

DentiMax: How to adjust individual max/deductible used

1 From patients ledger

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Dover, Move)

Patient: **D0W00000** | **Dover, Move**

Billing Information		Est Due	Charges:	1550.00	Primary	Individual	Family
Ins 1:	Aetna	520.00	Adjustments:	0.00	Balance	950.00	290.00
Ins 2:	None	0.00	Ins Pmts:	-260.00	Std Ded	50/50	100/150
HOH:	Dover, Ben	430.00	Patient Pmts:	-320.00	Priv Ded		
			Total:	950.00	Other Ded	480+520	200+500
					Ins 1 Max	1000	2500
					Current	30 days	60 days
					950.00	0.00	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
73	42	9/4/2025	Move	D0150	comprehensive oral evaluation - new or e	SH100			50.00	Completed	0.00	0.00	0.00	0.0
73	42	9/4/2025	Move	D0330	panoramic radiographic image	SH100			300.00	Completed	0.00	0.00	0.00	0.0
73	42	9/4/2025	Move	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.0
73	42	9/4/2025	Move	D7241	removal of impacted tooth - completely b	SH100	16		500.00	Completed	0.00	0.00	0.00	0.0
73	42	9/4/2025	Move	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.0
72	41	9/10/2025	Move	CLAIM	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.0
72	41	9/2/2025	Move	D7240	removal of impacted tooth - completely b	SH100	1		200.00	Completed	0.00	-200.00	0.00	0.0
	41	9/2/2025	Move	CRTR	credit trans	TES00			-200.00	Completed	0.00	0.00	0.00	0.0
71	38	8/25/2025	Move	D7240	removal of impacted tooth - completely b	TES00	12		400.00	Completed	-280.00	-120.00	0.00	0.0
	38	8/26/2025	Move	PATPAY	Patient Check Payment	TES00			-120.00	Completed	0.00	0.00	0.00	0.0
	38	8/27/2025	Move	INSCHECK	Insurance Check Payment	TES00			-280.00	Completed	0.00	0.00	0.00	0.0
	38	8/25/2025	Move	NOTE	Amt Applied to Ded 50.00					Completed				

General
Close Screen

Transactions
New Transaction
Delete Transaction
Use a Multicode
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
View Claim
Print Claim

Print
Print Walk-Out
Print Family Walk-Out
Print Statement
Print Family Statem...
Print Ledger
Print Family Ledger

Patient
Search for Patient

2 At the top of the ledger you will see the insurance max/deductible info box

In this example: it shows that \$480 has been used of the individual max + \$520 is currently expected to be received.

Billing Information

Est Due	Charges:	1550.00	Primary	Individual	Family
Ins 1: Aelna	Adjustments:	0.00	Balance	950.00	250.00
Ins 2: None	Ins Pmts:	-280.00	Std Ded	50/50	100/150
HQH: Dover, Ben	Patient Pmts:	-320.00	Prv Ded		
	Total:	950.00	Other Ded		
			Ins 1 Used	480+520	200+500
			Ins 1 Max	1000	2500
			Current	950.00	
			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	Bal	Insurance 1 Paid	Insurance 2 Paid
73	42 9/4/2025	Move	D0150	comprehensive oral evaluation - new or e	SH100				50.00	Completed	0.00	0.00	0.00	0.00	50.00		
73	42 9/4/2025	Move	D0330	panoramic radiographic image	SH100				300.00	Completed	0.00	0.00	0.00	0.00	300.00		
73	42 9/4/2025	Move	D7210	extraction erupted tooth requiring remov	TES00	3			100.00	Completed	0.00	0.00	0.00	0.00	100.00		
73	42 9/4/2025	Move	D7241	removal of impacted tooth - completely b	SH100	16			500.00	Completed	0.00	0.00	0.00	0.00	500.00		
41	9/3/2025	Move	CLAIM	Primary insurance claim printed					0.00	Completed	0.00	0.00	0.00	0.00			
41	9/2/2025	Move	D7240	removal of impacted tooth - completely b	SH100	1			200.00	Completed	0.00	-200.00	0.00	0.00	0.00		
41	9/2/2025	Move	CRTR	credit trans	TES00				-200.00	Completed	0.00	0.00	0.00	0.00			
38	8/25/2025	Move	D7240	removal of impacted tooth - completely b	TES00	12			400.00	Completed	-280.00	-120.00	0.00	0.00	0.00		
38	8/26/2025	Move	PATPAY	Patient Check Payment	TES00				-120.00	Completed	0.00	0.00	0.00	0.00			
38	8/27/2025	Move	INSCHECK	Insurance Check Payment	TES00				-280.00	Completed	0.00	0.00	0.00	0.00			
38	8/25/2025	Move	NOTE	Amt Applied to Ded 50.00						Completed							

