



# Dentrix Overview

Unique Chibli

May 2025



# Agenda

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- 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 Dentrix 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)

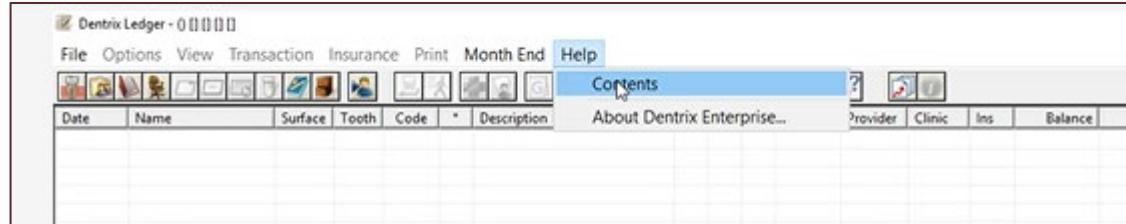
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- **Patient Payments, Non-Covered Procedures, and Payment Plans**
  - 1DOD – Dental – Elective (Non-Covered) Dental Procedure – Billable (Patient Accounting)
  - 1DOD – Dental – Self-Pay and Patient Balance Posting (Patient Accounting)
- **Dental Patient 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 Dentrix Resources

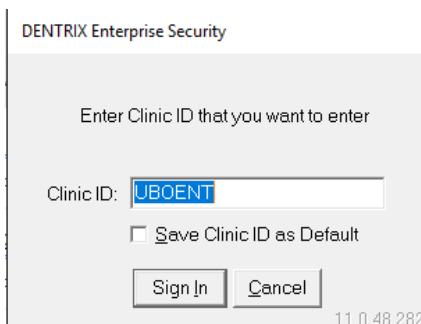
- Within the Dentrix Ledger, select Help > Contents from the menu bar.
  - Similar to the “Learning Live” function in PowerChart, the Contents option will bring you to a library of tip sheets on various Dentrix processes.





# How to access Dentrix

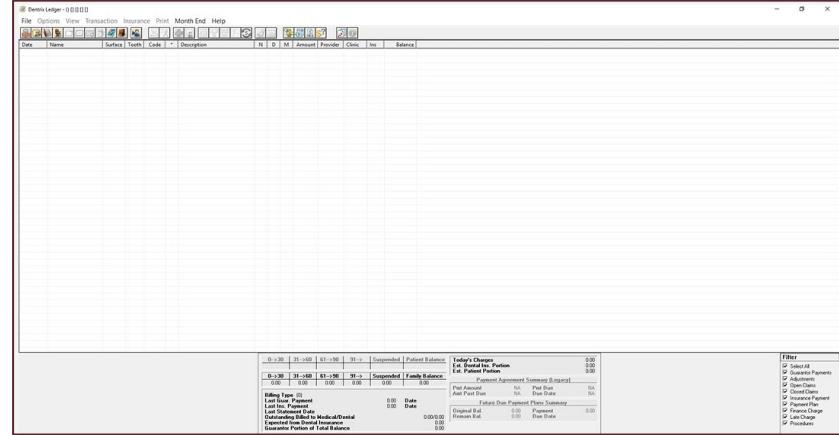
- Dentrix can be accessed from the Citrix storefront.
  - [Citrix Storefront link](#)
  - If you do not currently have access to Dentrix, please work with your local Training Roles Manager (TRM) to open an account request. You may be required to complete a training course in JKO prior to your access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





# Overview of Dentrix Ledger

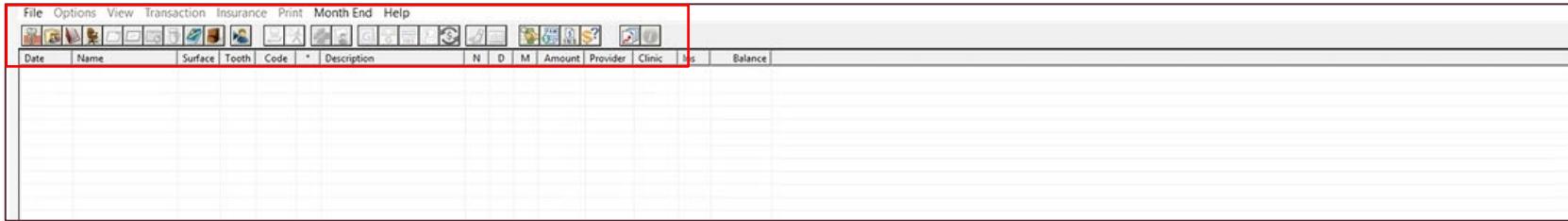
- The Dentrix Ledger is where patient accounts and billing activities are managed, including claim creation, posting of payments and adjustments, and patient statement creation.
  - **Viewing Financial Transactions:** Provides a detailed log of all charges, payments, and adjustments for each patient 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.





# Menu Options

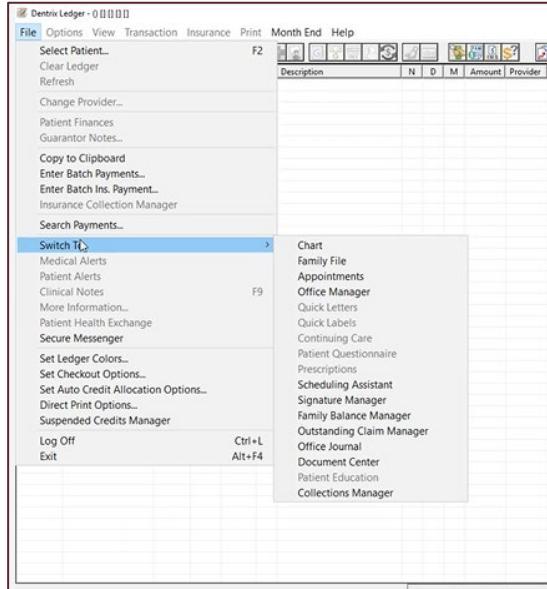
- The Dentrix Ledger window consists of the menu bar, toolbar, transaction log, and various sections containing financial information.
  - The toolbar contains several buttons you can click to access certain areas or features of Dentrix.





