



LOGIC
TECH
CORP

Dedicated to merging technology and dentistry
through innovative solutions.

Paradigm V6

Training Manual

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Basic preparation and introduction to Paradigm V6:

Training Manual

In order to highlight interesting or important features within this manual, two types of text boxes are used throughout.

Quick Tip text boxes offer notable points in how you can interact with the Paradigm software.

Please Note text boxes provide vital information that **may** affect the functionality of the Paradigm program.

Ensure that you read and follow the information in these boxes.

Also, note that all figures and diagrams appear on odd-numbered pages.

TABLE OF CONTENTS

ABOUT LOGIC TECH CORP.6

INTRODUCTION.....7

Is this manual for me? 7

What will I see in this manual? 7

GETTING STARTED 1.....8

Starting Paradigm 8

Closing Paradigm 8

Quick Tour 9

 Setting up Paradigm for Use 10

Quick Navigation through Paradigm..... 14

Paradigm Buttons 16

Appointment Book/Display Buttons 18

Paradigm Mini-calendar 19

Paradigm Appointment Book..... 19

Paradigm Assistant..... 19

Backup..... 20

Realtime Backup 21

NEW PATIENT ENTRY 223

New Patient Entry while Booking an Appointment..... 23

New Patient Entry Without Booking an Appointment..... 25

Adding Insurance Coverage	27
Adding an Existing Plan.....	29
Transferring Family Members.....	31
Transferring to New Account.....	31
Transfer to an Existing Account.....	31
<u>MANAGING APPOINTMENTS 3</u>	33
Appointment Bookings and Modifications	33
Booking an Appointment	33
Appointment Status	33
Deleting an Appointment	35
Appointment Icons	35
Rebooking an Appointment – Same Day	35
Rebooking an Appointment – Different Day	37
Changing Units of Time for an Appointment	37
Patient Recares	37
Adding a Patient into the Recare Cycle	39
Method One.....	39
Method Two	39
Booking a Patient’s Recare Appointment	41
Method One – Recare Icon.....	41
Method Two – Appointment Profile	41
Blocking, Unblocking, and Reserving Time Slots	43
Blocking the Schedule.....	43

Unblocking Blocked Time on the Schedule	43
Adding Reserved Time	43
<u>BILLINGS AND PAYMENTS 4.....</u>	<u>45</u>
Billing a Patient	45
Entering a Payment	47
Patient Payment	47
Insurance Payment	49
Sending Claims Electronically: EDI	49
Basic Ledger Adjustments	51
Basic Ledger Printing	54
<u>REPORTS 5.....</u>	<u>55</u>
Daily Reports - Balancing Your Office	55
Daily Journal	55
Bank Deposit/Payment Reconciliation	57
Monthly Printing	59
Bank Reconciliation	59
Patient AR	59
Production Summary	61
Month Lock	61
Accessing and Running General Reports	63
<u>HOW TO CONTACT US</u>	<u>646</u>

About Logic Tech Corp.

Logic Tech Corp. is a Canadian company that has been servicing the dental industry proudly for more than 25 years. Our software continues to be a leader in the evolution of practice management solutions.

At Logic Tech we are dedicated to merging new technologies with our Paradigm software to provide dental offices with the very best product on the market. Our software has evolved through many versions to accommodate the changes in the dental industry over the decades. Whether it's through sending electronic insurance claims or helping to digitize patient records, we strive to service all dental office needs. The speed of technology continues to change the landscape of our society and we look to embrace those new technologies and incorporate them with our Paradigm software.

Whether the dental office is a single provider or a large clinic with dozens of providers, our software can handle your needs. Our expandable modules enable offices to customize our Paradigm software to their specific needs.

Disclaimer

Logic Tech Corp. is not responsible for any data loss or misconfiguration incurred while using this manual. We also reserve the right to revise and make changes to the content of this publication without notice.

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Introduction

Welcome to Paradigm V6

IS THIS MANUAL FOR ME?

If you are reading this manual, you may have some interest in one of Logic Tech Corp's newest software features: *Paradigm V6*. You might have just attended a training session, witnessed a demonstration of our software, or perhaps you have just obtained *Paradigm V6* and are using it for the first time.

Whatever the reasons, this introductory manual is for you. This manual, combined with a copy of our *Paradigm V6* demo CD, will give you a preliminary glimpse into what *Paradigm V6* can offer you, your practice, and your patients. Note that if you have not yet installed the demo CD please call our Support Department for a copy of our install instructions.

WHAT WILL I SEE IN THIS MANUAL?

The *Paradigm V6 Training Manual* offers you a concise, informative, and straightforward guide to the basics of what our program offers:

- Ⓢ Quick and simple new patient creation
- Ⓢ Comprehensive billing and payment functions
- Ⓢ Easy patient appointment management and patient profile management

Getting Started 1

Introduction to Paradigm V6

Please Note: This manual was created using Windows 7 Professional and the latest version of Paradigm V6. Depending on your Windows operating system, version of Paradigm, and your default user settings, the processes and picture examples in this Manual may appear differently.

STARTING PARADIGM

Please Note!

Remember, your *computer* login name and password, as well as your *Paradigm* login name and password are completely separate!
Do not confuse the two!

To start the *Paradigm V6* program, find and double-click on the “**Paradigm V6**” icon on your desktop (**Figure 1.1**). Within a few seconds a *Manager Override* dialog box will appear. Note that the login box has a *User* and *Password* field (**Figure 1.2**). If Paradigm Security is enabled, you will need to enter your specific username *and* password.

If Paradigm Security is **not** enabled, you will only need to enter a username—do not enter a password. Note that even if security is not enabled for your office, you will need to input a username nonetheless. By default the username is ‘**dentist**’.

Using this login name will grant you full access rights to the program. After you input the username ‘dentist’ in the *User name* field, click on the **Accept** button. Paradigm will start and you will be brought to the main window of the Paradigm program.

CLOSING PARADIGM

Quick Tip

This section covers the settings most commonly used in Paradigm; additional steps may be required to customize the program to the particular need of your dental office.

To close Paradigm program, click on the Close (X) button on the top-right hand corner of the Paradigm program (**Figure 1.3**). This action will then bring up the *System Assistant: House Keeping* dialog box (**Figure 1.4**), which will remind you of the importance of backing up your data each day. Click on the **Quit Paradigm** button to close this dialog box. Paradigm is now successfully closed. Note that it is **strongly** recommended that you backup your *ParadigmV5_Data* folder **each day**.

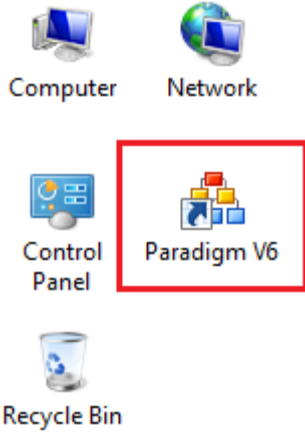


Figure 1.1

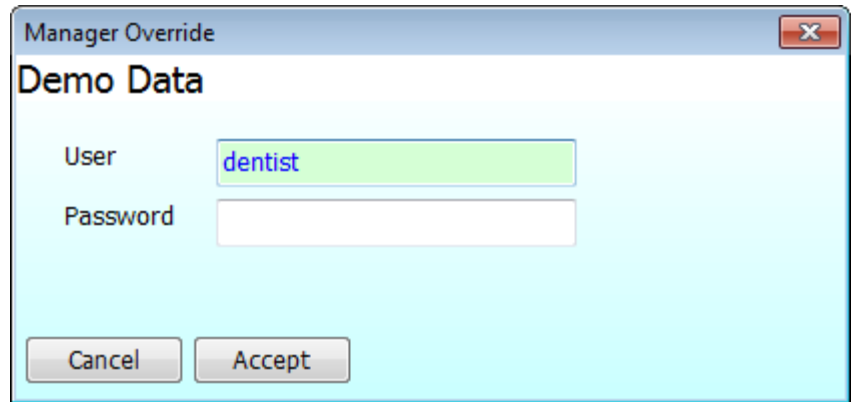


Figure 1.2

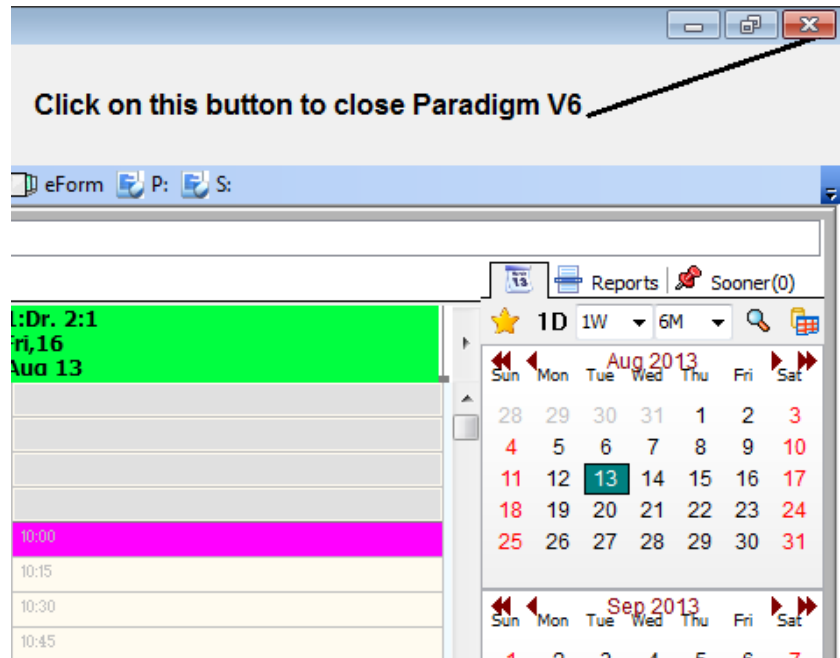


Figure 1.3

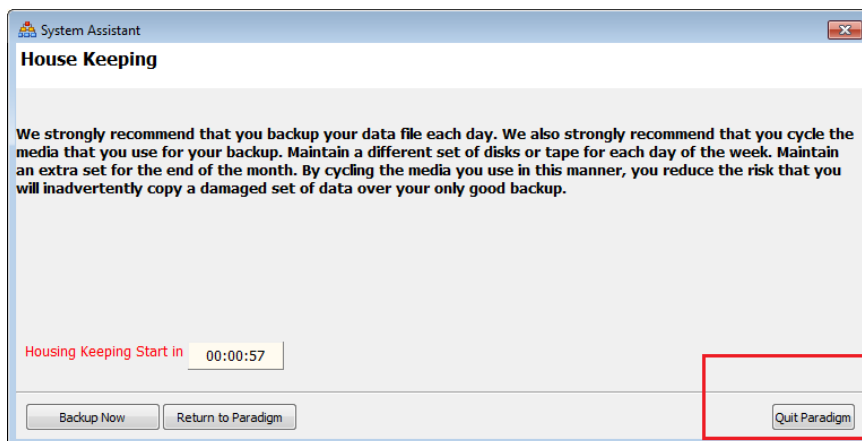


Figure 1.4

QUICK TOUR

Please Note!

If your office is converting from a previous version of Paradigm, or is coming from another Dental Management program, you may proceed to page 15. You can always access the Setup Wizard by clicking on the following:
File→Maintenance→Logic Tech → Setup Wizard.

Paradigm offers a friendly environment that enables your office to manage your patients' information with ease. The following section gives a brief explanation about the steps required to set up Paradigm for use in your office.

Setting up Paradigm for Use

When running Paradigm for the first time, the user will have to enter information regarding the general setup for the office and its providers. You can easily add or modify this information later (covered later in this section).

Click the down arrow beside the **Files**, left-click **Rolodex**, and then left-click **Service Provider** to go to the **Provider** setup area. Note that as all patients in your office will be linked to a specific provider, before you can use your Paradigm system you need to create an account for all your providers (Dentists, Hygienists, etc). To add a new provider to your system, click on the **Add** button at the bottom of the screen (**Figure 1.5**).

Quick Tip

For each step in the Setup Wizard, there will be an Explanation screen; the top portion explains how to setup that particular area; the bottom portion shows three buttons. Please read these explanatory notes, as they provide important information on how to setup Paradigm.

In the **Add Provider** window (**Figure.1.6**) enter the required provider information (name, address, License number, etc). Note that in order for a dentist to send claims electronically through EDI, he or she **must** have a valid License number and CDA/EDI numbers inputted into this area. If this information is not present, or is incorrect, EDI submission will not be possible. If you have the provider's CDA/EDI numbers, click on the **EDI** tab in the middle of this screen and type the numbers in the *CDA/EDI #* and *CDA Office #* fields (Note that you will also need to enter the *CDA Office #* again later).

Ensure that the **Active Provider** checkbox IS checked. If your provider is a Hygienist, ensure that the **Hygienist** checkbox is checked as well. When done, click on the **Save** button to continue.

Quick Tip

To continue with the setup process, always click on the Next button. If you wish to make changes on a previous screen, click on the **Back** button. Clicking on the **Cancel** button will cancel the setup process.

Notice that a **Message** dialog box appears asking if you wish to create a default schedule for your provider (**Figure.1.7**). Choose **Cancel** to manually define a working schedule for this provider later (recommended), or create by clicking **OK**. Either choice will bring you back to the *Provider* window. Click on the **Add** button again to enter the next provider, or click on the **Close** button to finish adding providers.

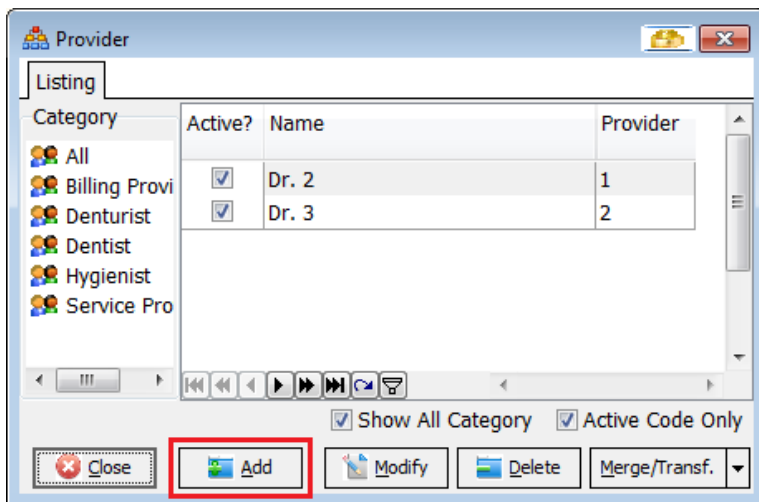


Figure 1.5

The screenshot shows the 'Add Provider' dialog box. It contains fields for Provider Code (D1, highlighted), Title, Name (John Doe, highlighted), Short name, Speciality, License # (067132701, highlighted), SIN, Fee Guide, and checkboxes for Active Provider (checked, highlighted), Associate, Work on Multiple Chairs, Hygienist/Denturist, Bill To Dr., and Summary Account. There is a tabbed interface at the bottom with tabs for Address, Category, E-Mail Address, Book setting, E.D.I. (selected), OHIP, Alberta Only, and MSI. Below the tabs is a table with the following data:

C.D.A. E.D.I. #:	067132701
CDA Office #	8536
Billing Provider Number	067132701
Billing Office Number	8536

At the bottom are 'Cancel' and 'Save' buttons.

Figure 1.6

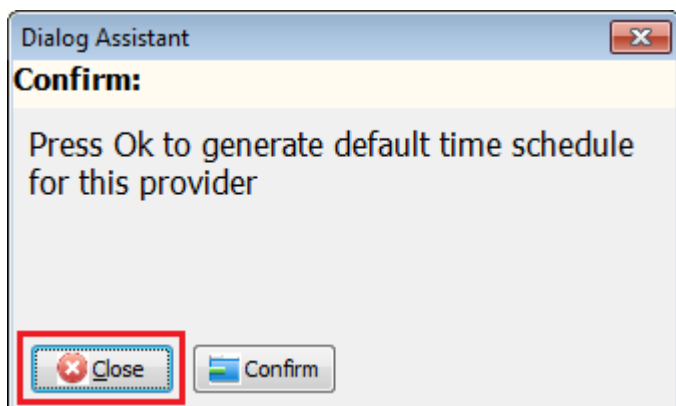


Figure 1.7

Left-click the down arrow beside the **File** button, then left-click **Code File** in order to access the code menu. Codes are used to identify values of interest in Paradigm.

In the **City Code** setup screen, you will see a list of existing City codes. From here, you can add your own city codes (for cities that are not in this list) by clicking on the **Add** button. When finished, click on the **Close** button.

Click **Bank Codes** in order to open the *Bank Codes* entry box. Bank codes are used in conjunction with your Bank Deposit report (you can send your MasterCard/Visa payments to one bank and your Cash and Cheque payments to another bank for example). Once finished, click on the **Close** button.

As with the previous two steps, in the **Medical Alerts** screen you can view Alerts, add new ones. Click on the **Close** button to finish adding codes.

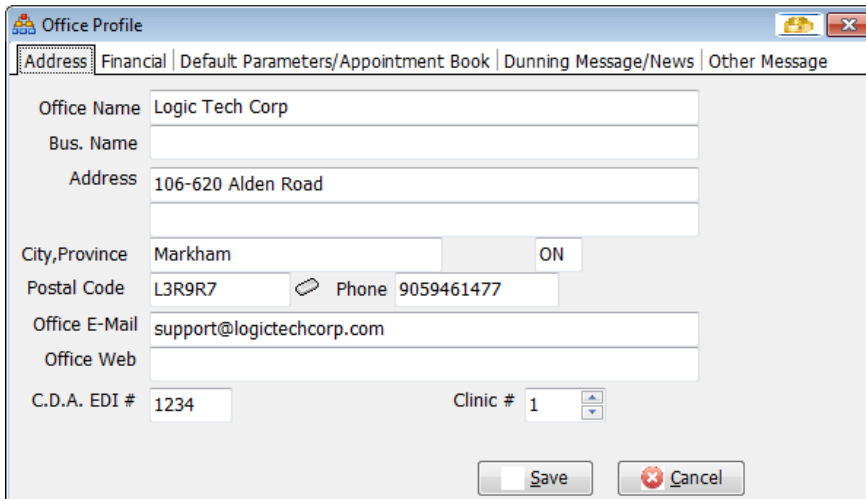
Left-click the down arrow beside the **File** button, then left-click **Preference**, then click **Office**. This will open the *Office Profile* window where you can configure your office's parameters.

The *Address* tab allows you to enter in your office address information, such as the office name, address, and the CDA/EDI office # (**Figure 1.8**). Once you are finished, click on the **Save** button.

In *Financial* tab (**Figure 1.9**), you can enter in financial information such as a default charge for NSF cheques, finance charges, and interest rates. If you do not know what the charges should be, leave the settings as they are. When finished, click on the **Save** button.

Click on *Default Parameters/Appointment Book* tab (**Figure 1.10**). From here you can enter your office profile information. For example, in the bottom of the screen you may input your office working hours. In addition, if your office has a main dentist, you can input his or her provider number in the *Default Dr.* field. If your office uses a default fee guide for most of your patients, you can input this fee guide into the *Current GP Fee* field. The same is true for the other fields in this screen; utilize these options if supported by your office.

In the *Dunning Message/News* tab. Here you may type in default messages that will appear on your patients' account statements. The *Office News* allows you to insert current office information, which will also appear on most patient forms. Once finished, click the **Save** button.



