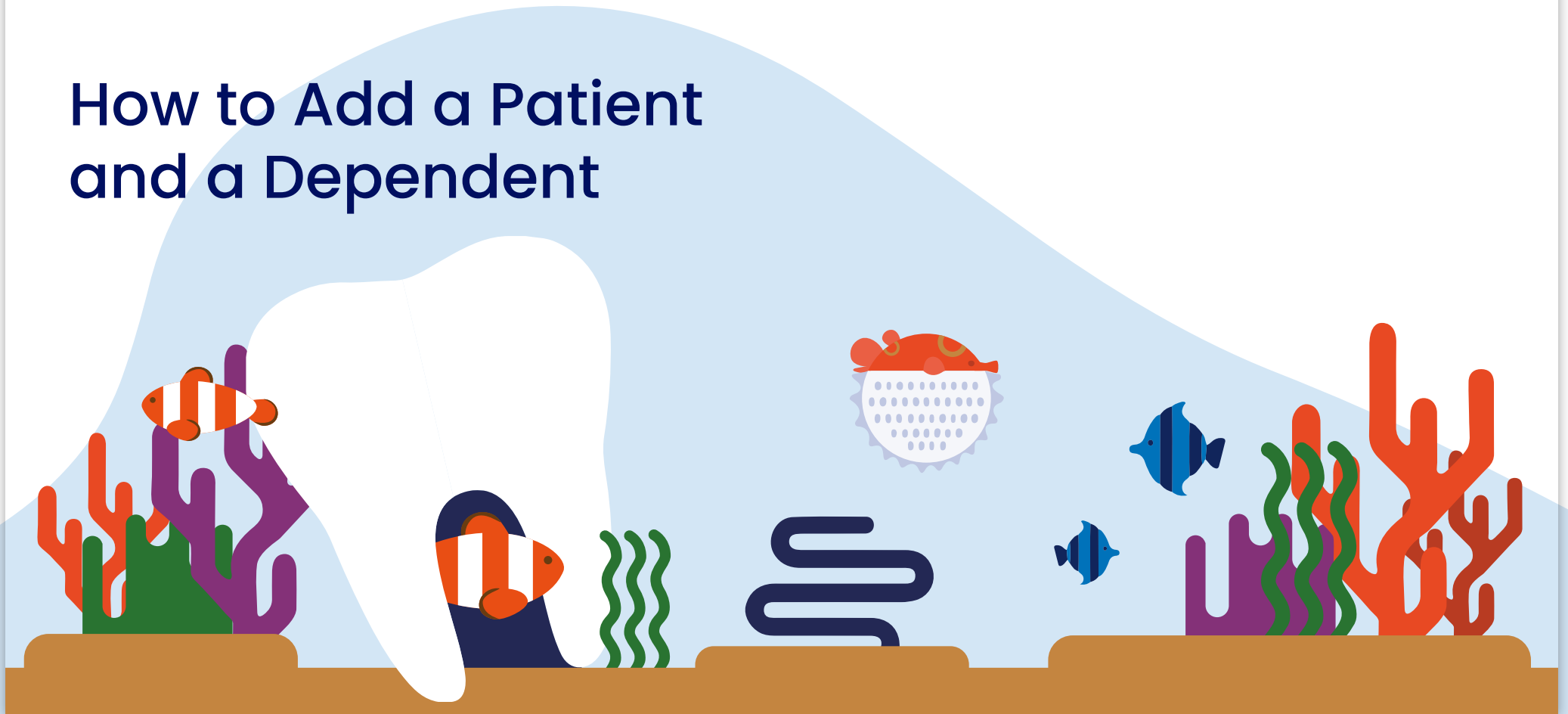




Denticon – Basic Clerical

How to Add a Patient and a Dependent

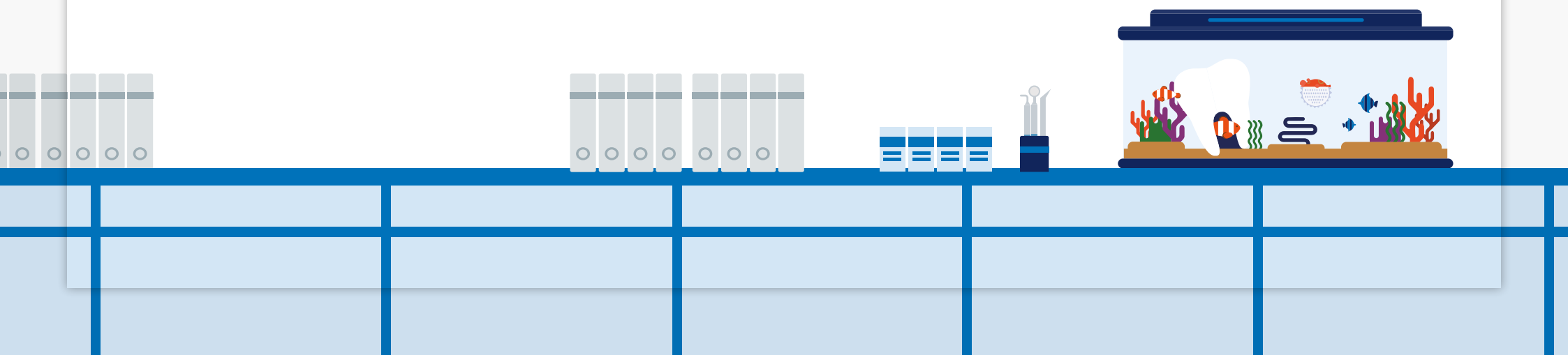