# 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

A screenshot of the Dentrix Ledger software interface. The window title is 'Dentrix Ledger - 00000'. The menu bar includes 'File', 'Options', 'View', and 'Tools'. The toolbar below the menu contains icons for 'New', 'Open', 'Save', 'Print', 'Exit', and 'Help'. The main workspace shows a 'Family File' list with the first item 'Name'.

Name: ADENTPAseven, Patient	Consent: 01/21/2021	Chart #: 000005007												
Address: 123 Main St	First Visit: 01/21/2021	Clinic: MHSGENA												
Falls Church, VA 22042	Last Visit: 07/15/2022	SSN:												
Phone:	Missed Appt:	Birth: 01/01/2001, 24												
Status: Active, F, Married, Guar, H-of-H		Provider: DEF, PROV												
E-Mail: email@gmail.com		Fee Sched: <Prov Default>												
<table border="1"> <tr> <td>Medical Alerts</td> <td>Employer</td> <td>Cont. Care</td> </tr> <tr> <td></td> <td></td> <td>07/16/23 Exam</td> </tr> </table>		Medical Alerts	Employer	Cont. Care			07/16/23 Exam	Patient Notes						
Medical Alerts	Employer	Cont. Care												
		07/16/23 Exam												
Insurance: Dental Primary Company:  Group Plan:  Group #:  Fee Sched:  Coverage: 0.00 Used: 0.00 Ded. S/P/D: 0.0/0 Met: 0.0/0		(No Note)												
<table border="1"> <tr> <td>0-30</td> <td>31-60</td> <td>61-90</td> <td>91-&gt;</td> <td>Suspended</td> <td>Balance</td> </tr> <tr> <td>2160.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>2160.00</td> <td></td> </tr> </table>		0-30	31-60	61-90	91->	Suspended	Balance	2160.00	0.00	0.00	0.00	2160.00		Referred By  Referred To
0-30	31-60	61-90	91->	Suspended	Balance									
2160.00	0.00	0.00	0.00	2160.00										
Payment Amt: NA And Past Due: NA Bill Type: 18 Last Payment: 0.00														
Status	Name	Position	Gender	Patient	Birthday									
Holli Grue	ADENTPAseven, Patient	Married	Female	Yes	01/01/2001									



# Family File (2)

- Family File > Patient Information section expanded:

Patient Information

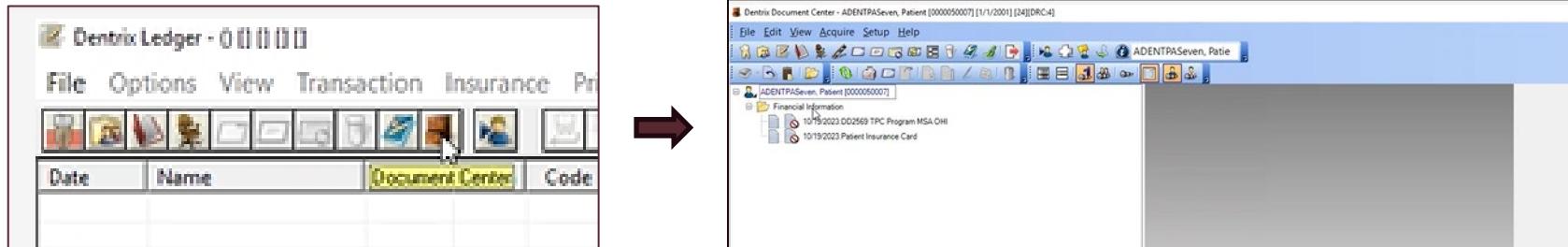
Personal		Demographics		Office Info	
Last <input type="text" value="ADENTPAServ"/>	First <input type="text" value="Patient"/>	Patient Status <input type="text" value="Patient"/>	Sex <input type="text" value="Female"/>	Prov1 <input type="text" value="DEF_PROV"/>	Prov2 <input type="text" value=""/>
Middle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

OK Cancel



# Document Center

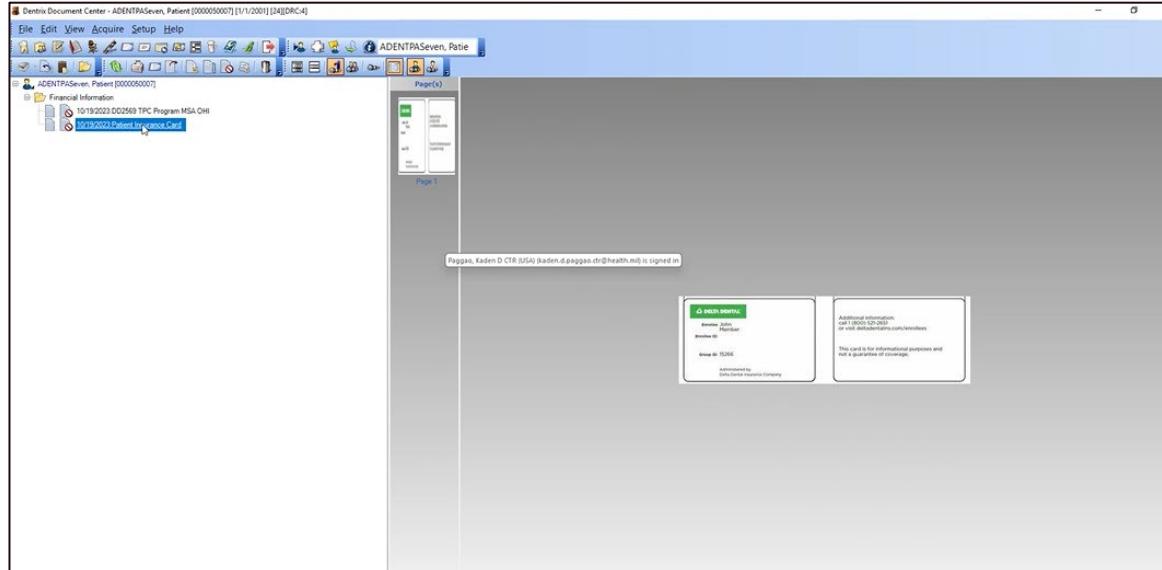
- The Document Center is where patient documentation is uploaded (ex: scanned insurance cards). Documents in the Dentrix Document Center can also typically be found in the Images tab in PowerChart.





