

viive

Viive 5.2

QUICK START GUIDE

PUBLICATION DATE

January 2016

COPYRIGHT

© 2016 Henry Schein, Inc. All rights reserved. No part of this publication may be reproduced, transmitted, transcribed, stored in a retrieval system, or translated into any language in any form by any means without the prior written permission of Henry Schein, Inc.

SOFTWARE LICENSE NOTICE

Your license agreement with Henry Schein, which is included with the product, specifies the permitted and prohibited uses of the product. Any unauthorized duplication or use of Viive in whole or in part, in print, or in any other storage and retrieval system is forbidden.

LICENSES AND TRADEMARKS

Viive, Henry Schein, and the "S" logo are registered trademarks of Henry Schein, Inc. All ADA CDT codes are protected by U.S. and International copyright laws. All rights reserved by the American Dental Association.

Contents

Introduction.....	1
Scheduling an Appointment.....	2
Confirming Patient Information and Insurance Coverage	5
Adding Insurance Carriers and Plans.....	6
Charting Existing Procedures and Conditions	12
Treatment Planning Procedures and Creating Patient Estimates.....	14
Charting Perio Information	16
Adding Clinical Notes	18
Scheduling recare	20
Patient Check-out.....	22
Entering insurance payments	24

Introduction

This Quick Start Guide provides the basic steps needed to accomplish most common tasks using the Viive software:

- Scheduling an appointment
- Confirming patient information and insurance coverage
- Adding insurance carriers and plans
- Charting existing procedures and conditions
- Treatment planning procedures and creating patient estimates
- Charting perio information
- Adding clinical notes
- Patient check-out
- Entering insurance payments
- Scheduling recare

For more information on using Viive, see the Viive Help and the *Viive Installation and Setup Guide* available at Viive.com.

Scheduling an Appointment

Viive makes it easy to schedule appointments for both existing patients and new patients.

To schedule an appointment for an existing patient

1. In the Schedule window, double-click an appointment block where you want to schedule an appointment.
2. Use the **Patient** field to select the patient for whom you are scheduling the appointment.
3. From the **Provider list** in the **Appointment for** dialog box, select the provider that the patient is going to see.
4. From the **Room** list, select an operatory for the appointment.
5. If the patient has a treatment plan, the TxPlan icon on the toolbar will be colored red.



Click the icon to view the treatment plans that have been created. Do one of the following:

- If you want to schedule an appointment for one of these existing treatment plans, select the treatment plan and click **OK**. Skip to step 6.
- If you don't want to schedule an appointment for one of these existing treatment plans, click **Cancel** to return to the **Appointment for** dialog box:

 A screenshot of the 'Appointment for Brent Crosby' dialog box. The window title is 'Appointment for Brent Crosby'. The top bar includes icons for Patient, TxPlan, Contacts, and Confirm. The main area shows patient details: 'Patient: Brent Crosby', 'Age: 44', 'Provider: Dennis Smith', 'Room: Operatory 1'. It also shows appointment details: '9/16/2013' to '9:00 AM to 9:10 AM', 'Pre', 'Main', 'Post' buttons, and 'Unit Allocations' fields. A checkbox 'Automatically calculate units based on procedures in appointment' is checked. Below this is a procedure table with columns for Status, Tooth, Surfaces, Code, Description, Fee, and Fee Schedule. At the bottom left is an 'Appointment Notes' section with a note 'No Recares for this patient'. On the right, there are buttons for 'Check Out', 'Schedule', 'Cancel', and 'OK'. Status: 'New Appointment', Appt. Value: '\$0.00', Family Balance: '\$0.00', and Actions checkboxes for 'Add to Callback List' and 'Apply Discount'.

- a. Click to select the procedures that you want to schedule.
- b. In the search field, type the first procedure code (if you know it) or a description to search for the procedure you want to add.
- c. If prompted, enter the tooth number (and surfaces, if applicable) to which the procedure applies.
- d. If necessary, update the **Description** and **Fee** amount.

- e. Click **Save**.
- f. Repeat these steps to add any other procedures that you want to schedule.
- g. From the **Fee Schedule** list, select the fee schedule you will use for this appointment.
6. Verify the date and starting time for the appointment. If necessary, use the **Unit Allocations (Pre, Main, and Post)** to specify how many time units are needed for the appointment.

Tip: You can select the **Automatically calculate units based on procedures in appointment** option to have the time units automatically calculated for you based on the time units set up for the procedures you add to the appointment.

Note: You cannot change the **Total Units**; you need to adjust the **Pre**, **Main**, and **Post** unit allocations.

7. In the **Appointment Notes** area of the **Appointment for** dialog box, add any notes regarding this specific appointment. (Notes also appear on the patient's **Journal** tab.)
8. Click **OK**.

Tip: After the appointment is scheduled, you can double-click the appointment and use the **Status** list to select a new status for the appointment, such as ASAP. If you assign the patient a status of ASAP, the patient is added to the ASAP List. If an opening in your schedule later becomes available, you can then refer to your ASAP List to try to schedule these appointments sooner.

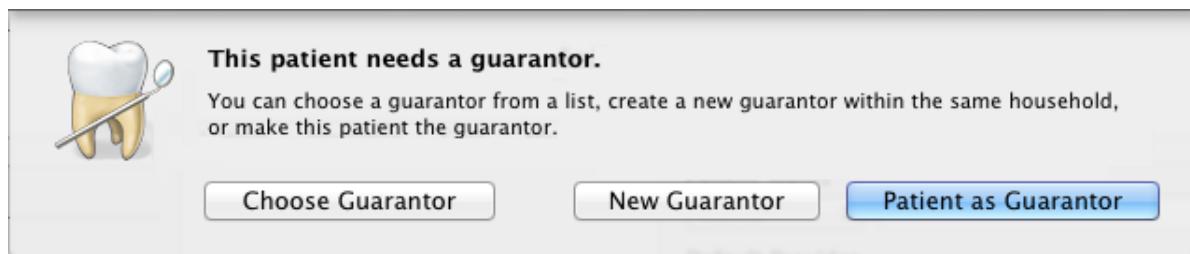
To schedule an appointment for a new patient

1. In the Schedule window, double-click an appointment block where you want to schedule an appointment.
2. Use the **Patient** field to search for the patient's name and verify that they haven't already been entered as a patient, and then click **Cancel**.
3. Click **New Patient**.
4. In the **New Patient** dialog box, type the new patient's information.

Note: You must enter a birthdate for the patient.

5. Click **Create New Patient**.
6. When prompted for the referral source, in the top right corner of the dialog box, specify whether the patient was referred **BY patient**, **BY other**, or **BY provider**. Select the person who referred the patient (or click  to add the person), and then specify the referral date and reason and click **OK**. If there wasn't a referral source, click **Cancel**.

A message box appears where you can choose a guarantor from the list of patients in your database, create a new guarantor, or select the new patient as a new guarantor.



7. Choose the appropriate option for the patient guarantor:
 - If you click **Choose Guarantor**, you will be able to choose a guarantor from the list of patients and specify the new patient's relationship to the guarantor you select (such as Spouse, Natural Child, and so forth). When finished, click **OK**.
 - If you click **New Guarantor**, type the guarantor's information in the **New Guarantor** dialog box:

The screenshot shows the 'New Guarantor' dialog box. It includes fields for basic contact information like Name, Address, City, State, Zip Code, and various phone numbers. There are also fields for Email, SSN, and Gender. A dropdown menu for 'Brent Crosby's relationship to this guarantor' is set to 'No Value'. At the bottom are 'Cancel' and 'Create New Patient' buttons.

Specify the guarantor's information, including date of birth and the patient's relationship to the guarantor, and then click **Create New Patient**.

- If you click **Patient as Guarantor**, Viive assigns the new patient as the guarantor and lets you specify the guarantor's information in the **Guarantor** dialog box. If the guarantor has insurance, make sure you click and either select or add the insurance information. When you finish, click **OK**.
8. When the **Patient** tab appears, click **Close**.
 9. From the **Provider list** in the **Appointment for** dialog box, select a provider for the patient.
 10. From the **Room** list, select an operatory for the appointment.
 11. Click to select the procedures that you want to schedule.
 - a. In the search field, type the first procedure code (if you know it) or a description to search for the procedure you want to add.
 - b. If prompted, enter the tooth number (and surfaces, if applicable) to which the procedure applies.
 - c. If necessary, update the **Description** and **Fee** amount.
 - d. From the **Fee Schedule** list, select the fee schedule you will use for this appointment.
 - e. Click **Save**.
 - f. Repeat these steps to add any other procedures that you want to schedule.
 12. Verify the date and starting time for the appointment. If necessary, use the **Unit Allocations (Pre, Main, and Post)** to specify how many time units are needed for the appointment.