Contents

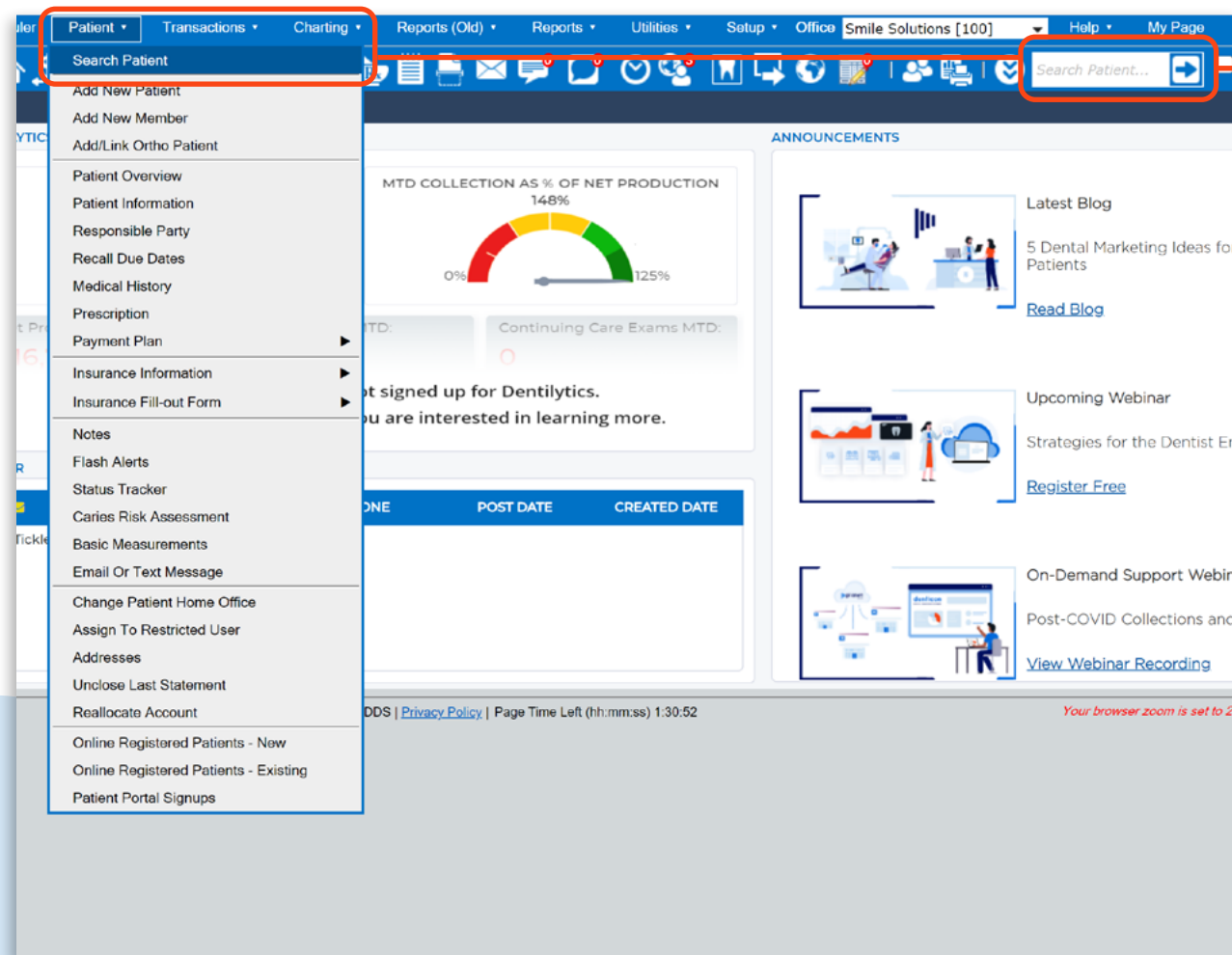
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Adding a Dependent with Insurance 11