## Document Center – Viewing Scanned Insurance Cards

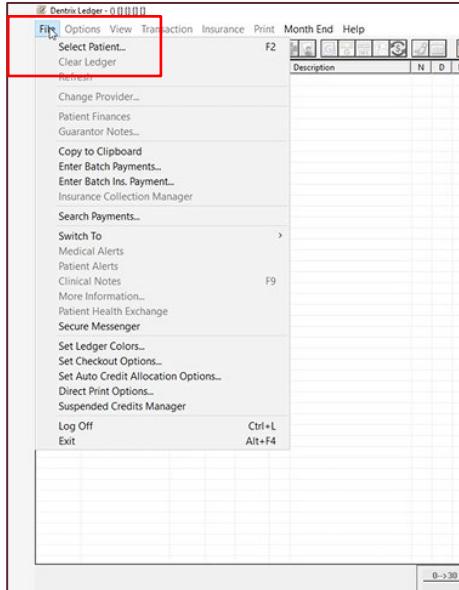
- To view a document, such as an insurance card in the Documents Center, double click on the document name to view.





# Searching for a Patient

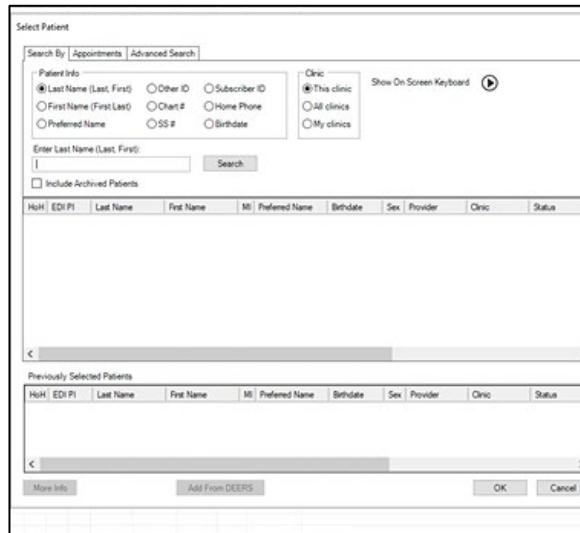
- To search for a patient in the Dentrix ledger, select File > Select Patient, OR click the Select Patient button from the menu bar





## 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



Search By Appointments Advanced Search

Search By Patient Family

Last Name: [ ] Chart #: [ ] Clinic: [ ] This clinic

First Name: [ ] SS #: [ ] All clinics

Preferred Name: [ ] Birthday: [ ] My clinics

Sex: [ ] ID Type: EDI PI

Phone: [ ] ID #: [ ]

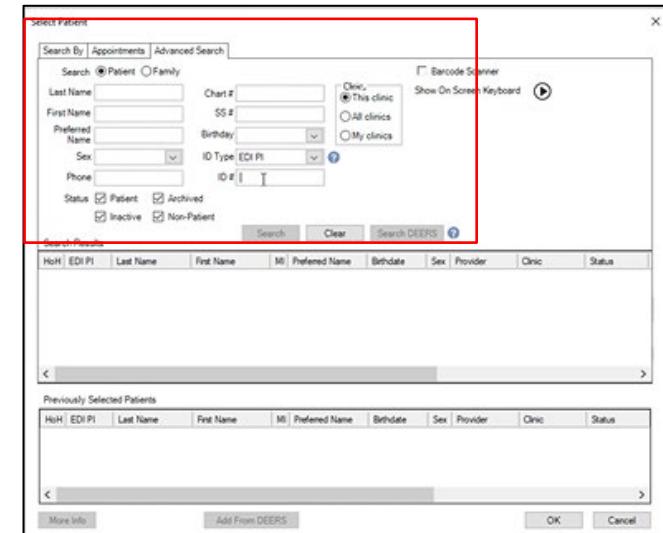
Status:  Patient  Archived  
 Inactive  Non-Patient

Search: [ ] Clear: [ ] Search DEERS: [ ]

Previously Selected Patients

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

More Info: [ ] Add From DEERS: [ ] OK: [ ] Cancel: [ ]



Search By Appointments Advanced Search

Search By Patient Family

Last Name: [ ] Chart #: [ ] Clinic: [ ] This clinic

First Name: [ ] SS #: [ ] All clinics

Preferred Name: [ ] Birthday: [ ] My clinics

Sex: [ ] ID Type: EDI PI

Phone: [ ] ID #: [ ]

Status:  Patient  Archived  
 Inactive  Non-Patient

Search: [ ] Clear: [ ] Search DEERS: [ ]

Previously Selected Patients

HoH	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:  Patient  Family

Search  Last Name  First Name  Preferred Name  Sex  Phone  Chart #  SS #  ID Type  ID #  Clinic:  This clinic  All clinics  My clinics  Barcode Scanner  Show On Screen Keyboard

Status:  Patient  Archived  Inactive  Non-Patient

Search Results

HoH	EDI PI	Last Name	First Name	MI	Prefered Name	Birthdate	Sex	Provider	Clinic	Status
*	0000050	ADENTPASevent...	Patient			1/1/2001	F	DEF_PROV	MHSGENA	Patient
*	0000050	ADENTPASevent...	Patient			1/1/2001	F	DEF_PROV	MHSGENA	Patient
*	0000050	ADENTPASeventy	Patient			1/1/2001	F	DEF_PROV	MHSGENA	Patient
*	0000050	ADENTPASevent...	Patient			1/1/2001	F	DEF_PROV	MHSGENA	Patient
*	0000050	ADENTPASevent...	Patient			1/1/2001	F	DEF_PROV	MHSGENA	Patient
*	0000050	ADENTPASevent...	Patient			1/1/2001	F	DEF_PROV	MHSGENA	Patient

