



Dentrix Overview

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May 2025



Agenda



- What is Dentrix
- Dentrix Ledger vs. Dentrix Office Manager
- How to get access to Dentrix
- Overview of Dentrix Ledger
- MHS Genesis 1DOD Dental Workflows
- Workflows
 - Adding insurance
 - Creating a dental claim
 - Posting payments and adjustments
 - Generating a billing statement
- Dentrix reports



What is Dentrix?

- Dentrix is the dental billing solution utilized within the MHS Genesis electronic health record system.
- Dentrix Ledger vs. Dentrix Office Manager:
 - **The Dentrix Ledger** is where patient accounts and billing activities are managed, including claim creation, posting of payments and adjustments, and patient statement creation.
 - **The Dentrix Office Manager** is the “home page” for the Dentrix module. Within the Office Manager, you can see the batch processor and view document previews for your facility.
 - For example, if a statement is generated from the Dentrix Ledger and sent to batch, it will be visible from Dentrix Office Manager and the print preview can be viewed.



P0630 Dentrix Ledger



P0630 Dentrix Office
Manager



1DOD Dental Workflows



[MHS Genesis Workflow Library Link](#)

- **Message Center, Patient Documents, and Demographics**
 - 1DOD – Dental – Insurance Claims Generation, Review, and Submission (Patient Accounting)
 - 1DOD – Dental – Manage Message Center
 - 1DOD – Dental – Review or Add a Document in the Dentrax Document Center (Patient Accounting)
 - 1DOD – Dental – Add or Modify a Dental Health Plan (Patient Accounting)
- **Claims, Insurance Payments, Adjustments, and Statements**
 - 1DOD – Dental – Insurance Claims Generation, Review, and Submission (Patient Accounting)
 - 1DOD – Dental – Insurance Payment Processing and Posting (Patient Accounting)
 - 1DOD – Dental – Insurance Batch Payment Posting (Patient Accounting)
 - 1DOD – Dental – Applying Debit and Credit Adjustments (Patient Accounting)
 - 1DOD – Dental – Insurance Payment Processing and Posting (Patient Accounting)
 - 1DOD – Dental – Applying Debit and Credit Adjustments (Patient Accounting)
 - 1DOD – Dental – Insurance Payment Processing and Posting (Patient Accounting)
 - 1DOD – Dental – Patient Billing Statement Generation (Patient Accounting)



1DOD Dental Workflows (continued)

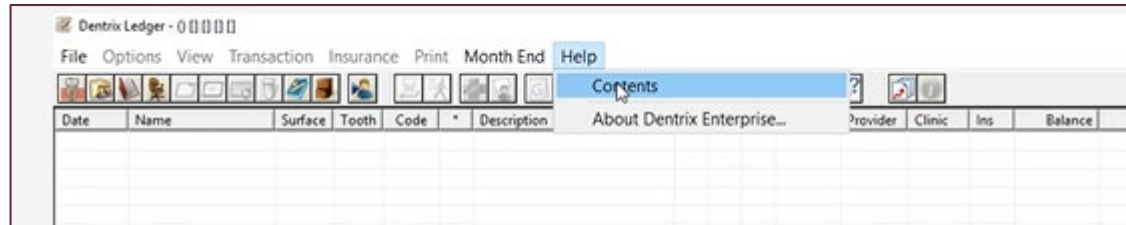
- **Patient Payments, Non-Covered Procedures, and Payment Plans**
 - 1DOD – Dental – Elective (Non-Covered) Dental Procedure – Billable (Patient Accounting)
 - 1DOD – Dental – Self-Pay and Patient Balance Posting (Patient Accounting)
- **Dental Patient Accounting Reports**
 - 1DOD – Dental – Patient Account Reconciliation (Patient Accounting)
 - 1DOD – Dental – Create or Adjust a Patient Payment Plan (Patient Accounting)
 - 1DOD – Dental – Patient Account Reconciliation (Patient Accounting)
 - 1DOD – Dental – Adjust Incorrect Postings (Patient Accounting)
 - 1DOD – Dental – Patient Billing Statement Generation (Patient Accounting)
 - 1DOD – Dental – Revenue Cycle Management Reporting (Patient Accounting)
 - 1DOD – Dental – Day Sheet Report – General Ledger (Patient Accounting)
 - 1DOD – Dental – Suspended Credits – Refunds – Negative Balances (Patient Accounting)



Additional Dentrux Resources



- Within the Dentrux Ledger, select Help > Contents from the menu bar.
 - Similar to the “Learning Live” function in PowerChart, the Contents option will bring you to a library of tip sheets on various Dentrux processes.





How to access Dentrrix



- Dentrrix can be accessed from the Citrix storefront.
 - [Citrix Storefront link](#)
 - If you do not currently have access to Dentrrix, please work with your local Training Roles Manager (TRM) to open an account request. You may be required to complete a training course in JKO prior to your access being approved.
- To log in, select your Clinic ID which will be your UBO and your DMIS ID
- Select Sign In.

DENTRIX Enterprise Security

Enter Clinic ID that you want to enter

Clinic ID:

☐ Save Clinic ID as Default

11.0.48.282

- **The Dentrix Ledger** is where patient accounts and billing activities are managed, including claim creation, posting of payments and adjustments, and patient statement creation.
 - **Viewing Financial Transactions:** Provides a detailed log of all charges, payments, and adjustments for each patient account.
 - **Payment Posting:** Streamlines the process of entering payments received from insurance and patients directly into their respective accounts.
 - **Claims Management:** Displays the status of submitted claims and allows for adjustments as necessary.
 - **Balance Reconciliation:** Enables easy comparison of account balances against transactions for better accuracy.
 - **Generating Reports:** Supports the creation of financial reports for auditing and reconciliation purposes.

[illegible]

- The Dentrix Ledger window consists of the menu bar, toolbar, transaction log, and various sections containing financial information.
 - The toolbar contains several buttons you can click to access certain areas or features of Dentrix.

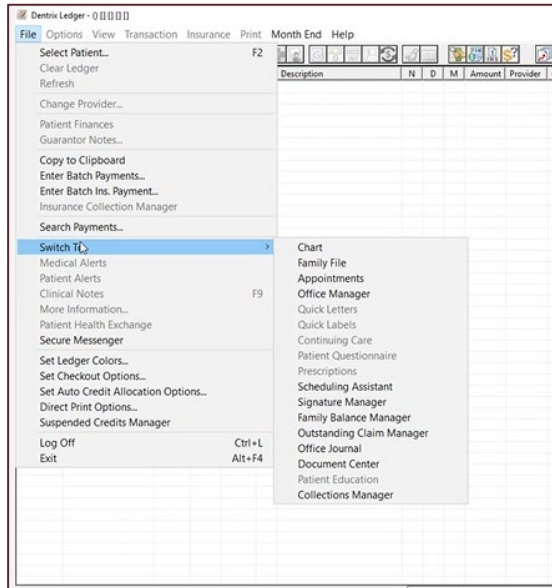
[illegible]



Menu Options



- The same options from the menu bar can also be located by selecting File > Switch To

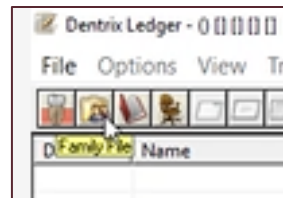




Family File



- The Family File (button with a file folder and two people) contains demographic and insurance information for the patient and associated family members.
- Within the Family File, you can expand the different sections by double clicking into that section



Name: ADENTPASeven, Patient Address: 123 Main St Falls Church, VA 22042 Phone: Status: Active, F, Married, Guar, H of H E-Mail: email@email.com		Consent: 01/21/2021 First Visit: 01/21/2021 Last Visit: 07/15/2022 Missed Appt: Chart #: 0000050007 Clinic: MHSGENA SSN: Birthdate: 01/01/2001, 24 Provider: DEF_PROV Fee Sched: <Prov Default>				
Medical Alerts <input type="checkbox"/>	Employer <input type="checkbox"/>	Cont. Care 07/16/23 Exam	Patient Notes (No Note)			
Insurance: Dental Primary Company: Group Plan: Group #: Fee Sched: Coverage: 0.00 Ded. S/P/D: 0.0/0.0		Used: 0.00 Met: 0.0/0.0				
0 -> 30 31 -> 60 61 -> 90 91 -> Suspended Balance 2160.00 0.00 0.00 0.00 2160.00		Referred By Referred To				
Payment Amt: NA Ant Past Due: NA Bill Type: 18 Last Payment: 0.00						
Status	Name	Position	Gender	Patient	Birthdate	
H of H	Guar	ADENTPASeven, Patient	Married	Female	Yes	01/01/2001



Family File (2)



- Family File > Patient Information section expanded:

Patient Information

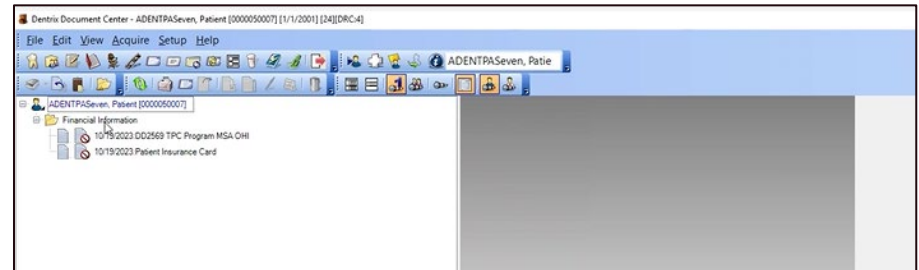
Personal Last: <input type="text" value="ADENIRSEVEN"/> Patient Middle: <input type="text"/> Preferred Suffix: <input type="text"/> Salutation Title: <input type="text"/> Pat Class Birthdate: <input type="text" value="01/01/2001"/> Age: <input type="text" value="24"/> Death Date: <input type="text"/> SS#: <input type="text"/> Other ID: <input type="text"/> Pat Ext ID: <input type="text" value="0000050007"/> IDs: <input type="text"/> Driver's License #: <input type="text"/> Address: <input type="text" value="123 Main St"/> 123 Main St Falls Church, VA, 22042, United States of ... Effective Date: <input type="text"/> End Date: <input type="text"/>		Demographics Patient Status: <input type="text" value="Patient"/> Sex: <input type="text" value="Female"/> Marital: <input type="text" value="Married"/> Language: <input type="text" value="Unspecified"/> Race: <input type="text" value="Unspecified"/> Other Race: <input type="text" value="Unspecified"/> Ethnicity: <input type="text" value="Unspecified"/> Other Ethnicity: <input type="text" value="Unspecified"/> Poverty Level: <input type="text" value="Unspecified"/> Religion: <input type="text" value="Unspecified"/> Military Status: <input type="text" value="Unspecified"/> User Def. Cat: <input type="text" value="Unspecified"/> Worker Status: <input type="text" value="Unspecified"/> Gender Identity: <input type="text" value="Unspecified"/> Homeless Status: <input type="text" value="Unspecified"/> Sexual Orientation: <input type="text" value="Unspecified"/> Housing Status: <input type="text" value="Unspecified"/>		Office Info Prov1: <input type="text" value="DEF_PROV"/> Prov2: <input type="text"/> Clinic: <input type="text" value="MHSGENA"/> Initial Provider: <input type="text"/> Fee Schedule: <input type="text" value="Prov Default"/> >> Chart #: <input type="text" value="0000050007"/> >> Consent Date: <input type="text" value="01/21/2021"/> First Visit: <input type="text" value="01/21/2021"/> Last Visit: <input type="text" value="07/15/2022"/> Last MissedAppt: <input type="text"/> # Missed: <input type="text" value="0"/>	
Contact Info Home: <input type="text"/> Mobile: <input type="text"/> Work: <input type="text"/> Ext.: <input type="text"/> Other: <input type="text"/> FAX: <input type="text"/> Time To Call: <input type="text"/> Home Email: <input type="text" value="email@email.com"/> Work Email: <input type="text"/>		Communication Contact Preference: <input type="text" value="Unspecified"/> <input type="checkbox"/> No phone calls <input type="checkbox"/> No correspondence <input type="checkbox"/> Disclosure restriction		Patient Alias Last Name: <input type="text"/> First Name: <input type="text"/> Middle: <input type="text"/> Suffix: <input type="text"/> Mother's Maiden Last Name: <input type="text"/> First Name: <input type="text"/> Middle: <input type="text"/> Suffix: <input type="text"/>	



Document Center



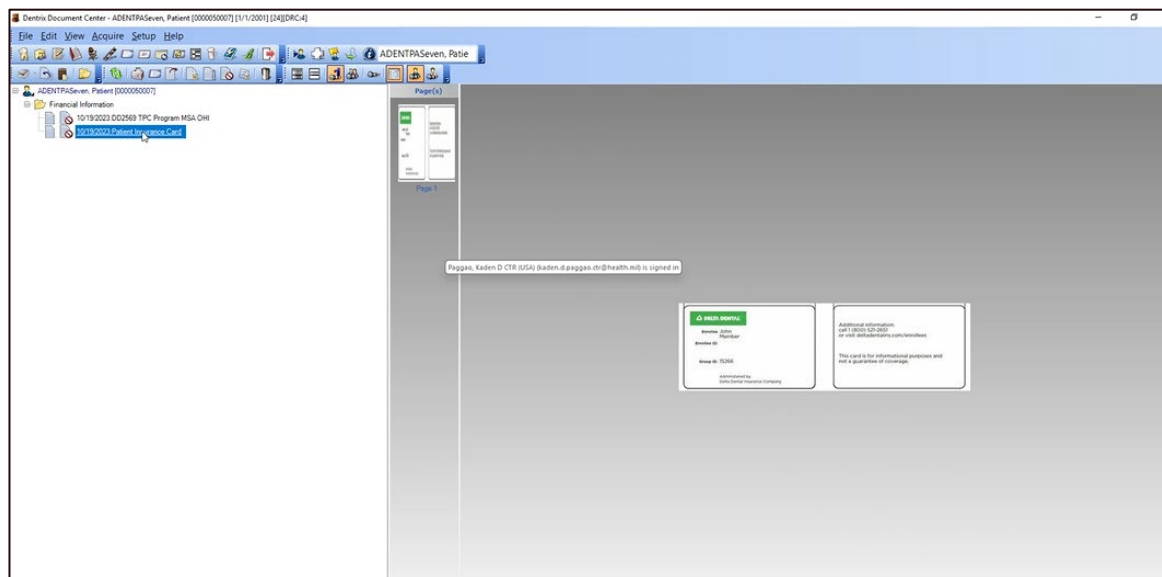
- The Document Center is where patient documentation is uploaded (ex: scanned insurance cards). Documents in the Dentrix Document Center can also typically be found in the Images tab in PowerChart.





Document Center – Viewing Scanned Insurance Cards

- To view a document, such as an insurance card in the Documents Center, double click on the document name to view.

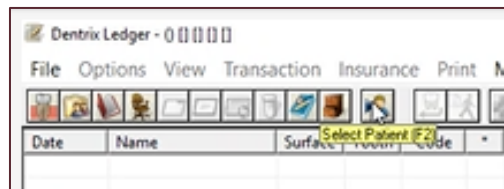
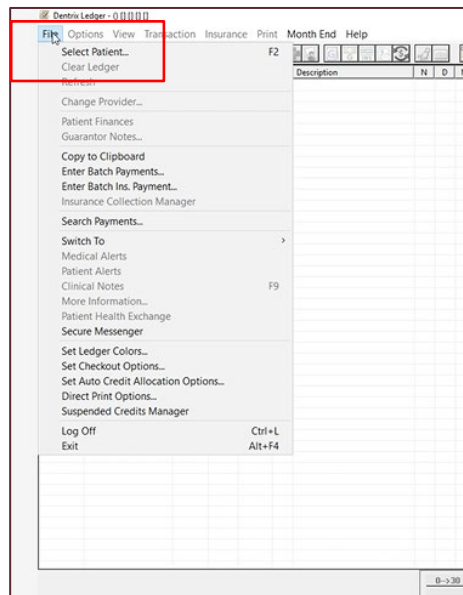




Searching for a Patient



- To search for a patient in the Dentrix ledger, select File > Select Patient, OR click the Select Patient button from the menu bar





Searching for a Patient (2)



- It is recommended to use the Advanced Search option, as this allows you to search using multiple patient identifiers.
 - Search for a patient by their DoD ID by selecting ID type of EDI PI
 - Under Clinic, select This Clinic to only search for your facility
 - Select Search to search for the patient

Select Patient

Search By | Appointments | Advanced Search

Patient Info

☒ Last Name (Last, First) ☐ Other ID ☐ Subscriber ID ☐ First Name (First Last) ☐ Chart # ☐ Home Phone ☐ Preferred Name ☐ SS # ☐ Birthdate

Clinic

☒ This clinic ☐ All clinics ☐ My clinics

Show On Screen Keyboard

Enter Last Name (Last, First):

Search

☐ Include Archived Patients

HiH	EDI PI	Last Name	First Name	MI	Preferred Name	Birthdate	Sex	Provider	Clinic	Status

Previously Selected Patients

HiH	EDI PI	Last Name	First Name	MI	Preferred Name	Birthdate	Sex	Provider	Clinic	Status

More Info Add From DEERS OK Cancel



Select Patient

Search By | Appointments | Advanced Search

Search ☒ Patient ☐ Family

Last Name Chart # Clinic ☒ This clinic ☐ All clinics ☐ My clinics

First Name SS # Birthdate

Sex ID Type EDI PI ID #

Status ☒ Patient ☒ Archived ☒ Inactive ☒ Non-Patient

Search Clear Search DEERS ?

Barcode Scanner Show On Screen Keyboard

HiH	EDI PI	Last Name	First Name	MI	Preferred Name	Birthdate	Sex	Provider	Clinic	Status

Previously Selected Patients

HiH	EDI PI	Last Name	First Name	MI	Preferred Name	Birthdate	Sex	Provider	Clinic	Status

More Info Add From DEERS OK Cancel



Searching for a Patient



- Search Results will populate
- Once you have located the patient, highlight the line item and select OK

Select Patient

Search By: **Appointments** | Advanced Search

Search: ☒ Patient ☐ Family

Last Name: Chart #: Clinic: ☐ This clinic ☐ All clinics ☒ My clinics

First Name: SS #: Show On Screen Keyboard:

Preferred Name: Birthday: ID Type: ID #:

Sex: Phone:

Status: ☒ Patient ☒ Archived ☒ Inactive ☒ Non-Patient

Search Results

HoH	EDI PI	Last Name	First Name	MI	Preferred Name	Birthdate	Sex	Provider	Clinic	Status
*	0000050	ADENTPAsSeven	Patient			1/1/2001	F	DEF_PROV	MHSGENA	Patient
*	0000050	ADENTPAsSeven	Patient			1/1/2001	F	DEF_PROV	MHSGENA	Patient
*	0000050	ADENTPAsSeven	Patient			1/1/2001	F	DEF_PROV	MHSGENA	Patient
*	0000050	ADENTPAsSeven	Patient			1/1/2001	F	DEF_PROV	MHSGENA	Patient
*	0000050	ADENTPAsSeven	Patient			1/1/2001	F	DEF_PROV	MHSGENA	Patient
*	0000050	ADENTPAsSeven	Patient			1/1/2001	F	DEF_PROV	MHSGENA	Patient

Previously Selected Patients

HoH	EDI PI	Last Name	First Name	MI	Preferred Name	Birthdate	Sex	Provider	Clinic	Status



Ledger



- Once a patient is selected, the ledger will populate.
 - The ledger is a running list of all procedures, payments, and adjustments for that patient

Dentrix Ledger - (ADENTPASeven, Patient) [MHSGENA] [UTC -07:00 [PDT]] [DEF_PROV] [0000050007] [01/01/2001] [24][DRC:4]

