

DENTRIX ASCEND

Release Notes: January 11, 2022 (Prod 385)

The product update released January 11, 2022 features a new workflow for switching the order of primary and secondary insurances. This update also introduces the ability to choose which procedure codes require clinical notes. Additionally, there are now easier ways to manage claims in the Unresolved Claims report, and much more.

Insurance

New Workflow for Switching Primary and Secondary Insurances

This release introduces an easier workflow for switching primary and secondary insurance plans and handling outstanding claims attached to these insurance plans. This release includes the following features:

- Updating Insurance Coordination Order When a Plan Expires
- Swapping Primary and Secondary Insurances

Future releases will include additional enhancements to the insurance coordination order workflow.

Updating Insurance Coordination Order When a Plan Expires

In the patient information ribbon, click the **green shield icon** to see a patient's insurance information. If a patient's primary insurance coverage has expired, there is now an easy process for promoting the secondary insurance carrier to the primary insurance carrier.

The screenshot shows a patient information ribbon for Paige Bentley. The ribbon includes fields for Chart #, Call me, Primary Provider, and Related Patients. Below this is the 'Insurance Information' section, which contains a 'Patient's Plans' table. The table has columns for Order, Carrier, and Plan/Employer (Group #). The primary insurance status is 'No Primary Insurance Coverage', and the secondary insurance is 'Blue Cross Blue Shield of ...' with group number 9F873A82D5E54.

Order	Carrier	Plan/Employer (Group #)
Primary	- No Primary Insurance Coverage -	
Secondary	Blue Cross Blue Shield of ...	9F873A82D5E54

From the Insurance Information page, select the secondary insurance plan. Then from the **Insurance coordination order** dropdown, select Primary. Click **Save**.

Insurance Information

Patient's Plans Show expired plans Off Add Plan

Order	Carrier	Plan/Employer (Group #)	Insurance Contact	Subscriber - DOB	Relation	Coverage Period
Primary	Aetna DMO	082E48BC66EC4E		Paige Bentley - 01/01/1992	Self	12/15/2020 - Present
Secondary 1	Blue Cross Blue Shield of Texas	9F873A82D5E54		Paige Bentley - 01/01/1992	Self	02/15/2021 - Present

Edit Plan: Blue Cross Blue Shield of Texas - 9F873A82D5E54

Subscriber Information

Subscriber *
Candice Rogers
Subscriber ID # *
123456
Carrier: Blue Cross Blue Shield of Texas
Payer ID: CB900
Plan: 9F873A82D5E54
Coverage Table Benefits
Method for coordination of benefits used
Traditional (default) **2**

Patient Information

Relation to Subscriber *
Self
Insurance coordination order *
Secondary
Primary
Secondary **3**
02/15/2021
MM/DD/YYYY
Eligibility
Unable to Verify
Verification Date
MM/DD/YYYY
Manual
Note

Others covered under this plan
None
Add Dependents

3
Save Cancel Remove

Click **Save** to confirm the change.

Save Plan ✕

Are you sure you would like to save this plan with current coordination order and coverage period?

By saving this plan with these settings the insurance coordination order for this patient might be changed and require additional adjustments in the next step.

Save Cancel

The Change Insurance Coordination Order dialog opens. On the left side, you can see the current state of the insurance plans. On the right side, you will see the desired state after the changes. Click **Change**.

Change Insurance Coordination Order for Paige Bentley - 12/31/1991 ✕

Are you sure you would like to change coordination orders of existing plans?

Current Order

1. Primary
No Primary Insurance Coverage since 12/13/2021

2. Secondary 12/15/2020 - Present
Plan: 9F873A82D5E54
Claims
Service Date Carrier Status Amount
No claims for the given period

New Order as of Start Date **1** 12/13/2021 📅

1. Primary 12/13/2021 - Present
Plan: 9F873A82D5E54
Claims
Service Date Carrier Status Amount Action
No claims for the given period

2. Secondary
No Secondary Insurance Coverage since 12/13/2021

Change Cancel *By changing coordination orders of the plans, insurance estimates may change.*

The secondary insurance plan moves to become the primary insurance plan. Click **History** to see a record of the change.

Insurance Information

Patient's Plans Show expired plans Off Add Plan

Order	Carrier	Plan/Employer (Group #)	Insurance Contact	Subscriber - DOB	Relation	Coverage Period
Primary	Blue Cross Blue Shield of Texas	9F873A82D5E54		Paige Bentley - 01/01/1992	Self	12/15/2020 - Present

Edit Plan: Blue Cross Blue Shield of Texas - 9F873A82D5E54

Subscriber Information

Subscriber *
Paige Bentley

Subscriber ID # *
23456

Carrier: Blue Cross Blue Shield of Texas Coverage Table Benefits

Payer ID: CB900

Plan: 9F873A82D5E54

Patient Information

Relation to Subscriber *
Self

Insurance Coordination Order History

Order	From	To
Primary	12/13/2021	Present
Secondary	12/15/2020	12/12/2021

History

Swapping Primary and Secondary Insurances

In the patient information ribbon, click the **green shield icon** to see a patient's insurance information. If you would like to swap the primary and secondary insurances, Dentrix Ascend now has an easy way to do that.