Previously Selected Patients

HoH	EDI PI	Last Name	First Name	MI	Prefered 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) [MHSGENIA] [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 th/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 >

Date	Name	M	Amount
01/06/2022	Patient ADENTPASeven	All (with running balance)	
01/06/2022	Patient ADENTPASeven	Patient ADENTPASeven(Guar)	
01/14/2022	Patient ADENTPASeven MOD	3	D2393
01/14/2022	Patient ADENTPASeven MOD	4	D2393
01/14/2022	Patient ADENTPASeven MOD	14	D2393
01/28/2022	Patient ADENTPASeven	19	D2950
01/28/2022	Patient ADENTPASeven	19	D2750
03/01/2022	Patient ADENTPASeven		Dent Ins. P
03/01/2022	Patient ADENTPASeven		Ins P
04/08/2022	Patient ADENTPASeven	30	D0220
04/08/2022	Patient ADENTPASeven		D0140
04/08/2022	Patient ADENTPASeven		Ins
04/11/2022	Patient ADENTPASeven	30	D7140
04/11/2022	Patient ADENTPASeven		Ins

Transaction Filter >

- Select All
- Guarantor Payments 50.00
- Adjustments 125.00
- Open Claims 250.00
- Closed Claims 250.00
- Insurance Payment 250.00
- Payment Plan 1050.00
- Finance Charge -500.00
- Late Charge 25.00
- Procedures 75.00



# 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

Patient Balance						Today's Charges		Payment Agreement Summary (Legacy)		Future Due Payment Plans Summary		Filter	
0->30	31->60	61->90	91->	Suspended	Patient Balance	Today's Charges	0.00	Pmt Amount	NA	Pmt Due	NA	<input checked="" type="checkbox"/> Select All	
2160.00	0.00	0.00	0.00	0.00	2160.00	Est. Dental Ins. Portion	0.00	Amnt Past Due	NA	Due Date	NA	<input checked="" type="checkbox"/> Guarantor Payments	
0->30	31->60	61->90	91->	Suspended	Family Balance	Est. Patient Portion	0.00					<input checked="" type="checkbox"/> Adjustments	
2160.00	0.00	0.00	0.00	0.00	2160.00							<input checked="" type="checkbox"/> Open Claims	
Billing Type: (18) RESERVISTS/GUARD <30 DAYS FAMILY MEMBER						Payment Agreement Summary (Legacy)		Future Due Payment Plans Summary		Filter		<input checked="" type="checkbox"/> Closed Claims	
Last Guar. Payment	0.00	Date	0.00	Original Bal.	0.00	Pmt Amount	NA	Original Bal.	0.00	Payment	0.00	<input checked="" type="checkbox"/> Insurance Payment	
Last Ins. Payment	500.00	Date	03/01/2022	Remain Bal.	0.00	Amnt Past Due	NA	Remain Bal.	0.00	Due Date	NA	<input checked="" type="checkbox"/> Payment Plan	
Last Statement Date			08/25/2022									<input checked="" type="checkbox"/> Finance Charge	
Outstanding Billed to Medical/Dental			0.00/0.00									<input checked="" type="checkbox"/> Late Charge	
Expected from Dental Insurance			0.00									<input checked="" type="checkbox"/> Procedures	
Guarantor Portion of Total Balance			2160.00										



# MHS Genesis Dental Workflows

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- 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 - (ADENTPASeven, Patient) [MHSGENA] [UTC -07:00 [PDT]] [DEF\_PROV] [0000050007][DRC:4]

File Edit Help

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

**Insurance:** Dental Primary

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

0->30 31->60 61->90 91-> Suspended Balance  
2150.00 0.00 0.00 0.00 2150.00

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

Status	Name	Position	Gender	Patient	Birthday
HofH 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:

**Insurance Plans**

Coverage Order Change order

1. None	↑
2. None	↓
3. None	
4. None	

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



# Adding Dental Insurance (3)

Insurance Information - (ADENTPAFive, Patient)

**Dental Insurance** | **Medical Insurance**

**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 E

Spouse

Child

Other

**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

**Carrier Name** **Group Plan** **Employer Name** **Group #** **Local #** **Payer...** **Plan Ext ID** **Address**

Carrier Name	Group Plan	Employer Name	Group #
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](mailto: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: AOMFSDR10, Train

Diag. Codes:

Pay To Provider: Billing, UBO

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

Total Billed: 750.00 Pmt Date: Pmt Amt: Description: Check #:

Est Ins Portion: 0.00  
Ins Amt Total: 0.00  
Total Paid: 0.00  
Total Credit Adj: 0.00 Adj Date: Adj Amt: Type:

Total Chrg Adj: 0.00  
Ded S/P/O: 0/0/0  
Amt Outstanding: 0.00

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

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

Insurance Claim Notes  
(No Note)

Insurance C... X

Include

Claim  
 Attachment(s)

