

Note: Users can use this option to tag a CareNote to a Clinical Case that deals with Oral Surgery Workflows. *Stay tuned to the upcoming release to know more about how you can benefit from using Clinical Cases if you're a Specialty Practice.*

- iii. **Referral provider** will automatically be present if it was assigned to the patient
- iv. **Assistant** can be chosen. (Previously this field was labeled as **Assignee**)

The screenshot shows a web form titled "Medical Hx. Form (03/27/2023) Show Medical History". The form has a yellow background and a teal border. It contains the following fields:

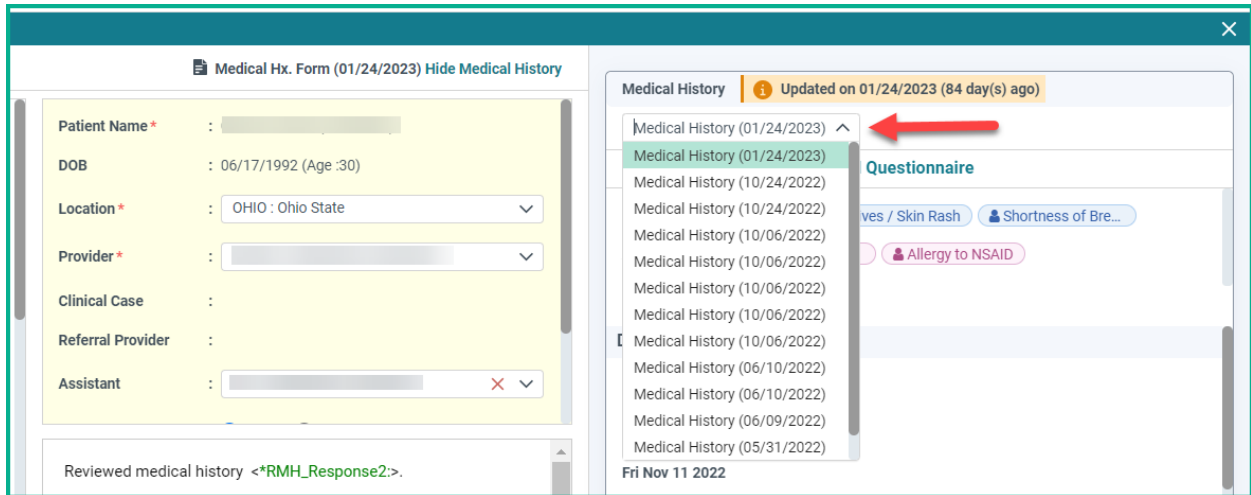
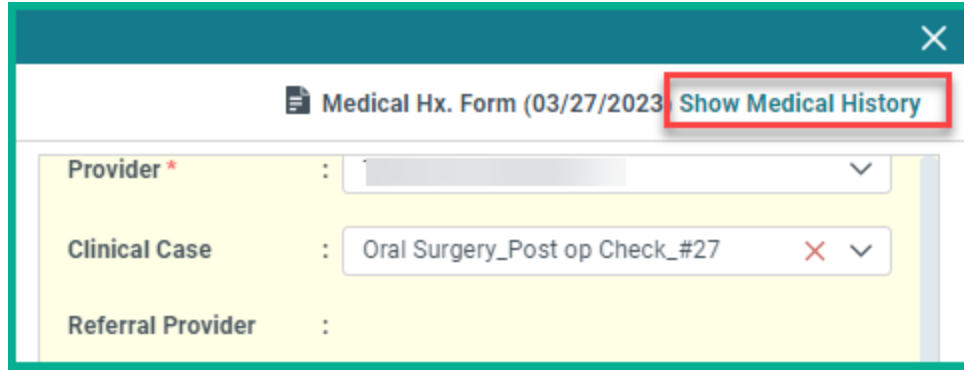
- Patient Name ***: [Redacted]
- DOB**: 04/18/1963 (Age :59)
- Location ***: FRONT : Celebration Dental - Front Street
- Provider ***: [Redacted]
- Clinical Case**: Oral Surgery_Post op Check_#27
- Referral Provider**: [Redacted]
- Assistant**: [Redacted]
- Specify**: Date Appt

A red rectangular box highlights the DOB, Provider, Clinical Case, and Assistant fields.

b. Medical history

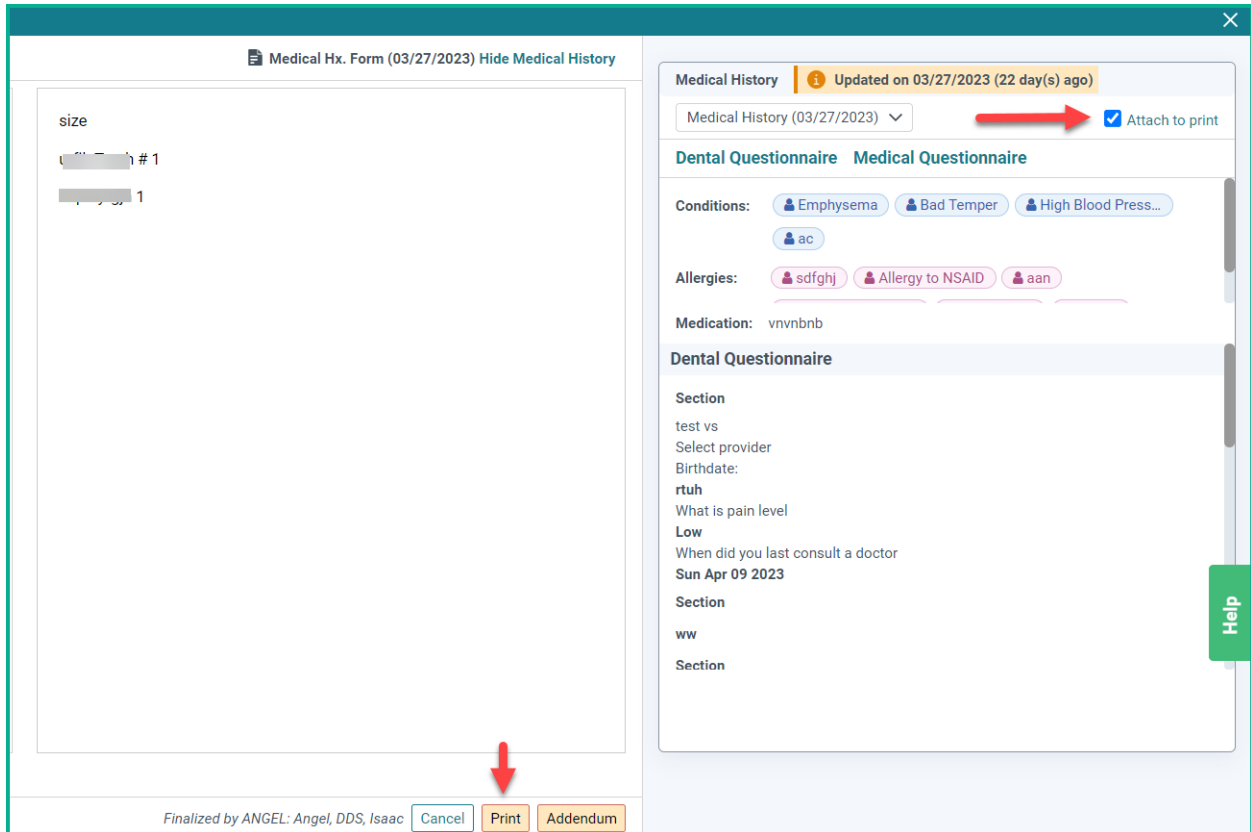
i. You can view the medical history of the patient upon creation of your care note by selecting **Show Medical History**. To access this feature, navigate to **Patient Overview > Clinical > Chart > +Note > Show Medical History**. This is applicable to Care Notes both in **Draft** and **Finalized** status. Moreover, there is a drop down that has been included to enable users to choose the medical history they would like to view on the very right of the Care Note section. This allows users to refer to the Medical History while filling up the Care Note as and when required.





ii. Once you have finalized your Care Note, you can print the Care Note with the medical history. Ensure to deselect **Attach to Print** box if you wish to not attach Medical History to Print.





iii. Ability to make the desired choice i.e. **Print with Med Hx.** or **Print without Med Hx.** by right clicking on the note within the **Clinical > Chart > Notes** section by selecting the **Print** option.



The screenshot displays the CARESTACK clinical interface. On the left is a navigation sidebar with icons for Overview, Med. Alert (10), Clinical (Tx), Cases, Billing, Ins. (1), Appts., Pat. Alert (3), Memo, Docs. (12), and Med. Hx. The main area shows a dental chart with teeth 32 through 26. Below the chart are filters for All, Conditions (58), Existing (2), Planned (60), Today (0), and Completed. A table below the filters shows notes with dates and patient information. At the bottom, two buttons are highlighted with red boxes: 'Print with Med Hx.' and 'Print without Med Hx.'. On the right, a dropdown menu is open, listing various actions. The 'Print' option is highlighted with a yellow background and a red arrow pointing to it.

Date	Note (Show Details)
<input checked="" type="checkbox"/> 04/17/2023	TARQ: MK, Shamanth <dummy date> *patient first Nam
<input type="checkbox"/> 04/14/2023	TARQ: MK, Shamanth <dummy date> *patient first Nam

Note: Here is how the **Print** layout of a clinical Care Note with and without Medical History will appear to be.



1

181 Front St Ste 310
Celebration, FL 34747-4993
Ph: (407) 544-2322
Email: ctsnet@celebration.com

CLINICAL NOTE

Patient: [Redacted] Race: Party Sex: Female

DOB: [Redacted]

System last name last name: DOB
Inform: Before First name Last name
Provider

Assessment
Chief Complaint: Swelling, impacted/ Malpositioned wisdom teeth Tooth/Teeth #s
History of present illness: [Redacted]
In young age pts, presents an recommendation of D. RETEDED name for evaluation for removal of Tooth/Teeth #s
past medication only
smoke
Social History
Family History
Physical exam: Extraoral: No facial Swelling, asymmetry or signs of infection. TMJ: No pain, popping or clicking on opening. Maximum incisal openings within normal limits. Maxillary: Mucosa of buccal cavity and tongue is grossly normal in appearance. No evidence of soft tissue
Basic Oral Exam: No grossly carious teeth or extensive pathology noted.
Impression Plan: #1 Impacted/Malpositioned tooth/teeth #s will plan to remove tooth #s under Anesthesia. We have discussed treatment at length and all questions were invited to be answered. Risks/benefits and alternatives to treatment were discussed. Informed consent was obtained for office privacy and financial policies.