Office Profile

Address | Financial | Default Parameters/Appointment Book | Dunning Message/News | Other Message

Office Name: Logic Tech Corp

Bus. Name:

Address: 106-620 Alden Road

City, Province: Markham ON

Postal Code: L3R9R7 Phone: 9059461477

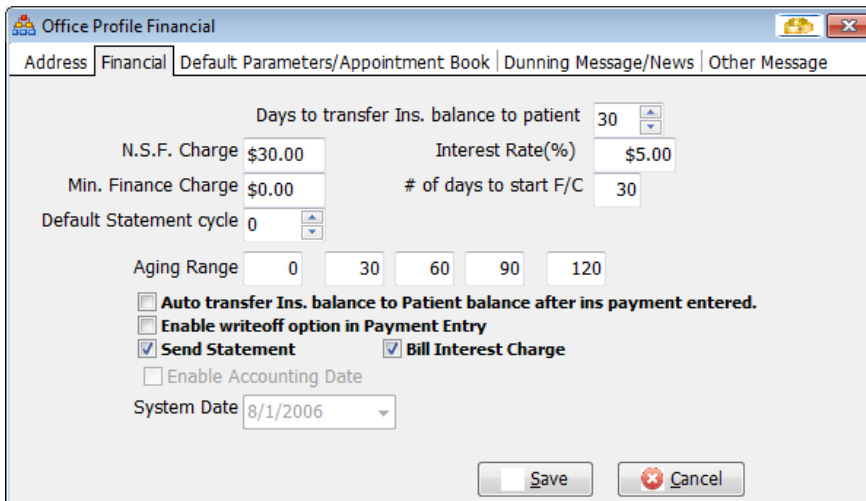
Office E-Mail: support@logitechcorp.com

Office Web:

C.D.A. EDI #: 1234 Clinic #: 1

Save Cancel

Figure 1.8



Office Profile Financial

Address | Financial | Default Parameters/Appointment Book | Dunning Message/News | Other Message

Days to transfer Ins. balance to patient: 30

N.S.F. Charge: \$30.00 Interest Rate(%): \$5.00

Min. Finance Charge: \$0.00 # of days to start F/C: 30

Default Statement cycle: 0

Aging Range: 0 30 60 90 120

☐ Auto transfer Ins. balance to Patient balance after ins payment entered.

☐ Enable writeoff option in Payment Entry

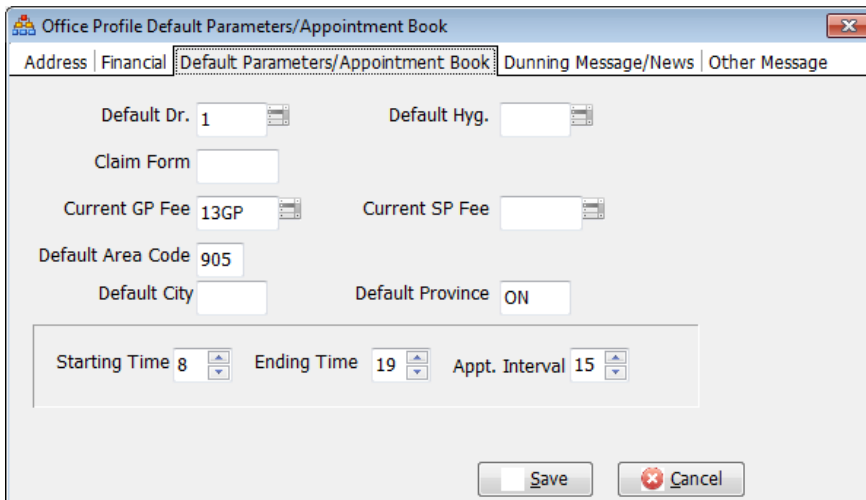
☒ Send Statement ☒ Bill Interest Charge

☐ Enable Accounting Date

System Date: 8/1/2006

Save Cancel

Figure 1.9



Office Profile Default Parameters/Appointment Book

Address | Financial | Default Parameters/Appointment Book | Dunning Message/News | Other Message

Default Dr.: 1 Default Hyg.:

Claim Form:

Current GP Fee: 13GP Current SP Fee:

Default Area Code: 905

Default City: Default Province: ON

Starting Time: 8 Ending Time: 19 Appt. Interval: 15

Save Cancel

Figure 1.10

QUICK NAVIGATION THROUGH PARADIGM

Quick Tip

Each time Paradigm is started, the Patient area on the direct top-left of the Paradigm screen is always **blank**. To see information for a Patient in this area, you must first select a Patient (clicking on an appointment, or performing a Patient search, etc). Right-click on the **Patient Data** in the Paradigm toolbar to start the patient search box.

In **Figures 1.11, 1.12, and 1.13**, note that Paradigm is broken up into seven main areas. The first area, as shown by “**1**” in **Figure 1.11**, shows patient information about the currently selected patient.

When a patient is selected within Paradigm, the patient’s Name, Account Number, Sex, Age, and Telephone Number will appear in the top-left hand side of the Paradigm *Appointment Book* window (**Figure 1.11**). Note that if there is more than one family member in a specific account, each family member will have the same numerical account number, with a different alphabetical suffix.

For example, if the family account number is **200**, the first person in the account will have the account number **200A**, the second person will have the account number **200B**, and the third person will have the account number **200C**, and so on. Account numbers are assigned in the order that a person is added to an account.

Clicking on the patient’s name will access the *Patient Data* screen; clicking on the patient’s phone number will access all telephone numbers for that patient. The patient’s recare information is located beneath the telephone numbers.

Further on to the right in **Figure 1.11**, you will see a small *Patient Aged Receivables (AR)* chart. This chart displays what the currently selected patient owes your office *as of today’s date*. The *AR* chart is broken down into three areas: What the patient owes your office (as shown by the **P** row); what the insurance company owes your office (as shown by the **I** row); and the total of the two rows (as shown by the **T** row).

The date columns across the top of the chart show what date range in days the outstanding balances fall under. When entering payment or charges for a patient, this chart will update automatically to reflect the ledger entries.

If enabled, the *Plan Left* and *Perio Left* show how much is left in a particular patient’s insurance plan.

The *Patient Note* drop-down box will display all notes created for a particular patient. You can create *Patient, Family, Accounting, and Recare* notes by clicking on the yellow note icon to the right of *Patient Note* drop-down arrow. Notes created for a particular patient display below this area. Pop-up notes can be enabled from this area as well.

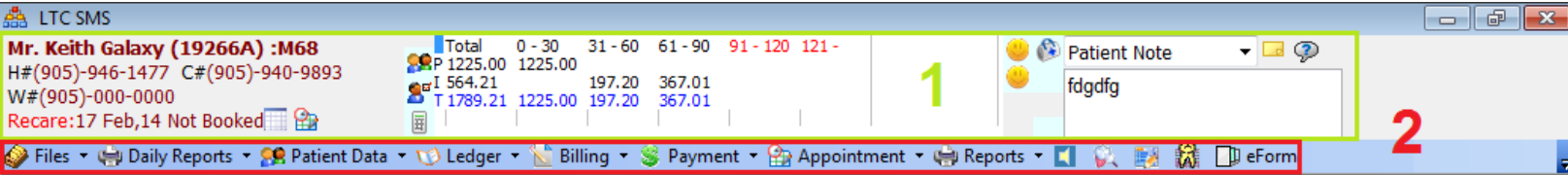


Figure 1.11

PARADIGM BUTTONS

The Paradigm Buttons are highlighted in the red box in **Figure 1.11** (denoted by “2”). You will see various buttons running across the top of the Paradigm *Appointment Book* window.

Quick Tip

Although particular module options exist, unless you have registered and paid for these extra modules offered for Paradigm V6, you will be unable to use them.

The **File** button (**Figure 1.11**) is where the necessary information for Paradigm is accessed (e.g. the visual presentation of the Appointment Book, your Provider information and schedules, Fee Guide and Service Code info, etc). Click on the drop-down arrow to access the **File** area.

The **Daily Reports** button houses the daily reports your office can perform every day, depending on your office needs.

If a patient is selected, the **Patient Data** button will access the *Patient Data* screen. This area contains all information about your patients. The **Patient Data** drop-down arrow allows access to patient-related functions (Patient Letters/Envelopes, Insurance, etc)

The **Ledger** button allows access to the currently selected patient’s ledger information (Billing, Payments, Adjustments, etc).

The **Billing** button is where you can enter in patient/insurance charges.

The **Payment** button allows you to enter in payments and credits.

The **Appointment** button will show a particular patient’s/family’s appointment history (called the *Appointment Profiles* screen). Clicking on the **Appointment** drop-down arrow will show you tasks that you can do with your Appointment Book.

All the general Paradigm reports (Patient, Tracking, Financial Reports) are stored under the **Reports** drop-down arrow. The Letter Processor is also stored in this area (General Letter).

The voice recording, charting, clinical notes, perio charting, and eForms buttons are Paradigm’s optional modules that further expand on Paradigm’s features.

3

4

5

6

13

Reports

Sooner(0)

5 Members

Docto

Mike

M25

D1

Mike, Jr

M12

D1

Bob

M44

D1

Jim

0

D1

★ 1D 1W 6M

Jun 2012

Sun Mon Tue Wed Thu Fri Sat

27 28 29 30 31 1 2

3 4 5 6 7 8 9

10 11 12 13 14 15 16

17 18 19 20 21 22 23

24 25 26 27 28 29 30

Jul 2012

Sun Mon Tue Wed Thu Fri Sat

1 2 3 4 5 6 7

8 9 10 11 12 13 14

15 16 17 18 19 20 21

22 23 24 25 26 27 28

29 30 31

* ToDoList Photo Stats

Daily Check List

Description

Day Lock not done on 12 Jun,12

Time to perform Month End for Ma

P.D.C. Due

Reminder Due

Figure 1.12

Appointment Book		
	D1:Richard Pilson:1 Mon,18 Jun 12	D1:Richard Pilson:2 Mon,18 Jun 12
8 00		
15		
30		
45		
9 00	Mr. Bob Vance DENTURES (416)-123-4567 (416)-456-7890-	Mike, Jr Jones X-rays
15		9:30
30		9:45
45		
10 00	Miss Trisha Tisdale CONSULT (905)-946-1477 (000)-000-0000	Mr. Joe Ball Radiographs (416)-234-3435
15		10:45
30		
45		
11 00	11:00	11:00
15	11:15	11:15
30	11:30	11:30
45	11:45	11:45
12 00	Team Meeting	
15		12:00
30	12:30	12:15
45	12:45	12:30
		12:45

Figure 1.13

APPOINTMENT BOOK/DISPLAY BUTTONS

As illustrated by “3” in **Figure 1.12**, the right-hand side of the Paradigm *Appointment Book* contains three tabs that will make your daily office routines a more efficient experience. The *Reports* tab houses the most common reports that an office may run on a daily basis as well as quick summaries of appointment/cancellation/recare data. See **Chapter 5** for more information on how to run reports from this area. The *Sooner* tab contains a waiting list of a list of appointments to be booked. Appointments in the waiting list can be booked by left-clicking and holding on the appointment in the *Sooner* tab and then dragging and dropping onto the desired time slot in the appointment book.

If a patient account with more than one family member is selected, each family member will appear in the *Members* box. This section displays the patient’s first name, age and sex, and default provider. Double-clicking on the patient’s name will select that patient.

Directly below this area are six distinct buttons (as shown by “4” in **Figure 1.12**). The **Star** icon has a dual role. First, it operates as a “refresh” button for particular visual changes made within Paradigm. For instance, if you change the colour of your Provider schedule (covered later in this manual), you will need to refresh the *Appointment Book* before that colour takes effect. The easiest way to do this is to click on the **Star** icon. It will automatically refresh the screen, and implement the new Provider colour.

Second, the **Star** icon also serves as a “today” button. For instance, if you have just booked a future 6-month appointment, and you need to return directly to today’s date, click on the **Star** icon and you will be brought back to today on the *Appointment Book*.

The three date buttons (by default **1D**, **1W**, **6M**) allows the user to navigate through the *Appointment Book* by skipping forward certain date ranges (e.g. **1W** skips forward by 1 week, **6M** skips forward by 6 months, etc).

The **Magnifying Glass** button is used to search for openings in the *Appointment Book*. Conditions such as number of time units, which day of the week, which provider, and within a certain time frame can be selected to refine the search results.

The last button on the far right of the row of icons is the **Alternate Display** button. For instance, by default, your *Appointment Book* may display four columns; pressing the Alternate Display button will change the number of columns displayed to a pre-defined number (such as eight columns).

PARADIGM MINI-CALENDAR

Refer to “5” in **Figure 1.12**. Use this calendar to browse forwards or backwards by month (by using the single arrows), or by year (by using the double arrows). Clicking on a particular day on the calendar will automatically change the *Appointment Book* to that date.

Lastly, at the very bottom-right hand side of the *Appointment Book* (as shown by “6”, **Figure 1.12**) is a daily note pad. This note pad houses a *Daily Check List* tab, a *ToDoList* tab, and a *Stats* tab. The *Daily Check List* tab displays any reminders that may apply to you (the tab only appears if you have reminders). In order to enter a new task Text, navigate to the correct date, click in the “Click here to enter new task” field, and then press the **Tab** key on your keyboard. To mark an entry as “completed”, left-click on the checkbox next to the task to cross it out. To remove a task, click on the orange “x” button next to the entry field.

Note that if you have inserted a picture of your patient from the *Patient Data* area, by default this picture will appear within the *Photo* tab.

The *Stats* tab provides a quick overview of work done over the day, such as the amount of appointments booked, billings entered, payments entered, etc.

PARADIGM APPOINTMENT BOOK

Part “7” on **Figure 1.13** found on page 18 displays a portion of the *Paradigm Appointment Book*. Each provider will have his or her own separate column for the daily appointments, and each provider column may have its own specific colour. By default, appointments booked under a specific column will display as that colour.

The *Appointment Book* (Booking, Rebooking, etc) is discussed in more detail in **Chapter 3**.

PARADIGM ASSISTANT

Please Note!

This instruction manual was created without using the Paradigm Assistant. If you have this utility enabled on your system, some processes may be presented and performed in a different manner.

Paradigm offers a useful “graphical assistant” called the *Paradigm Assistant*. If enabled, this utility will present information within Paradigm in a special manner. Three instances of the Paradigm Assistant are shown in the following figures:

The *Paradigm Assistant* can be used with *Daily Reports* (**Figure 1.14**), in the *Reports* area for *Monthly Reports* (**Figure 1.15**), and in the *Reports* area for *Lists/Reports* (**Figure 1.16**).

If you do not wish to use the *Paradigm Assistant*, click on the “**Do not show again**” checkbox on the bottom-right hand side of the *Assistant* box. If this

process does not work, or is unavailable, call Logic Tech Corp for support.

BACKUP

System backups provide insurance against the loss of data due to hard drive failure, natural disaster, or human error. Backups also allow you to transfer files between computers, and return to previous working versions of your files (called restoring). It is recommended that you perform daily backups of your database.

By default, your Paradigm database is located in your C: drive, in a folder called ParadigmOffice\ParadigmV5_Data. You can access this folder by double-clicking on your *Computer* icon on your Desktop, and then double-clicking on your C: drive (this may be called Local Disk C:). Within this folder, you will see your ParadigmOffice folder, and the database folder **ParadigmV5_Data**.

All information your office enters into the Paradigm program is stored in this folder. You should backup this folder *every* night as a daily office routine. If your office has more than one computer running Paradigm, please note that ***all Paradigm programs must be closed before initiating the backup process!*** If a backup is performed while Paradigm is still open, you will receive an error message, and your backup will not be complete. Once you have exited Paradigm, and have successfully performed your backup, you may now shut down your computer.

It is **strongly** recommended that you ***do not*** leave your computer(s) running after your office is closed. Damage from a power outage or natural events could corrupt your data or damage your computer hardware. Even if you have surge protectors and/or UPS (Uninterrupted Power Source) devices in your office, it is still advised that you shut down ***all*** computers.

Lastly, shutdowns must be done correctly to avoid database corruption! Always turn off your computer with the above instructions in mind. Turning off your computer in another manner *may* result in data corruption. If you cannot turn off your computer properly, please contact your office technician for assistance or a Logic Tech support technician if you purchased your hardware from Logic Tech.

There are four different methods that Logic Tech recommends for backing up. These methods are CD-RW, DVD-RW, USB flash drive, or an external backup hard drive.

Logic Tech can provide your office with instructions on how to perform a backup for these options.

REALTIME BACKUP

Backing up your database is a vital measure against accidental loss of information, whether due to storms or malfunctioning hardware. *Paradigm V6* offers its own backup system called **Realtime Backup**, which not only backs up your data onto a medium of your choice (USB drive, CD, DVD, etc), but also does it while your office is still working.

Previous backup methods always required every user in the office to close the Paradigm program. This meant the backup must be performed during a lunch hour or after the office hours in order to avoid interrupting daily work routines. With the **Realtime Backup**, you are able to set it to run on any available workstation, and then leave it until the process is complete without inconveniencing anyone else in the office.

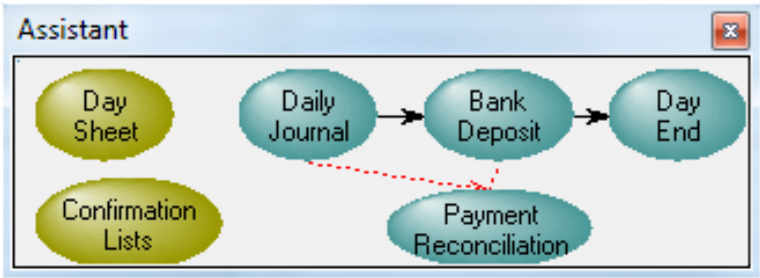


Figure 1.14

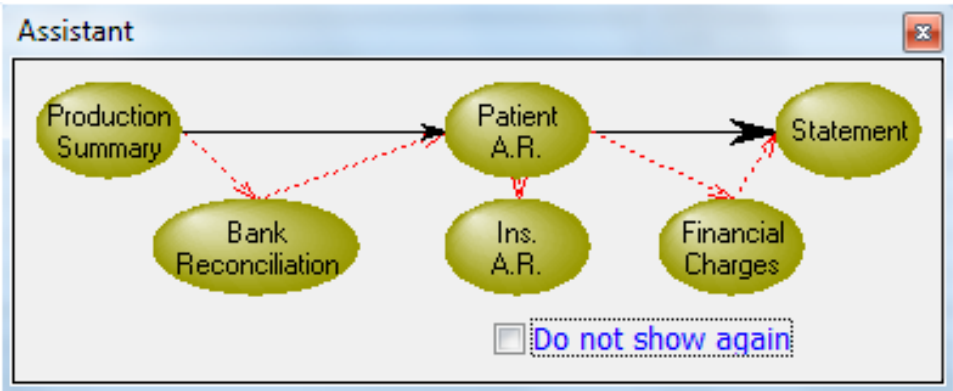


Figure 1.15

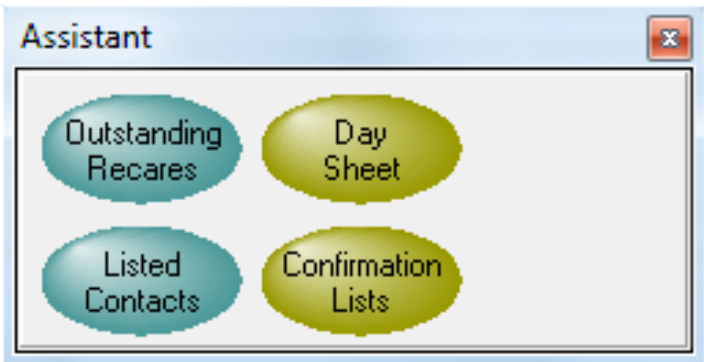


Figure 1.16

New Patient Entry 2

Starting with the Basics

The best way to learn how to use *Paradigm V6* is to start with the basics. Creating new patient accounts, and booking and rebooking appointments will be discussed in this chapter.

NEW PATIENT ENTRY WHILE BOOKING AN APPOINTMENT

Quick Tip

To quickly create a new patient account **without** booking an appointment, click on the **Patient Data** drop-down arrow on the top-left hand side of the *Appointment Book*, and then click on **Add New Account/Patient**.