Before Adding a Patient



Step 1

Click **Patient** in the toolbar and select **Search Patient**.

Note: You can also search for a patient using the 'Search Patient' text box in the toolbar.

Step 2

Type the new patient's last name into the 'Search Text' field.

Step 3

Select **Current Office** or **All Offices** and **Include Inactive Patients** under the 'Search In' field, then click **Search**.

The screenshot shows the Denticon software interface with the search patient form. The form is divided into several sections:

- Search Patient or Responsible Party:** Includes a radio button for 'Patient' (selected) and 'Responsible Party'.
- Search By:** Includes radio buttons for 'Last Name' (selected), 'First Name', 'Nickname', 'Patient Type', 'Medicaid ID', 'Chart #', 'SSN', and 'Email'.
- Search Text:** A text field with the value 'Molar'.
- Search In:** Includes radio buttons for 'Current Office', 'All Offices' (selected), and 'Search in Office Group', and a checked checkbox for 'Include Inactive Patients'.
- Search Button:** A button labeled 'Search'.

Below the search form, a message states: "We have found following patients matching your search criteria in all offices." Below this message is a table with the following columns: PatID, RPID, Chart #, Last Name, First Name, MI, NickName, Birth Date, SSN, Phone #, Email, Type, Prdr, Next Recall, and Off. The table is currently empty, with the text "No records to display." below it. At the bottom of the page, there is a pagination bar showing "Page 1 of 1, rows 0".

The patient should not appear in the search results, which will confirm that they are a new patient and can be registered.

Adding a New Patient with Insurance

Step 1

After confirming that the patient does not already exist, click **Add New Patient**.

The screenshot shows the 'My Page' interface with a search bar and a table of search results. The 'Add New Patient' button is highlighted with a red box. The table has columns for 'Type', 'Prdr', 'Next Recall', and 'Office'. The page number 'Page 1 of 1, rows' is visible at the bottom.

Step 2

Add the patient's information and coverage type, then click **Responsible Party** to continue.

Note: Ensure that all fields marked with a red asterisk are completed. If any of these fields aren't completed, the system will not allow you to proceed and will identify where there is missing information.

The screenshot shows the 'Step 1: Add Patient Information' form. The form is divided into several sections: 'Personal Information', 'Additional Details', 'Patient Status', 'Coverage Type', 'Office', and 'Patient Notes'. The 'Responsible Party' button is highlighted with a red box. The form includes fields for birth date, address, city, state, zip, email, marital status, sex, health care guardian name, and phone number. The 'Coverage Type' section has checkboxes for 'No Coverage', 'Primary Dental', 'Secondary Dental', 'Primary Medical', 'Secondary Medical', and 'My Preferred Appointment Times'. The 'Office' section has fields for 'Fee Schedule', 'Pref. Provider', 'Pref. Hygienist', 'Referral Type', 'Referred By', 'Referred To', and 'Ref. To Date'. The 'Patient Notes' section has a text area for notes. The 'Starting Balances' section has a table with columns for 'Current', 'Over 30', 'Over 60', 'Over 90', and 'Over 120'. The footer shows the copyright notice '© 2021 Planet DDS | Privacy Policy | Page Time Left (hh:mm:ss) 1:57:35'.

Step 3

Add the patient's 'Responsible Party Payment/Billing Information' and select their 'Responsible Party Type' from the list, then click **Primary Dental Insurance**.

Note: If the patient was identified as being self-responsible on the previous screen, their information will automatically populate under the 'Responsible Party/Billing Information' section.