Tip: You can select the **Automatically calculate units based on procedures in appointment** option to have the time units automatically calculated for you based on the time units set up for the procedures you add to the appointment.

13. In the **Appointment Notes** area of the **Appointment for** dialog box, add any notes regarding this specific appointment. (Notes also appear on the patient's **Journal** tab.)
14. Click **OK**.

Tip: After the appointment is scheduled, you can double-click the appointment and use the **Status** list to select a new status for the appointment, such as ASAP. If you assign the patient a status of ASAP, the patient is added to the ASAP List. If an opening in your schedule later becomes available, you can then refer to your ASAP List to try to schedule these appointments sooner.

Confirming Patient Information and Insurance Coverage

When a patient arrives for a scheduled appointment, you should confirm his or her patient information and insurance coverage.

To confirm patient information during check-in

1. In the Schedule window, use the **Patient Search** field (top right corner) to search for the patient, and then click **Select**.
Tip: You can also Shift+double-click an existing appointment for the patient.
2. Click the **Patient** tab.
3. Verify that the patient information is correct. If you need to change any information, click the field and type the new information, or select the desired option from the menu.
4. If you take patients' pictures in your office, after taking the picture and copying it to your computer, do the following to add it to the patient record:
 - a. Click the Change Picture icon near the top right of the **Patient** tab.
 - b. Click **Others**.
 - c. Select the picture file.
 - d. Click **Open**.
 - e. Click **Done**.

To confirm patient insurance coverage during check-in

1. With the patient selected, click the **Insurance** tab in the patient information window.
2. Under **Subscribers**, verify that the insurance subscriber information is correct. If you need to make changes, double-click the subscriber, make any needed changes, and click **OK**. Or to add a subscriber, click , select the insurance subscribe, and click **OK**.
3. Under **Insurance Plans**, verify that the insurance subscriber's insurance plan information is correct.

Adding Insurance Carriers and Plans

Using Viive, you can easily add insurance information for patients using this process:

- Add an employer
- Add an insurance carrier
- Add an insurance plan
- Add insurance information to the patient as a plan subscriber
- Link the insurance information to other family members

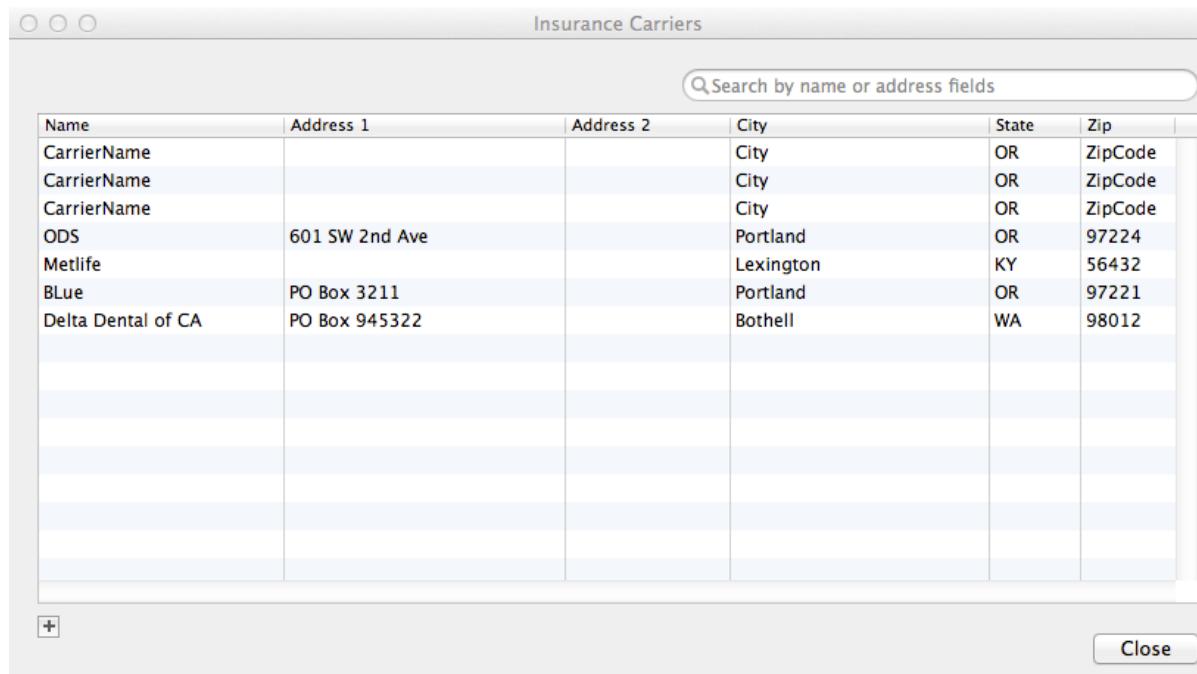
To add an employer

1. From the Viive **Reference** menu, click **Employers**.
2. Click  at the bottom of the dialog box to open the **Employers** dialog box.
3. In the **Name** field, type the employer's name. All other employer information is optional.
4. Click **Save** and then click **Close**.

To add an insurance carrier

1. From the **Reference** menu, point to **Insurance**, and then click **Carriers**.

The **Insurance Carriers** dialog box appears.



The dialog box has a title bar "Insurance Carriers". Below it is a search bar labeled "Search by name or address fields". The main area is a table with columns: Name, Address 1, Address 2, City, State, and Zip. The table contains the following data:

Name	Address 1	Address 2	City	State	Zip
CarrierName			City	OR	ZipCode
CarrierName			City	OR	ZipCode
CarrierName			City	OR	ZipCode
ODS	601 SW 2nd Ave		Portland	OR	97224
Metlife			Lexington	KY	56432
BLue	PO Box 3211		Portland	OR	97221
Delta Dental of CA	PO Box 945322		Bothell	WA	98012

2. Click  at the bottom of the dialog box.

The **Carrier Name** dialog box appears.

CarrierName

Insurance Carrier

Name: CarrierName

Address:

City: City State: OR Zip Code: ZipCode

Contact Info

Contact: Phone 1:

Email: Phone 2:

Web: Fax:

Eclaim Information:

Payor ID:

Claim Office Number:

Group Plans **Cancel** **OK**

3. Enter the **Carrier Name, Address, City, State, and Zip Code**.
4. Under **Contact Info**, use the **Phone 1** and **Phone 2** fields to type the carrier's phone numbers.
5. Click **OK**.
The new carrier appears in the list of insurance carriers.
6. Click **Close**.

Note: If you want to use Viive to send electronic claims, contact ClaimX at www.claimxedi.com to get signed up, and then contact Viive Customer Support at 1-855-MAC-VIIVE for training on sending the claims through Viive.

To add an insurance plan

1. Once the insurance carrier has been added, from the **Reference** menu, point to **Insurance**, and then click **Plans**.
2. Click at the bottom of the dialog box.
3. Select the employer for this plan and click **Use**.
4. Select the carrier for this plan and click **Use**.

Plan Details

Employer Acme Welding Co City, OR ZipCode	Carrier Aetna PO Box 34563 Scottown, OH 45678 Phone: 800-987-5433
--	--

(gear icon)

Group Number:

Group Name: **Fee Schedule:**

Estimate write-off based on Allowed Amounts

Notes:

5. In the **Plan Details** dialog box, enter the **Group Number** and **Group Name**. (Group Name is optional; you can leave it blank or use the employer name again.)
6. If you have coverage information for the plan, click **Coverage** and enter the coverage details in the **Coverage Detail** dialog box.