Dr. Angel, DDS, treat
Provider

MEDICAL HISTORY FORM

Allergies

Condition	Yes
Allergy to Aspirin	
Allergy to Bacitracin/Neomycin/pills	
Allergy to Codeine/Heroin/oxycodone	
Allergy to dairy	
Allergy to Erythromycin	X
Allergy to iodine	X
Allergy to Lactin/Rubber	X
Allergy to Local Anesthetics	X

2

181 Front St Ste 310
Celebration, FL 34747-4993
Ph: (407) 544-2322
Email: ctsnet@celebration.com

CLINICAL NOTE

Patient: [Redacted] Race: Party Sex: Female

DOB: [Redacted]

System last name last name: DOB
Inform: Before First name Last name
Provider

Assessment
Chief Complaint: Swelling, impacted/ Malpositioned wisdom teeth Tooth/Teeth #s
History of present illness: [Redacted]
In young age pts, presents an recommendation of D. RETEDED name for evaluation for removal of Tooth/Teeth #s
past medication only
smoke
Social History
Family History
Physical exam: Extraoral: No facial Swelling, asymmetry or signs of infection. TMJ: No pain, popping or clicking on opening. Maximum incisal openings within normal limits. Maxillary: Mucosa of buccal cavity and tongue is grossly normal in appearance. No evidence of soft tissue pathology. Intraoral Exam: No grossly carious teeth or extensive pathology noted.
Impression Plan: #1 Impacted/Malpositioned tooth/teeth #s will plan to remove tooth #s under Anesthesia. We have discussed treatment at length and all questions were invited to be answered. Risks/benefits and alternatives to treatment were discussed. Informed consent was obtained. Copied pain medications risks and benefits were also discussed. The patient has reviewed and accepted the office privacy and financial policies.

Dr. Angel, DDS, treat
Provider

05/21/2023
Date

Patient Engagement/Patient Services

1. Patient Profile

- The **Nickname** field renamed as **Preferred Name** offers the ability to add Preferred Name manually from the respective touchpoints on the patient Profile. The saved Preferred name will be displayed within brackets on the Profile.

Edit Patient Information

Name * : Capt. [Dropdown] Thomas Middle Name : Cook

Suffix : Suffix Preferred Name : Tom

Date of Birth * : 07/09/1966 Gender * : Male

Patient Type : General Patient Ortho Patient

Billing Type : Select

Referral Source : None

Location * : MALL L : Celebration Dental - Mallo

CARESTACK Search [User Icon] [Refresh Icon]

+ Patient + Alert + Form + Presc. + Memo + Lab + Recall + Message

Cook, Thomas (Tom) Edit Info ACTIVE

DOB: 07/09/1966(56y 9m) | Male
ID: 10033173
SSN: -
DL: -
Mallory, CA

INS.H PAT RP N

Default Location : MALL L : Celebration Dental - Ma
Default Dentist :
Default Hygienist :
Default Fee Schedule :
Default Pharmacy :

Quick Links Find Slot Account Appointments Clinical Chart Perio Chart Tx Plan Payments Claims Ledger Memo

i. Add New Patient > More Name Options.

ii. **Edit Info > Preferred Name.**

iii. **Patient Profile > Account Summary > Add/Edit Members > Add New > More Name Options.**

iv. **Patient Profile > Account Summary > Add/Edit Members > Add New > Add a new responsible party > More Name Options.**

Note: The **Preferred Name** field will retain the previously added **Nicknames** within the system.

The screenshot displays the CARESTACK patient profile interface. The top navigation bar includes buttons for '+ Patient', '+ Alert', '+ Form', '+ Presc.', '+ Memo', '+ Lab', '+ Recall', '+ Message', and 'Print'. The patient profile section shows details for 'ab' in Celebration, FL, with an 'Edit Info' button highlighted by a red arrow. The 'Account Summary' section is highlighted with a red box and contains a table with the following data:

Name	Relation to RP	Age/DOB	Last Appointment	Next Appointment	Recall	Unapplied Credits	Pat Balance	Ins Balance
[Redacted]	Self	[Redacted]	12/10/2020- ANGEL MALL L	No Next Appt.	No recall	\$1,645.00	\$1,071.45	\$488.00

b. Ability to select **Portuguese** as the **Preferred Language** within **Patient Profile**



Edit Info > Preferences > Preferred Language.

The screenshot shows the 'Edit Patient Information' window with the following sections and fields:

- Phone Information:** Phone, Work Phone, Fax (each with a main input field and an 'EXT' field).
- Other Information:** SSN, Driver's License, Marital Status (set to 'Not Applicable'), Chart No.
- Assignments:** Default Dentist, Default Hygienist, Default Fee Schedule, Default Pharmacy (with a '+ Add Pharmacy' button).
- Emergency Contact:** Contact Number, Name, Preferred Provider Gender (set to 'Not Applicable').
- Preferred Language:** A dropdown menu is open, showing options: Select, English, French, Spanish, Chinese, Arabic, German, Vietnamese, Portuguese (highlighted in blue), Others.

Red boxes highlight the 'Preferences' and 'Preferred Language' fields. A red arrow points to the 'Portuguese' option in the dropdown menu.

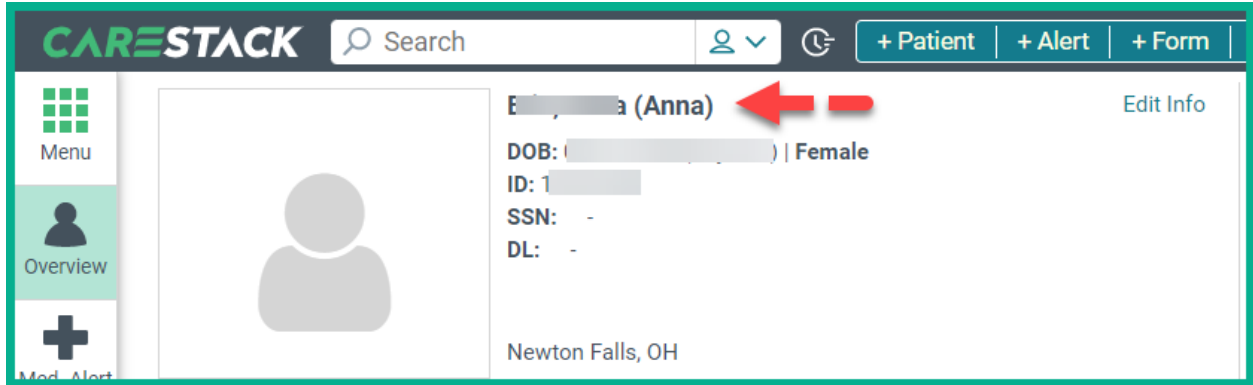
2. Global Search

- a. The saved **Preferred name** will be displayed within brackets while searching for the patient.

The screenshot shows the search results for 'cook, tom'. The search bar contains 'cook, tom'. The results table is as follows:

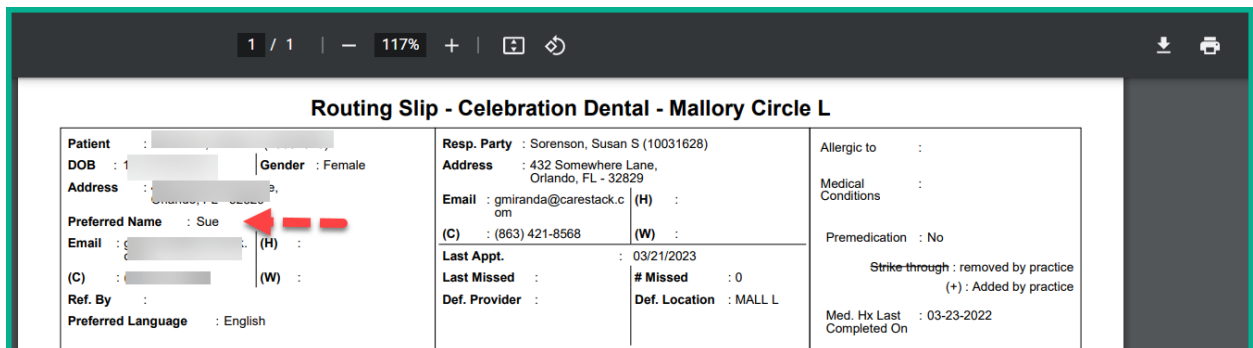
Patient Details	Contact Details	Location	Flags
Cook, Thomas (Tom) (10033173) DOB: 07/09/1966	560 Mission Street, Suite 1300 San Francisco, CA 94105 Mallory, CA, 32324-1342,	Celebration Dental - Mallory Circle L	PAT, INS.H, RP, N

Below the table are navigation tabs: Add Appt., Overview, Payment, Claims, Forms, Documents, Chart, Tx Plan, Perio, Ledger, Appointments, Insurance. There is also a checkbox for 'Include inactive patients'.



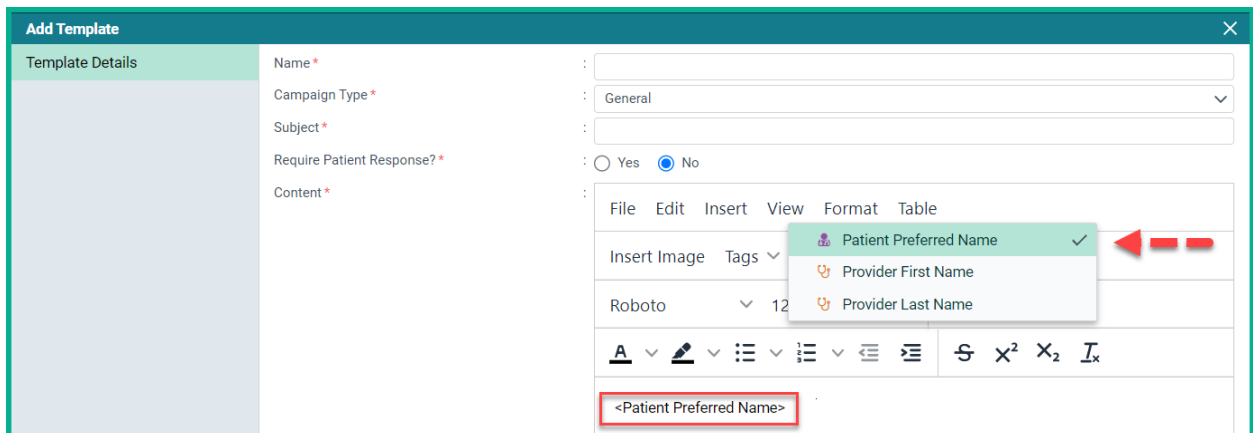
3. Routing Slip

- a. When you Print a **Routing Slip**, the **Preferred Name** will be displayed under Patient details.