Step 2 : Add Responsible Party Information

Select Responsible Party : ---- New Responsible Party ----

Responsible Party/Billing Information

Title, Nickname: [Dropdown]
Last, First: Molar, Amanda
Address: 5764 Amalgam Drive
City, St Zip: Newport Beach, CA, 92660
Email: none@none.com
Birth Date (mm/dd/yyyy): 1/16/1990, Age: 31, Sex: Female
Marital Status: Married
Send Statements: ☒
No Email Statement: ☐
Send to Collection: ☐
Apply Finance Charge: ☒
Home #: 555-555-5555, Work #: [Field]
Cell #: 555-555-5556, Drive Lic: [Field]
Coll Agency: [Field]

Resp. Party Type*

- ☐ CU - Collection
- ☐ DI - Discount
- ☒ IN - Insurance
- ☐ MC - Medicaid

Responsible for following Patients

PatientName	Age	Sex	Balance
Molar, Amanda	31	F	\$0.00

☐ Print message on Statement for 0 times

Financial Notes [Insert Date Stamp] **Responsible Party Notes** [Insert]

Cancel << Patient Information **Primary Dental Insurance >>**

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Step 4

Under the 'Search Insurance Plan' section, use the fields to search for the patient's insurance plan, then click **Search**.

Step 5

Click on the plan that is relevant to the patient, then click **Select**.

Step 6

Enter the patient's subscriber ID number into the 'SubID' field, then click **Add Medical Information**.

Step 3 - Add Primary Dental Plan

PGID :4363 / OID :100

Search Insurance Plan

☐ Search by beginning with

Search Text: 2000

Search For: Group #

Search In: All Insurance Plans

Search

Plan Information

Group No.:

Plan ID:

Annl. Date Exp:

Add Ins. Plan

Please select a plan.

We have found following plans for your search '2000' on 'Group #'. Note: Press F2 to view insurance plan details

Ins Plan ID	Group #	Carrier ID	Carrier Name	Employer Name	Created	Modified
112	2000 2100	721	MET LIFE	Plumbing Solutions	3/14/2021 PDOS4363	
113	2000 400 (2500.00 10000.50)	1090	CIGNA (PPO)	Delivery Solutions	3/14/2021 PDOS4363	3/14/2021 PDOS4363
114	2000 4000 (1500.00 9070.50)	1090	CIGNA (PPO)	Delivery Solutions	3/14/2021 PDOS4363	3/14/2021 PDOS4363
110	2000 100	1114	PRINCIPAL FINANCIAL GROUP/LIF	Computer Solutions Inc	3/14/2021 PDOS4363	
111	2000 600	1114	PRINCIPAL FINANCIAL GROUP/LIF	Plumbing Solutions	3/14/2021 PDOS4363	

Carrier

Payer ID

Phone

Group #

Employer

Type

Cost

Mar

2008

1/16/1990

Married

Female

SubID

Insert Date Stamp

Cancel

Responsible Party

Add Medical Information

Note: Insurance plans can be viewed in more detail by clicking on the **hyperlinked Insurance Plan ID** in the first column of the pop-up screen.

Note: The insurance plan details will populate on screen, which can be modified as appropriate.

Step 7

Select the relevant checkboxes in the **Medical Alerts** section to identify any important medical information pertaining to the patient. Add any further information in the **Additional Comments** field.

Note: Clicking **No to all med alerts** at the bottom of the page will select all 'No' checkboxes, but will not override a 'Yes'.

The screenshot shows the 'Medical Alerts' section of a patient form. It contains a grid of checkboxes for various medical conditions. The 'Penicillin' checkbox is checked. Below the grid is the 'Additional Comments' field, which contains the text 'Penicillin - Rash'. The 'Dental Questionnaire' section is visible at the bottom of the form.