Coverage Detail

Employer: Nature Group Carrier: NS	Group Name: Nature Group Group Number: 111111																																													
Deductibles <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th></th> <th>Lifetime Individual</th> <th>Annual Individual</th> <th>Annual Family</th> <th></th> </tr> <tr> <td>Standard</td> <td>-</td> <td>-</td> <td>-</td> <td></td> </tr> <tr> <td>Preventive</td> <td>-</td> <td>-</td> <td>-</td> <td></td> </tr> <tr> <td>Other</td> <td>-</td> <td>-</td> <td>-</td> <td></td> </tr> <tr> <td>Ortho</td> <td></td> <td></td> <td>-</td> <td></td> </tr> </table>			Lifetime Individual	Annual Individual	Annual Family		Standard	-	-	-		Preventive	-	-	-		Other	-	-	-		Ortho			-																					
	Lifetime Individual	Annual Individual	Annual Family																																											
Standard	-	-	-																																											
Preventive	-	-	-																																											
Other	-	-	-																																											
Ortho			-																																											
Max Benefits <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th></th> <th>Annual Individual</th> <th>Annual Family</th> <th>Ortho-Lifetime Individual</th> </tr> <tr> <td></td> <td>-</td> <td>-</td> <td>-</td> </tr> </table>			Annual Individual	Annual Family	Ortho-Lifetime Individual		-	-	-																																					
	Annual Individual	Annual Family	Ortho-Lifetime Individual																																											
	-	-	-																																											
Renewal Month: <input style="border: 1px solid #ccc; padding: 2px 10px; margin-right: 10px;" type="button" value="January"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="February"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="March"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="April"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="May"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="June"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="July"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="August"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="September"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="October"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="November"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="December"/>																																														
Coverage Table <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Beg Procedure</th> <th>End Procedure</th> <th>Category</th> <th>Cov %</th> <th>Deductible</th> </tr> </thead> <tbody> <tr><td>D8210</td><td>D8220</td><td>Harmful habits</td><td>80</td><td>Orthodontic</td></tr> <tr><td>D8660</td><td>D8999</td><td>Other ortho</td><td>80</td><td>Orthodontic</td></tr> <tr><td>D9110</td><td>D9120</td><td>Unclassified</td><td>80</td><td>Standard</td></tr> <tr><td>D9210</td><td>D9248</td><td>Anesthesia</td><td>80</td><td>Standard</td></tr> <tr><td>D9310</td><td>D9310</td><td>Consultation</td><td>80</td><td>Standard</td></tr> <tr><td>D9410</td><td>D9450</td><td>Profess. visit</td><td>80</td><td>Standard</td></tr> <tr><td>D9610</td><td>D9630</td><td>Drugs</td><td>80</td><td>Standard</td></tr> <tr><td>D9910</td><td>D9999</td><td>Miscellaneous</td><td>80</td><td>Standard</td></tr> </tbody> </table>		Beg Procedure	End Procedure	Category	Cov %	Deductible	D8210	D8220	Harmful habits	80	Orthodontic	D8660	D8999	Other ortho	80	Orthodontic	D9110	D9120	Unclassified	80	Standard	D9210	D9248	Anesthesia	80	Standard	D9310	D9310	Consultation	80	Standard	D9410	D9450	Profess. visit	80	Standard	D9610	D9630	Drugs	80	Standard	D9910	D9999	Miscellaneous	80	Standard
Beg Procedure	End Procedure	Category	Cov %	Deductible																																										
D8210	D8220	Harmful habits	80	Orthodontic																																										
D8660	D8999	Other ortho	80	Orthodontic																																										
D9110	D9120	Unclassified	80	Standard																																										
D9210	D9248	Anesthesia	80	Standard																																										
D9310	D9310	Consultation	80	Standard																																										
D9410	D9450	Profess. visit	80	Standard																																										
D9610	D9630	Drugs	80	Standard																																										
D9910	D9999	Miscellaneous	80	Standard																																										
<input style="border: 1px solid #ccc; padding: 2px 10px; margin-right: 10px;" type="button" value="+"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="-"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="Insert Table: ADA Sub-Categories..."/>																																														
<input style="border: 1px solid #ccc; padding: 2px 10px; margin-right: 10px;" type="button" value="Cancel"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="OK"/>																																														

- a. Under **Deductibles**, enter the plan's deductible into the correct box. Typically you will enter deductible amounts into the **Standard** row for **Annual Individual** and possibly **Annual Family**.
- b. Under **Max Benefits**, enter the plan's maximum benefits into the correct box. Typically you will enter amounts for **Annual Individual** and possibly **Annual Family**.
- c. Edit the **Coverage Table** information to reflect the plan's coverage.
- d. When finished, click **OK**.

7. Click **Save**.

To add insurance information for a subscriber

1. If the insurance carrier and plan have already been added in Viive, use the Patient Search field in the top right corner of the schedule window to search for the subscriber, and then click **Select**.
2. Click the patient's **Insurance** tab.
3. Under **Subscribers**, click to display the list of subscribers.
4. Click **Patient As Subscriber**, select the carrier, and click **Use**.
5. In the **Subscriber** dialog box, make sure you select **Release Signed** and **Accept Assignment of Benefits** after obtaining these from the subscriber.
6. Under **Employer**, click .
7. Search for the plan by Carrier, Employer, Plan Name, or Group number, select the plan in the list, and click **Use**.
8. Click **Plan Details**.

9. If you have not already added coverage details for the plan, click **Coverage** and enter the coverage details in the **Coverage Detail** dialog box.

Coverage Detail

Employer: Nature Group		Group Name: Nature Group																																														
Carrier: NS		Group Number: 111111																																														
Deductibles <table border="1"> <tr> <th></th> <th>Lifetime Individual</th> <th>Annual Individual</th> <th>Annual Family</th> </tr> <tr> <td>Standard</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Preventive</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Other</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Ortho</td> <td></td> <td></td> <td>-</td> </tr> </table>					Lifetime Individual	Annual Individual	Annual Family	Standard	-	-	-	Preventive	-	-	-	Other	-	-	-	Ortho			-																									
	Lifetime Individual	Annual Individual	Annual Family																																													
Standard	-	-	-																																													
Preventive	-	-	-																																													
Other	-	-	-																																													
Ortho			-																																													
Max Benefits <table border="1"> <tr> <th></th> <th>Annual Individual</th> <th>Annual Family</th> <th>Ortho-Lifetime Individual</th> </tr> <tr> <td></td> <td>-</td> <td>-</td> <td>-</td> </tr> </table>					Annual Individual	Annual Family	Ortho-Lifetime Individual		-	-	-																																					
	Annual Individual	Annual Family	Ortho-Lifetime Individual																																													
	-	-	-																																													
Renewal Month: <input style="width: 100px;" type="button" value="January"/>																																																
Coverage Table <table border="1"> <thead> <tr> <th>Beg Procedure</th> <th>End Procedure</th> <th>Category</th> <th>Cov %</th> <th>Deductible</th> </tr> </thead> <tbody> <tr> <td>D8210</td> <td>D8220</td> <td>Harmful habits</td> <td>80</td> <td>Orthodontic</td> </tr> <tr> <td>D8660</td> <td>D8999</td> <td>Other ortho</td> <td>80</td> <td>Orthodontic</td> </tr> <tr> <td>D9110</td> <td>D9120</td> <td>Unclassified</td> <td>80</td> <td>Standard</td> </tr> <tr> <td>D9210</td> <td>D9248</td> <td>Anesthesia</td> <td>80</td> <td>Standard</td> </tr> <tr> <td>D9310</td> <td>D9310</td> <td>Consultation</td> <td>80</td> <td>Standard</td> </tr> <tr> <td>D9410</td> <td>D9450</td> <td>Profess. visit</td> <td>80</td> <td>Standard</td> </tr> <tr> <td>D9610</td> <td>D9630</td> <td>Drugs</td> <td>80</td> <td>Standard</td> </tr> <tr> <td>D9910</td> <td>D9999</td> <td>Miscellaneous</td> <td>80</td> <td>Standard</td> </tr> </tbody> </table>				Beg Procedure	End Procedure	Category	Cov %	Deductible	D8210	D8220	Harmful habits	80	Orthodontic	D8660	D8999	Other ortho	80	Orthodontic	D9110	D9120	Unclassified	80	Standard	D9210	D9248	Anesthesia	80	Standard	D9310	D9310	Consultation	80	Standard	D9410	D9450	Profess. visit	80	Standard	D9610	D9630	Drugs	80	Standard	D9910	D9999	Miscellaneous	80	Standard
Beg Procedure	End Procedure	Category	Cov %	Deductible																																												
D8210	D8220	Harmful habits	80	Orthodontic																																												
D8660	D8999	Other ortho	80	Orthodontic																																												
D9110	D9120	Unclassified	80	Standard																																												
D9210	D9248	Anesthesia	80	Standard																																												
D9310	D9310	Consultation	80	Standard																																												
D9410	D9450	Profess. visit	80	Standard																																												
D9610	D9630	Drugs	80	Standard																																												
D9910	D9999	Miscellaneous	80	Standard																																												
<input type="button" value="+"/> <input type="button" value="-"/>		<input type="button" value="Insert Table: ADA Sub-Categories..."/>																																														
<input type="button" value="Cancel"/> <input type="button" value="OK"/>																																																