A situation may arise when a new patient with an urgent situation will step into your practice, seeking immediate attention. They may not want to spend time filling out a new patient form, and would rather see the dentist immediately. To create a new patient account, perform the following steps:

1. On the *Appointment Book*, left-click your mouse on the time the patient will see the dentist. Then, with the left button held down, drag your mouse down to highlight the appropriate units of time. Release the left button and **right-click** your mouse on this highlighted time (**Figure 2.1**).
2. Click on the **New Patient** button on the bottom of the new dialog box (**Figure 2.1**). In the *Add New Account/Patient* box, click on the **Add a New Account** option.
3. In the next screen, enter in the patient's name and telephone numbers. If entering a title for the patient, click on the **Title** drop-down arrow, and choose the appropriate option. Do not type the title in this field. Then choose the patient's default provider in the *Provider* field.
4. There are now two options at the bottom of this box: **Save-Modify**, and **Save**. The **Save-Modify** button opens a *Modify Patient Data* screen, where you can input more information about the patient. In this instance, however, if the patient is in distress, he or she may not want to spend the time telling you this information, or writing it on a form. Click on the **Save** button (**Figure 2.2**).
5. Now, in the *Booking* screen, click on the **Job Type** selection button (**Figure 2.3**) to choose the proper booking code. When the button is pressed, a new screen will open. This screen, called *Job Code*, is where you can choose the correct (continued on page 26)

3:00
3:15
3:30
3:45
4:00
4:15
4:30
4:45
5:00
5:15
5:30
5:45
6:00
6:15
6:30
6:45

Job Code

☐ ASAP ☐ Confirm Appt. ☐ Lab Req.

Account #/ Last First name/@ First name/#Phone Number (without area code)

Cancel Search **New Patient** Reserved Time B U

Figure 2.1

Add New Account/Patient

Add a New Account

Title

Last Name

First Name

Home Phone

Work Phone

Provider

Save-Modify Next > Save Cancel

Figure 2.2

Sooner

On Thu 29 Aug.2013 1:00

Mr. Doe John
0

H:(905)-123-4567
C:(000)-000-0000

Provider Associated Doctor

Unit Req.

Job Type

Contact Note

Save More Options Cancel

Figure 2.3

Quick Tip

You can also do the same thing by clicking under the *Description* column. For instance, if the letter **B** were pressed, the *Bridge* job code would be selected.

code to book for a patient. The quickest way to find a job code is to left-click on any code underneath the *Code* column, and then with your keyboard, type in the first letter of the job code (**Figure 2.4**).

6. When you have found the correct job code, **double-click** on it—do **not** click on the **Add** button (the **Add** button is used if you need to *create* a new code in Paradigm).
7. Back in the *Booking* screen press the **Tab** key, and then click on the **Save Appt** button. You have successfully created and booked a new patient account. The top left-hand side of the *Appointment Book* should show the new patient's name and account number, minus sex and age (**Figure 2.5**).

NEW PATIENT ENTRY WITHOUT BOOKING AN APPOINTMENT

To create a new patient account *without* booking the patient, click on the **Patient Data** drop-down arrow, and then select **Add New Account/Patient**. In the *Add New Account/Patient* box, click on the **Add a New Account** option. The same screen as pictured in **Figure 2.2** will appear; enter the patient's name and telephone numbers, but this time click on the **Save-Modify** button to put in additional detailed information.

There are four other areas within *Modify Patient Record* that must have information entered (**Figure 2.6**).

Quick Tip

You can create a new patient in an existing patient account by going into an existing patient's *Patient Data* screen, and then clicking the **Add New Member to this Account** button.

- ⌚ Birth Date – There are two methods in entering a patient's date of birth. First, you can click on the **Birth Date** drop-down arrow and use the scroll buttons to choose the correct birth date; or, the second option is simply to type the birth date in using your keyboard. Note that in most computers, the format is mm/dd/yyyy.
- ⌚ Sex – Select a bullet to indicate whether the patient is male or female.
- ⌚ Patient Type to Subscriber – This area deals with the relationship of this patient to the subscriber of the insurance policy. Even if the patient does not have insurance, something *must* be entered into this area. Click on the drop-down arrow to choose the correct option.
 - ⌚ Choose **Self/Spouse** if the patient is covered under his/her own plan, or under the spouse's plan; choose **Spouse** if the patient is only covered under his/her spouse; choose **Dependant** if the patient's relationship to the insurance subscriber is that of a child; choose **Other** if the relationship does not meet any of the above categories.
- ⌚ Address – Enter the street name and number in the first line, the apartment number or P.O. Box number in the second line (do not enter the province in this area). Click the City Code button to browse and choose the correct city.

JobCode

Listing

Code	Description	Estimate	Job Color	Recare	Recare
@TMF	11 months recar		Color i	<input checked="" type="checkbox"/>	11
10MR	10 months recar		Color i	<input checked="" type="checkbox"/>	10
11MR	11 months recar		Color i	<input checked="" type="checkbox"/>	11
12M	12 Month Recall	0	clBlack	<input checked="" type="checkbox"/>	0
12MR	12 months recar		Color i	<input checked="" type="checkbox"/>	12
1Y	ONE YEAR RECAI	0	clBlack	<input checked="" type="checkbox"/>	0
3MR	3 months recare		Color i	<input checked="" type="checkbox"/>	3
3P	3month Scale Or	0	clBlack	<input checked="" type="checkbox"/>	0
4M	4 Month Recall	0	clBlack	<input type="checkbox"/>	0
4MR	4 months recare		Color i	<input checked="" type="checkbox"/>	4
6M	6 Month Recall	0	clBlack	<input checked="" type="checkbox"/>	0
6MR	6 months recare		Color i	<input checked="" type="checkbox"/>	6
7MR	7 months recare		Color i	<input checked="" type="checkbox"/>	7
8MR	8 months recare		Color i	<input checked="" type="checkbox"/>	8
9M	9 MONTH RECAL	0	clBlack	<input checked="" type="checkbox"/>	0
9MR	9 months recare		Color i	<input checked="" type="checkbox"/>	9

☒ Active Code Only

Close Add Modify Delete

Figure 2.4

LTC SMS

Mr. John Doe (19273A) :M62

H#(905)-123-4567 C#()--

W#(905)-234-5678

Recare:N/A

Figure 2.5

CityCode

Listing

City	City Name	Postal Code/Zip	Province
A	Ajax		ON
AG	Agincourt		ON
AJAX	Ajax		ON
ANGU	Angus		ON
APS	Apsley		ON
ARD	Arden		ON
ASHB	Ashburn		ON
ASTRA	Astra		ON
AU	Aurora		ON
BAIL	Bailieboro		ON
BALT	Baltimore		ON
BANCR	Bancroft		ON
BAR	Barrie		ON
BATAW	Batawa		ON
BEAV	Beaverton		ON
BELL	Belleville		ON

☒ Active Code Only

Close Add Modify Delete

Figure 2.6

Modify Patient Data

Account :19273(25235)

Title Lastname Firstname

Mr. John Doe

Initial Nick Name

Birth Date 8/31/1950 Male Female SIN

Marital Status Patient Type To 1-Self/Spouse

Medical Alert Health #

Home Phone 905 1234567 Work Phone 905 2345678

Other Phone 000 0000000 Guarantor Alt. Address

Billing Party

Title Lastname Firstname ☒ Active Party

Mr. John Doe

Alternate Phone # 000 0000000 Work Ph # 000 0000000

Patient/Billing Party Address

Address:

City Code Postal Code

Cancel Save Delete Transfer

Figure 2.7

Double-click on the correct city to choose it for the patient.

Once you have entered all the required information, click on the **Save** button on the bottom-left hand side of your screen. The top left-hand side of the *Appointment Book* should show the new patient's name and account number, with the sex and age of the patient (**Figure 2.8**).

ADDING INSURANCE COVERAGE

Quick Tip

Ensure that patient information is completed in the "Modify Patient Data" window before proceeding with adding insurance coverage.

Before adding insurance coverage to any patient, remember to first complete the patient information in the "Modify Patient Data" window. To add a Primary Insurance policy to a patient record, first select the patient you wish to work with, and then click on the "Enter New Plan A" button in the **Patient Data** tab. A window should come up asking if a brand new plan is being entered, or if this plan is linked to an existing one (**Figure 2.9**).

Adding a New Plan

If you are entering a brand-new plan, click on the "**You are entering a new Employer**" option. A new screen will open where you can enter the name of the patient's employer in the *Employer* field, and then press the **Tab** key. The system will fill in the same name into the *Plan Options* field.

Next, click on the *Carrier File Selection* button (**Figure 2.10**). In the new screen find and double-click on the correct insurance carrier. Press the **Tab** key again to enter the policy number and subscriber/employee/member ID number in the respective fields. The *Division #* and *Patient ID #* fields do not have to be entered unless specified by the insurance company. Click on the **Save** button to continue.

The next few steps involve entering information into the Plan Information (see **Figure 2.11** for more details).

1. Enter the policy renewal date in the *Renewal* boxes. The first box is for the year, the second box is for the month. If the patient is a non-assignment patient, uncheck the **Assignment** checkbox. If the patient is an assignment patient, keep the box checked. If your office is able to send claims electronically through EDI, and a particular patient's plan carrier is EDI-enabled, place a checkmark in the *On EDI* check box. If this box is not checked, then you will be unable to send electronic claims for this patient, or any other patient under this policy.

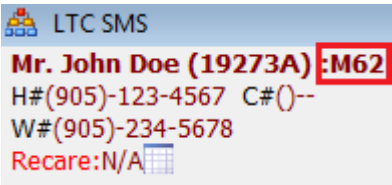


Figure 2.8

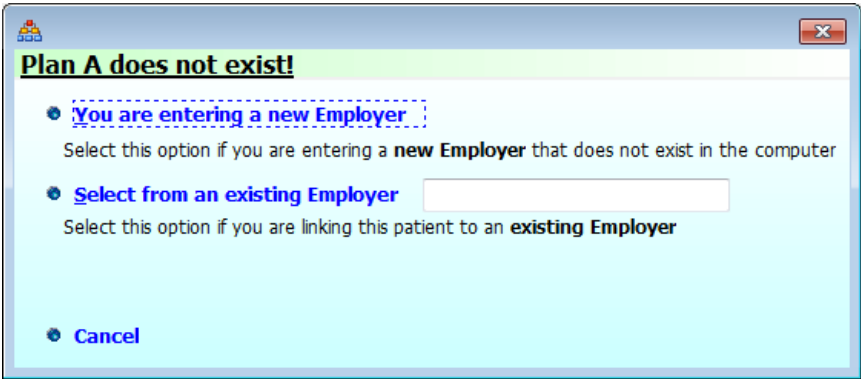


Figure 2.9

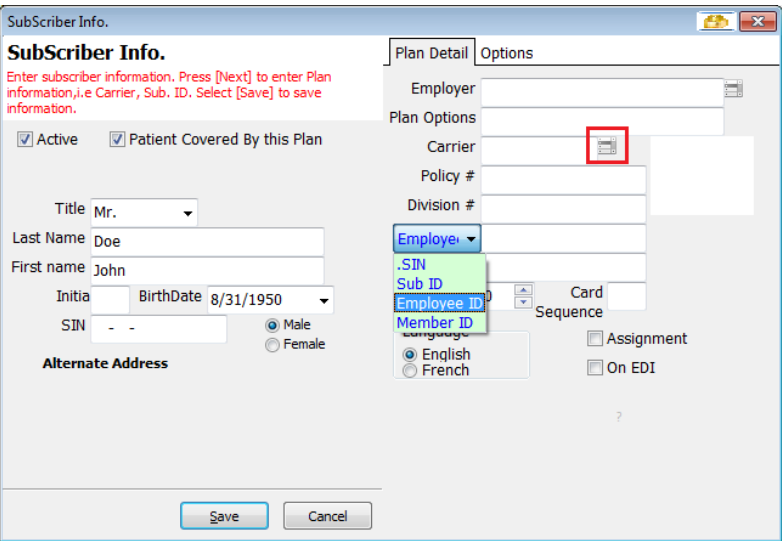


Figure 2.10

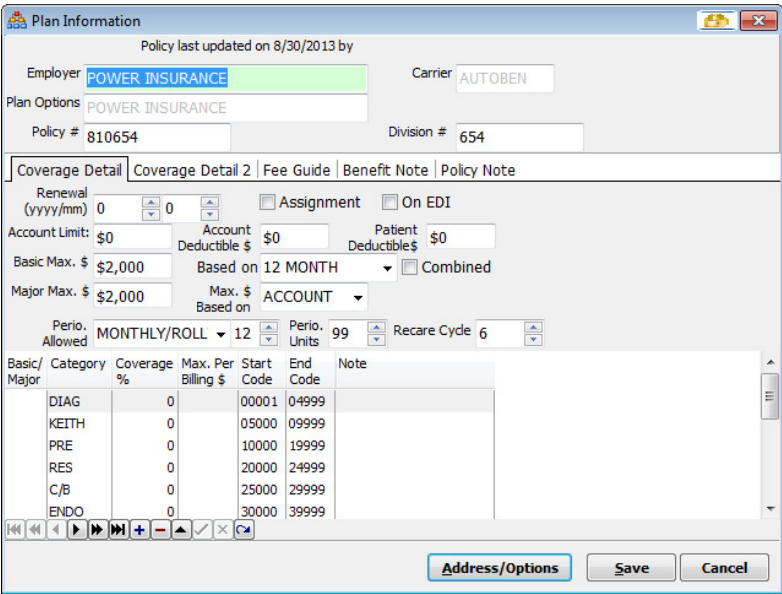


Figure 2.11

Quick Tip

Note that the insurance coverage information is not needed in order to send claims electronically; it is simply a guideline on what the patient has used and has left in his or her policy.

2. The patient's Insurance Coverage information may be entered under the *Coverage Detail* tab (*Account Limit*, *Basic Max*, *Based On*, etc). You will need to obtain this information from your patient, or the patient's insurance company. Due to privacy laws, however, you may be unable to obtain this information from an insurance company. When entered, this information will appear in the middle-top of the *Appointment Book* (**Figure 2.12**).
3. Enter the patient's perio information here. Choose between yearly and monthly, as well as the maximum perio units for each year. You can also enter the insurance's suggested recare cycle.
4. The coverage percentages may be entered and/or modified on the bottom-half of this area. Simply left-click under the *Coverage %* column and type in the correct percentage. When you are finished inputting the information in this screen, click on the **Save** button at the bottom. Once the **Save** button is pressed, the insurance plan is now created.

Adding an Existing Plan

Going back to the original *Insurance Plan A* screen (**Figure 2.13**), if an insurance plan for a specific patient already exists in your system, adding an insurance plan in this manner is a little different. Instead of clicking on **You are entering a Employer**, you can select from a existing insurance plan by clicking "**Select from an exist Employer**".

A list of employers and their associated plans will open. Verify that the *Group Number* column has the same policy number of the plan that you are searching. If so, left-click on it, and then click on the **Select** button (**Figure 2.14**).

Next, add the Subscriber ID number into the *Subscriber ID* box. Notice that most of the information in this screen should already be filled out. The only information that you should need to enter is the checkmark in the *On EDI* checkbox (**Figure 2.15**). The last step is to click on the **Save** button at the bottom of the window. Once the **Save** button is pressed, the insurance plan is now created.

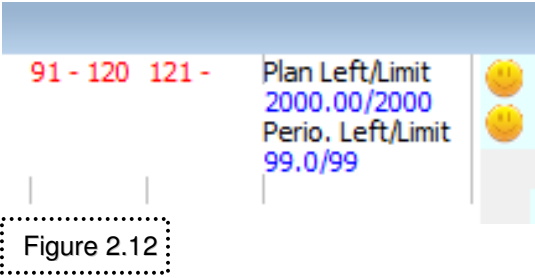


Figure 2.12

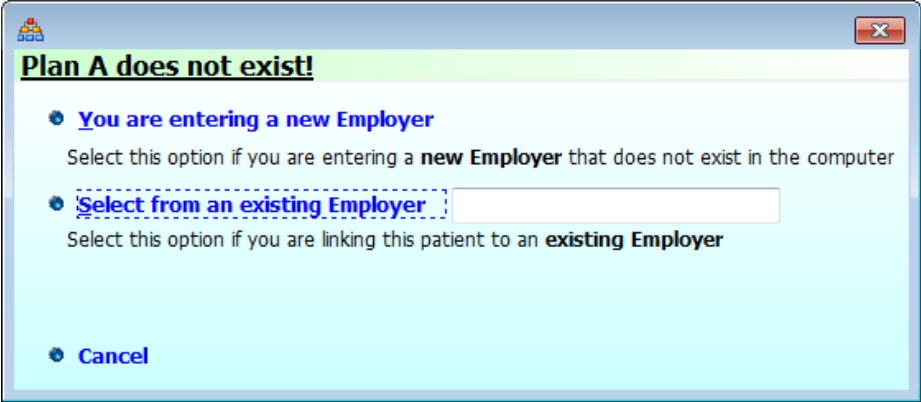


Figure 2.13

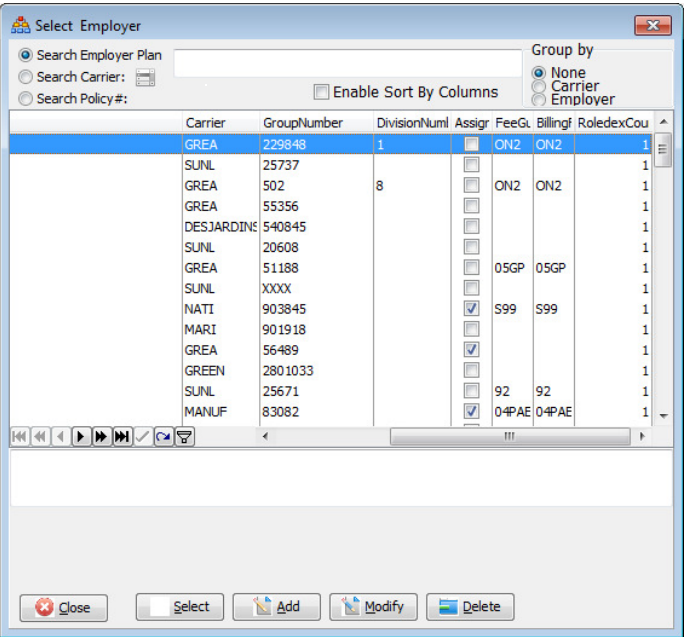


Figure 2.14

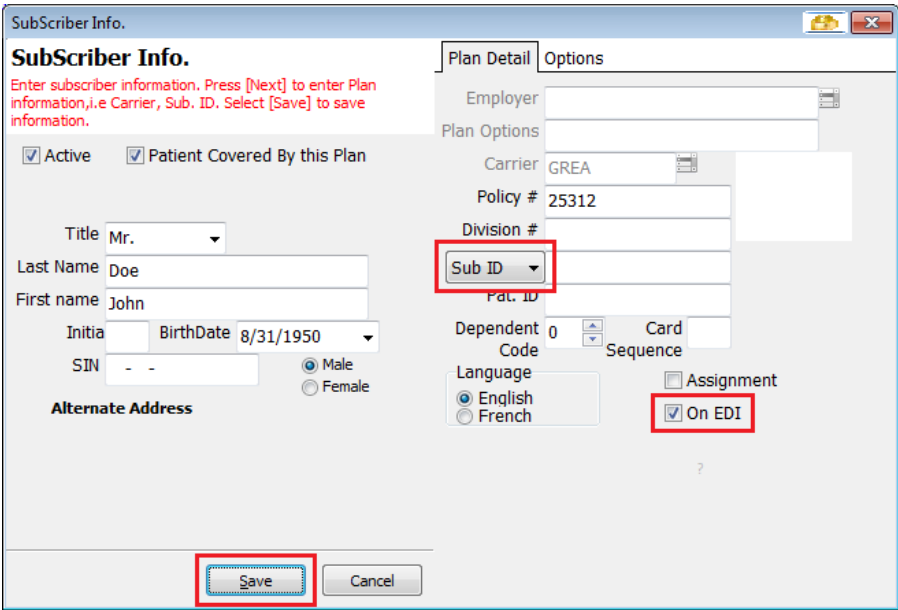


Figure 2.15

TRANSFERRING FAMILY MEMBERS

There are various reasons for transferring a family member into a new or existing account. If a patient needs to be transferred into a new or another existing account, perform the following steps:

Ensure that the appropriate patient is selected on the top-left hand side of the *Appointment Book*. Access the *Modify Patient Data* window by clicking on the down arrow beside **Patient Data** then selecting **Modify Patient** in the drop down menu. Within *Modify Patient Data* window, click on the **Transfer** button on the bottom-right hand side (**Figure 2.16**). The *Transfer Patient* screen shows two areas: *Transfer from*, and *Transfer to*.