**Send to batch** (highlighted with a red box)

Send Electronically

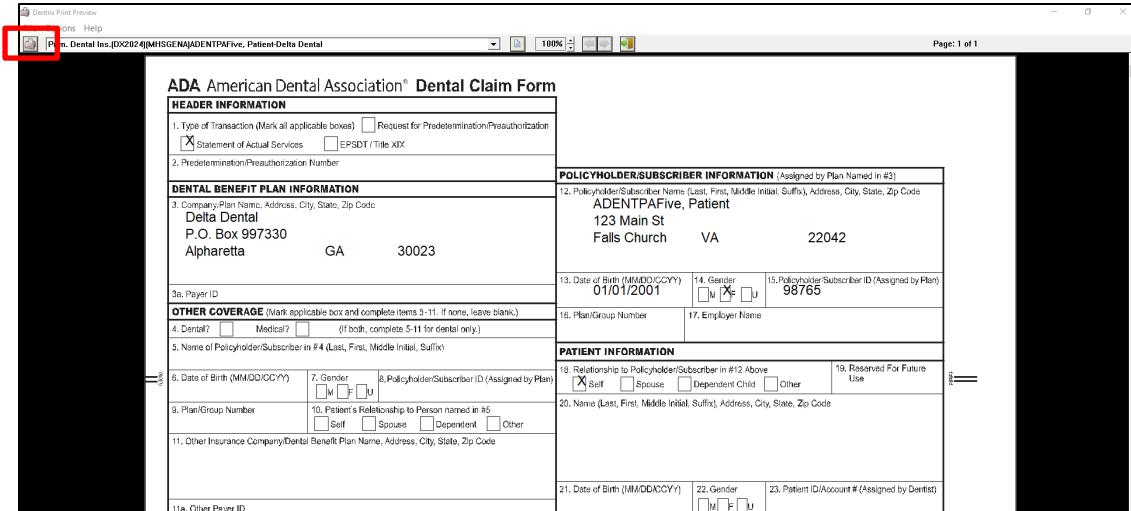
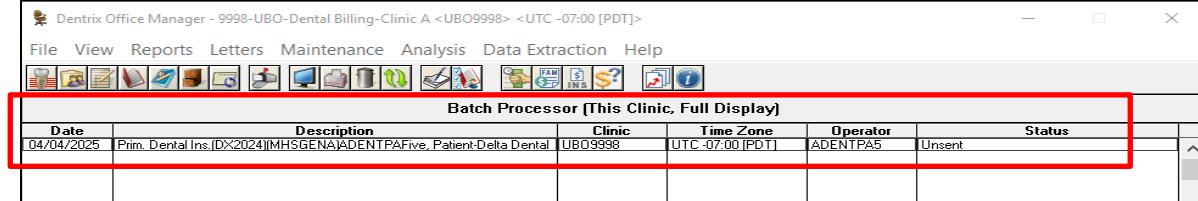
Print

Cancel



UNCLASSIFIED

## Creating a Dental Claim (4)



UNCLASSIFIED



# 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 X

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	Collecting Clinic: MHSGENA >>	Deductible Applied For Claim:
Date: 04/04/2025	Encounter #: _____	Standard: 0.00
Amount: 0.00	Check #: _____	Preventive: 0.00
Pre-Auth Number: _____	Bank/Branch #: _____	Other: 0.00
Claim Clinic: MHSGENA	Payment Type: <input checked="" type="radio"/> Direct Payment <input type="radio"/> Electronic Payment	Enter Adjustment: <input type="button" value="None"/> <input type="button" value="0%"/> <input type="button" value="C%"/>
App Remaining: <input type="button" value="Remove Applied"/>	Total Amount: _____	
Note: <input type="checkbox"/>	NOTE: Insurance Estimates are only for this claim	
<input type="button" value="OK/Post"/> <input type="button" value="Cancel"/>		

Date	Th	Surface	Code	Description	Provider	Charge	Off-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	250.00	
01/14/22	4	MOD	D2393	Resin composite-3s, posterior	AOMFSDR10	250.00	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	250.00	

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



## Posting Payments (2)

Enter Insurance Payment

Operator: ADETNPAS	Collecting Clinic: MHSGENA >>	Deductible Applied For Claim			
Date: 04/04/2025	Encounter #:	Standard 0.00   Preventive 0.00   Other 0.00			
Amount: 320.00	Check #: 7890	Enter Adjustment			
Pre-Auth Number:	Bank/Branch #:	None <input type="button" value="▼"/> <input checked="" type="radio"/> \$ <input type="radio"/> %			
Claim Clinic: MHSGENA	Payment Type: <input checked="" type="radio"/> Check Payment <input type="radio"/> Electronic Payment	Total Amount: <input type="text"/>			
<input type="button" value="Apply Remaining"/> <input type="button" value="Remove Applied"/>	<input checked="" type="checkbox"/> Adjust YTD Benefits/Deductible	<input type="button" value="OK/Post"/> <input type="button" value="Cancel"/>			
<p>Note: <input checked="" type="checkbox"/> ABC</p> <p>(NOTE: Insurance Estimates are only for this claim)</p>					
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: 0.00	Update Payment Table
Applied Amount: 80.00	OK
Pre-Treat Estimate: 0.00	Cancel
Current Coverage: 0.00	

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	80.00	80.00	170.00
01/14/22	4	MOD	D2393	Resin composite-3s, posterior	AOMFSDR10	250.00	0.00	0.00	0.00	120.00	120.00	130.00
01/14/22	14	MOD	D2393	Resin composite-3s, posterior	AOMFSDR10	250.00	0.00	0.00	0.00	120.00	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 - (ADENTPATTwenty, Patient) [MHSGENA] [UTC -07:00 [PDT]] [DEF\_PROV] [000005002]

File Options View Transaction Insurance Print Month End Help

Enter Payment

Operator: ADENTPA20      Collecting Clinic: UBO9998      Date: 04/08/2025      Encounter #:

Amount: 50.00      Check #: 1234      Type:

Apply to:  Charges for: Patient ADENTPATTwenty (Guar)  Payment Plan:   Payment Agreement:

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

**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.



# 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

(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)

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

Do not automatically allocate

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...  
Subscriber: D Enter Adjustment...  
Employer: D Info/Assign of Benefits

Billing Provider: Billing UBO

Rendering Provider: AOMFSDR1, Tran

Diag. Code: Standard

Tooth/ Surface Description Date Code Fee Ins Amnt

3 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 Pet Date: 04/07/2025 Pet Amt: 0.00 Description Check #:

Est Ins Portion: 0.00 (04/07/2025) 0.00 (04/07/2025) Insurance Payment 11233

Ins Amnt Total: 0.00

Total Credit Adt: 300.00

Total Chg Adt: 300.00 Type: Insurance Credit Adjustment

Ded S/P/O: 0.00 (04/07/2025)

