

## **Introduction to Specialized Dental Software**

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Continuing Education Units: 3 hours

This continuing education course is intended for general dentists, hygienists, dental assistants, dental students, dental hygiene students, and dental assistant students. This course introduces a variety of functions and concepts that facilitate the transition from a manual dental-office accounting system to a computerized system - a change that can enhance and strengthen the practice for years to come. Although this course does not endorse any specific computer system, it presents principles that can be applied to most any computerized system.

### **Conflict of Interest Disclosure Statement**

- The authors report no conflicts of interest associated with this work.

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### **Overview**

Computers and specialized dental practice software have become an integral contributor to the success of the dental practice. For dental practices beginning the transition from a manual to a computer-based office,

this course introduces a variety of functions and concepts to facilitate that transition. These changes to incorporate technology can build, enhance, and strengthen the practice for years to come.

First and foremost, a dental office computer system must be flexible to ensure that it works effectively and fits the philosophy of the practice. The system should function as the central storage facility for all information produced and needed in the office, both now and in the future. As such, a practice's dental computer system must offer the same flexibility that a written record or ledger provides.

Although this course does not endorse any specific computer system, it presents principles that can be applied to most any computerized system.

## Learning Objectives

Upon the completion of this course, the dental professional should be able to:

- Identify the practice's needs in a computer system
- List the four methods of data entry
- Describe the space available for the computer system within the practice setting
- Comply with federal or regional OSHA requirements area
- Identify the proper hardware and software needs of the practice
- Input basic data into most computer systems
- Understand the complete HIPAA standard
- Differentiate between the requirements of the HIPAA Privacy and Security Rules

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## Glossary

**Account Number** – The number assigned to access information on the responsible party, member information, and insurance data.

**Accounts Payable** – The record of all expenses owed by the dental office.

**Accounts Receivable** – The outstanding balance on all patient accounts; all money owed to the practice for patient services (usually reported by account, showing both the total balance due and a breakdown of the account age).

**ADA Insurance Claim Form** – A standard form developed by the American Dental Association that outlines the information needed to submit claims to most insurance companies.

**ADA Procedure Codes** – A system of numeric codes developed by the American Dental Association for insurance-reporting purposes.

**Adjustment Code** – The code used to increase or decrease an account balance.

**Aging** – An internal function whereby the system automatically "ages" all account balances into a period of delinquency, for example, 30, 60, 90, or 120 days past due.

**Audit Trail** – A record of all entries and transactions that have been deleted or changed.

**Backup** – Copies of data files kept as a safeguard against damage or loss.

**Birthday Rule** – The benefits of a plan of the parent whose birthday falls earlier in the year are determined before those of the parent whose birthday falls later in the year; refers only to the month and day of birth.

**Character** – Every letter, number, punctuation mark, or space input to a computer system.

**Credit** – An accounting entry of payment or adjustment that reduces the account balance.

**Cursor** – A blinking indicator on the computer screen that indicates the position of the next character to be entered by the operator.

**Data** – Information that can be organized/analyzed by the computer.

**Database** – A collection of data or related files arranged for easy retrieval by the computer.

**Debit** – An accounting entry that increases the account balance.

**Default** – An assumed or "standard" value used by the system.

**Electronic Claims Transaction** – The paperless submission of insurance claims, in which data is transferred via modem from the practice computer to the insurance carrier's computer.

**Ergonomics** – The science of fitting the workplace to the employee. Adjustments made to placement of objects and equipment can reduce workplace stress injuries and possible work-related musculoskeletal disorders (WMSD).

**Field** – The area on the computer screen in which specific information is requested, for example, name, address, city, state, ZIP code.

**Function** – A task, such as "Posting" or "Printing Insurance," that is identified on the menu.

**HIPAA** – Health Insurance Portability And Accountability Act of 1996.

**Insurance Carrier** – The company that administers dental benefits for a given employer group.

**Internal Coding** – Codes established by the individual dental practice that allow more flexibility when entering information (when printing insurance claims and similar records, the system automatically converts these into the applicable ADA procedure code.)

**Mainframe** – One computer system (separate from individual monitors or screens) shared by multiple people or users simultaneously.

**Menu** – A display that enables the operator to select the desired function.

**Modem** – Used to transmit data from one computer to another, a device that couples a computer terminal with a telephone line or cable system.

**Networking** – Tying together several personal computers with one server that holds the database.

**OSHA** – The Occupational Safety and Health Administration

**Patient Number** – The number assigned to an individual patient who is a member on a family account.

**Payment Code** – The type of payment applied to an account balance, for example, cash, check, money order or insurance check.

**Personal Computer** – A single-user computer with its own processing functions and database.

**Posting** – Entering transaction data into the financial bookkeeping system.

**Pretreatment Estimate** – The process by which a patient's treatment plan is sent to the appropriate insurance company on an insurance claim form to obtain prior approximation of insurance benefits.

**Privacy Rule** – (as it relates to electronic patient information) A component of HIPAA requiring dental offices to implement the necessary physical and technical safeguards to protect patient information.

**Prompts** – Messages to help users enter appropriate information in the proper format; also known as "helps."

**Provider** – A professional within the practice, such as a dentist, who provides patient care that, for accounting purposes, is "credited" to that professional; also can be a dental hygienist or expanded functions assistant for patient treatment purposes.

**Purging** – The process by which data are eliminated and cleared from a database.

**Responsible Party** – The person obliged to seeing that the account is paid.

**Screen** – The medium used to review data being entered into and received from a system; commonly referred to as the monitor, CRT (cathode ray tube), or VDT (video display terminal).

**Security Rule** – HIPAA component that defines highly detailed standards for the integrity, availability, and confidentiality of electronic protected health information and addresses both external and internal security issues with administrative, physical, and technical safeguards.

**Signature on File** – The patient's signature on a "Release of Information" and an "Assignment of Benefits" form (instead of having the patient sign each insurance claim form, these signatures serve as proof of the patient's authorization).

**Transaction** – Each charge, payment, or adjustment posted to a patient's account.

**User** – The person entering data into the computer system.

**WMSD** – Work-related musculoskeletal disorders can occur if someone is causing stress and strain to their body due to extended improper posture, repetition and force of movement, over-reaching, and dim or overly bright lighting.