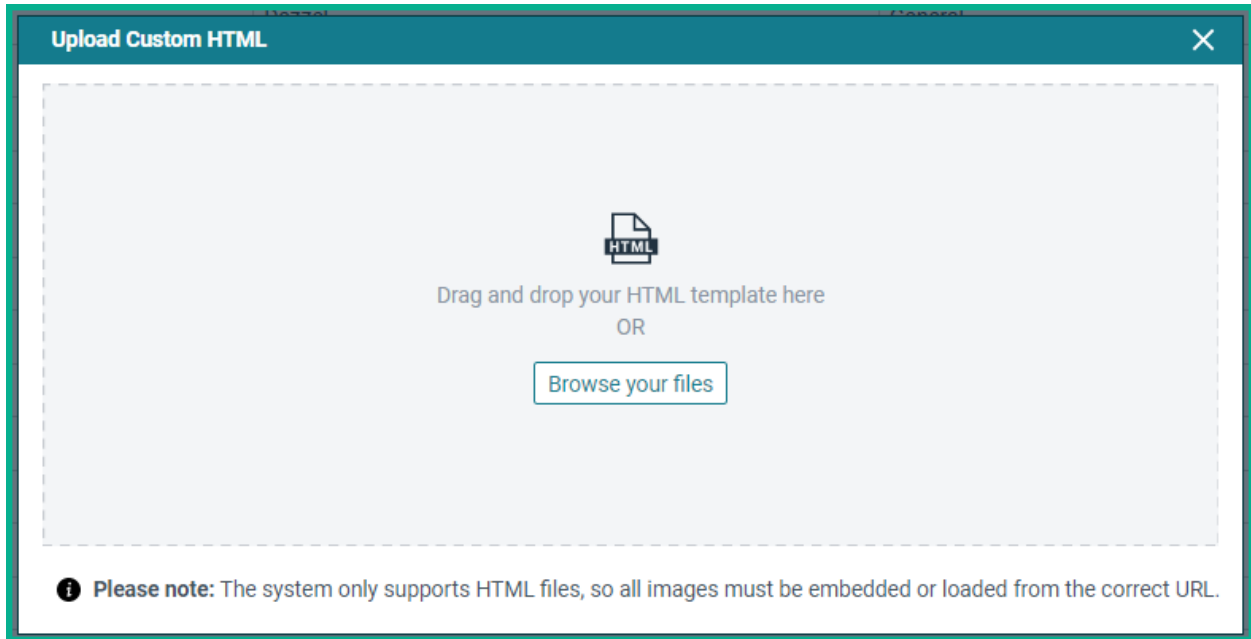


4. Patient Engagement Campaigns

- a. Ability to use **Quick Links** on **Patient Engagement > Campaigns > Create Campaign** to input the Preferred Name across **Text, Email** and **Voice** Templates.

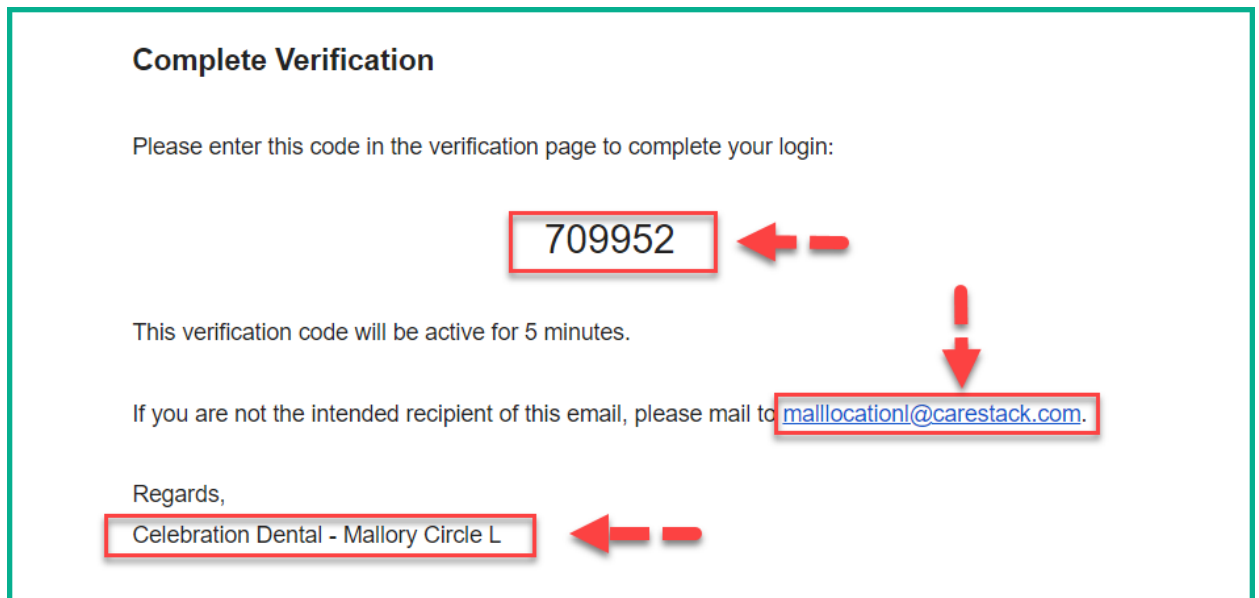


- b. The UI for the pop-up alerting user to upload HTML in **Patient Engagement > Email Template > Upload HTML** comes with a totally redesigned outlook.



5. Patient Portal and Mobile Medical History Form

- a. The **Verification Code** email that a patient receives when logging into the Patient Portal will have the **OTP** represented in an enhanced font size for greater visibility. Additionally, the email will also include **location name** and **email id**.



b. Inclusion of **Search** functionality to select **Insurance Carrier** and **State** while populating the **Account Details** section in the Patient Portal.

Celebration Dental - Mallory Circle L

SR [Name] RP
Select Family Member

< BACK TO MY ACCOUNT

Add Insurance

Select your Insurance Carrier *

Select insurance carrier *

b

- abccarrier
- abcdef
- abcr
- Abhiram's Dental Insurance Inc.
- abin

an? *

Other Person

Subscriber Add New Subscriber

Last Name *

TREATMENTS

PAYMENTS

APPOINTMENTS

DOCUMENTS

ACCOUNT DETAILS

SIGN OUT

Have any questions?
Please contact us at:

Subscriber Address

Address Line 1

Address Line 2

City

Zip Code

Subscriber ID Type *

Subscriber ID SSN

SSN

State

Ala

Select

Alabama

Alaska

Palau

Revenue Cycle Management

1. Transfer Credits

Does your office keep unintentionally creating transfer credits due to poor insurance payment posting habits? CareStack has come out with two incredible features to help!

1) A practice setting that **BLOCKS** the ability to create a **Transfer Credit**. 2) Enhanced warnings at the time of creating a credit transfer (if your setting is **not** chosen to block creation of a transfer credit) to ensure the transfer credit you are making is REALLY intentional. (**Hint** - 99% of transfer credits made are NOT intentional/proper)

a. Use the '**Allow Creation of Transfer Credits for insurance overpayment**' feature on **Practice Settings > Payments > Insurance Payments > Others > Edit** to efficiently manage transfer credits while posting payments for an Insurance overpayment. By default it is set as '**Yes**' to allow users to post the insurance payment with the Transfer Credit. To turn off the **Transfer Credit** creation feature, select **No** and click **Save**.

Note: A concise explanation to what a transfer credit is, is provided in many areas of the software. Hover over the **i** icon to know more about **Transfer Credits**. In short, **A TRANSFER CREDIT IS AN INSURANCE OVERPAYMENT AMOUNT**. If an insurance truly overpays over the allowed amount or UCR amount, then a transfer credit is appropriate. But, If the insurance has overpaid over what their *estimated portion* was, but the total of the fee doesn't increase higher than the UCR, then a transfer credit is not appropriate.

The screenshot shows the 'Others' tab in the 'Insurance Payment Posting Defaults' section. The 'Allow creation of Transfer Credits due to insurance overpayment' setting is highlighted with a red box. The setting is currently set to 'Yes' (radio button selected). A red arrow points to the 'Save' button.

Insurance Payment Flags	ERA Posting	Adjustments	Others
Insurance Payment Posting Defaults			
Adjudicate Charge Lines for	:	All claims	▼
Show current responsibility amounts while adjudicating charge lines	:	Yes	▼
Allow creation of Transfer Credits due to insurance overpayment i	:	<input checked="" type="radio"/> Yes	<input type="radio"/> No
		Cancel	Save

Insurance Payment Flags ERA Posting Adjustments **Others**

Insurance Payment Posting Defaults

Adjudicate Charge Lines for : All claims

Show current responsibility amounts while adjudicating charge lines : Yes

Allow creation of Transfer Credits due to insurance overpayment : No

A transfer credit is insurance monies that are transferred to the patient, meaning the insurance monies are repurposed as patient monies, and will go on the patient's account as an unapplied patient payment. Transfer credits should ideally only be allowed in a true insurance overpayment situation that would result in a patient credit and/or refund.

i. Setting the Transfer Credit creation feature as **No** will trigger the **Submit** button on the insurance payment posting page to remain disabled until users execute the corrective steps to remove the potential transfer credit. Once the transfer credit is removed, the **Submit** button will be auto enabled.

The screenshot shows the 'Apply Payment' page in CARESTACK. At the top, it displays 'Unapplied \$4,459.00 / \$5,000.00'. The main area shows a claim with a \$5.00 overpayment. A table below the claim shows the following data:

Date	Code	Tr/Area	Billed	Allowed	Pat. Resp (\$)	Ins. Resp (\$)	Ins. Paid (\$)	Appeal	Denied	Remarks	Adjust
07/12/2021	D0330 PO - PO IMPLANT PANO		\$43.00	\$43.00	\$5.90	4.00	5.00	<input type="checkbox"/>	<input type="checkbox"/>		+
Sub Total			\$43.00	\$43.00	\$55.90	\$4.00	\$5.00				

At the bottom right, the 'Submit' button is highlighted with a red box and a red arrow. The text 'Remaining Credits : \$4,454.00' is visible next to it.

ii. **Dual notification for Transfer Credit:** Here is a scenario that follows when your settings **ALLOW** the creation of a transfer credit and a user is posting an insurance payment that will result in creating a transfer credit. Users will be notified by a line item stating: **'There is an overpayment of \$x against this code. Select Action.'** At

this point, choose the appropriate option from the Select Action dropdown which includes **Credit to Patient**, **Increase Insurance Allowable & Apply**, and **Transfer Balance from Patient**. If the user selects the **Credit to Patient** option, a second warning notification will follow alerting the user to validate if the transfer credit is intentional.

The screenshot shows the CARESTACK interface for managing insurance payments. At the top, there's a search bar and a '+ Patient' button. Below that, the 'Insurance Payments' section is active, showing a 'Capitation' plan for 'METLIFE' with an 'Unapplied: \$116.00 / \$350.00' and a 'Payment Date: 03/01/2023'. A dropdown menu is open for a claim with a date of 06/16/2022 and a code 'D8660 - Pre Ortho Treatment Visit'. The dropdown menu options are: 'Credit to Patient', 'Credit to Patient', 'Increase Insurance Allowable & Apply', and 'Transfer Balance from Patient'. A red box highlights the 'Credit to Patient' option. A red arrow points to the 'Submit' button at the bottom right of the interface. The 'Remaining Credits' are shown as \$116.00.