Candice Rogers Chart # Call me Primary Provider Related Patients

01/01/1989 (32) F None None None None

Insurance Information

Patient's Plans

Order	Carrier	Plan/Employer (Group #)
Primary	Aetna DMO	082E4BBC66EC4E
Secondary	Blue Cross Blue Shield of Texas	9F873A82D5E54

From the Insurance Information page, click the secondary insurance plan. Then from the **Insurance coordination order** dropdown, select Primary. Click **Save**.

Insurance Information

Patient's Plans Show expired plans Off Add Plan

Order	Carrier	Plan/Employer (Group #)	Insurance Contact	Subscriber - DOB	Relation	Coverage Period
Primary	Aetna DMO	082E4BBC66EC4E		Candice Rogers - 01/01/1989	Self	12/15/2020 - Present
Secondary	Blue Cross Blue Shield of Texas	9F873A82D5E54		Candice Rogers - 01/01/1989	Self	02/15/2021 - Present

Edit Plan: Blue Cross Blue Shield of Texas - 9F873A82D5E54

Subscriber Information

Subscriber *
Candice Rogers

Subscriber ID # *
123456

Carrier: Blue Cross Blue Shield of Texas Coverage Table Benefits

Payer ID: CB900

Plan: 9F873A82D5E54

Method for coordination of benefits used
Traditional (default)

Release of information

Assignment of Benefits

Others covered under this plan
None Add Dependents

Patient Information

Relation to Subscriber *
Self

Insurance coordination order * History

- Secondary
- Primary
- Secondary

02/15/2021 MM/DD/YYYY

Eligibility
Unable to Verify

Verification Date
MM/DD/YYYY Manual

Note

3 Save Cancel Remove

Click **Save** to confirm the change.

Save Plan

Are you sure you would like to save this plan with current coordination order and coverage period?

By saving this plan with these settings the insurance coordination order for this patient might be changed and require additional adjustments in the next step.

Save **Cancel**

The **Change Insurance Coordination Order** dialog opens. On the left side, you see the current state of the insurance plans. If there are claims associated with the plans, you will see the Service Date, Carrier, Status, and Amount of the claims. Click **Details** to see more information about the claims.

Change Insurance Coordination Order for Candice Rogers - 12/31/1988

Are you sure you would like to change coordination orders of existing plans?

There are existing claims in the period between today and the selected **New Order as of Start Date**:

- To change the order, the existing claims should be checked in order to be deleted and proceed with changes.
- To keep the existing claims, they should be unchecked and a **New Order as of Start Date** should be set later than the service dates in the claims.

Note: Predeterminations should be resubmitted for treatment planned procedures after specifying new coordination order.

Current Order

1. Primary 12/15/2020 - Present
Plan: 082E4BBC66EC4E

Claims

Service Date	Carrier	Status	Amount	
12/15/2021	Aetna DMO	Uns...	379.50	Details

2. Secondary 02/15/2021 - Present
Plan: 9F873A82D5E54

Claims

Service Date	Carrier	Status	Amount	
No claims for the given period				

New Order as of Start Date

12/15/2021

1. Primary 12/15/2021 - Present
Plan: 9F873A82D5E54

Claims

Service Date	Carrier	Status	Amount	Action
No claims for the given period				

2. Secondary 12/15/2021 - Present
Plan: 082E4BBC66EC4E

Claims

Service Date	Carrier	Status	Amount	Action
<input checked="" type="checkbox"/>	12/15/2021	Aetna DMO	Uns...	379.50 Details Will be deleted

Change **Cancel** *By changing coordination orders of the plans, insurance estimates may change.*

On the right side, you will see the desired state after the change and the date when the change will occur. You may choose to swap the insurances as of the current date or an earlier date. You will also see what will happen to the claims associated with the insurances.

Dentrix Ascend will give you different messages according to the status of the associated claims:



Unsent claims: These claims will be deleted and can be re-created once the insurance coordination order changes.



Sent claims: You have two options for sent claims.

1. If you want to delete a claim, select the checkbox next to the claim. You will need to notify the insurance company of the deletion. Hover over the phone icon to see contact information for the insurance company.
2. If you do not want the claim to be deleted, change the **New Order as of Start Date** to be after the service date on the sent claim. This will allow the claim to be processed before the primary and secondary insurances are swapped.