3 On the left side menu click Adjust Benefits Used

Adjust Benefits Used

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
73	42 9/4/2025	Move	D0150	comprehensive oral evaluation - new or e	SH100				50.00	Completed	0.00	0.00	0.00	0.00
73	42 9/4/2025	Move	D0330	panoramic radiographic image	SH100				300.00	Completed	0.00	0.00	0.00	0.00
73	42 9/4/2025	Move	D7210	extraction erupted tooth requiring remov	TES00	3			100.00	Completed	0.00	0.00	0.00	0.00
73	42 9/4/2025	Move	D7241	removal of impacted tooth - completely b	SH100	16			500.00	Completed	0.00	0.00	0.00	0.00
73	42 9/4/2025	Move	CLAIM	Primary insurance claim printed					0.00	Completed	0.00	0.00	0.00	0.00
72	41 9/10/2025	Move	CLAIM	Primary insurance e-claim sent					0.00	Completed	0.00	0.00	0.00	0.00
72	41 9/2/2025	Move	D7240	removal of impacted tooth - completely b	SH100	1			200.00	Completed	0.00	-200.00	0.00	0.00
41	9/2/2025	Move	CRTR	credit trans	TES00				-200.00	Completed	0.00	0.00	0.00	0.00
38	8/25/2025	Move	D7240	removal of impacted tooth - completely b	TES00	12			400.00	Completed	-280.00	-120.00	0.00	0.00
38	8/26/2025	Move	PATPAY	Patient Check Payment	TES00				-120.00	Completed	0.00	0.00	0.00	0.00
38	8/27/2025	Move	INSCHECK	Insurance Check Payment	TES00				-280.00	Completed	0.00	0.00	0.00	0.00
38	8/25/2025	Move	NOTE	Amt Applied to Ded 50.00						Completed				

4 In the Adjust Amount box enter the amount the insurance has paid

01 | Q | Dover, Move

Billing Information		Est Due	Charges:	1550.00	Primary	Individual	Family
Ins 1:	Aetna	520.00	Adjustments:	0.00	Balance	550.00	290.00
Ins 2:	None	0.00	Ins Pmts:	-280.00	Std Ded	50/50	100/150
HOH:	Dover, Ben	430.00	Patient Pmts:	-320.00	Priv Ded		
			Total:	950.00	Other Ded		
					Ins 1 Max	480+520	200+500
					Ins 1 Used	1000	2500
					Ins 1 Max		

Invoice 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
42	9/4/2025	Move	D0150	comprehensive oral evaluation - new or e	SH100			50.00	Completed	0.00	0.00	0.00	0.00	50.00		
42	9/4/2025	Move	D0330	panoramic radiographic image	SH100			300.00	Completed	0.00	0.00	0.00	0.00	300.00		
42	9/4/2025	Move	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00	100.00		
42	9/4/2025	Move	D7241	removal of impacted tooth - completely b	SH100	16		500.00	Completed	0.00	0.00	0.00	0.00	500.00		
42	9/4/2025	Move	CLAIM1	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00			
41	9/10/2025	Move	CLAIM1	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.00			
41	9/2/2025	Move	D7240	removal of impacted tooth - completely b	SH100	1		200.00	Completed	0.00	-200.00	0.00	0.00	0.00		
41	9/2/2025	Move	CRTR	credit trans				0.00		0.00	0.00	0.00	0.00			
38	8/25/2025	Move	D7240	removal of impacted tooth - completely b				-280.00		0.00	-120.00	0.00	0.00	0.00		
38	8/26/2025	Move	PATPAY	Patient Check Payment				0.00		0.00	0.00	0.00	0.00			
38	8/27/2025	Move	INSCHECK	Insurance Check Payment				0.00		0.00	0.00	0.00	0.00			
38	8/25/2025	Move	NOTE	Amt Applied to Ded 50.00												

Adjust Benefits Used

Adjust benefits used for Move Dover

Enter the amounts to adjust the benefits used:

Date: 9/10/2025

Adjust Amount:

Adjusted Amount is for Ortho

Prior Adjustments: 200.00

Insurance Plan: AET00

Insured: DOVMO000

Post Cancel

5 Click "Post"

Invoice 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
42	9/4/2025	Move	D0150	comprehensive oral evaluation - new or e	SH100			50.00	Completed	0.00	0.00	0.00	0.00	50.00		
42	9/4/2025	Move	D0330	panoramic radiographic image	SH100			300.00	Completed	0.00	0.00	0.00	0.00	300.00		
42	9/4/2025	Move	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00	100.00		
42	9/4/2025	Move	D7241	removal of impacted tooth - completely b	SH100	16		500.00	Completed	0.00	0.00	0.00	0.00	500.00		
42	9/4/2025	Move	CLAIM1	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00			
41	9/10/2025	Move	CLAIM1	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.00			
41	9/2/2025	Move	D7240	removal of impacted tooth - completely b	SH100	1		200.00	Completed	0.00	-200.00	0.00	0.00	0.00		
41	9/2/2025	Move	CRTR	credit trans				0.00		0.00	0.00	0.00	0.00			
38	8/25/2025	Move	D7240	removal of impacted tooth - completely b				-280.00		0.00	-120.00	0.00	0.00	0.00		
38	8/26/2025	Move	PATPAY	Patient Check Payment				0.00		0.00	0.00	0.00	0.00			
38	8/27/2025	Move	INSCHECK	Insurance Check Payment				0.00		0.00	0.00	0.00	0.00			
38	8/25/2025	Move	NOTE	Amt Applied to Ded 50.00												

