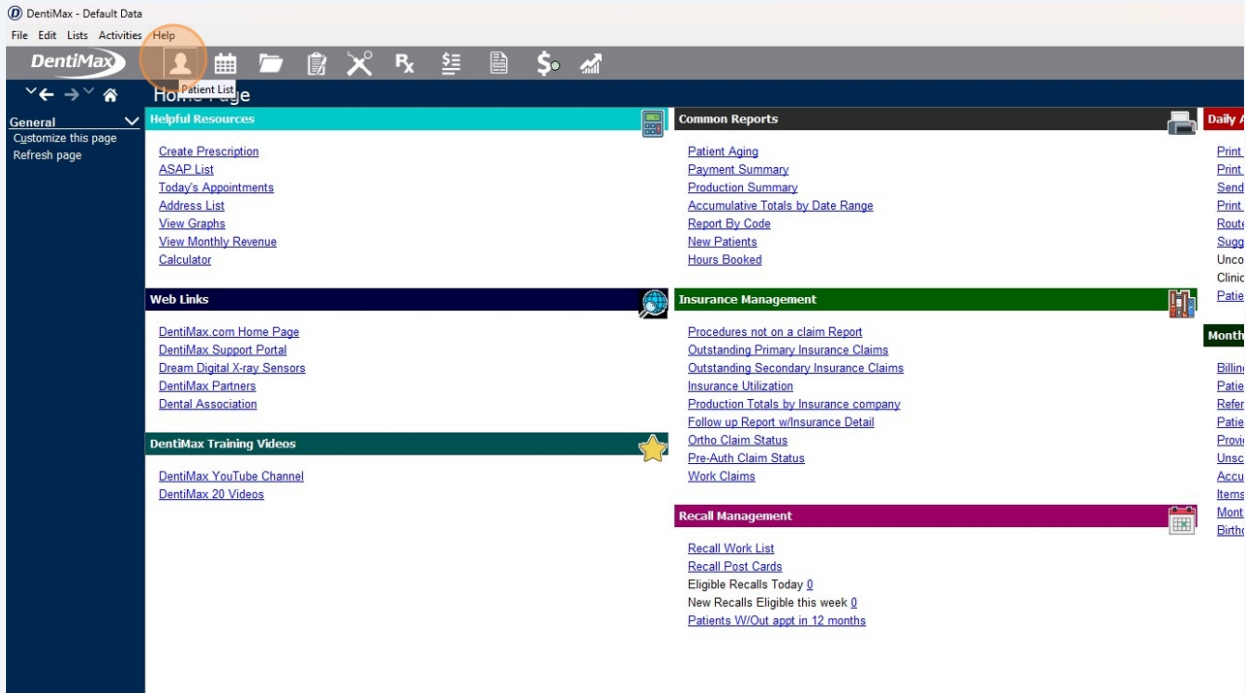


Sign and Print Treatment Plans

1 Open Patient list

If you are already in patient chart, skip to step 4



2 Select patient

DentiMax Patient List - Bob Sr. Test

General: Head of Household: _____ Assigned Provider: _____
 Last Name: _____ First Name: _____
 Default Primary Insurance: _____ Birth Date: _____
 Mobile: _____

Modify Data: Search: _____ Search by: Chart Number View: Patient List

Chart Nu...	Last Name	First Name	Language	Gender	Birth Date	Preferred Contact Method	Home Phone	Work Phone	Mobile	E-mail	Default Primary
TESBO000	Test	Bob Sr.		M	1/1/1969				(458) 453-2456 5		UNI01
TESBO001	Test	Timmy		M	1/1/2011				(454) 845-5542		UNI01
TESDE000	Test	Dentimax	English	F	5/27/1990		5555555555		5555555555	test@test	
TESDU000	Test	Dummy		F	1/1/2001				888-888888		AET00
TESSH000	Test	Sunny		F	1/1/2011		(484) 848-4484		988-8888		AET00
TESTE000	Test	Test	Creole	U	8/15/1996	Text	8007048494		4808251875	tiffanye@dentimax.com	AME01
TESTE001	Test	Testy		F	1/1/2001				(888) 888-8888		AET00
TESTE002	Test	Testy B		F	1/1/2001				(888) 888-8888		AET00
TESTE003	Test	Testy C		F	1/1/2001				(800) 704-8494		AET00
WEAWI000	Weather	Windy		F	1/1/2001		(480) 222-2222		(545) 854-5525		AET00

3 On the left menu, click View Chart

DentiMax Patient List - Testy B Test

General: Head of Household: _____ Assigned Provider: _____
 Last Name: _____ First Name: _____
 Default Primary Insurance: _____ Birth Date: _____
 Mobile: _____

Modify Data: Search: _____ Search by: Chart Number View: Patient List

Chart Nu...	Last Name	First Name	Language	Gender	Birth Date	Preferred Contact Method	Home Phone	Work Phone	Mobile	E-mail	Default Primary
TESBO000	Test	Bob Sr.		M	1/1/1969				(458) 453-2456 5		UNI01
TESBO001	Test	Timmy		M	1/1/2011				(454) 845-5542		UNI01
TESDE000	Test	Dentimax	English	F	5/27/1990		5555555555		5555555555	test@test	
TESDU000	Test	Dummy		F	1/1/2001				888-888888		AET00
TESSH000	Test	Sunny		F	1/1/2011		(484) 848-4484		988-8888		AET00
TESTE000	Test	Test	Creole	U	8/15/1996	Text	8007048494		4808251875	tiffanye@dentimax.com	AME01
TESTE001	Test	Testy		F	1/1/2001				(888) 888-8888		AET00
TESTE002	Test	Testy B		F	1/1/2001				(888) 888-8888		AET00
TESTE003	Test	Testy C		F	1/1/2001				(800) 704-8494		AET00
WEAWI000	Weather	Windy		F	1/1/2001		(480) 222-2222		(545) 854-5525		AET00

4

You will see your treatment planned items for the selected treatment plan listed as planned items

Order	Date	Account Code	Description	Tooth	Surface	Provider Fee	Status
		C0008	Missing Tooth	1		TES00	0 Condition
		C0008	Missing Tooth	32		TES00	0 Condition
		D2393	resin-based composite - t 2		MOD	TES00	0 Existing R
		D6010	surgical placement of impl	10		TES00	0 Existing R
		D2391	resin-based composite - o 14		O	TES00	200 Planned
		D7240	removal of impacted tooth	16		TES00	400 Planned
		D7240	removal of impacted tooth	17		TES00	400 Planned
		D2392	resin-based composite - t 18		DO	TES00	300 Planned
		D2393	resin-based composite - t 30		MOD	TES00	400 Planned
	7/8/2025	D0220	intraoral - periapical first r			TES00	20 Complete
	7/8/2025	D0140	limited oral evaluation - pr			TES00	55 Complete
	7/9/2025	D0140	limited oral evaluation - pr			TES00	55 Complete
	7/9/2025	D0273	bitewings - three radiogra			TES00	200 Complete
	7/9/2025	D7210	extraction erupted tooth r 6			TES00	300 Complete

5

On left menu, click Treatment Estimate

Fixed/Removable Pros.
Endo/Perio/Surgery
Ortho
Other Services
Conditions
Time Units
Clinical Notes

General
Close Screen
Hide Teeth
Change Patient

Transaction
Edit Item
Add Item
Add a Multicode
Post Transactions
Create Appointment...