Payment Received: These claims cannot be deleted because there are payments entered for them. Change the **New Order as of Start Date** to be after the service date of the paid claim to continue. Select a date using the date picker or click the **Earliest possible date** hyperlink next to the date picker to quickly update the date.

New Order as of Start Date  12/01/2021  [Earliest possible date: 12/02/2021](#)

Alert. Claims marked with  can't be deleted because they have payments entered. Change the New Order as of Start Date to 12/02/2021 or later.

1. Primary 12/01/2021 - Present
Plan: 9F873A82D5E54
Claims

Service Date	Carrier	Status	Amount	Action
No claims for the given period				

2. Secondary 12/01/2021 - Present
Plan: 082E4BBC66EC4E
Claims

Service Date	Carrier	Status	Amount	Action
<input checked="" type="checkbox"/>	12/14/2021	Aetna DMO	Uns...	144.90 Details  Will be deleted
<input type="checkbox"/>	12/10/2021	Aetna DMO	Print... 	144.90 Details Select to be deleted or change New Order as of Start Date
<input type="checkbox"/>	12/01/2021	Aetna DMO	Pay...	89.70 Details 

If you change the **New Order as of Start Date**, click **Update Preview** to show the claims information as of the new date.

Change Insurance Coordination Order for Candice Rogers - 12/31/1988

Are you sure you would like to change coordination orders of existing plans?

There are existing claims in the period between today and the selected **New Order as of Start Date**:

- To change the order, the existing claims should be checked in order to be deleted and proceed with changes.
- To keep the existing claims, they should be unchecked and a **New Order as of Start Date** should be set later than the service dates in the claims.

Note: Predeterminations should be resubmitted for treatment planned procedures after specifying new coordination order.

Warning. Claims marked with  icon are already received by the payer, who should be notified of changes to the deleted claims.

Current Order

Service Date	Carrier	Status	Amount	
12/14/2021	Aetna DMO	Uns...	144.90	Details
12/10/2021	Aetna DMO	Print...	144.90	Details
12/01/2021	Aetna DMO	Pay...	89.70	Details

2. Secondary 02/15/2021 - Present
Plan: 9F873A82D5E54

Claims

Service Date	Carrier	Status	Amount	
No claims for the given period				

New Order as of Start Date  12/13/2021 Earliest possible date: 12/02/2021

1. Primary 12/01/2021 - Present
Plan: 9F873A82D5E54

Claims

Service Date	Carrier	Status	Amount	Action
No claims for the given period				

2. Secondary 12/01/2021 - Present
Plan: 082E4BBC66EC4E

Claims

Service Date	Carrier	Status	Amount	Action
<input checked="" type="checkbox"/>	12/14/2021	Aetna DMO	Uns...	144.90 Details  Will be deleted
<input type="checkbox"/>	12/10/2021	Aetna DMO	Print...	144.90 Details Select to be deleted or change New Order as of Start Date
<input type="checkbox"/>	12/01/2021	Aetna DMO	Pay...	89.70 Details 

Update Preview *By changing coordination orders of the plans, insurance estimates may change.*

The dialog updates to only show claims that fall after the start date you chose. Review the actions for the remaining claims (if there are any). Once you are finished, click **Change** to swap the insurances.

Change Insurance Coordination Order for Candice Rogers - 12/31/1988

Are you sure you would like to change coordination orders of existing plans?

There are existing claims in the period between today and the selected **New Order as of Start Date**:

- To change the order, the existing claims should be checked in order to be deleted and proceed with changes.
- To keep the existing claims, they should be unchecked and a **New Order as of Start Date** should be set later than the service dates in the claims.

Note: Predeterminations should be resubmitted for treatment planned procedures after specifying new coordination order.

Current Order

1. Primary 12/15/2020 - Present
Plan: 082E4BBC66EC4E

Claims

Service Date	Carrier	Status	Amount	
12/14/2021	Aetna DMO	Uns...	144.90	Details
12/10/2021	Aetna DMO	Print...	144.90	Details
12/01/2021	Aetna DMO	Pay...	89.70	Details

2. Secondary 02/15/2021 - Present
Plan: 9F873A82D5E54

Claims

Service Date	Carrier	Status	Amount	
No claims for the given period				

New Order as of Start Date  12/13/2021

1. Primary 12/13/2021 - Present
Plan: 9F873A82D5E54

Claims

Service Date	Carrier	Status	Amount	Action
No claims for the given period				

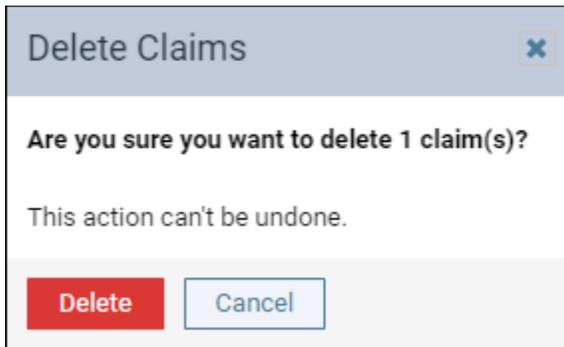
2. Secondary 12/13/2021 - Present
Plan: 082E4BBC66EC4E

Claims

Service Date	Carrier	Status	Amount	Action
<input checked="" type="checkbox"/>	12/14/2021	Aetna DMO	Uns...	144.90 Details  Will be deleted

Change *By changing coordination orders of the plans, insurance estimates may change.*

If you are deleting a claim, Dentrix Ascend will ask you to confirm that deletion.