Am Outstanding: 620.00

Status: **Invoice #:** 010023150 **Print:** **Trace:** **Date Sent:** 04/07/2025 **On Hold:** **Refund:** **Voided:**

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

Insurance Plan Notes: (No Note)

Enter Credit Adjustment for Insurance Claim

Operator: ADENTPA20 Collecting Clinic: MHSGENA

Date: 04/07/2025 Encounter #:

Amount: 50.00

Type: **3rd Party Collection Write-Off**

- Interagency Discount
- DOD Encounter Billed In Error
- DOD Insurance Refund Reversal
- DOD Patient Refund Reversal
- DFAS Payment
- US Treasury Payment
- Other Agency Payment

Note: **ABC**

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	MHS...		250.00	250.00	0.00	0.00	0.00
01/14/22	1122497	D2393	4	Patient ADE...	AOMFSDR1	MHS...		250.00	250.00	0.00	0.00	0.00
01/14/22	1122497	D2393	14	Patient ADE...	AOMFSDR1	MHS...		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**



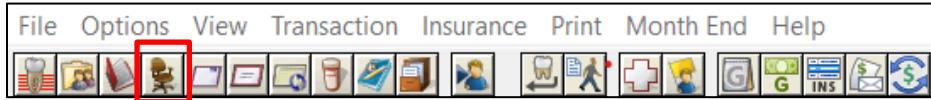
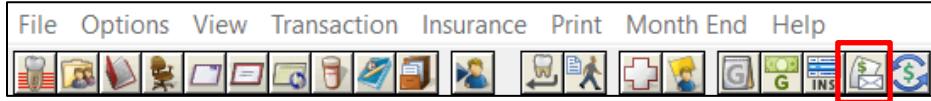
# Generating a Billing Statement

---

- 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

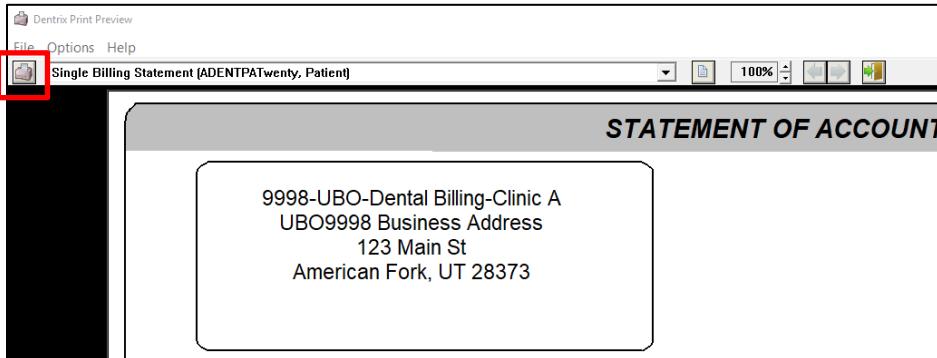


# Generating a Billing Statement (2)



Batch Processor [This Clinic, Full Display]

Date	Description	Clinic	Time Zone	Operator	Status
04/07/2025	Single Billing Statement [ADENTPATTwenty, Patient]	UBO9998	UTC -07:00 (PDT)	ADENTPA20	UnPrinted





# Collections Manager

- Generate the Collections Manager List
  - Click the Collections Manager button from the Dentrix 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

Show Totals  Show Columns...

**List Accounts**

...by Provider  All

...by Clinic  All

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

Over 0  Over 30  
 Over 60  Over 90

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

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

Collections Manager

File View Setup Print Help

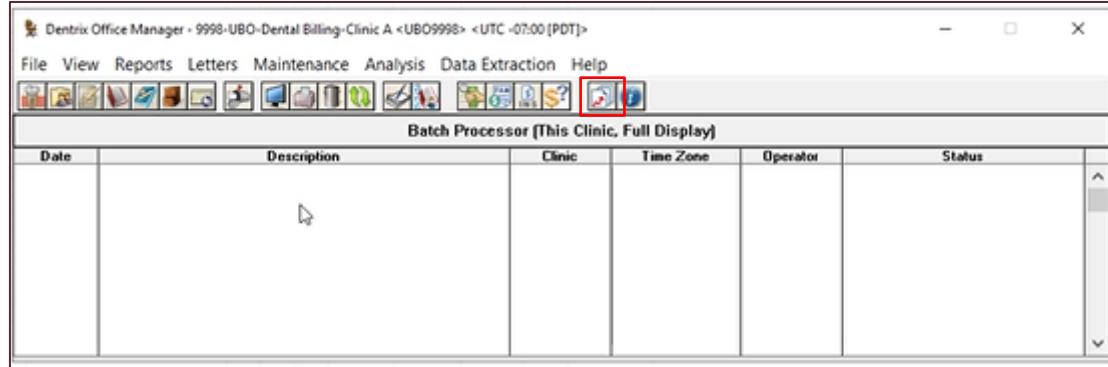
Toolbar icons: Home, New, Open, Save, Print, Copy, Paste, Find, Filter, Sort, Refresh, Help, Exit.

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
ADENTPAEight...	00000...	01/01/2001,24			23	MHSGENA	2160.00	0.00	0.00
ADENTPAFifte...	00000...	01/01/2001,24			15	MHSGENA	2160.00	0.00	0.00
ADENTPAFift...	00000...	01/01/2001,24			18	MHSGENA	2160.00	0.00	0.00
ADENTPAFift...	00000...	01/01/2001,24			20	MHSGENA	2160.00	0.00	0.00
ADENTPAFift...	00000...	01/01/2001,24			21	MHSGENA	2160.00	0.00	0.00
ADENTPAFift...	00000...	01/01/2001,24			22	MHSGENA	2160.00	0.00	0.00
ADENTPAFift...	00000...	01/01/2001,24			23	MHSGENA	2160.00	0.00	0.00
TOTALS:									
0>30		31>60	61>90	91>	Suspen...	PA Rem	Amt Due	Balance	To Ins
106800...		0.00	0.00	0.00	-600.00	2742.86	2609.95	106740...	530.00
									Ins Est
									Guar Est
									106740...