Related Information
View Patient Inform...
New Perio Exam
Treatment Estimate
New Pretreatment C...
Pretreatment Claim ...
Print Plan

Bookmark this window

Order	Date	Account Code	Description	Tooth	Surface	Provider Fee	Status
		C0008	Missing Tooth	1		TES00	0 Condition
		C0008	Missing Tooth	32		TES00	0 Condition
		D2393	resin-based composite - t 2		MOD	TES00	0 Existing R
		D6010	surgical placement of impl	10		TES00	0 Existing R
		D2391	resin-based composite - o 14		O	TES00	200 Planned
		D7240	removal of impacted tooth	16		TES00	400 Planned
		D7240	removal of impacted tooth	17		TES00	400 Planned
		D2392	resin-based composite - t 18		DO	TES00	300 Planned
		D2393	resin-based composite - t 30		MOD	TES00	400 Planned
	7/8/2025	D0220	intraoral - periapical first r			TES00	20 Complete
	7/8/2025	D0140	limited oral evaluation - pr			TES00	55 Complete
	7/9/2025	D0140	limited oral evaluation - pr			TES00	55 Complete
	7/9/2025	D0273	bitewings - three radiogra			TES00	200 Complete
	7/9/2025	D7210	extraction erupted tooth r 6			TES00	300 Complete

6 Select treatment plan from drop down menu

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Treatment Plan Estimate

Patient: Test, Testy B
Insurance: Aetna
Treatment Plan: [Dropdown] Created on 7/10/2025 8:03 am
 Show Recall Codes

Order	Code	Description	Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
0	D7240	removal of impacted tooth - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
0	D7240	removal of impacted tooth - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00
0	D2393	resin-based composite - three surfaces p	30	MOD	\$400.00	\$30.00	\$0.00	\$370.00
0	D2392	resin-based composite - two surfaces pos	18	DO	\$300.00	\$0.00	\$0.00	\$300.00
0	D2391	resin-based composite - one surface post	14	O	\$200.00	\$0.00	\$0.00	\$200.00
0	D7210	extraction erupted tooth requiring remov	2		\$0.00	\$0.00	\$0.00	\$0.00

Total Amount	\$1,700.00
Insurance Est	\$630.00
Patient Total	\$1,070.00

7 Selected treatment plan items will show

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Treatment Plan Estimate

Patient: Test, Testy B
Insurance: Aetna
Treatment Plan: [Dropdown] Created on 7/10/2025 8:03 am
 Show Recall Codes

Order	Code	Description	Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
0	D7240	removal of impacted tooth - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
0	D7240	removal of impacted tooth - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00
0	D2393	resin-based composite - three surfaces p	30	MOD	\$400.00	\$30.00	\$0.00	\$370.00
0	D2392	resin-based composite - two surfaces pos	18	DO	\$300.00	\$0.00	\$0.00	\$300.00
0	D2391	resin-based composite - one surface post	14	O	\$200.00	\$0.00	\$0.00	\$200.00
0	D7210	extraction erupted tooth requiring remov	2		\$0.00	\$0.00	\$0.00	\$0.00

Total Amount	\$1,700.00
Insurance Est	\$630.00
Patient Total	\$1,070.00

8

From here you have the option to directly sign the treatment plan to patients document center, or you can print the treatment plan.

You also have the option to estimate all item or select specific items.

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Treatment Plan Estimate

Patient: Test, Testy B
Insurance: Aetna
Treatment Plan: 1 Created on 7/10/2025 8:03 am
 Show Recall Codes

Order	Code	Description	Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
0	D7240	removal of impacted tooth - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
0	D7240	removal of impacted tooth - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00
0	D2393	resin-based composite - three surfaces p	30	MOD	\$400.00	\$30.00	\$0.00	\$370.00
0	D2392	resin-based composite - two surfaces pos	18	DO	\$300.00	\$0.00	\$0.00	\$300.00
0	D2391	resin-based composite - one surface post	14	O	\$200.00	\$0.00	\$0.00	\$200.00
0	D7210	extraction erupted tooth requiring remov	2		\$0.00	\$0.00	\$0.00	\$0.00

Total Amount	\$1,700.00
Insurance Est	\$630.00
Patient Total	\$1,070.00

9

To sign treatment plan for selected items: click on first item, hold ctrl key down and click on additional items. Click Estimate Selected

If you are signing estimate for all items listed; skip to step 11

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Treatment Plan Estimate

Patient: Test, Testy B
Insurance: Aetna
Treatment Plan: 1 Created on 7/10/2025 8:03 am
 Show Recall Codes

Order	Code	Description	Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
0	D7240	removal of impacted tooth - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
0	D7240	removal of impacted tooth - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00
0	D2393	resin-based composite - three surfaces p	30	MOD	\$400.00	\$30.00	\$0.00	\$370.00
0	D2392	resin-based composite - two surfaces pos	18	DO	\$300.00	\$0.00	\$0.00	\$300.00
0	D2391	resin-based composite - one surface post	14	O	\$200.00	\$0.00	\$0.00	\$200.00
0	D7210	extraction erupted tooth requiring remov	2		\$0.00	\$0.00	\$0.00	\$0.00

Total Amount	\$1,700.00
Insurance Est	\$630.00
Patient Total	\$1,070.00

10 You will see the Estimate for the selected items with the totals

Click Sign

DentiMax - Default Data
File Edit Lists Activities Help

Treatment Plan Estimate
Patient: Test, Testy B
Insurance: Aetna
Treatment Plan: 1 Created on 7/10/2025 8:03 am
 Show Recall Codes

Order	Code	Description	Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
0	D7240	removal of impacted tooth - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
0	D7240	removal of impacted tooth - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00

Total Amount	\$800.00
Insurance Est	\$600.00
Patient Total	\$200.00

11 Click the drop down menu to select report format

025 8:03 am

Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
completely b	17	\$400.00	\$280.00	\$0.00	\$120.00
completely b	16	\$400.00	\$320.00	\$0.00	\$80.00

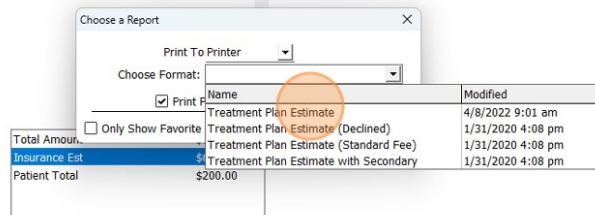
Choose a Report

Print To Printer: [v]
Choose Format: [v]
 Print Preview
 Only Show Favorite Reports
Cancel OK

Total Amount	\$800.00
Insurance Est	\$600.00
Patient Total	\$200.00

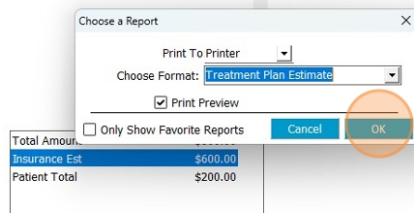
12 Select Treatment Plan Estimare

	Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
impacted tooth - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
impacted tooth - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00



