

DentiMax: Adding Ledger Note



1 From Patient Ledger

ata
ies Help

Ledger (Dover, Ben)

Patient: DOVB000 | Dover, Ben

| Billing Information | | Est Due | Charges: | 3440.00 | Primary | Individual | Family |
|---------------------|----------------------|---------|---------------|----------|------------|------------|----------|
| Ins 1: | AET00, MET00, AET | 0.00 | Adjustments: | 660.00 | Balance | 1840.00 | 2790.00 |
| Ins 2: | Ametas Life Ins. Cor | 0.00 | Ins Pmts: | -1700.00 | Std Ded | 50/50 | 100/150 |
| HOH: | Dover, Ben | 1840.00 | Patient Pmts: | -560.00 | Prv Ded | | |
| | | | Total: | 1840.00 | Other Ded | | |
| | | | | | Ins 1 Used | 1700 | 400+400 |
| | | | | | Ins 1 Max | 1000 | 2500 |
| | | | Current: | 1840.00 | 30 days | 0.00 | 60 days |
| | | | | | 60 days | 0.00 | 90+ days |
| | | | | | 90+ days | 0.00 | |

Show All Recent and Open Billings
 Show Family
 Show All History
 Hide Zero Balances
 Only Ins Pending

| Claim Number | Billing Number | Date | Name | Code | Description | Provider | Tooth | Surface | Amount | Status | Ins Pd | Pat Pd | Ins Adj | Pat Adj | Bal | Insurance |
|--------------|----------------|-----------|------|----------|--|----------|-------|---------|---------|-----------|---------|--------|---------|---------|---------|-----------|
| 75 | 43 | 9/15/2025 | Ben | D6010 | surgical placement of implant body: endo | TES00 | 2 | | 2000.00 | Completed | -500.00 | 0.00 | 0.00 | 0.00 | 1500.00 | ✓ |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | 43 | 9/15/2025 | Ben | STMT | pre-deployed dental exam | | | | | Completed | | | | | | |
| | 43 | 9/15/2025 | Ben | NOTE | Pre-DEPLOYMENT EXAM | | | | | Completed | | | | | | |
| 75 | 43 | 9/15/2025 | Ben | D6056 | prefabricated abutment - includes modifi | TES00 | 2 | | 1000.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 | 750.00 | ✓ |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 75 | 43 | 9/15/2025 | Ben | D6059 | abutment supported porcelain fused to me | TES00 | 2 | | 500.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 | 250.00 | ✓ |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 75 | 43 | 9/15/2025 | Ben | D0299 | Seat Crown | TES00 | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 75 | 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 75 | 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 75 | 43 | 9/15/2025 | Ben | CLAIM | Secondary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | 39 | 8/28/2025 | Ben | AUTOPA1 | Payment adjustment | | | | -600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | -600.00 | |
| 0 | 39 | 8/26/2025 | Ben | D7210 | extraction erupted tooth requiring remov | TES00 | 1 | | 500.00 | Completed | -600.00 | 100.00 | 0.00 | 0.00 | 0.00 | ✓ |
| | 39 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | 39 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | 39 | 8/28/2025 | Ben | AUTOPA1 | Payment adjustment | | | | 600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | 37 | 8/28/2025 | Ben | AUTOPA1 | Payment adjustment | | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | -60.00 | |
| 74 | 37 | 8/25/2025 | Ben | D7210 | extraction erupted tooth requiring remov | TES00 | 5 | | 100.00 | Completed | -100.00 | 0.00 | 0.00 | 0.00 | 0.00 | ✓ |
| | 37 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | TES00 | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | 37 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -100.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | 37 | 8/28/2025 | Ben | AUTOPA1 | Payment adjustment | | | | 60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | 37 | 8/25/2025 | Ben | NOTE | Amt Applied to Ded 50.00 | | | | | Completed | | | | | | |

2 On the left side menu click Add Ledger Note

DentiMax - Default Data
File Edit Lists Activities Help

Ledger (Dover, Ben)

Patient: DOVB000 | Dover, Ben

| Billing Information | | Est Due | Charges: | 3440.00 | Primary | Individual | Family |
|---------------------|----------------------|---------|---------------|----------|------------|------------|----------|
| Ins 1: | AET00, MET00, AET | 0.00 | Adjustments: | 660.00 | Balance | 1840.00 | 2790.00 |
| Ins 2: | Ametas Life Ins. Cor | 0.00 | Ins Pmts: | -1700.00 | Std Ded | 50/50 | 100/150 |
| HOH: | Dover, Ben | 1840.00 | Patient Pmts: | -560.00 | Prv Ded | | |
| | | | Total: | 1840.00 | Other Ded | | |
| | | | | | Ins 1 Used | 1700 | 400+400 |
| | | | | | Ins 1 Max | 1000 | 2500 |
| | | | Current: | 1840.00 | 30 days | 0.00 | 60 days |
| | | | | | 60 days | 0.00 | 90+ days |
| | | | | | 90+ days | 0.00 | |