Medical Alerts			
<input type="checkbox"/> Y <input type="checkbox"/> N	Meals	<input type="checkbox"/> Y <input type="checkbox"/> N	Bronchitis
<input type="checkbox"/> Y <input type="checkbox"/> N	No Epinephrine	<input type="checkbox"/> Y <input type="checkbox"/> N	Cancer / Tumor or Growth
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Penicillin	<input type="checkbox"/> Y <input type="checkbox"/> N	Cardiac Pacemaker
<input type="checkbox"/> Y <input type="checkbox"/> N	Other Hepatitis	<input type="checkbox"/> Y <input type="checkbox"/> N	Cardiovascular Disease
<input type="checkbox"/> Y <input type="checkbox"/> N	Sedative Drugs	<input type="checkbox"/> Y <input type="checkbox"/> N	Chemotherapy
<input type="checkbox"/> Y <input type="checkbox"/> N	Other Narcotics	<input type="checkbox"/> Y <input type="checkbox"/> N	Chest Pain Upon Exertion
Check, if applicable		<input type="checkbox"/> Y <input type="checkbox"/> N	Color Blindness
<input type="checkbox"/> Y <input type="checkbox"/> N	No Change Since Last Recorded	<input type="checkbox"/> Y <input type="checkbox"/> N	Congenital Heart Defect
<input type="checkbox"/> Y <input type="checkbox"/> N	No Known Concerns or Issues	<input type="checkbox"/> Y <input type="checkbox"/> N	Contact Lenses
<input type="checkbox"/> Y <input type="checkbox"/> N	Abnormal Bleeding	<input type="checkbox"/> Y <input type="checkbox"/> N	Congestive Heart Failure
<input type="checkbox"/> Y <input type="checkbox"/> N	AIDS/HIV Infection	<input type="checkbox"/> Y <input type="checkbox"/> N	Damaged Heart Valve
<input type="checkbox"/> Y <input type="checkbox"/> N	Alcohol/Drug Abuse	<input type="checkbox"/> Y <input type="checkbox"/> N	Diabetes
<input type="checkbox"/> Y <input type="checkbox"/> N	Angina	<input type="checkbox"/> Y <input type="checkbox"/> N	Emphysema
<input type="checkbox"/> Y <input type="checkbox"/> N	Anemia	<input type="checkbox"/> Y <input type="checkbox"/> N	Environmental Allergies
<input type="checkbox"/> Y <input type="checkbox"/> N	Arterial Swell	<input type="checkbox"/> Y <input type="checkbox"/> N	Epilepsy
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Heart Murmur
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Hepatitis
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Herpes
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	High Blood Pressure
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Hives
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Jaundice
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Joint Replacement
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Kidney
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Leukemia
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Liver Disease
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Low Blood Pressure
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Lupus
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Mental Health Problems
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Mitral Valve Prolapse
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Pacemaker
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Other

Additional Comments
Penicillin - Rash

Dental Questionnaire
Name of previous Dentist
Phone
Date of your last cleaning

Step 8

Complete the **Dental Questionnaire** and the **Medical Questionnaire**, then click **Add Recall Information**.

Note: Clicking on the field headings will collapse or expand them.

The screenshot shows the patient form with the 'Dental Questionnaire' and 'Medical Questionnaire' sections expanded. The 'Add Recall Information' button is highlighted. The 'No to all med alerts' button is also visible at the bottom.

Dental Questionnaire
Name of previous Dentist
Phone
Date of your last cleaning

Medical Questionnaire
Dr. Lee
[Dropdown]
[Dropdown]

Buttons: << Primary Dental Insurance, Add Recall Information >>, No to all med alerts

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Step 9

If known, enter the dates that the patient is due for their next recall appointment, then click **Finish**.

The screenshot shows the 'Step 3: Add Recall Due Dates' window in the Denticon software. The window has a blue header bar with various icons and a search bar. Below the header, there is a table with columns: Code, Int, Int. Type, Recall Due Date, Sched. Dt, Sched. Time, and Recall Re. The table contains six rows of data. The 'Recall Due Date' column is highlighted with a red box. The 'Finish' button is highlighted with a red box at the bottom right.


Code	Int	Int. Type	Recall Due Date	Sched. Dt	Sched. Time	Recall Re
D0120	6	Month			-- -- --	Periodic
D0210	3	Year			-- -- --	Intraoral
D0330	3	Year			-- -- --	Panoram
D1110	6	Month	I		-- -- --	Prophyla
D1120	6	Month			-- -- --	Prophyla
D4910	4	Month			-- -- --	Periodon

Buttons: Cancel, << Add Medical Information, ||| Finish |||

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Scheduler Patient Transactions Charting Reports (Old) Reports Utilities Setup Office Smile S

Patient Overview

Patient Information 


Patient ID : 110 [Edit](#)