## Implementation: Getting Started

### Choosing a Specialized Dental Software Program and Computer System

It is very important that the dental team work together to choose the best software and system according to the philosophy of the practice and the necessary functions they will want the system to perform. Research should focus initially on choosing the software.

#### Functions to consider include:

- accounting, production reports;
- scheduling, and office efficiency measures;
- charting and record keeping;
- chairside use.

Once the software is chosen, the focus shifts to acquiring the computer system that can operate all

functions properly with the ability to expand with the requirements of the practice.

**Identifying Practice Needs**

In selecting a dental office computer system, evaluate each option to determine if it can provide the following features:

- performance and audit reports;
- dental insurance – plan information and parameters (for example, eligibility, coordination of benefits, estimate of insurance benefits) electronic claims completion and submission;
- patient accounts – demographics, paperless charts;
- scheduling – by room, procedure, or provider;
- recall/recare and patient confirmation;
- word processing – charting progress notes, marketing, and referral letters;
- digital radiographic images and intraoral camera pictures storage;
- accounts receivables – walk-out and account statements, posting patient payments with receipts, full account history, finance charge calculations and tracking payment plans;
- HIPAA compliance – maintaining privacy and automatic history backup;
- accounts payable – payroll, electronic bill paying;
- inventory control and supply-ordering capabilities;

- tracking pickup and delivery of laboratory cases;
- options for email and an office website.

**Available Options**

Through advancements in technology, computer software is continuously being enhanced and upgraded. The electronic patient record (chart) allows you to record a patient's health history, periodontal charting, dental charting, and progress notes directly into the practice's computerized database. Four methods of data entry are available:

1. Keyboard and mouse, dental team members enter data at the specified prompts.
2. Voice activation, in which the operator speaks into a microphone and information is automatically recorded by the computer.
3. Touch pad, through which users enter information by touching letters or graphic images of various teeth, surfaces, and surrounding support structures on a device similar to a keyboard.
4. Pen/Wand, with which users touch images directly on the computer screen.

If treatment rooms are to be equipped with computer terminals, consider the following:

<b>Size and Layout of Treatment Rooms</b>	Adequate space must be available for a screen, keyboard, mouse, and terminal without risk of HIPAA violation; physical placement is important and ergonomics must be considered to reduce fatigue, injury, and WMSD.
<b>Form of data input</b>	Traditional keyboard and mouse are often utilized; advancements also include the use of touch pads, wands, and microphones for voice commands.
<b>OSHA and infection control</b>	Compliance can be ensured with covers for peripheral devices that are easily sprayed and disinfected between uses.
<b>Cost</b>	Additional terminals that must all be inter-connected will add to the initial cost and continued maintenance.

## Hardware Options

A single-standing computer is also known as a personal computer. Smaller offices, or those just beginning to learn to use computers, may choose to limit the needs or extent of their computer use. In this case, a single computer and printer can be purchased to meet basic needs such as word processing.

Multiple networked computers consist of several computers interconnected to allow data to be shared and to permit more than one person to access the system simultaneously. This is done by using Ethernet networking cables or by a wireless system and router set up. Networking all computers in a dental office decentralizes the access and allows for data input at chairside, laboratory, and consultation locations. Significant upgrades to speed and memory needs make it possible for offices to incorporate almost any feature including complete data management and digital radiographs.

A large office or multiple-location group practice may require a mainframe computer system. A mainframe system stores the main program(s) and the peripheral computers access them as needed. A mainframe set-up offer greater storage and memory capability, along with increased power.

As expected with each of these three options, initial start-up costs are considerably less with a single PC system and increase with each additional computer or mainframe installation. Future needs and possible expansion should always be considered before deciding which system is best for the practice setting. Some computer companies may lease office systems and have agreements for upgrades at certain intervals. Consideration as to which option best fits the practice's financial situation should be researched.

## Software Support and Upgrades

Reputable dental software companies will include an initial setup as well as hands-on training in all system functions for a specified period of time (usually six to 12 months, depending on the arrangement). Additional training and support can be purchased when needed, for example,

when new staff members are hired. Support should cover both software and hardware.

After the initial software is purchased, the software owner/creator will continue to update the capabilities as technology advances. Every few years, as those enhanced updates are added to the current software, support should be available to training issues and questions.

## Dental Software Functions

### Patient Accounts

#### Account Information

An account contains all of the data regarding the responsible party (that is, the person who pays for the services rendered). Such information includes:

- full legal first and last names, including title (Mr., Mrs., Ms., Sr., or Jr.);
- full address where the statement is to be sent;
- home, work, and cell telephone numbers;
- full date of birth; and
- name and telephone number of relative.

When entering this information in the computer system, an account number is assigned that represents all pertinent and detailed financial information. Individual patient records then are added and automatically linked with the responsible party's account to keep families together for billing, recall, appointment scheduling, and look-up purposes (Figure 1).

#### Insurance Coverage Information

To process all claims (and thus receive payment from insurance carriers), the following information on insurance coverage is required:

- Carrier information, including the full legal name, address, and telephone of the insurance carrier;
- Subscriber information, including the full legal name, date of birth, and Social Security number or assigned identification number of the policyholder;
- Employer information for the policyholder, which may include a parent company and its subsidiary (for example, Bakery Union Local 123, Smith's Food Market, Independent School District #833, Park Senior High School) or a

The screenshot shows a 'New Person' window with the following sections:

- Personal Information:** ID: AUTO, First Name, Last Name, Middle Init., Pref. Name., Solution, Person Is (Patient, Policy Holder, Responsible Party), Resp. Party: AUTO, Address, City, State / Zip, Home Phone, Work Phone, Cellular Phone, Pager, Sex (Male/Female), Marital (Unknown), Birth Date, Age, Soc. Sec.
- Identification:** Chat ID, Driver License, E-mail, and checkboxes for 'Receives e-mail correspondences' and 'Receives Text Messages'.
- Insurance - Primary:** Has Primary Insurance, Policy Holder, Relationship, Employer, Ins. Company: (None), Rem. Benefits: .00, Rem. Deduct: .00.
- Insurance - Secondary:** Has Secondary Insurance, Policy Holder, Relationship, Employer, Ins. Company: (None), Rem. Benefits: .00, Rem. Deduct: .00.
- Recall Note:** Text field.
- Appointments:** Next Recall: 00/00/0000, Next Prev: 00/00/0000, Next Reg: 00/00/0000.
- HIPAA:** Notice of Privacy Practices (00/00/0000), Privacy Authorization (00/00/0000), Consent (00/00/0000).
- Family Members:** Empty list box.
- Buttons:** OK, Cancel, Registration, Preferences, History, Alerts, Memo, Prompts, Letter, Missing Tth, Referrals, Label/Env, Rg History, Med History, Account, SmartDoc.