The warning notification dialog box is titled 'Warning' and contains the following text: 'Please review the following before proceeding.' Below this, there is a list item: '1. Insurance Overpaid Amount will be transferred to the patient as Unapplied Credits from following claim(s).' A table follows with the following data:

DOS	Claim #	Claim Order	Transfer Amount
01/02/2022	45676	Primary	\$50.00
01/02/2022	45676	Primary	\$50.00

b. **Partial Reversal of Payments:** Insurance adjustments using **Adjust Off / Transfer balance to Patient** to address a **Partial Reversal** of an existing insurance payment while closing a claim will be notified by a red alert icon.

Note: Hovering over this icon will display the info: **'This adjustment will cause a Partial Insurance Payment Reversal of \$x.'** This feature was brought in to render more transparency and clarity to scenarios of unknowingly reversing **prior** insurance payments while posting the **current** insurance payment on a code.

The screenshot shows the CARESTACK Insurance Payments interface. At the top, it displays 'Harry Insurance Company' with a status of 'Unapplied: \$5,000.00 / \$5,000.00' and dates for 'Payment Date: 03/28/2023' and 'Deposit Date: 03/28/2023'. Below this, there are tabs for 'Apply Payment', 'Reverse Payment', 'Transfer / Refund', 'Documents', and 'Receipt History'. A search bar and 'Show Provider Adj. Options' checkbox are also present.

Three claims are listed:

- Claim #232901: DOS: 01/01/0001, Billed Amt: \$0.00, Ins. Bal: \$0.00. Status: Pending Payment.
- Claim #233629: DOS: 01/01/0001, Billed Amt: \$37.00, Ins. Bal: \$0.00. Status: Add Line Level Payment.

The third claim is expanded, showing a table of adjustments:

Date	Code	Th/Area	Billed	Allowed	Pat. Resp.(\$)	Ins. Resp.(\$)	Ins. Paid(\$)	Appeal	Denied	Remarks	Adjust
01/01/0001	D0150 - Compve Oral Eval- New/Est Pat	Whole	\$37.00	\$41.00	26.00	31.00		<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="⊕"/>
	Adj. Type* : Ins. Adj. Off	Adj. Code* : AC015 - ADJ OFF - Ins Agre				Adj. Amt. (\$)* : 30					<input type="button" value="⊗"/>
Sub Total			\$37.00	\$41.00	\$26.00	\$31.00				This adjustment will cause a Partial Insurance Payment Reversal of \$30.00	

Below the table, there are checkboxes for 'Close Claim', 'Mark for Appeal', 'Mark Claim as Denied', and 'Post \$0.00 Transactions'. A 'Claim Remarks' field is also present. At the bottom right, it shows 'Remaining Credits : \$5,000.00' and a 'Submit' button.

c. **PBAL Adjustment:** When an insurance pays less than expected, also called an **INSURANCE UNDERPAYMENT**, if the user posting the claim does not preventively do the proper insurance adjustments on screen, the system will not only do the adjustment for you with a PBAL adjustment, but will also show you which codes it applies to, and how much per code, before you click **Submit**. The system will notify the user stating: **'Transfer to Patient, PBAL Adjustment, \$x'**. Then, on selecting **Submit**, the system will generate an additional alert to notify users on the **PBAL** action.



CARESTACK Search + Patient

Insurance Payments Capitation

METLIFE Unapplied: \$26.00 / \$350.00 Payment Date: 03/01/2023

Apply Payment Migrated Payment Reverse Payment Transfer / Refund Documents Receipt History

Search Patient [X] Show Provider Adj. Options

DDD Primary Blue Cross Blue Shield Medicare Submitted (Payor)

Pending Payment
 Paid as Expected (\$0.00)
 Add Claim Level Payment
 Add Line Level Payment
 Mark Claim as Denied

Date	Code	Th/Area	Billed	Allowed	Pat. Resp.(\$)	Ins. Resp.(\$)	Ins. Paid(\$)	Appeal	Denied	Remarks	Adjust
10/07/2022	D0120 - Periodic Oral Evaluation		\$52.00	\$52.00	52.04	0.00		<input type="checkbox"/>	<input type="checkbox"/>		+
Sub Total			\$52.00	\$52.00	\$52.04	\$0.00	\$0.00				

Close Claim
 Mark for Appeal
 Mark Claim as Denied

Post \$0.00 Transactions

Claim Remarks : Remarks

Total Pat. Adj. : \$0.00 Total Ins. Adj. : \$0.00

Claim #190157 DOS: 10/14/2022 Billed Amt: \$0.00 Ins. Bal: \$67.36 Attach Documents

Pending Payment
 Paid as Expected (\$67.36)
 Add Claim Level Payment
 Add Line Level Payment
 Mark Claim as Denied

Date	Code	Th/Area	Billed	Allowed	Pat. Resp.(\$)	Ins. Resp.(\$)	Ins. Paid(\$)	Appeal	Denied	Remarks	Adjust
10/14/2022	D8691 - Repair Of The Appliance		\$0.00	\$67.36	0.00	67.36	60.00	<input type="checkbox"/>	<input type="checkbox"/>		+
Sub Total			\$0.00	\$67.36	\$0.00	\$67.36	\$60.00				

Close Claim
 Mark for Appeal
 Mark Claim as Denied

Post \$0.00 Transactions

Claim Remarks : Remarks

Total Pat. Adj. : \$0.00 Total Ins. Adj. : \$0.00

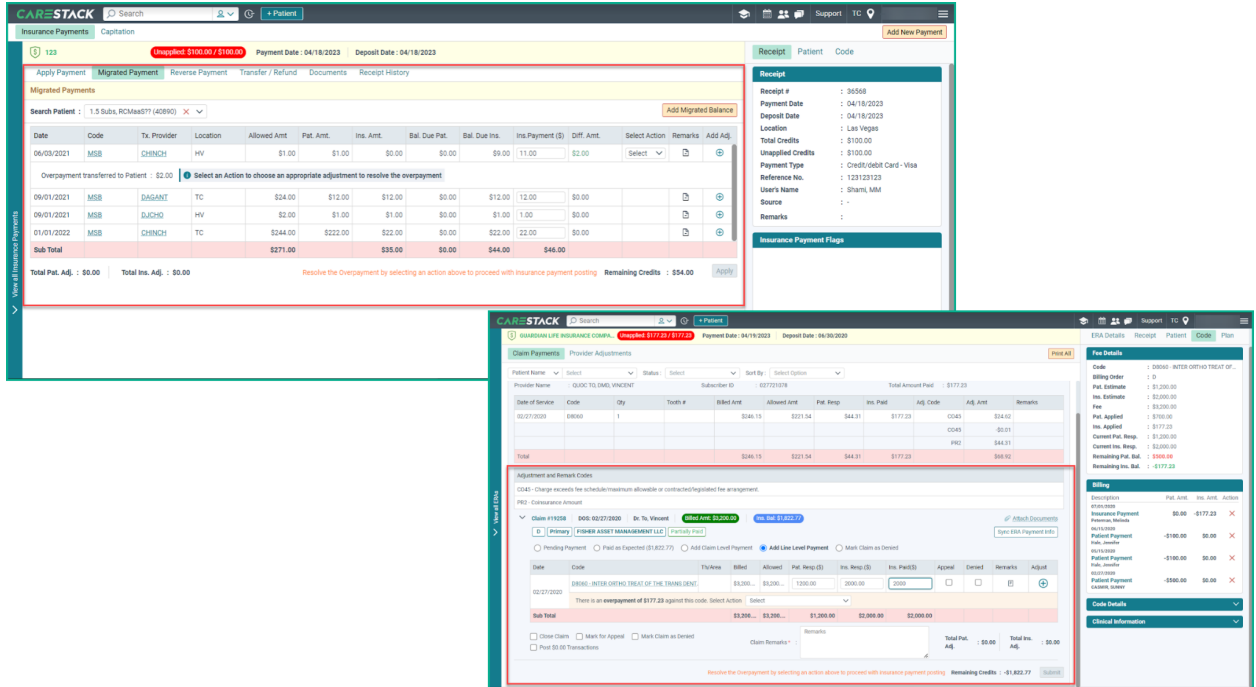
Remaining Credits : -\$34.00 Submit

2. Insurance Underpaid Amount will be transferred to the patient as PBAL Adjustment for following claim(s).

DOS	Claim #	Claim Order	PBAL Adjustment
01/02/2022	45676	Primary	\$50.00
01/02/2022	45676	Primary	\$50.00

Cancel Proceed

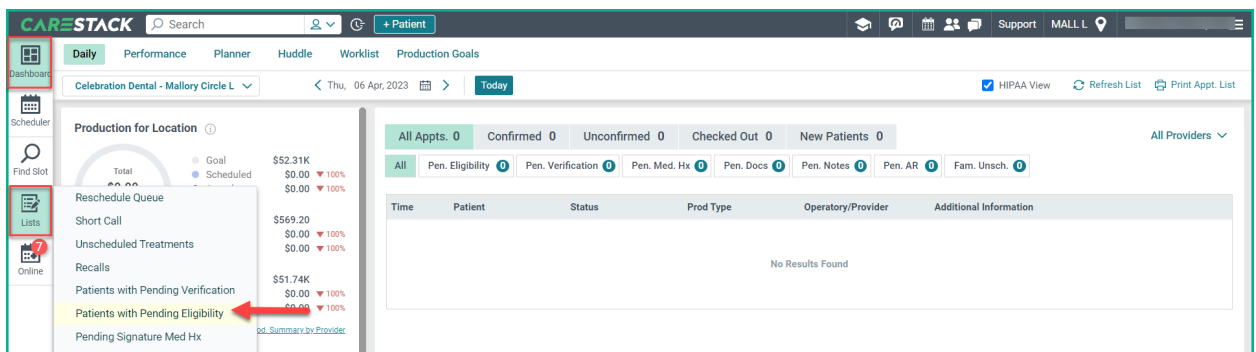
d. All the above scenarios are similarly handled within **both Migrated Payment and ERA Posting.**



2. Electronic Eligibility (EE)

The **Pending Eligibility** queue has received a facelift that includes newer functionalities, the major being the ability to perform Electronic Eligibility in Bulk, thereby aiding users to save a whole lot of time and clicks.