13 Click "OK"

h - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
h - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00



14 Select who will be signing

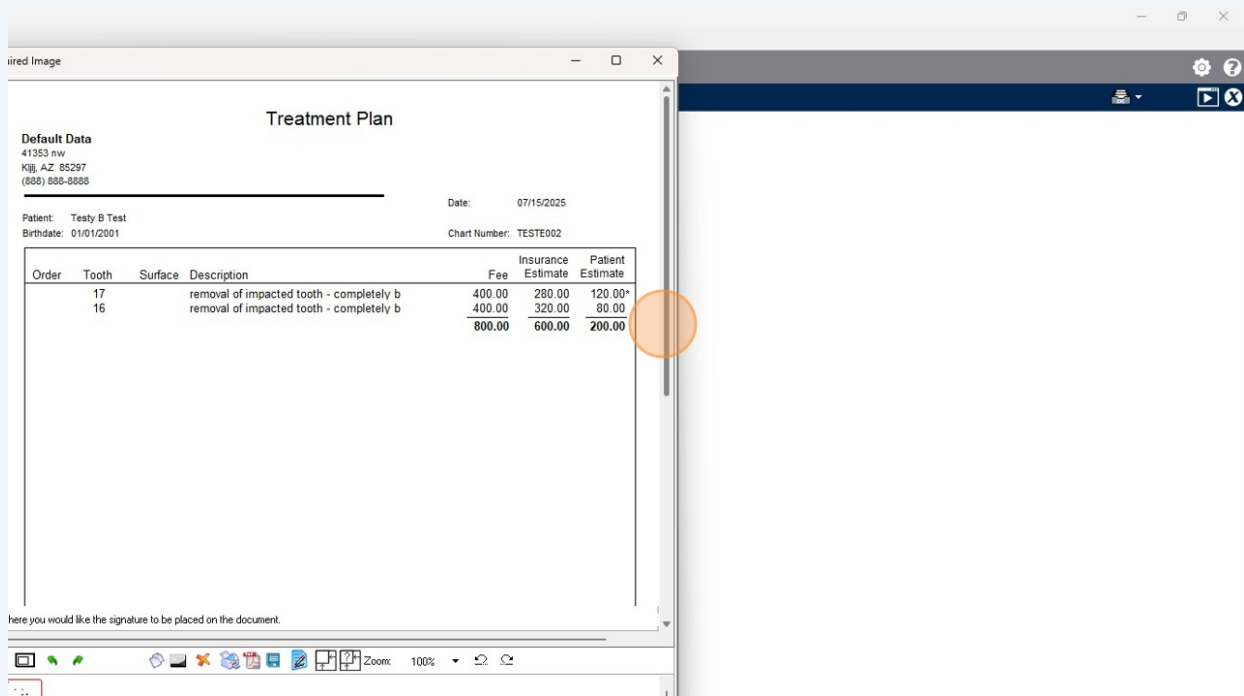
The screenshot shows a software interface for a 'Treatment Plan Estimate'. At the top, it displays 'Patient: Test, Testy B' and 'Insurance: Aetna'. Below this is a table with columns: Order, Code, Description, Tooth, Surface, Amount, Ins 1 Estimate, Ins 2 Estimate, and Patient Portion. The table contains two rows of data for 'removal of impacted tooth - completely b'. An 'Add Signature to Document' dialog box is open over a 'Document Center' window. The dialog box has a 'Person Signing' section with a 'Select:' dropdown menu. The dropdown menu is open, showing three options: 'Terry B Test', 'Terry Test, Dds', and 'John House, Dmd'. The 'Sign' button is highlighted with an orange circle.

Order	Code	Description	Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
0	D7240	removal of impacted tooth - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
0	D7240	removal of impacted tooth - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00

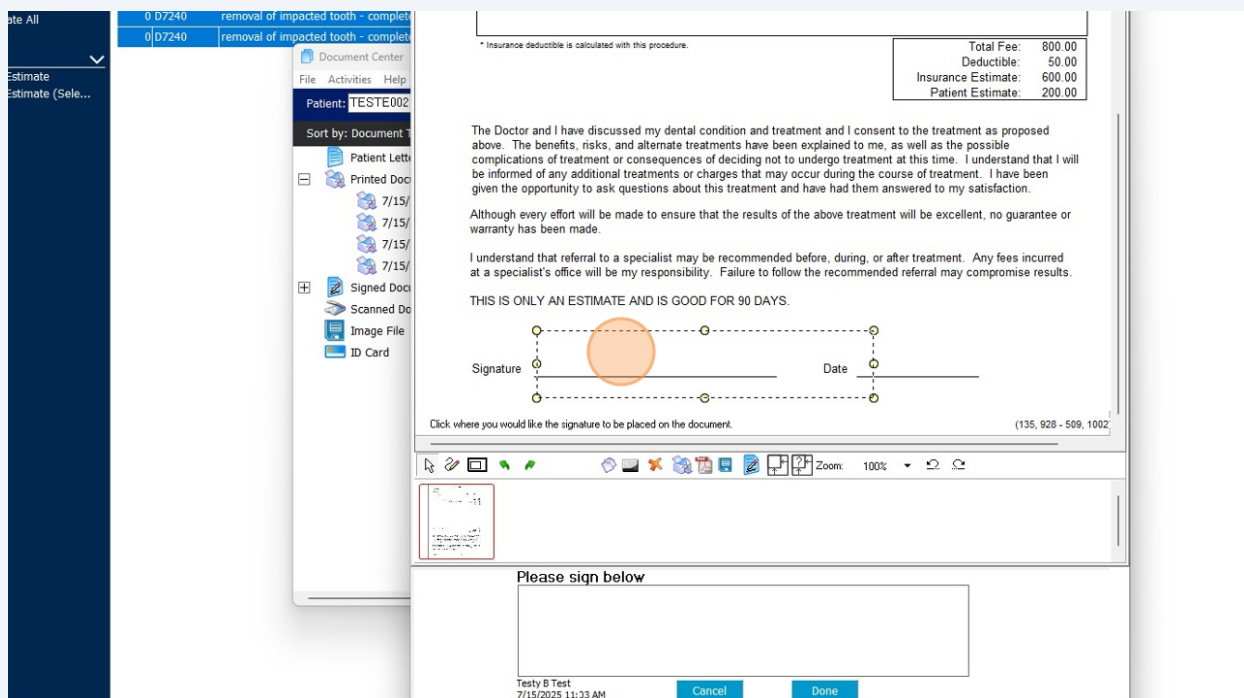
15 Click "Sign"

This screenshot is similar to the one in step 14, showing the 'Add Signature to Document' dialog box. In this step, the 'Sign' button is highlighted with an orange circle, indicating the next action to be taken.