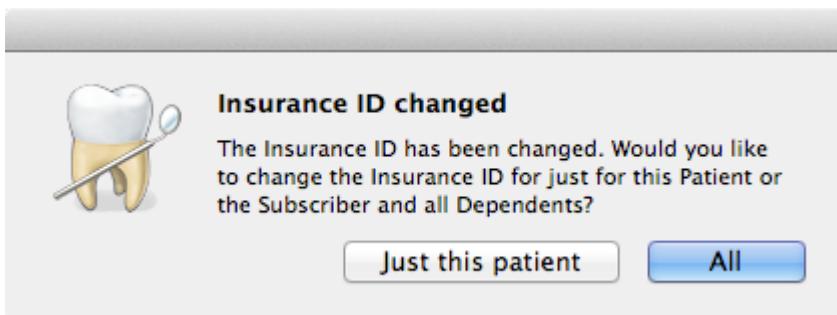
- Under **Deductibles**, enter the plan's deductible into the correct box. Typically you will enter deductible amounts into the **Standard** row for **Annual Individual** and possibly **Annual Family**.
- Under **Max Benefits**, enter the plan's maximum benefits into the correct box. Typically you will enter amounts for **Annual Individual** and possibly **Annual Family**.
- Change the **Renewal Month** to the correct month; for a calendar year, set it to "January."
- Edit the **Coverage Table** information to reflect the plan's coverage.
- When finished, click **OK**.

10. Click **Save**.

11. Click **OK** again to return to the patient's **Insurance** tab.

12. Under **Insurance Plans**, type the **Insurance Plan ID** and then press Tab.

The following message appears:



13. Click **All** if the subscriber's insurance plan ID is the same for all family members.

If a family member is not on the subscriber's insurance plan, you can use the procedure below to add the family member.

Note: If the subscriber of the insurance is also the family's guarantor, once the insurance is entered for the Subscriber, it will attach the subscriber's insurance to all the family members.

To link a subscriber's insurance plan to additional family members

1. From the **Patient** tab, under **Family** (in the bottom right corner), double-click a family member's name. Viive displays the **Patient** tab for the family member you selected.
2. Click the **Insurance** tab for that patient.
3. Under **Subscribers**, select the subscriber.
4. Click the list next to **Patient relationship to subscriber** and select the patient's relationship from the list of options.
 - a. If the insurance subscriber was not the guarantor on the account, attach the insurance to the other family members by clicking under **Subscribers**.
 - b. Click the subscriber in the list (or use the search box to search for the subscriber), and then click **OK**.
 - c. Select the subscriber in the list, and then click the list next to **Patient relationship to subscriber** and select the patient's relationship from the list of options.
5. Click **Close**.

Charting Existing Procedures and Conditions

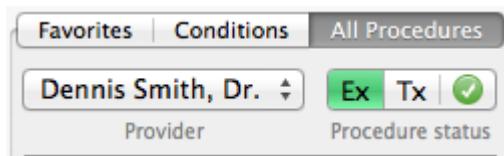
After you add the patient information, insurance coverage, and plan information for a patient, you'll need to add any existing dental procedures and conditions to his or her chart.

To chart existing procedures

1. In the Schedule window, use the **Patient Search** field (top right corner) to search for the patient, and then click **Select**.

Tip: You can also Shift+double-click an existing appointment for the patient.

2. With the patient selected, click the **Chart** tab.
3. To set the procedure status to Existing, click the Ex button.



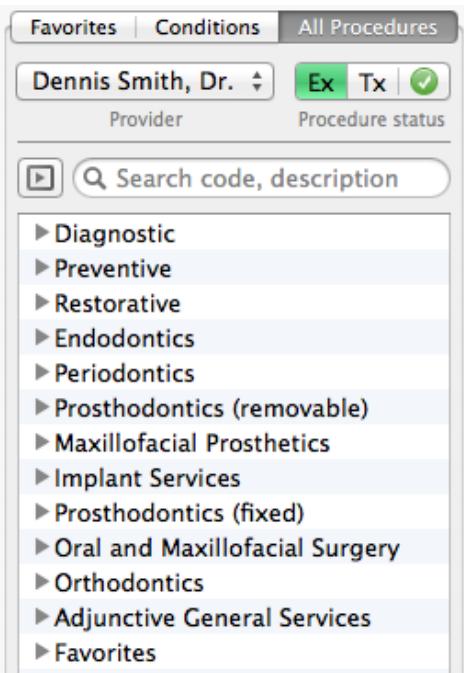
4. Select the tooth to chart the existing procedure on.

Note: Some procedures, such as a periodic evaluation, do not require you to select teeth first. If teeth are selected for these types of procedures, they will be ignored when you add the procedure code.

5. Using either **Favorites** or **All Procedures** tab, select the code that you want to assign as an existing procedure.

Tip: You can customize the **Favorites** tab to use the most frequent codes your office uses. For more information, see the Viive Help.

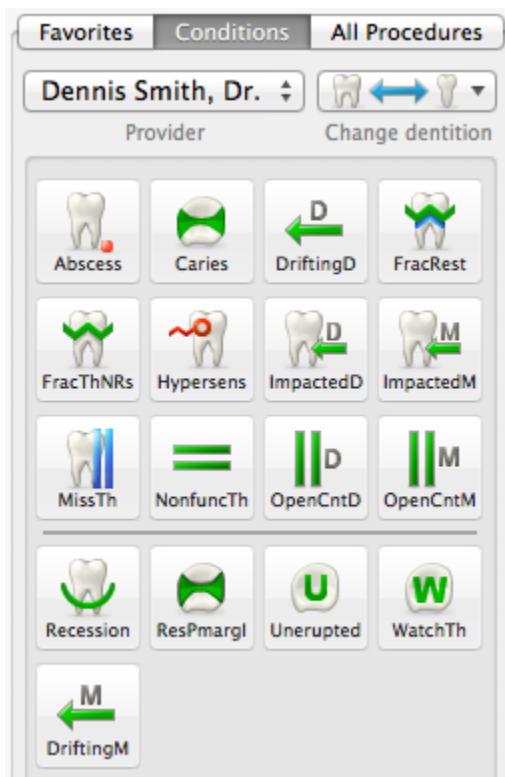
Note: If the procedure code that you want to assign is not in the **Favorites** tab, click the **All Procedures** tab, navigate to the procedure category and code, and then double-click the procedure code that you want to chart.



- Repeat steps 4-5 for any other procedure codes that you want to add.

To chart existing conditions

- With the patient selected, click the **Conditions** tab.



Tip: You can customize the **Conditions** tab to use the most frequent codes your office uses. For more information, see the Viive Help.

- Select the tooth that you want to note the conditions on, and then select the conditions.
- If you need to change the dentition for the patient, select the tooth or teeth that you want to change, click the **Change dentition** button, and select the desired change option from the menu.



Treatment Planning Procedures and Creating Patient Estimates

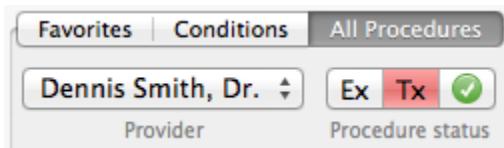
As you treatment plan procedures for patients, you'll need to do the following:

- Assign procedure codes for the treatment plan
- Set up visits for the procedures
- Print a treatment plan estimate

To assign procedure codes for the treatment plan

1. In the Schedule window, use the **Patient Search** field (top right corner) to search for the patient, and then click **Select**.

Tip: You can also Shift+double-click an existing appointment for the patient.
2. Click the **Chart** tab.
3. On either the **Favorites** or **All Procedures** tab, click **Tx** to select the Treatment Planning status.



4. Select the teeth involved in the treatment plan and assign the procedure codes. Treatment plan all procedures for the patient.