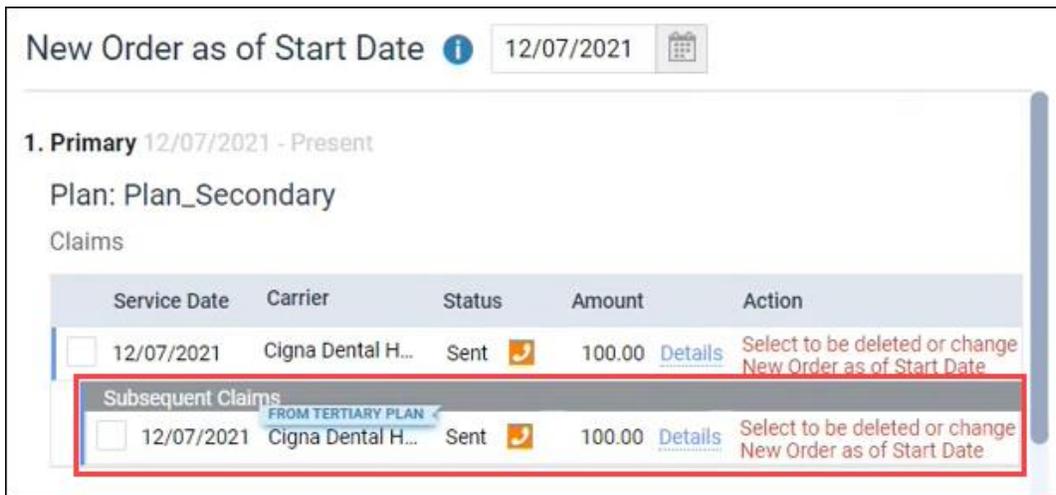


The Insurance Information page updates to show the new order.

The "Insurance Information" page displays "Patient's Plans" with a toggle for "Show expired plans" set to "Off" and an "Add Plan" button. The table below lists the active plans:

Order	Carrier	Plan/Employer (Group #)	Insurance Contact	Subscriber - DOB	Relation	Coverage Period
Primary	Blue Cross Blue Shiel...	9F873A82D5E54		Candice Rogers - 01/01...	Self	02/15/2021 - Present
Secondary	Aetna DMO	082E4BBC66EC4E		Candice Rogers - 01/01...	Self	12/15/2020 - Present

Note on subsequent claims: If you have subsequent claims (for example, a claim sent to the tertiary insurance to cover what the primary insurance did not), these will also appear in the claims list on the Change Insurance Coordination Order dialog. Subsequent claims have the same statuses (Unsent, Sent, and Payment Received) and are handled in the same way as initial claims.



All of the above change events are tracked in the Audit Log.

Enhancements to the Unresolved Claims Report

With this release, the Unresolved Claims report has been enhanced to help you better manage your unresolved claims. The enhanced functionality is for the **Set Follow-up** and the **Dismiss claim** features.

Set a Follow-up Date

For the **Set Follow up** option, you can still use the dropdown menu to choose whether to follow up with the Carrier or with the Patient. As of this release, you can now use the plus (+) and minus (-) buttons to select a specific number of days before you want to follow-up on a claim.

The screenshot shows the 'Unresolved Claims' report with a total of 19 claims valued at \$15,423.95. A list on the left includes MetLife (\$13,792.35), Delta Dental of Texas (\$1,176.70), Aetna DMO (\$282.90), Motorola Inc. (\$0), and Jefferson Pilot (\$172.00). The main view displays details for a MetLife 'Overdue Claim' (Subscriber ID 987654, Service date 12/13/2019, Amount \$89.70). A table shows a note from 'johnsonj' on 08/21/2020. The 'Set Follow up' option is selected, with 'Carrier' chosen and '10' days set. A 'Dismiss claim' option is also visible.

Set a follow-up date of 0 to hide the claim from the list for 1 hour.

This close-up shows the 'Set Follow up' form. An information tooltip states: 'For later today enter 0, and this claim will reappear in the list 1 hour later.' The 'Follow up with' dropdown is set to 'Carrier', and the 'In days' field is set to '0'. The 'Dismiss claim' option is also visible.