Nickname Home Office Smile Solutions

Molar, Amanda Chart #

5764 Amalgam Drive First Visit

Newport Beach, CA 92660 Last Visit

none@none.com Call my Cell Fee Schedule 

(H) : 555-555-5555 Provider Oh, Ling DMD

(C) : 555-555-5556 Hygienist

(W): Referral Type Internet-Website

Birth Date 1/16/1990 Referred By


Age / Sex 31 / F Referred To

Patient Type Last Perio Chart

Patient Note

Medical Alerts*: Penicillin

(3/14/2021 9:42 PM PT) Questionnaire Additional Comments: Penicillin - Rash

Recalls  [Edit Recall](#)

Code	Interval	RecallDate	Reason	Sch Date	Sch Time
D0120	6 M + 1D		Periodic Oral Evaluation		
D0210	3 Y + 1D		Intraoral - Complete Series Of Radiographic Images		

Appointments [Archived Appt](#) [New Appt](#)

Date	Time	Office	Operatory	Status	Prdr	Len	User
No records to display.							

Regular Payment Plan Agreement [Detail](#) [View Ortho Plan](#)

Amount Fin.	Next Per Amt	Rem. Total Amt
Amt Down	Next Date	Rem. # Of Pay

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The patient has now been successfully registered.

The Patient Overview screen will show all their details.

Adding a Dependent with Insurance

Step 1

On the 'Patient Overview' screen click **Add New Member**.

Reports • Utilities • Setup • Office Smile Solutions [100] Help • My Page Logout

PGID :4363 / OID 100

Patient ID : 110 Edit

Office Smile Solutions

Responsible Party Resp ID : 108 Edit

Molar, Amanda (H): 555-555-5555 (C): 555-555-5556 (W): none@none.com Home Office : Smile Solutions

Add a Photo

Dental Insurance

Carrier Name	Group #	Carrier Phone	Subscriber	Relationship	Individual Max	Ind. Max Rem.	Individual Ded	Ind. Ded. Rem.
CIGNA (PPO)	2000 400	800-244-6224	Molar, Amanda	Self	\$2,500.00	\$2,500.00	\$25.00	\$25.00

Primary Secondary View Medical Ins. View Ins Plan

Account Members

Patient Name	Age	Sex	Next Recall	Sched Recall	Active
Molar, Amanda	31	F			Yes

Family Appt. Add New Member

Archived Appt. New Appt. Billing Ledger

Prdr	Len	User	Current	Over 30	Over 60	Over 90	Over 120	Balance
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Est. Insurance \$0.00 Est. Patient \$0.00

Last Ins. Pay \$0.00 Date \$0.00 Date \$0.00 Date

Last Pat. Pay \$0.00 Date \$0.00 Date

Last Statement \$0.00 Date \$0.00 Date

Detail View Ortho Plan

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Step 2

Add the patient's information and select their relationship to the responsible party from the **Rel. to Resp** list, then click **Primary Dental Insurance**.

Insurance • Clocking • Reports (D&B) • Reports • Utilities • Setup • Office Smile Solutions [100] Help • My Page Logout

4 Patient Information

Patient

03/01/1990 31 Last, First * Molar Peter

Rel. to Resp* Spouse

5764 Amalgam Drive

SSN

Home # 555-555-5555

Cell # 555-555-5557

Student No

School Name

Emergency Contact Amanda Molar - Spous

Office

Fee Schedule Please Select

Pref. Provider* LING : Oh, Ling DMD

Pref. Hygienist None

Referral Type* Internet-Website

Referred By

Referred To Please Select

Ref. To Date

Coverage Type*

☐ No Coverage

☒ Primary Dental

☐ Secondary Dental

☐ Primary Medical

☐ Secondary Medical

My Preferred Appointment Times Edit

Date Stamp

Allowed 1000 characters HIPAA Information Sharing

Remaining 1000 characters

Over 30 Over 60 Over 90 Over 120

Primary Dental Insurance >>> Cancel

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Step 3

Under the 'Search Insurance Plan' section, select **Account Plans** from the 'Search In' field to find any insurance plans already associated with the dependent's account, then click **Search**.

Search Insurance Plan

☐ Search by beginning with

Search Text:

Search For:

Search In:

Plan Information

Group No.*:

Plan ID*:

Deductible Information

Individual Ded.:

Individual Rem.:

Family Ded.:

Family Rem.:

Maximum Information

Individual Max.:

Individual Rem.:

Family Max.:

Family Rem.:

Subscriber Information

Member Subscriber:

Last, First*:

Address*:

City, St, Zip*:

Phone:

Patient Relation to Subscriber*:

Notes

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Step 4

Click on the plan that is relevant to the patient, then click **Select**.