Show All Recent and Open Billings
 Show Family
 Show All History
 Hide Zero Balances
 Only Ins Pending

| Claim Number | Billing Number | Date | Name | Code | Description | Provider | Tooth | Surface | Amount | Status | Ins Pd | Pat Pd | Ins Adj | Pat Adj | Bal | Insurance |
|--------------|----------------|-----------|------|----------|--|----------|-------|---------|---------|-----------|---------|--------|---------|---------|---------|-----------|
| 75 | 43 | 9/15/2025 | Ben | D6010 | surgical placement of implant body: endo | TES00 | 2 | | 2000.00 | Completed | -500.00 | 0.00 | 0.00 | 0.00 | 1500.00 | ✓ |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | 43 | 9/15/2025 | Ben | STMT | pre-deployed dental exam | | | | | Completed | | | | | | |
| | 43 | 9/15/2025 | Ben | NOTE | Pre-DEPLOYMENT EXAM | | | | | Completed | | | | | | |
| 75 | 43 | 9/15/2025 | Ben | D6056 | prefabricated abutment - includes modifi | TES00 | 2 | | 1000.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 | 750.00 | ✓ |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 75 | 43 | 9/15/2025 | Ben | D6059 | abutment supported porcelain fused to me | TES00 | 2 | | 500.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 | 250.00 | ✓ |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 75 | 43 | 9/15/2025 | Ben | D0299 | Seat Crown | TES00 | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 75 | 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 75 | 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 75 | 43 | 9/15/2025 | Ben | CLAIM | Secondary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | 39 | 8/28/2025 | Ben | AUTOPA1 | Payment adjustment | | | | -600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | -600.00 | |
| 0 | 39 | 8/26/2025 | Ben | D7210 | extraction erupted tooth requiring remov | TES00 | 1 | | 500.00 | Completed | -600.00 | 100.00 | 0.00 | 0.00 | 0.00 | ✓ |
| | 39 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | 39 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | 39 | 8/28/2025 | Ben | AUTOPA1 | Payment adjustment | | | | 600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | |

Show All Recent and Open Billings
 Show Family
 Show All History
 Hide Zero Balances
 Only Ins Pending

Add Ledger Note
 Issue a Patient Refund
 Other Information
 View Details
 View Billing Options
 View Chart
 View Prescriptions
 Claim Information
 Create Claim
 Print
 Print Walk-Out

3 From the Drop-down menu select NOTE / Statement Note

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Transaction Note

General
Save Changes
Cancel Changes

Account Code
Search for Account ...
Edit Account Code
New Account Code

Chart Number: DOV8E000
Billing Number: 43
Date: 9/15/2025

Note Code: Print on Statement

| Code | Description | Service Classification | Standard Amount |
|-------|-------------------------------------|------------------------|-----------------|
| AGEDN | Insurance Denied-Age Limitation | | |
| CLAIM | Claim Printed | | |
| FRQDN | Insurance Denied-Frequency Limit | | |
| INFOD | Insurance Denied-More Info Needed | | |
| MAXDN | Insurance Denied-Maximum Reached | | |
| NCDN | Insurance Denied-Not a covered bene | | |
| NOTE | Statement Note | | |
| STMN | Statement Printed | | |

4 Click "Print on Statement"

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Transaction Note

General
Save Changes
Cancel Changes

Account Code
Search for Account ...
Edit Account Code
New Account Code

Chart Number: DOV8E000
Billing Number: 43
Date: 9/15/2025

Note Code: **NOTE** Print on Statement

Description: Statement Note

Note:

5 Change the name as you want it to appeal on the ledger/statement

DentiMax - Default Data
File Edit Lists Activities Help

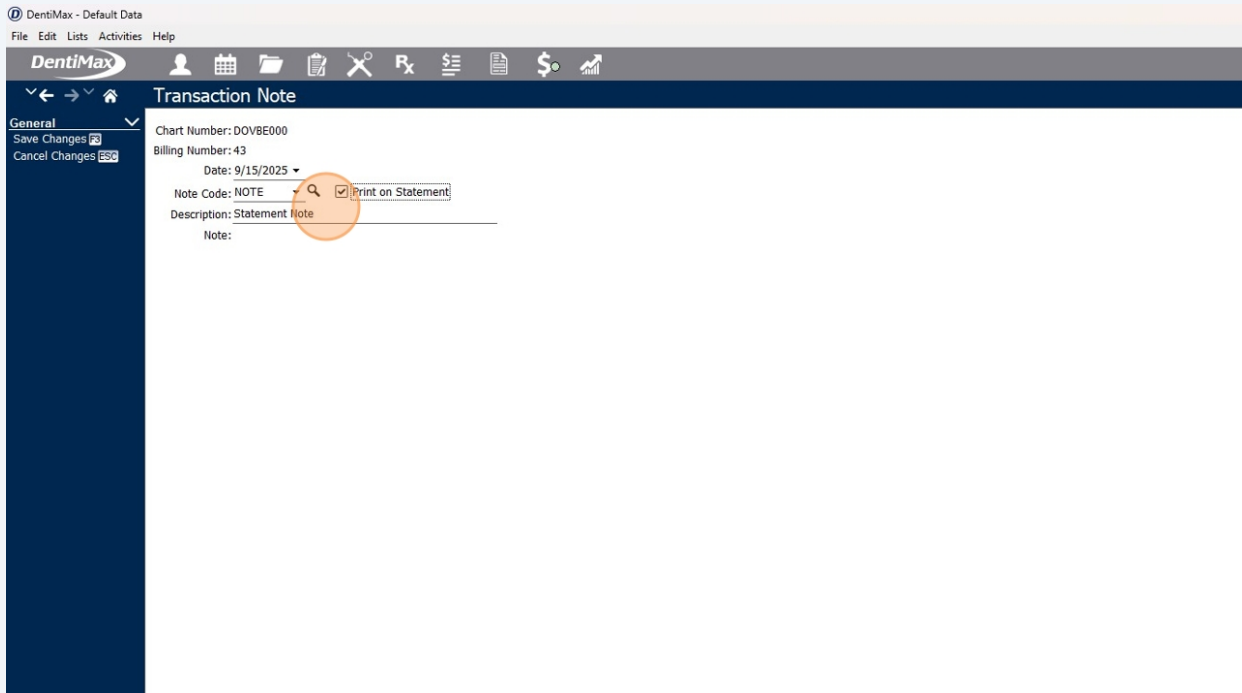
DentiMax

Transaction Note

General

Save Changes [S] Cancel Changes [ESC]

Chart Number: DOV8E000
Billing Number: 43
Date: 9/15/2025
Note Code: NOTE Print on Statement
Description: Statement Note
Note:



6 Save Changes

DentiMax - Default Data
File Edit Lists Activities Help

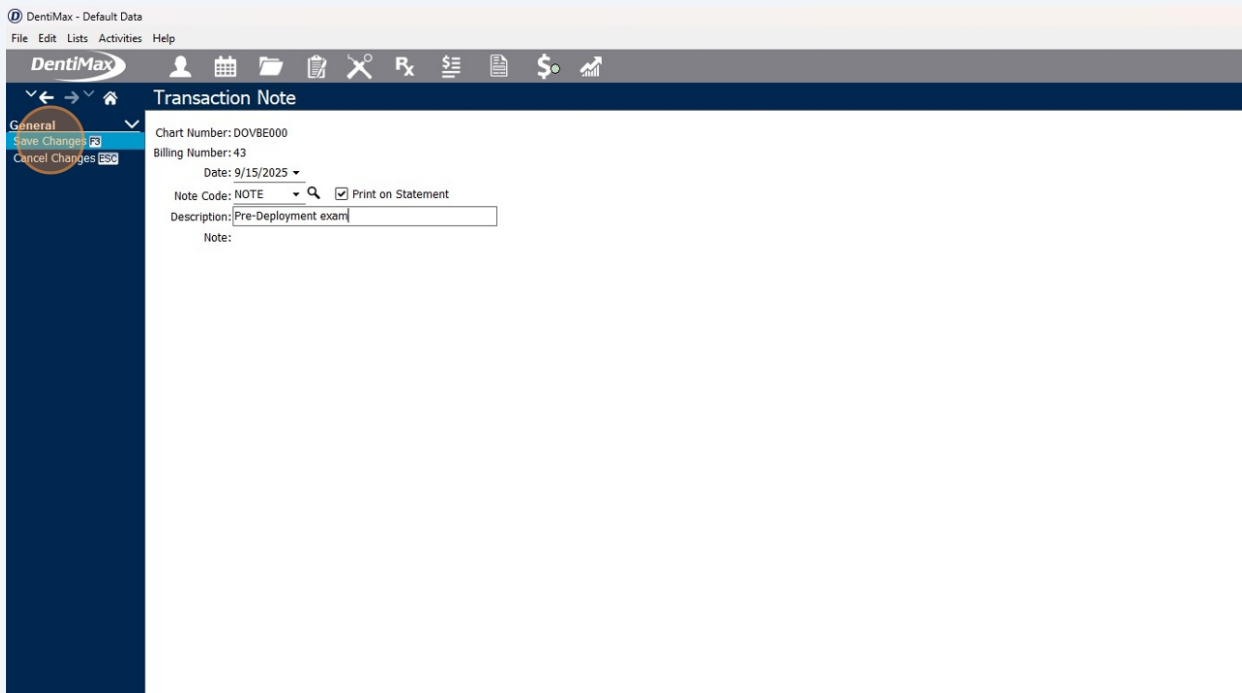
DentiMax

Transaction Note

General

Save Changes [S] Cancel Changes [ESC]

Chart Number: DOV8E000
Billing Number: 43
Date: 9/15/2025
Note Code: NOTE Print on Statement
Description: Pre-Deployment exam
Note:



7 Now you will see it on the ledger

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Dover, Ben)

Patient: DOVB000 Q Dover, Ben

Billing Information
 Charges: 3440.00
 Adjustments: 660.00
 Ins Pmts: 1700.00
 Patient Pmts: 560.00
 Total: 1840.00
 Est Due: 0.00
 Ins 1: AET00, MET00, AET
 Ins 2: Ameritas Life Ins. Cor
 HOH: Dover, Ben
 Primary: 1840.00
 Individual: 1840.00
 Family: 2790.00
 Balance: 50/50
 Std Ded: 100/150
 Piv Ded: 1700
 Other Ded: 400+400
 Ins 1 Used: 1000
 Ins 1 Max: 2500