The *Account* and *Name* fields are under both areas. The *Account* field under *Transfer from* shows the patient's current account number. Press the **Tab** key on your keyboard once. The second field, *Name*, now shows the patient's name. Notice that the *Name* field under *Transfer to* also shows the patient's name (**Figure 2.17**). You have two options now:

Please Note!

When a Patient record is transferred, the current insurance Policy Coverage is transferred as well. However, you must open and re-save the policy for it to be properly updated.

Transferring to New Account

1. If this patient is to be transferred into a new account, press the **Tab** key again. Notice that in the *Account* field under *Transfer to*, the next available account number shows. Make note of this account number.

Click on **Transfer** (**Figure 2.18**), then **Save** to confirm. After the transfer is successfully completed, you will see a *Transfer done* dialog box. Click on the **Close** button (**Figure 2.19**). After transferring this patient, you will have to go into a different patient account in order to complete the transfer.

You should now see the new patient account number on the top-left hand side of the *Appointment Book*. The transfer is complete.

Transfer to an Existing Account

To transfer a patient to an existing account, type the existing account number in the *Account* field under *Transfer to*. Do NOT put in an account letter, as Paradigm will automatically add the next available letter into the system for you. Press the **Tab** key and the next available account letter will be generated beside the account number. After transferring this patient, you will have to go into a different patient account tin order to complete the transfer.

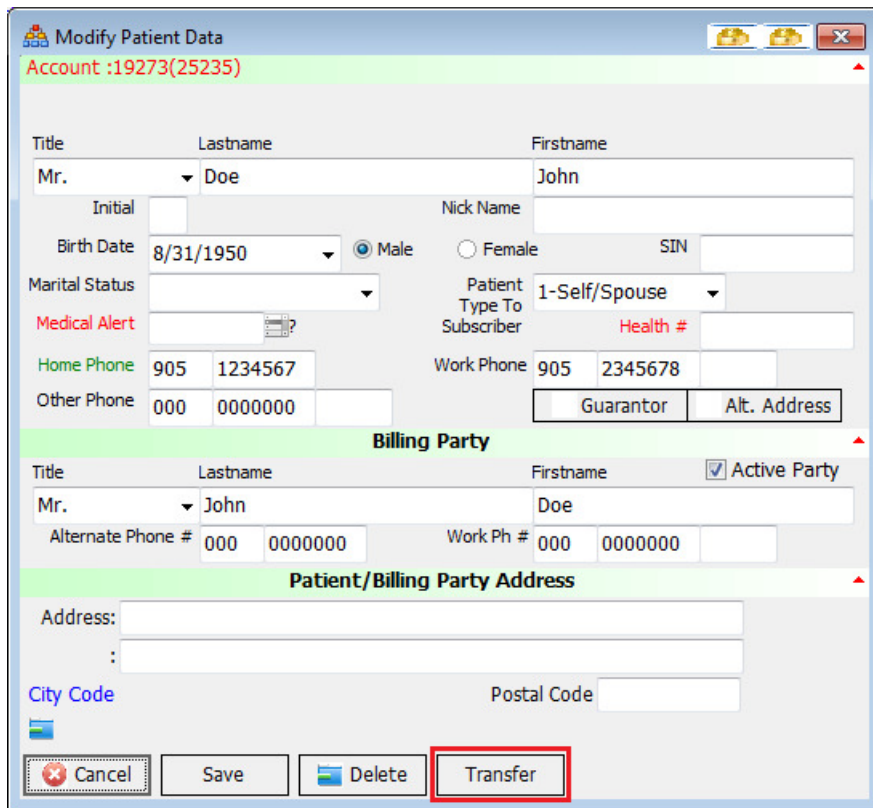
To cancel the transfer process, click on the **Cancel** button; otherwise click on **Transfer**, and then **Save** to continue. Once the transfer is complete click on the **Close** button.

Quick Tip

All completed or outstanding Ledger information for a transferred Patient will be transferred into the new Patient account

Please Note!

Address information will NOT be transferred with the patient's information to the new account. This is because the system assumes the patient will be living at a new location different from the previous account.



Modify Patient Data

Account :19273(25235)

Title: Mr. Lastname: Doe Firstname: John

Initial: Birth Date: 8/31/1950 Gender: Male Nick Name: SIN:

Marital Status: Patient Type To Subscriber: 1-Self/Spouse Health #:

Medical Alert: Home Phone: 905 1234567 Work Phone: 905 2345678

Other Phone: 000 0000000 Guarantor: Alt. Address:

Billing Party

Title: Mr. Lastname: John Firstname: Doe Active Party: ☒

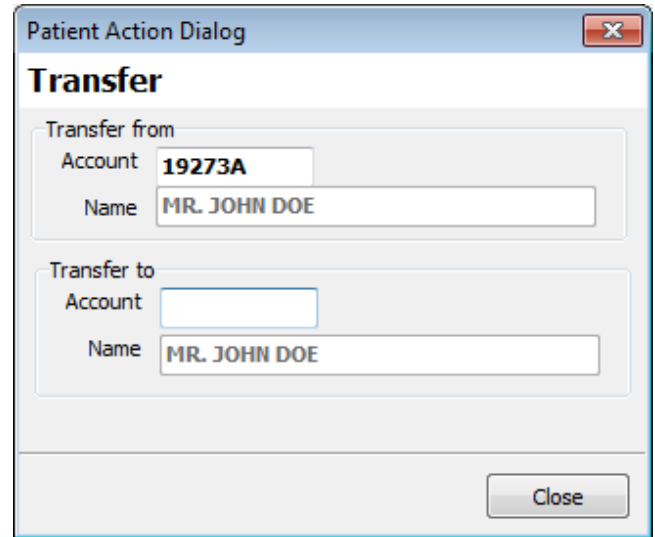
Alternate Phone #: 000 0000000 Work Ph #: 000 0000000

Patient/Billing Party Address

Address: City Code: Postal Code:

Buttons: Cancel Save Delete **Transfer**

Figure 2.16



Patient Action Dialog

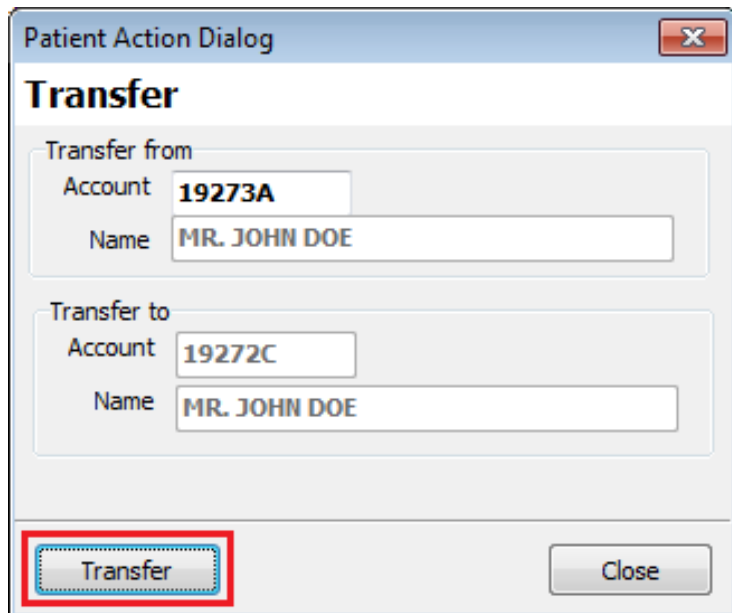
Transfer

Transfer from
Account: 19273A
Name: MR. JOHN DOE

Transfer to
Account:
Name: MR. JOHN DOE

Close

Figure 2.17



Patient Action Dialog

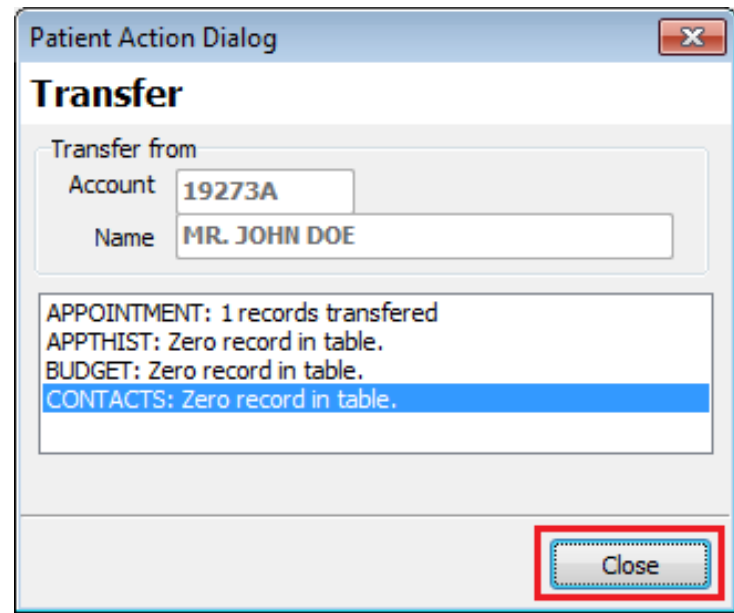
Transfer

Transfer from
Account: 19273A
Name: MR. JOHN DOE

Transfer to
Account: 19272C
Name: MR. JOHN DOE

Transfer Close

Figure 2.18



Patient Action Dialog

Transfer

Transfer from
Account: 19273A
Name: MR. JOHN DOE

APPOINTMENT: 1 records transfered
APPTHIST: Zero record in table.
BUDGET: Zero record in table.
CONTACTS: Zero record in table.

Close

Figure 2.19

Managing Appointments 3

Appointments and Recares

APPOINTMENT BOOKINGS AND MODIFICATIONS

Booking an Appointment

To book a patient's appointment, perform the following:

1. On the *Appointment Book*, left-click your mouse on the time the patient will see the dentist. Then, with the left button held down, drag your mouse down to highlight the appropriate units of time. Release the left button and **right-click** your mouse on this highlighted time (**Figure 3.1**).
2. The next step is to click on the **Job Code** selection button (**Figure 3.1**). The new screen, called *Job Code*, is where you can choose the correct code to book for a patient (**Figure 3.2**). The quickest way to find a job code is to left-click on any code *underneath* the *Code* column, and then type in the first letter of the job code.
3. When you have found the correct job code, **double-click** on it—do **not** click on the **Add** button (the **Add** button is used if you need to enter a *new* code into Paradigm).
4. Next, in the *search* field, type in either the patient's *Last Name*, *Last then First Name*, *@ First Name*, or *#Telephone Number* (minus area code and dashes. Eg: #9461477), and click on the **Search** button (**Figure 3.3**). If you just typed in the Last Name of the patient, or mistyped the patient's name, the *Patient List* screen will appear. Double click on the correct patient name to select the patient for booking.
5. You will receive a confirmation dialog box, confirming the booking of this appointment. Click on the **Confirm** button to book the appointment.

If you book a patient with a provider that is not his or her default provider, then another dialog box will appear verifying the booking process with another provider. Click on the **Confirm** button to book the patient with another provider, or click the **Cancel** button to cancel the booking process.

Appointment Status

To change the status of a booked appointment, select the appointment whose status you wish to change, and then click the arrow that appears in the top

Job Code

☐ ASAP ☐ Confirm Appt. ☐ Lab. Req.

Account #/ Last First name/@ First name/#Phone Number (without area code)

Cancel Search New Patient Reserved Time B U

Figure 3.1

Code	Description	Estimate	Job Color	Recare	Recare
B	BRIDGE	0	clBlack	<input type="checkbox"/>	0
BAND	Banding	0	clBlack	<input type="checkbox"/>	0
BI	BITE	0	clBlack	<input type="checkbox"/>	0
BLEA	Bleaching	0	clBlack	<input type="checkbox"/>	0
BO	BONDING	0	clBlack	<input type="checkbox"/>	0
BR	BRIDGE	0	clBlack	<input type="checkbox"/>	0
BRAC	Bracket Loose/of	0	clBlack	<input type="checkbox"/>	0
BRAC	Bracketing	0	clBlack	<input type="checkbox"/>	0
BT	BROKEN TOOTH	0	clBlack	<input type="checkbox"/>	0
BW	Bitewings	0	clBlack	<input type="checkbox"/>	0
C	CROWN	0	clBlack	<input checked="" type="checkbox"/>	0
CEM	CEMENT	0	clBlack	<input type="checkbox"/>	0
CF	Ceph	0	clBlack	<input type="checkbox"/>	0
CH	CHECK	0	clBlack	<input type="checkbox"/>	0
CK	Check	0	clBlack	<input type="checkbox"/>	0
CLEAN	Cleaning	0	clBlack	<input type="checkbox"/>	0

Close Add Modify Delete ☒ Active Code Only

Figure 3.2

Job Code

☐ ASAP ☐ Confirm Appt. ☐ Lab. Req.

Account #/ Last First name/@ First name/#Phone Number (without area code)
19264A

Cancel Search New Patient Reserved Time B U

Figure 3.3

Mr. Keith Test
Amalgam
(647)-294-6035
(905)-000-0000

ARRIVED

12:15
Mr. Keith Test
CROWN
(647)-294-6035
(905)-000-0000

COMPLETED

1:30
1:45
2:00
2:15
2:30
2:45
3:00
3:15
3:30
3:45
4:00
4:15
4:30
4:45
5:00
5:15
5:30
5:45

11:00

- Patient
- Ledger Ctrl+L
- Billing Ctrl+B
- Treatment Planning
- No-Charge Appointment Ctrl+B
- Payment Ctrl+R
- Appointment Profile Ctrl+A
- Family Recares Summary
- Appointment Audit
- Print Appointment/Encounter Slip
- Add New Contact Appt
- Rebook
- Contact Note
- Confirmed
- Confirmed By SMS/Email
- PreConfirmed
- Preconfirm Required
- ASAP
- Arrived/Check In
- Completed

Figure 3.4

right corner of the appointment box. This will access a “*quick menu*” (**Figure 3.4**).

Left-click on the proper status option (*Completed*, *PreConfirmed*, etc). The appointment will now display certain colour codes or patterns on the left-hand side, or within the appointment (**Figure 3.4**)

Deleting an Appointment

Quick Tip

The first three deletion options (Short Notice Cancellation, Cancellation with Notice, NoShow) will show a record in the Patient Appointment Profile screen (discussed in the next section). The Delete Appointment option will automatically show the Appointment Removed pop-up box on the Appointment Book.

Now and then, a patient may miss an appointment, or will call your office to cancel an appointment. When the situation arises, you can delete an appointment, mark it as cancelled, or mark it as a no-show. To perform one of these options, do the following:

1. Double-click on the desired appointment in your *Appointment Book* window. The *Booking* screen appears (**Figure 3.5**). Now press the **Cancel Appt/No Show** button on the bottom left-hand side of the screen, and you will see five different appointment deletion options (**Figure 3.6**).
2. Left-click on the appropriate deletion option. An *Enter Cancellation Note* screen appears (**Figure 3.6**). You must enter in a cancellation note of some kind, whether it is a specific reason, today’s date, or even just the user’s initials. Click on the **Finish** button and you will be brought back to the *Appointment Book*. The appointment is now removed.

Appointment Icons

Icons will sometimes appear on the top-left hand side of your patient appointments. The following icons will be displayed if:



The patient has a medical condition



This is a new patient



Pre-confirmation is required



Lab is required



Lab has arrived



There is a contact note



The appointment was marked as **ASAP**

Rebooking an Appointment – Same Day

To rebook an appointment on the same day, left-click and **hold** your mouse button on the appointment, and then drag it to the appropriate time slot. Once there, let go of your mouse button, and then click on the **Confirm** button.

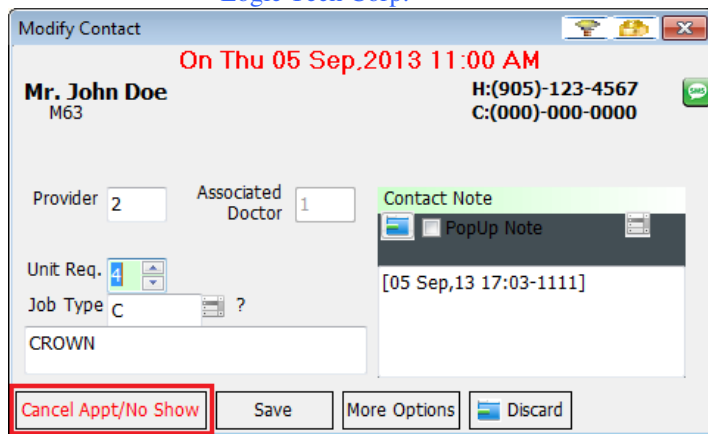


Figure 3.5

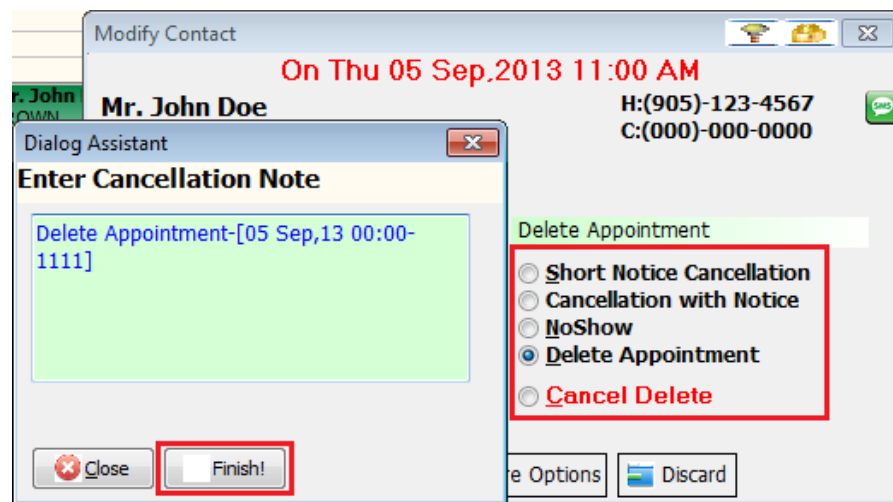


Figure 3.6

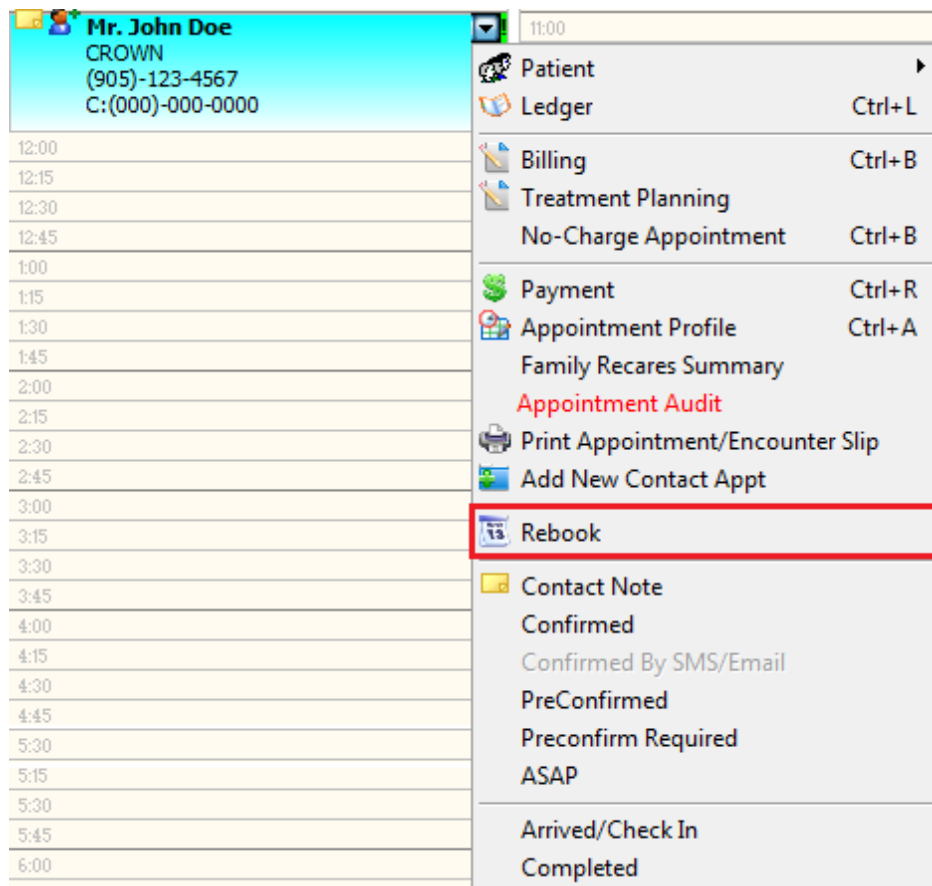


Figure 3.7

Rebooking an Appointment – Different Day

To rebook an appointment on a different day, do the following:

1. First, left-click on the appointment you wish to rebook to select it. Click on the down arrow in the top right corner of the appointment box. Then click on **Rebook** (Figure 3.7).
2. A red flashing *Rebooking* screen will now appear above the Mini-calendar on the right side of the *Appointment Book* (Figure 3.8). Use the calendar on the right-hand side to navigate to the correct date.
3. Now click and **hold** the mouse button down over the patient's name under the flashing rebook bar, and drag it to desired time slot under the appropriate provider column. Let go of your mouse button. A dialog box will appear confirming the rebook. Click on the **Confirm** button to confirm (Figure 3.8). The appointment has been successfully rebooked.