**Figure 1.** Account/Patient Information Screen  
 Courtesy of Eaglesoft Dental Software - Patterson Dental

- single company (such as Jones' Department Store);
- Group name and number information, which is provided by the employer.

Insurance information is applied to all patient members covered under the policyholder's plan, including the patient's date of birth, Social Security number or assigned identification number, and relationship to the policyholder (for example, spouse, child, ward). Primary and secondary coverage may exist for a patient member who is covered by more than one dental plan. As such, it is necessary to determine which of these plans is considered the primary plan and which is secondary. In the case of minors, the birthday rule is frequently used to determine which parent's coverage is primary.

**Insurance Plan Information**

Some of the most common types of coverage include:

- Fee for Service**, also known as "freedom of choice" or "open panel" dental benefits plans. Forms of this type of insurance are UCR, Table of Allowances, or Fixed Fee

- and pay according to plan deductibles and percentages.
- Preferred-Provider Organizations**, these plans establish contracts with participating dentists who agree to discount their fees. Should the patient choose to seek service from a dentist out of contract, the coverage is significantly reduced or eliminated.
- Capitation Programs**, which pay contracted dentists a fixed amount, usually on a monthly basis, per enrolled family, or per patient regardless of the extent of treatment.
- Medicaid**, a state-funded program in which contracted dentists agree to accept the state's level of reimbursement for services rendered.

A dental computer system should allow information to be customized according to each dental plan's parameters (for example, discounted fees and co-payments).

**Patient Information**

"Patient information" refers to the details about each family member, including:

- full legal first and last name, including title (Mr., Mrs., Ms., Sr. or Jr.);

- demographic information to include home address, all applicable telephone numbers;
- full date of birth;
- Social Security Number;
- gender;
- responsible party and student status information for minors; and
- health alert information.

Each family member needs to have an individual patient number. When a new family member is entered into the account, he or she is assigned the next available patient number.

Patient information can be accessed by entering the patient number or through an alphabetical search function by name (Figure 1).

### Account Changes

Computer systems allow account information (such as an address) or patient information (such as adding a new member to an established account) to be changed. Insurance coverage data also can be added or deleted.

### Recall/Recare

An integral part of any dental practice is its

patient recall or recare process. This is the process of notifying the patient of their next appointment for prophylaxis or follow up care. The office computer system should be able to handle any method of the recall/recare process best suited to the practice. Several systems have an automated phone-dialing feature that speeds the process of calling or texting patients to schedule or confirm recall/recare appointments. Another option is the generation of patient recall/recare postcards.

### Scheduling

Computerized appointment scheduling is an asset to the dental practice. Individual parameters can be set, such as:

- days and hours the office is open;
- time units for each procedure by provider; and
- holidays, vacation, and continuing-education days.

These parameters can be easily modified as schedules change.

Automated scheduling functions enable users to search for the first available opening for any restorative or hygiene procedure and to utilize

**Figure 1.** Account/Patient Information Screen  
 Courtesy of Eaglesoft Dental Software - Patterson Dental



appointment time efficiently by identifying the necessary provider time when using multiple chairs. Once appointment criteria have been entered, the system displays available appointment options. Many systems allow searches for multiple family member appointments on the same day by allowing multiple provider schedules to be viewed on-screen at the same time. Automatic alerts will show for patients that require premedication as their treatment is scheduled.

An enhancement to computerized scheduling is the “Short Call” list, which quickly identifies potential patients who would like to come in sooner if an appointment opens up.

### **Posting**

Posting is the process of entering treatment data to update patient and account information. This information is obtained from the charge slip.

### **Treatment**

As dental procedures are performed they are entered into the patient’s progress notes. These notes can include, but not limited to; completed restorative and hygiene procedures, utilized dental materials, home care instructions, and consultation notes. Each specific procedure can be assigned an office code which makes data entry easier and efficient. As information is entered it is automatically saved and cannot be altered. Amendments can be entered at a later time if an entry is found to lack information or be in error.

### **Codes**

A charge slip is commonly used to transmit treatment data and charge information from the treatment area to the business office. Some offices may elect to use their own internal coding in addition to the American Dental Association (ADA) standard insurance codes. Internal coding allows practices to assign more than one description per ADA code. The completed charge slip becomes the source document; the information it contains is entered into the computer system. Charge slips also are an important part of the audit trail. They are used to double-check that all patients are accounted for and that all charges were entered accurately.

From the menu, select the Posting function to enter patient or account data. Information entered through the posting function is used to maintain account records and generate statements, insurance claims, and management reports.

Although the sequence of questions within the posting function may vary by system, the basic information to be entered remains the same.

### **Charges**

When posting charges, access the individual patient number and enter treatment codes. The system displays the written description and the fee. If tooth numbers and surfaces are applicable to the procedure, the system prompts the user for this data. If the code does not require such information, the cursor automatically bypasses these fields. Multiple charges can be entered for each visit. Upon completion, the information entered is linked to the family account.

For variable-fee procedures, the system allows overriding of the standard charge. For example, denture repair cost may be determined by laboratory fees. Changing a fee in an individual account does not affect the fee stored in the code file.

The system keeps track of charges generated by each provider. It asks for the “Provider Number,” and users enter the number assigned to the doctor, assistant, or hygienist who provided the services.

Many systems have a “calculator” on the screen to show the previous balance, new charges, and new balance. This simplifies requests for payment at the time of the patient visit.

Some systems can print an up-to-date walkout statement. The walk-out statement can be given to the patient along with a reply envelope to help reduce the number of monthly billing statements that must be mailed (Figure 2).

