

# Post a Pre-Payment and Distribute to New Transactions

## 1 Click "New Pat Payment/Adj"

**General**  
Close

**Transactions**  
New Billing  
New Transaction  
Use a Multicode  
Post From Treatment Plan  
Adjust Deductible  
Adjust Benefits Used  
**Enter a Payment**  
New Pat Payment/Adj  
New Insurance Payment  
Issue a Patient Refund

**Patient Info**  
View Chart  
View Prescriptions

**Claim Info**  
Create Claim  
Print Claim

**Print**  
Print Walk-Out  
Print Statement  
Print Ledger

**Ledger** Select Displayed Facility

Patient: Arizona, Sunny - ARISU000  
Billing: 972, 12/31/25

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

Family Members: Summer Arizona - ARISU001

Detail View | Sort by Date

**Billing Information**

Insurance	Est Due	Charges:
Ins 1: Aetna PPO, Aetna PPO	\$0.00	Adjustments: \$
Ins 2: None	\$0.00	Ins Pmts: -\$
HOH: Arizona, Summer	\$40.00	Patient Pmts:
		Total:
		Current \$40.00

Search transactions

Date	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Ins1 Paid	Ins2 Paid	Coll
12/31/25	Sunny	972	D7241	removal of impacted tooth - completely t	ARQ00	32		\$1,262.00	Completed	\$969.60	-\$252.40			\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
12/31/25	Sunny	972	PATCHECI	Patient Check Pymt	ARQ00			-\$252.40	Completed								
12/31/25	Sunny	972	INSCHECI	Insurance Check Payment	ARQ00			-\$969.60	Completed								
12/15/25	Sunny		CLAIM	Primary insurance eclaim sent					Completed	\$0.00					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
12/5/25	Sunny		CLAIM	Primary insurance eclaim sent					Completed	\$0.00					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11/15/25	Sunny	921	D2391	resin-based composite - one surface post	ARQ00	4	M	\$72.00	Completed	\$22.00	-\$50.00			\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11/15/25	Sunny	921	PATCHECI	Patient Check Pymt	ARQ00			-\$50.00	Completed								
11/15/25	Sunny	921	INSCHECI	Insurance Check Payment	ARQ00			-\$22.00	Completed								
11/15/25	Sunny		NOTE	Amt Applied to Ded 50					Completed						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10/24/25	Sunny		CLAIM	Primary insurance eclaim sent					Completed	\$0.00					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10/24/25	Sunny		CLAIM	Primary insurance eclaim sent					Completed	\$0.00					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10/24/25	Sunny	921	D0220	intraoral - periapical first radiographic im	ARQ00			\$30.00	Completed	-\$5.00	-\$10.00			\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

## 2 Enter payment type and amount

ARISU000 - Sunny Arizona

**Payment Amounts**

Payment Date: 12/31/2025  
 Payment Code: PATCHECK - Patient Check Pymt  
 Adjustment Code: PATADJ - Adjustment

Patient Estimate Due: \$40.00  
 Account Balance: \$40.00  
 Distributed Payment: \$0.00

Total Payment: \$0.00  
 Total Adjustment: \$0.00

Pay Amount: [Input Field]  
 Check/Payment Number: [Input Field]

Process Card

Force CC Payment  
 Save Card Info

Tooth	Surface	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Pmt Tdy	Adj Tdy
32		ARQ00	\$1,262.00	\$969.60		-\$969.60	\$292.40		-\$252.40	\$40.00		\$40.00		

## 3 Click "Post money as a pre-payment to be distributed at a later time"

Hide Zero Balance Charges  
 Hide Pending Ins Charges  
 Hide Items With Credit Balance

Show Family Charges  
 Show Only Today's Charges  
 Only Show Billing: 972, 12/31/25

Patient Estimate Due: \$40.00  
 Account Balance: \$40.00  
 Distributed Payment: \$40.00  
 \*-\$160.00 will be posted to the ledger as a line item.

Total Payment: [Input Field]  
 Check/Payment Number: [Input Field]

Pay Amount [Input Field]

**Patient Charges**

Date	Name	Billing	Code	Tooth	Surface	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	P
12/31/25	Sunny	972	D7241	32		ARQ00	\$1,262.00	\$969.60	\$0.00	-\$969.60	\$292.40	\$0.00	

Post money as a pre-payment to be distributed at a later time

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## Make sure no monies is distributed to existing transactions

Payment Date: 12/31/2025

Patient Estimate Due: **\$40.00**

Account Balance: **\$40.00**

Distributed Payment: **\$40.00**

\*\$160.00 will be counted as a family credit balance.

Payment Code: PATCHCHECK - Patient Check Pymt

Total Payment:  Pay Amount

Check/Payment Number:  Pay Amount

Process Card

Force CC Payment  
 Save Card Info

Adjustment Code: PATADJ - Adjustment

Total Adjustment:

Month	Surface	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Pmt Tdy	Adj Tdy
12		ARQ00	\$1,262.00	\$969.60	\$0.00	-\$969.60	\$292.40	\$0.00	-\$252.40	\$40.00	\$0.00	\$40.00	-\$40.00	\$0.00

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## Click Save

Payment Date: 12/31/2025

Patient Estimate Due: **\$40.00**

Account Balance: **\$40.00**

Distributed Payment: **\$0.00**

\*\$200.00 will be counted as a family credit balance.