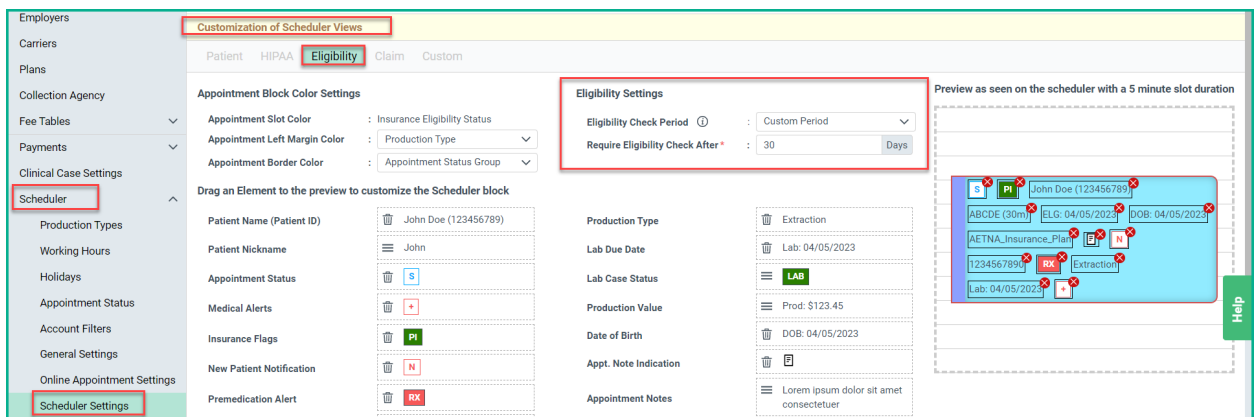
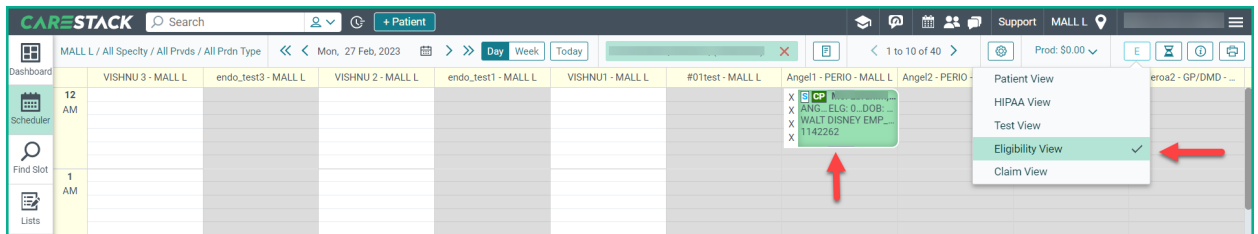
Access the Pending Eligibility List from **Dashboard > Lists > Patients with Pending Eligibility**.



- Selecting the Eligibility filter from the **Scheduler > Eligibility View** will enable users to view the list of patients whose eligibility was not completed within the custom time period as set within **Practice Settings > Scheduler > Scheduler Settings > Eligibility** under **Customization of Scheduler Views**

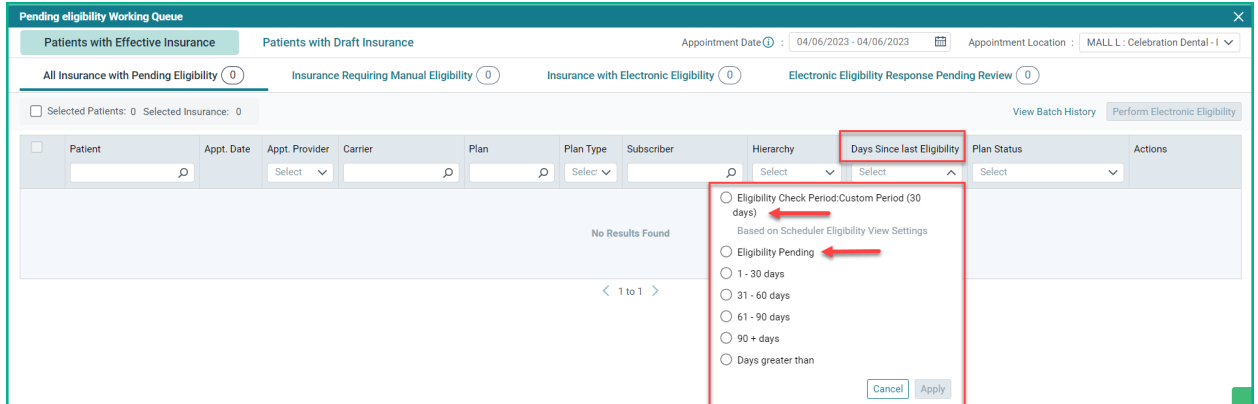
> **Edit** > **Eligibility Check Period** under **Eligibility Settings**.

Note: Based on the set **Eligibility Check Period**, the patient appointment blocks will appear **Red** for **Not Completed**, **Green** for **Completed** and **White** to denote patients with no insurance when viewing the scheduler in the Eligibility view.



- b. Using the patient eligibility list: Four segregated tabs on the top, each denoted by a count to represent **All Insurances with Pending Eligibility, Insurances Requiring Manual Eligibility, Insurance with Electronic Eligibility & Electronic Eligibility Response Pending Review**.
- c. As for the **Days Since Last Eligibility** column, it has been updated to include **Eligibility Pending** to call out a list of insurances that have not undergone an Eligibility check. Whereas, **Eligibility Check Period** will pull up a list of insurances interpreted based on the custom timeframe set within **Practice Settings > Scheduler > Scheduler Settings > Eligibility > Eligibility Settings**.





Here's a quick working list for users:

To multi select patients pending Electronic Eligibility across multiple tabs, check mark the **Select All** option which in the illustrated screenshot below has been marked as **tab 1** for reference. This will auto select the patients that have electronic eligibility marked (the green **EE**) and whose Electronic Eligibility has not been run within the last 30 days (with the exception of medicaid and medicare that can be run once per calendar month). If the checkboxes are disabled, it means the electronic eligibility has already been run within 30 days, or is not supported, and upon hovering over the disabled checkbox you can see a note that states as such.

Select **tab 2** to manually update the eligibility of the insurances that do not have electronic eligibility marked with the green EE, and **tab 3** for the insurances that do have electronic eligibility available. In **tab 3**, you can perform the same actions as in **tab 1. (Select all, then perform electronic eligibility).**

Note: Upon clicking 'perform electronic eligibility', It will ask you for 2 things: The **Billing Dentist** (which may be different per appointment Provider in a multi provider office), and the **Service Type Code**. If you need to do several smaller batches because the Billing Dentist will be different per appointment Provider, you can filter the list using the **Appt. Provider** drop down to narrow down the search results. The **Service Type Code** relates to what type of eligibility you want. The default is **35 - Dental Care**. If you want **Medical** and **Dental** combined, that is **30** (this can be selected from the dropdown), or if you want **Medical** only, then choose **1**.

Tip: There are also several others in case you require only a small portion of the eligibility, rather than the full eligibility that comes with code **35**, **30**, and **1**. Once you have fully worked through tab **3**, you can head over to tab **4** to work on your **Responses**. The responses you will find can be '**E.Awaiting**', which means the



eligibility response is still awaiting a response from the clearing house; **'E.Failure'**, which means the clearinghouse could not get an answer; and **E.Res'**, which means the electronic response is available for review.

Note: We recommend on the **'E.Failure'** responses, that you try again and double check your billing dentist and service type code. Keep in mind that an insurance can stay in **'E.Awaiting'** for a while, depending on how many eligibility requests you have submitted to the clearinghouse, so we recommend that you continue waiting for that response. For the **'E.Res'**, you can click on the **'update eligibility'** on each individual insurance, which opens the plan slider where you can access the response(s) and update eligibility accordingly. Once you have updated an insurance's eligibility, by clicking **“save and update eligibility”**, they will fall off this list, as long as **'Days since last eligibility'** has not been set to all time, preferably, on your **Scheduler Settings** within **Practice Settings**, so that it stays as a true live working list.

The screenshot shows the 'Pending eligibility Working Queue' interface. At the top, there are tabs for 'Patients with Effective Insurance', 'Patients with Draft Insurance', and 'Appointment Date' (04/20/2023 - 04/20/2023). Below the tabs are filters: 'All Insurance with Pending Eligibility (3)', 'Insurance Requiring Manual Eligibility (2)', 'Insurance with Electronic Eligibility (1)', and 'Electronic Eligibility Response Pending Review (0)'. A 'Perform Electronic Eligibility' button is visible. A table below shows columns for Patient, Appt. Date, Appt. Provider, Carrier, Plan Type, Subscriber, Hierarchy, and Days Since last Elig. A legend on the right defines status codes: EE (Electronic Eligibility), E.Awaiting (Electronic Eligibility Response Waiting), E.Res. (Electronic Eligibility Response Available), and E.Failure (Electronic Eligibility Failed). Red annotations include: 'View all lists' pointing to the top left; 'Perform this part for tab 3' pointing to the 'Perform Electronic Eligibility' button; 'Filter as needed for tab 2, 3 & 4' pointing to the filter tabs; and 'Working lists Step 1, 2 & 3' pointing to the top right.



Pending Eligibility Working Queue

Patients with Effective Insurance Patients with Draft Insurance Appointment Date: 06/26/2022 - 06/26/2022 Location: Location

All Insurance with Pending Eligibility (12) Insurance Requiring Manual Eligibility (12) Insurance with Electronic Eligibility (12) Electronic Eligibility (12)

Select All (Max. 300 Ins.) Selected Patients: 40 Selected Insurance: 40

Patient	Appt. Date	Appt. Provider	Carrier	Plan	Plan Type	Subscriber	Hierarchy	Days Since Last Elig.	Plan Status	Actions
<input type="checkbox"/>	04/26/2022	ALTMAN	United Concordia	08/80/56/... (G... no. 80834)	PPO		56) Pri. Dental	20	Inactive	Update Eligibility
<input type="checkbox"/>	04/26/2022	ALTMAN	United Concordia	08/80/56/... (G... no. 80834)	HMO		56) Ter. Dental	Eligibility Pending	Pending Verification (E.Awaiting)	Update Eligibility
<input type="checkbox"/>	04/26/2022	ALTMAN	United Concordia	08/80/56/... (G... no. 80834)	HMO		56) Pri. Dental	5	Active (E.Failure)	Update Eligibility
<input checked="" type="checkbox"/>	04/26/2022	ALTMAN	United Concordia	08/80/56/... (G... no. 80834)	HMO		56) Pri. Dental	20	Active (E.Res.)	Update Eligibility
<input checked="" type="checkbox"/>	04/26/2022	ALTMAN	United Concordia	08/80/56/... (G... no. 80834)	Medicaid		56) Pri. Dental	34	Pending Verification (E.Res.)	Update Eligibility
<input checked="" type="checkbox"/>	04/26/2022	ALTMAN	United Concordia	08/80/56/... (G... no. 80834)	PPO		56) Sec. Dental	20	Active (E.Res.)	Update Eligibility
<input checked="" type="checkbox"/>	04/26/2022	ALTMAN	United Concordia	08/80/56/... (G... no. 80834)	PPO		56) Sec. Dental	20	Active (E.Res.)	Update Eligibility
<input type="checkbox"/>	04/26/2022	ALTMAN	United Concordia	08/80/56/... (G... no. 80834)	PPO		56) Sec. Dental	20	Active	Update Eligibility
<input type="checkbox"/>	04/26/2022	ALTMAN	United Concordia	08/80/56/... (G... no. 80834)	PPO		56) Pri. Dental	19	Active	Update Eligibility

< 1 to 15 >

Recommend to filter to Scheduler Settings on all tabs

Both these sections correspond to tabs 2 & 4

3. Batch History

- a. Select the **View Batch History** clickable label on the top right to track the batch history for the eligibility requests that have been sent. A slider in grid format will open up for users to view updates on the **date** and **time stamp** the **Batch was Initiated On**, name of the **Billing Dentist**, Count of **Total Insurances** and **Failed Insurances** as well as the **Status** of the Bulk Electronic Eligibility batch followed by the specific **Username** it was run by.