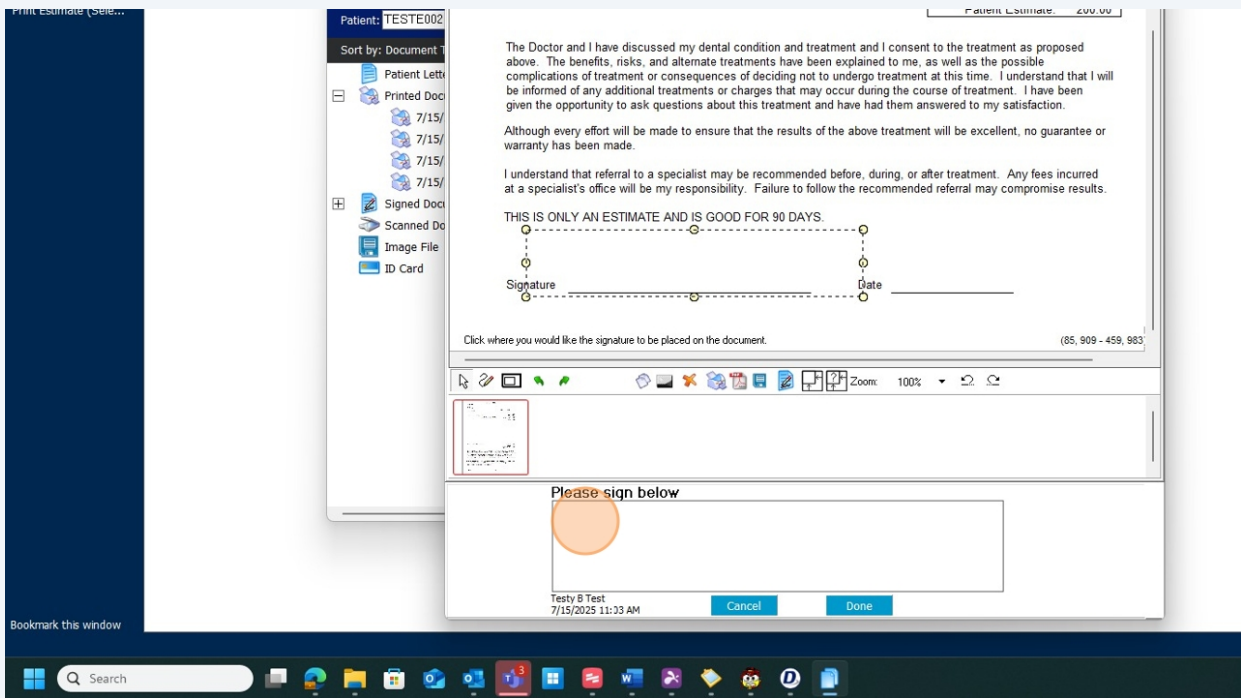
16 Scroll down to see the signature line



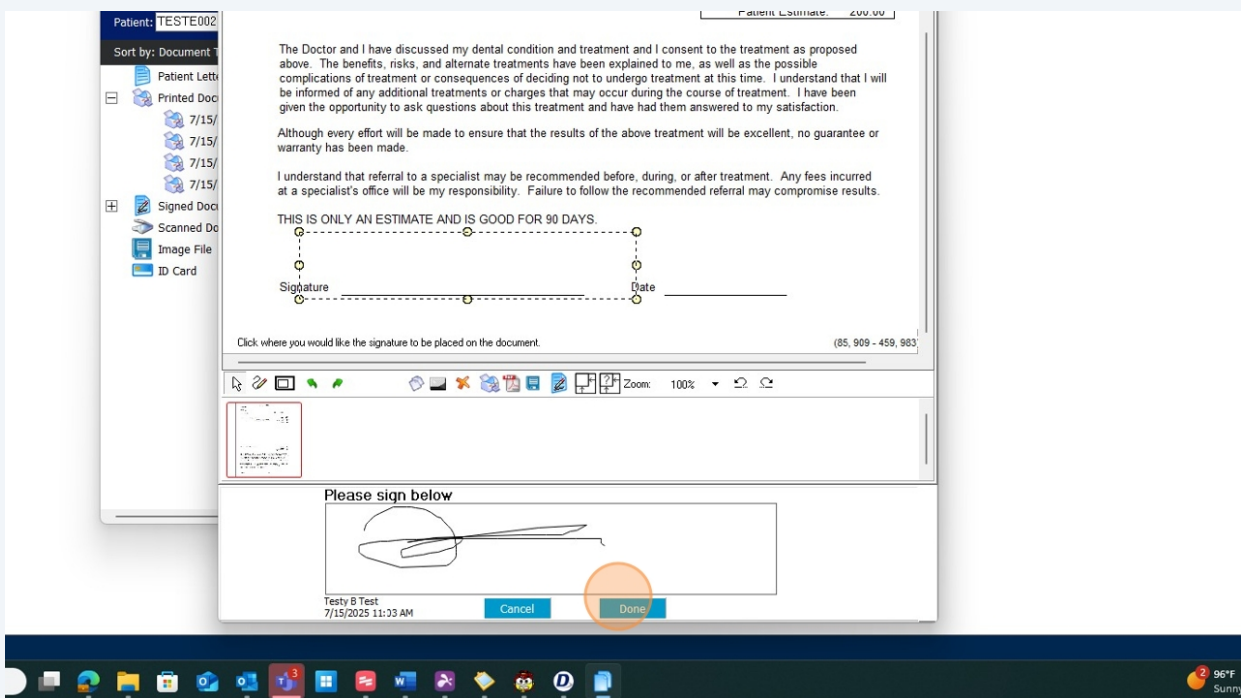
17 Double Click here to create signature box (box can be moved to where you want the signature)