Payment Code: PATCHCHECK - Patient Check Pymt

Total Payment:  Pay Amount

Check/Payment Number:  Pay Amount

Process Card

Force CC Payment  
 Save Card Info

Adjustment Code: PATADJ - Adjustment

Total Adjustment:

Month	Surface	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Pmt Tdy	Adj Tdy
12		ARQ00	\$1,262.00	\$969.60	\$0.00	-\$969.60	\$292.40	\$0.00	-\$252.40	\$40.00	\$0.00	\$40.00		

## 6 Click "Yes"

The screenshot shows a payment confirmation dialog box with the following text:

**Confirm**

The total applied to charges is \$0.00  
 The entered payment amount is \$200.00  
 Place the difference of \$200.00 as a patient credit on the ledger?

Buttons: **Cancel** (grey), **Yes** (orange, circled)

The background interface shows a patient check payment screen for 12/31/2025. It includes fields for Patient Estimate Due (\$40.00), Account Balance (\$40.00), Total Payment (\$200.00), and Total Adjustment. A table below shows transaction details with columns for Code, Tooth, Surface, Provider, Fee, Ins Est, Ins Adj, Ins Paid, Pat Est, Pat Adj, Pat Paid, Balance, Ins Due, Pat Due, and Pmt Tdy.

## 7 On the ledger you will see the "red" box with the PrePayment

The screenshot shows a billing information summary for ARISU000 - Sunny Arizona. A green banner at the top right indicates a "Payment of \$200.00".

**Billing Information Summary:**

Insurance	Est Due	Charges:	Primary	Individual
Ins 1: Aetna PPO, Aetna PPO	\$0.00	Adjustments: -\$20.00	Balance	\$40.00
Ins 2: None	\$0.00	Ins Pmts: -\$1,152.60	Std Ded	\$0.00/\$50.00
HOH: Arizona, Summer	\$40.00	Patient Pmts: -\$417.40	Prv Ded	\$0.00
		Total: \$35.00	Other Ded	\$0.00
			Ins 1 Used	\$1,152.60
			+ -	-\$183.00
			Ins 1 Max	\$5,500.00

Below the summary, a red box highlights the text: "Family has a prepayment of: \$200.00".

The ledger table below shows transaction details:

Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Ins1 Paid	Ins2 Paid	Collections In Date	Collections Phase	Collections Out Date	Update
D7241	removal of impacted tooth - completely E	ARQ00	32		\$1,262.00	Completed	-\$969.60	-\$252.40			\$40.00	☑	☑				tiffanye
PATCHECI	Patient Check Pymt	ARQ00			-\$252.40	Completed											tiffanye
INSCHECI	Insurance Check Payment	ARQ00			-\$969.60	Completed											tiffanye
CLAIM	Primary insurance eclaim sent					Completed	\$0.00					☑	☑				
CLAIM	Primary insurance eclaim sent					Completed	\$0.00					☑	☑				
D2391	resin-based composite - one surface post	ARQ00	4	M	\$72.00	Completed	-\$22.00	-\$50.00			\$0.00	☑	☑				Laurel
PATCHECI	Patient Check Pymt	ARQ00			-\$50.00	Completed											Laurel
INSCHECI	Insurance Check Payment	ARQ00			-\$22.00	Completed											Laurel
NOTE	Amt Applied to Ded 50					Completed							☑				
CLAIM	Primary insurance eclaim sent					Completed	\$0.00					☑	☑				
CLAIM	Primary insurance eclaim sent					Completed	\$0.00					☑	☑				
D0220	intraoral - periapical first radiographic im	ARQ00			\$30.00	Completed	-\$5.00	-\$10.00			\$15.00	☑	☑				tiffanye

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Once the patient returns for treatment or you are ready to distribute the PrePayment:

Click on the PrePayment amount

**Billing Information**

Insurance	Est.Due	Charges:	Primary
Ins 1: Aetna PPO, Aetna PPO	\$470.00	\$2,095.00	Balance
Ins 2: None	\$0.00	Adjustments: -\$20.00	Std Ded
HOH: Arizona, Summer	\$40.00	Ins Pmts: -\$1,152.60	Prv Ded
		Patient Pmts: -\$417.40	Other Ded
		Total: \$505.00	Ins 1 Used
			Ins 1 Max