Changing Units of Time for an Appointment

It may be necessary to change the units of time for a booked appointment; (e.g. instead of having an appointment from 3:00 pm to 4:00 pm, you may need to extend the appointment until 4:30 pm).

Double left-click on the appropriate appointment. This will bring up the *Booking* screen (Figure 3.9). On the middle-left hand side of the screen, you will see a **Unit Req.** scroll box. The number in the scroll box displays the current units of time for that appointment.

You can use the top or bottom scroll buttons to increase or decrease the appointment time. When you have the desired units of time entered, click on the **Save Appt** button, and the appointment will now reflect those changes.

PATIENT RECARES

Quick Tip

To change your patient's default recare cycle, click on the **Patient Data** drop-down arrow, and select *Patient Other Info*. Change the Recare Cycle number in the middle-left hand side of this screen.

You may choose to define a recare cycle for your Patients. Patients who have a recare cycle defined in the *Patient Information* screen will be able to use Paradigm's recare cycle.

Most often, a recare is generated at the time of billing (e.g. the patient must be billed for a recare code—e.g., **11111**, or **01202**—to be placed in the program's recare cycle). You can also manually assign your patient a recare appointment from the *Appointment Profile* window, thereby manually placing the patient in the recare cycle.

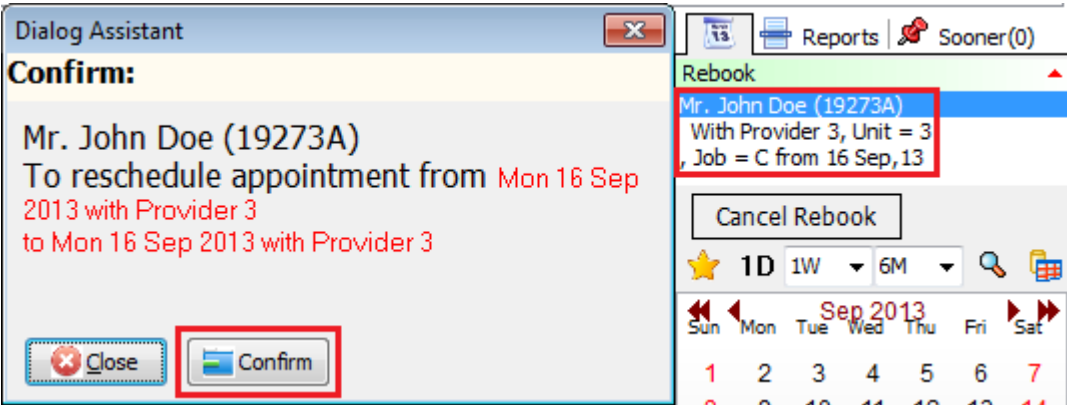


Figure 3.8

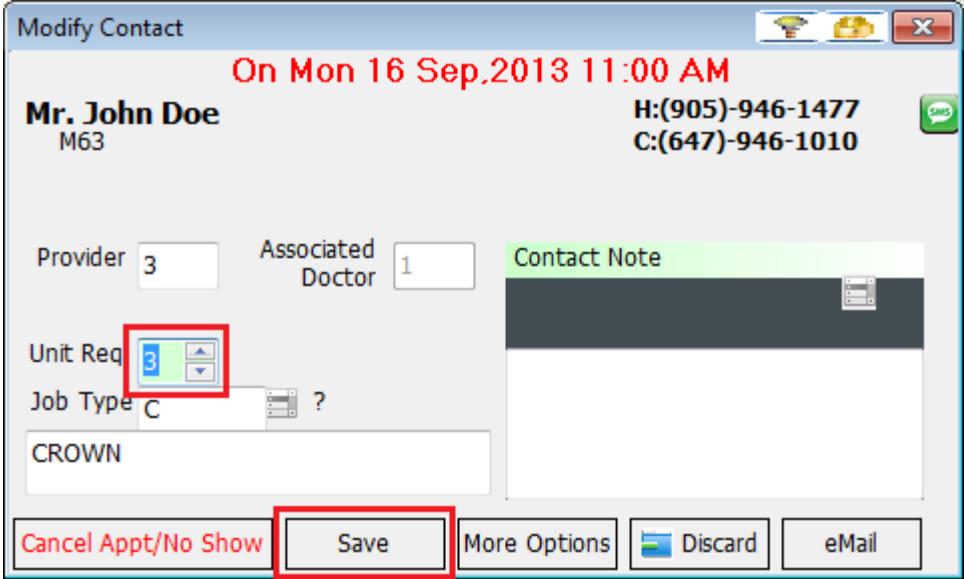


Figure 3.9

On the top-left hand side of the *Appointment Book* window, you will see the currently selected patient's name, telephone number, and recare information. One of three different entries (pictured below) will show:

Recare: N/A

Recare: 16 Apr,05 not booked

Recare: booked on 13 Jan,05

The first entry (above) shows that a recare for your patient has **not** been generated (or properly generated)—this patient is not in Paradigm's recare cycle. The second entry shows that a recare has been generated for a specific date, but has not been booked. The third entry shows that a recare has been generated and booked for a specific date.

Adding a Patient into the Recare Cycle

Method One

If a patient's recare information is marked as N/A, then this patient is not in Paradigm's recare cycle. You can add a patient to your recare cycle in two ways. One method is to bill a patient a service code that is designated as a *recare code*, such as **11111**, or **01202**. Once a recare code has been billed to a patient, that person will be added to the *recare cycle*.

Method Two

The other way to add a patient into Paradigm's recare cycle is performed manually from the *Appointment Profile* window.

- ① Click on the **Appointment** button to access *Appointment Profile*. Within this window, left click on the patient's name then right-click and select **Add New Contact Appt** (Figure 3.10).
- ① In the *Add New Contact* screen, select Recare in the *Contact List Type* box (Figure 3.11). Press the **Tab** button on your keyboard. Notice that the screen you are in changes (see Figure 3.12).
- ① Now add the proper **billing** provider (not service provider) in the *Provider* box.
- ① Next, you can manually type in the desired recare date for your patient contact, or use the calendar (accessible by the **Date** drop-down arrow).
- ① You can also increase or decrease the recare units by changing the number in the *Unit Req* box (Figure 3.12).
- ① Click on the **Job Type File Selection** button to choose the proper recare code. When you click this button, a new screen will open (Figure 3.13). **Note** that you can only book the codes in this screen that have a checkmark in the *Recare/Hygiene Code* column. To select a specific code, **double-click** on it.

Quick Tip

Any job code can be marked as a recare code. This function can be performed by clicking on the **File** button, then **Service Code**, and then **Service Code** again.

Left-click on a desired service code, and click on the **Modify** button. Place a checkmark in the **Recare/Hygiene code** checkbox, and then click on the **Finish** button.

Quick Tip

Other types of contacts can be created from *Appointment Profile*, such as Planned Appointments.

In the patient's *Appointment Profile* right click in the area under the patient's name and select **Add New Contact**. Click on the **Contact List Type** drop down box to see other contact options.

Name : John (M63)

2 Thu 05 Sep,13
2 Fri 06 Sep,13
3 Mon 16 Sep,13

Rebook
Modify
Remove/Cancel

Appointment Audit
Print Appointment/Encounter Slip
Add New Contact Appt

Rebook

Contact Note
Confirmed
Confirmed By SMS/Email
PreConfirmed
Preconfirm Required
ASAP

Arrived/Check In
Completed

Figure 3.10

Add New Contact

Mr. John Doe H:(905)-946-1477
M63 C:(647)-946-1010

Contact List Type: **Recare**

Estimated Date: [Dropdown]

1W 1M 3M 6M 9M 12M From Today

More Options Discard eMail

Figure 3.11

Add New Contact

Mr. John Doe H:(905)-946-1477
M63 C:(647)-946-1010

Contact List Type: Recare

Estimated Date: [Dropdown]

Provider: 1 Associated Doctor: 1

Date: 9/16/2013

Unit Req.: 3

Job Type: [Dropdown] ?

Contact Note

Save Contact More Options Discard eMail

Figure 3.12

JobCode

Listing

Code	Description	Estimate	Job Color	Recare	Recare
@TMF	11 months recar		Color i	<input checked="" type="checkbox"/>	11
10MR	10 months recar		Color i	<input checked="" type="checkbox"/>	10
11MR	11 months recar		Color i	<input checked="" type="checkbox"/>	11
12M	12 Month Recall	0	clBlack	<input checked="" type="checkbox"/>	0
12MR	12 months recar		Color i	<input checked="" type="checkbox"/>	12
1Y	ONE YEAR RECAI	0	clBlack	<input checked="" type="checkbox"/>	0
3MR	3 months recare		Color i	<input checked="" type="checkbox"/>	3
3P	3month Scale Or	0	clBlack	<input checked="" type="checkbox"/>	0
4M	4 Month Recall	0	clBlack	<input type="checkbox"/>	0
4MR	4 months recare		Color i	<input checked="" type="checkbox"/>	4
6M	6 Month Recall	0	clBlack	<input checked="" type="checkbox"/>	0
6MR	6 months recare		Color i	<input checked="" type="checkbox"/>	6
7MR	7 months recare		Color i	<input checked="" type="checkbox"/>	7
8MR	8 months recare		Color i	<input checked="" type="checkbox"/>	8
9M	9 MONTH RECAL	0	clBlack	<input checked="" type="checkbox"/>	0
9MR	9 months recare		Color i	<input checked="" type="checkbox"/>	9

Active Code Only

Close Add Modify Delete

Figure 3.13

- Ⓛ You will be brought back to the **Add New Contact screen**. Click on the **Save Contact** button to create the recare contact line. Note that after you save, the *Contact* screen will close, and you should now see the patient's new recare line in the *Appointment Profile* window.


Booking a Patient's Recare Appointment

To book a patient recare, a patient needs to have “**not booked**” next to the *Recare* text on the top-left of the *Paradigm Appointment Book*.

e.g. Recare: 13 Dec, 05 not booked

There are two ways to book patient recares. One way is booking the recare appointment through the **Recare** icon, and the other is to book from the *Appointment Profile*.

Method One – Recare Icon

Select the appropriate patient's appointment, and then look at the top-left hand side of the *Appointment Book* window. Next to the “**not booked**” line, you will see two icons, as pictured in **Figure 3.14**. Click on the **Recare** icon with the red circle  to book the patient recare appointment.

The appointment book will automatically be changed to the date of the recare appointment, and on the middle right-hand side, you should see a flashing appointment (**Figure 3.15**). Left-click and **hold** your mouse button down on the flashing appointment, and then drag the cursor to the appropriate time slot.

Let go of your mouse button. A dialog box will appear asking to confirm the booking of this appointment. Click on the **Confirm** button to confirm the patient's recare appointment has been successfully booked. On the top-left hand side of the *Paradigm Appointment Book*, the recare information should now show as follows: Recare: booked on 13 Dec, 05

Method Two – Appointment Profile

Open the patient's *Appointment Profile* by clicking on the **Appointment** button at the top of the screen. The red recare contact line should show similarly to the one below:

Name : Phyllis (F44)					
1	Mon 05 May, 08		3 3MR	Recare not Book	3MR: 3 months recare

To book this appointment, right-click the “Recare not Book” line to bring up the tasks menu, then left-click on the **Rebooking** option (**Figure 3.16**). The appointment book will jump to the date of the recare as seen in **Figure 3.15** of the previous method. Proceed with the same steps of dragging the appointment to the desired timeslot.

Mr. John Doe (19273A) :M63
H#(905)-946-1477 C#(647)-946-1010
W#(905)-234-5678
Recare:16 Sep,13 Not Booked

Figure 3.14

Booking Contact ▲
Mr. John Doe (19273A)
With Provider 1, Unit = 3
Job = 6MR on 16 Sep,13

Cancel Rebook

name		Docto
John	M63	1

★ 1D 1W 6M 🔍 📅

◀ ▶ Sep 2013 ▶▶

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Figure 3.15

2	Mon 16 Sep, 13	Recare not Book
---	----------------	-----------------

📅 Rebook

📄 Modify

🗑️ Remove/Cancel

🔍 Appointment Audit

🖨️ Print Appointment/Encounter Slip

👤 Add New Contact Appt

📅 Rebook

📝 Contact Note

Confirmed By SMS/Email

ASAP

Figure 3.16

BLOCKING, UNBLOCKING, AND RESERVING TIME SLOTS

Blocking the Schedule

When necessary, certain times on the schedule can be set as unavailable for appointments such as lunch hours. This provides a visual reminder that something is happening at that time and the provider is not available to see patients.

To block time on a schedule, left-click on the first unit you wish to block and, while still holding the left mouse button, drag down the number of units you wish to block (**Figure 3.17**).

Then right-click in the time slots that you have selected. The patient search window will appear. Select the “**B**” push button on the bottom right corner of the window (**Figure 3.18**). This will block the highlighted time on the appointment book as not being available for appointments (**Figure 3.19**).

Unblocking Blocked Time on the Schedule

To remove a previously blocked time on the appointment book, highlight the first unit of time that you wish to unblock and drag down the number of units that you wish to unblock. Place your mouse pointer on the highlighted units and then right-click.

You will be presented with the “Time Blocked” dialog box. Select the “**U**” button on the bottom right corner of the window. This will make the highlighted block of time available on the appointment book (**Figure 3.20**).

Adding Reserved Time

The reserved time feature is used to designate times on the appointment book as being strictly unavailable for a specific reason. Such things as department meetings or special events can be indicated on the schedule.

To reserve time on the appointment book highlight the first unit of time that you wish to mark as reserved, drag down the number of units that you are reserving and then right-click on the highlighted time.

Now, left-click on **Reserve Time** button on the bottom right of the search screen (**Figure 3.21**). You will then be prompted to enter a reason for the reserved time. When completed, left-click on the **Finish** button at the bottom of the Paradigm Dialog Assistant (**Figure 3.22**).

The reserved time will be displayed with the reason on the schedule, in this case a department meeting.

Quick Tip

There is a quick way of deleting reserved times. Click the down arrow on the reserved time entry. Then click on **Remove Reserved Time** to remove the reserved time from the appointment book.

30	11:30
45	11:45
12 00	12:00
15	12:15
30	12:30
45	12:45
1 00	1:00
15	1:15

Figure 3.17

30	11:30	11:30	11:30
45	11:45	11:45	11:45
12 00	12:00		
15	12:15		
30	12:30		
45	12:45		
1 00	1:00		
15	1:15		
30	1:30		
45	1:45		
2 00	2:00		
15	2:15		
30	2:30		
45	2:45		

Job Code

☐ ASAP ☐ Confirm Appt. ☐ Lab Req.

Account #/ Last First name/@ First name/#Phone Number (without area code)

Cancel

Search

New Patient

Reserved Time

B **U**

Figure 3.18

30	11:30
45	11:45
12 00	
15	
30	
45	
1 00	1:00
15	1:15

Figure 3.19

Time Blocked

Cancel

Reserved Time

U

Figure 3.20

Job Code

☐ ASAP ☐ Confirm Appt. ☐ Lab Req.

Account #/ Last First name/@ First name/#Phone Number (without area code)

Cancel

Search

New Patient

Reserved Time

B **U**

Figure 3.21

Dialog Assistant

Enter Reserve Description

Close

Finish!

Figure 3.22

Billings and Payments 4

Billings and Payments

BILLING A PATIENT

Quick Tip

The grid box next to the Service Code or Service Provider fields can be clicked for users to manually select these items in the *Charge Entry* window.

To enter a billing, first select the patient you wish to charge from the appointment book. Next, click on the **Billing** button in the toolbar at the top of the Appointment Book (**Figure 4.1**).

Once in the Charge Entry window (**Figure 4.2**), ensure that the correct **Billing and Service Providers** are selected. Also, check the fee guide shown in the **Fee Guide** box to ensure it matches the fee guide you wish to use. If any of these selections are incorrect, click on the respective drop-down button and choose the right option from the list provided.

Quick Tip

You can also click on the **Service Code** icon next to the box to manually select a service code

When you are ready to continue, click on the **Start Billing** button (**Figure 4.2**). The Charge Entry screen will now show as displayed in **Figure 4.3**. In the *Service Code* box, enter the 5-digit code of the procedure performed. Press the **Tab** key on your keyboard to progress to the *Service Provider* box.

Here you can change the Service Provider if necessary. Continue pressing the **Tab** key to progress to the next field in the *Charge Entry* screen (Possible fields depending on the service code are *Tooth*, *Surface*, *Dr. Fee*, *Lab Fee* and *Status*).