### **Accounts Receivable**

The dental team member, often the business assistant, must enter the correct payment code (for example, cash, check, insurance, credit card, money order). In response, the system displays

**Walkout Statement for John J. Abbott (John) (1012)**

Patient: 1012    John J. Abbott (John)    Age: 63    Pat. Due Now: \$1,425.00  
 Resp. Party: 1012    John J. Abbott    Estimated Ins: \$0.00  
 Date: 12/3/2009    On Contract: \$1,425.00  
 Quick Walkout

Service	Provider	Description	Tooth	Surface	Standard	Adjust	Fee	Ins	Disc	Patient
02332	101	RESIN-THREE SURFACES, ANTER	31	MOD	110.00	.00	110.00	.00	.00	110.00
	101						.00	.00	.00	.00

	110.00	0.00	110.00	0.00	0.00	110.00
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Primary Ins: No Insurance    Rem Deduct: 0.00  
 Ben Remaining: 0.00    Tax: 0.00

Second Ins: No Insurance    Rem Deduct: 0.00  
 Ben Remaining: 0.00    Total: 110.00

**Figure 2.** Walk-out Statement Screen  
 Courtesy of Eaglesoft Dental Software - Patterson Dental

the description of this code. Follow up by entering the amount of the payment in the format required by your system (for example, "\$10.00," "10.00," or simply "10").

**Adjustments**

As applicable, the correct adjustment code is entered for any insurance adjustments and discounts, (the system displays the written description for the code), and then the dollar amount of the adjustment is entered. The code determines whether the adjustment is treated like a charge (increasing the balance) or a payment (decreasing the balance). The system automatically adds or subtracts this amount from the account balance (Figure 3).

**Transaction Changes**

All charge, payment, and adjustment entries must be checked for accuracy. It is necessary to verify all information at the time of entry and generate a Daily Journal Report from the system. Most systems do not allow changes to any posting after a preset amount of time. If an error is found after that time, it must be corrected

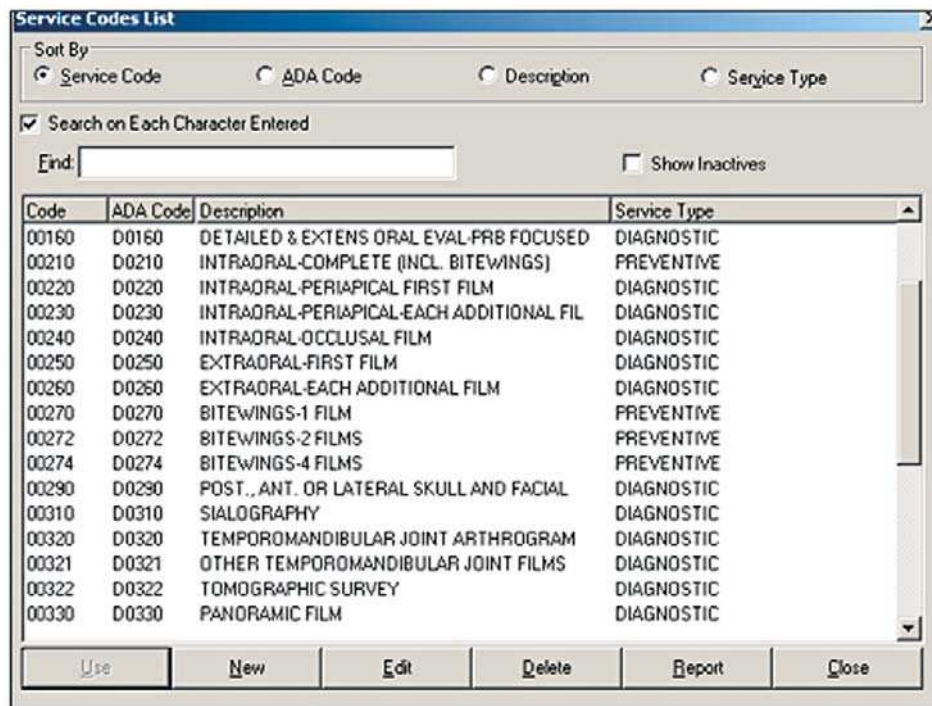
through adjusting entries. Protocol must exist if a transaction requires amendment to maintain information integrity.

**Insurance Processing**

To process an insurance claim, it is necessary that the document include patient demographics, subscriber information, and coverage data pulled from the account information screen as well as the charges that have been entered through the posting function.

When treatments are posted to a patient account with insurance coverage, the system asks if it should create an insurance claim. It also should be able to coordinate benefits between primary and secondary carriers, as well as apply the birthday rule.

Each time charges are posted, the system should offer the option of printing a claim or saving it for later batch submission. Claims can be produced for either completed treatment or pretreatment estimates. Some systems permit notes for unusual services at the time of posting.



**Figure 3.** Service Code List Screen  
 Courtesy of Eaglesoft Dental Software - Patterson Dental

### Claim Requirements

Claim requirements are determined by the fields on the standard ADA Insurance Claim Form. The field information is pulled from a combination of files, so if any account, patient, or insurance information is missing or inaccurate, the resulting claim form is incomplete, and payment could be denied or delayed.

### Submitting Claims

After an insurance claim has been printed, it is reviewed to determine whether attachments (for example, x-rays, periodontal probings, or special documentation) are needed. When claims are computer-generated, the patient may not always be available to sign the claim form, so a signature on file is commonly used. To ensure that signatures are available for all insurance forms, the patient is instructed to sign a Release of Information and an Assignment of Benefits form as part of the patient registration form. When the claim is prepared, the computer prints "Signature on File" in the signature boxes.

### Electronic Claims

Not all claims are submitted on paper.

Claims may be sent electronically from the office computer to the carrier's computer. Some insurance carriers choose to utilize a clearinghouse, such as the National Electronic Information Corporation (NEIC), or have developed their own online capabilities. Claims data then are automatically transferred, and no paper claim form is required. Because there are no signatures on an electronic claim, the office must have the patient's signature on file to submit insurance claims electronically. By submitting a claim electronically, turnaround time for receiving payment is reduced.

### Resubmitting Claims

Manually tracking insurance claims can be very time consuming. Many computer software programs have insurance audit reports that allow users to specify unpaid claims for 30, 60, or 90+ days past due. With this information, claims can easily be reprinted or electronically resubmitted for payment.