Tips:

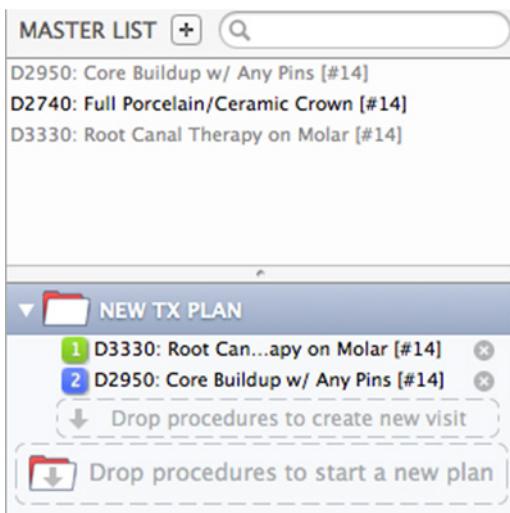
- You can customize the **Favorites** tab so that it includes the codes you use most frequently in your office. For more information, see the Viive Help.
 - Once you have treatment planned the procedures, you can see them listed under Recent Procedures under the Progress Notes button. Treatment planned procedure codes appear in red.
5. Click the **Tx Plan** tab.

All the treatment planned procedures appear in the **Master List** area.

Sts	Code	Th	Area	Description	Provider	Service Date	Fee	Prim Ins	Pat Portion
Tx	D2950	14		Core Buildu...	Mit ...		\$150.00	\$0.00	\$150.00
Tx	D2740	14		Full Porcelai...	Mit ...		\$850.00	\$425.00	\$425.00
Tx	D3330	14		Root Canal...	Mit ...		\$650.00	\$520.00	\$130.00

To set up visits for the procedures

1. Drag the first procedure that you want to schedule from the Master List down to a new treatment plan. If a treatment plan hasn't been started, drag the first procedure to where it says "Drop procedures to start a new plan." The procedure will appear with a "1" icon next to it, indicating that this procedure will be performed on the first visit.
2. Drag all other procedures that you want to schedule from the Master List to the treatment plan. If you want the procedure to be in the first visit, drag it on top of the last procedure code you moved into this treatment plan for the first visit. If you want the procedure to be in a later visit, drag it where it says "Drop procedures to create new visit."



Tip: You can drag a procedure to a different visit or into a new visit later if you need to.

Once you have assigned the procedures to patient visits, you can create an estimate and print it for the patient.

To print a treatment plan estimate for the patient

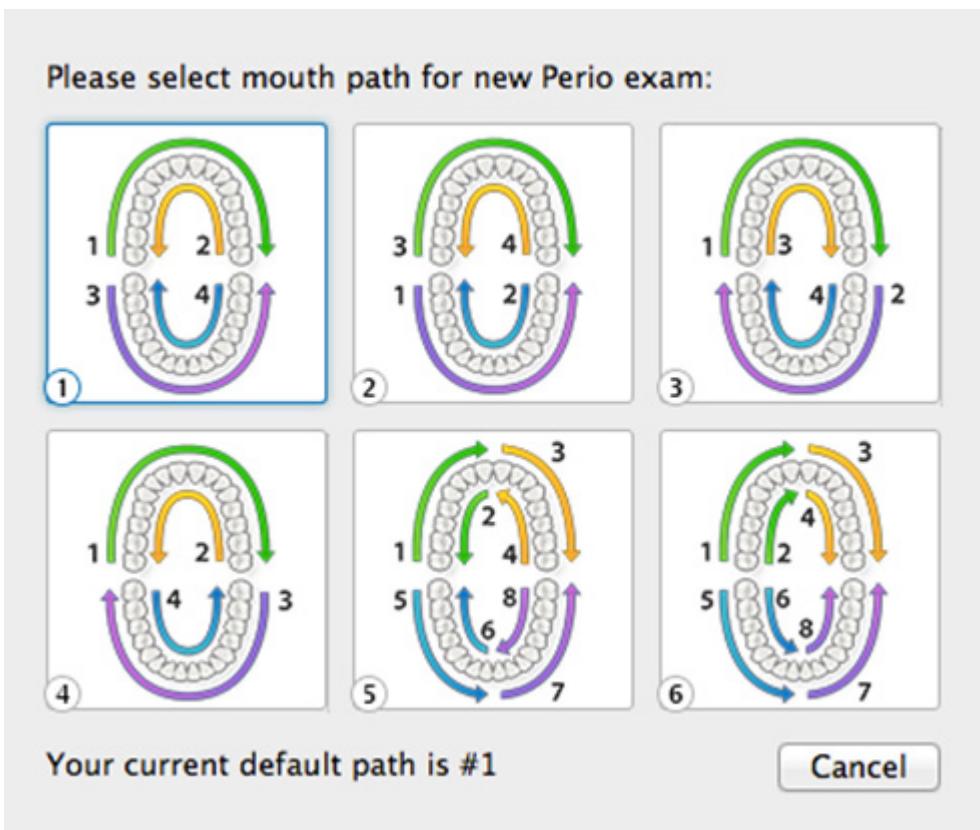
1. Click Print on the Patient toolbar at the top of the screen.
2. In the **Treatment Plan** dialog box, specify which details you want included in the Treatment Plan estimate.
3. Click **Print**.

Charting Perio Information

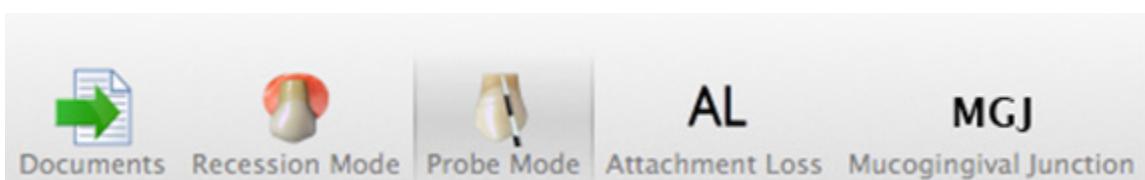
Viive includes a Perio Chart tool you can use to record information from the patient's periodontal exam.

To chart periodontal information for a patient

1. In the Schedule window, use the **Patient Search** field (top right corner) to search for the patient, and then click **Select**.
Tip: You can also Shift+double-click an existing appointment for the patient.
2. With the patient selected, click the Perio button on the Patient toolbar.
3. Click the Path button and then click the path that you want to use for the exam. You have the option of selecting from the following paths:



4. On the Perio toolbar, click the type of measurement that you are going to record first, such as Recession Mode.



5. Click **New Exam**.

Viive records the date of the new exam, and you can start entering the measurements for the condition you are measuring. As you enter data, the data entry cursor moves from tooth to tooth based on the path you selected.

6. When finished, if you want to record additional perio data, click one of the other options on the toolbar, such as Probe Mode, Attachment Loss, or Mucogingival Junction, and record the data for each tooth.

Repeat this for each type of perio data that you want to record.

7. To record bleeding and/or suppuration on a tooth or area of a tooth, click the pair of colored boxes below the tooth. Use the color pairs to specify whether bleeding (red), suppuration (green), or both are present for the tooth.

Tip: You can clear the bleeding and suppuration data for a tooth by setting both to white.

8. To record mobility information for a tooth, click just below the tooth, and select the degree of mobility from the shortcut menu (1, 2, or 3).

Tip: You can clear the mobility data for a tooth by setting it to 0.

9. To record the furcation for a specific area on the tooth, click the light blue circles beside the root of the tooth and select the corresponding grade of furcation for that area.

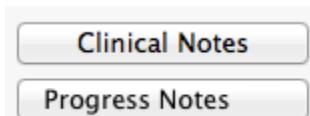
Adding Clinical Notes

Viive makes it easy to add clinical notes to patient records.

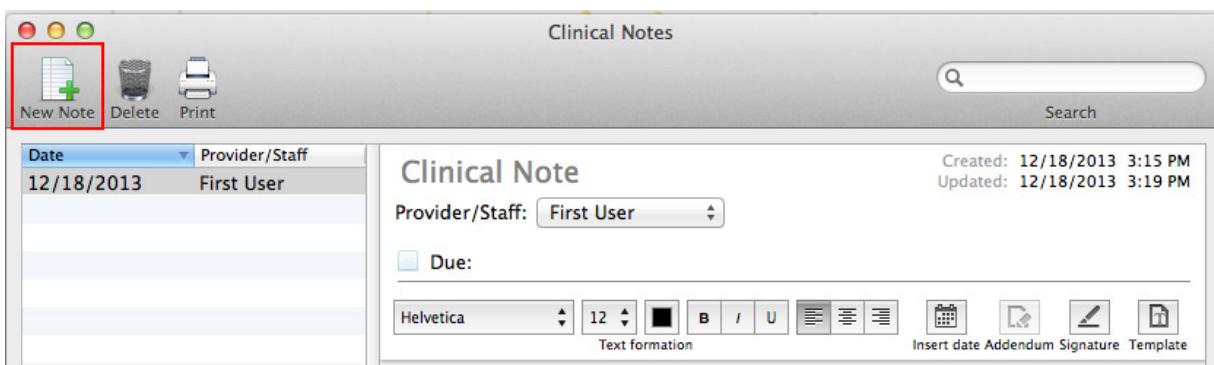
To add clinical notes

1. In the Schedule window, use the **Patient Search** field (top right corner) to search for the patient, and then click **Select**.