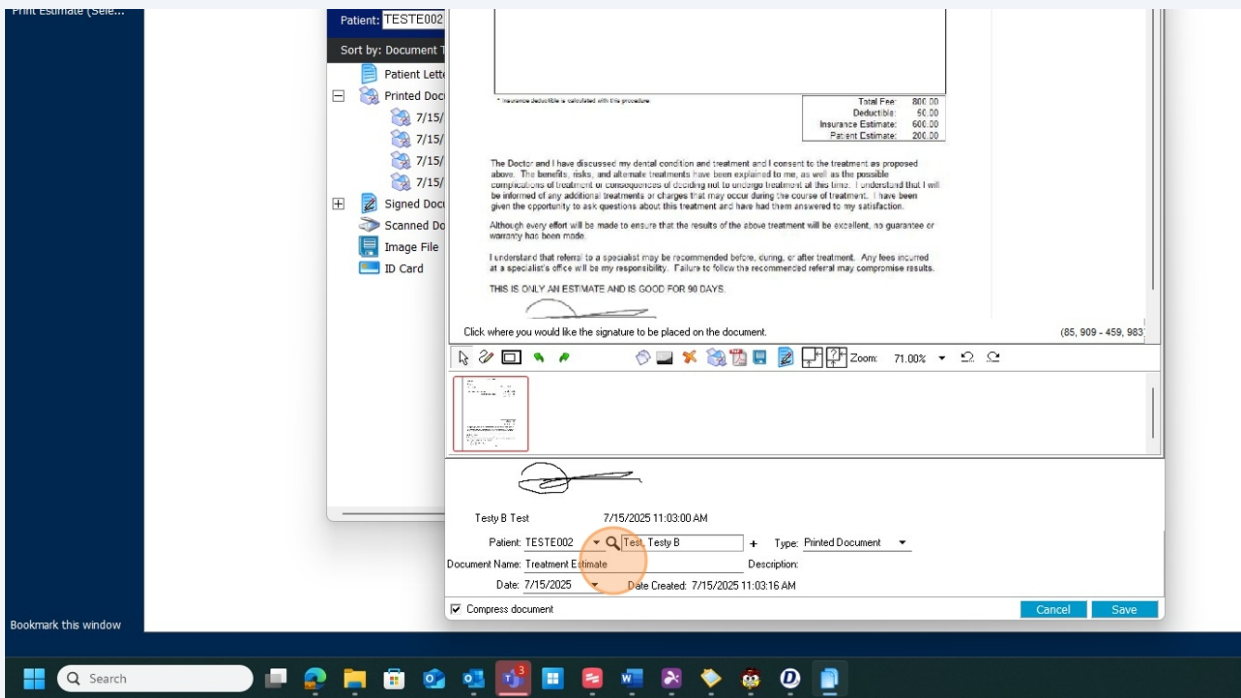
18 Click in the signature box below



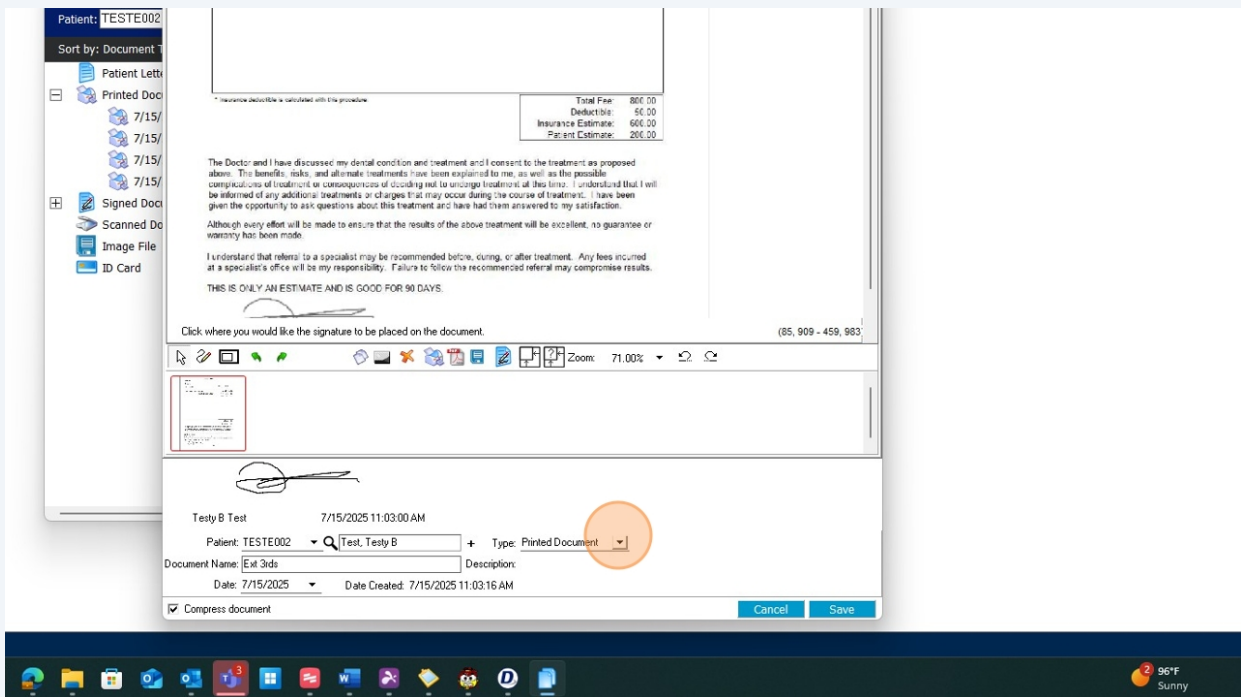
19 Draw signature with mouse and click DONE



20 You can name the document



21 Select "Signed Document" from the drop down menu



22 Click "Signed Document"

Patient: TESTE002
Sort by: Document

Total Fee:	800.00
Deductible:	50.00
Insurance Estimate:	600.00
Patient Estimate:	200.00

The Doctor and I have discussed my dental condition and treatment and I consent to the treatment as proposed above. The benefits, risks, and alternate treatments have been explained to me, as well as the possible complications of treatment or consequences of declining not to undergo treatment at this time. I understand that I will be informed of any additional treatments or charges that may occur during the course of treatment. I have been given the opportunity to ask questions about this treatment and have had them answered to my satisfaction.

Although every effort will be made to ensure that the results of the above treatment will be excellent, no guarantee or warranty has been made.

I understand that referral to a specialist may be recommended before, during, or after treatment. Any fees incurred at a specialist's office will be my responsibility. Failure to follow the recommended referral may compromise results.

THIS IS ONLY AN ESTIMATE AND IS GOOD FOR 90 DAYS.

Click where you would like the signature to be placed on the document. (85, 909 - 459, 983)

Testy B Test 7/15/2025 11:03:00 AM

Patient: TESTE002 + Type: Printed Document

Document Name: Ext 3kds Description: Patient Letter

Date: 7/15/2025 Date Created: 7/15/2025 11:03:16 AM

Compress document

Cancel Save

23 Click "Save"

Testy B Test 7/15/2025 11:03:00 AM

Patient: TESTE002 + Type: Signed Document

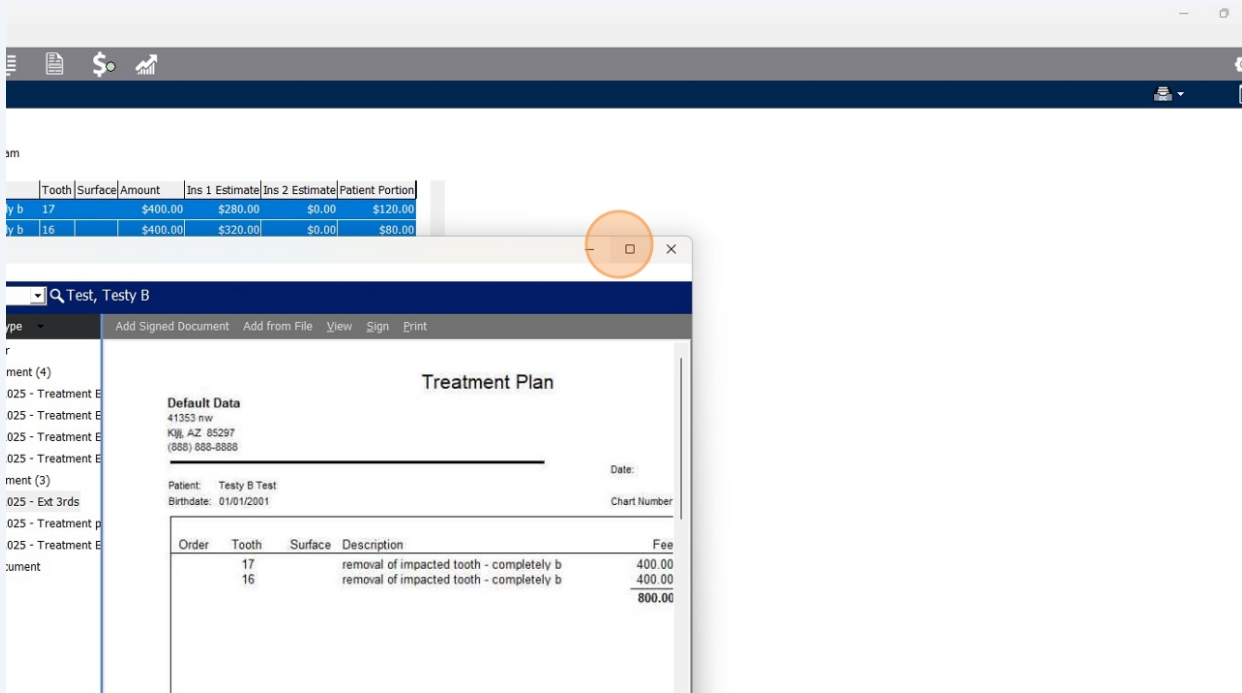
Document Name: Ext 3kds Description: Patient Letter

