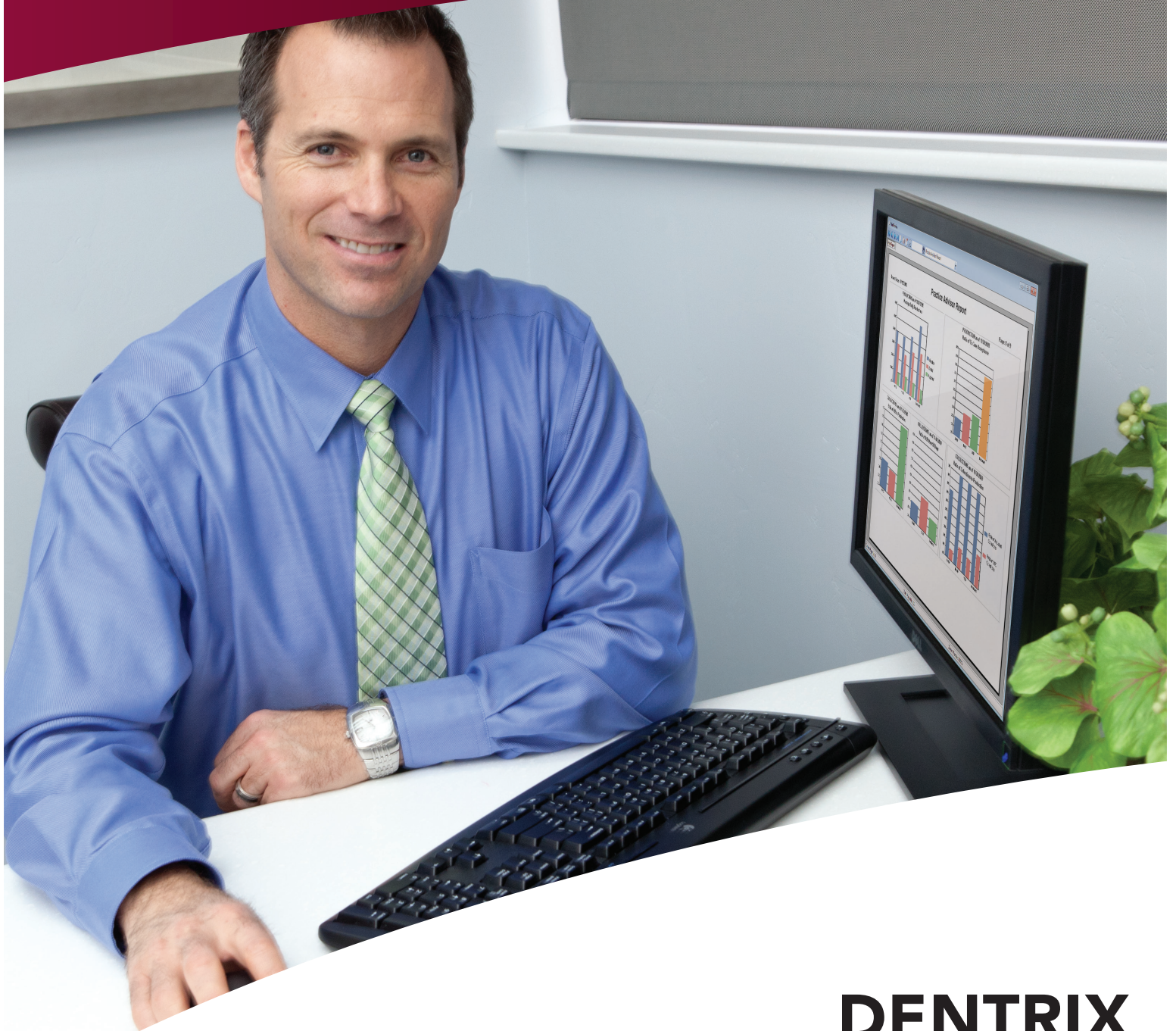


DENTRIX®



DENTRIX PRACTICE ADVISOR

Sample Reports



Keep Your Patients Healthy and Your Practice Profitable

Practice Advisor is an innovative new Dentrix feature that compiles your practice data into concise, easy-to-read reports designed to help you stay on top of your practice's financial health. The Practice Advisor collects detailed patient care and performance data from every part of your practice, carefully analyzing it, and presenting in a clear and relevant format you can use. This feature also includes customizable benchmarks and Key Performance Indicators, developed by industry-leading consultants, which will help you measure your performance against objective, professional standards. Practice Advisor gives you tools to help keep your staff on task every day, provide expert recommendations for improving your financial performance, and track and measure your progress over time.