Dismiss A Claim

When you choose to dismiss a claim, it automatically moves to the new **Dismissed Claims** tab.

Unresolved Claims **19** \$15,423.95 Denti-Cal Reports Show only rejected claims Off

Unresolved Claims Dismissed Claims

- ▶ **12** MetLife \$13,792.35
- ▶ **4** Delta Dental of Texas \$1,176.70
- ▶ **1** Aetna DMO \$282.90
- ▶ **1** Motorola Inc. \$0
- ▶ **1** Jefferson Pilot (guarantee Life) \$172.00

MetLife [Visit carrier page](#)

Overdue Claim

Subscriber ID 987654	Service date 12/13/2019
Subscriber Brian Jones	Created on 02/03/2020
Birthdate 06/22/1964	Patient Jane Jones
	Birthdate 02/02/1995

Amount \$ 89.70	Status Printed
Rendering provider HYG2 - Nielsen (HYG2)	Procedures D1110(Prophylaxis - Adult)

Date	Source	Note
08/21/2020 11:09 AM	johnsonj	ADA 2019 claim form printed and status updated

Information

Dismissed claims will no longer show in the list of Unresolved Claims.

Dismiss claim i

To move a dismissed claim back to the Unresolved Claims report, locate the claim in the Dismissed Claims tab. Check **Move to Unresolved Claims** and click **Save**.

Unresolved Claims **18** \$15,334.25 Denti-Cal Reports Show only rejected claims Off

Unresolved Claims Dismissed Claims

- ▶ **1** MetLife \$89.70
- Jane Jones 89.70

MetLife [Visit carrier page](#)

Overdue Claim

Subscriber ID 987654	Service date 12/13/2019
Subscriber Brian Jones	Created on 02/03/2020
Birthdate 06/22/1964	Patient Jane Jones
	Birthdate 02/02/1995

Amount \$ 89.70	Status Printed
Rendering provider HYG2 - Nielsen (HYG2)	Procedures D1110(Prophylaxis - Adult)

Date	Source	Note
08/21/2020 11:09 AM	johnsonj	ADA 2019 claim form printed and status updated

Move to Unresolved Claims

Note: Dentrax Ascend excludes dismissed claims from the total number of claims and the total value of the claims shown at the top of the Unresolved Claims report.

Unresolved Claims **18** \$15,334.25

Unresolved Claims

Dismissed Claims

Patient Information Badge Enhancements

With this release, you can now view the patient's basic insurance information when you hover over or tap on the green shield in the patient information ribbon. Prior to this update, clicking the green shield was a shortcut to the patient's Insurance Information page (and it still is).

This enhancement saves you time, because you don't have to leave the page you're on when you need to verify the patient's basic insurance information.

Viewing Patient Insurance Information on a Computer

On a computer, hover over the green shield to view the patient's insurance carrier, plan, and coverage type. If you need more information, click the **green shield** to go to the patient's Insurance Information page.

David Rogers

04/30/1984 (37) M | Chart # A0002304 | Call me M (800) 336-8749 | Primary Provider None | Related Patients Aanya Abbott

Carrier	Plan/Employer (Group #)	Order
United Health Car...	9F52A7CE6E4E4 (5376...	Primary
Cigna Dental PPO	02A01B7D2DBA41039...	Secondary

Unsent Claims: 68 Claims, \$18,121.00 Unpaid

Viewing Patient Insurance Information on a Tablet

On a tablet or other mobile device, tap the green shield to view the patient's insurance carrier, plan, and coverage type. If you need more information, tap **Go to Insurance Plan Information Page**.

David Rogers

04/30/1984 (37) M | Chart # A0002304 | Call me M (800) 336-8749 | Primary Provider None | Related Patients Aanya Abbott

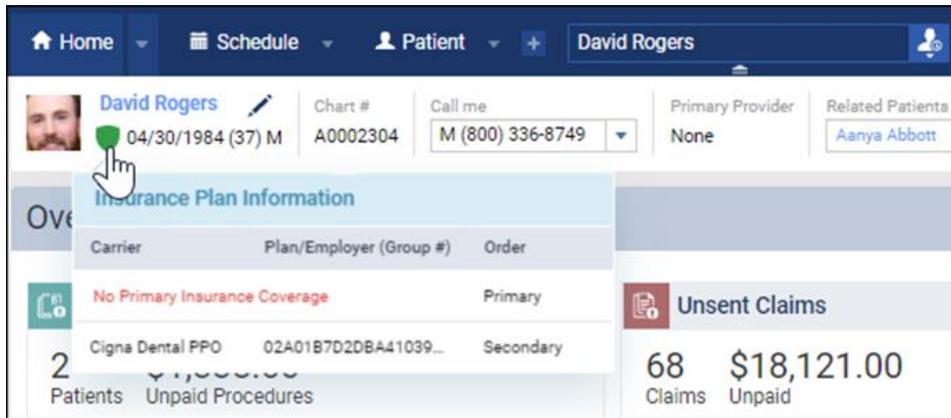
Carrier	Plan/Employer (Group #)	Order
United Health Car...	9F52A7CE6E4E4 (5376...	Primary
Cigna Dental PPO	02A01B7D2DBA410391...	Secondary