Adjust Benefits Used

Adjust benefits used for Move Dover

Enter the amounts to adjust the benefits used:

Date: 9/10/2025

Adjust Amount:

Adjusted Amount is for Ortho

Prior Adjustments: 200.00

Insurance Plan: AET00

Insured: DOVMO000

Post Cancel

6 Now you will see the amounts in the insurance info box have been adjusted

Billing Information

Est Due	Charges:	1550.00	Primary	Individual	Family
Ins 1: Aethna	Adjustments:	0.00	Balance	950.00	290.00
Ins 2: None	Ins Pmts:	-200.00	Std Ded	50/50	100/150
HOH: Dover, Ben	Patient Pmts:	-320.00	Priv Ded		
	Total:	950.00	Other Ded		

Insurance Info

Current	30 days	60 days	90+ days
950.00	0.00	0.00	0.00

Claim Number	Billing 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
42	9/4/2025	Move	D0150	comprehensive oral evaluation - new or e	SH100				50.00	Completed	0.00	0.00	0.00	0.00	50.00		
42	9/4/2025	Move	D0330	panoramic radiographic image	SH100				300.00	Completed	0.00	0.00	0.00	0.00	300.00		
42	9/4/2025	Move	D7210	extraction erupted tooth requiring remov	TES00	3			100.00	Completed	0.00	0.00	0.00	0.00	100.00		
42	9/4/2025	Move	D7241	removal of impacted tooth - completely b	SH100	16			500.00	Completed	0.00	0.00	0.00	0.00	500.00		
42	9/4/2025	Move	CLAIM	Primary insurance claim printed					0.00	Completed	0.00	0.00	0.00	0.00			
41	9/10/2025	Move	CLAIM	Primary insurance e-claim sent					0.00	Completed	0.00	0.00	0.00	0.00			
41	9/2/2025	Move	D7240	removal of impacted tooth - completely b	SH100	1			200.00	Completed	0.00	-200.00	0.00	0.00	0.00		
41	9/2/2025	Move	CRTR	credit trans	TES00				-200.00	Completed	0.00	0.00	0.00	0.00			
38	8/25/2025	Move	D7240	removal of impacted tooth - completely b	TES00	12			400.00	Completed	-280.00	-120.00	0.00	0.00	0.00		
38	8/26/2025	Move	PATPAY	Patient Check Payment	TES00				-120.00	Completed	0.00	0.00	0.00	0.00			
38	8/27/2025	Move	INSCHECK	Insurance Check Payment	TES00				-280.00	Completed	0.00	0.00	0.00	0.00			
38	8/25/2025	Move	NOTE	Amt Applied to Ded 50.00						Completed							

7 You can do the same process for any deductibles met

Billing Information

Est Due	Charges:	1550.00	Primary	Individual	Family
Ins 1: Aethna	Adjustments:	0.00	Balance	950.00	290.00
Ins 2: None	Ins Pmts:	-200.00	Std Ded	50/50	100/150
HOH: Dover, Ben	Patient Pmts:	-320.00	Priv Ded		
	Total:	950.00	Other Ded		

Insurance Info

Current	30 days	60 days	90+ days
950.00	0.00	0.00	0.00

Claim Number	Billing 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
73	42	9/4/2025	Move	D0150	comprehensive oral evaluation - new or e	SH100			50.00	Completed	0.00	0.00	0.00	0.00	0.00		
73	42	9/4/2025	Move	D0330	panoramic radiographic image	SH100			300.00	Completed	0.00	0.00	0.00	0.00	0.00		
73	42	9/4/2025	Move	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00	0.00		
73	42	9/4/2025	Move	D7241	removal of impacted tooth - completely b	SH100	16		500.00	Completed	0.00	0.00	0.00	0.00	0.00		
73	42	9/4/2025	Move	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00	0.00		
72	41	9/10/2025	Move	CLAIM	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.00	0.00		
72	41	9/2/2025	Move	D7240	removal of impacted tooth - completely b	SH100	1		200.00	Completed	0.00	-200.00	0.00	0.00	0.00		
41	9/2/2025	Move	CRTR	credit trans	TES00				-200.00	Completed	0.00	0.00	0.00	0.00	0.00		
71	38	8/25/2025	Move	D7240	removal of impacted tooth - completely b	TES00	12		400.00	Completed	-280.00	-120.00	0.00	0.00	0.00		
38	8/26/2025	Move	PATPAY	Patient Check Payment	TES00				-120.00	Completed	0.00	0.00	0.00	0.00	0.00		
38	8/27/2025	Move	INSCHECK	Insurance Check Payment	TES00				-280.00	Completed	0.00	0.00	0.00	0.00	0.00		
38	8/25/2025	Move	NOTE	Amt Applied to Ded 50.00						Completed							