Please select a plan

We have found following plans for your search " on 'Group #'.

Note: Press F2 to view insurance plan details

Ins Plan ID	Group #	Carrier ID	Carrier Name	Employer Name	Subscriber Name	Created	Modified	Deleted
113	2000	400	1000	CIGNA (PPO)	Delivery Solutions	Molar, Amanda	3/14/2021	PDD54363

Step 5

Update any information that requires modification for the dependent, then click **Add Medical Information**.

The screenshot shows the 'Patient Information' form. At the top, there is a 'Search Patient...' bar. Below it, the 'Plan ID*' is set to 113. The 'Maximum Information' section includes fields for 'Individual Max.', 'Individual Rem.', 'Family Max.', and 'Family Rem.', each with a corresponding value. Below this, there is a 'Select from list' dropdown menu. The 'Address' section includes fields for 'Address', 'City', 'State', and 'Zip'. The 'Phone' section includes fields for 'Phone' and 'Fax'. The 'Email' section includes a field for 'Email'. The 'Add Medical Information >>' button is highlighted with a red box at the bottom right of the form.

Step 6

Complete the **Medical Alerts** section, **Dental Questionnaire** and **Medical Questionnaire**, then click **Add Recall Information**.

The screenshot shows the 'Medical Alerts' section. It includes a 'Dental Questionnaire' and a 'Medical Questionnaire' section. Below these, there is a 'Recall Due Date' section with a table of dates. The 'Add Recall Information >>' button is highlighted with a red box at the bottom right of the form.

Step 7

If known, enter the dates that the patient is due for their next recall appointment, then click **Finish**.

The screenshot shows the 'Dates' section. It includes a 'Schedule Appt' button and a table with 'Recall Due Date' and 'Sched. Dt' columns. The 'Finish' button is highlighted with a red box at the bottom right of the form.

The dependent has now been successfully registered.
The Patient Overview screen will show all their details.
The Account Members section will show the primary patient and any additional patients on the account.

Scheduler Patient Transactions Charting Reports (Old) Reports Utilities Setup Office Smile Solutions [100] Help My Page Logout

Search Patient...

PGID : 4363 / OID : 100

Patient Overview

Patient Information [Edit](#)

Nickname: Molar, Peter
 5764 Amalgam Drive
 Newport Beach, CA 92660
 anything@anything.com
 (H) : 555-555-5555
 (C) : 555-555-5557
 (W):
 Birth Date: 3/1/1990
 Age / Sex: 31 / M
 Patient Type:
 Patient Note:
 Medical Alerts:
 (3/14/2021 9:46 PM PT)

Home Office: Smile Solutions
 Chart #:
 First Visit:
 Last Visit:
 Fee Schedule:
 Provider: Oh, Ling DMD
 Hygienist:
 Referral Type: Internet-Website
 Referred By:
 Referred To:
 Last Perio Chart:

[Add a Photo](#)

Responsible Party [Edit](#)

Molar, Amanda
 Type : Insurance
 none@none.com
 Home Office : Smile Solutions
 (H) : 555-555-5555
 (C) : 555-555-5556
 (W):

Dental Insurance [View Medical Ins.](#)

Primary

Carrier Name: CIGNA (PPO)
 Group #: 2000 400
 Carrier Phone: 800-244-6224
 Subscriber: Molar, Amanda
 Relationship: Spouse
 Individual Max: \$2,500.00
 Ind. Max Rem.: \$2,500.00
 Individual Ded.: \$25.00
 Ind. Ded. Rem.: \$25.00

Secondary

[View Ins Plan](#) [View Ins Plan](#)

Recalls [Edit Recall](#)

Code	Interval	Recall Date	Reason	Sch Date	Sch Time
D0120	6 M + 1D		Periodic Oral Evaluation		
D0210	3 Y + 1D		Intraoral - Complete Series Of Radiographic Images		

[Archived Appt](#) [New Appt](#)

Account Members [Family Appt](#) [Add New Member](#)

Patient Name	Age	Sex	Next Recall	Sched Recall	Active
Molar, Amanda	31	F			Yes
Molar, Peter	31	M			Yes

Billing [Ledger](#)

Date	Time	Office	Operator	Status	Prdr	Len	User	Current	Over 20	Over 60	Over 90	Over 120	Balance
------	------	--------	----------	--------	------	-----	------	---------	---------	---------	---------	----------	---------