Practice Advisor Report

Report Date: 05/05/2011

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Active Patient Base by Last Visit: 68

PRODUCTION as of 04/28/2011

Practice Totals	Mar 11	MTD Apr 11	Benchmark	Variance	YTD Apr 11	Benchmark	Variance
Production	93,570.00 100%	55,377.00 100%	20,000 - 40,000	25,377.00	309,185.43 100%	80,000 - 160,000	189,185.43
Adjustments to Production	276.95	11.00			287.95		
Adjusted Production	93,846.95	55,388.00			309,473.38		
# of Provider Production Days	200.00	158.00			684.00		
Average Daily Production	467.85	350.49	1,250 - 2,500	-1,524.51 1	452.03	1,250 - 2,500	-1,422.97 1
Average Hourly Production	54.56	40.87	175 - 355	-224.13 1	52.72	175 - 355	-212.28 1

Dentist Totals	Mar 11	MTD Apr 11	Benchmark	Variance	YTD Apr 11	Benchmark	Variance
Dentist Production	81,062.00 87%	42,727.00 77%	65% - 75%	7%	264,431.43 86%	65% - 75%	16%
# of Dentist Production Days	200.00	158.00			684.00		
Dentist Average Daily Production	405.31	270.42	1,060 - 2,125	-1,322.08 2	386.60	1,060 - 2,125	-1,205.90 2
Dentist Average Hourly Production	47.27	31.53			45.09		
Dentist Unfilled Hours	1,441.25	1,152.75			4,993.25		

Hygienist Totals	Mar 11	MTD Apr 11	Benchmark	Variance	YTD Apr 11	Benchmark	Variance
Hygienist Production	12,508.00 13%	12,650.00 23%	25% - 35%	-7% 3	44,754.00 14%	25% - 35%	-16% 3
# of Hygienist Production Days	15.00	12.00			51.00		
Hygienist Average Daily Production	833.87	1,054.17	800 - 1,200	54.17	877.53	800 - 1,200	-122.47 3
Hygienist Average Hourly Production	94.40	119.34			99.34		
Hygienist Unfilled Hours	54.25	33.75			183.00		

Case Acceptance Totals	Mar 11	MTD Apr 11	Benchmark	Variance	YTD Apr 11	Benchmark	Variance
Amount of Treatment Diagnosed	130,517.00	81,897.00			429,596.43		
Amount of Treatment Accepted	94,117.00 72%	52,849.00 65%	85% - 90%	-23% 4	307,499.43 72%	85% - 90%	-16% 4

In the Production Report view total production, average daily production, average hourly production and value of unfilled hours broken down by doctor and hygienist. View total treatment diagnosed and accepted for the month.

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COLLECTIONS as of 04/28/2011

Practice Totals	Mar 11		MTD Apr 11		Benchmark	Variance	YTD Apr 11	Benchmark	Variance
A/R to Production	-15,343.88	-0.16	-14,852.76	-0.27	1.5 - 2 Xs	2.02	-14,852.76		
A/R over 90 days (% A/R)	936.54	-6%	755.04	-5%	15% - 30%	28%	755.04		
Collections (% Production)	92,264.04	99%	64,602.66	117%			289,302.01	94%	
Over-the-Counter Collections (% Production)	0.00	0%	0.00	0%	30% - 40%	-35%	0.00	30% - 40%	-35%
Adjustment to Collections	7,590.32		7,515.08				29,108.95		
Adjusted Collections (% Adj Production)	99,854.36	106%	72,117.74	130%	98%	32%	318,410.96	103%	5%
Collections from Insurance	43,919.24		36,712.85				146,588.13		
Collections from Patients	48,344.80		27,889.81				142,713.88		

Aged Accounts Receivable	Current		31-60		61-90		Over 90		Balance
Accounts Receivable	-16,159.80	108.80%	0.00	0%	552.00	-3.72%	755.04	-5.08%	-14,852.76
A/R with Pending Insurance Claims	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00