Current: 1840.00 | 30 days: 0.00 | 60 days: 0.00 | 90+ days: 0.00

| Claim Number | Billing Number | Date | Name | Code | Description | Provider | Tooth | Surface | Amount | Status | Ins Pd | Pat Pd | Ins Adj | Pat Adj |
|--------------|----------------|-----------|------|----------|--|----------|-------|---------|---------|-----------|---------|--------|---------|---------|
| 75 | 43 | 9/15/2025 | Ben | D6010 | surgical placement of implant body: endo | TES00 | 2 | | 2000.00 | Completed | -500.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | STMT | pre-deployed dental exam | | | | | Completed | | | | |
| | 43 | 9/15/2025 | Ben | NOTE | Pre-DEPLOYMENT EXAM | | | | | Completed | | | | |
| | 43 | 9/15/2025 | Ben | NOTE | Pre-Deployment exam | | | | | Completed | | | | |
| 75 | 43 | 9/15/2025 | Ben | D6056 | prefabricated abutment - includes modifi | TES00 | 2 | | 1000.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 75 | 43 | 9/15/2025 | Ben | D6059 | abutment supported porcelain fused to me | TES00 | 2 | | 500.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 75 | 43 | 9/15/2025 | Ben | D0299 | Seat Crown | TES00 | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | CLAIM | Secondary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 39 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 0 | 39 | 8/26/2025 | Ben | D7210 | extraction erupted tooth requiring remov | TES00 | 1 | | 500.00 | Completed | -600.00 | 100.00 | 0.00 | 0.00 |
| | 39 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 39 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 39 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 74 | 37 | 8/25/2025 | Ben | D7210 | extraction erupted tooth requiring remov | TES00 | 5 | | 100.00 | Completed | -100.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | TES00 | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -100.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/25/2025 | Ben | NOTE | Amt Applied to Ded 50.00 | | | | | Completed | | | | |

8 To print the ledger click Print Ledger on the left menu

| Claim Number | Billing Number | Date | Name | Code | Description | Provider | Tooth | Surface | Amount | Status | Ins Pd | Pat Pd | Ins Adj | Pat Adj |
|--------------|----------------|-----------|------|----------|--|----------|-------|---------|---------|-----------|---------|--------|---------|---------|
| 75 | 43 | 9/15/2025 | Ben | D6010 | surgical placement of implant body: endo | TES00 | 2 | | 2000.00 | Completed | -500.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | STMT | pre-deployed dental exam | | | | | Completed | | | | |
| | 43 | 9/15/2025 | Ben | NOTE | Pre-DEPLOYMENT EXAM | | | | | Completed | | | | |
| | 43 | 9/15/2025 | Ben | NOTE | Pre-Deployment exam | | | | | Completed | | | | |
| 75 | 43 | 9/15/2025 | Ben | D6056 | prefabricated abutment - includes modifi | TES00 | 2 | | 1000.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 75 | 43 | 9/15/2025 | Ben | D6059 | abutment supported porcelain fused to me | TES00 | 2 | | 500.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 75 | 43 | 9/15/2025 | Ben | D0299 | Seat Crown | TES00 | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | CLAIM | Secondary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 39 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 0 | 39 | 8/26/2025 | Ben | D7210 | extraction erupted tooth requiring remov | TES00 | 1 | | 500.00 | Completed | -600.00 | 100.00 | 0.00 | 0.00 |
| | 39 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 39 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 39 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 74 | 37 | 8/25/2025 | Ben | D7210 | extraction erupted tooth requiring remov | TES00 | 5 | | 100.00 | Completed | -100.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | TES00 | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -100.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/25/2025 | Ben | NOTE | Amt Applied to Ded 50.00 | | | | | Completed | | | | |

Bookmark this window

View Planned Items View Ledger Items

View: Detail - All

9 Use the drop-down menu and select Ledger Patient

Detail View
Sort by Billing Adjust Credits

| Number | Date | Name | Code | Description | Provider | Tooth | Surface | Amount | Status | Ins Pd | Pat Pd | Ins Adj | Pat Adj | Bal | Insurance 1 Paid | Insurance 2 Paid | Note |
|--------|-----------|------|----------|--|----------|-------|---------|---------|-----------|---------|--------|---------|---------|---------|-------------------------------------|-------------------------------------|------|
| 43 | 9/15/2025 | Ben | D6010 | surgical placement of implant body: endo | TES00 | 2 | | 2000.00 | Completed | -500.00 | 0.00 | 0.00 | 0.00 | 1500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43 | 9/15/2025 | Ben | STMT | pre-deployed dental exam | | | | | Completed | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43 | 9/15/2025 | Ben | NOTE | Pre-DEPLOYMENT EXAM | | | | | Completed | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43 | 9/15/2025 | Ben | NOTE | Pre-Deployment exam | | | | | Completed | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43 | 9/15/2025 | Ben | D6056 | prefabricated abutment – includes modifi | TES00 | 2 | | 1000.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 | 750.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43 | 9/15/2025 | Ben | D6059 | abutment supported porcelain fused to me | TES00 | 2 | | 500.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 | 250.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43 | 9/15/2025 | Ben | D0299 | Seat Crown | TES00 | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43 | 9/15/2025 | Ben | CLAIM | Secondary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39 | 8/26/2025 | Ben | D7210 | extraction erupted tooth requiring remo | | | | -600.00 | Completed | 100.00 | 0.00 | 0.00 | 0.00 | -600.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 37 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 37 | 8/25/2025 | Ben | D7210 | extraction erupted tooth requiring remo | | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 37 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | TES00 | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 37 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -100.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 37 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 37 | 8/25/2025 | Ben | NOTE | Amt Applied to Ded 50.00 | | | | | Completed | | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