Date: 7/15/2025 Date Created: 7/15/2025 11:03:16 AM

Cancel Save

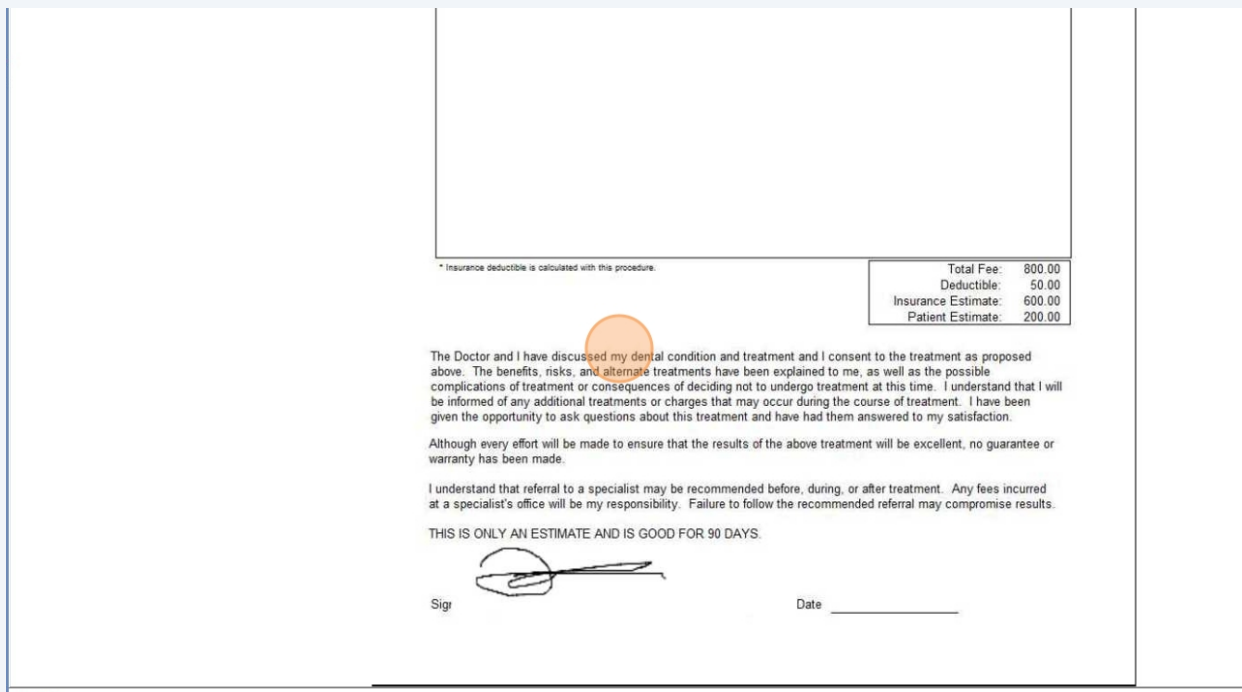
24

This will open patients Document Center where you can view or print the signed documents



25

If you need to see time and date document was signed, double click on signature



26 View and close

17	removal of impacted tooth - completely b	400.00	280.00	120.00*
16	removal of impacted tooth - completely b	400.00	320.00	80.00
		800.00	600.00	200.00

Total Fee: 800.00
 Deductible: 50.00
 Estimate: 600.00
 Patient Estimate: 200.00

Testy B Test 7/15/2025 11:03:00 AM
 Patient: TESTE002 Test, Testy B
 Document Name: Ext 3rds Description:
 Date: 7/15/2025 Date Created: 7/15/2025 11:03:16 AM

27 To print signed document, click Print on top menu bar

Document Center
 File Activities Help

Patient: TESTE002 Test, Testy B

Sort by: Document Type Add Signed Document Add from File View Sign Print

Order	Tooth	Surface	Description	Fee	Insurance Estimate	Patient Estimate
	17		removal of impacted tooth - completely b	400.00	280.00	
	16		removal of impacted tooth - completely b	400.00	320.00	
				800.00	600.00	

Total Fee: 800.00
 Deductible: 50.00
 Insurance Estimate: 600.00
 Patient Estimate: 200.00

The Doctor and I have discussed my dental condition and treatment and I consent to the treatment as proposed above. The benefits, risks, and alternate treatments have been explained to me, as well as the possible complications of treatment or consequences of deciding not to undergo treatment at this time. I understand that I will be informed of any additional treatments or charges that may occur during the course of treatment. I have been given the opportunity to ask questions about this treatment and have had them answered to my satisfaction.

Although every effort will be made to ensure that the results of the above treatment will be excellent, no warranty has been made.

28 Print Setup

The screenshot shows a dental software interface. At the top, there's a menu bar with 'File', 'Activities', and 'Help'. Below it, a patient selection bar shows 'Patient: TESTE002' and a search icon. A sidebar on the left lists document types: Patient Letter, Printed Document (4), Signed Document (3), Scanned Document, Image File, and ID Card. The main area displays a table of dental treatments:

Order	Tooth	Surface	Description	Fee	Estimate	Estimate
	17		removal of impacted tooth - completely b	400.00	280.00	
	16		removal of impacted tooth - completely b	400.00	320.00	
				800.00	600.00	

A 'Print (1 pages)' dialog box is open in the foreground. It has a 'Print' button (disabled), a 'Cancel' button, and a 'Print Setup' button highlighted with an orange circle. Below these are 'Print All' and 'Image 1' options. The dialog also features settings for 'Size' (Fit to page), 'Margins' (Left: 1, Right: 1, Top: 1, Bottom: 1), and 'Other' (Position: Center, Gamma correction: 1).

29 Select local printer and click OK

This screenshot shows the same dental software interface as in the previous image. The 'Print Setup' dialog box is now open, and the 'Printer' dropdown menu is expanded. The 'Document Center' printer is selected, highlighted with an orange circle. The 'Print Setup' dialog box is also highlighted with an orange circle. The background table is partially visible, showing the same dental treatment data.

30 Click "Close"

The screenshot shows a window titled "Treatment Plan Estimate" with a table of dental procedures. A red circle highlights the "Close" button in the top right corner of the window's title bar.

Order	Tooth	Surface	Description	Fee	Insurance Estimate	Patient Estimate
	17		removal of impacted tooth - completely b	400.00	280.00	120.00*
	16		removal of impacted tooth - completely b	400.00	320.00	80.00
				800.00	600.00	200.00

* Insurance deductible is calculated with this procedure.