File Options View Transaction Insurance Print Month End Help

Date	Name	Surface	Tooth	Code	*	Description	N	D	M	Amount	Provider	Clinic	Ins	Balance
01/06/2022	Patient ADENTPASeven			D0120		Periodic oral evaluation				50.00	AOMFS...	MHSGE...		50.00
01/06/2022	Patient ADENTPASeven			D0330		Panoramic film				125.00	AOMFS...	MHSGE...		175.00
01/06/2022	Patient ADENTPASeven			Ins		Prim Dental Claim - Sent 175.00						MHSGE...		175.00
01/14/2022	Patient ADENTPASeven MOD		3	D2393		Resin composite-3s, posterior				250.00	AOMFS...	MHSGE...	No	425.00
01/14/2022	Patient ADENTPASeven MOD		4	D2393		Resin composite-3s, posterior				250.00	AOMFS...	MHSGE...	No	675.00
01/14/2022	Patient ADENTPASeven MOD		14	D2393		Resin composite-3s, posterior				250.00	AOMFS...	MHSGE...	No	925.00
01/28/2022	Patient ADENTPASeven		19	D2950		Core buildup, include any pins				250.00	AOMFS...	MHSGE...		1175.00
01/28/2022	Patient ADENTPASeven		19	D2750		Crown-porc fuse high noble mtl				1050.00	AOMFS...	MHSGE...		2225.00
03/01/2022	Patient ADENTPASeven			Dent Ins.		Prim Dent Ins. Payment				-500.00	AOMFS...	MHSGE...		1725.00
03/01/2022	Patient ADENTPASeven			Ins		Prim Dental Claim - Rec'd 1300...						MHSGE...		1725.00
04/08/2022	Patient ADENTPASeven		30	D0220		Intraoral-periapical-1st film				25.00	AOMFS...	MHSGE...		1750.00
04/08/2022	Patient ADENTPASeven			D0140		Limited oral evaluation				75.00	AOMFS...	MHSGE...		1825.00
04/08/2022	Patient ADENTPASeven			Ins		Prim Dental Claim - Sent 100.00						MHSGE...		1825.00
04/11/2022	Patient ADENTPASeven		30	D7140		Extract, erupted tht/exposed rt				150.00	AOMFS...	MHSGE...		1975.00
04/11/2022	Patient ADENTPASeven			Ins		Prim Dental Claim - Sent 150.00						MHSGE...		1975.00
07/15/2022	Patient ADENTPASeven			D1110		Prophylaxis-adult				75.00	AOMFS...	MHSGE...	No	2050.00
07/15/2022	Patient ADENTPASeven			D0274		Bitewings-four films				60.00	AOMFS...	MHSGE...	No	2110.00
07/15/2022	Patient ADENTPASeven			D0120		Periodic oral evaluation				50.00	AOMFS...	MHSGE...	No	2160.00

Ledger Key:

- Red:** Primary dental claim that was sent but not received
- Blue:** Primary dental insurance payment
- Purple:** Dental claim that has been received
- Green:** Patient payment
- Black:** Completed treatment



Ledger



- To filter items in the Ledger, select View > Transaction Filter

Dentrix Ledger - (ADENTPASeven, Patient) [MHSGENA] [UTC -07:00 (PDT)] [DEF_PROV] [0000050007] [01/01/2001] [24][DRC:4]

File Options View Transaction Insurance Print Month End Help

Show Transaction Links

Transaction Filter >

- Select All
- Guarantor Payments
- Adjustments
- Open Claims
- Closed Claims
- Insurance Payment
- Payment Plan
- Finance Charge
- Late Charge
- Procedures

Date	Name					M	Amount
01/06/2022	Patient						
01/06/2022	Patient	All (with running balance)					50.00
01/06/2022	Patient	<input checked="" type="checkbox"/> Patient ADENTPASeven(Guar)					125.00
01/14/2022	Patient ADENTPASeven	MOD	3	D2393			250.00
01/14/2022	Patient ADENTPASeven	MOD	4	D2393	R		250.00
01/14/2022	Patient ADENTPASeven	MOD	14	D2950	R		250.00
01/28/2022	Patient ADENTPASeven		19	D2950	C		250.00
01/28/2022	Patient ADENTPASeven		19	D2750	C		1050.00
03/01/2022	Patient ADENTPASeven	Dent Ins.			P		-500.00
03/01/2022	Patient ADENTPASeven	Ins			P		
04/08/2022	Patient ADENTPASeven		30	D0220	Ir		25.00
04/08/2022	Patient ADENTPASeven			D0140	Li		75.00
04/08/2022	Patient ADENTPASeven	Ins					Prim Dental Claim - Sent 100.00
04/11/2022	Patient ADENTPASeven		30	D7140			Extract, erupted th/exposed it
04/11/2022	Patient ADENTPASeven	Ins					Prim Dental Claim - Sent 150.00



Ledger



- The following information will populate at the bottom of the ledger, and can be filtered if needed:
 - Billing Type
 - Patient Balance and Family Balance
 - Outstanding Billed to Dental
 - Last Statement Date
 - And more

0-30	31-60	61-90	91-120	Suspended	Patient Balance
2160.00	0.00	0.00	0.00	0.00	2160.00

0-30	31-60	61-90	91-120	Suspended	Family Balance
2160.00	0.00	0.00	0.00	0.00	2160.00

Billing Type: (18) RESERVISTS/GUARD <30 DAYS FAMILY MEMBER	
Last Guar. Payment	0.00
Last Ins. Payment	500.00
Last Statement Date	06/25/2022
Outstanding Billed to Medical/Dental	0.00/0.00
Expected from Dental Insurance	0.00
Guarantor Portion of Total Balance	2160.00

Today's Charges		0.00
Est. Dental Ins. Portion		0.00
Est. Patient Portion		0.00

Payment Agreement Summary (Legacy)			
Paid Amount	NA	Paid Due	NA
Amt Past Due	NA	Due Date	NA

Future Due Payment Plans Summary			
Original Bal.	0.00	Payment	0.00
Remain Bal.	0.00	Due Date	

Filter
<input checked="" type="checkbox"/> Select All
<input checked="" type="checkbox"/> Guarantor Payments
<input checked="" type="checkbox"/> Adjustments
<input checked="" type="checkbox"/> Open Claims
<input checked="" type="checkbox"/> Closed Claims
<input checked="" type="checkbox"/> Insurance Payment
<input checked="" type="checkbox"/> Payment Plan
<input checked="" type="checkbox"/> Finance Charge
<input checked="" type="checkbox"/> Late Charge
<input checked="" type="checkbox"/> Procedures



MHS Genesis Dental Workflows




- Workflows
 - Adding Dental Insurance
 - Creating a Dental Claim
 - Posting payments and adjustments
 - Generating a billing statement



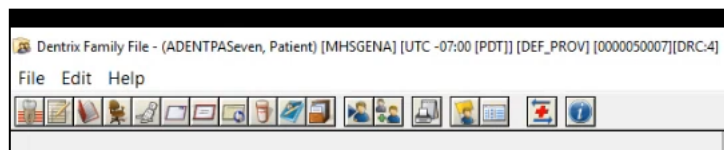
Adding Dental Insurance



- Click the Family File button 
- Double-click the Insurance Information pane from the Family File
- Coverage Order: Select the coverage order where you would like to add the Dental Plan
- Click the Subscriber Search button (double greater than icon)
- Click Current Patient
- Click the Carrier Search button (double greater than icon)
- Enter Carrier Name box: Enter name of dental plan
- Click the Search button (double greater than icon)
- Carriers Name list
- Select the desired plan then click Ok
- Subscriber ID box: Enter the patient's subscriber ID
- Signature on File list box: Check the Release of Information checkbox if patient has a current & signed DD form 2569 in the Insurance Information dialog box.
- Check the Assignment of Benefits Checkbox if your office supports it.
- Relation to Subscriber list box: Self or subscriber of dental plan
- Click Ok



Adding Dental Insurance (2)



Dentrix Family File - (ADENTPAFive, Patient) [MHSGENA] [UTC -07:00 [PDT]] [DEF_PROV] ...

File Edit Help

Name: ADENTPAFive, Patient
Address: 123 Main St
 Falls Church, VA 22042
Phone:
Status: Active, F, Married, Guar, H-of-H
E-Mail: email@email.com

Consent: 01/21/2021
First Visit: 01/21/2021
Last Visit: 07/15/2022
Missed Appt:

Chart #: 0000050005
Clinic: MHSGENA
SS #:
Birthday: 01/01/2001, 24
Provider: DEF_PROV
Fee Sched: <Prov Default>

Medical Alerts ☒ **Employer** **Cont. Care** 08/02/23 Exam

Insurance: Dental Primary
Company:
Group Plan:
Group #:
Fee Sched:
Coverage: 0.00 **Used:** 0.00
Ded. S/P/O: 0/0/0 **Met:** 0/0/0

Patient Notes
 (No Note)

0->30	31->60	61->90	91->	Suspended	Balance
2160.00	0.00	0.00	0.00	0.00	2160.00

Payment Amt: NA **Amt Past Due:** NA
Bill Type: 16 **Last Payment:** 0.00

Referred By
Referred To

Status	Name	Position	Gender	Patient	Birthday
Ho/H Guar	ADENTPAFive, Patient	Married	Female	Yes	01/01/2001

Insurance Information - (ADENTPAFive, Patient)

Dental Insurance | Medical Insurance

Plan Information

Subscriber:

Carrier:

Group Plan:

Subscriber Id #:

Plan External ID:

Signature on File
☐ Release of Information ☐ Assignment of Benefits

Last Plan Eligibility Check:

Plan Effective Date: **Plan Expiration Date:**

Patient Information

Relation to Subscriber:
☒ Self
☐ Spouse
☐ Child
☐ Other

☐ Not Eligible

Last Eligibility Check:

Eligibility Start:

Eligibility End:



Adding Dental Insurance (3)



Insurance Information - (ADENTPAFive, Patient)

Dental Insurance | Medical Insurance

Insurance Plans

Coverage Order

1. Delta Dental
2. None
3. None
4. None

Change order

Clear Coverage

Plan Information

Subscriber: ADENTPAFive, Patient >>

Carrier: Delta Dental >>

Group Plan: >>

Subscriber Id #: 98765

Plan External ID:

Signature on File

☒ Release of Information ☒ Assignment of Benefits

Last Plan Eligibility Check:

Plan Effective Date: Plan Expiration Date:

Patient Information

Relation to Subscriber:

☒ Self

☐ Spouse

☐ Child

☐ Other

☐ Not Eligible

Last Eligibility Check:

Eligibility Start:

Eligibility End:

View Insurance Plan History

OK Cancel

Select Primary Subscriber (Insured Party)

Current Patient

OK Cancel

Select Dental Insurance Plan

Enter Carrier Name: delta >>

Search By: ☒ Carrier Name ☐ Group Plan ☐ Employer ☐ Group Number

Insurance Tag Selection: >>

Clear Selection

Carrier Name	Group Plan	Employer Name	Group #	Local #	Payor...	Plan Ext ID	Address
Delta Dental							GA, Alpharetta




New Insurance Plan

OK Cancel

Note: If you can't find the plan you're looking for, do not click "New Insurance Plan". Please notify DHA NCR J-1/8 Mailbox UBO-Health-Plan-Requests dha.ncr.j-1-8.mbx.ubo-health-plan-requests@health.mil. DHA UBO must approve new health plan additions.