NEW PATIENT ANALYSIS as of 04/28/2011

Practice Totals	Mar 11		MTD Apr 11		Benchmark	Variance	YTD Apr 11	Benchmark	Variance
# of New Patients by First Visit	0		0				0		
Tx Amount Diagnosed, New Patients	0.00		0.00				0.00		
Tx Amount Accepted, New Patients	0.00	0%	0.00	0%	85%	-85%	0.00	85%	-85%
Average Tx Amt Diagnosed, New Patients	0.00		0.00		1,500 - 2,500	-2,000.00	0.00	1,500 - 2,500	-2,000.00
# of New Patients Referred BY Patient	0	0%	0	0%	75%	-75%	0	75%	-75%
# of New Patients Referred BY Doctor/Person	0	0%	0	0%	20%	-20%	0	20%	-20%
# of New Patients Referred BY Marketing	0	0%	0	0%	5%	-5%	0	5%	-5%
# of New Patients Referred BY all	0	0%	0	0%			0		

View a snapshot of your collections as well as the aging of accounts receivable and how much is collected from insurance vs. patients. Track referrals and new patient data using this report.

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Active Patient Base by Last Visit: 68

CONTINUING CARE as of 04/28/2011

CC Visits	Mar 11	MTD Apr 11	Benchmark	Variance	YTD Apr 11
Patients with CC Visit within last 12 months		21 31%	80%	-49%	
# of CC Patients Seen	2	3			9
# of Patients Seen with Appt Scheduled	2 100%	1 33%			7 78%

CC Due	Prior Overdue	Mar 11	Apr 11	May 11
# of Patients Due for CC	46	2	1	3
# of Patients Due with Appt Scheduled	3 7%	1 50%	1 100%	2 67%

SCHEDULE MANAGEMENT as of 04/28/2011

Practice Totals	Mar 11	MTD Apr 11	May 11	YTD Apr 11
Dentist Average Hourly Production	47.27	31.53	1.49	45.09
Dentist Unfilled Hours	1,441.25	1,152.75	1,302.75	4,993.25
Hygienist Average Hourly Production	94.40	119.34	0.00	99.34
Hygienist Unfilled Hours	54.25	33.75	39.00	183.00
Scheduled Hours	352.00 100%	274.50 100%	306.25 100%	1,139.25 100%
# of Broken Appointments not re-appointed	0	0	0	0
Scheduled Hours for Broken Appts	0.00 0%	0.00 0%	0.00 0%	0.00 0%
Revenue Lost from Broken Appointments	0.00	0.00	0.00	0.00
Value of Dentist Unfilled Hours	68,127.89	36,346.21	1,941.10	225,145.64
Value of Hygienist Unfilled Hours	5,121.20	4,027.72	0.00	18,179.22

View continuing care details and analysis of the overall effectiveness of current scheduling.

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Recommendation Footnotes:



If Total Office or Dr. Production is down:

1. Review next month's schedule to see how you are tracking compared to your goals. Consider the following:
 - Are there patients with significant treatment that can be moved up in the schedule?
 - Are there patients on the Unscheduled Treatment Plans or ASAP lists you can contact to schedule treatment?
 - Are there new patients already scheduled who have concerns that can be addressed right away?
 - Are there patients of record already scheduled that have more treatment already planned that can be done at the same time? Can you recommend additional cosmetic needs like whitening?
 - Are there patients scheduled in the month that have missed their FMX or Panos in Hygiene that can be influenced to get them done at their visit?
 - Are there patients on your ASAP List who wanted to get in sooner?
 - Do you have patients on your Unscheduled Appointment List who could be contacted to reschedule their broken appointment?
 - Are there patients with pre-determinations that can be moved along to get the work done?
 - Are you creating opportunities to ask patients of record for a referral?
 - Are you surveying your patients to receive feedback? eCentral can help you send automatic surveys to patients so you can receive feedback on your services and also create opportunities to ask for referrals.
2. Review 25 random charts or audit your case acceptance monitors for the last 6 months and either:
 - Call patients who have outstanding treatment to encourage them to complete their 1st or 2nd phase treatment.
 - Check in on a patient by making a customer service call and explain your referral program.