Total Fee:	800.00
Deductible:	50.00
Insurance Estimate:	600.00
Patient Estimate:	200.00

The Doctor and I have discussed my dental condition and treatment and I consent to the treatment as proposed above. The benefits, risks, and alternate treatments have been explained to me, as well as the possible complications of treatment or consequences of deciding not to undergo treatment at this time. I understand that I will be informed of any additional treatments or charges that may occur during the course of treatment. I have been given the opportunity to ask questions about this treatment and have had them answered to my satisfaction.

Although every effort will be made to ensure that the results of the above treatment will be excellent, no guarantee or warranty has been made.

31 Click here

The screenshot shows the DentiMax software interface. A red circle highlights the "Close Screen" button in the left-hand navigation menu.

DentiMax - Default Data
File Edit Lists Activities Help

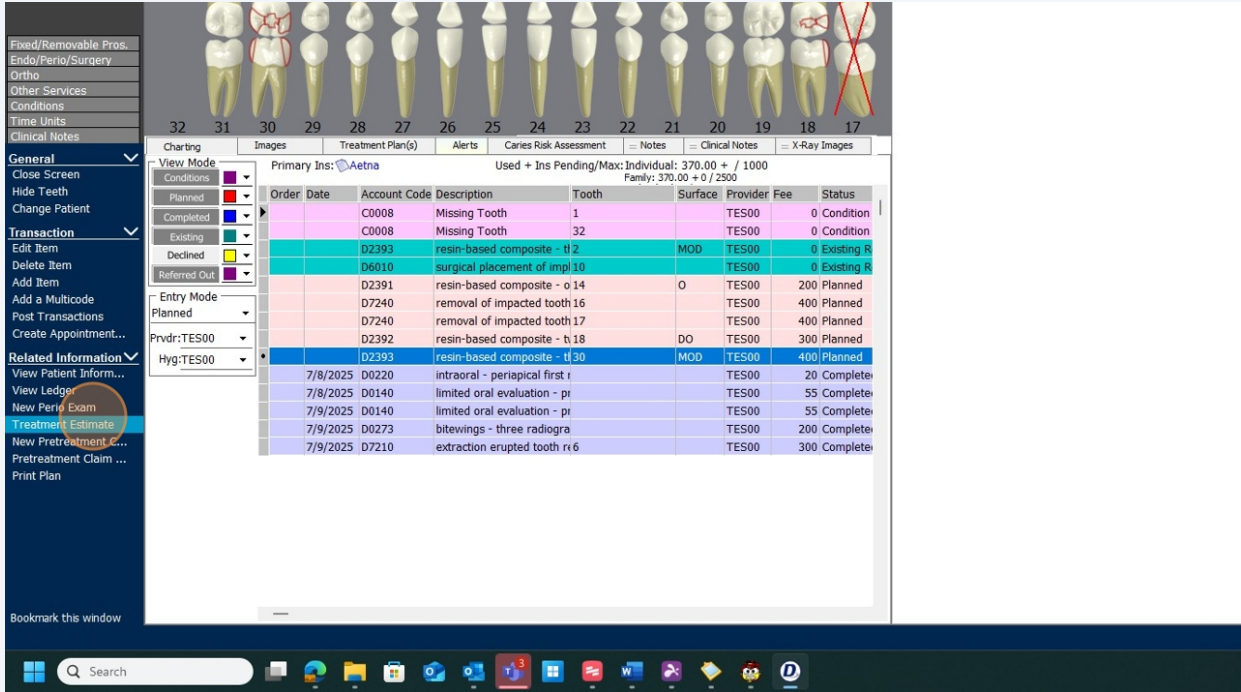
Treatment Plan Estimate
Patient: Test, Testy B
Insurance: Aetna
Treatment Plan: 1 Created on 7/10/2025 8:03 am

Order	Code	Description	Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
0	D7240	removal of impacted tooth - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
0	D7240	removal of impacted tooth - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00

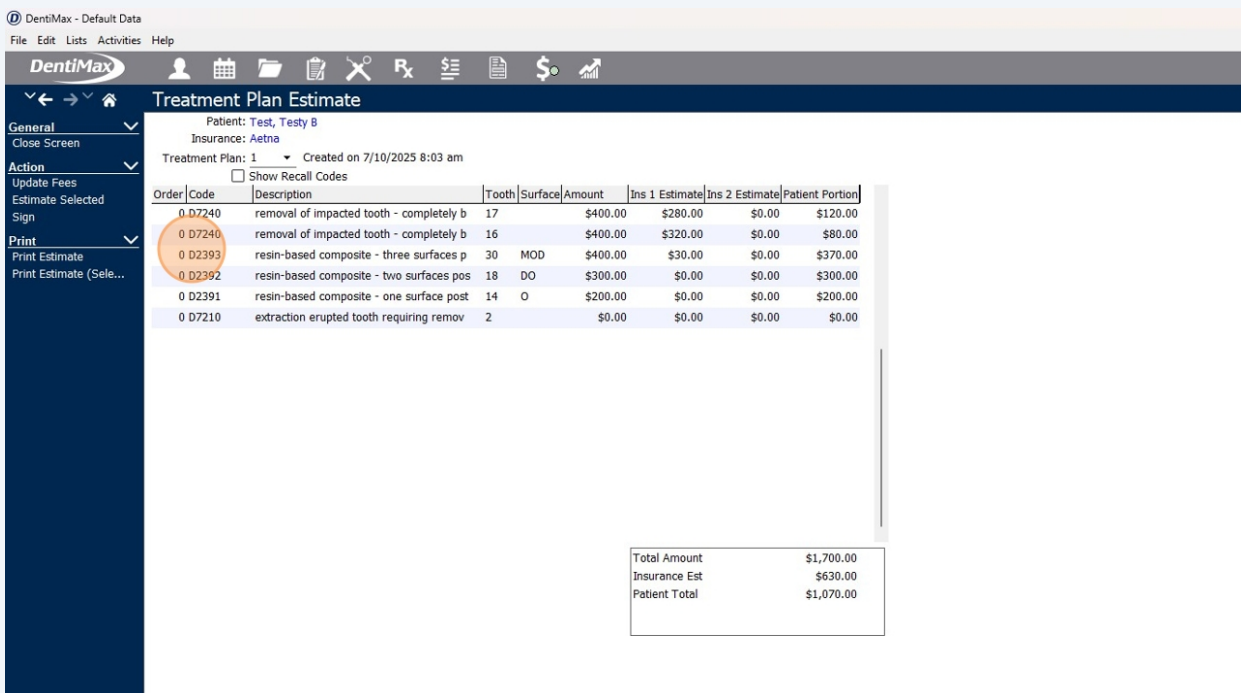
Total Amount	\$800.00
Insurance Est	\$600.00
Patient Total	\$200.00

32 If you are wanting to print the treatment plan without signing;

click treatment estimate



33 You can print all items or selected item, the same as above



34 Select treatment items

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

← → ↻ 🏠

Treatment Plan Estimate

Patient: Test, Testy B
Insurance: Aetna
Treatment Plan: 1 Created on 7/10/2025 8:03 am
 Show Recall Codes