Creating a Dental Claim

- Generate a Dental Claim
 - From the Ledger, click desired treatment (or multiple treatment) to create an insurance claim
 - Click the Ins. Select button 
 - Double – click Prim Dental Claim in the description column
 - Click Print
 - Click Send to Batch
 - Click the Close button (X icon) to close the Primary Dental Insurance Claim dialog box
 - Click the Office Manager button 
 - Batch Processor list: Dental Insurance Claim form
 - Double click the claim in the Batch Processor to generate a print preview
 - Click the Print button 
 - Click the Close button (X icon) to close the Print Preview window
 - Click the Close button (X icon) to close the Office Manager
- **Note:** The majority of dental services will be for Tricare beneficiaries. These procedures are automatically adjusted off with a Tricare adjustment.



Creating a Dental Claim (2)



Dentrix Ledger - (ADENTPAFive, Patient) [MHSGENA] [UTC -07:00 [PDT]] [DEF_PROV] [0000050005] [01/01/2001] [24][DRC:4]

File Options View Transaction Insurance Print Month End Help

Date	Name	Surface	Tooth	Code	*	Description	N	D	M	Amount	Provider	Clinic	Ins	Balance
01/06/2022	Patient ADENTPAFive			D0120		Periodic oral evaluation				50.00	AOMFS...	MHSGE...		50.00
01/06/2022	Patient ADENTPAFive			D0330		Panoramic film				125.00	AOMFS...	MHSGE...		175.00
01/06/2022	Patient ADENTPAFive			Ins		Prim Dental Claim - Sent 175.00						MHSGE...		175.00
01/14/2022	Patient ADENTPAFive	MOD	3	D2393		Resin composite-3s, posterior				250.00	AOMFS...	MHSGE...	No	425.00
01/14/2022	Patient ADENTPAFive	MOD	4	D2393		Resin composite-3s, posterior				250.00	AOMFS...	MHSGE...	No	675.00
01/14/2022	Patient ADENTPAFive	MOD	14	D2393		Resin composite-3s, posterior				250.00	AOMFS...	MHSGE...	No	925.00
07/15/2022	Patient ADENTPAFive			D0274		Bitewings-four films				60.00	AOMFS...	MHSGE...	No	2110.00
07/15/2022	Patient ADENTPAFive			D0120		Periodic oral evaluation				50.00	AOMFS...	MHSGE...	No	2160.00
04/04/2025	Patient ADENTPAFive			Ins		Prim Dental Claim - Sent 750.00						MHSGE...		2160.00



Creating a Dental Claim (3)



Primary Dental Insurance Claim (04/04/2025) Sent

File Claim Enter Payment Note **Print** Help

Patient: ADENTPAFive, Patient
Subscriber: ADENTPAFive, Patient
Employer: **Carrier:** Delta Dental
Group Plan: (Release of Info/Assign of Benefits)

Billing Provider: Billing, UBO
Claim Information: Standard

Rendering Provider: ADMFSDR10, Train
Diag. Codes:

Pay-To Provider: Billing, UBO

Tooth	Surface	Description	Date	Code	Fee	Ins Amt
3	MOD	Resin composite-3s, postero	01/14/2022	D2393	250.00	0.00
4	MOD	Resin composite-3s, postero	01/14/2022	D2393	250.00	0.00
14	MOD	Resin composite-3s, postero	01/14/2022	D2393	250.00	0.00

Total Billed: 750.00
Est Ins Portion: 0.00
Ins Amt Total: 0.00
Total Paid: 0.00
Total Credit Adj: 0.00
Total Chg Adj: 0.00
Ded S/P/O: 0.00/0
Amt Outstanding: 0.00

Invoice #: 010023150
Create Date: 04/04/2025
Date Sent: 04/04/2025
Tracer:
On Hold:
Re-Sent:
Voided:

Insurance Plan Notes
 (No Note)

Claim Status Note:
 - Fin - Apr 4, 2025 06:36:40 AM -> Batched

Insurance Claim Notes
 (No Note)

Insurance C... X

Include

☒ Claim

☐ Attachment(s)

Send to batch

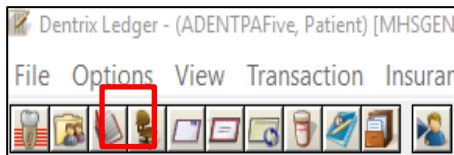
Send Electronically

Print

Cancel



Creating a Dental Claim (4)



Dentrix Office Manager - 9998-UBO-Dental Billing-Clinic A <UBO9998> <UTC -07:00 (PDT)>

File View Reports Letters Maintenance Analysis Data Extraction Help

Batch Processor (This Clinic, Full Display)

Date	Description	Clinic	Time Zone	Operator	Status
04/04/2025	Prim. Dental Ins.[DX2024][MHSGENAJADENTPAFive, Patient-Delta Dental	UBO9998	UTC -07:00 (PDT)	ADENTPA5	Unsent

Dentrix Print Preview

Print Dental Ins.[DX2024][MHSGENAJADENTPAFive, Patient-Delta Dental

Page: 1 of 1

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes) ☐ Request for Predetermination/Preauthorization
☒ Statement of Actual Services ☐ EPSDT / Title XIX

2. Predetermination/Preauthorization Number

DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code
 Delta Dental
 P.O. Box 997330
 Alpharetta GA 30023

3a. Payer ID

OTHER COVERAGE (Mark applicable box and complete items 5-11, if none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/YYYY) ☐ M ☐ D ☐ Y

7. Gender ☐ M ☒ F ☐ U

8. Policyholder/Subscriber ID (Assigned by Plan)

9. Plan/Group Number

10. Patient's Relationship to Person named in #5
☐ Self ☐ Spouse ☐ Dependent Child ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

11a. Other Payer ID

POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
 ADENTPAFive, Patient
 123 Main St
 Falls Church VA 22042

13. Date of Birth (MM/DD/YYYY) 01/01/2001

14. Gender ☐ M ☒ F ☐ U

15. Policyholder/Subscriber ID (Assigned by Plan) 98765

16. Plan/Group Number

17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above
☒ Self ☐ Spouse ☐ Dependent Child ☐ Other

19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/YYYY) ☐ M ☐ D ☐ Y

22. Gender ☐ M ☐ F ☐ U

23. Patient ID/Account # (Assigned by Dentist)



Posting Payments & Adjustments

- Post a Dental Insurance Payment
 - Double – click the desired claim
 - Click enter payment in the Insurance Claim dialog box
 - Amount box: Amount of Insurance payment
 - Apply a payment method (Check, Bank/Branch #, Etc.)
 - Review the balance for each procedure
 - Double – click the cell in the Applied column of the procedure
 - Applied Amount box: Desired amount to apply from payment
 - Click OK



Posting Payments



Primary Dental Insurance Claim (04/04/2025) Sent

File Claim **Enter Payment** Note Print Help

Patient: ADENTPAFive, Patient
Subscriber: ADENTPAFive, Patient
Employer:

Carrier: Delta Dental
Group Plan:
 (Release of Info/Assign of Benefits)

Enter Insurance Payment

Operator: ADENTPA5
 Date: 04/04/2025
 Amount: 0.00
 PreAuth Number:
 Claim Clinic: PRISGENA
 Collecting Clinic: PRISGENA >>
 Encounter #:
 Check #:
 Bank/Branch #:
 Payment Type: ☒ Check Payment ☐ Electronic Payment
☐ Adjust YTD Benefits/Reimbursable

Industries Applied For Claim
 Standard: 0.00
 Private: 0.00
 Other: 0.00

Enter Adjustment
 None
 Total Amount:
 (NOTE: Insurance Estimates are only for this claim)

Apply Remaining

Note:

Date	Ts	Surface	Code	Description	Provider	Charge	OTH Ins	Guar Cr	Ins Est	Ins Amt	Applied	Balance
01/14/22	3	MOD	D2393	Resin composite-3s, posterior	ACMPFSDR10	250.00	0.00	0.00	0.00	0.00	0.00	250.00
01/14/22	4	MOD	D2393	Resin composite-3s, posterior	ACMPFSDR10	250.00	0.00	0.00	0.00	0.00	0.00	250.00
01/14/22	14	MOD	D2393	Resin composite-3s, posterior	ACMPFSDR10	250.00	0.00	0.00	0.00	0.00	0.00	250.00

Total Remaining: 0.00 Total Charges: 750.00 Total Other Ins: 0.00 Total Guar Cr: 0.00 Total Ins Est: 0.00 Total Ins Amt: 0.00 Total Applied: 0.00 Total Balance: 750.00