If Hygiene Production is down:

3. Review your Appointment Book and schedule routines and consider the following:
 - Are there patients who are 30-60 days (or longer) past their Continuing Care due date that need to be contacted? If so, find out what may be the obstacle, who is the best contact, and how they should be contacted.
 - When patients come in for their hygiene appointment, do you review other family members to ensure they have an appointment scheduled for all of their continuing care?
 - Are there patients on your ASAP List who wanted to get in sooner for their hygiene appointment?
 - Do you have patients on your Unscheduled Appointment List who could be contacted to reschedule their broken hygiene appointment?
 - Are the codes for perio maintenance, X-rays, sealants, periodic exams, etc., being charged appropriately?
 - Are there additional services that can be done on the scheduled patients, such as whitening, anti-microbials, oral cancer detection, adult sealants, child fluoride, etc.?
 - Are you reinforcing a healthy soft tissue management and making the recommendations for additional scaling and root-planing when appropriate?

If there are a high number of no-shows and cancellations:

4. Review the Schedule Summary Report in the Practice Analysis and the Unscheduled List in the Appointment Book. Things to consider:
 - Were the patient's objections handled during the last visit and did he/she value and commit to the next appointment?
 - Did a full debriefing occur to reinforce the patient's understanding and commitment to the next appointment?
 - Did the patient have unhandled financial concerns?
 - Did a "live" confirmation call occur? If yes, were there any undetected concerns? If no, how can you reach your patients more often?

View recommendations provided by leading consultants based on practice performance vs. industry benchmarks.

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Recommendation Footnotes:

- Does the patient have a pattern of no-showing or canceling with no accountability?
 - Are you using multiple communication methods to contact your patients based on patient preferences such as phone calls, appointment reminder cards, email reminders and text messages?
 - Have you reviewed how eCentral can help automate reminder cards, emails and text messages to help ensure patients are not falling through the cracks?
 - Are you using the Treatment Plan Presenter and GURU to help present treatment plans and educate your patients? Do you give your patients printouts and/or files covering the recommended treatment so they can review it later and discuss it with a significant other?
5. Review your policies and procedures. Consider the following things:
- When a patient calls to cancel, do you tie your concern back to the patient's clinical needs and motivators? For example, "Mrs. Jones, I reviewed your chart and the doctor noted that this treatment was clinically essential. So that we do not compromise your oral health, is there any way I can help you keep this appointment for this very necessary treatment?"
 - Have you considered having patients pre-pay for treatment the week before their scheduled appointment? Patients who have prepaid for their treatment typically do not break appointments.
 - Is it feasible to have the doctor, assistant or hygienist call a random sample of these patients to reinforce the clinical concerns? Many patients view clinical calls as concern for the patient whereas sometimes administrative calls are viewed as trying to fill the schedule.
 - Are you using GURU to help educate your patients and give them information to review after their appointment that reinforces the need for treatment?
 - Are payment arrangements tied to the patient's visit? If so, the patient will cancel when he/she does not have the money. Can you create different arrangements to avoid this obstacle?
 - Do you have strong internal guidelines to address a patient who no-shows or cancels?
 - Is your team comfortable with their verbal skills for treatment commitment and confirmation? If not, consider speaking with a consultant for additional assistance in this area.

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Recommendation Footnotes:



If Case Acceptance or New Patient Potential is low:

1. Analyze your most recent oral evaluations for patients of record and comprehensive oral evaluations for new patients and brainstorm with your team:
 - Are you tracking the right profile patient who needs and wants your dentistry?
 - Do you have a pre-clinical interview, clinical exam and treatment conference process that create a relationship with your patients and inspire them to want the ideal treatment?
 - Are you using GURU to educate and motivate so the patients value and commit to treatment?
 - Are you creating an interactive, co-diagnostic experience that includes intra-oral camera, digital photos and any other tools that involves the patient in the decision making process?
 - Are financial or insurance concerns the obstacle, and if so, are there other opportunities to offer more financial options?
 - Are you using the eCentral Insurance Manager to help track insurance benefits to help patients of record and new patients maximize benefits when they need treatment?
 - Are you utilizing the Treatment Plans with Benefits Available report?
 - Do you have the verbal skills to handle any objections that may come up?
 - Do you answer all patient questions and continuously reinforce the ideal treatment choices with your patients?