Quick Tip

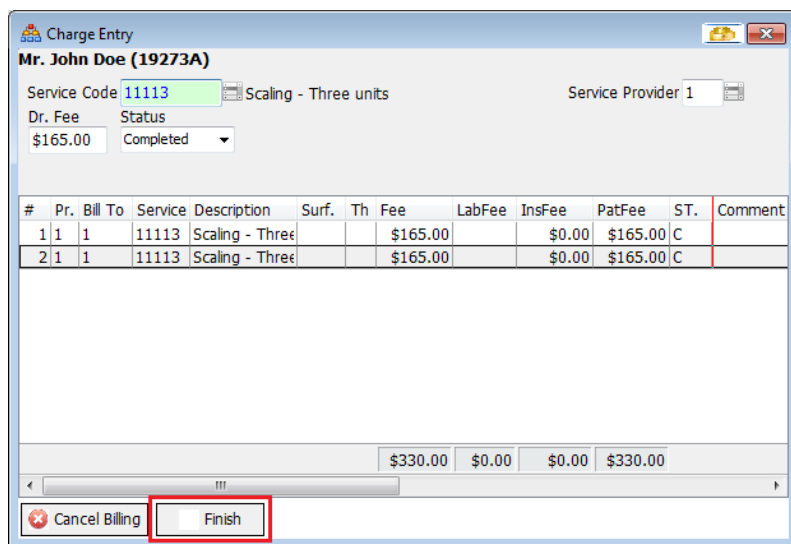
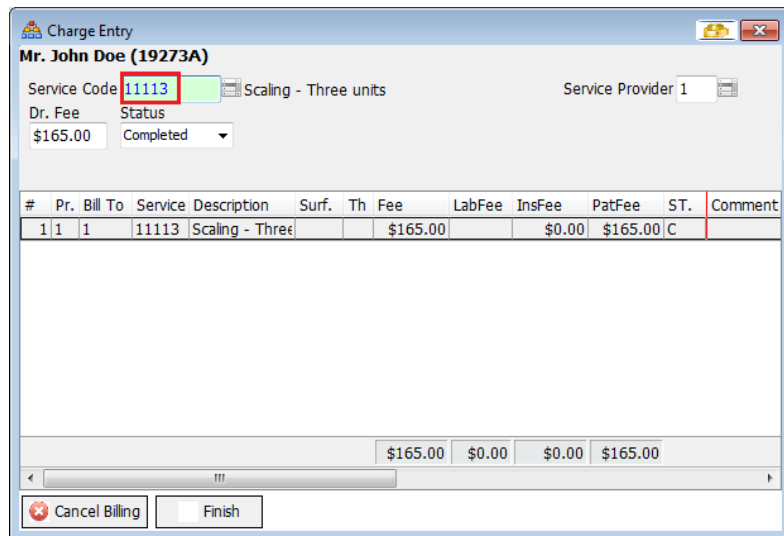
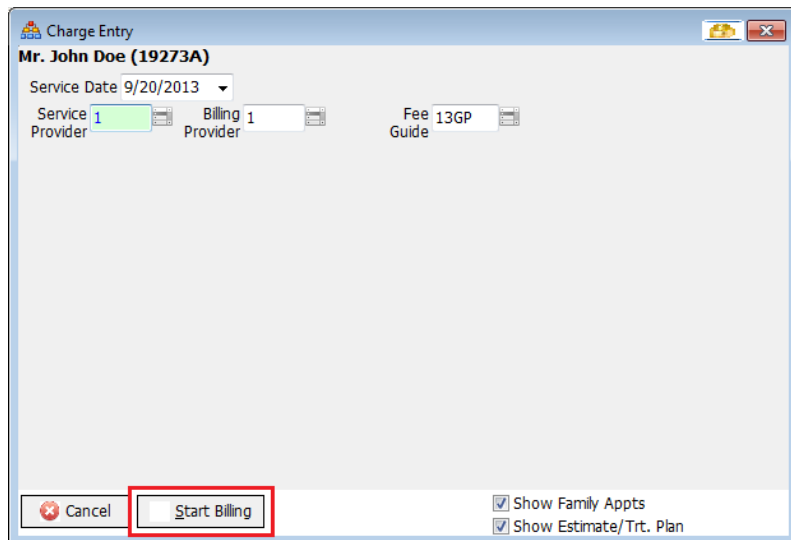
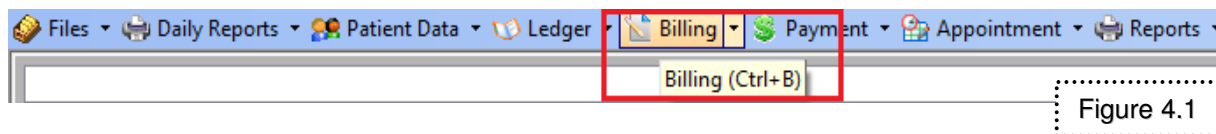
If you are sending your service charges electronically (through EDI), you should enter no more than SIX service codes at a time, or TEN codes for non-EDI submissions.

Finally, press **Tab** again to get back to the *Service Code* box. If there are more service codes to be entered, repeat the above procedure until you have inputted all your service codes.

Once the last code is entered and the entry box for service codes is blank, click on the **Finish** button at the bottom right-hand corner of the Charge Entry window (**Figure 4.4**).

This will open the new Billing Options window (**Figure 4.5**) with five options from which to choose:

Bill To Patient and *Bill To Insurance* will both process the charge and put it in the Ledger under the patient or insurance balance accordingly.



The *Estimate* option will save the billing in the Ledger as an estimated charge. *Treatment Plan* does the same but saves the entry as a treatment plan.

Continue Billing allows going back to continue adding more service codes to the invoice.

If the billing includes a service code that has a recare appointment, the next recare date will automatically be added to the patient's information window in the Appointment Book.

Finally, in the last *Billing* screen (**Figure 4.6**) click **Finish** to complete the billing process and post the charge to the Ledger. Before you click **Finish**, you may choose to submit the billing directly through EDI, print available forms or statements, or immediately pay for the bill.

To print the billing, place a check in the boxes beside the statements you wish to print for this billing. Then click on **3. Print selected options** to print the statements you selected. If the *Direct Print* checkbox is checked, Paradigm will immediately print a preview of the selected statement(s). If not, then you will have the option to manually set report printing parameters in the option box that appears.

ENTERING A PAYMENT

Patient Payment

1. To enter a payment, click on the **Payment** button on the Paradigm Toolbar (**Figure 4.7**).
2. In the **Payment Entry** window (**Figure 4.8**) left-click on the payment type you wish to use.
3. Next, enter the total payment amount in the **Amount** box, and then press the **Tab** key on the keyboard. If applicable, the date of the payment entry can be changed for backdated or post-dated entries.
4. There are four posting options (**Figure 4.9**):
 - Ⓐ **Auto Apply** automatically applies the payment to the oldest outstanding charges until there is no money left or the balance is fully paid.
 - Ⓑ **Manual Apply** allows the ability to choose which balances to pay off.
 - Ⓒ **Generate Credit** places the payment in the ledger as a credit, which can be later applied to a charge.
 - Ⓓ **Apply Payment to Invoice(s) Dated** auto applies the payment to invoices **only** on a selected date. Any leftover amount will be generated as a credit.

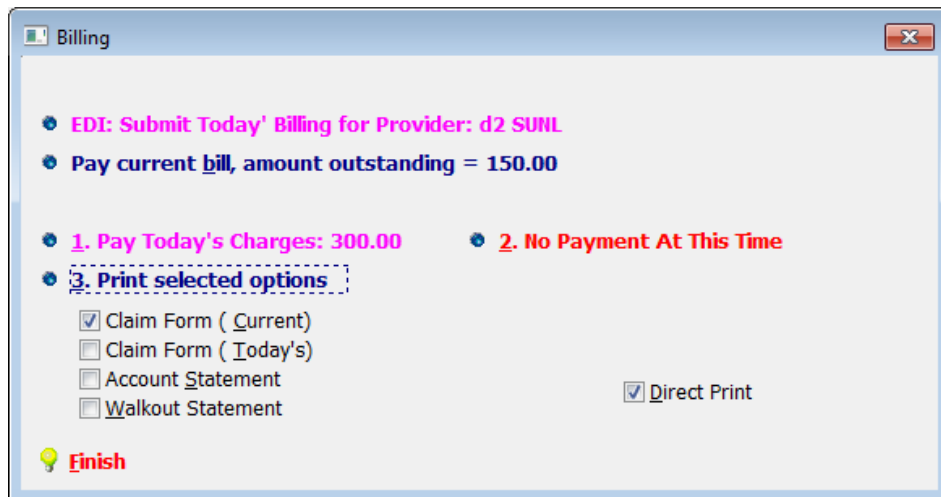


Figure 4.6

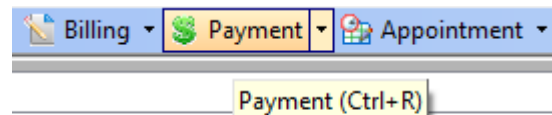


Figure 4.7

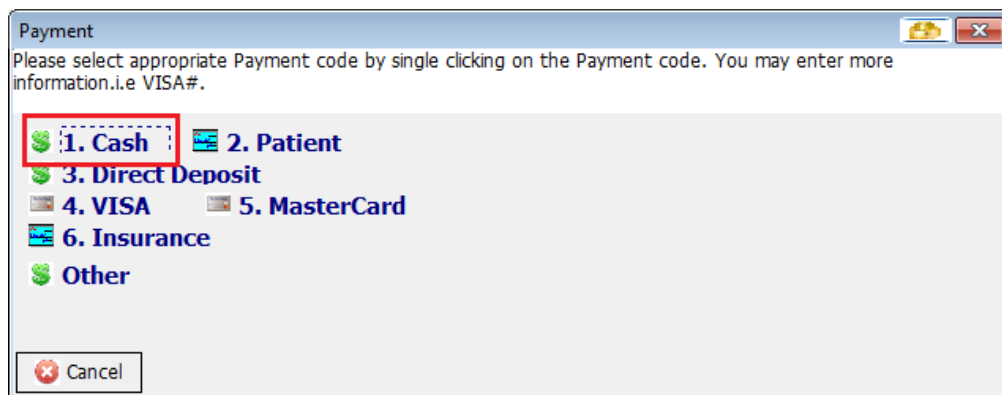


Figure 4.8

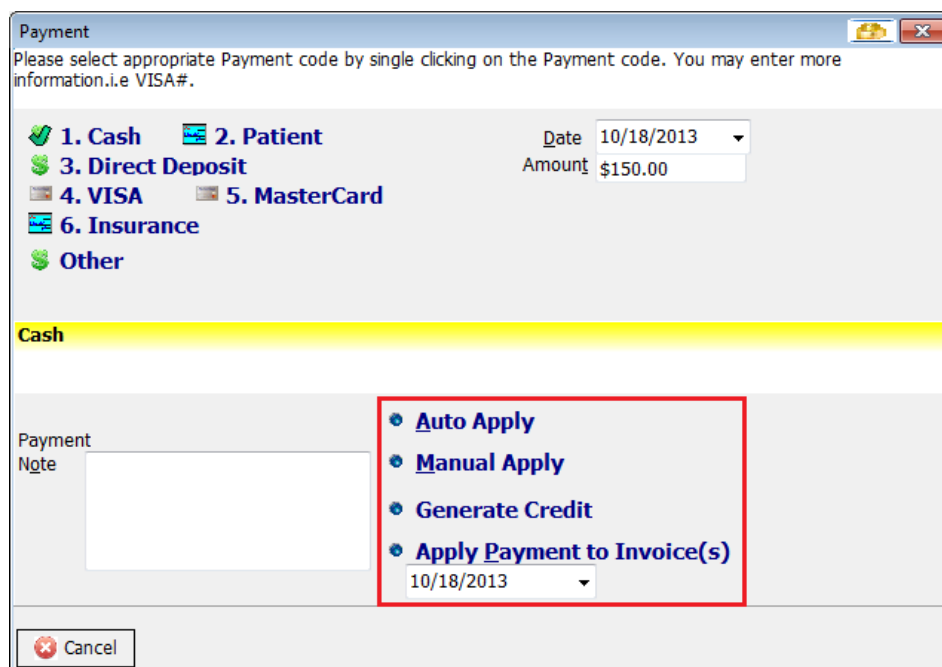


Figure 4.9

5. Left-click on the **Manual Apply** option and a window appears showing the list of all current outstanding charges for this account (**Figure 4.10**). As this is a *Patient Charge*, left-click once on the yellow *Patient Payment* column beside the patient balance you want to apply the payment to. Press the **Tab** key on the keyboard once. A *Confirm Payment* dialog box will appear (**Figure 4.11**).
6. Click on the **Confirm** button. If the payment amount is more than the charge, you will then be able to apply the rest of the payment to other charges, or generate a credit if there is nothing more outstanding.
7. After clicking **Confirm**, a small dialog box called *Print Receipt* will appear. This gives you the option of printing a receipt for the payment that was just made by the patient. Place a check in the box beside **Print Patient Name** if you want the receipt to show the patient's name. Otherwise the printed receipt will show the first member of the patient account. Click **Confirm** on the *Print Receipt* box to print the receipt, or click cancel if you do not wish to print. The Ledger will then automatically open displaying the payment entries.

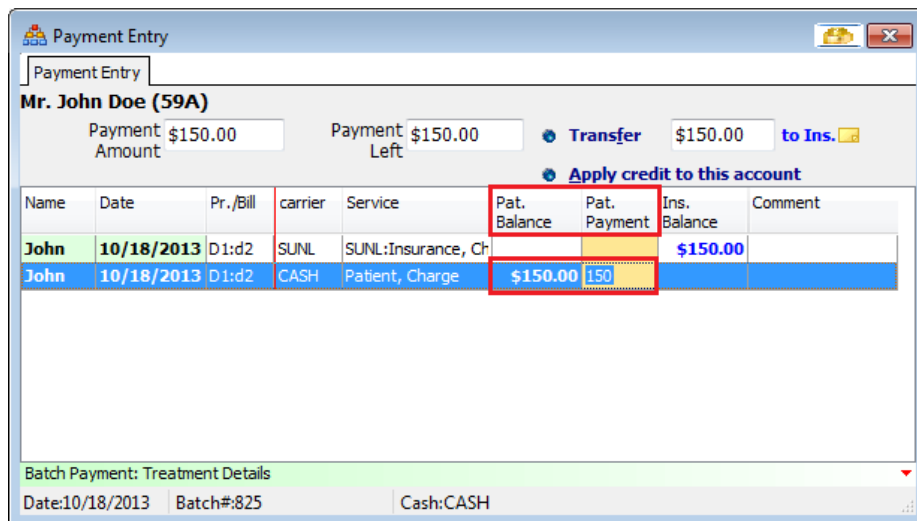
Insurance Payment

Insurance payments are performed in the same manner as patient payments up to **Step 4** for Patient Payments. After the **Manual Apply** button is selected, left-click once on the yellow *Insurance Payment* column beside the insurance balance you want to apply the payment to. Press the **Tab** key on the keyboard once (**Figure 4.12**). The *Confirm Payment* dialog box should appear (**Figure 4.11**). From here, follow **Step 6** for Patient Payments. However, be advised that a patient receipt cannot be printed for an insurance payment.

SENDING CLAIMS ELECTRONICALLY: EDI

Submitting insurance claims electronically through *EDI* (Electronic Data Interchange) is a quick and efficient way to maximize your office time, as there is no paperwork or patient signature required. To send claims through EDI, your office needs the following:

1. Registration with the **ODA**.
2. All providers who will send EDI need to have a License number and a CDA/EDI number.
3. An office CDA EDI number.
4. CCD installed on each computer that will be submitting EDI (can be installed from Paradigm install CD).
5. An external modem hooked up to each computer that will be submitting EDI.



Payment Entry

Mr. John Doe (59A)

Payment Amount: \$150.00 Payment Left: \$150.00 **Transfer** \$150.00 to Ins.

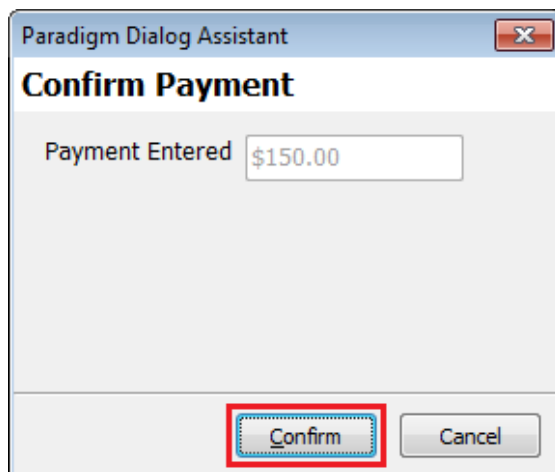
Apply credit to this account

Name	Date	Pr./Bill	carrier	Service	Pat. Balance	Pat. Payment	Ins. Balance	Comment
John	10/18/2013	D1:d2	SUNL	SUNL:Insurance, Ch			\$150.00	
John	10/18/2013	D1:d2	CASH	Patient, Charge	\$150.00	150		

Batch Payment: Treatment Details

Date:10/18/2013 Batch#:825 Cash:CASH

Figure 4.10



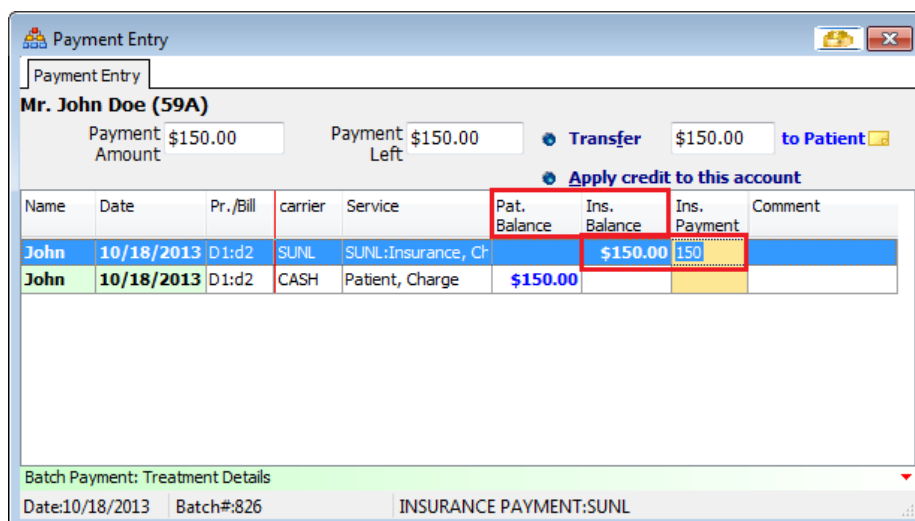
Paradigm Dialog Assistant

Confirm Payment

Payment Entered: \$150.00

Confirm Cancel

Figure 4.11



Payment Entry

Mr. John Doe (59A)

Payment Amount: \$150.00 Payment Left: \$150.00 **Transfer** \$150.00 to Patient

Apply credit to this account

Name	Date	Pr./Bill	carrier	Service	Pat. Balance	Ins. Balance	Ins. Payment	Comment
John	10/18/2013	D1:d2	SUNL	SUNL:Insurance, Ch		\$150.00	150	
John	10/18/2013	D1:d2	CASH	Patient, Charge	\$150.00			

Batch Payment: Treatment Details

Date:10/18/2013 Batch#:826 INSURANCE PAYMENT:SUNL

Figure 4.12

If your office has the above list implemented, you should be able to send claims through EDI. There are two ways to send through EDI. The first is to send directly from the final billing screen (**Figure 4.13**).

In this area, click on **EDI: Submit Today's Billing for Provider**. The *E.D.I Claim* screen appears (**Figure 4.14**). Make sure *For Selected Entry* is selected to process this specific billing. Click on the **Payee Code** drop-down arrow and select the correct option (e.g. *Pay to Dentist* is for an *Assignment* claim, *Pay the Subscriber* is for a *Non-Assignment* claim).

There are two submission options from here. If the patient has no special case (ex. Patient is not a student or disabled) then click on **Submit Now** to send the claim immediately. Otherwise, click on **Submit** to proceed to an additional screen where an Eligibility Exception Code can be defined (**Figure 4.15**). Note the *Payee Code* may have to be re-selected. The **Submit** button will also allow you to make changes to the EDI, and view additional information.

The second way to send claims through EDI is to send them through the patient's Ledger (please note you have to have the charge in the Ledger first before you can send it). In the patient's Ledger, left-click on the charge to be submitted, then click on the **EDI** menu button at the top left-hand side of the window. Select **Submit** (**Figure 4.16**). The submission screen will appear to either **Submit** or **Submit Now** (**Figure 4.14**).

Please Note!

If *For All Entries Dated On* is selected, but a claim has already been sent earlier in the day, the entire submission may not go through. An error may come up that a duplicate claim is being sent because it is trying to resend the one from earlier.

To send *only* the claim selected in the Ledger, put a checkmark in the *For Selected Entry* checkbox and click on the **Submit** or **Submit Now** button. To send all claims for a certain date, ensure that the *For All Entries Dated On* checkbox is checked. Note that whatever Provider number is placed in the *For Bill To Dr.* box, the claims for that provider will be sent. Use the Calendar to navigate to the appropriate date, and click on the **Submit** or **Submit Now** button.

BASIC LEDGER ADJUSTMENTS

There are two basic types of entries in a ledger: One type is a *Charge*, which adds to the outstanding balance of an account, and the other is a *Payment*, which pays off and reduces the outstanding balance of an account. *Adjustments* are usually used to modify, reverse, or remove the results of these entries.

To make Adjustments in Paradigm, bring up the patient's Ledger and select the appropriate line you wish to adjust. Next, click on the **Adjustment** tab on the top left-hand side of the Ledger window. Various adjustment options will appear (**Figure 4.17**).