Posting Payments (2)



Enter Insurance Payment

Operator: ADENTPA5 Collecting Clinic: MHSGENA >>

Date: 04/04/2025 Encounter #:

Amount: 320.00 Check #: 7890

Pre-Auth Number: Bank/Branch #:

Claim Clinic: MHSGENA Payment Type: ☒ Check Payment
☐ Electronic Payment

Apply Remaining Remove Applied ☒ Adjust YTD Benefits/Deductible

Note:

Deductible Applied For Claim

Standard	Preventive	Other
0.00	0.00	0.00

Enter Adjustment

None ☐ \$ ☐ %

Total Amount:

(NOTE: Insurance Estimates are only for this claim)

OK/Post Cancel

Date	Th	Surface	Code	Description	Provid
------	----	---------	------	-------------	--------



Posting Payments (3)



Date	Th	Surface	Code	Description	Provider	Charge	Oth Ins	Guar Cr	Ins Est	Ins Amt	Applied	Balance
01/14/22	3	MOD	D2393	Resin composite-3s, posterior	AOMFSDR10	250.00	0.00	0.00	0.00	0.00	0.00	250.00
01/14/22	4	MOD	D2393	Resin composite-3s, posterior	AOMFSDR10	250.00	0.00	0.00	0.00	0.00	0.00	250.00
01/14/22	14	MOD	D2393	Resin composite-3s, posterior	AOMFSDR10	250.00	0.00	0.00	0.00	0.00	0.00	250.00

Edit Ins Payment Amount For Procedure ✕

Insurance Amount: Update Payment Table

Applied Amount:

Pre-Treat Estimate: **OK**

Current Coverage: Cancel

Applied

0.00

Date	Th	Surface	Code	Description	Provider	Charge	Oth Ins	Guar Cr	Ins Est	Ins Amt	Applied	Balance
01/14/22	3	MOD	D2393	Resin composite-3s, posterior	AOMFSDR10	250.00	0.00	0.00	0.00	0.00	80.00	170.00
01/14/22	4	MOD	D2393	Resin composite-3s, posterior	AOMFSDR10	250.00	0.00	0.00	0.00	0.00	120.00	130.00
01/14/22	14	MOD	D2393	Resin composite-3s, posterior	AOMFSDR10	250.00	0.00	0.00	0.00	0.00	120.00	130.00



Posting a Payment from Patient

- Post a Patient Payment
 - Click the Enter Payment button from the Dentrix Ledger
 - Amount box: Amount of the payment
 - Check # box: If applicable
 - Type list: Select Payment Type
 - Review/verify the amount in the table
 - Click OK/Post





Posting a Payment from Patient (2)



Dentrix Ledger - (ADENTPATwenty, Patient) [MHSGENA] [UTC -07:00 [PDT]] [DEF_PROV] [000005002]

File Options View Transaction Insurance Print Month End Help

Icons: [Icons for various functions including patient search, appointment, and payment]

Enter Payment

Operator: ADENTPA20 Collecting Clinic: U809998 >>

Date: 04/08/2025 Encounter #:

Amount: 50.00 Check #: 1234

Bank/Branch #:

Apply to

☒ Charges for: Patient ADENTPATwenty (Guar) ☐ Payment Plan: ☐ Payment Agreement

Type: **Check Payment**
 Cash Payment
 Credit Card Payment
 Cashier Check Payment
 Electronic Fund Transfer
 Lockbox Payment
 Travels Check Payment
 Money Order Payment

Note: It is crucial to select the procedure(s) the payment is being applied to prior to selecting OK/Post. If you do not specify where the payment should be applied, the payment will not be applied appropriately.

Apply Remaining Remove Applied ☐ Do not automatically allocate **OK/Post** Cancel

Date	Encounte...	Code	Th	Patient	Provider	Clinic	Pay Plan	Charge	Other ...	Guar ...	Applied	Balance
01/06/22	1122497	D0120		Patient ADE...	AOMFSDR1	MHSGE...		50.00	0.00	50.00	50.00	0.00
01/06/22	1122497	D0330		Patient ADE...	AOMFSDR1	MHSGE...		125.00	0.00	125.00	0.00	125.00
01/14/22	1122497	D2393	3	Patient ADE...	AOMFSDR1	MHSGE...		250.00	0.00	250.00	0.00	250.00



Adjustments



- Enter an Adjustment from the Enter Payment Window
 - Enter Adjustment list: Credit (-)
 - Enter Adjustment box: Allotted adjustment amount
 - Click OK/Post
 - Type list: Select an adjustment type
 - Note box: Add any applicable notes into the notes field
 - Click OK/Post to post the insurance payment and corresponding adjustment
 - Click the Close button (X icon) to close the Primary Dental Insurance Claim window

- Post an Additional Approved Adjustment
 - Dentrix Ledger Transaction menu: Enter Adjustment
 - Select Adjustment Type dialog box: Select Credit (-) or Charge (+)
 - Click OK
 - Amount box: Adjustment amount
 - Type list: Select Type of adjustment
 - Double – click the cell in the applied column of desired procedure
 - Applied Amount box: Amount desired for adjustment for each or one procedure
 - Click the check mark button
 - Note box: Add in any applicable notes into the field
 - Click OK/Post



Enter and Adjustment



Deductible Applied For Claim

Standard	Preventive	Other
0.00	0.00	0.00

Enter Adjustment

None ☐ \$ ☐ %

None
Credit (-)
Charge (+)

(NOTE: Insurance Estimates are only for this claim)

Deductible Applied For Claim

Standard	Preventive	Other
0.00	0.00	0.00

Enter Adjustment

Credit (-) ☐ \$ ☐ %

Total Amount: 300.00

(NOTE: Insurance Estimates are only for this claim)

OK/Post Cancel

Enter Credit Adjustment for Insurance Claim

Operator: ADENTPA20 Collecting Clinic: MHSGENA >>

Date: 04/07/2025 Encounter #:

Amount: 300.00

Apply Charges: Patient ADENTPATwenty (Guar) <Claim>

Type:

- Interagency Discount
- DOD Encounter Billed In Error
- 3rd Party Collection Write-Off
- DOD Insurance Refund Reversal
- DOD Patient Refund Reversal
- DFAS Payment
- US Treasury Payment
- Other Agency Payment

Note: ☒ REC

Apply Remaining Remove Applied ☐ Do not automatically allocate OK/Post Cancel

Date	Encounte...	Code	Th	Patient	Provider	Clinic	Pay Plan	Charge	Other ...	Guar ...	Applied	Balance
01/14/22	1122497	D2393	3	Patient ADE...	AOMFSDR1	MHSGE...		250.00	80.00	170.00	170.00	0.00
01/14/22	1122497	D2393	4	Patient ADE...	AOMFSDR1	MHSGE...		250.00	120.00	130.00	130.00	0.00
01/14/22	1122497	D2393	14	Patient ADE...	AOMFSDR1	MHSGE...		250.00	120.00	130.00	0.00	130.00

Total Remaining	Total Charges	Total Other Cr	Total Guar Est	Total Applied	Claim Charges Balance
0.00	750.00	320.00	430.00	300.00	130.00



Additional Approved Adjustment

Primary Dental Insurance Claim (04/07/2025) Received

File: Claim Enter Payment Note Print Help

Patient: D Enter Additional Payment... Info/Assign of Benefits

Subscriber: D Enter Adjustment...

Employee: D

Billing Provider: AOMFSDR1, Team

Rendering Provider: AOMFSDR1, Team

Pay-To Provider: Billing, UED

Disg. Codes:

Tooth	Surface	Description	Date	Code	Fee	Ins Amt
2	MOD	Resin composite-3s, posterior	01/14/2022	D2393	250.00	0.00
4	MOD	Resin composite-3s, posterior	01/14/2022	D2393	250.00	0.00
14	MOD	Resin composite-3s, posterior	01/14/2022	D2393	250.00	0.00

Total Billed:	750.00	Pmt Date:	04/07/2025	Pmt Amt:	250.00	Description:	Insurance Payment	Check #:	11231
Est Ins Portion:	0.00								
Ins Amt Total:	0.00								
Total Paid:	300.00								
Total Credit Adj:	300.00								
Total Chrg Adj:	0.00								
Ded S/P/D:	0.00								
Amt Outstanding:	620.00								

Status: Invoice #: 010023150

Create Date: 04/07/2025 Tracer:

Date Sent: 04/07/2025 Re Hold:

Re-Sent: Voided

Claim Status Note: Mon - Apr 7, 2025 12:34:32 PM - Batched

Insurance Plan Notes: (No Note)

Insurance Claim Notes: (No Note)

Enter Credit Adjustment for Insurance Claim

Operator: ADEPTA20 Collecting Clinic: MHSGENA >>

Date: 04/07/2025 Encounter #:

Amount: 50.00

Apply Charges: Patient ADEPTA twenty (Guar) <Claim>

Note: ☒ ABC

Type: -Interagency Discount
-DOD Encounter Billed In Error
-3rd Party Collection Write-Off
-DOD Insurance Refund Reversal
-DOD Patient Refund Reversal
-DFAS Payment
-US Treasury Payment
-Other Agency Payment

Apply Remaining Remove Applied ☐ Do not automatically allocate OK/Post Cancel

Date	Encounte...	Code	Th	Patient	Provider	Clinic	Pay Plan	Charge	Other ...	Guar ...	Applied	Balance
01/14/22	1122497	D2393	3	Patient ADE...	AOMFSDR1	MHSGE...		250.00	250.00	0.00	0.00	0.00
01/14/22	1122497	D2393	4	Patient ADE...	AOMFSDR1	MHSGE...		250.00	250.00	0.00	0.00	0.00
01/14/22	1122497	D2393	14	Patient ADE...	AOMFSDR1	MHSGE...		250.00	120.00	130.00	50.00	80.00

Total Remaining	Total Charges	Total Other Cr	Total Guar Est	Total Applied	Claim Charges Balance
0.00	750.00	620.00	130.00	50.00	80.00

