DENTAL PRACTICE

Expenditures:

Loan – 300,000

Loan plus interest paid: - 10 years

Lease:

Monthly lease schedule

Startup costs: -

furniture

dental equipment

software

supplies

training, etc.

Supplies: Restocked every month

Everything from needles to drugs to paper towels

Operational costs: monthly

Facilities cleaning, utilities, food in the breakout room, etc

Staff details

Staff: - Office workers

dental hygienists

regular dentists

periodontists

endodontists

orthodontists

dental surgeons.

License to be kept up-to-date.

Staff is paid monthly (not hourly). This includes doctors as well.

No overtime pays

Patient details

100 patients.

Patient’s billing record: -

1. Insurance information:

patient ID

insurance provider name

insurance subscriber ID

insurance coverage type (“savings plan”)

amount of insurance coverage

1. Payment details:

Amount owed

amount paid by insurance

amount paid by the patient

Patient’s medical record: -

Procedures (eg: - teeth cleaning)

Treatments (eg: - gum disease)

Surgeries (eg: - tooth extraction)

Insurance company details

Insurance Providers:

patient’s insurance (subscriber) ID

type of treatment (dental coding)

treatment date

amount requested/billed/claimed

amount paid (by insurance company)

Daily practice:

Hygienists and doctors

8 rooms to be scheduled for specific doctor and patient

Front office staff routinely contact patients for scheduling

A patient, at any time, would be in one of the following 'states', when it comes to scheduling: contacted, scheduled, recently visited, up for next visit, dormant.

Each morning: Day’s schedule

EOD: Report to show billable income generated by the day’s service.

Each month: Report containing expenditures and income to check whether they were in profit or loss.

TABLES:

EXPENDITURES:

MONTH

YEAR

EXPENSE TYPE

EXPENSE NAME

EXPENSE COST

EXPENSE DUE DATE

EXPENSE PAID/NOT PAID

INSURANCE PROVIDERS

SUBSCRIBER ID

INSURANCE PROVIDER NAME

COVERAGE TYPE

INSURANCE AMOUNT

PATIENTS

PATIENT ID

FIRST NAME

LAST NAME

DOB

ADDRESS

PHONE NUMBER

INSURANCE PROVIDER NAME

INSURANCE SUBSCRIBER ID

COVERAGE TYPE

SCHEDULING STATE

APPOINTMENTS

APPOINTMENT ID

PATIENT ID

EMP ID

PROCEDURE ID

DATE

TIME

ROOM

AMOUNT OWED

AMOUNT PAID BY THE INSURANCE

AMOUNT PAID BY PATIENT

PROCEDURES

PROCEDURE ID

PROCEDURE NAME

PROCEDURE COST

EMPLOYEES: TYPE –

EMP ID

FIRST NAME

LAST NAME

EMP TYPE

EMP SALARY

CONNECTED TO: -

MEDICAL PROFESSIONALS

EMP ID

MEDICAL LICENSE NUMBER

LICENSE EXPIRY

TITLE

OFFICE WORKERS.

EMP ID

TYPE