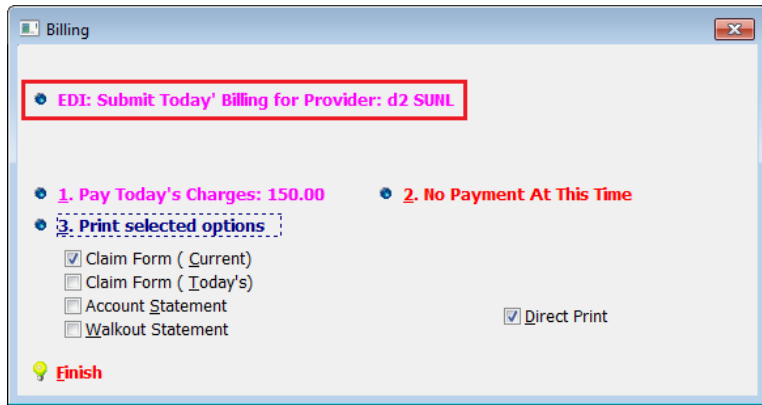


Figure 4.13

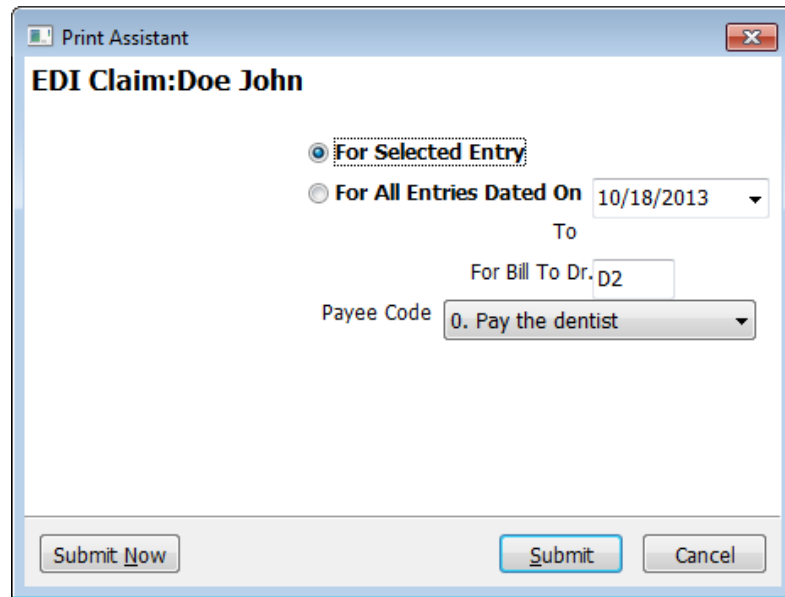


Figure 4.14

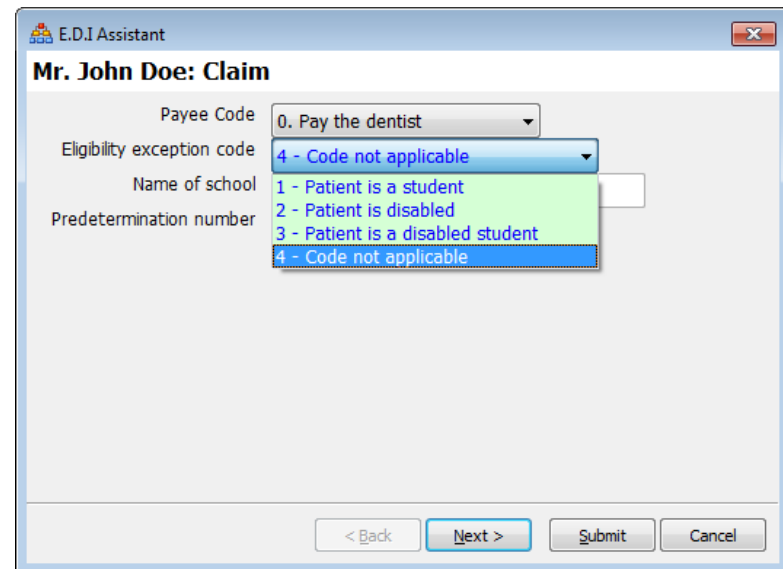


Figure 4.15

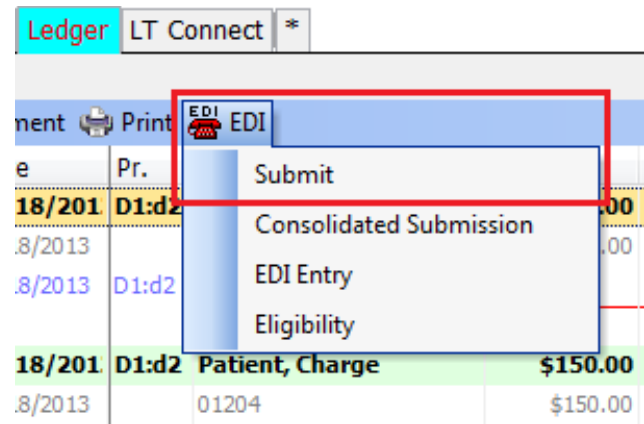


Figure 4.16

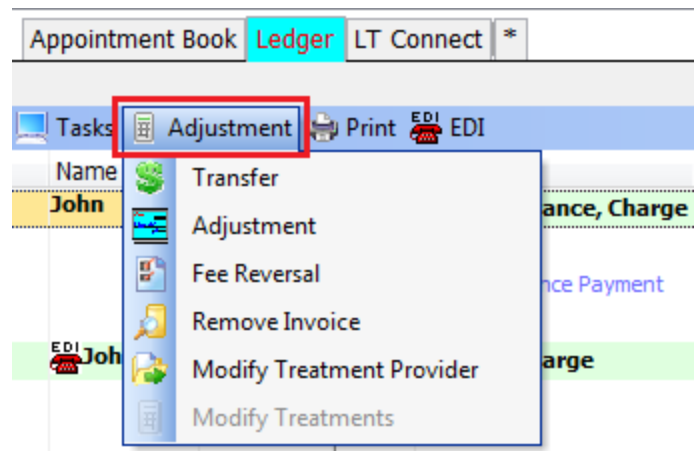


Figure 4.17

Please Note!

An Adjustment Note **must** be entered to complete any adjustment process.

Quick Tip

The Adjustment tab only displays the options you can perform with the selected ledger type.

Transfer will transfer a balance from either Patient to Insurance, or vice-versa. Select **Transfer** from the Adjustment menu. Double left-click the transfer type ($P \rightarrow I$ or $I \rightarrow P$) and click the **Next** button. You may then choose the date, and enter the amount to be transferred. Lastly, type in an adjustment note and click on the **Process** button.

- **Adjustment** (or *Write-Off*) removes a portion of a charge (ex. To round the fee, apply one-time office discount, etc.). Select **Adjustment** from the Adjustment menu. Double left-click on the adjustment type (*Office Discount, Patient Write-Off, etc.*) then click the **Next** button. Enter the amount you wish to take out or write-off in the *Adj. Amount* box, then select the **Process** button to complete the adjustment.
- **Refund** records money taken out of a previously posted payment and returns it to the patient (*Patient Refund*) or the insurance company (*Insurance Refund*). Select **Refund** from the Adjustment menu and double-click on the appropriate type of refund, then click on the **Next** button. If doing a partial refund, type in the amount being refunded in the *Adj. Amount* box, then click the **Process** button.
- **Fee Reversal** voids the charges previously posted to a patient's account. Select **Fee Reversal** from the Adjustment menu. Double left-click on either *Insurance* or *Patient* fee reversal then click on the **Next** button. Select the **Process** button to complete the adjustment. Please note permanent records are kept on the ledger for all fee reversals performed.
- **Payment Reversal** voids payments or credits previously posted to a patient's account. Select **Payment Reversal** from the Adjustment menu. Double left-click to select either a *Patient* or *Insurance* payment reversal, then click on the *Next* button. Select the *Process* button to complete the adjustment.
- **NSF** ('Non-Sufficient Funds') is the term used to describe cheques rejected by the bank because of insufficient funds in the source account. When this adjustment is used, the amount of the cheque is restored to the account balance, and any applicable NSF service charges are automatically added to the ledger. Select **NSF** from the Adjustment menu, double click on either *Patient* or *Insurance NSF* and click on the *Next* button. In the *NSF Provider* window, click the *Apply NSF Charge* checkbox (if applicable), and select which provider you wish to apply the NSF charge to. Click *Finish* to complete the process.
- **Apply Outstanding Credit** applies credits to patient/insurance charges. When chosen, this feature will bring the user to a regular payment window where the credit amount may be applied the same way as with *Manual Apply*.
- **Reverse Applied Credit** reverses an applied credit from a particular

Please Note!

Always make sure to reverse **all** applied credits before removing the invoice where they are applied!

charge. Select **Reverse Applied Credit** from the Adjustment menu.

- **NSF Apply Credit** applies an NSF charge to a patient credit created by a patient cheque. Select **NSF Apply Credit** from the Adjustment menu, then press **Confirm** on the confirmation screen. Select the *Apply NSF Charge* checkbox (if applicable), and choose to which provider you wish to apply the NSF charge. Complete by clicking on *Finish*.
- **Remove Invoice** completely removes a charge or payment from the patient's Ledger. Select **Remove Invoice** from the Adjustment menu and click on the *Process* button. To confirm the removal, click on the *Confirm Delete* button in the next window.
- **Modify Treatment Provider** changes the service/billing provider for a charge or payment. This function may be used if you have inputted the incorrect provider during the billing phase. Select **Modify Treatment Provider** from the Adjustment menu. Use the drop-down arrows to select the proper provider from the list, or simply type in the correct provider code. Click on the *Process* button to complete the modification.

Quick Tip

If the amount of the payment is greater than the balance, a credit is generated and added to the ledger as a separate transaction. This can then be applied to future charges, or refunded back to the source if desired.

BASIC LEDGER PRINTING

Various documents and forms can be printed from the **Ledger**. To see the different printing options, select the necessary charge or payment line, and then click the **Print** menu item on the top-left of the Ledger window. The following options may be listed there:

- **Ledger**: Prints the entire patient or account's ledger transaction. Please note that the printout does not appear in the same format as what is viewed on the screen. Ledger printouts are for office use **ONLY**.
- **Claim Form**: Prints the *Claim Form* for a selected charge.
- **Consolidated Claim Form**: Groups together services from separate invoices into one *Claim Form*.
- **Walkout Statement**: Prints a transaction breakdown for a selected charge or a range of charges, including services and payments processed. Also includes a *Remittance Slip* at the end for the patient to enclose with payments.
- **Receipt**: Prints a *Receipt* of patient payments entered.
- **Account Statement**: Prints the *Statement* of the account, as of a certain date, displaying all outstanding charges.
- **Account Activities**: Prints a *Statement* with all the account activities of the chosen patient in a selected period.
- **Blank Claim Form**: Prints a *Claim Form* for the selected patient with no treatments specified.

Reports

5

DAILY REPORTS - BALANCING YOUR OFFICE

At the end of your day, you may wish to view your daily office production activities. Paradigm offers a number of practical reports, which will break down your office production into easy-to-understand information.

This section offers a brief overview of these reports. To learn more advanced functions regarding these reports, you may sign up for our free training courses.

The following **Daily Reports** are available for printing:

1. Daily Journal (Billing/ Receipt Journal, Audit log)
2. Bank Deposit
3. Payment Reconciliation
4. Day Lock
5. EDI
6. Post-Dated Payment
7. Reminder/ToDo List
8. Audit Log

Some of these reports may also be accessed by directly clicking on the **Daily Reports** button.

Daily Journal

The Daily Journal can be accessed by clicking on the **Daily Reports** drop-down arrow on the top-left hand side of your *Appointment Book* window, selecting *Daily Reports*, and then *Daily Journal* (**Figure 5.1**).

In the Daily Report screen choose which day you wish to run the report. You may also choose to display the Service Details (**Figure 5.2**), which will show all the treatment codes for each charge entry.

When you have chosen your options, click on the **Process** button. You will be brought to a supplementary preview screen, where you can choose to **Close**, access the print preview, or view the summary page only. Click on the **Print** button to see the entire *Daily Journal* report.

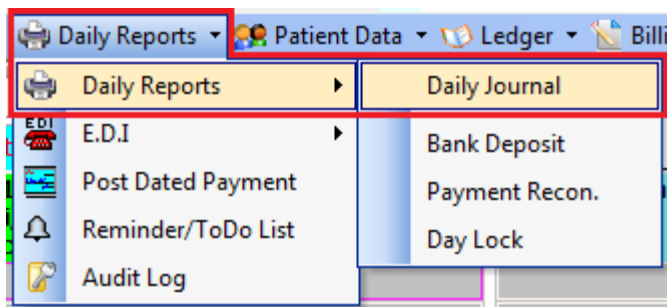


Figure 5.1

The dialog box is titled 'Daily Report - Billing/Receipt'. It contains the following fields and options:

- From/As of Date:** 10/18/2013
- Provider:** 1
- Print Service Details:** ☐
- User Bill To Dr.:** ☐
- Buttons:** Process, Cancel

Figure 5.2

The 'Preview' window displays a report for 'Dentistry On Cedar Lane'. The report is titled 'Daily Report - Billing/Receipt As of 18 Oct,2013'. It lists a patient 'D1:- Richard Pilson' and a transaction for 'Mr. John Doe' on '18 Oct,13'. The report includes a table of charges and a summary of net charges and receipts.

Name	Date	Description	Tooth	Surf
59 Mr. John Doe	18 Oct,13	D1/d2 Insurance, Charge		
		D1/d2 Insurance Payment		
		D1/d2 Patient, Charge		
Net Charge: 300		NetReceipt: -150		

Summary

Figure 5.3

In the *Preview* screen, you will see the *Daily Journal*. The information is grouped by provider, and will list all billings, payments, and adjustments made for the day. The very last page in the *Daily Journal* report will show the total office activity (Office Summary). To print this report, click on the print button at the top-left of the preview screen (**Figure 5.3**).

Bank Deposit/Payment Reconciliation

These reports will show you what payments were entered into your system. To access the *Bank Deposit* report, click on the **Daily Reports** drop-down arrow, click on *Daily Reports*, and then select *Bank Deposit*.

Quick Tip

The Verify process is not necessary, but it is recommended that you do so every so often.

In the *Bank Deposit* screen (**Figure 5.4**), you can select which date(s) you wish to run the report. Once the proper date is selected, click on the **Process** button. If you receive the message pictured in (**Figure 5.5**), it means that some payments have not yet been verified. There are two ways of verifying the payments:

1.) Click **Close** on the dialog box (**Figure 5.5**) to go to the payment reconciliation window (**Figure 5.6**). You can choose one day in which you want to perform the payment reconciliation for. In order to verify the payments in this window, right-click on the payment you would like to verify, then left-click on the **Verify** button. To un-verify your payment, right-click on the payment, then left-click on the **Un-Verify** button. When you verified all your payments, click **Finish** at the bottom left corner of the window to close this window. You may now run the *Bank Deposit* report.

2.) Click **Confirm** on the dialog box to verify the cheques entered in the date range specified in your bank deposit. The blank deposit slip window will appear giving you the option of verifying the payments entered into Paradigm during the specified date range. To verify the payment, left-click on the payment entry once, then click the **Verify** button at the bottom of the window (**Figure 5.7**). To un-verify the payment, left-click on the payment entry again and click on the **Un-Verify** button below. After you are finished verifying your payments, close this window and run the *Bank Deposit* report.

Please Note!

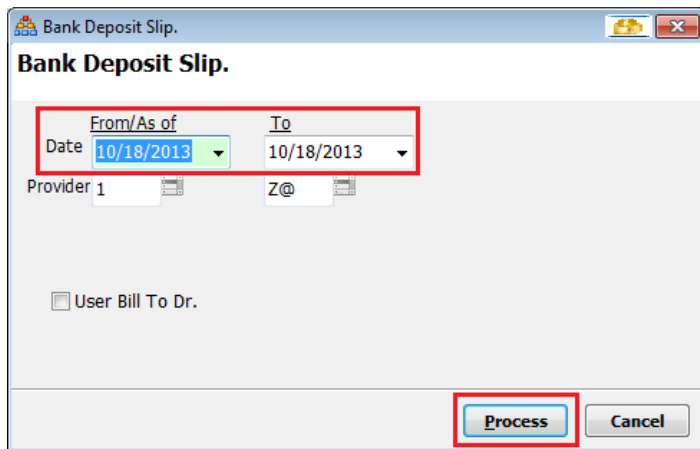
Be aware that once a **Day End** has been run for a specific day, any ledger entries entered within that designated time **cannot** be removed, and **cannot** be modified. Backdated ledger entries **cannot** be entered on a day that has been blocked.

Therefore, be very diligent if you are using **Day End**. Do **not** close off a day unless you are **certain** that there are **no errors** or **discrepancies** within your ledgers.

Day Lock

The *Day Lock* utility is a way to block off your patient ledgers for certain days. Once run, **you will be unable to enter and/or modify any amount within the ledger** for the period in which this process specified. Depending on your office setup and policies, you may or may not want to use the Day Lock function.

The *Day Lock* also alerts you to appointments that have not been completed (**Figure 5.8**), and will give you options on what to do with these appointments (**Figure 5.9**). To run the *Day Lock*, click on the **Daily Reports** drop-down arrow, select *Daily Reports*, and then click on *Day Lock*. If you see the message in **Figure 5.8**, follow the directions on screen to deal with the incomplete appointments.



Bank Deposit Slip.

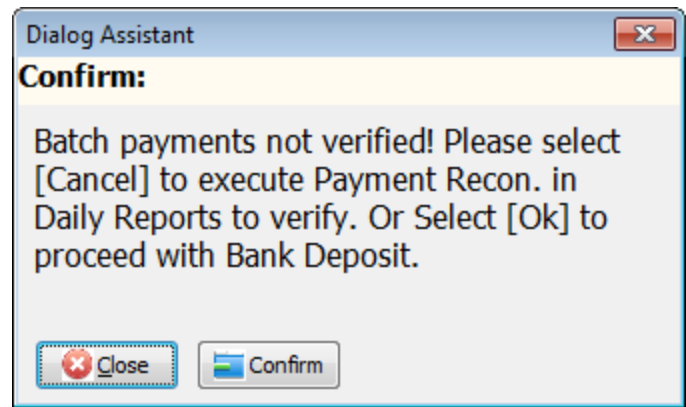
From/As of To
Date 10/18/2013 10/18/2013

Provider 1 Z@

☐ User Bill To Dr.

Process Cancel

Figure 5.4



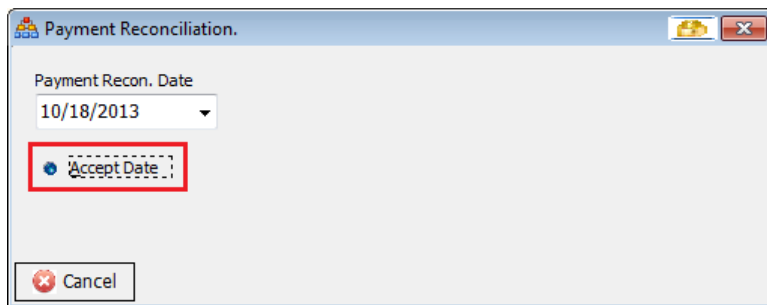
Dialog Assistant

Confirm:

Batch payments not verified! Please select [Cancel] to execute Payment Recon. in Daily Reports to verify. Or Select [Ok] to proceed with Bank Deposit.