Select Adjustment Type

☒ Credit Adjustment (-)




☐ Charge Adjustment (+)

OK Cancel



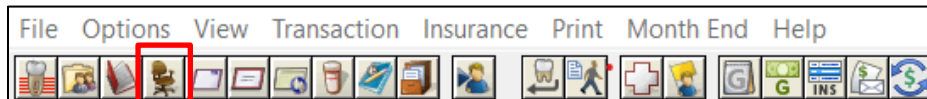
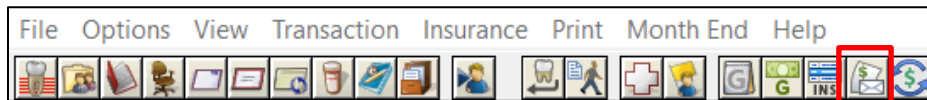
Generating a Billing Statement

- Generate a Single Billing Statement

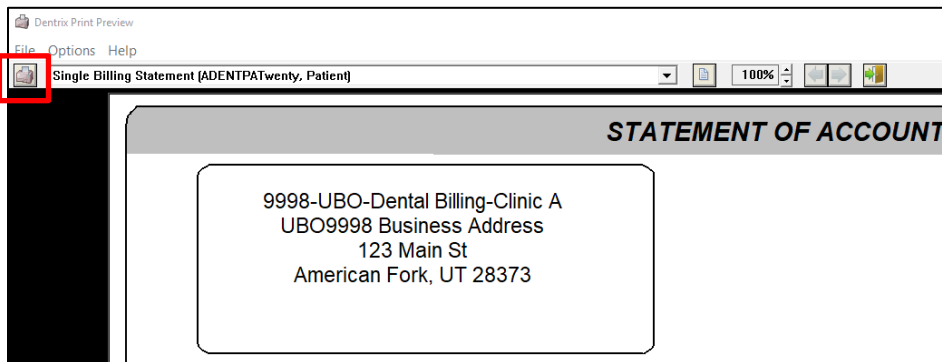
- Click Print Statement to send the statement to Batch Processor (only click once) 
- Click the Office Manager button 
- Description column of the Batch Processor: the patient's Single Billing Statement
- Click the Print Report button 
- Click OK
- Click the Close button (X icon) to close the Office Manager



Generating a Billing Statement (2)





Batch Processor (This Clinic, Full Display)					
Date	Description	Clinic	Time Zone	Operator	Status
04/07/2025	Single Billing Statement (ADENTPATwenty, Patient)	UBO9998	UTC -07:00 (PDT)	ADENTPA20	UnPrinted





Collections Manager



- Generate the Collections Manager List
 - Click the Collections Manager button from the Dentrax Ledger 
 - Select Billing Type list: Select Billing Types (non-active-duty billing types 3-28, active-duty 1&2)
 - List accounts section: by click
 - Click the Clinic section search button (double greater than icon) to select specific clinics 
 - Select the rendering clinic or multiple dependent on report use
 - Click OK
 - Minimum Days Past Due section: Select Option
 - Ins Min Days Past Due section: Select Option
 - Select # of Pmts missed section: Select Option
 - Click Show Columns
 - Available Columns list: Add
 - Show these columns in this order list: Remove anything necessary
 - Click OK
 - Click OK
 - Click the Minimize button (minus sign icon) to minimize the Collections Manager



Collections Manager (2)

Collections Manager View: All Clinics

Select Guarantor ☐ All Guarantors

From: <ALL> >>

To: <ALL> >>

Select Billing Type: ☐ All Billing Types

- 1: ACTIVE DUTY TRICARE DENTAL
- 2: AD FAMILY MEMBER TRICARE DENTAL
- 3: COAST GUARD TRICARE DENTAL
- 4: COAST GUARD FAMILY MEMBER
- 5: PUBLIC HEALTH TRICARE DENTAL
- 6: PUBLIC HEALTH FAMILY MEMBER
- 7: FOREIGN MILITARY
- 8: FOREIGN MILITARY FAMILY MEMBER
- 9: NOAA TRICARE DENTAL
- 10: NOAA FAMILY MEMBER

☒ Skip Accounts With Claim Pending

...If Patient Portion Less Than: 1.00

For Payment Agreement (PA),
Payment Plans (PP),
Future Due Payment Plans (FD): ☒ All

With a Payment Agreement and a PP
With a Future Due Payment Plan
With a PA, a PP and a FD
Without a Payment Agreement and a PP
Without a Future Due Payment Plan
Without a PA, a PP and without a FD

List Accounts

☐ ...by Provider ☒ All >>

☒ ...by Clinic ☒ All >>

Minimum Days Past Due

☒ Over 0 ☐ Over 30
☐ Over 60 ☐ Over 90

Ins Min Days Past Due

☒ Over 0 ☐ Over 30
☐ Over 60 ☐ Over 90

Select # of Pmts Missed

☐ No pmts missed
☒ 0 or more ☐ 2 or more
☐ 1 or more ☐ 3 or more

Min Balance: 0.01

Accounts with suspended amount >= 0.00

Last Pmt Before: 07/22/2019

If Not Billed Since: 07/22/2019

Last Visit Before: 07/22/2019

Previous OJ Entry Before: 07/22/2019

☒ Show Totals

Show Columns

Available Columns:

- # Pmts Missed
- Account Provider
- Best Time to Call
- E-mail address
- Family Position
- Future Rem. Type
- Future Reminder Date
- Guarantor City
- Guarantor State
- Guarantor Zip Code
- Last Payment Amount
- Last Payment Date
- Prev. Office Journal Entry
- Prev. OJ Entry Type
- Work Phone&Ext

Show these columns in this order:

- Guarantor Name
- Chart #
- Birthday & Age
- Soc Sec #
- Home Phone
- Billing Type
- Account Clinic
- 0->30 Balance
- 31->60 Balance
- 61->90 Balance
- 91-> Balance
- Suspended Credit
- PA Rem Balance
- PA Amount Due
- Acct Balance
- Amt Billed to Ins
- Insurance Estimate
- Guarantor Estimate
- Last Statement Date



Collections Manager Report



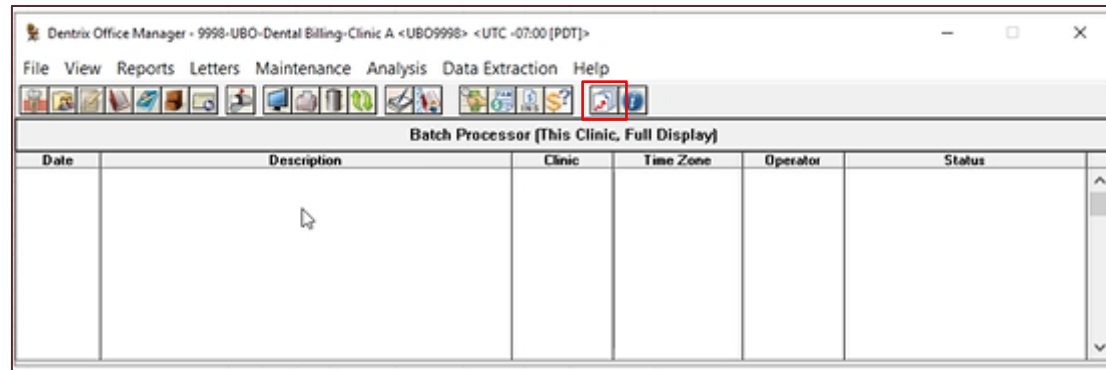
File View Setup Print Help										
Guar Name	Chart#	Birthday, Age	SS #	Home	BT	Clinic	0->30	31->60	61->90	
ADENTPAEight...	00000...	01/01/2001,24			20	MHSGENA	2160.00	0.00	0.00	^
ADENTPAEight...	00000...	01/01/2001,24			18	MHSGENA	2160.00	0.00	0.00	
ADENTPAEight...	00000...	01/01/2001,24			14	MHSGENA	2160.00	0.00	0.00	
ADENTPAEight...	00000...	01/01/2001,24			14	MHSGENA	2160.00	0.00	0.00	
ADENTPAEight...	00000...	01/01/2001,24			21	MHSGENA	2160.00	0.00	0.00	
ADENTPAEight...	00000...	01/01/2001,24			20	MHSGENA	2160.00	0.00	0.00	
ADENTPAEight...	00000...	01/01/2001,24			16	MHSGENA	2160.00	0.00	0.00	
ADENTPAEight...	00000...	01/01/2001,24			16	MHSGENA	2160.00	0.00	0.00	
ADENTPAEight...	00000...	01/01/2001,24			13	MHSGENA	2160.00	0.00	0.00	
ADENTPAEight...	00000...	01/01/2001,24			12	MHSGENA	2160.00	0.00	0.00	
ADENTPAEight...	00000...	01/01/2001,24			18	MHSGENA	2160.00	0.00	0.00	
ADENTPAEight...	00000...	01/01/2001,24			17	MHSGENA	2160.00	0.00	0.00	
ADENTPAElev...	00000...	01/01/2001,24			23	MHSGENA	2160.00	0.00	0.00	
ADENTPAFite...	00000...	01/01/2001,24			15	MHSGENA	2160.00	0.00	0.00	
ADENTPAFifty...	00000...	01/01/2001,24			18	MHSGENA	2160.00	0.00	0.00	
ADENTPAFifty...	00000...	01/01/2001,24			20	MHSGENA	2160.00	0.00	0.00	
ADENTPAFifty...	00000...	01/01/2001,24			21	MHSGENA	2160.00	0.00	0.00	
ADENTPAFifty...	00000...	01/01/2001,24			22	MHSGENA	2160.00	0.00	0.00	
ADENTPAFifty...	00000...	01/01/2001,24			23	MHSGENA	2160.00	0.00	0.00	v
ADENTPAFifty...	00000...	01/01/2001,24			18	MHSGENA	2160.00	0.00	0.00	
TOTALS:							106800...	0.00	0.00	
							0.00	0.00	0.00	
							0.00	-600.00	2742.86	
							2609.95	106740...	530.00	
							0.00	0.00	106740...	