Choose a Report

Print To Printer

Choose Report Format:

Print Preview

Only Show Favorite

| Name | Modified |
|--------------------|--------------------|
| Ledger Patient | 4/25/2024 11:13 am |
| Tax Report-Patient | 1/31/2020 4:08 pm |

Cancel OK

10 Click here

Just Credits

| Number | Date | Name | Code | Description | Provider | Tooth | Surface | Amount | Status | Ins Pd | Pat Pd | Ins Adj | Pat Adj | Bal | Insurance 1 Paid | Insurance 2 Paid | Note | Entered by | Treat |
|--------|-----------|------|----------|--|----------|-------|---------|---------|-----------|---------|--------|---------|---------|---------|-------------------------------------|-------------------------------------|------|------------|-------|
| 43 | 9/15/2025 | Ben | D6010 | surgical placement of implant body: endo | TES00 | 2 | | 2000.00 | Completed | -500.00 | 0.00 | 0.00 | 0.00 | 1500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 43 | 9/15/2025 | Ben | STMT | pre-deployed dental exam | | | | | Completed | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 43 | 9/15/2025 | Ben | NOTE | Pre-DEPLOYMENT EXAM | | | | | Completed | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 43 | 9/15/2025 | Ben | NOTE | Pre-Deployment exam | | | | | Completed | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 43 | 9/15/2025 | Ben | D6056 | prefabricated abutment – includes modifi | TES00 | 2 | | 1000.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 | 750.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 43 | 9/15/2025 | Ben | D6059 | abutment supported porcelain fused to me | TES00 | 2 | | 500.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 | 250.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 43 | 9/15/2025 | Ben | D0299 | Seat Crown | TES00 | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 43 | 9/15/2025 | Ben | CLAIM | Secondary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 39 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 39 | 8/26/2025 | Ben | D7210 | extraction erupted tooth requiring remo | | | | -600.00 | Completed | 100.00 | 0.00 | 0.00 | 0.00 | -600.00 | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 39 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 39 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 39 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 37 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 37 | 8/25/2025 | Ben | D7210 | extraction erupted tooth requiring remo | | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 37 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | TES00 | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 37 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -100.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 37 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | |
| 37 | 8/25/2025 | Ben | NOTE | Amt Applied to Ded 50.00 | | | | | Completed | | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | |

Choose a Report

Print To Printer

Choose Report Format:

Print Preview

Only Show Favorite Reports

Cancel OK

11

To only print the ledger note section, select the billing number needed from the drop down menu

The screenshot shows a dental software interface with a ledger note section. A search filter overlay is present, allowing users to filter the ledger notes. The filter includes fields for Billing Number, Chart Number, Include Zero Balances?, Responsibility, Detail, and Sort. The 'Billing Number' field is highlighted with a red circle, indicating the step to select a specific billing number from the dropdown menu.

| Name | Code | Description | Provider | Tooth | Surface | Amount | Status | Ins Pd | Pat Pd | Ins Adj | Pat Adj | Bal | Insurance 1 Paid | Insurance 2 Paid | Note | Entere |
|----------|----------|--|----------|-------|---------|---------|-----------|---------|--------|---------|---------|---------|-------------------------------------|-------------------------------------|------|--------|
| 1025 Ben | D6010 | surgical placement of implant body: endo | TE500 | 2 | | 2000.00 | Completed | -500.00 | 0.00 | 0.00 | 0.00 | 1500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | INSCHECK | Insurance Check Payment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | STMT | pre-deployed dental exam | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | NOTE | Pre-Deployment exam | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | D6056 | prefabricated abutment | | | | | | | | 0.00 | 0.00 | 750.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | INSCHECK | Insurance Check Payment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | D6059 | abutment supported | | | | | | | | 0.00 | 0.00 | 250.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | INSCHECK | Insurance Check Payment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | D0299 | Seat Crown | | | | | | | | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | CLAIM | Primary insurance e- | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | CLAIM | Primary insurance e- | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | CLAIM | Secondary insurance | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | AUTOPAY | Payment adjustment | | | | | | | | 0.00 | 0.00 | -600.00 | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | D7210 | extraction erupted to | | | | | | | | 0.00 | 0.00 | 0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | 2150 |
| 1025 Ben | PATPAY | Patient Check Payment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | INSCHECK | Insurance Check Payment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | AUTOPAY | Payment adjustment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | AUTOPAY | Payment adjustment | | | | | | | | 0.00 | 0.00 | -60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | D7210 | extraction erupted to | | | | | | | | 0.00 | 0.00 | 0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | 2150 |
| 1025 Ben | PATPAY | Patient Check Payment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | INSCHECK | Insurance Check Payment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | AUTOPAY | Payment adjustment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | NOTE | Amt Applied to Ded S | | | | | | | | 0.00 | 0.00 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | 2150 |