### Pretreatment Estimates

A pretreatment estimate calculates planned treatment – that is, treatment not yet provided.

Certain types of treatment, such as crowns or denture work is often sent for pre-determination for the benefit of both the office and patient. The response from the insurance company states the eligibility of treatment and the percentage of payment from the company and the patient.

The procedure for preparing a pretreatment estimate is slightly different. The system asks questions similar to those found in posting charges, and the same charge codes are used. However, there are two major differences in creating and obtaining pretreatment estimates:

1. These charges are not posted to the patient's account, and
2. The claim form does not show a date of treatment.

### **Billing**

The billing function can be set to generate statements monthly or on a cyclical basis. These statements can be produced using a laser or inkjet printer with a great variety of preprinted forms. In addition to monthly or cyclical billing, most systems can automatically create walk-out statements from account postings. Walk-out statements show the itemized charges and payments for the day or for a range of dates. Some systems allow the patient to choose the billing date (from the first to the 28th of the month), which may be helpful in cases with an established financial arrangement for orthodontic work, an extensive treatment plan, or an overdue balance to be collected over time. If financial arrangement payments are overdue, a regular statement may be generated. Printing options include alphabetical, by ZIP code order, by account number, by individual doctor, or for all doctors in the practice.

### **Finance Charges**

The software and system also may offer the option of adding a finance charge on overdue accounts. As part of the system parameters, the individual practice establishes how much is charged and when the charges begin to appear (for example, when the account is 30, 60, 90, or 120 days overdue).

### **Statements and Cycles**

A computer-generated statement includes an age analysis of the account balance. That is, it shows

the total as well as how much of the balance is current, 30, 60, 90, or 120 days overdue. Most systems require that monthly aging be performed before statements are printed. This step must be carried out, or the records will not be correct.

For practices that add a finance charge to overdue accounts, a system parameter allows the user to determine at what point it begins charging interest (for example, when the account is 30, 60, 90, or 120 days overdue) and at what percentage rate the interest is calculated.

The monthly statement first shows a balance-forward amount for any unpaid charges. It then itemizes all account activity since the last statement. If the system has insurance estimation capability, the estimated insurance payment is printed, as well as any financial arrangements.

The statement also prints any personalized comments that users may have added and designated to print. Statements are printed using preprinted office forms and sent with a return envelope (Figure 4).

### **Past-Due Notices**

The dental software will include a method of notifying the patient of a past-due balance. It may be through a message printed directly on the monthly statement or in a series of letters, depending on the delinquency of the account. Each notice uses stronger terminology with respect to the age of the account balance.

### **Word Processing**

The system will allow users to perform word-processing functions. With a word-processing feature, dental team members can create personalized, professional marketing flyers, referral, and thank-you letters as well as other correspondence. It also allows users to efficiently handle inter- and intra-office correspondence and memos.

### **Management Reports**

Information compiled in Management Reports is customarily available only to the dentist(s), practice manager, and accountant. As they are generated, they are used to analyze the practice according to production by procedure, date, or

STATEMENT																								
<b>Remit To</b> George Young, D.D.S. 12533 Lindbergh Blvd. Ste. 305 St. Louis, MO 63124				Page 1 of 1																				
Julia L. Abbott 123 Main St St. Louis, MO 63124  <small>If address has changed, please correct.</small>				<b>IF PAYING BY CREDIT CARD, FILL OUT BELOW:</b> <table border="1"> <tr> <td>NAME (as it appears on card)</td> <td colspan="2">TYPE OF CARD</td> </tr> <tr> <td>CARD NUMBER</td> <td colspan="2">AMOUNT</td> </tr> <tr> <td>SIGNATURE</td> <td colspan="2">EXP. DATE</td> </tr> <tr> <td>Statement Date:</td> <td>Balance Due Now:</td> <td>Acct#:</td> </tr> <tr> <td>6/24/2009</td> <td>\$14.75</td> <td>3785</td> </tr> <tr> <td colspan="2">DUE DATE: 7/24/2009</td> <td>Amount Enclosed:</td> </tr> </table>			NAME (as it appears on card)	TYPE OF CARD		CARD NUMBER	AMOUNT		SIGNATURE	EXP. DATE		Statement Date:	Balance Due Now:	Acct#:	6/24/2009	\$14.75	3785	DUE DATE: 7/24/2009		Amount Enclosed:
NAME (as it appears on card)	TYPE OF CARD																							
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Statement Date:	Balance Due Now:	Acct#:																						
6/24/2009	\$14.75	3785																						
DUE DATE: 7/24/2009		Amount Enclosed:																						
<small>TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT.</small>																								
<small>PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS</small>																								
Date	Patient	Code	Description	Debits	Credits	Balance																		
				Balance Forward >>>>>>		\$0.00																		
6/24/2009	Julia	01110	PROPHYLAXIS-ADULT Est Insurance \$40.00	63.25		63.25																		
6/24/2009	Julia	00120	PERIODIC ORAL EVALUATION Est Insurance \$15.00	31.50		94.75																		
6/24/2009	Julia	00274	BITEWINGS-4 FILMS Est Insurance \$47.25	47.25		142.00																		
6/24/2009	Julia	Credit Adj.	Professional Courtesy Adjustment:		-25.00	117.00																		
						<table border="1"> <tr> <th colspan="2">Balance Due</th> </tr> <tr> <td></td> <td style="text-align: right;">\$117.00</td> </tr> </table>	Balance Due			\$117.00														
Balance Due																								
	\$117.00																							
						<table border="1"> <tr> <th>Current</th> <th>30 Days</th> <th>60 Days</th> <th>90 Days</th> <th>On Contract</th> <th>Est. Insurance</th> </tr> <tr> <td style="text-align: right;">\$14.75</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$102.25</td> </tr> <tr> <td colspan="5"></td> <td style="text-align: right;"> <b>PLEASE PAY THIS AMOUNT</b> → <b>\$14.75</b> </td> </tr> </table>	Current	30 Days	60 Days	90 Days	On Contract	Est. Insurance	\$14.75	\$0.00	\$0.00	\$0.00	\$0.00	\$102.25						<b>PLEASE PAY THIS AMOUNT</b> → <b>\$14.75</b>
Current	30 Days	60 Days	90 Days	On Contract	Est. Insurance																			
\$14.75	\$0.00	\$0.00	\$0.00	\$0.00	\$102.25																			
					<b>PLEASE PAY THIS AMOUNT</b> → <b>\$14.75</b>																			
<small>Thank You for Visiting our Office. Have a Nice Day!</small>																								
<small>George Young, D.D.S. 12533 Lindbergh Blvd. Ste. 305, St. Louis, MO 63124</small>				<small>Galaxy Dental Technology (GST), © American Dental Association (ADA). All rights reserved.</small>																				

**Figure 4.** Example of a Statement  
 Courtesy of Eaglesoft Dental Software - Patterson Dental

provider along with actual and estimated revenue and profit reports. These results can be shared with the team to show specifically how and where the practice can improve and grow.