Unsent Claims: \$18,121.00 Unpaid

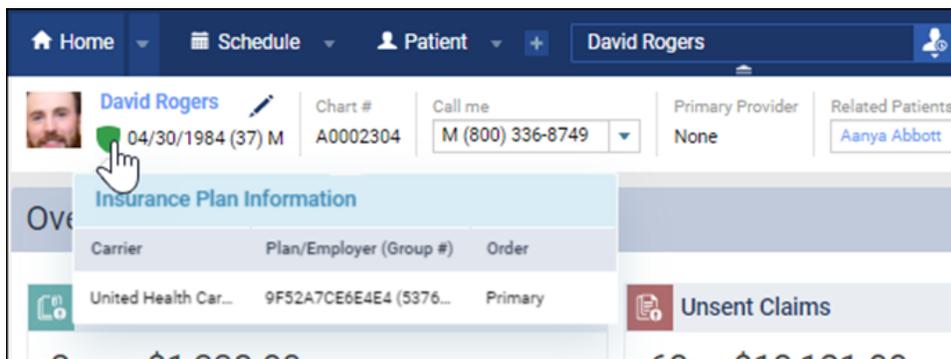
Go to Insurance Plan Information Page

Note: Only the most recent insurance information displays. Expired insurance plans will not display.

If the primary insurance plan has expired, you will see “No Primary Insurance Coverage”.



If the secondary insurance plan has expired, you will not see it.



Note on the patient information ribbon: As a reminder, to open the patient information ribbon, click the Show patient information dropdown icon below the patient's name on a desktop and next to the patient's name on a tablet.

Set Predetermination Requirements

We are building a new feature set especially for treatment or insurance coordinators. These new features will save time and remind team members to send out predeterminations when needed. A new **Manage Predeterminations** window represents the first phase of the new predeterminations feature set. In the future, you will be able to select which procedures require predeterminations. When we complete this feature, Dentrix Ascend will automatically prompt team members to create a predetermination request when they add one of the selected procedures to the Treatment Planner.

To see the Manage Predeterminations window, open an insurance plan and click the new **Predeterminations** button.

Insurance Carriers

Edit Plan: Aetna - 9E0283330F414D768D21FF

Plan/Employer name *	Group #	Benefit renewal month *
<input type="text" value="9E0283330F414D768D21FF"/>	<input type="text" value="8D8C2AD48B7E4B86"/>	<input type="text" value="January"/>
Claim mailing address *		Source of payment
<input type="text" value="P.O. Box 14094"/>		<input type="text" value="Commercial Insurance"/>
City *		Type
<input type="text" value="Lexington"/>	State * <input type="text" value="KY"/>	<input type="text" value="Dental"/>
ZIP code *		Max allowable amount fee schedule i
<input type="text" value="40512-4094"/>		<input type="text" value="1 - Office Fee Schedule"/>
Phone number	Ext	<input type="button" value="Coverage Table"/>
<input type="text" value="(xxx) xxx-xxxx"/>	<input type="text"/>	<input type="button" value="Benefits"/>
Fax number	<input type="button" value="Coordination of Benefits"/>	
<input type="text" value="(xxx) xxx-xxxx"/>	<input style="border: 2px solid red;" type="button" value="Predeterminations"/>	
Contact	Email	
<input type="text"/>	<input type="text" value="user@mydomain.com"/>	

The Manage Predeterminations window is where you will select the procedures in this specific plan that require predeterminations. Note that the entire organization will share the plan settings.

Manage Predeterminations ✕

Information. This new window represents the first phase of a new predeterminations feature. It allows you to select which procedures require predetermination. Currently this feature exists just for storing the information, but in an upcoming release, based on this information Dentrix Ascend will automatically prompt team members to create a predetermination when they add one of the selected procedures in the Treatment Planner.

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	Required	Code	Description	Treatment Area
<input type="checkbox"/>	<input type="checkbox"/>	D0250	Extraoral 2D projection image	Mouth
<input type="checkbox"/>	<input type="checkbox"/>	D0251	Extra-oral posterior dental radiographic image	Mouth
<input type="checkbox"/>	<input type="checkbox"/>	D0272	Bitewing Two Images	Mouth
<input type="checkbox"/>	<input type="checkbox"/>	D0273	Bitewing Three Images	Mouth

The **Search for procedure** field allows you to search for a procedure by code number or description (for example, “crown” or “2721”). Select a procedure to indicate that it requires a predetermination. When you select a procedure, an icon appears next to that procedure code.