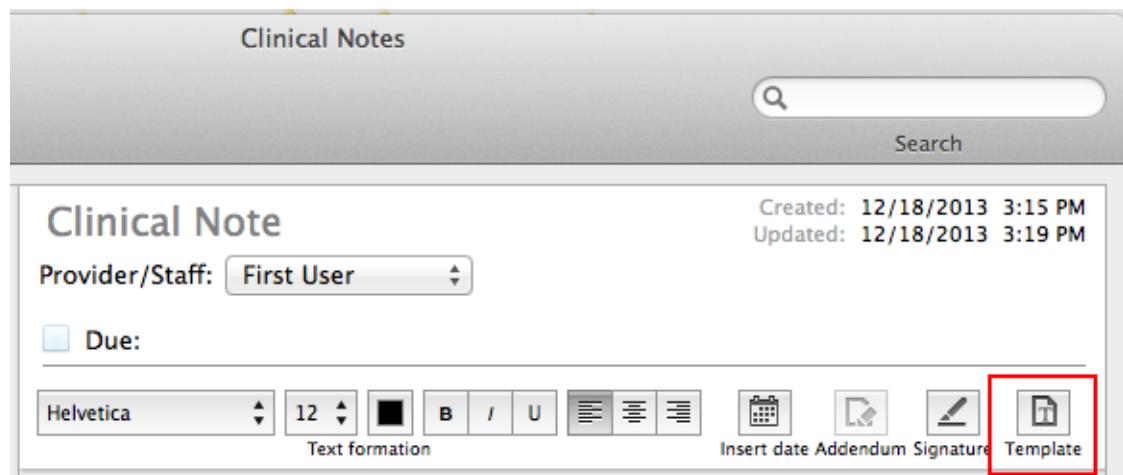
Tip: You can also Shift+double-click an existing appointment for the patient.
2. With the patient selected, click the **Chart** tab.
3. Click **Clinical Notes** on the right side of the screen.



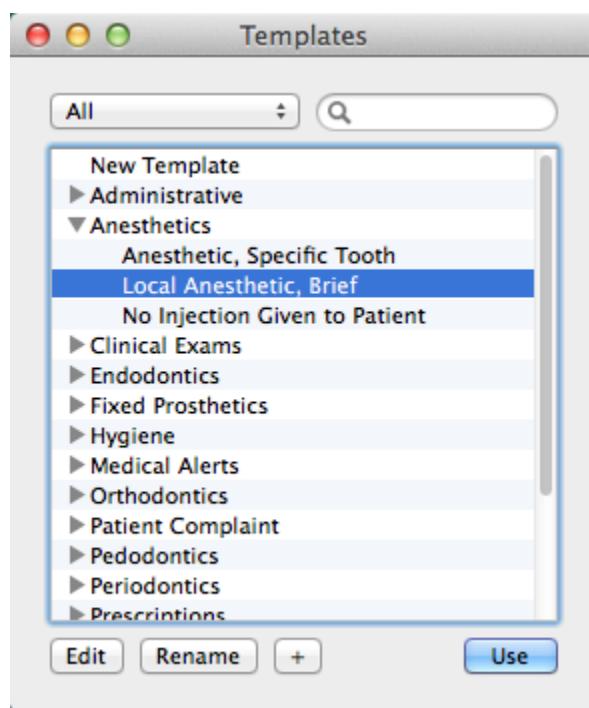
4. In the **Clinical Notes** dialog box, click the **New Note** button on the toolbar.



5. Do one of the following:
 - If you do not want to use a template, simply type the clinical note in the note field and format it as needed.
 - To create a note using a template:
 - a. Click the **Template** button on the toolbar above the note field.



- b. Click the arrows beside the category to see the available templates in the list.



Note: You can customize the templates as needed. For more information, see the Viive Help.

- Click the template that you want to use, and then click **Use**.

The template information is inserted into the clinical note.

Clinical Note

Created: 12/18/2013 3:15 PM
Updated: 12/18/2013 3:19 PM

Provider/Staff: First User

Due:

Helvetica 12 14 16 18 20 24 28 32 36 40 44 48 52 56 60 64 68 72 76 80 84 88 92 96 100 104 108 112 116 120 124 128 132 136 140 144 148 152 156 160 164 168 172 176 180 184 188 192 196 200 204 208 212 216 220 224 228 232 236 240 244 248 252 256 260 264 268 272 276 280 284 288 292 296 300 304 308 312 316 320 324 328 332 336 340 344 348 352 356 360 364 368 372 376 380 384 388 392 396 400 404 408 412 416 420 424 428 432 436 440 444 448 452 456 460 464 468 472 476 480 484 488 492 496 500 504 508 512 516 520 524 528 532 536 540 544 548 552 556 560 564 568 572 576 580 584 588 592 596 600 604 608 612 616 620 624 628 632 636 640 644 648 652 656 660 664 668 672 676 680 684 688 692 696 700 704 708 712 716 720 724 728 732 736 740 744 748 752 756 760 764 768 772 776 780 784 788 792 796 800 804 808 812 816 820 824 828 832 836 840 844 848 852 856 860 864 868 872 876 880 884 888 892 896 900 904 908 912 916 920 924 928 932 936 940 944 948 952 956 960 964 968 972 976 980 984 988 992 996 1000

Due:

Helvetica 12 14 16 18 20 24 28 32 36 40 44 48 52 56 60 64 68 72 76 80 84 88 92 96 100 104 108 112 116 120 124 128 132 136 140 144 148 152 156 160 164 168 172 176 180 184 188 192 196 200 204 208 212 216 220 224 228 232 236 240 244 248 252 256 260 264 268 272 276 280 284 288 292 296 300 304 308 312 316 320 324 328 332 336 340 344 348 352 356 360 364 368 372 376 380 384 388 392 396 400 404 408 412 416 420 424 428 432 436 440 444 448 452 456 460 464 468 472 476 480 484 488 492 496 500 504 508 512 516 520 524 528 532 536 540 544 548 552 556 560 564 568 572 576 580 584 588 592 596 600 604 608 612 616 620 624 628 632 636 640 644 648 652 656 660 664 668 672 676 680 684 688 692 696 700 704 708 712 716 720 724 728 732 736 740 744 748 752 756 760 764 768 772 776 780 784 788 792 796 800 804 808 812 816 820 824 828 832 836 840 844 848 852 856 860 864 868 872 876 880 884 888 892 896 900 904 908 912 916 920 924 928 932 936 940 944 948 952 956 960 964 968 972 976 980 984 988 992 996 1000

Due:

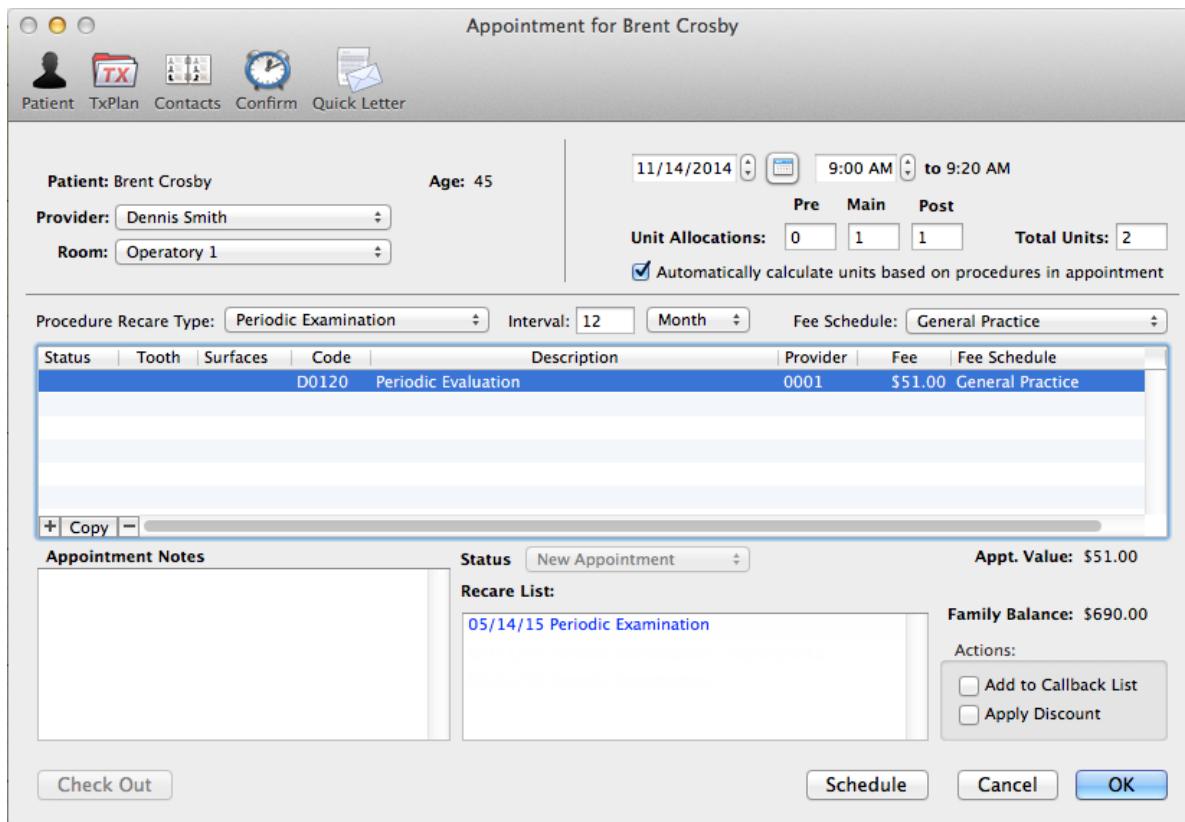
Helvetica 12 14 16 18 20 24 28 32 36 40 44 48 52 56 60 64 68 72 76 80 84 88 92 96 100 104 108 112 116 120 124 128 132 136 140 144 148 152 156 160 164 168 172 176 180 184 188 192 196 200 204 208 212 216 220 224 228 232 236 240 244 248 252 256 260 264 268 272 276 280 284 288 292 296 300 304 308 312 316 320 324 <

Scheduling recare

You can schedule the patient's next recare appointment either before or after the patient has checked out.

To schedule a recare appointment

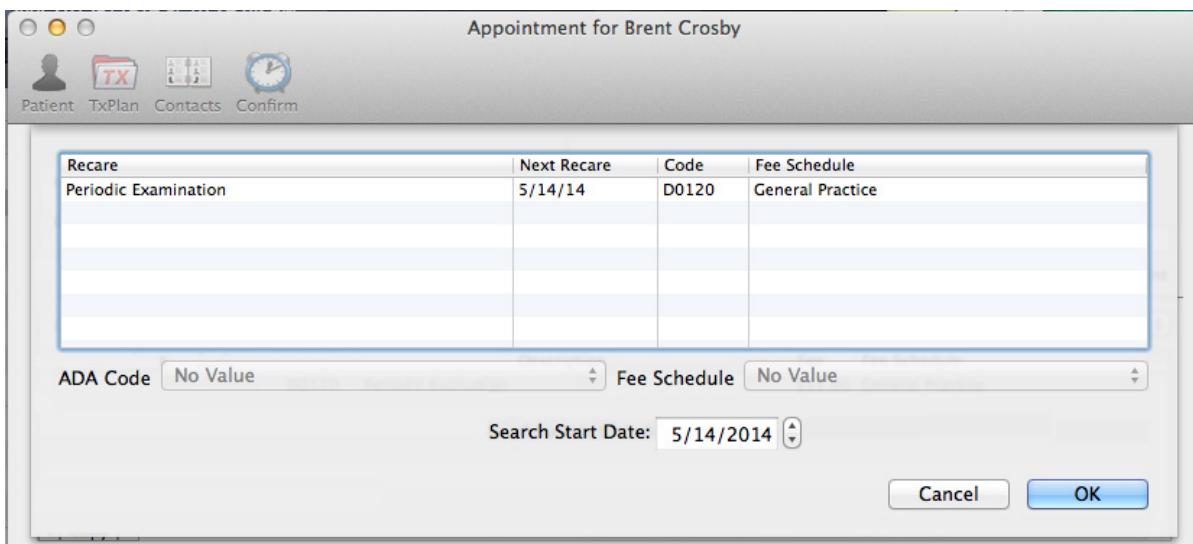
1. Open the patient appointment from the Schedule window.



Note:

- In the procedures area, you can use Provider column when scheduling procedures to assign different providers to different procedures if necessary.
- Any recare items for this patient will appear under Recare List. Notice in the example above that the first proposed search date for the next Periodic Examination is six months after the appointment date. You can change the recare interval for a given recare type. To do this, click Reference, point to Other Tables, and then click Recare Types. Select the recare type for which you want to change the interval. In the Recare Interval field, specify the new interval, and then click OK.

2. Under **Recare List**, select the recare item that you want to schedule an appointment for, and then click **Schedule**.



3. If necessary, change the Search Start Date to specify the date where you want to begin searching for an available time to schedule the appointment.
4. Click **OK**, and the appointment will be placed on the appointment dock of the Schedule window, and the Schedule window will display the date specified.
5. Drag the appointment from the appointment dock to the operatory and time where you want to schedule the appointment.

Note: The appointment length will be based on the default units for the Recare Type. You may need to double-click the appointment to open it, change the appointment length, add appointment notes, and so forth.

Patient Check-out

After a patient visit, you need to perform a patient check-out so you can post the procedures to the patient's ledger, bill insurance, and collect and record payment from the patient.

To perform a patient check-out

1. Double-click a patient appointment on the schedule to open it.
2. Verify that all procedures performed today are attached to the appointment.

Note: If you need to add more procedures, attach the procedures to the appointment before proceeding.

3. Click **Check Out** in the bottom left corner of the **Appointment** for dialog box to display the check-out information.

The screenshot shows the 'Patient Check-out' window with the following sections:

- Selected Claim Detail:** Shows 'Provider: Dennis Smith' and two radio button options: 'Track Claim' (selected) and 'Print Only'.
- Selected Procedure Detail:** Shows 'Guarantor: Brent Crosby', 'Provider: Dennis Smith', 'Fee Schedule: Standard Fees', and checkboxes for 'Include on Receipt' and 'Apply Sales Tax'. Below are radio buttons for 'Include on:' with options 'Paper Claim', 'Eclaim', and 'No Claim'.
- Procedures and Claims:** A table listing procedures:

Tooth	Surfaces	Code	Description	Fee
NoClaim		D0150	Comprehensive Evaluation	\$55.00
		D0220	Intraoral Periapical Xray	\$0.00
		D1110	Prophylaxis - Adult	\$75.00
			▼ Procedures not in any claim	

 Below the table are checkboxes for 'Show Claims' (checked) and 'Show Empty Claims (for drop targets)'.
- Appointment Totals:** Shows 'CoPay Total: \$ 0.00', 'Item Total: \$ 130.00', and 'Applied Payment: \$0.00'.
- Buttons:** 'Payment...', 'Cancel', and 'Record Check Out' (highlighted in blue).

4. Under **Procedures and Claims**, verify that the procedures are correct.
5. If the patient has insurance coverage, create the claim by clicking **Make E-Claim**. (The procedures are attached to the electronic claim, and the button will change to **Make Paper Claim**.)
6. To apply a patient payment for today's appointment, click **Payment** in the bottom left corner of the check-out window.

Select Payment Type: Credit Card

Date: 10/14/2013 Amount: \$130.00

Memo: Card Type Unselected

Type: Select A Card Type Swipe Card

Authorization Number:

Provider	Guarantor	Balance	Apply
Dennis Smith, Dr.	Brent Crosby	\$130.00	\$130.00

Remaining: \$0.00

Cancel **OK**

7. Next to **Select Payment Type**, select the type of payment (such as Cash, Check, Credit Card, or Money Order).

Note: Payment is applied to the guarantor of the account.