**Security Access**

Because some management reports contain sensitive data, the system requires a security code as a safeguard. With this feature, the correct security code must be entered before

such reports can be accessed. Without the correct code, the system does not allow a user to progress any further. This feature protects private information such as tax and payroll reports, and private health information.

**Accounts Payable**

Dental practice software is most often included or may be purchased separately to allow users to totally computerize the dental practice. Records

of payments to various vendors, including dental laboratories and suppliers, as well as other practice expenses (patient credits, rent, utilities, etc.) can be easily tracked and balanced using this feature. This same option allows check writing, printing, and updating of the check register via the office computer system.

### **Payroll**

Most dental software has a built-in payroll program or the ability to use an online payroll processing company. Some systems contain an option that time stamps employee hours from sign in to sign out eliminating the need for a manual time clock or time sheet.

### **Daily Journal**

The computerized Daily Journal report is similar to a pegboard daily journal page, except that the math calculations are done automatically. As with a calculator, the system can only work with the data it has been given, so it is important that the entries be accurate.

The report is to be printed daily and checked against the charge slips and payments received to be certain that all posts have been entered correctly. Some systems also cross-reference the schedules to ensure that all patients have been posted and no transactions are missing.

### **Audit Trail**

A comprehensive computer system provides an Audit Trail report. A companion report to the Daily Journal, the Audit Trail shows all deleted transactions. Maintain the audit trail as a record of all deleted transactions to ensure against errors and possible embezzlement.

### **Deposits**

Daily bank deposits of all posted payments must be made to a financial institution to maintain continuity with the Daily Journal and Audit reports. A deposit report will confirm all cash, checks, credit card payments paid to the practice for services rendered. The monetary deposit receipt must match the figures reported by the computerized system. If the balances do not match, further research and correction(s) must be completed. The final corrected report is then regenerated and saved into the permanent record.

### **Accounts Receivable**

The Accounts Receivable report shows all balances by account with breakdowns as to how much is current and how much is overdue by 30, 60, 90, or 120 days.

Dental computer systems should allow users to select a wide range of criteria and provide flexibility in generating an aged receivable report (for example, "choose all" or a select specific monthly aging balance, "include financial arrangements," and "include comments" created after a specific date (Table 1).

### **Delinquent Accounts**

The Delinquent Accounts report can be used to follow up on overdue accounts. The report shows account name, aged balance, date of last payment (personal or insurance), pertinent telephone numbers, and any financial arrangements that have been made. This report is generated by amount (for example, all balances over \$50) and age (such as "all accounts over 60 days past due"). In order to be used effectively within the office's accounts receivables reports, the system should have additional management reports that allow users to track and follow up on unfiled and unpaid insurance claims.

## **Information Protection and Management**

### **Back Up**

Daily backup of data is a very important system management function. The computer stores all of its records on electronic media and thus requires the protection of being "backed up" (duplicated and stored elsewhere) to guard against corruption or other loss of data. Since the data in the system changes daily, backup should be part of the office's daily routine, usually at the end of each business day. These files should be stored outside of the office in case of fire or other disaster.

### **Archiving and Purging Information**

Patient records must be maintained for a certain amount of years according to state's laws. Dental software program offer the ability to archive inactive patient and office records. The system should also allow for basic purging of data. Purging is the process of "offloading" information