If the amount of treatment accepted is low:

2. Review all monitors with your team. Analyze the treatment options and objections so that there can be improvement. Brainstorm the following:
 - Are patients fully restored, or is there additional care to be provided?
 - Are there any cosmetic choices to be explored?
 - Are you using GURU and all patient education opportunities in hygiene?
 - Are you interested in offering new technology or dental services such as orthodontics, Invisalign, sleep apnea care, TMD, implants etc.?
 - Are the hygienists doing a pre-diagnostic exam and focusing the patients on their restorative and aesthetic needs?
 - Is there a well-choreographed hand-off and follow-through during the Doctor Periodic Exam in which the hygienist seamlessly passes the information gathered during the pre-diagnostics and the Doctor reinforces the information with the patient?
 - Does the hygienist have enough time outside of delivery of the procedure to reinforce the relationship, explore dental needs and set up the patient for further care?
 - Is your team equipped to handle financial and/or time objections?
 - Do you provide financial options to make the significant dentistry affordable?

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Recommendation Footnotes:

3. Review next month's schedule to see how you are tracking compared to your goals. Consider the following:
- Are there patients with significant treatment that can be moved up in the schedule?
 - Are there patients on the Unscheduled Treatment Plans or ASAP lists you can contact to schedule treatment?
 - Are there new patients already scheduled who have concerns that can be addressed right away?
 - Are there patients of record already scheduled that have more treatment already planned that can be done at the same time? Can you recommend additional cosmetic needs like whitening?
 - Are there patients scheduled in the month that have missed their FMX or Panos in Hygiene that can be influenced to get them done at their visit?
 - Are there patients with pre-determinations that can be moved along to get the work done?
 - Are you surveying your patients to receive feedback? eCentral can help you send automatic surveys to patients so you can receive feedback on your services and also create opportunities to ask for referrals.



If over-the-counter collections is too low:

2. Review your payment policies. Consider the following:
- Are the patients who have financial arrangements to be met being highlighted and discussed during your morning huddles?
 - Does the doctor inform emergency patients of financial commitments before performing treatment or making changes to treatment?
 - Does the financial coordinator provide a courtesy adjustment for paying in full prior to the start of treatment?
 - Is there a "busyness" issue that prevents the front desk from having adequate time to check out each and every patient?
 - Have you considered using eServices KIOSK which is designed to help streamline patient check-ins allowing your front desk team more time to adequately check patients out?

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Recommendation Footnotes:

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If the number of patient (internal) referrals is too low:

1. You may want to analyze the last 3 months of new patients and discuss:
 - Where do the new patients come from?
 - Are new patients referring others such as their family and friends to the practice?
 - Have they consistently experienced excellent service from your practice?
 - Are they following through with treatment?

2. Brainstorm with your team:
 - Are you creating opportunities to ask patients of record for a referral?
 - Do your patients know you are accepting new patients?
 - Are you asking for referrals, targeting a referral goal at daily morning huddles and getting results?
 - Does your customer/patient service exceed expectations?
 - Do you have a formal system of recognition when your patients refer people to your practice?
 - Who can each team member invite to become a new patient in your practice?
 - Are you surveying your patients to receive feedback? eCentral can help you send automatic surveys to patients so you can receive feedback on your services and also create opportunities to ask for referrals.

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If the number of New Patients Referred by Doctor/Other, or Marketing are low:

1. Brainstorm with your team:
 - Do you have a budget for Marketing?
 - Have you analyzed the return on investment for your existing Marketing efforts? Are you using DENTRIX to track referral sources?
 - Do you have a targeted Patient profile that provides focus for your marketing?
 - Do you have a brand that represents your vision, values and unique competencies, and is it consistently represented in all of your marketing materials?
 - If you have a website for the purpose of attracting new patients, what is driving potential prospects to the site?
 - What businesses are represented within a 5 to 10 mile radius, and are they potential pools for new patients?
 - Have you reviewed the Practice Statistics Report to determine which ZIP codes your patients are coming from and analyze which ZIP codes you would like to draw from?
 - Do you have a formalized referral thank you system where you show appreciation to patients of record for referring new patients to the practice?
 - Does each of your team members have their own business cards with your practice's information on it to give out when they are not at the office? (For example, at a social event, when shopping, while visiting family and friends.) Many practices get new patient referrals from team members.
 - Who can each team member invite to become a new patient in your practice?

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Recommendation Footnotes:

If Continuing Care compliance is low:

1. Review your Appointment Book and schedule routines and consider the following:

- Are there patients who are 30-60 days past their Continuing Care due date that need to be contacted? If so, find out what may be the obstacle, who is the best contact, and how they should be contacted.
- When patients come in for their hygiene appointment, do you review other family members to ensure they have an appointment scheduled for all of their continuing care?
- Do you have patients on your Unscheduled Appointment List who could be contacted to reschedule their broken appointment?
- Does the hygienist have enough time outside of delivery of the procedure to reinforce the relationship, explore dental needs and set up the patient for further care?