8. The amount of the payment will default to the balance for today's procedures; if the patient is only paying a copay, you can adjust this amount.
9. If the patient is paying by credit card, next to **Type**, select the payment card type (such as Visa or MasterCard); then in the **Authorization Number** field, type the card's authorization number.
10. Click **OK**.
11. Click **Record Check Out**.

The claim is submitted electronically and posted to the gaurantor's ledger. In the schedule window, the appointment color changes to gray, indicating that the appointment has been checked out.

Entering insurance payments

Viive makes it easy to enter insurance payments.

To enter an insurance payment

- With the patient selected, click the **Insurance** tab in the patient information window.

The screenshot shows the Viive 5.2 patient information window for patient Brent Crosby. The top navigation bar includes links for HIPAA, Employer, Patient Notes, Print, Perio, Labs, Schedule, Recent Patients, RadioVision, and Patient Search. The main content area is titled 'Brent Crosby' and shows the following sections:

- Subscribers:** Lists Brent Crosby as the subscriber with a self relationship.
- Claims:** A table showing one claim entry for Brent Crosby from Generic Industries-Delta Dental of Utah (group 12345).
- Insurance Plans:** Shows a primary plan for Brent Crosby with Delta Dental of Utah as the carrier, plan ID 00000005, and employer Generic Industries.
- Buttons:** Primary Guarantor Ledger, Family Balance: \$690.00, Move to New Window, Plan Details, Benefits Used, and Close.

- Under **Claims** on the right side, double-click the claim for which you are entering an insurance payment to display the **Claim View** dialog box.

Claim View

Primary Claim		Carrier: Delta Dental of Utah	<input checked="" type="checkbox"/> Assignment of benefits																																								
Patient: Crosby, Brent	Patient ID: 000000005	Employer: Generic Industries	e-Send... Print...																																								
Subscriber: Crosby, Brent	Group #: 12345	Group: Delta Dental																																									
Procedures <table border="1"> <thead> <tr> <th>Procedure Date</th> <th>Code</th> <th>Tooth</th> <th>Surfaces</th> <th>Description</th> <th>Provider</th> <th>Fee</th> <th>Paid</th> </tr> </thead> <tbody> <tr> <td>11/11/13</td> <td>D0120</td> <td></td> <td></td> <td>Periodic Evaluation</td> <td>0001</td> <td>\$51.00</td> <td>\$0.00</td> </tr> <tr> <td>11/11/13</td> <td>D0272</td> <td></td> <td></td> <td>Bitewing Two Xray</td> <td>0001</td> <td>\$45.00</td> <td>\$0.00</td> </tr> <tr> <td>11/11/13</td> <td>D1110</td> <td></td> <td></td> <td>Prophylaxis - Adult</td> <td>0001</td> <td>\$78.00</td> <td>\$0.00</td> </tr> <tr> <td>11/11/13</td> <td>D2140</td> <td>2</td> <td>D</td> <td>Amalgam 1 Surface</td> <td>0001</td> <td>\$136.00</td> <td>\$0.00</td> </tr> </tbody> </table>				Procedure Date	Code	Tooth	Surfaces	Description	Provider	Fee	Paid	11/11/13	D0120			Periodic Evaluation	0001	\$51.00	\$0.00	11/11/13	D0272			Bitewing Two Xray	0001	\$45.00	\$0.00	11/11/13	D1110			Prophylaxis - Adult	0001	\$78.00	\$0.00	11/11/13	D2140	2	D	Amalgam 1 Surface	0001	\$136.00	\$0.00
Procedure Date	Code	Tooth	Surfaces	Description	Provider	Fee	Paid																																				
11/11/13	D0120			Periodic Evaluation	0001	\$51.00	\$0.00																																				
11/11/13	D0272			Bitewing Two Xray	0001	\$45.00	\$0.00																																				
11/11/13	D1110			Prophylaxis - Adult	0001	\$78.00	\$0.00																																				
11/11/13	D2140	2	D	Amalgam 1 Surface	0001	\$136.00	\$0.00																																				
Billing Dentist/Entity		Remarks: <input type="text"/>																																									
Dennis Smith	Treating Dentist	Claim Status: Printed	- Nov 11, 2013, 4:54 PM -> Claim Created - Nov 11, 2013, 4:55 PM -> Claim Printed																																								
Dennis Smith	Pay-to Dentist	Claim Date: 11/11/2013																																									
Dennis Smith		Date Sent: 11/11/2013																																									
		Eclaim Submitted: 11/11/2013																																									
Payment/Adjustment <table border="1"> <thead> <tr> <th>Date</th> <th>Description</th> <th>Debit</th> <th>Credit</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>				Date	Description	Debit	Credit																																				
Date	Description	Debit	Credit																																								
Ancillary Info		Enter Payment																																									
Cancel OK																																											

3. Click Enter Payment.

Payment Date: 11/11/2013	i																																								
Check #:																																									
Memo: Primary Insurance Payment																																									
Payment Amount: \$0.00																																									
<table border="1"> <thead> <tr> <th>Code</th> <th>Tooth</th> <th>Surface</th> <th>Description</th> <th>Provider</th> <th>Fee</th> <th>Previous Payment</th> <th>Itemized Payment</th> </tr> </thead> <tbody> <tr> <td>D2140</td> <td>2</td> <td>D</td> <td>Amalgam 1 Surface</td> <td>0001</td> <td>\$136.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>D1110</td> <td></td> <td></td> <td>Prophylaxis - Adult</td> <td>0001</td> <td>\$78.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>D0120</td> <td></td> <td></td> <td>Periodic Evaluation</td> <td>0001</td> <td>\$51.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>D0272</td> <td></td> <td></td> <td>Bitewing Two Xray</td> <td>0001</td> <td>\$45.00</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table>		Code	Tooth	Surface	Description	Provider	Fee	Previous Payment	Itemized Payment	D2140	2	D	Amalgam 1 Surface	0001	\$136.00	\$0.00		D1110			Prophylaxis - Adult	0001	\$78.00	\$0.00		D0120			Periodic Evaluation	0001	\$51.00	\$0.00		D0272			Bitewing Two Xray	0001	\$45.00	\$0.00	
Code	Tooth	Surface	Description	Provider	Fee	Previous Payment	Itemized Payment																																		
D2140	2	D	Amalgam 1 Surface	0001	\$136.00	\$0.00																																			
D1110			Prophylaxis - Adult	0001	\$78.00	\$0.00																																			
D0120			Periodic Evaluation	0001	\$51.00	\$0.00																																			
D0272			Bitewing Two Xray	0001	\$45.00	\$0.00																																			
<table border="1"> <thead> <tr> <th>Provider</th> <th>Guarantor</th> <th>Applied Payment</th> <th>Write-Off</th> </tr> </thead> <tbody> <tr> <td>0001</td> <td>Brent Crosby</td> <td>\$0.00</td> <td>\$0.00</td> </tr> </tbody> </table>		Provider	Guarantor	Applied Payment	Write-Off	0001	Brent Crosby	\$0.00	\$0.00																																
Provider	Guarantor	Applied Payment	Write-Off																																						
0001	Brent Crosby	\$0.00	\$0.00																																						
<input type="button" value="Calculate Write-Off"/> Cancel Post																																									
Itemized Total: \$0.00 Not yet applied: \$0.00 Total Payment: \$0.00																																									

4. In the **Payment Date field, verify that the date is correct or specify the correct payment date.**

5. In the **Check #** field, type the check number on the payment check.
6. In the **Memo** field, type a payment note, if desired.
7. In the **Payment Amount** field, type the total amount of the insurance check.

Important: The first time (and only the first time) you enter an amount in the **Payment Amount** field for a claim, if the amount is being applied to more than one procedure and/or more than one provider, Viive splits the payment appropriately to cover all procedures and providers. You will see split payment amounts applied in the **Itemized Payment** column for each procedure and also in the **Applied Payment** column for each provider. The calculation used when splitting payments takes several things into consideration, including fee schedules, deductibles, coverage tables, and so forth. If you need to adjust the payment amounts from what Viive has calculated for you, double-click the item in the procedures list and make the necessary payment adjustment. If you adjust one value, you will need to adjust other values accordingly so that the **Itemized Total** equals the **Payment Amount**.

8. After making any needed payments adjustments and when the **Itemized Total** equals the total **Payment Amount**, click **Post**.

Note: The **Post** button is not available unless the **Itemized Total** equals the total **Payment Amount**.

This will post the payment to the patient's ledger.