Order	Code	Description	Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
0	D7240	removal of impacted tooth - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
0	D7240	removal of impacted tooth - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00
0	D2393	resin-based composite - three surfaces p	30	MOD	\$400.00	\$30.00	\$0.00	\$370.00
0	D2392	resin-based composite - two surfaces pos	18	DO	\$300.00	\$0.00	\$0.00	\$300.00
0	D2391	resin-based composite - one surface post	14	O	\$200.00	\$0.00	\$0.00	\$200.00
0	D7210	extraction erupted tooth requiring remov	2		\$0.00	\$0.00	\$0.00	\$0.00

Total Amount	\$1,700.00
Insurance Est	\$630.00
Patient Total	\$1,070.00

35 Click Print Estimate (Selected)

Click Print Estimate for all items

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

← → ↻ 🏠

Treatment Plan Estimate

Patient: Test, Testy B
Insurance: Aetna
Treatment Plan: 1 Created on 7/10/2025 8:03 am
 Show Recall Codes

Order	Code	Description	Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
0	D7240	removal of impacted tooth - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
0	D7240	removal of impacted tooth - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00
0	D2393	resin-based composite - three surfaces p	30	MOD	\$400.00	\$30.00	\$0.00	\$370.00
0	D2392	resin-based composite - two surfaces pos	18	DO	\$300.00	\$0.00	\$0.00	\$300.00
0	D2391	resin-based composite - one surface post	14	O	\$200.00	\$0.00	\$0.00	\$200.00
0	D7210	extraction erupted tooth requiring remov	2		\$0.00	\$0.00	\$0.00	\$0.00

Total Amount	\$1,700.00
Insurance Est	\$630.00
Patient Total	\$1,070.00

36 Click here

2025 8:03 am

	Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
- completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
- completely b	16		\$400.00	\$320.00	\$0.00	\$80.00
ree surfaces p	30	MOD	\$400.00	\$30.00	\$0.00	\$370.00
vo surfaces pos	18	DO	\$300.00	\$0.00	\$0.00	\$300.00
ne surface post	14	O	\$200.00	\$0.00	\$0.00	\$200.00
quiring remov	2		\$0.00	\$0.00	\$0.00	\$0.00

Choose a Report

Print To Printer

Choose Format:

Print Preview

Only Show Favorite Reports

Cancel OK

Total Amount	
Insurance Est	\$630.00
Patient Total	\$1,070.00

37 Select Treatment Plan Estimate

	Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
of impacted tooth - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
of impacted tooth - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00
sed composite - three surfaces p	30	MOD	\$400.00	\$30.00	\$0.00	\$370.00
sed composite - two surfaces pos	18	DO	\$300.00	\$0.00	\$0.00	\$300.00
sed composite - one surface post	14	O	\$200.00	\$0.00	\$0.00	\$200.00
n erupted tooth requiring remov	2		\$0.00	\$0.00	\$0.00	\$0.00

Choose a Report

Print To Printer

Choose Format:

Print Preview

Only Show Favorite Reports

Cancel OK

Name	Modified
Treatment Plan Estimate	4/8/2022 9:01 am
Treatment Plan Estimate (Declined)	1/31/2020 4:08 pm
Treatment Plan Estimate (Standard Fee)	1/31/2020 4:08 pm
Treatment Plan Estimate with Secondary	1/31/2020 4:08 pm

Total Amount	
Insurance Est	\$630.00
Patient Total	\$1,070.00

38 Click "OK"

1 - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
1 - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00
three surfaces p	30	MOD	\$400.00	\$30.00	\$0.00	\$370.00
two surfaces pos	18	DO	\$300.00	\$0.00	\$0.00	\$300.00
one surface post	14	O	\$200.00	\$0.00	\$0.00	\$200.00
requiring remov	2		\$0.00	\$0.00	\$0.00	\$0.00

Choose a Report

Print To Printer

Choose Format: **Treatment Plan Estimate**

Print Preview

Only Show Favorite Reports

Cancel OK

Total Amount

Insurance Est \$630.00

Patient Total \$1,070.00

39 Treatment Plan will open and you can click printer icon

DentiMax - Default Data

File Edit Lists Activities Help

DentiMax

Print Preview

General

Close Screen

Treatment Plan

Default Data
 41353 nw
 Kllj, AZ 85297
 (888) 888-8888

Patient: Testy B Test Date:
 Birthdate: 01/01/2001 Chart Nu

Order	Tooth	Surface	Description	
	30	MOD	resin-based composite - three surfaces p	40
	18	DO	resin-based composite - two surfaces pos	30
				70

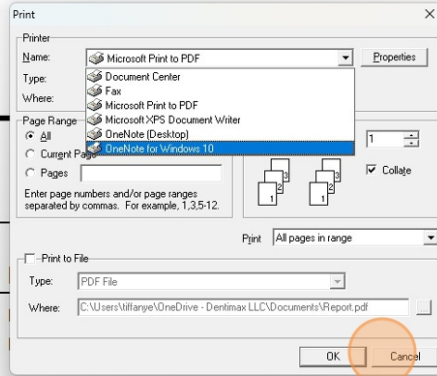
40 Select local printer from drop down menu and click ok

Data

297
888

Testy B Test
01/01/2001

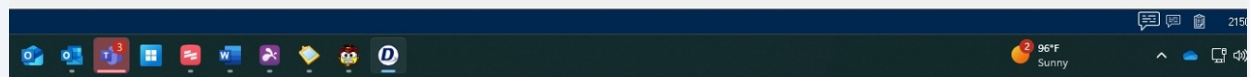
Tooth	Surface
30	MOD
18	DO



Date: 07/15/2025

Chart Number: TESTE002

Fee	Insurance Estimate	Patient Estimate
400.00	280.00	120.00*
300.00	240.00	60.00
700.00	520.00	180.00



41 Click here

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax Print Preview

General

Close Screen

Treatment Plan

Default Data
41353 nw
Kljj, AZ 85297
(888) 888-8888

Patient: Testy B Test
Birthdate: 01/01/2001

Date:
Chart Nu

Order	Tooth	Surface	Description	
	30	MOD	resin-based composite - three surfaces p	40
	18	DO	resin-based composite - two surfaces pos	30
				70

42 Click here

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Treatment Plan Estimate

Patient: Test, Testy B
Insurance: Aetna
Treatment Plan: 1 Created on 7/10/2025 8:03 am
 Show Recall Codes

Order	Code	Description	Tooth	Surface	Amount	Ins 1 Estimate	Ins 2 Estimate	Patient Portion
0	D7240	removal of impacted tooth - completely b	17		\$400.00	\$280.00	\$0.00	\$120.00
0	D7240	removal of impacted tooth - completely b	16		\$400.00	\$320.00	\$0.00	\$80.00
0	D2393	resin-based composite - three surfaces p	30	MOD	\$400.00	\$30.00	\$0.00	\$370.00
0	D2392	resin-based composite - two surfaces pos	18	DO	\$300.00	\$0.00	\$0.00	\$300.00
0	D2391	resin-based composite - one surface post	14	O	\$200.00	\$0.00	\$0.00	\$200.00

Total Amount	\$1,700.00
Insurance Est	\$630.00
Patient Total	\$1,070.00