Close **Confirm**

Figure 5.5



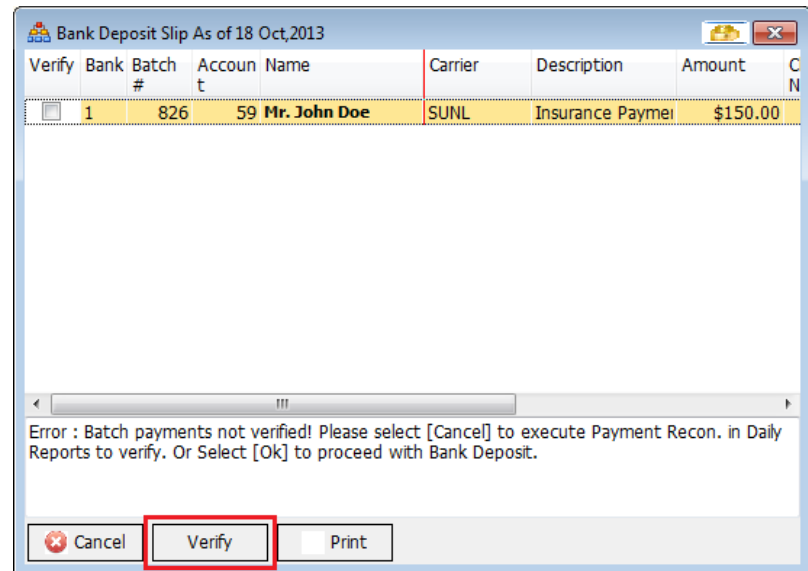
Payment Reconciliation.

Payment Recon. Date
10/18/2013

Accept Date

Cancel

Figure 5.6



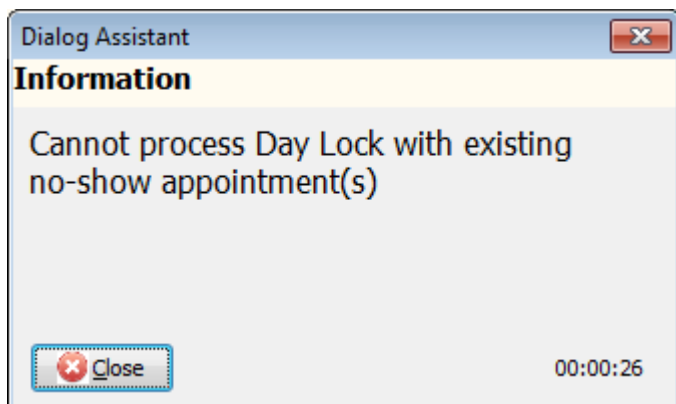
Bank Deposit Slip As of 18 Oct, 2013

Verify	Bank	Batch	Account	Name	Carrier	Description	Amount	C	N
<input type="checkbox"/>	1	826	59	Mr. John Doe	SUNL	Insurance Payment	\$150.00		

Error : Batch payments not verified! Please select [Cancel] to execute Payment Recon. in Daily Reports to verify. Or Select [Ok] to proceed with Bank Deposit.

Cancel **Verify** **Print**

Figure 5.7



Dialog Assistant

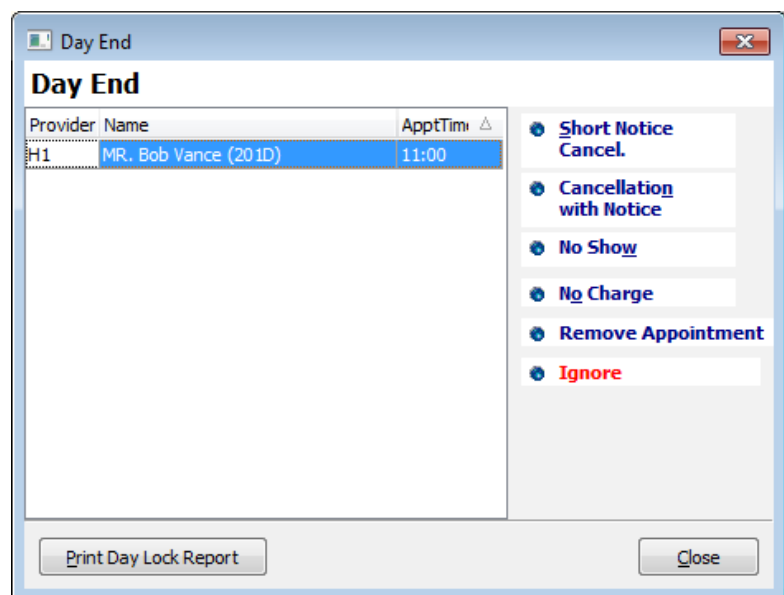
Information

Cannot process Day Lock with existing no-show appointment(s)

Close

00:00:26

Figure 5.8



Day End

Provider	Name	ApptTime
H1	MR. Bob Vance (201D)	11:00

- Short Notice Cancel**
- Cancellation with Notice**
- No Show**
- No Charge**
- Remove Appointment**
- Ignore**

Print Day Lock Report **Close**

Figure 5.9

To complete the *Day Lock* process, you must use one of the buttons, pictured in **Figure 5.9**. After you mark the appointments, you may print the report for any appointments that had to be cancelled. Once you are finished, the day will be blocked, and you will not be able to alter any ledger entries made on that day. You will have to exit Paradigm for the Day Lock to take effect.

MONTHLY PRINTING

Most of the daily activities for your dental office can be verified, printed, and stored as a hard copy through a variety of pre-formatted reports.

At the end of each month, the following reports can be run: **Bank Reconciliation**, **Patient AR**, **Production Summary**, and **Month Lock**. These reports are essentially the same as the daily reports, but gives a detailed breakdown of how the office performed within a specific month. Running these reports against the daily reports is recommended:

- Ⓢ Bank Reconciliation *against* Bank Deposits
- Ⓢ Daily Journals *against* Production Summary
- Ⓢ Patient AR *against* each patient's Ledger

Bank Reconciliation

Quick Tip

All the reports discussed in this section are found by clicking on the **Reports** drop-down arrow then *Monthly/Financial Reports*.

Bank Reconciliation may be found by clicking on the **Reports** drop-down arrow → *Monthly/Financial Reports* → *Bank Reconciliation* (**Figure 5.10**). Although both the Bank Deposit and Reconciliation reports are essentially the same, the output of the reports display in a different manner.

Bank Reconciliation breaks the bank deposits down in a daily basis, showing what monetary values (cheque, cash) were deposited to which banks on each day (**Figure 5.11**). Print out a copy of this report, and then compare it to your statements that you receive from your banking institution(s).

Patient AR

Quick Tip

The summary page containing the provider and practice totals can be viewed alone by enabling **Summary Only** before printing the report.

Patient AR shows what amounts are still outstanding from all your patients. The report shows a patient-by-patient breakdown, with the summarized total for all (or specific) providers and the total practice at the end (**Figure 5.12**). Each month keep a hard copy of the report so you can perform your Year End analysis with ease. Furthermore, you may wish to compare each month's AR report to another. If you notice a drastic decline in what a patient owes, use the audit logs and reports to investigate why. Logic Tech strongly recommends printing the report at the end of every month as the report cannot be backdated.

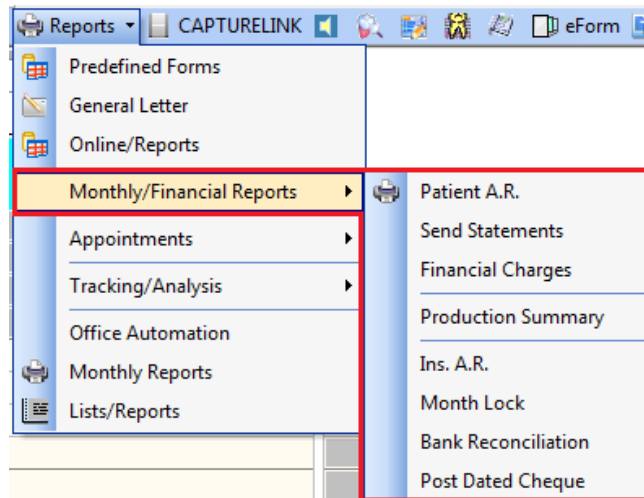


Figure 5.10

Dentistry on Cedar Lane

6/11/2012 5:24:46 PM

Bank Reconciliation
From 01 May,2012 To 11 Jun,2012

Description	Deposit	Discoun	Net Deposit	Count	Bank
Bank: 1 CBIC					
5/1/2012					
I Insurance Payment	\$150.00		\$150.00	1	1
Date Total:			\$150.00		
5/4/2012					
I Insurance Payment	\$100.00		\$100.00	1	1
Date Total:			\$100.00		
6/11/2012					
C Cash	\$335.89		\$335.89	4	1
Date Total:			\$335.89		
Bank Total:			\$585.89		

Figure 5.11

Dentistry on Cedar Lane

6/11/2012 5:25:54 PM

Patient A.R. as of 11 Jun,12

Name	Total	0 - 30	31 - 60	61 - 90	91 - 120	121 -
1						
Montana,Tony	P: \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Last Paid Date: 7/7/2011	I: \$1059.28	\$0.00	\$0.00	\$0.00	\$0.00	\$1059.28
	T: \$1059.28	\$0.00	\$0.00	\$0.00	\$0.00	\$1059.28
2						
Wolfcastle,Reimer	P: \$442.74	\$0.00	\$0.00	\$0.00	\$0.00	\$442.74
Last Paid Date: 11/22/2011	I: \$51.41	\$0.00	\$0.00	\$0.00	\$0.00	\$51.41
	T: \$494.15	\$0.00	\$0.00	\$0.00	\$0.00	\$494.15
3						
Secord,Laura	P: \$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00
Last Paid Date: 3/30/2011	I: \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	T: \$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00
4						
Rich,Richy	P: \$403.05	\$0.00	\$154.22	\$0.00	\$0.00	\$248.83
Last Paid Date: 10/13/2010	I: \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	T: \$403.05	\$0.00	\$154.22	\$0.00	\$0.00	\$248.83

Figure 5.12

Please Note!

Backdating charge or payment entries **may change totals from the past**. Please be aware of this, as previous Production Summary and Patient AR printouts **may no longer be accurate**, and would require re-printing.

Please Note!

Be aware that once a **Month End** has been run, any ledger entries entered within that time **cannot** be removed or modified. Furthermore, backdated ledger entries **cannot** be entered on a month that has been blocked.

Therefore, be very diligent if you are using **Month End**. Do **not** close off a month unless you are **certain** that there are **no errors** or **discrepancies** within your ledgers.

Quick Tip

Whatever month you select for the Month End, that month and all preceding months will be *blocked*.

Production Summary

Production Summary gives a detailed monthly analysis of what ledger operations were performed in your office: The amount of write-offs, cash payments, etc (**Figure 5.13**). Balancing the net charges and net receipts from this report with the Daily Journal is recommended.

Month Lock

The Month Lock “report” is actually a way to block off your patient ledgers for certain months or years. **You will be unable to enter and/or modify any amount within ALL ledgers** for the period in which these reports were run. Depending on your office setup and policies, you may or may not want to use the Month Lock option. Thus, if you are concerned with possible ledger tampering, you may wish to use the Month Lock feature.

To run Month Lock, click on **Reports**, then down to *Monthly/Financial Reports*, and then *Month Lock*. Read the text on the System Assistant screen, and then click on the **Month Lock** button. After processing, a new screen will appear. *Ensure you read the text at the top portion of this screen* (**Figure 5.14**).

On the left-hand side there is a column showing which months have been blocked off with Month Lock, and which have not (designated by checkboxes). Use the date drop-down arrow to navigate to the desired date, and select it.

Note that the month selected and all *preceding* months will be processed, and you will no longer be able to modify any ledgers within those months.

Lastly, click on the **Proceed with Month End** button. Follow the instructions then click on the **OK** button when complete.

Dentistry on Cedar Lane

6/11/2012 5:30:07 PM

Production Summary
From 01 Feb,2012 To 11 Jun,2012

Figure 5.13

Provider: Z@- Doctor Total										
Charge				Payment				Payment Adj.		Applied Credit
	Amount	# of		Amount	# of		Amount	# of	Lab. Amount	
2/1/2012	\$4284.50	17		-\$45.30	1		-\$5817.10	35	\$184.36	\$300.00
3/1/2012	\$2934.47	19					-\$2858.35	32	\$100.00	\$200.00
4/1/2012	\$1091.13	6					-\$527.50	5		
5/1/2012	\$1108.52	5					-\$345.30	3		
6/1/2012	\$2698.59	17					-\$1670.76	10		
Sub Total:	<u>\$12117.21</u>			<u>-\$45.30</u>			<u>-\$11219.01</u>		<u>\$284.36</u>	<u>\$500.00</u>
Net Charge:	<u>\$12071.91</u>			Net Payment:			<u>-\$10934.65</u>			
Charge		Amount	# of	Payment		Amount	# of			
Insurance, Charge		\$6005.61	30							
Patient, Charge		\$3861.60	24							
Payment Plan		\$2250.00	10							

System Assistant

Month End

After Month Lock, the office can no longer back-date, modify, remove accounting information from/to the system. If you are sure, please select [Prepare Month Lock] to proceed with Month Lock. Logic Tech strongly suggests offices perform Month Lock regularly

Preform Month End on or before **9/1/2013**

Month	Year	Done
10	2013	<input type="checkbox"/>
9	2013	<input type="checkbox"/>
8	2013	<input type="checkbox"/>
7	2013	<input type="checkbox"/>
6	2013	<input type="checkbox"/>
5	2013	<input type="checkbox"/>
4	2013	<input type="checkbox"/>
3	2013	<input type="checkbox"/>
1	2013	<input type="checkbox"/>
8	2012	<input type="checkbox"/>
7	2012	<input type="checkbox"/>
6	2012	<input type="checkbox"/>

Proceed with Month End **Close**

Figure 5.14

ACCESSING AND RUNNING GENERAL REPORTS

General production activities and reports for your office may be accessed by clicking on the **Reports** button on the toolbar at the top of the *Appointment Book* window (**Figure 5.15**).

You are now in the *Report/Online List* screen. To run a report in this section click on a **plus sign (+)** next to one of the report categories (**Figure 5.16**). This action will expand the category, and you will see the reports stored in this area. Left-click on the desired report, and then click on the **Run** button on the bottom left side.

The next screen to appear is the *Modify/Run Query* screen. Click on the **Process** button on the bottom left side to continue processing the report (**Figure 5.17**).

After the **Process** button is selected, the *Enter Parameters* box will show (if applicable) a date range, provider range, account range, code range, etc (**Figure 5.18**). Input the appropriate information, and then click on the **Execute** button.

From here the report will generate, and will present you with the *Query Result* screen. The option to sort the results by Account or Last Name will pop up before the list is displayed.

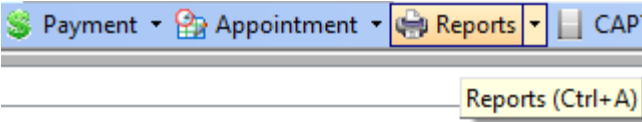


Figure 5.15

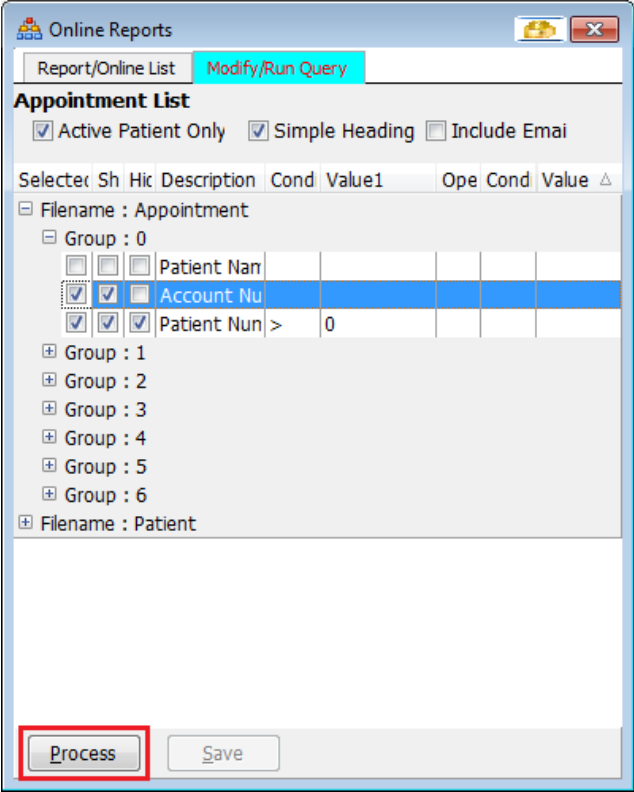


Figure 5.17

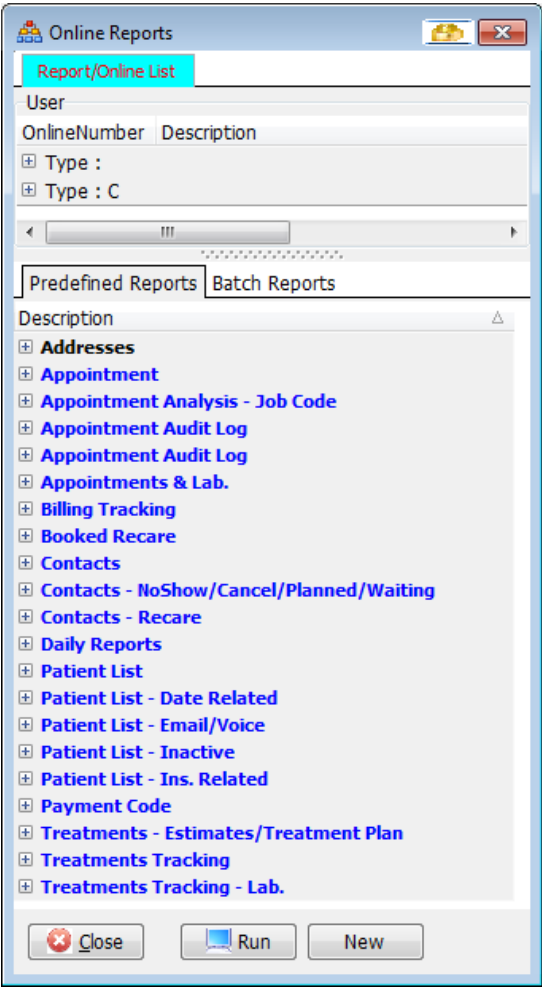


Figure 5.16

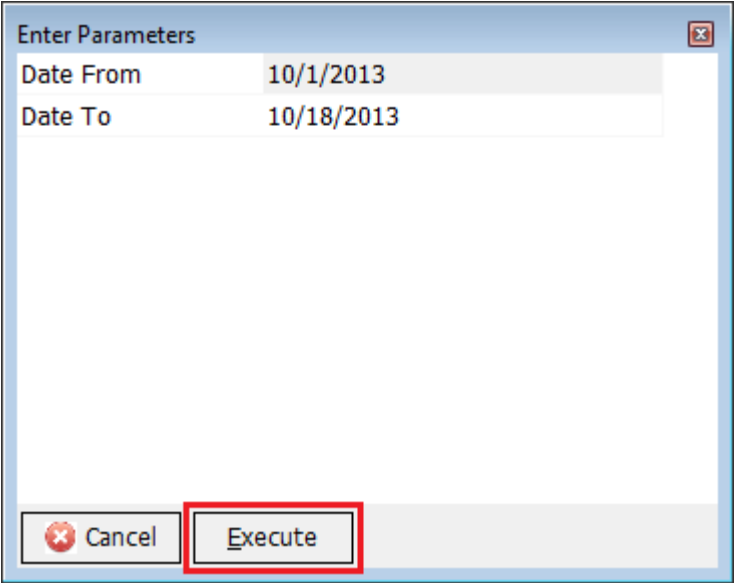


Figure 5.18



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through innovative solutions.

how to contact us

If you are included under a software support contract with Logic Tech, please feel free to call our Technical Support Department whenever you have a question about your Logic Tech computer program.

If you do not have software support contract with Logic Tech, our support services are available to you for a nominal charge. For local calls in the greater Toronto area, please contact us at:

Address.

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Office Hours.

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Saturday (Support only) 9:00AM to 1:00PM EST

Fax.

905-940-9893

Telephone.

905-946-1477, ext. 303 (Technical Support)
1-800-655-5762, ext. 303 (Technical Support)

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