Batch Initiated On	Billing Dentist	Total Insurances	Failed Insurances	Status	Batch Run By
04/17/2023 12:02:57 PM	FIGUER	4	0	Success	Sl
04/07/2023 01:04:20 AM	FIGUER	2	0	Success	G
04/05/2023 12:48:50 AM	FIGUER	6	0	Success	G
04/04/2023 11:49:57 PM	ANDE	2	0	Success	G
04/04/2023 11:33:25 PM	FIGUER	2	0	Success	G
04/04/2023 03:13:16 PM	FIGUER	6	0	Success	Sl
04/04/2023 03:10:25 PM	FIGUER	3	0	Success	Sl
04/04/2023 03:05:48 PM	FIGUER	1	0	Success	Sl
04/03/2023 12:55:11 PM	FIGUER	1	0	Success	Sl

4. Patient Eligibility

a. eEligibility Response Mismatches

As a continuation of **Bulk eEligibility**, we have brought in the ability to view the latest **EE** response inside patient eligibility while selecting the patient insurance from inside the **Pending Eligibility list**.

Click on '**Show Detailed eEligibility Response(s)**' to see the information from the clearinghouse. Additionally, if there is any mismatch between the values in the Electronic Eligibility Response that was received and those already existing under **Patient Plan Details** and **Benefits** will be mapped and displayed on the very right hand side of the screen for the user to action it appropriately. To access this feature select the **Check for mismatch** tab on the top.

Note: Each mismatch will be represented on a card, one following the other. Click the **Replace All** button to replace all the old values with the new values in one go. To alter the values individually, click on the **Replace** button corresponding to the intended value.

Both the actions i.e. **Replace All / Replace** will trigger the related field(s) to be inserted with the new value. These fields will be supported with an add-on feature to **Undo** the **Replace** action. When users select **Undo**, the new values in the field will be immediately replaced with its old value. The old value will be displayed right below the respective field to aid users adopt corrective action.

Note: The areas that can show up in a **mismatch** in the **Benefits** section are



Subscriber ID, Patient Insurance ID, Patient Name, Patient DOB, Subscriber Name, Subscriber DOB, Family Max Remaining, Individual Max Remaining, Family Deductible Remaining, and Individual Deductible Remaining. Whereas the areas that can show up in a **mismatch** in the **Carrier/Plan** section are **Carrier Name, Carrier ID, Phone, Website, and Plan Group Number.**

The screenshot displays the CARESTACK eEligibility interface for a patient with Plan Name: 100/100/50 \$1500 ORTHO_117 (Grp. No: 700165). The interface includes a navigation bar with tabs for Eligibility, Financial, Clinical, Alerts, Prescriptions, Documents, and Memberships. A 'Check for Mismatch' button is highlighted with a red box and arrow. A modal window titled 'eEligibility Response Mismatches' is open, showing the following data:

Category	Current Value	Response Value
Maximum Remaining	\$150.00	\$600.00
Deductible Remaining	\$150.00	<input type="radio"/> In Network - \$300.00 <input type="radio"/> Out Network - \$400.00
Subscriber DOB	05/05/2022	06/06/2022

5. Completed Procedures

- Code Status** in completed procedures grid has a new addition - **Balance Due Patient & Insurance**, both in the **Status** column, and within the **'select'** for the status column for filtering, for ease of more accurate identification.



OLD

Select	DOS	Proc. Code	Tx. Provider	Billed Amt	Pat. Amt	Ins. Amt	Pat. Paid	Ins. Paid	Status	Billing Status
<input type="checkbox"/>	12/23/2022	D7210		\$394.67	\$222.33	\$172.34	\$222.33	\$0.00		
<input type="checkbox"/>	12/23/2022	D7210		\$394.67	\$197.33	\$197.34	\$197.33	\$0.00		
<input type="checkbox"/>	12/23/2022	D7210		\$394.67	\$197.33	\$197.34	\$197.33	\$0.00		
<input type="checkbox"/>	12/23/2022	D7210		\$394.67	\$197.33	\$197.34	\$197.33	\$0.00		
<input type="checkbox"/>	12/23/2022	D7140		\$262.33	\$131.17	\$131.16	\$131.17	\$0.00	Balance Due Patient	Pri. Claim Pending Paym
<input type="checkbox"/>	12/23/2022	D7140		\$262.33	\$131.17	\$131.16	\$131.17	\$0.00	Balance Due Patient	Pri. Claim Pending Paym

NEW

Select	DOS	Proc. Code	Tx. Provider	Billed Amt	Pat. Amt	Ins. Amt	Pat. Paid	Ins. Paid	Status	Billing Status
<input type="checkbox"/>	04/04/2023	20220	AAA12: Aaron, Aar	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
<input type="checkbox"/>	04/03/2023	D4211	WATSON: Watson	\$0.00	\$0.08	\$0.00	\$0.08	\$0.00		
<input type="checkbox"/>	04/01/2023	D4210	WATSON: Watson	\$0.00	\$130.32	\$0.00	\$99.92	\$0.00		
<input type="checkbox"/>	03/31/2023	D8670	FIGUER: Hilda, Figu	\$0.00	\$83.33	\$0.00	\$0.00	\$0.00		
<input type="checkbox"/>	03/27/2023	D4211	WATSON: Watson	\$0.00	\$0.08	\$0.00	\$0.08	\$0.00		
<input type="checkbox"/>	03/20/2023	D4211	WATSON: Watson	\$0.00	\$0.08	\$0.00	\$0.08	\$0.00		
<input type="checkbox"/>	03/14/2023	D7140	ANDE: Anderson, A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Paid	Pri. Claim Pending Submis
<input type="checkbox"/>	03/13/2023	D4211	WATSON: Watson	\$0.00	\$0.08	\$0.00	\$0.08	\$0.00	Paid	Do Not Bill to Insurance

6. Payments

- a. **Payment Date** and **Deposit Date** are retained when updating/changing a location on an **Insurance** or **Patient** receipt.



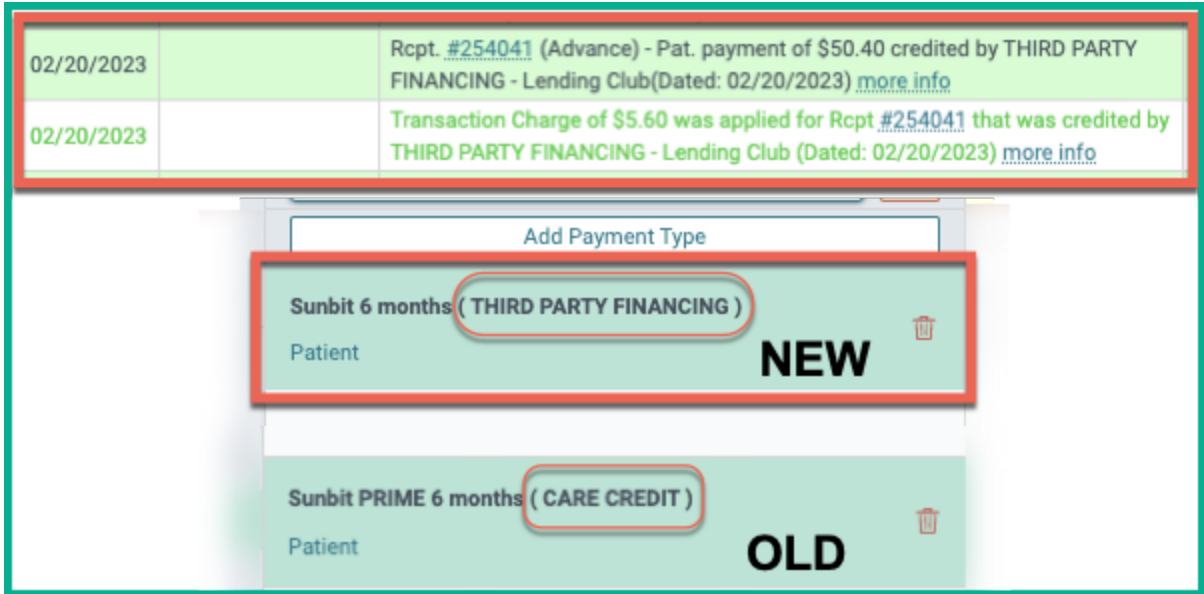
The screenshot shows the 'Insurance Payments' section with a 'Capitation' filter. A table lists payments from various carriers like Aetna, ABC 123, METLIFE, and aakru_carrier. An 'Edit Payment Details' modal is open, showing fields for Payment Amount (\$564465), Payment Date (04/03/2023), Deposit Date (04/03/2023), Location (Celebration Dental - Mallory Circle L), Payment Type (CASH - Other), and Reference No (645). A red arrow points to the 'Payment Date' field, which is circled in red.

The screenshot shows the 'Payment Details' modal for receipt RCPT#254298. It displays receipt information such as Receipt # (254298), Claim #, Paid For (Gerrard, Harrison), and Payment Amount (\$158.34). The 'Payment Date' field is set to 03/21/2023 and is circled in red. A red arrow points to this field. Other fields include Location (RAFFLE CITY : Raffle City), Payment Type (CREDIT/DEBIT CARD - Portal Payments), and Source (-). A note at the bottom states: 'Note: This change will only apply to patient statements once generated.'

b. The **'CARE CREDIT'** payment category has been renamed **'THIRD PARTY FINANCING'** to remove confusion when utilizing that payment category for other 3rd party financing, such as Lending Club or Sunbit. Now instead of reading 'CARE CREDIT - Lending Club', it will read as *'THIRD PARTY FINANCING - Lending Club'*.

Note: This not only affects future transactions and reporting, but previous as well.





- c. If a Payment Date of a patient receipt is updated, and the payment came from a payment plan, the **payment date** in the **payment plan** will also be updated automatically to the same date, reducing confusion and mismatching dates.

Date	Auto-Debit Amount	Payment Date	Receipt Details	Status	Actions
04/11/2023	\$900.00	04/04/2023	#254567 Paid	Success	View Receipt Details

- d. When a Payment Plan is created from the **Payment Plan tab** in patient payments, there is a **'Link Treatment Codes'** on the upper right hand side of the payment plan slider, which opens up a module of completed codes, to save steps in linking codes to payment plans.



The screenshot displays the 'Create Payment Plan' window with three steps: 1. Add Payment Plan Details, 2. View & Sign Agreement, and 3. Make Payment. A red arrow points to the 'Link Treatment Codes' button in the 'Contracted Treatment Codes - Summary' section. Below this, a table lists various procedure codes with their respective details. A secondary window, 'Link Treatment Procedure to Payment Plan', is overlaid, showing a table with checkboxes for selecting codes to link to the payment plan.