**Table 1. Accounts Receivables Report**

TIME 4:25 pm		PTC And Associates						DATE 7/20/2010	
<b>ACCOUNTS RECEIVABLE BY RESPONSIBLE PARTY</b>									
<u>Responsible Party*</u>	<u>Current</u>	<u>30 Days</u>	<u>60 Days</u>	<u>90 Days</u>	<u>Contract</u>	<u>Total A/R</u>	<u>- Est. Ins.</u>	<u>= Due Now</u>	
63 Name	\$150.00	\$0.00	\$0.00	\$3,850.00	\$0.00	\$4,000.00	\$150.00	\$3,850.00	
2 Name	\$2,431.50	\$0.00	\$0.00	(\$50.00)	\$0.00	\$2,381.50	\$2,364.00	\$17.50	
4 Name	\$15.00	\$0.00	\$0.00	\$2.00	\$0.00	\$35.00	\$15.00	\$20.00	
25 Name	\$2,621.75	\$0.00	\$0.00	\$1,118.45	\$450.00	\$4,190.20	\$2,753.95	\$1,436.25	
30 Name	\$0.00	\$0.00	\$0.00	(\$450.00)	\$0.00	(\$450.00)	\$0.00	(\$450.00)	
36 Name	\$0.00	\$0.00	\$0.00	\$120.00	\$0.00	\$120.00	\$0.00	\$120.00	
43 Name	\$0.00	\$0.00	\$0.00	\$507.00	\$0.00	\$507.00	\$0.00	\$507.00	
55 Name	\$0.00	\$0.00	\$0.00	\$45.00	\$0.00	\$45.00	\$0.00	\$45.00	
53 Name	\$756.00	\$0.00	\$0.00	\$393.00	\$0.00	\$1,149.00	\$706.00	\$443.00	
41 Name	\$543.00	\$0.00	\$0.00	\$34.00	\$0.00	\$577.00	\$543.00	\$34.00	
6 Name	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
145 Name	\$68.00	\$0.00	\$0.00	\$32.00	\$0.00	\$100.00	\$68.00	\$32.00	
149 Name	\$360.00	\$0.00	\$0.00	\$140.00	\$0.00	\$500.00	\$360.00	\$140.00	
148 Name	\$0.00	\$0.00	\$0.00	\$640.00	\$0.00	\$640.00	\$0.00	\$640.00	
32 Name	\$1,101.00	\$0.00	\$0.00	\$334.00	\$0.00	\$1,435.00	\$1,101.00	\$334.00	
95 Name	\$640.00	\$0.00	\$0.00	\$160.00	\$0.00	\$800.00	\$640.00	\$160.00	
94 Name	\$1,367.50	\$0.00	\$0.00	\$157.50	\$0.00	\$1,525.00	\$1,367.50	\$157.50	
139 Name	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	\$200.00	\$0.00	\$200.00	
147 Name	\$0.00	\$0.00	\$0.00	\$75.00	\$0.00	\$75.00	\$0.00	\$75.00	
61 Name	\$634.00	\$0.00	\$0.00	\$0.00	\$0.00	\$634.00	\$634.00	\$0.00	
57 Name	\$400.00	\$0.00	\$0.00	\$674.00	\$0.00	\$1,074.00	\$400.00	\$674.00	
160 Name	\$0.00	\$0.00	\$0.00	\$50.00	\$0.00	\$50.00	\$0.00	\$50.00	
161 Name	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$100.00	\$0.00	\$100.00	
69 Name	\$0.00	\$0.00	\$0.00	\$335.00	\$0.00	\$335.00	\$0.00	\$335.00	
162 Name	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$25.00	\$0.00	\$25.00	
11 Name	\$926.00	\$0.00	\$0.00	\$359.00	\$0.00	\$1,285.00	\$926.00	\$359.00	
15 Name	\$1,278.00	\$0.00	\$0.00	\$1,182.00	\$0.00	\$2,460.00	\$1,278.00	\$1,182.00	
81 Name	\$28.00	\$0.00	\$0.00	\$57.00	\$0.00	\$85.00	\$28.00	\$57.00	
106 Name	\$272.45	\$0.00	\$0.00	\$47.55	\$0.00	\$320.00	\$272.45	\$47.55	
144 Name	\$0.00	\$0.00	\$0.00	\$615.00	\$0.00	\$615.00	\$0.00	\$615.00	
21 Name	\$623.00	\$0.00	\$0.00	\$48.00	\$0.00	\$671.00	\$623.00	\$48.00	
23 Name	\$706.00	\$0.00	\$0.00	\$304.00	\$0.00	\$1,010.00	\$706.00	\$304.00	
105 Name	\$114.00	\$0.00	\$0.00	\$16.00	\$0.00	\$130.00	\$114.00	\$16.00	
104 Name	\$76.00	\$0.00	\$0.00	\$19.00	\$0.00	\$95.00	\$76.00	\$19.00	
164 Name	\$2,200.00	\$0.00	\$0.00	\$0.00	\$2,300.00	\$4,500.00	\$2,200.00	\$2,300.00	
49 Name	\$1,298.00	\$0.00	\$0.00	\$15.00	\$0.00	\$1,313.00	\$1,298.00	\$15.00	
135 Name	\$0.00	\$0.00	\$0.00	\$55.00	\$0.00	\$55.00	\$0.00	\$55.00	
90 Name	\$1,737.92	\$0.00	\$0.00	\$644.08	\$0.00	\$2,382.00	\$1,737.92	\$644.08	
92 Name	\$118.00	\$0.00	\$0.00	\$32.00	\$0.00	\$150.00	\$118.00	\$32.00	
89 Name	\$698.50	\$0.00	\$0.00	\$470.50	\$0.00	\$1,169.00	\$698.50	\$470.50	
107 Name	\$4.00	\$0.00	\$0.00	\$10.00	\$0.00	\$50.00	\$4.00	\$10.00	

\*(Note: Names of Responsible Party have been omitted in this example.)

Courtesy of Eaglesoft Dental Software - Patterson Dental

(financial as well as treatment) that is no longer required to legally maintain. The practice needs to determine how long to maintain practice records according to their state's laws. Stockpiles of outdated information can slow the computer's processing time.

**Virus and Adware Protection**

Offices that utilize the internet for research, inventory control, and connectivity with other dental offices must load additional software to

protect against computer viruses and malware. Should the system be infected, it must be shut down until cleaned. During this time, manual appointment scheduling and financial postings would be utilized to maintain office operations.

**Health Insurance Portability and Accountability Act (HIPAA)**

The Health Insurance Portability and Accountability Act is better known by its acronym – HIPAA. HIPAA rules and regulations apply

to health care providers, including dentists who submit claims electronically, health plans, and health care clearinghouses for which the U.S. Department of Health and Human Services (DHHS) has established a standard, either directly or through a vendor or clearinghouse. Among other purposes, this 1996 Act is intended to improve portability and continuity of health insurance coverage in the group and individual markets; to maintain patient privacy; to combat waste, fraud, and abuse in health insurance and health care delivery; to promote the use of medical saving accounts; to improve access to long-term care services and coverage; and to simplify the administration of health insurance.

Computerized software programs will always be updated to cover the office's HIPAA regulations. Just as with paper driven offices, HIPAA laws about sending electronic information to another entity must be followed or fines can be charged per incident.

The intent of HIPAA is to protect patient privacy and provide security of health records without impeding patient care. When treating a minor, HIPAA defers to state law in determining who serves as the minor's "personal representative." Health care providers may disclose patient health information to persons responsible for payment, as long as disclosures are limited to information needed to obtain payment.

Patients have a right to inspect and have copies of their records. Exceptions include

psychotherapy notes, certain records maintained by laboratories, and additional information compiled for legal proceedings. A reasonable, cost-based fee may be charged for this service. (Consult state legislation, as state privacy laws may specifically define this cost.)

Dental team members must familiarize themselves with state privacy regulations. Federal HIPAA privacy and security regulations usually preempt state law, unless state laws require greater patient protection than HIPAA.

### **Summary**

When it comes to computerizing the dental office, research concerning software use and employee training must be considered. Selection of a system that will grow with the practice is recommended. Identification of practice needs for now and for the future, options and software support and staff training are additional concerns.