# DxOne Reports

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





# Aging / Credit Report

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- 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: Double Click to Launch Report Options:

Reference	Aging/Credit Balance
Management	Insurance Claim Aging
Ledger	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

**Aging Intervals**  
Over 0  
Over 30  
Over 60  
Over 90  
Over 120  
Over 150  
Over 180

**Group By**  
 Guarantor  
 Only Guarantor  
 Clinic  
 Provider  
 Clinic\Guarantor  
 Provider\Guarantor

**Clinic**  
>>  All

**Provider**  
>>  All

**Billing Type**  
>>  All

**Days Past Due**  
Minimum: 0  
Maximum: <No Limit>

**Patient Tag**  
 Run By Patient Tag  
>>  All

**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



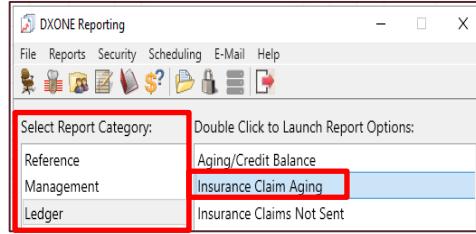
# Insurance Claim Aging Report

---

- 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



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	BT	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															207,886.03
ADENTPAEight, Patient	20	0.00	08/28/2022	0.00	0.00	0.00	124.94	0.00	0.00	207,881.06	-100.00				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
ADENTPAEightySeven, 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	08/24/2022	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	08/24/2022	0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00				2,160.00
ADENTPAEightySix, Patient	13	0.00	08/24/2022	0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00				2,160.00
ADENTPAEightyThree, Patient	12	0.00	08/24/2022	0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00				2,160.00
ADENTPAEightyFour, Patient	17	0.00	08/24/2022	0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00				2,160.00
ADENTPAEighteen, Patient	23	0.00	08/24/2022	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	08/25/2023	0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00				2,160.00
ADENTPAFifteen, Patient	18	0.00	08/29/2023	0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00				2,160.00
ADENTPAEighty, Patient	20	0.00	09/20/2023	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	08/26/2023	0.00	0.00	0.00	0.00	0.00	0.00	2,160.00	0.00				2,160.00
ADENTPAEightyFour, Patient	22	0.00	08/26/2023	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)

The screenshot displays the DXONE Reporting software interface with the 'Day Sheet' report configuration and the 'Select Clinics' dialog box.

**DXONE Reporting Main Window:**

- Select Report Category:** Reference Management (highlighted with a red box).
- Double Click to Launch Report Options:** Analysis Summary, Appointment Cycle Time, Appointment Statistics, Assigned Rights Report - Current, Credit Card Transaction, Daily Summary, Day Sheet (highlighted with a red box).

**Day Sheet Report Configuration:**

- Date Range:** Specific Range (From: 4/8/2025, To: 4/8/2025).
- Clinic:** All, Collecting Clinic (highlighted with a red box).
- Group By:** Clinic (highlighted with a red box).
- Provider/Staff:** All (highlighted with a red box).
- Billing Type:** All (highlighted with a red box).
- Layout Options:** Chart # (highlighted with a red box).
- Patient Tag:** Run By Patient Tag (highlighted with a red box).
- Report Detail Sort:** Alphabetical (highlighted with a red box).
- Other Options:** Do not display Patient Name.

**Select Clinics Dialog Box:**

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 Horro
1DCM	1407-33 Area Dental Clinic Margarita

**Report Preview:**

Report Date: 4/9/2025  
Report Generated By: ADENTRPA20  
Page 1 of 10

Entry Date	Proc	Patient Name	Description	Charges	Credits	Prov	Clinic	Chart
<b>Prov: ADENTDENT</b>								
04/09/2025	04/09/2025	ADENTDentGen	Patient Insurance Payment Chrt 12212112	-100.00	10	ADENTDENT	MHSGENA	
04/09/2025	04/09/2025	ADENTDentGen	Patient Insurance Payment Chrt 12212112	-100.00	10	ADENTDENT	MHSGENA	
04/09/2025	04/09/2025	ADENTDentGen	Patient Insurance Payment Chrt 12212112	-100.00	10	ADENTDENT	MHSGENA	
04/09/2025	04/09/2025	ADENTDentGen	Patient Insurance Payment Chrt 12212112	-100.00	10	ADENTDENT	MHSGENA	
04/09/2025	04/09/2025	ADENTDentGen	Patient Insurance Payment Chrt 12212112	-100.00	10	ADENTDENT	MHSGENA	
04/09/2025	04/09/2025	ADENTDentGen	Patient Insurance Payment Chrt 12212112	-100.00	10	ADENTDENT	MHSGENA	
04/09/2025	04/09/2025	ADENTDentGen	Patient Insurance Payment Chrt 12212112	-100.00	10	ADENTDENT	MHSGENA	
04/09/2025	04/09/2025	ADENTDentGen	Patient Insurance Payment Chrt 12212112	-100.00	10	ADENTDENT	MHSGENA	
04/09/2025	04/09/2025	ADENTDentGen	Patient Insurance Payment Chrt 12212112	-100.00	10	ADENTDENT	MHSGENA	
<b>Clinic: MHSGENA</b>								
<b>Prov: ADENTDENT</b>								
04/09/2025	04/09/2025	ADENTDentGen	Patient Insurance Payment Chrt 12212112	-100.00	10	ADENTDENT	MHSGENB	
<b>Prov: ADENTDENT</b>								
04/09/2025	04/09/2025	ADENTDentGen	Patient Insurance Payment Chrt 12212112	-100.00	10	ADENTDENT	MHSGENB	
<b>Clinic: MHSGENB</b>								