Date	Code	Tx. Provider	Location	Fee	Pat. Amt.	Balance Due Pat.	Status	Action
No linked treatment procedures								

Hide Codes Associated with Active Payment Plan(s)	Hide Codes without Patient dues	Select Procedure Code(s) to Link to Payment Plan	Date Of Service	Code	Tx. Provider	Billing Order	Location	Allowed Amt.	Bal. Due Ins.	Bal. Due Pat.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	02/07/2023	D2950 - Core Buildup Including Pins when required	ANDE	D	OHIO	\$189.00	\$0.00	\$127.60
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	02/07/2023	D2740 - Crown Porsh/Cer Substrate	ANDE	D	OHIO	\$1,576.00	\$0.00	\$1,576.00
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	02/07/2023	D2740 - Crown Porsh/Cer Substrate	ANDE	D	OHIO	\$1,576.00	\$0.00	\$1,576.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02/07/2023	D2393 - Resin Composite Three Surfaces Posterior	ANDE	D	OHIO	\$412.00	\$0.00	\$412.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02/07/2023	D2393 - Resin Composite Three Surfaces Posterior	ANDE	D	OHIO	\$412.00	\$0.00	\$412.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02/07/2023	D2393 - Resin Composite Three Surfaces Posterior	ANDE	D	OHIO	\$412.00	\$0.00	\$412.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02/06/2023	D4211 - Ginvect/Gingipsty 1-3I Pr Quad	WATSON	N	FRONT	\$0.08	\$0.00	\$0.08
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02/01/2023	D4210 - Ginvect/Gingipsty 4+T/Per Quad	WATSON	N	FRONT	\$130.31	\$0.00	\$130.31
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01/30/2023	D8670 - Periodic Ortho Contract Billing	FIGUER	N	FRONT	\$83.33	\$0.00	\$83.33
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01/30/2023	D4211 - Ginvect/Gingipsty 1-3I Pr Quad	WATSON	N	FRONT	\$0.08	\$0.00	\$0.08
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01/23/2023	D4211 - Ginvect/Gingipsty 1-3I Pr Quad	WATSON	N	FRONT	\$0.08	\$0.00	\$0.08
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01/16/2023	D4211 - Ginvect/Gingipsty 1-3I Pr Quad	WATSON	N	FRONT	\$0.08	\$0.00	\$0.08
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01/09/2023	D4211 - Ginvect/Gingipsty 1-3I Pr Quad	WATSON	N	FRONT	\$0.08	\$0.00	\$0.08
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01/02/2023	D4211 - Ginvect/Gingipsty 1-3I Pr Quad	WATSON	N	FRONT	\$0.08	\$0.00	\$0.08
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01/01/2023	D4210 - Ginvect/Gingipsty 4+T/Per Quad	WATSON	N	FRONT	\$130.31	\$0.00	\$130.31
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/30/2022	D8670 - Periodic Ortho Contract Billing	FIGUER	N	FRONT	\$83.33	\$0.00	\$83.33

7. Insurance Plan

a. Max Allowable

Owing to popular demand, CareStack has updated the following ability while creating a new insurance plan via **Practice Settings > Plans > Add Plan > Fee When Benefits Max Out** : "The default for 'Fee when benefits Max Out' will remain as **Max Allowable**".



Update Plan

Carrier Details

Carrier : Delta Dental Of Californiax2
 Address List : PO BOX 1220 New Address
 Claim Channel : Paper Based
 Pre-Authorization Channel : Paper Based
 Carrier ID : CDCA1
 Address : PO BOX 1220
 Beverly Hills, CA - 90210
 Phone : (800) 000-0000
 Website : http://deltadentalca@ca.com

Plan Details

Name* : 100/80/20
 Insurance Type : Dental
 Plan Type* : PPO
 Employer Insurance : No
 Group No.* : 07247712
 Auto close claims with zero amount : No
 Benefits Coordination Method : Standard Coordination of Benefits
 Use Fee Registers for Fee Calculation : No
 Default setting for altering Total Fees : No

Capitation Fee : \$ 0
 Plan Reset Date : Select
 Waiting Period : 0 Days
 Waiting period fee : UCR
 Verified Date : Select a date
 Create Claim : Yes No
 Claim Form Type* : ADA 2019 Form
 Fee when benefits max out : Max. Allowable

Cancel Save

8. Payment Plan (Ortho & General)

a. Exempt Status

CareStack has brought in an **Exempt** status to **Ortho** and **General** payment plans. Exempting a payment schedule on a payment plan means skipping that payment schedule and writing the amount off; meaning it was not intended to be collected.

Use Case: This can be made use of, let's say to account for an external payment made for a payment plan, such as a patient sending a check in the mail to pay for the next month's payment schedule, or to a charity write-off for a payment schedule within a payment plan.

Payment Plan : Alpha #5

Payment Plan Overview

Plan Name : Alpha #5
 Patient Name : Gerrard, Harrison (10032467)
 Location : WS : Wembley Stadium
 Plan Type : General
 Status : Active
 Total Amount : \$180.00

Down Payment Details

Down Payment Amount : \$45.00

Financial Details

Financed Amount : \$135.00
 APR (%) : 0
 Contracted Amount : \$135.00

Amortization Schedule

Amount Paid : \$0.00
 Past Due Amount : \$0.00
 Future Scheduled : \$135.00
 Exempted Amount : \$0.00

Remaining No. of Payments : 3
 Last Payment Date : -
 Next Payment Date : 07/23/2023
 No. of Exempted Payments : 0

Date	Auto-Debit Amount	Payment Date	Receipt Details	Status	Actions
07/23/2023	\$45.00			Pending	Pay Now Edit Skip Exempt Skip & Add
10/23/2023	\$45.00			Pending	Edit Skip Exempt Skip & Add
01/23/2024	\$45.00			Pending	Edit Exempt Skip & Add

Patient Payments **Payment Plan Control Center** Batch Posting

Total Contracted Amount : **\$1,218,715.12**
 636 Active plans

Amount Collected : **\$233,879.94**

Amount Overdue/Failed : **\$632,099.02** [Take Action](#)

Future Scheduled Amount : **\$164,425.14**

Terminated & Exempted : **\$188,312.52**

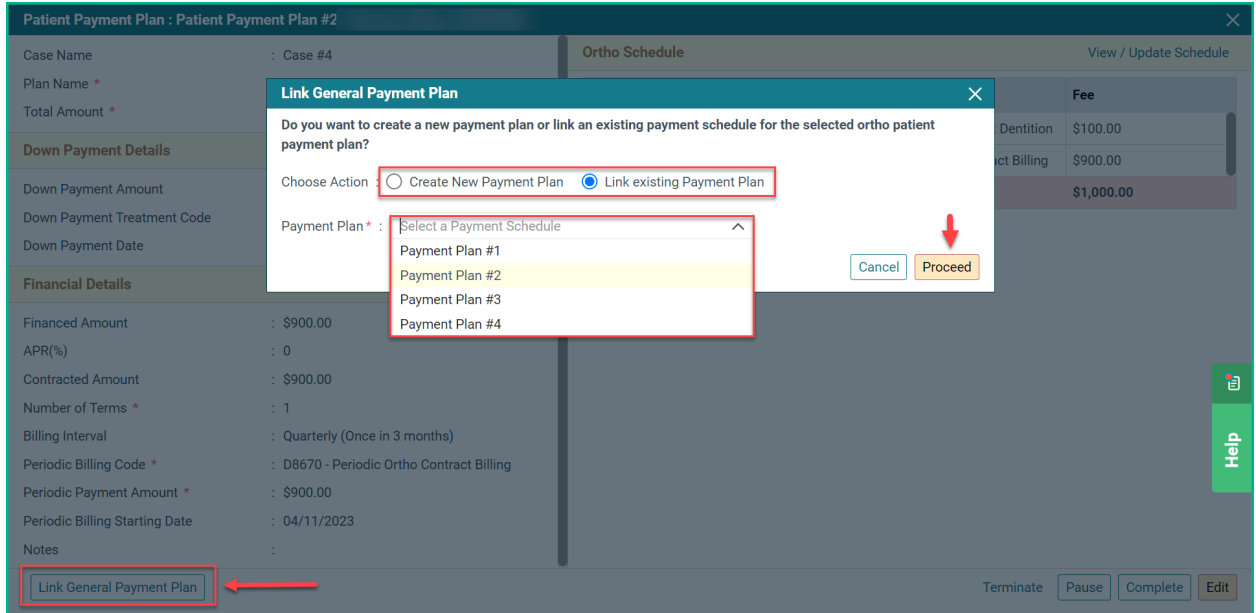
9. Ortho Patient Plan

- a. Ability to link an **Ortho Patient Plan** with a **General Payment Plan** from **Billing > Ortho Cases > Payment Plans** > navigate to the desired **Active Patient Plan** > select **View Details** > choose **Link General Payment Plan** button on the bottom left > Choose the desired option i.e. a) **Create New Payment Plan** to complete which, follow the steps as usual or b) **Link existing Payment Plan** which opens up an additional field allowing you to select an existing Payment Plan created within the system that has not yet been linked to any treatments.

The screenshot shows the CARESTACK interface for an Ortho Case. The sidebar on the left contains a 'Billing' section with 'Ortho Cases' highlighted (2). The main area shows 'Payment Plans' (3) for 'Case #4 (In Progress)'. Two active payment plans are listed:

Plan Name	Down Payment Amount	Contracted Amount	Number of Terms	Periodic Billing Start Date	Notes	Progress	Total Amt.	Generated Amount
Patient Payment Plan #2	\$100.00	\$900.00	1 (Pending: 1)	04/11/2023		10%	\$1,000.00	\$100.00
Patient Payment Plan #1	\$500.00	\$1,500.00	18 (Pending: 15)	12/30/2022		37%	\$2,000.00	\$749.99

Each plan has a 'View / Update Schedule' and 'View Details' (5) button. A 'Total amount pending generation: \$107.41' warning is visible at the top right.



- b. While creating a New Payment Plan by choosing the Link General Payment Plan option, an **Ortho Payment Plan Summary** would be shown on the top followed by the option to **Create Payment Plan** for the **Entire Plan**, **Pending Codes** or **Customize**.



Create Payment Plan
✕

① Add Payment Plan Details — ② View & Sign Agreement — ③ Make Payment

Contracted Ortho Payment Plan - Summary

Plan Name	: Patient Payment Plan #1	Contracted Amount	: \$808.00
Total Amount	: \$900.00	Number Of Terms	: 10 (Pending 10)
Down Payment	: \$100.00	Periodic Payment Amount	: \$80.00
Down Payment Date	: 09/20/2021	Payment Frequency	: Weekly
Financed Amount	: \$800.00	Location	: Mallory
APR(%)	: 1%	First Payment Date	: 09/20/2021

Payment Plan Details

Create Payment Plan for :

Entire Ortho Plan: \$808.00
For the whole ortho schedule

Pending Codes: \$640.00
For the rest of the ortho schedule

Customize
Make your custom payment plan

Include Down Payment Code in Total Amount : Yes No

Basic Details

Payment Plan Name * : Location * : Mallory

Plan Type : Ortho Total Amount * : \$ 800.00

Down Payment Details and Financial Details

Down Payment : \$ 0.00 No Of Payments * : 10

Financed Amount : \$ 800.00 Periodic Pay Amount * : \$ 80.00

APR : 1% Payment Frequency * : Weekly

Contracted Amount : \$ 800.00 First Per. Pay. Date * : 09/27/2021

Additional Settings

Notes

View & Sign Agreement

- c. Under **Additional Settings**, the 'Add Credit as' option would have 'Post against patient balance' with the **Order of Posting** set as 'Newest First Order' to have the patient balance applied against the most recent treatment code.

