

## Patient Information – Practice Session

**Note:** *Keep in mind, the data is to be entered in your live database. Reminders to consult with an admin are included within the practice session wherever applicable. After the exercises have been completed, please refer to the **End of Practice Session checklist** to ensure practice data is separated or removed from your live database.*

This session is best for one trainee. If multiple trainees require practice, have each trainee replace the names and other personal information in the exercises using their favorite rock star/actor/sports star.

**Tip:** Make slight modifications for each trainee regarding the insurance information to make the most of the exercise.

### 1. Create New Patient

**Basic Info:** Janet Martinez Female Preferred: Jane Birthdate: 04/16/1983  
 2399 Center Avenue, Wessington Springs, SD 57382 [jmartinez@telus.com](mailto:jmartinez@telus.com)  
 H: 559-486-1240 W: 685-986-6542 M: 605-751-7684

**Medical Alerts:** “Penicillin Allergy” and “Pre-medicate need” with note “amoxicillin one hour before dental treatment”

**Preferences:** Preferred Contact Method: Text  
 Appointment Day/Time: Any/Early and Late Afternoon

**Referrals:** Refer By: Source “Google”

**Notes:** Overview: “works next door”  
 Ledger: “Statements to be emailed to Jane Dodd  
 Prescriptions: “Pharmacy – 4526 Grand Ave, Wessington Springs”

**Recare:** PANOREX and BITEWINGS

**Plan/Employer:** Integra Wealth

**Insurance:** Subscriber: Janet  
 Carrier: Sun Life Financial  
 Group: 125515  
 Claim Mailing Address: 110 S Shipley St, Seaford, DE 19973  
 Renewal Month: January Type: Dental Fee Schedule: 2020 Practice Fees  
 Coverage Type: Insurance Coverage %  
 Preventative 90% Basic 90% Major 50% Ortho 50%  
 Fluoride is not covered (D1208 and D1206)  
 Subscriber ID: 0009878  
 Accept assignment and Release of Information  
 Deductible: Individual: \$25 Family: \$50  
 Benefit: Individual: \$2,500 Family: \$10,000 Ortho: \$1,000

#### Entering New Member to Current Family (child):

James Quinn  
 Male: BD: 06/23/2007  
 Covered under Janet’s insurance policy.

### 2. Patient Forms – If enabled

- |                |  |
|----------------|--|
| Janet Martinez | <ol style="list-style-type: none"> <li>a. Request Patient Forms – Copy Link</li> <li>b. Fill and complete Janet’s Patient Demographic Form</li> <li>c. Edit Janet’s Patient Demographic Form</li> <li>d. View Previous and Current versions of the form</li> </ol> |
| James Quinn    | <ol style="list-style-type: none"> <li>a. Request Patient Forms – Click here to access forms</li> <li>b. Fill and complete James’ Medical History form</li> </ol>  |

### 3. Document Manager

#### If Forms are Enabled

- a. View completed patient form for Janet.
- b. Print (to PDF) Janet's most recent Patient Demographic form

#### If Forms are Disabled

- a. Upload a document
- b. Tag the uploaded document

**Note:** Consult with admin before creating a new tag.

### 4. Create New Household

Frederic Anderson:	Male Birthdate: June 21, 1964 Preferred Name: Fred Primary Guarantor Smoker, Sores/Ulcers in the mouth Rx provided by Dentist: Smoking Cessation Agent Drug Name: Chantix (nicotine agonist) Sig: Disp. 1 therapy pack 2 maintenance packs Disp: 1 Unit: Packs Generic substitution permitted
Sarah Anderson:	Recare: SCREENING and PERIO Female Birthdate: July 21, 1966 Primary Contact Has asthma – permanent
Taylor Anderson:	Recare: SCREENING and PERIO Female Birthdate: September 19, 1998 Recare: PANOREX and PROPHY
Address:	3113 Pooz Street, New Brunswick, NJ 08901 H: 732-227-9469
Referrals:	Referred by Jane Quinn
Patient Photos:	Upload/Take photos of each family member
Plan/Employer:	Solution Realty
Insurance:	Subscriber: Fred Dependents: Sarah and Taylor Carrier: Everest Group: 556991 Claim Mailing Address: 2145 Alexander Drive, Carrollton, NJ 75006 Renewal Month: July Type: Medical Fee Schedule: 2020 Practice Fees Coverage Type: Insurance Coverage % Preventative 80% Basic 80% Major 50% Ortho 0% Implant services and implants not covered (D6190-D6199) Fluoride covered until 18 years old (D1208 and D1206) Subscriber ID: 11119 Accept Assignment and Release of Information No limits and no deductibles

### 5. Add Secondary Policy

Taylor Anderson:	Subscriber: Taylor
	Plan/School: Barnard College
	Insurance: Carrier: United Health Care Insurance of NY Group: 90500

Claim Mailing Address: PO Box 5240,  
Kingston, NY 12402-5240  
Phone: 877-842-3210  
Renewal Month: September  
Type: Health  
Fee Schedule: 2020 Practice Fees  
Coverage Type: Insurance Coverage %  
Basic and Preventative 100%  
Subscriber ID: 500000003

James Quinn:	Subscriber:	Matthew Quinn
	Preferred Name:	Matt
	Status:	Non-patient Male
	Birthdate:	March 5, 1979
	Address:	49 Mayo Street, Lexington, KY 40507 H: 859-825-2067 M: 270-499-8791
	Plan/Employer:	Solution Realty
	Insurance:	Carrier: Everest Group: 556991 Subscriber ID: 25742

## 6. Policy Change

Taylor Anderson: Primary Coverage ended  
Secondary Coverage is now Primary

**Note:** *You may need to backdate both Coverage Start and Coverage End dates to successfully complete this portion of the exercise.*

### End of Practice Session checklist:

- Remove the insurance plans from the patients
- Delete the plan from the Carrier list  
(Home > Carriers > select the carrier > select the plan > Delete)
- Delete the carriers from the live database  
**Note:** *Carriers can be re-added when a valid insurance plan is presented by a real patient.*
- Update test patient statuses to Inactive Status
- Change patient name to indicate they are a test patient (ex. Janet Test)