12

Click "OK"

The screenshot shows the same dental software interface as in step 11. The search filter overlay is still present, and the 'OK' button is highlighted with a red circle, indicating the step to click 'OK' to apply the search filters.

| Name | Code | Description | Provider | Tooth | Surface | Amount | Status | Ins Pd | Pat Pd | Ins Adj | Pat Adj | Bal | Insurance 1 Paid | Insurance 2 Paid | Note | Entere |
|----------|----------|-------------------------|----------|-------|---------|--------|--------|--------|--------|---------|---------|---------|-------------------------------------|-------------------------------------|------|--------|
| 1025 Ben | D6056 | prefabricated abutment | | | | | | | | 0.00 | 0.00 | 750.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | INSCHECK | Insurance Check Payment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | D6059 | abutment supported | | | | | | | | 0.00 | 0.00 | 250.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | INSCHECK | Insurance Check Payment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | D0299 | Seat Crown | | | | | | | | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | CLAIM | Primary insurance e- | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | CLAIM | Primary insurance e- | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | CLAIM | Secondary insurance | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | AUTOPAY | Payment adjustment | | | | | | | | 0.00 | 0.00 | -600.00 | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | D7210 | extraction erupted to | | | | | | | | 0.00 | 0.00 | 0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | 2150 |
| 1025 Ben | PATPAY | Patient Check Payment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | INSCHECK | Insurance Check Payment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | AUTOPAY | Payment adjustment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | AUTOPAY | Payment adjustment | | | | | | | | 0.00 | 0.00 | -60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | D7210 | extraction erupted to | | | | | | | | 0.00 | 0.00 | 0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | 2150 |
| 1025 Ben | PATPAY | Patient Check Payment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | INSCHECK | Insurance Check Payment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | AUTOPAY | Payment adjustment | | | | | | | | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 |
| 1025 Ben | NOTE | Amt Applied to Ded S | | | | | | | | 0.00 | 0.00 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | 2150 |

13 This will be the ledge printout with the ledger note attached

Patient: DOVBE000 Dover, Ben
Billing: 43 09/15/2025

| Date | Code | Description | Tooth | Surface | Diagnosis Codes | Amount |
|------------|----------|---------------------------------------|-------|---------|-----------------|----------|
| 09/15/2025 | D6010 | surgical placement of implant body: (| 2 | | | 2,000.00 |
| 09/15/2025 | INSCHECK | Insurance Check Payment | | | | (500.00) |
| 09/15/2025 | STMT | pre-deployed dental exam | | | | |
| 09/15/2025 | NOTE | Pre DEPLOYMENT EXAM | | | | |
| 09/15/2025 | NOTE | Pre-Deployment exam | | | | |
| 09/15/2025 | D6056 | prefabricated abutment – includes m | 2 | | | 1,000.00 |
| 09/15/2025 | INSCHECK | Insurance Check Payment | | | | (250.00) |
| 09/15/2025 | D6059 | abutment supported porcelain fused | 2 | | | 500.00 |
| 09/15/2025 | INSCHECK | Insurance Check Payment | | | | (250.00) |
| 09/15/2025 | D0299 | Seat Crown | | | | |

| Billing Information | | Current: | 2,500.00 | Charges: |
|---------------------|-------------------------|----------|----------|---------------|
| HOH: | Dover, Ben | 30 Days: | 0.00 | Adjustments: |
| INS 1: | Aetna | 60 Days: | 0.00 | Ins Pmts: |
| INS 2: | Ameritas Life Ins. Corp | 90 Days: | 0.00 | Patient Pmts: |

14 Click on the printer and select your local printer to print to

Patient: DOVBE000 Dover, Ben
Billing: 43 09/15/2025

| Date | Code | Description | Tooth | Surface | Diagnosis Codes | Amount |
|------------|----------|---------------------------------------|-------|---------|-----------------|----------|
| 09/15/2025 | D6010 | surgical placement of implant body: (| 2 | | | 2,000.00 |
| 09/15/2025 | INSCHECK | Insurance Check Payment | | | | (500.00) |
| 09/15/2025 | STMT | pre-deployed dental exam | | | | |
| 09/15/2025 | NOTE | Pre DEPLOYMENT EXAM | | | | |
| 09/15/2025 | NOTE | Pre-Deployment exam | | | | |
| 09/15/2025 | D6056 | prefabricated abutment – includes m | 2 | | | 1,000.00 |
| 09/15/2025 | INSCHECK | Insurance Check Payment | | | | (250.00) |
| 09/15/2025 | D6059 | abutment supported porcelain fused | 2 | | | 500.00 |
| 09/15/2025 | INSCHECK | Insurance Check Payment | | | | (250.00) |
| 09/15/2025 | D0299 | Seat Crown | | | | |

| Billing Information | | Current: | 2,500.00 | Charges: |
|---------------------|-------------------------|----------|----------|---------------|
| HOH: | Dover, Ben | 30 Days: | 0.00 | Adjustments: |
| INS 1: | Aetna | 60 Days: | 0.00 | Ins Pmts: |
| INS 2: | Ameritas Life Ins. Corp | 90 Days: | 0.00 | Patient Pmts: |