Computerization of the dental office should fulfill primary needs: It should effectively control and manage information and patient time. More importantly, it should enhance every facet of office communications, improve efficiency, and help the dental team to stay more organized. The right system can give team members more time to focus on patients during receiving and check-out – a detail that communicates to patients how important they are to the practice.



To receive Continuing Education credit for this course, you must complete the online test. Please go to [www.dentalcare.com](http://www.dentalcare.com) and find this course in the Continuing Education section.

### Course Test Preview

1. **A/An \_\_\_\_\_ will reflect all pertinent responsible party and detailed financial information.**
  - a. group number
  - b. patient number
  - c. account number
  - d. responsible party
  
2. **The \_\_\_\_\_ is the method used to inform patients that they are due for an appointment.**
  - a. account status
  - b. patient number
  - c. short call list
  - d. recall/recare process
  
3. **Patient information includes details about a patient's status and may include \_\_\_\_\_.**
  - a. full date of birth
  - b. health alert information
  - c. full-time student status
  - d. All of the above.
  
4. **Charge slips are an important part of the \_\_\_\_\_ and are used to double-check posting entries.**
  - a. statement process
  - b. posting function
  - c. patient's visit
  - d. audit trail
  
5. **\_\_\_\_\_ is the process of entering treatment data that updates patient and account information.**
  - a. Charting
  - b. Posting
  - c. Billing
  - d. Filing
  
6. **If you find a posting error after the end of the month, it is necessary to correct it through \_\_\_\_\_ entries.**
  - a. adjusting
  - b. posting
  - c. payment
  - d. transaction
  
7. **The computer system keeps track of charges generated by each provider. A \_\_\_\_\_ is considered a provider.**
  - a. dentist
  - b. dental assistant
  - c. hygienist
  - d. All of the above.

8. **Submitting insurance claims directly from the computer to the carrier's computer is called \_\_\_\_\_ claims transmission.**
- a. ADA
  - b. insurance
  - c. automatic
  - d. electronic
9. **A \_\_\_\_\_ is sent to a Responsible Party when his or her account is delinquent.**
- a. walk-out statement
  - b. monthly statement
  - c. past-due notice
  - d. cyclical statement
10. **A \_\_\_\_\_ is used to prevent unauthorized access to sensitive data in the system.**
- a. security code
  - b. system function
  - c. default code
  - d. system parameter
11. **\_\_\_\_\_ is a process the system goes through to update account records. On most systems, this is performed \_\_\_\_\_ statement preparation.**
- a. Accounts Receivable.../...after
  - b. Monthly Aging.../...after
  - c. Accounts Receivable.../...before
  - d. Monthly Aging.../...before
12. **\_\_\_\_\_ is a safety precaution that is performed daily to protect data stored in the computer.**
- a. Backup
  - b. Posting
  - c. Purging
  - d. Auditing
13. **A/An \_\_\_\_\_ report will show cash, check, and credit card payments posted.**
- a. posting
  - b. deposit
  - c. backup
  - d. audit
14. **A/An \_\_\_\_\_ report shows all deleted transactions.**
- a. audit trail
  - b. daily journal
  - c. deposit record
  - d. accounts receivable
15. **Information entered through the \_\_\_\_\_ is used to maintain account records and to generate statements, insurance claims, and management reports.**
- a. daily journal
  - b. adjustment codes
  - c. system parameters
  - d. posting function

16. \_\_\_\_\_ appointment scheduling functions enable you to search for the first available opening for any doctor or hygiene procedure.
- Detailed
  - Automated
  - Default
  - System
17. \_\_\_\_\_ allows you to have more than one description per ADA code.
- System Parameter
  - Internal Coding
  - Automated Scheduling
  - Auxiliary Coding
18. A/An \_\_\_\_\_ is used when entering treatment data into the computer.
- posting form
  - audit trail form
  - treatment slip
  - charge slip
19. Changing a fee when posting \_\_\_\_\_ change the fee stored in the code file.
- will
  - will not
20. The initial research phase for a computerized dental practice should focus on the computer hardware. Hardware options for data entry can include a microphone and touch pad.
- The first statement is true. The second statement is false.
  - The first statement is false. The second statement is true.
  - Both statements are true.
  - Both statements are false.
21. A \_\_\_\_\_ charge is added to overdue accounts automatically by the computer.
- sur
  - finance
  - late
  - penalty
22. The function of the accounts payable feature is to record \_\_\_\_\_.
- payment to vendors
  - practice expenses
  - refunds to patients with credit balances
  - All of the above.
23. The purposes of HIPAA include \_\_\_\_\_.
- combating fraud
  - maintaining patient privacy
  - improvement of long term health care services
  - All of the above.

24. The \_\_\_\_\_ helps ensure that all patient treatments have been posted and no transactions are missing.
- a. daily journal
  - b. patients schedule
  - c. system backup
  - d. audit trail
25. The report shows all balances by account with a breakdown as to what dollar amount is current and what dollar amount is overdue.
- a. Accounts payable
  - b. Accounts receivable
  - c. Daily journal
  - d. Daily summary

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## About the Authors

### Connie Effinger, BS

Connie Effinger has extensive dental operations management experience dating back to 1974. Her skills include computer system setup, training, and support.

### Suzanne Kump, CDA, LDA, MBA

Sue Kump has been a dental assistant since 1978. Her areas of expertise include chairside skills, orthodontics, and practice management. She has had experience with several computerized dental systems.

### Kathy Zwieg, CDA, LDA

Kathy Zwieg has been employed in numerous roles in dentistry, including clinical, practice management, director of operations, and dental assisting program instructor. Besides her involvement in computer demonstration, training, installation, and setup, she has had experience with several dental software systems.

### Wilhemina R. Leeuw, CDA, MS

Wilhemina Leeuw is a Clinical Assistant Professor of Dental Education at Indiana University Purdue University, Fort Wayne. A DANB Certified Dental Assistant since 1985, she worked in private practice over twelve years before beginning her teaching career in the Dental Assisting Program at IPFW. She is very active in her local and Indiana state dental assisting organizations. Prof. Leeuw's educational background includes dental assisting both in clinical and office management capacities, and she received her Master's degree in Organizational Leadership and Supervision. She is also the Continuing Education Coordinator for the American Dental Assistants Association.