

### Computer Age Trojan Database Linking a Trojan plan to your Patient

Linking Trojan Data to patient in Windows

1. Click on Patient Information File
2. Click on Pri Dent in the middle of your screen (Fig. 1)
3. Double click the magnifying glass symbol
4. Enter employer name, search will start (Fig. 2)
5. Choose desired plan name and click <ok>  
this will link Employer name to patient (Fig. 3)

Fig. 1

<u>Insurance Company</u>	<u>Rel</u>
Pri Den:	
Sec Den:	
Pri Med:	
Sec Med:	

Employer	Address	Carrier Name	Plan ID	Group
J.B.M.	Benefits Unavail: Metropolitan		0783444	84688
J.B.M.	Preferred, Sub 1, Metropolitan		0004172	84489
J.B.M.	Non Preferred, S Metropolitan		0004333	84489
J.B.M.	Non Preferred, S Metropolitan		0047371	84488
J.B.M.	Indemnity, Sub 5 Metropolitan		0047560	84489
J.B.M.	Preferred, Sub 1, Metropolitan		0047763	84489
J.B.M.	Indemnity, Sub 5 Metropolitan		0050865	84489
J.B.M.	Non Preferred, S Metropolitan		0052996	85853
J.B.M.	Preferred, Sub 4, Metropolitan		0053125	85853
J.B.M.	Preferred And No Metropolitan		0070150	84489
J.B.M.	Preferred, Sub 4, Metropolitan		0078132	84688
J.B.M.	Non Preferred, S Metropolitan		0078353	84688

Fig. 2

Insurance Plan Information	
Plan ID: 0050865	Insurance Type: <input checked="" type="radio"/> Dental <input type="radio"/> Medical
Carrier ID: METEPT	Carrier Name: Metropolitan
Employer Information	
Employer: J.B.M.	Group Number: 84489
Address: Indemnity, Sub 5, Br. 10	Prev. 00100-01999 100 %
Po Box 12195	Basic 02000-04999 100 %
City/State/Zip: Research Triang NC 27709	Ortho 08000-08999 0 %
Phone: (800) 796-9876	Major 05000-06999 100 %
Contact:	Other 09000-09999 0 %
Fee Schedule to Print: [none]	On Which Form to Print: 6
<input type="checkbox"/> Original Signature Required	Service Code To Use: <input checked="" type="radio"/> ADA <input type="radio"/> CPT <input type="radio"/> CDT-3
<input type="checkbox"/> Deductible Waived on Preventative	<input type="radio"/> Code <input type="radio"/> Medicaid
<input checked="" type="checkbox"/> Assign Benefits to Dr (track claims)	Crown Coverage: <input checked="" type="radio"/> Major <input type="radio"/> Basic
<input type="checkbox"/> Capitation Plan	Individual Deductible: 40
Family Deductible: 40	
Individual Maximum: 0	
Family Maximum: 99999	
Anniv. Month: 1 Day: 1	

Fig. 3