15

If you selected to add the ledger note to the statement: on the left menu select Print Statement

Post From Treatme...
Adjust Deductible
Adjust Benefits Used
Enter a Payment
Add Pat Payment/Adj
New Insurance Pay...
Add Ledger Note
Issue a Patient Refund
Other Information
View Details
View Billing Options
View Chart
View Prescriptions
Claim Information
Create Claim
Print
Print Walk-Out
Print Family Walk-Out
Print Statement
Print Family Statem...
Print Ledger
Print Family Ledger

Only Ins Pending

| Claim Number | Billing Number | Date | Name | Code | Description | Provider | Tooth | Surface | Amount | Status | Ins Pd | Pat Pd | Ins Adj | Pat Adj |
|--------------|----------------|-----------|------|----------|--|----------|-------|---------|---------|-----------|---------|--------|---------|---------|
| 75 | 43 | 9/15/2025 | Ben | D6010 | surgical placement of implant body: endo | TES00 | 2 | | 2000.00 | Completed | -500.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | STMT | pre-deployed dental exam | | | | | Completed | | | | |
| | 43 | 9/15/2025 | Ben | NOTE | Pre DEPLOYMENT EXAM | | | | | Completed | | | | |
| | 43 | 9/15/2025 | Ben | NOTE | Pre-Deployment exam | | | | | Completed | | | | |
| 75 | 43 | 9/15/2025 | Ben | D6056 | prefabricated abutment - includes modifi | TES00 | 2 | | 1000.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 75 | 43 | 9/15/2025 | Ben | D6059 | abutment supported porcelain fused to me | TES00 | 2 | | 500.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 |
| | 43 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 75 | 43 | 9/15/2025 | Ben | D0299 | Seat Crown | TES00 | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 75 | 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 75 | 43 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 75 | 43 | 9/15/2025 | Ben | CLAIM | Secondary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 39 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | -600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 0 | 39 | 8/26/2025 | Ben | D7210 | extraction erupted tooth requiring remov | TES00 | 1 | | 500.00 | Completed | -600.00 | 100.00 | 0.00 | 0.00 |
| | 39 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 39 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 39 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/25/2025 | Ben | AUTOPAY | Payment adjustment | | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| 74 | 37 | 8/25/2025 | Ben | D7210 | extraction erupted tooth requiring remov | TES00 | 5 | | 100.00 | Completed | -100.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | TES00 | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -100.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 |
| | 37 | 8/25/2025 | Ben | NOTE | Amt Applied to Ded 50.00 | | | | | Completed | | | | |

View Planned Items View Ledger Items View: Detail - All

16

From the drop down menu select Patient Statment

rt by Billing Adjust Credits

Current 1840.00 30 days 0.00 60 days 0.00 90+ days 0.00

| sr | Date | Name | Code | Description | Provider | Tooth | Surface | Amount | Status | Ins Pd | Pat Pd | Ins Adj | Pat Adj | Bal | Insurance 1 Paid | Insurance 2 Paid | Note |
|----|-----------|------|----------|--|----------|-------|---------|---------|-----------|---------|--------|---------|---------|---------|-------------------------------------|-------------------------------------|------|
| 13 | 9/15/2025 | Ben | D6010 | surgical placement of implant body: endo | TES00 | 2 | | 2000.00 | Completed | -500.00 | 0.00 | 0.00 | 0.00 | 1500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 13 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | 9/15/2025 | Ben | STMT | pre-deployed dental exam | | | | | Completed | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | 9/15/2025 | Ben | NOTE | Pre DEPLOYMENT EXAM | | | | | Completed | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | 9/15/2025 | Ben | NOTE | Pre-Deployment exam | | | | | Completed | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | 9/15/2025 | Ben | D6056 | prefabricated abutment - includes modifi | TES00 | 2 | | 1000.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 | 750.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 13 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | 9/15/2025 | Ben | D6059 | abutment supported porcelain fused to me | TES00 | 2 | | 500.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 | 250.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 13 | 9/15/2025 | Ben | INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | 9/15/2025 | Ben | D0299 | Seat Crown | TES00 | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | 9/15/2025 | Ben | CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | 9/15/2025 | Ben | CLAIM | Secondary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | -600.00 | Completed | 0.00 | 100.00 | 0.00 | 0.00 | -600.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19 | 8/26/2025 | Ben | D7210 | extraction erupted tooth requiring remov | | | | 600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 19 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | | | | -600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 600.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | -60.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17 | 8/25/2025 | Ben | D7210 | extraction erupted tooth requiring remov | | | | 100.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17 | 8/26/2025 | Ben | PATPAY | Patient Check Payment | | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17 | 8/27/2025 | Ben | INSCHECK | Insurance Check Payment | | | | -100.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17 | 8/28/2025 | Ben | AUTOPAY | Payment adjustment | | | | 60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17 | 8/25/2025 | Ben | NOTE | Amt Applied to Ded 50.00 | | | | | Completed | | | | | 0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