DxOne Reports




- Dentrix DxOne Reports can be accessed by selecting the DxOne reports button from the menu bar





Aging / Credit Report



- Generate Aging/Credit Report
 - Click the DXOne Reports button from the Dentrix Enterprise Ledger 
 - Select Report Category: Ledger
 - Double-click Aging/Credit Balance
 - Date Type list box: Entry Date
 - Balance Range list: <Exclude Zero Balances>
 - Click the Clinic pane: Select desired clinics for report
 - Click Add
 - Click OK
 - Billing Type ID dialog box: Select the desired billing types for the report
 - Click Add
 - Click OK
 - Click Print
 - Click the Close button (X icon) to close the Report Preview window
 - Click the Close button (X icon) to close the Aging/Credit Balance dialog box



Dentrix Patient Accounting Reports

- Dentrix Enterprise Report Overview
 - Aging/Credit Balance: Use this report to reconcile accounts receivables, including patient balances, balances for patients with outstanding claims, and errors in posting.
 - ✓ You can also use this report to locate balances over 120 days that need to be sent to collections.
 - Insurance Claim Aging: This report lists all outstanding claims and their respective ages.
 - Day Sheet: Run this report lists to show the total cost of care for individual billing types.
 - Suspended Credits: This report lists all accounts with unapplied credits.
 - Utilization: Use this report to show the full value of services rendered, as well as reduced charges for interagency billing.
- DXOne Reports Overview
 - You can preview reports created from DXOne Reporting, and print them, save them to a file, and export them.
 - They do not go to the Batch Processor.
 - The patient billing type must be verified at check in.
 - Failure to update the billing type for non-DOD active-duty dental patients from the default Type 1 negatively affects all reports.
 - The Save as Default option retains filter selections as a template for future use.
 - You can use the Schedule and Template Only option to create report templates for each provider.
 - Rename the report template to differentiate between providers.



Aging / Credit Report (2)



DXONE Reporting

File Reports Security Scheduling E-Mail Help

Select Report Category:

- Reference
- Management
- Ledger

Double Click to Launch Report Options:

- Aging/Credit Balance
- Insurance Claim Aging
- Insurance Claims Not Sent

Aging/Credit Balance

Aged Balance as of 4/8/2025

Last Pmt Before 4/8/2025 ☒ All

Date Type

☐ Entry Date

☒ Procedure Date

Balance Range

<Exclude Zero Balances>

Minimum <ALL> Maximum <ALL>

Guarantor

From: >> ☒ All

To: >> ☒ All

Clinic

>> ☐ All

Provider

>> ☒ All

Billing Type

>> ☐ All

Patient Tag

☐ Run By Patient Tag

>> ☒ All

Aging Intervals

Over 0

Over 30

Over 60

Over 90

Over 120

Over 150

Over 180

Days Past Due

Minimum 0

Maximum <No Limit>

Group By

☐ Guarantor

☒ Only Guarantor

☐ Clinic

☐ Provider

☒ Clinic\Guarantor

☐ Provider\Guarantor

Sort Options

☒ By Guarantor Name

☐ By Over 180 to Current Balance

☐ By Largest to Smallest Balance



Other Options

☐ Include Guarantor Notes

Save as Default Clear Defaults Schedule OK Cancel



Insurance Claim Aging Report

- Generate an Insurance Claim Aging Report
 - Select Report Category list: Ledger
 - Double-click Insurance Claim Aging
 - Click the Clinic Search button 
 - ID column: Select desired clinics
 - Click Add
 - Click OK
 - Click the Select Bill Type search button 
 - ID column: Select desired billing types
 - Click Add
 - Click OK
 - Review the Dental Insurance Claim Aging Report



Aging Report Preview



DXONE Reporting

File Reports Security Scheduling E-Mail Help

Select Report Category: Double Click to Launch Report Options:

Reference	Aging/Credit Balance
Management	Insurance Claim Aging
Ledger	Insurance Claims Not Sent



Report Preview

Type the text to find

1 / 11

Preview

Server Name: <Default>

AGING REPORT

Balance as of: 4/8/2025 Procedure Date
Last Payment Before: <ALL>
Balance Range: <Exclude Zero Balances>
Guarantor Range: <ALL> - <ALL>
Days Past Due: 0 - <No Limit>
Clinics: MHSGENA, MHSGENB, MHSGENC, MHSGEND
Provider: <ALL>
Billing Types: 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28

Report Date: 4/8/2025 Report Generated By: ADENTPA20 Page 1 of 11

Guarantor Name	Phone	ST	Last Pmt Date	Last Pmt Amt	Last Stmt Date	0-30	31-60	61-90	91-120	121-150	151-180	Over 180	Sus Cred	Balance
MHSGENA						0.00	0.00	0.00	124.94	0.00	0.00	207,861.09	-100.00	207,866.03
ADENTPAEighty, Patient	20		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAEighteen, Patient	18		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAEighty, Patient	14		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAEightyEight, Patient	14		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAEightyFive, Patient	21		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAEightyFour, Patient	20		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAEightyNine, Patient	16		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAEightyOne, Patient	16		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAEightySeven, Patient	13		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAEightySix, Patient	12		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAEightyThree, Patient	16		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAEightyTwo, Patient	17		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAEleven, Patient	23		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAFifteen, Patient	15		0.00	08/25/2022		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAFifty, Patient	18		0.00	06/29/2023		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAFiftyEight, Patient	20		0.00	06/29/2023		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAFiftyNine, Patient	21		0.00	06/29/2023		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00
ADENTPAFiftyFour, Patient	22		0.00	06/29/2023		0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00	2,160.00

Page 1 of 11 | Main Report



Day Sheet Report



- Generate a Day Sheet Report
 - Select Report Category list: Management
 - Double-click Day Sheet
 - Date Range section: Relative Date Range or Date Range
 - Relative Date Range list: make a selection from the drop-down or include a date range
 - Date Type: Entry Date
 - Click the Clinic Search button (double greater than icon) to select specific clinics
 - ID column: Select desired clinics
 - Click Add
 - Click OK
 - Clinic list box: Rendering Clinic
 - Provider/Staff dialog box: All
 - ID and Description columns: select desired billing types
 - Group by section: Billing Type
 - Layout Options section: Chart #
 - Click OK
 - Click the Print Report button (printer icon)
 - Click the close button (X icon) to close the Print Preview window



Day Sheet Report (2)



DXONE Reporting

File Reports Security Scheduling E-Mail Help

Select Report Category:

- Reference
- Management
- Ledger
- Analysis
- List
- Audit
- UDS

Double Click to Launch Report Options:

- Analysis Summary
- Appointment Cycle Time
- Appointment Statistics
- Assigned Rights Report - Current
- Credit Card Transaction
- Daily Summary
- Day Sheet

Select Clinics

Search Clear Search

ID	Practice Title
1D13	0457-13 Area Dental Clinic Mainside
1D13M	0457-13 Area Dental Clinic Mainside - Mobil...
1D29	1676-Twenty-nine Palms Dental Clinic
1D29M	1676-Twenty-nine Palms Dental Clinic Mobile...
1D8P	1426-Bridgeport Dental Clinic
1DCC	1974-22 Area Dental Clinic Chappo
1DCH	1406-53 Area Dental Clinic Horno
1DCM	1407-33 Area Dental Clinic Margarita

Add Remove

Day Sheet

Date Range

☒ Specific Range

From: 4/8/2025 To: 4/8/2025

☐ Relative Date Range

Current Day

Date Type

☐ Entry Date

☒ Procedure Date

Clinic

>> ☐ All

☒ Collecting Clinic

☐ Rendering Clinic

Provider/Staff

>> ☒ All

Billing Type

>> ☐ All

Patient Tag

☐ Run By Patient Tag

>> ☒ All

Group By

☐ No Group By

☒ Clinic

☒ Provider

☐ Provider

☐ Clinic

☐ Billing Type

☐ No Subgroup

☐ Clinic

☐ Provider

Layout Options

☐ Phone #

☒ Chart #

Report Detail Sort

☒ Alphabetical

☐ Chronological

Other Options

☐ Do not display Patient Name

Save as Default Clear Defaults Schedule OK Cancel

Report Preview

Preview

Server Name: <Default>

Alphabetical Day Sheet

4/8/2025 - 4/8/2025 Procedure Date

Clinic: MHS02NA, MHS02NA, MHS02NA, MHS02NA

Provider: <ALL>

Billing Type: 005, 006, 007, 008, 009, 010, 011, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 022, 023, 024, 025, 026, 027, 028

Report Date: 4/8/2025 Report Generated By: ACDVTPA20 Page 1 of 10

Entry Date	Proc Date	Patient Name	Description	Charges	Credits	BT	Prov	Clinic	Chart
Clinic: MHS02NA									
Prov: ACDVTPA20									
04/08/2025	04/08/2025	ACDVTPA20	Patient Insurance Payment Claim 12445578	-12.00	18		ACDVTPA20	MHS02NA	000000007
04/08/2025	04/08/2025	ACDVTPA20	Patient Insurance Payment Claim 12445578	-12.00	18		ACDVTPA20	MHS02NA	000000007
04/08/2025	04/08/2025	ACDVTPA20	Patient Insurance Payment Claim 12445578	-12.00	18		ACDVTPA20	MHS02NA	000000007
04/08/2025	04/08/2025	ACDVTPA20	Patient Insurance Payment Claim 12445578	-12.00	18		ACDVTPA20	MHS02NA	000000007
04/08/2025	04/08/2025	ACDVTPA20	Patient Insurance Payment Claim 12445578	-12.00	18		ACDVTPA20	MHS02NA	000000007
04/08/2025	04/08/2025	ACDVTPA20	Patient Insurance Payment Claim 12445578	-12.00	18		ACDVTPA20	MHS02NA	000000007
04/08/2025	04/08/2025	ACDVTPA20	Patient Insurance Payment Claim 12445578	-12.00	18		ACDVTPA20	MHS02NA	000000007
04/08/2025	04/08/2025	ACDVTPA20	Patient Insurance Payment Claim 12445578	-12.00	18		ACDVTPA20	MHS02NA	000000007
Clinic: MHS02NA									
Prov: ACDVTPA20									
04/08/2025	04/08/2025	ACDVTPA20	Patient Insurance Payment Claim 12123121	-45.00	18		ACDVTPA20	MHS02NA	000000007
Clinic: MHS02NA									
Prov: ACDVTPA20									
04/08/2025	04/08/2025	ACDVTPA20	Patient Insurance Payment Claim 12123121	-45.00	18		ACDVTPA20	MHS02NA	000000007
Clinic: MHS02NA									
Prov: ACDVTPA20									
04/08/2025	04/08/2025	ACDVTPA20	Patient Insurance Payment Claim 12123121	-45.00	18		ACDVTPA20	MHS02NA	000000007

