Closing the Year

Dentrix does not have a separate procedure for closing the year. Closing the last month of the fiscal year is all that is required to close the year. This can be done using the Month End Update as described below, or with the Month End Wizard.

When you first set up your practice, you selected the Fiscal Year Beginning Month. In most cases, the fiscal year starts in January, but the steps below hold true regardless of when the fiscal year begins. (The selected Fiscal Year Beginning Month is found in the Office Manager | Maintenance | Practice Setup | Practice Resource Setup. Click Edit under Practice Information.)

When it is time to close the last month of the year, verify that you have an up-to-the-minute backup. (For backup recommendations, please see article #19526 located in our online knowledgebase in the Resource Center: www.Dentrix.com/Resource-Center.)

Following the backup, go to the Ledger | Month End | Update. If your office is current in closing the month, the Close Out Month date will reflect the month that has just ended (12/2009). Click OK.

Dentrix closes the month then checks the Fiscal Year Beginning Month and calculates the yearly totals accordingly.

There are additional options that may be selected during the month end process, one of which is the Appointment Purge. This deletes all appointments from the Appointment Book that are older than the selected Cutoff Date.

The Cutoff date, by default, is 12 months prior to the listed Close Out Month date but can be modified. For example, if the Cutoff Date reads 1/1/2009 and is changed to 1/1/2010; all appointments prior to 1/1/2010 will be purged from the Appointment Book. If this happens, the only way to retrieve the deleted appointments is to restore the backup that was made prior to closing the month.

The second option in the Month End Update is Reset Insurance Benefits. By default this option is selected, and all insurance benefits and deductibles will reset according to the Benefit Renewal month, ensuring future insurance estimates are correct. The Benefit Renewal date is found in the Family File by selecting a patient with insurance, double-clicking on the Primary Insurance box, clicking Ins Data, and locating the Benefit Renewal field.
CLAIMS CREATED IN ONE YEAR, BUT RECEIVED DURING THE FOLLOWING YEAR

After a fiscal year has been closed, Dentrix detects pending claims created the previous year. By default, all payments posted to these claims are applied to the previous year's benefits, unless the Adjust Benefits/Deductible boxes (located in the lower right of the Total Insurance Payment window for outstanding claims created during the previous fiscal year) are changed to the current year.

YEAR END REPORTS

The only difference between year and month end reports is the “Selected Date Range.” Below is a list and brief description of some reports which you can generate at the end of the fiscal year.

Production Summary Report

(Office Manager | Analysis | Practice | Reports)
This report allows you to generate a detailed list showing the total number of each procedure completed in the specified date range and the average charge for each. To generate this report, uncheck all options under Select Summary Reports except “Production Summary.” If a more general report is desired, leave the “By Category” option checked. The report groups the procedures by categories, such as Diagnostic, Preventive, etc.

Practice Analysis Report

(Office Manager | Analysis | Practice | File | Print Analysis)
You can only generate this report by Entry Date (the date a transaction or procedure was entered into the computer). This report shows four columns of figures, which are typically set at a RANGE for the current date, MTD-CUR, an average for the past three months (AVG), and YTD-CUR.

You can rearrange these columns to suit the needs of your office by clicking on Setup | Analysis. This offers almost limitless combinations of information, broken down by charges, credits, insurance payments, and adjustments.

Patient Summary Report

(Office Manager | Analysis | Practice | Reports)
This is a demographic report that shows the total number of current patients, broken down by gender, age, insured, non-insured, etc.

Many offices also find it useful to print an Aging and Insurance Aging Report at the end of each year or month. Both of these reports can be found in the Office Manager | Reports | Ledger.

Often patients request a print out of their Ledger for the previous year. To print this, open the Office Manager | Reports | Ledger | Family Ledger Report. Select the guarantor for the desired family. The First Transaction Date should be modified to show the first day of the year (1/1/2009) and the Report Date (at the top) should be the last day of the year (12/31/09). A Family Ledger Report can also be printed from the Ledger itself, but it is not possible to specify a date range.

Payment Summary Report

(Office Manager | Analysis | Practice | Reports)
This is similar to the Adjustment Summary Report in that it provides a detailed summary of payments received. These may include Cash Payment, Credit Card Payment, etc.

Analysis Summary Report

(Office Manager | Reports | Management | Analysis Summary)
This report lists charges, payments, adjustments, etc... You can use this report to generate totals for a set date range, as well as daily breakdowns. You can also generate a detailed summary for each provider which includes MTD and YTD totals.

Adjustment Summary Report

(Office Manager | Analysis | Practice | Reports)
The Adjustment Summary Report provides detailed information such as the number of times each adjustment type was used and the total amount adjusted off during the selected date range.