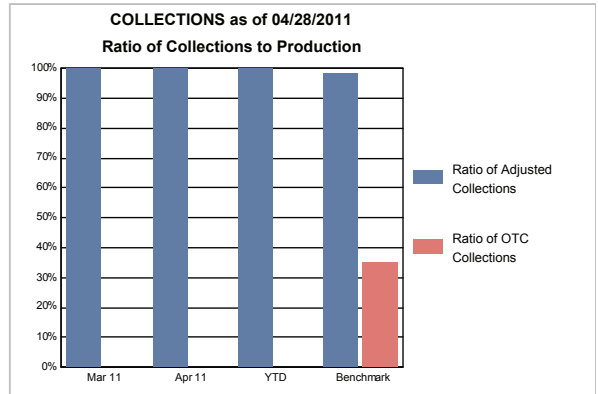
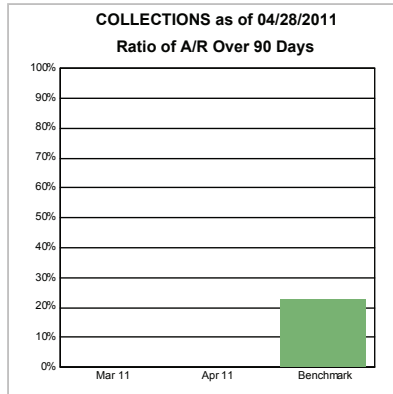
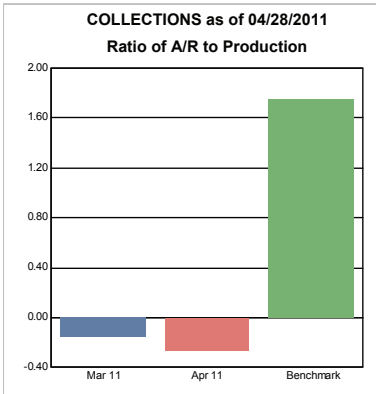
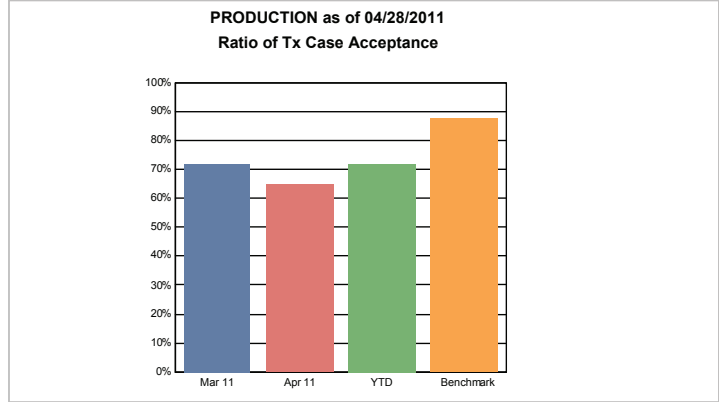
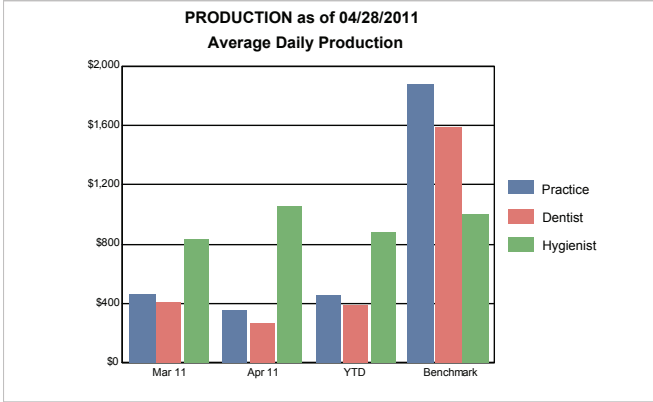
2. Review your continuing care policies and consider the following:

- Are you actively maximizing your continuing care control system?
- Is your pre-appointing system working for you?
- Is the value of on-going Continuing Care reinforced by the Doctor, Hygienist and Team at every opportunity?
- Are there too few or too many hygiene days per week, based on your active patient base?
- Do the hygienists spend their administrative time following up on patients who have missed appointments or fallen through the cracks?
- Does your team actively participate in a soft tissue management program?
- Do you regularly do chart purges and reactivation campaigns that include letters, phone calls, eCentral continuing care reminder cards and emails, etc.?
- Does the Doctor do status exams on patients of record every 3 to 5 years to reinforce commitment and focus on long-term care?