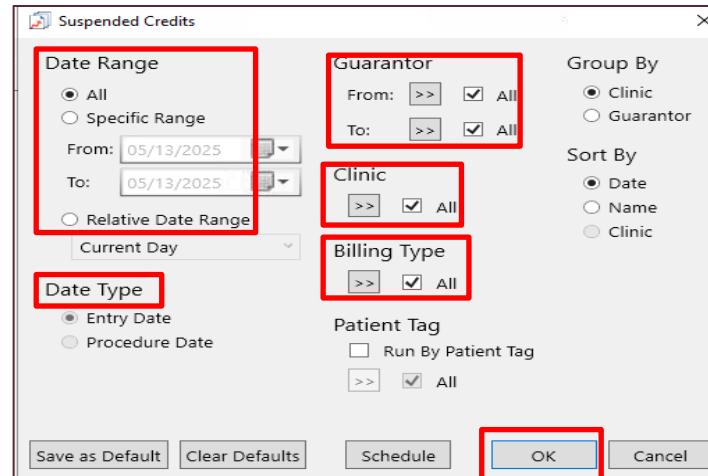
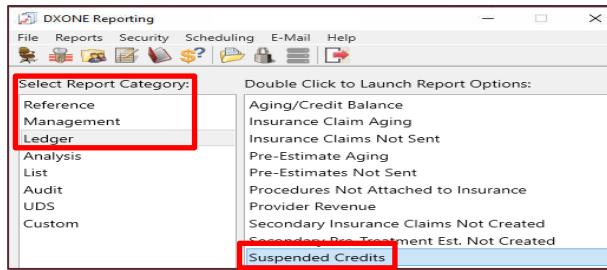
# Suspended Credits Report

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- 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)



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
<b>Clinic: UBO9998</b>						
Guarantor: ADENTPATSixtySeven, Patient BT:18 Ledger Balance: 785.00 Ledger Suspended: -300.00 04/08/2025 04/08/2025 ADENTPATSixtySeven, Patient Credit Card Payment -300.00 -300.00 UBO9998 Guarantor's Report Total: -300.00						
Guarantor: ADENTPATTwenty, Patient BT:21 Ledger Balance: 1,810.00 Ledger Suspended: -300.00 04/08/2025 04/08/2025 ADENTPATTwenty, Patient Check Payment -300.00 -300.00 UBO9998 Guarantor's Report Total: -300.00						
<b>UBO9998 Total Suspended Amount:</b> -600.00						
<b>Grand Total Suspended Amount:</b> -600.00						

Page 1 of 1 | Main Report

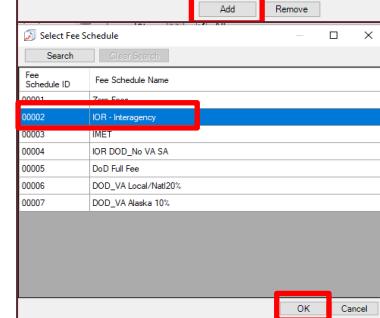
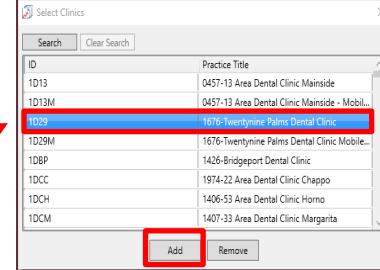
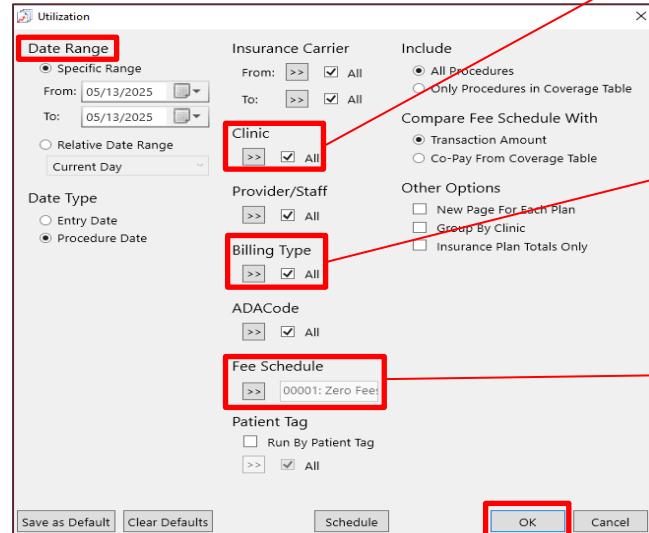
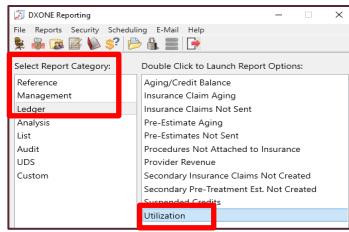


# Utilization Report

- 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 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: 000002: 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	COPAY			
<b>MHSGENA</b>															
<b>TRICARE</b>															
<b>Active Duty</b>															
<b>025</b>															
()															
ADENTTwo, Patient 08/28/2023		ADENTTwo, Patient		01/01/2001		D0150 Comp oral eval-new/estab pat		AADENTDR1		MHSGENA		98.20	102.32		
<b>TRICARE Totals:</b>		<b>Fee:</b> <b>96.20</b>		<b>CoPay:</b> <b>102.32</b>		<b>(Fee - CoPay):</b> <b>-6.12</b>		<b>Total Office Visits:</b> <b>1</b>		<b>Total Patients Seen</b>		<b>1</b>			
<b>TRICARE</b>															
<b>Active Duty - USCG</b>															
<b>025</b>															
()															
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		298.74	317.74
DentalTwentyFive, Patient 10/04/2023		DentalTwentyFive, Patient		01/01/2001		D2393 Resin composite-3s, posterior		2	MOD.	DENTPA44		MHSGENA		298.74	317.74
DentalTwentyFive, Patient 10/04/2023		DentalTwentyFive, Patient		01/01/2001		D2393 Resin composite-3s, posterior		31	MOD.	DENTPA44		MHSGENA		298.74	317.74

Page 1 of 2 | Main Report

100%



# Dentrix Resources

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- [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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