<input type="checkbox"/> Required	Code	Description	Treatment Area
<input checked="" type="checkbox"/>	D2720	Resin/HNM Crown	Tooth
<input checked="" type="checkbox"/>	D2721	Resin/Base Crown	Tooth
<input checked="" type="checkbox"/>	D2722	Resin/Noble Crown	Tooth

Based on a survey of eighteen months' worth of data, Dentrix Ascend engineers came up with a list of procedures for which most carriers requested predeterminations. We consider these procedures "common" procedures. To load this list of preselected procedures, click the **Load Defaults** button.

WARNING: Loading the defaults replaces any work you have done to this point. The recommended workflow is to load the defaults first, and then refine your selections.

This feature is under construction. We will tell you more as the feature develops.

Ledger

Dentrix Ascend Pay Enhancements

With this release, the interface related to Dentrix Ascend Pay has been updated to be inclusive of different credit card processing methods. Now when you want to process a credit card payment, you will click **Process Card**, which previously was named Swipe Card.

Enter Payment (-)

Transaction date *
12/13/2021

Amount *
\$ 233.00

Use lane *
iSMP4

Method *
Credit Card Payment

Apply to charges for
[Guarantor]

Paid at patient visit

Process Card

Transaction Date	Patient	Provider	Tooth	Surface	Code	Description
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After you click Process Card, you will see the **Process card now** message instead of Swipe card now to indicate that the patient can swipe, insert, tap, or wave the card or smart device to render payment.

Enter Payment (-)

Transaction date *
12/13/2021

Amount *
\$ 233.00

Use lane *
iSMP4

Method *
Credit Card Payment

Apply to charges for
[Guarantor]

Paid at patient visit

Process card now

Transaction Date	Patient	Provider	Tooth	Surface	Code	Description
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Online Payment Icon in the Ledger

With this update, a new online payment icon has been added to the ledger. This helps you easily distinguish an online credit card payment from an in-person credit card payment.

Ledger										Guarantor: By transaction date. All history		View			
Payment (-)		Procedure (+)		Charge (+) Adjustment		Credit (-) Adjustment		Primary Guarantor: David Rogers		Patient Walkout					
Unapplied Credits		0 - 30	31 - 60	61 - 90	91+	Balance		Insurance Portion	Write-Off Adjustment	Patient Portion					
-155.00		+757.00	+0.00	+0.00	+0.00	=	602.00	-	0.00	-	0.00	=	602.00		
<input type="checkbox"/> Show applied and remaining amount columns										Balance \$602.00					
Transaction Date	Modified Date	Patient	Code	Description	Provider	Amount									
10/28/2021				Balance Forward		0.00									
12/13/2021	12/13/2021	David Rogers	Pay	Credit Card Payment \$130.00		-130.00									

Generate Receipts from the Online Payments Tab

With this release, you can now generate and print online payment receipts directly from the Online Payments tab in your Inbox. You can also view the online payment receipt to quickly review the online credit card payment details instead of opening the credit card payment transaction in the patient's ledger.

When you open the Online Payments tab in your Inbox, you will see the new attachment icon for each online credit card payment.

Inbox										
Messages		Online Payments		Denti-Cal Reports						
Search guar./card holder/ref #								View		
Date & Time	Guarantor	Card #	Card Holder	Card Type	Transaction ID	Reference #	Status	Amount	Att.	
12/13/2021 - Yesterday										
12/13/2021 4:46 PM	David Rogers	****0681	Jenny Alford	Mastercard	125248300	Alford Jenny 88b...	Unapplied	130.00		

Click the **attachment icon** to open the online credit card payment receipt in a separate browser tab. You can click the **print icon** to print the online payment receipt.

Cottonwood Dental
7392 S Canyon Center Pkwy
Salt Lake City, UT 84121-0000

Cardholder	David Rogers
Credit card	Mastercard - *****0681
Type	SALE
Transaction ID	125248300

Merchant ID	1234567890
Entry	Online
Response code	00/Approved
Approval #	104062

Amount **\$130.00**

SIGNATURE NOT REQUIRED

Signature Monday, December 13, 2021
04:46:23

Thank You

IMPORTANT. Retain this copy for your records.

Clinical

Require Clinical Note Switcher

This update introduces a new usability improvement to clinical note requirements. On an organization-wide basis, you can now go into your Procedure Codes & Conditions page and turn off the requirement to enter a clinical note for specific procedures.

To turn off the clinical note requirement for a procedure, in the **Settings** menu go to the Procedure Codes & Conditions page and select that procedure. In the Edit Procedure Code window that opens, toggle the **Require clinical note** switcher to No and click **Save**. Your user role must have the **Edit procedure/condition codes** right to do this.