Page 1 of 10 Main Report



Suspended Credits Report



- Generate a Suspended Credits Report
 - Select Report Category list: Ledger
 - Double-click Suspended Credits
 - Select the report options
 - Click OK
 - Review the report
 - Click the Close button (X icon) to close the Report Preview window
 - Click the Close button (X icon) to close the Suspended Credits dialog box



Suspended Credits Report (2)



DXONE Reporting

File Reports Security Scheduling E-Mail Help

Select Report Category:

- Reference
- Management
- Ledger
- Analysis
- List
- Audit
- UDS
- Custom

Double Click to Launch Report Options:

- Aging/Credit Balance
- Insurance Claim Aging
- Insurance Claims Not Sent
- Pre-Estimate Aging
- Pre-Estimates Not Sent
- Procedures Not Attached to Insurance
- Provider Revenue
- Secondary Insurance Claims Not Created
- Secondary Pre-Treatment Est. Not Created
- Suspended Credits**

Suspended Credits

Date Range

☒ All

☐ Specific Range

From: 05/13/2025

To: 05/13/2025

☐ Relative Date Range

Current Day

Date Type

☒ Entry Date

☐ Procedure Date

Guarantor

From: >> ☒ All

To: >> ☒ All

Clinic

>> ☒ All

Billing Type

>> ☒ All

Patient Tag

☐ Run By Patient Tag

>> ☒ All

Group By

☒ Clinic

☐ Guarantor

Sort By

☒ Date

☐ Name

☐ Clinic

Save as Default Clear Defaults Schedule OK Cancel

Report Preview

Type the text to find

1 / 1

Preview

Server Name: <Default>

Suspended Credits Report

Date Range: 10/01/2024 - 04/08/2025 Entry Date
Clinics: <ALL>
Billing Types: 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28
Guarantor Range: <ALL> - <ALL>
Sort By: Date

Report Date: 4/8/2025 Report Generated By: ADENTPA20 Page 1 of 1

Entry Date	Proc Date	Patient Name	Description	Amount	Suspended	Clinic
Clinic: UB09998						
Guarantor: ADENTPASeventySeven, Patient BT 18 Ledger Balance: 785.00 Ledger Suspended: -300.00						
04/08/2025	04/08/2025	ADENTPASeventySeven, Patient	Credit Card Payment	-300.00	-300.00	UB09998
Guarantor's Report Total:				-300.00	-300.00	
Guarantor: ADENTPATwenty, Patient BT 21 Ledger Balance: 1,810.00 Ledger Suspended: -300.00						
04/08/2025	04/08/2025	ADENTPATwenty, Patient	Check Payment	-300.00	-300.00	UB09998
Guarantor's Report Total:				-300.00	-300.00	
UB09998 Total Suspended Amount:				-600.00		
Grand Total Suspended Amount:				-600.00		

Page 1 of 1 | Main Report



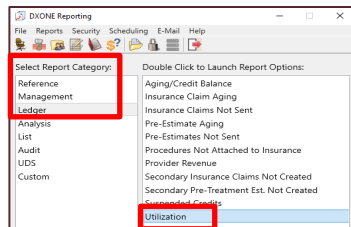
Utilization Report



- Generate a Utilization Report
 - Select Report Category list: Ledger
 - Double-click Utilization
 - Date Range from box: ten years prior
 - Click the Select Clinics button (double greater than icon)
 - ID column: Select desired clinics
 - Click Add
 - Click OK
 - Click the Select Billing Type button (double greater than icon)
 - ID column: the 3 Coast Guard TRICARE Dental – 4 Coast Guard TRICARE Family Dental billing types for Coast Guard only
 - Click Add
 - Click OK
 - Click the Fee Schedule button (double greater than icon)
 - Fee Schedule list: IOR – Interagency
 - Click OK
 - Click the Print Report button (printer icon)
 - Review the report
 - Click the Print button
 - Click the Close button (X icon) to close the Report Preview window
 - Click the Close button (X icon) to close the Utilization dialog box
 - Click the Close button (X icon) to close the DXOne Reporting window



Utilization Report (2)



Utilization

Date Range

Specific Range

From: 05/13/2025

To: 05/13/2025

Relative Date Range

Current Day

Date Type

Entry Date

Procedure Date

Insurance Carrier

From: >> All

To: >> All

Include

All Procedures

Only Procedures in Coverage Table

Compare Fee Schedule With

Transaction Amount

Co-Pay From Coverage Table

Other Options

New Page For Each Plan

Group By Clinic

Insurance Plan Totals Only

Clinic

>> All

Provider/Staff

>> All

Billing Type

>> All

ADACode

>> All

Fee Schedule

>> 00001: Zero Fee

Patient Tag

Run By Patient Tag

>> All

Save as Default Clear Defaults Schedule OK Cancel

Select Clinics

Search Clear Search

ID	Practice Title
1D13	0457-13 Area Dental Clinic Mainside
1D13M	0457-13 Area Dental Clinic Mainside - Mobil...
1D29	1676-Twenty-nine Palms Dental Clinic
1D29M	1676-Twenty-nine Palms Dental Clinic Mobile...
1DBP	1426-Bridgeport Dental Clinic
1DCC	1974-22 Area Dental Clinic Chappo
1DCH	1406-53 Area Dental Clinic Horno
1DCM	1407-33 Area Dental Clinic Margarita

Add Remove

Select Billing Type

Search Clear Search

ID	Description
2	AD FAMILY MEMBER TRICARE DENTAL
3	COAST GUARD TRICARE DENTAL
4	COAST GUARD FAMILY MEMBER
5	PUBLIC HEALTH TRICARE DENTAL
6	PUBLIC HEALTH FAMILY MEMBER
7	FOREIGN MILITARY
8	FOREIGN MILITARY FAMILY MEMBER
9	NOAA TRICARE DENTAL

Add Remove

Select Fee Schedule

Search Clear Search

Fee Schedule ID	Fee Schedule Name
00002	KDR - Intersgency
00003	IMET
00004	KDR DOD_No VA SA
00005	DoD Full Fee
00006	DOD_VA Local/Natl20%
00007	DOD_VA Alaska 10%

OK Cancel



Utilization Report (3)



Report Preview

Type the text to find

1 / 2

Preview

Server Name: <Default>

UTILIZATION REPORT - DENTAL

Date Range: 3/1/2020 - 4/8/2025 Procedure Date
FEE: 00002: IOR - Int-agency
Compare FEE Schedule With: Transaction Amount
Include: All Procedures
Clinic(s): <ALL>
Provider(s): <ALL>
Billing Type(s): 003, 004
ADA Code(s): <ALL>
Carrier From: <ALL>
Carrier To: <ALL>

Report Date: 4/8/2025

Report Generated By: ADENTPA20

Page 1 of 2

INSURANCE CARRIER NAME				GROUP PLAN			GROUP NUMBER		PHONE				
SUBSCRIBER	DATE	ID #	PATIENT NAME	BIRTHDATE	SS #	CODE	DESCRIPTION	TH	SURFACE	PROVIDER	CLINIC	FEE	CO-PAY
MHSGENA													
TRICARE													
Active Duty													
025 (I)-													
ADENTTwo, Patient	08/28/2023		ADENTTwo, Patient	01/01/2001		D0150	Comp oral eval-new/estab pat			AADENTDR1	MHSGENA	98.20	102.32
TRICARE Totals:			Fee:	CoPay:	(Fee - CoPay):	Total Office Visits:		Total Patients Seen					
			96.20	102.32	-6.12	1		1					
TRICARE													
Active Duty - USCG													
025 (I)-													
ADENTFourEightyEight, Patient	08/28/2023		ADENTFourEightyEight, Patient	01/01/2001		D0150	Comp oral eval-new/estab pat			AADENTDR1	MHSGENA	98.20	102.32
ADENTFourEightyNine, Patient	08/28/2023		ADENTFourEightyNine, Patient	01/01/2001		D0150	Comp oral eval-new/estab pat			AADENTDR1	MHSGENA	98.20	102.32
ADENTFourNinety, Patient	08/28/2023		ADENTFourNinety, Patient	01/01/2001		D0150	Comp oral eval-new/estab pat			AADENTDR1	MHSGENA	98.20	102.32
DentalTwentyfive, Patient	10/04/2023		DentalTwentyfive, Patient	01/01/2001		D2393	Resin composite-3s, posterior	14	MOD.	DENTPA44	MHSGENA	268.74	317.74
DentalTwentyfive, Patient	10/04/2023		DentalTwentyfive, Patient	01/01/2001		D2393	Resin composite-3s, posterior	2	MOD.	DENTPA44	MHSGENA	268.74	317.74
DentalTwentyfive, Patient	10/04/2023		DentalTwentyfive, Patient	01/01/2001		D2393	Resin composite-3s, posterior	31	MOD.	DENTPA44	MHSGENA	268.74	317.74

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100%



Dentrix Resources



- [Adoption Central Sharepoint Site](#)
 - [MHS Genesis Workflow Library Link](#)
 - [Knowledge Center Link](#)
- [JKO Training](#)
 - Dental Patient Accounting VILT (MHSG-US601-SUST-EHRu)



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