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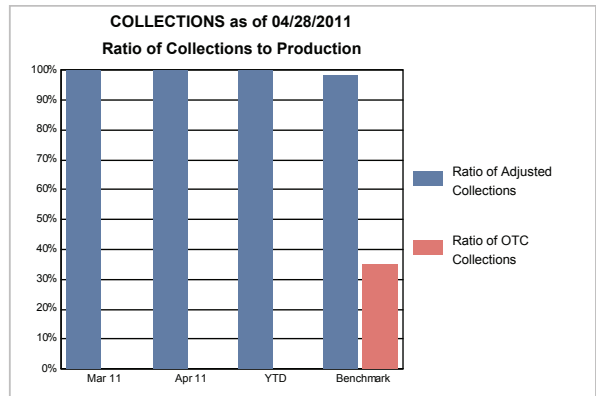
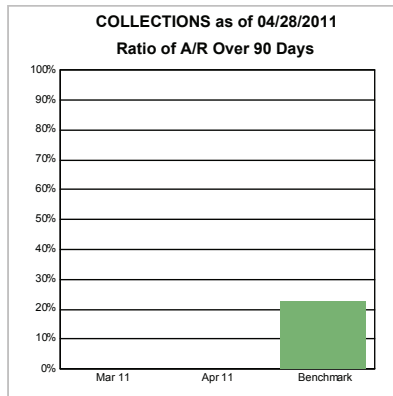
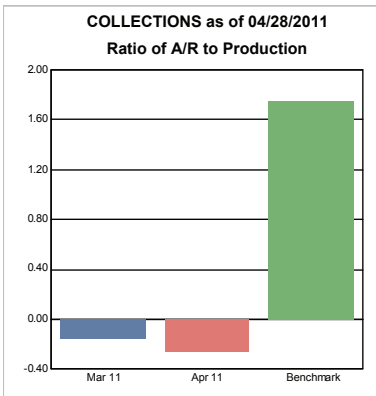
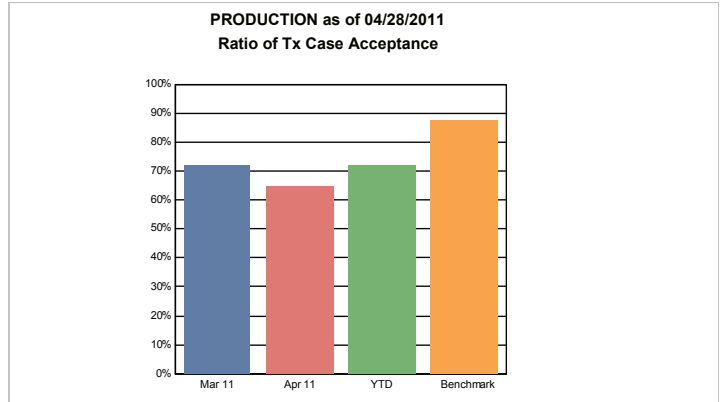
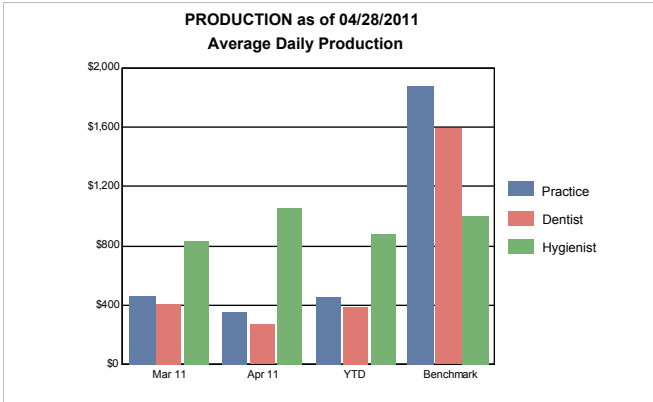


View a graphical representation of average daily production, case acceptance and an aging of accounts receivables.

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View a graphical representation of new patient details, referrals and schedule management.