The screenshot shows the 'Edit Procedure Code' window with the following details:

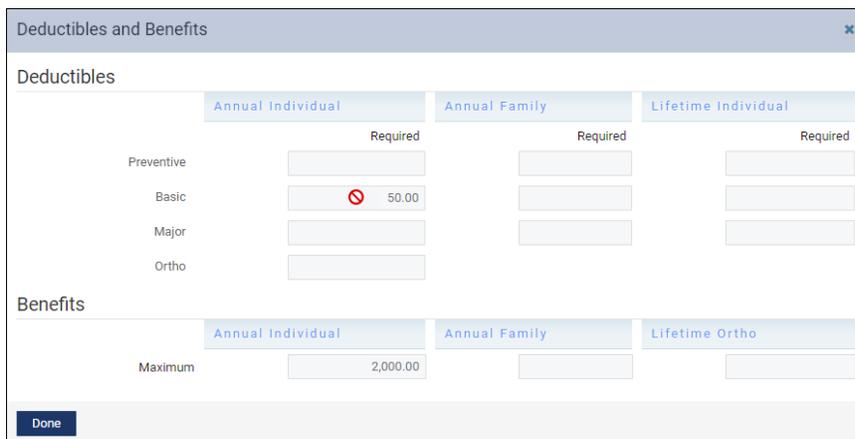
- Title:** Edit Procedure Code
- Buttons:** Add to favorites (No), Active (Yes), Close (X)
- Code type:** Procedure code (selected), Multi-code
- Code:** D9987
- Description:** Cancelled Appointment
- Office code:** AppCncl
- Category:** Adjunct Serv
- Location fee:** \$ 0.00
- Bill to insurance:** Off
- Treatment area:** Mouth
- Charting symbol:** None
- Require clinical note:** No (highlighted with a red box)
- Buttons:** Save, Cancel

Note: With this update, Dentrix Ascend automatically toggled all procedure codes in the **Products** category to No.

Usability

Deductible and Benefits Fields Disabled When User Has No Edit Rights

With this update, for users whose role does not allow them to modify the deductibles and benefits of an insurance plan, the fields are plainly disabled. In the past, the Deductible and Benefits window was a little misleading for users who did not have the right to make edits. Specifically, these users were able to make edits to this page and did not see the “denied” message until they tried to save their changes.



The screenshot shows a window titled "Deductibles and Benefits" with a close button (X) in the top right corner. The window is divided into two main sections: "Deductibles" and "Benefits".

Deductibles Section:

	Annual Individual	Annual Family	Lifetime Individual
	Required	Required	Required
Preventive	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basic	<input type="text" value="50.00"/>	<input type="text"/>	<input type="text"/>
Major	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ortho	<input type="text"/>	<input type="text"/>	<input type="text"/>

Benefits Section:

	Annual Individual	Annual Family	Lifetime Ortho
Maximum	<input type="text" value="2,000.00"/>	<input type="text"/>	<input type="text"/>

At the bottom left of the window is a "Done" button.

User Rights

There are no new user rights for this release.

New Learning Content

The Practice Education team has been busy preparing resources to help you maximize your use of Dentrax Ascend. Below is a list of the newest videos and webcasts added to the Resource Center.

Webinars

[Power Reporting Education Series](#)

Watch these 5 webcasts to maximize the potential of your Financial Power Reporting.

- 1. Introduction to Power Reporting:** With this basic review of Power Reporting, you can confidently venture into this powerful reporting engine.
- 2. Using Power Reporting to Pay Providers on Collections:** Learn how to use the best report for paying providers on collections: Applied Collections.
- 3. Using Power Reporting to Pay Providers on Production:** Learn how to use the best report for paying providers on production: Provider Production.
- 4. Using Dates in Power Reporting:** Understand what the introduction of transaction dates and modified dates means for your financial reports in this specially focused webinar.
- 5. Using Filters in Power Reporting:** The right filter, appropriately applied, can turn a complicated report into a thing of beauty. Learn how filters can help you explore your data in new ways.

Videos

[Using Dentrix Ascend on an iPad](#)

You can use an iPad to work in Dentrix Ascend, but there are some operational differences of which you should be aware. Watch this demo to see them in action.

[Acquiring Intraoral and Facial Images Using an iPad](#)

Even though you cannot acquire x-rays on an iPad, you can still capture intraoral and facial images using an iPad. Watch this demo to see them in action.

[Managing Patient Medical Alerts](#)

When patients come in for their appointments, it's important to know whether they have a medical condition you should be aware of.

[Attaching Fee Schedules to In-Network Insurance Plans](#)

Having the write-off amount accurately calculating on your patient ledgers for in-network plans allows your team to collect the correct amount of money at checkout. It also saves you from issuing refund checks to patients you may have over-collected from.