Note: Both these options are set by default and can be changed to the remaining available option(s). For 'Add Credit as' the remaining two options include, **Leave as Unapplied credits** and **Post against patient balance first, then post the remaining against account balance**. Then, the alternative to the Newest First Order for the user would be 'Oldest First Order.'

Create Payment Plan
✕

1
2
3

Add Payment Plan Details
View & Sign Agreement
Make Payment

Patient Name : [REDACTED]

Payment Plan Name * :

Plan Type : Ortho

Location * :

Total Amount * :

Down Payment & Financial Details

Down Payment :

Financed Amount : \$900.00

APR : %

Contracted Amount : \$900.00

No Of Payment * :

Periodic Pay. Amt. * :

Payment Frequency * :

First Per. Pay. Date * :

Additional Settings

Add Credits as * :

Order of Posting * : Oldest First Order Newest First Order

Notes :

Payment Details

Payment Type * :

Enable auto debit ⓘ

View & Sign Agreement

Note: Details of the newly linked Payment Plan such as **date of linkage, plan details, payment applied, username**, etc, will be displayed on the bottom right corner of the **Patient Payment Plan** page



Patient Payment Plan #2

Case Name : Case #4
 Plan Name * : Patient Payment Plan #2
 Total Amount * : \$1,000.00

Down Payment Details

Down Payment Amount : \$100.00
 Down Payment Treatment Code : D8090 - Comprehensive Adult Dentition
 Down Payment Date : 11/30/2022

Financial Details

Financed Amount : \$900.00
 APR(%) : 0
 Contracted Amount : \$900.00
 Number of Terms * : 1
 Billing Interval : Quarterly (Once in 3 months)
 Periodic Billing Code * : D8670 - Periodic Ortho Contract Billing
 Periodic Payment Amount * : \$900.00
 Periodic Billing Starting Date : 04/11/2023
 Notes :

Ortho Schedule [View / Update Schedule](#)

Type	DOS	Code	Fee
Down Payment	11/30/2022	D8090 - Comprehensive Adult Dentition	\$100.00
Periodic Payment	04/11/2023	D8670 - Periodic Ortho Contract Billing	\$900.00
Total			\$1,000.00

Linked Payment Plan Summary

Patient Payment Plan #2.1 **ACTIVE** Linked on 4/04/2023, 1:12 AM, by N...ha [View Plan Details](#)

Contracted Amount	: \$900.00	Amount Collected	: \$0.00
Auto Debit	: Disabled	Amount Overdue/Failed	: \$0.00
		Future Scheduled	: \$900.00

[Link General Payment Plan](#) [Terminate](#) [Pause](#) [Complete](#) [Edit](#)

- d. To **Terminate, Complete** or **Pause** any linked Ortho Patient Plans, a pop-up will appear prompting the user to action two distinct steps of which the first one will depend on whether you have chosen to Terminate, Complete or Pause the **Patient Plan**. Then, the second step would be to action the desired choice i.e. Terminate, Complete or Pause the linked **Payment Plan**.

Patient Payment Plan Termination
✕

1 **Terminate Ortho Patient Payment Plan**
2 **Terminate Linked Payment Plan**

Select the payment plans that need to be terminated

Do you want to terminate the general payment plan(s) linked against the selected ortho plan?

Payment Plan Active

Contracted Amount	:	\$1000.00
Amount Collected	:	\$500.00
Amount Overdue/Failed	:	\$50.00
Future Scheduled	:	\$50.00

Select an Action to Terminate Plan

Terminate the Payment Plan

Do not terminate this Payment Plan

Payment Plan Active

Contracted Amount	:	\$1000.00
Amount Collected	:	\$500.00
Amount Overdue/Failed	:	\$50.00

Previous
Cancel
Terminate

e. Editing a **linked Ortho Patient Plan** will notify the user of the **old** and **new** values in a grid for the changes made for select corresponding items under the **Payment Plan summary** as illustrated below.

Note: An ‘i’ icon, highlighted in red, will be displayed below alerting users to simultaneously make the necessary changes to the linked general payment plans.





Update Ortho Payment Plan ✕

The following are the changes made inside ortho plan summary. Please review before proceeding.

Payment Plan Summary

	Old Value	New Value
Total Plan Amount	\$1500	\$1600
Down Payment	\$100	\$100
Financed Amount	\$1400	\$1500
Annual Percentage Rate	0 %	0 %
Number of Payments	10	12

 Please make the necessary changes to the linked general payment plans.

 Cancel Proceed

- f. When users attempt to **De-Link** a General Payment Plan, a pop-up would appear guiding the user to either **De-Link the plan** or **Terminate and De-Link the Plan**.



Patient Payment Plan - Patient Payment Plan #1 | Patient, Ortho (10053762)

Case Name : Case #1
 Plan Name * : Patient Payment Plan #1
 Total Amount * : \$3,000.00

Down Payment Details

Down Payment Amount : \$600.00
 Down Payment Treatment Code : D8010 - Limited Primary Dentition
 Down Payment Date : 01/08/2023

Financial Details

Financed Amount : \$2,400.00
 APR(%) : 0
 Contracted Amount : \$2,400.00
 Number of Terms * : 12
 Billing Interval : Monthly (Once every month)
 Periodic Billing Code * : D8670 - Periodic Ortho Contract Billing
 Periodic Payment Amount * : \$200.00
 Periodic Billing Starting Date : 05/15/2023
 Notes :

Ortho Schedule View / Update Schedule

Type	DOS	Code	Fee
Down Payment	01/08/2023	D8010 - Limited Primary Dentition	\$600.00
Periodic Payment	05/15/2023	D8670 - Periodic Ortho Contract Billing	\$200.00
Periodic Payment	06/15/2023	D8670 - Periodic Ortho Contract Billing	\$200.00
Periodic Payment	07/15/2023	D8670 - Periodic Ortho Contract Billing	\$200.00
Periodic Payment	08/15/2023	D8670 - Periodic Ortho Contract Billing	\$200.00
Periodic Payment	09/15/2023	D8670 - Periodic Ortho Contract Billing	\$200.00
Periodic Payment	10/15/2023	D8670 - Periodic Ortho Contract Billing	\$200.00
Periodic Payment	11/15/2023	D8670 - Periodic Ortho Contract Billing	\$200.00
Periodic Payment	12/15/2023	D8670 - Periodic Ortho Contract Billing	\$200.00
Periodic Payment	01/15/2024	D8670 - Periodic Ortho Contract Billing	\$200.00
Periodic Payment	02/15/2024	D8670 - Periodic Ortho Contract Billing	\$200.00
Total			\$3,000.00

Linked Payment Plan Summary

Patient Payment Plan #1.1 ACTIVE Linked on 04/24/2023, 1:12 PM, by Ms. De-Link Plan [View Plan Details](#)

Contracted Amount	: \$2,400.00	Amount Collected	: \$0.00
Auto Debit	: Disabled	Amount Overdue/Failed	: \$0.00
		Future Scheduled	: \$2,400.00

Link General Payment Plan Terminate New Payment Agreement Pause Complete Edit

De-Link Payment Plan ✕

Do you want to delink this payment plan from the Ortho Plan or delink and terminate this payment plan?

Choose Action : De-Link Plan Terminate and De-Link Plan

Patient Payment Plan #1.1 ACTIVE

Contracted Amount	: \$2,400.00
Amount Collected	: \$0.00
Amount Overdue/Failed	: \$0.00
Future Scheduled	: \$2,400.00

Cancel Proceed

Reporting and Analytics

1. Rejected Claims KPI

- a. The operational efficiency of the **Rejected Claims (Count) KPI** in **Insights > Operational Reports > Scorecards > Edit** has been increased. Previously, this KPI presented the number of claims that ever had a history of rejection. Henceforward, this KPI will generate the count of **Rejected Claims by Date of Service (DOS)** and will include only the number of those rejected claims that are in current status.

Location	Rejected Claims (Count)
MALL	9
Total	9

- i. There is an **i icon** helper text to enable users to understand what this KPI does.

Add / Edit Simple Score Card

General Settings

Name*: 529 migrated

Description: Scorecard Description

Report Focus*: Location

Default Date Range*: MTD

Select KPI

- Scheduled Patients
- Broken Appointments
- Broken Appointments Rate
- Rescheduled Appointments Rate
- Missing Transactions
- Claims**
 - Unsubmitted Claims \$
 - Submitted Claims (Count)
 - Rejected Claims (Count)**
 - Rejection Ratio

Select Column Order

- Click and drag on KPIs to change the order
- Migrated Production (Trans. Date)
- Production Adjustments (DOS)
- Gross Insurance Production (DOS)
- Insurance Production Adjustments (DOS)

Key Performance Indicator

Rejected Claims (Count)

Description

Count of claims by DOS that are currently in rejected status

- ii. The count displayed by the **Rejected Claims (Count) KPI** has been set to match the number of claims in **Billing > Claims > Rejected Status**.



Claims: Pending Submission Document Pending Denied/Act. Req **Rejected** Pending Payment On Hold All Claims Batch Jobs Denti-Cal Total Claims: 133

Select	Claim ID	DOS	Last Updated	Ins. Expected	Billed Amount	Tx. Provider	Location	Patient	Carrier	Plan Type	Claim Order	Claim Flag	Claim Status
<input type="checkbox"/>	188877	05/09/2022	07/11/2022	\$37.50	\$0.00	FIGUER	EAST		carrier c1	HMO	Secondary		Rejected
<input type="checkbox"/>	188278	01/06/2022	04/21/2022	\$0.00	\$1,009.00	234234	CANADA		DELTA DEN	Co-Pay	Tertiary		Rejected
<input type="checkbox"/>	187343	11/28/2021	12/22/2021	\$422.00	\$761.00	SARAH	FRONT		DELTA DEN	PPO	Primary		Rejected

2. Operational Reports

a. **Provider Short Name** will be shown after the **Provider** column in all views of the **Income Allocation** extended report.

Operational Reports Scorecards Analytics Dashboards Trend Analysis EOD Report Opportunity Miner Scheduled Downloads Goals Settings Operational Reports(Revamp)

Adjustments

	Provider	Provider Short Name	Trans. Date	Patient ID	Patient Name	Adj. Code	Adj. Code Desc.
Grand Total	Mr. QA, Parthi	DPQA					
			03/21/2023	10052195	Inco.Allo, Parthiban	AC014	ADJ OFF - Courtesy Discount
			03/21/2023	10052195	Inco.Allo, Parthiban	AC017	EMPLOYEE WRITE OFF