Family has a prepayment of: \$200.00

Current: \$510.00    30 Days: \$0.00    60 Days: \$0.00

Name	Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Ins1 Paid	Ins2 Paid	Collections In Date	Collections Phase	Collections Out D	
Sunny	972	D0150	comprehensive oral evaluation - new or e	ARQ00			\$70.00	Completed	\$0.00				\$70.00						
Sunny	972	D0330	panoramic radiographic image	ARQ00			\$400.00	Completed	\$0.00				\$400.00						
Sunny	972	D7241	removal of impacted tooth - completely t	ARQ00	32		\$1,262.00	Completed	-\$969.60	-\$252.40			\$40.00						
Sunny	972	PATCHECI	Patient Check Pymt	ARQ00			-\$252.40	Completed											
Sunny	972	INSCHECI	Insurance Check Payment	ARQ00			-\$969.60	Completed											
Sunny		CLAIM	Primary insurance eclaim sent					Completed	\$0.00										
Sunny	921	CLAIM	Primary insurance eclaim sent					Completed	\$0.00										
Sunny	921	D2391	resin-based composite - one surface post	ARQ00	4	M	\$72.00	Completed	-\$22.00	-\$50.00			\$0.00						
Sunny	921	PATCHECI	Patient Check Pymt	ARQ00			-\$50.00	Completed											
Sunny	921	INSCHECI	Insurance Check Payment	ARQ00			-\$22.00	Completed											
Sunny	921	NOTE	Amt Applied to Ded 50					Completed											
Sunny	921	CLAIM	Primary insurance eclaim sent					Completed	\$0.00										

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Distribute the monies where it belongs

**Payment Distribution**

Patient Estimate Due: \$40.00    Total Payment: \$200.00    Total Adjustment: \$0.00

Account Balance: \$510.00    Check/Payment Number: [ ]    Process Card [ ]

Distributed Payment: \$0.00    Force CC Payment [ ]    Save Card Info [ ]

Family Credit Balance: +\$200.00

oth	Surface	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Pmt Tdy	Adj Tdy
		ARQ00	\$1,262.00	\$969.60		-\$969.60	\$292.40		-\$252.40	\$40.00		\$40.00		
		ARQ00	\$400.00	\$400.00						\$400.00	\$400.00			
		ARQ00	\$70.00	\$70.00						\$70.00	\$70.00			

# 10 Click Save

Payment Amounts

Payment Date: 12/31/2025  
 Payment Code: PATCHECK - Patient Check Pymt  
 Adjustment Code: PATADJ - Adjustment

Patient Estimate Due: \$40.00  
 Total Payment: \$200.00  
 Total Adjustment: \$0.00

Account Balance: \$510.00  
 Check/Payment Number: [Field]  
 Distributed Payment: -\$200.00  
 Family Credit Balance: \*\$200.00

Buttons: Pay Amount, Process Card, Force CC Payment, Save Card Info

Tooth	Surface	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Pmt Tdy	Adj Tdy
2		ARQ00	\$1,262.00	\$969.60		-\$969.60	\$292.40		-\$252.40	\$40.00		\$40.00		
		ARQ00	\$400.00	\$400.00						\$400.00	\$400.00		-\$130.00	
		ARQ00	\$70.00	\$70.00						\$70.00	\$70.00		-\$70.00	

# 11 On the ledger, the red box will not longer there

Billing Information

Insurance: Aetna PPO, Aetna PPO (Est Due: \$470.00)  
 Ins 2: None (Est Due: \$0.00)  
 HOH: Arizona, Summer (Est Due: -\$160.00)

Charges: \$2,095.00  
 Adjustments: -\$20.00  
 Ins Pmts: -\$1,152.60  
 Patient Pmts: -\$617.40  
 Total: \$305.00

Current: \$310.00  
 30 Days: \$0.00  
 60 Days: \$0.00

Name	Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Ins1 Paid	Ins2 Paid	Collections In Date	Collections Phase	Collections Out
Sunny	972	D7241	removal of impacted tooth - completely t	ARQ00	32		\$1,262.00	Completed	-\$969.60	-\$252.40			\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Sunny	972	PATCHECI	Patient Check Pymt	ARQ00			-\$252.40	Completed										
Sunny	972	INSCHECI	Insurance Check Payment	ARQ00			-\$969.60	Completed										
Sunny	972	D0150	comprehensive oral evaluation - new or e	ARQ00			\$70.00	Completed	\$0.00	-\$70.00			\$0.00		<input checked="" type="checkbox"/>			
Sunny	972	PATCHECI	Patient Check Pymt	ARQ00			-\$70.00	Completed										
Sunny	972	D0330	panoramic radiographic image	ARQ00			\$400.00	Completed	\$0.00	-\$130.00			\$270.00		<input checked="" type="checkbox"/>			
Sunny	972	PATCHECI	Patient Check Pymt	ARQ00			-\$130.00	Completed										
Sunny		CLAIM	Primary insurance eclaim sent					Completed	\$0.00					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Sunny	921	CLAIM	Primary insurance eclaim sent					Completed	\$0.00					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Sunny	921	D2391	resin-based composite - one surface post	ARQ00	4	M	\$72.00	Completed	-\$22.00	-\$50.00			\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Sunny	921	PATCHECI	Patient Check Pymt	ARQ00			-\$50.00	Completed										
Sunny	921	INSCHECI	Insurance Check Payment	ARQ00			-\$22.00	Completed										