Choose a Report
Print To Printer
Choose Report Format:
 Print Name Modified
Charges in a Date Range 7/23/2024 12:28 pm
Patient Statement 4/9/2025 12:32 pm
Patient Statement 2021 - Online 8/14/2023 11:10 am
Patient Statement 2021 - Online - No Timer 8/14/2023 9:21 am
Payment Receipt 1/31/2020 4:08 pm
School Excuse 12/14/2020 12:10 pm

17 Click "OK"

| | | Current | 30 days | 60 days | 90+ days | Ins 1 Max | | | | 2500 | | | | | | | |
|----------|--|----------|---------|---------|----------|-----------|---------|--------|---------|---------|---------|-------------------------------------|-------------------------------------|------|------------|-------------|--|
| | | 1840.00 | 0.00 | 0.00 | 0.00 | 1000 | 2500 | 1000 | 2500 | 1000 | 2500 | 1000 | 2500 | 1000 | 2500 | | |
| Code | Description | Provider | Tooth | Surface | Amount | Status | Ins Pd | Pat Pd | Ins Adj | Pat Adj | Bal | Insurance 1 Paid | Insurance 2 Paid | Note | Entered by | Treatment C | |
| D6010 | surgical placement of implant body; endo | TES00 | 2 | | 2000.00 | Completed | -500.00 | 0.00 | 0.00 | 0.00 | 1500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| INSCHECK | Insurance Check Payment | TES00 | | | -500.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| STMT | pre-deployed dental exam | | | | | Completed | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| NOTE | Pre-DEPLOYMENT EXAM | | | | | Completed | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| NOTE | Pre-Deployment exam | | | | | Completed | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| D6056 | prefabricated abutment – includes modifi | TES00 | 2 | | 1000.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 | 750.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| D6059 | abutment supported porcelain fused to me | TES00 | 2 | | 500.00 | Completed | -250.00 | 0.00 | 0.00 | 0.00 | 250.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| INSCHECK | Insurance Check Payment | TES00 | | | -250.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| D0299 | Seat Crown | TES00 | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| CLAIM | Primary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| CLAIM | Secondary insurance e-claim sent | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| AUTOPA\ | Payment adjustment | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | -600.00 | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| D7210 | extraction erupted tooth requiring reme | | | | -600.00 | Completed | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | 2150 | | |
| PATPAY | Patient Check Payment | TES00 | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| INSCHECK | Insurance Check Payment | TES00 | | | -100.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| AUTOPA\ | Payment adjustment | | | | 60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| AUTOPA\ | Payment adjustment | | | | 0.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | -60.00 | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| D7210 | extraction erupted tooth requiring reme | | | | 100.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | 2150 | | |
| PATPAY | Patient Check Payment | TES00 | | | -60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| INSCHECK | Insurance Check Payment | TES00 | | | -100.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| AUTOPA\ | Payment adjustment | | | | 60.00 | Completed | 0.00 | 0.00 | 0.00 | 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | | 2150 | | |
| NOTE | Amt Applied to Ded 50.00 | | | | | Completed | | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |

Choose a Report

Print To Printer

Choose Report Format: Patient Statement

Print Preview

Only Show Favorite Reports

Cancel OK

18 Click "OK"

report: Patient Statement

Show all data where the Provider Code matches one of the values in this list:

prefabr
K\Insuranc
abutmn
K\Insuranc
Seat Cr
Primam
Primam
Second
Δ Payme
extract
Patient C
K\Insuranc
Payment
Δ Payme
extract
Patient C
K\Insuranc
Payment
Amt Ap

and the Facility is equal to

and the Chart Number is equal to DOVBEO00

and the Last Statement Date is less than 8/16/2025

OK Cancel

| | | | | | | | |
|------|---------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|------|---|
| 0.00 | 750.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2150 | 1 |
| 0.00 | 250.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2150 | 1 |
| 0.00 | 0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2150 | |
| 0.00 | -600.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2150 | |
| 0.00 | 0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2150 | 1 |
| 0.00 | -60.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2150 | |
| 0.00 | 0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2150 | 1 |
| 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2150 | |
| 0.00 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2150 | |

View: Post Date: 9/15/2025

3:21 PM 9/15/2025

19

Now you will see the ledger note you selected to print on statement

1234 W State St
Mesa, AZ 85210

Please detach and return

| Date | Procedure | Charge | Ins. Adj. | Ins. Pay. | Pat. Adj. | Pat. P |
|------------|--|-----------------|-------------|-----------------|-------------|----------|
| 09/15/2025 | D6010 surgical placement of implant body: endo | 2,000.00 | | | | |
| 09/15/2025 | INSCHECK Insurance Check Payment | | | (500.00) | | |
| 09/15/2025 | NOTE Pre DEPLOYMENT EXAM | | | | | |
| 09/15/2025 | NOTE Pre-Deployment exam | | | | | |
| | | 2,000.00 | 0.00 | (500.00) | 0.00 | 0 |
| 09/15/2025 | D6056 prefabricated abutment – includes modifi | 1,000.00 | | | | |
| 09/15/2025 | INSCHECK Insurance Check Payment | | | (250.00) | | |
| | | 1,000.00 | 0.00 | (250.00) | 0.00 | 0 |
| 09/15/2025 | D6059 abutment supported porcelain fused to m | 500.00 | | | | |
| 09/15/2025 | INSCHECK Insurance Check Payment | | | (250.00) | | |