Tracker Orthodontist **Training Checklist**

Site:_____ **Designated Captain:** _____

Session #1:_____ Start:_____ Finish:_____ T.Travel: _____ Trainer:_____ Initials: _____

Session #2:_____ **Start:**_____ **Finish:**_____ **T.Travel**: _____ **Trainer:**_____ **Initials**: _____

Session #3:_____ **Start:**_____ **Finish:**_____ **T.Travel**: _____ **Trainer:**_____ **Initials**: _____

Scheduling:

_____ ***I*** Starting & Ending Tracker
_____ ***I*** Calendar / Memo
_____ ***I*** Menu, and Tool Bars
_____ ***I*** Keyboard Shortcuts
_____ ***X*** Set-up Sched Columns
_____ ***X*** Add holidays
_____ ***X*** Personal Appointments
_____ ***X*** Week/Resource Icons
_____ ***I*** Resource Schedule
_____ ***X*** Contact Search Window
_____ ***I*** Right Click
_____ ***X*** Rush patient/Quick Add
_____ ***I*** Add Appt. Window
_____ ***C*** Appt Detail
_____ ***I*** Appointment Status
_____ ***X*** Flow for Adding Appt.
_____ ***X*** Calls in Message
_____ ***X*** Cancelling an Appt
_____ ***X*** Never lose a patient
_____ ***C*** Dormant Patient
_____ ***X*** The use of Notes
_____ ***I*** Appointment Manager
_____ ***X*** Options & Bus. Hours
_____ ***X*** Dormant List
_____ ***X*** Clean-up of Appt. Mgr
_____ ***R*** Appointment Manipulation
_____ ***X*** Show book from AM
_____ ***X*** Appointment Search
_____ ***X*** Schedule Template
_____ ***X*** Sort Manager
_____ ***X*** Treatment Only
_____ ***X*** Show power booking
_____ ***X*** Double Booking
_____ ***X*** Lookup/Reason Maint.
_____ ***X*** Reason Colours
_____ ***X*** Recall Flag
_____ **X Super Codes**

Contact Info:

_____ ***X*** Contact Window
_____ ***X*** Uses of Tabs
_____ ***X*** Contact Types
_____ ***X*** Categories
_____ ***X*** Email Addresses
_____ ***X*** Contact Method on Appt
_____ ***X*** Insurance Carriers
_____ ***X*** Insurance/Assignment
_____ ***X*** Plan Details/Select Plan
_____ ***X*** Financial/Bill to vs plan holder
_____ ***X*** Social Assistance
_____ ***X*** Copy Button
_____ ***X*** Inactive Reason
_____ ***X*** Referral Source
_____ ***I*** Short Notice
_____ ***X*** Patient Alerts
_____ ***X*** Cont.Care Recall
_____ ***I*** Recall Interval
_____ ***X*** Corresp/Procs
_____ **X Progress Button**

Financials:

_____ **X Enter old contracts & PD cks**
_____ **X Multiple contracts/Split**

Billings

_____ ***X*** Invoice *(if assignment use one*)
_____ ***X*** Show change fee
_____ ***X*** Delete Code
_____ ***X*** The **?**(Procedure Details)
_____ ***X*** Special + (misc,adj,etc)
_____ ***X*** Notes on Adjustments
_____ ***X*** Calculate Coverage Estimate
_____ ***I*** Comment, Ins. Tab on Est.
_____ ***X*** Payments (no ins-PD,NSF etc.)
_____ ***X*** *Payments (assignment*)
_____ ***X*** for Overpayments/Credits (Provider/Practice)
_____ ***X*** NSF and Reverse pmt
_____ ***X*** **Take Deposit / Multiple Payments**
_____ ***X*** Bulk Payment

_____ ***X*** Financial, Procs Tabs (PD)
_____ ***X*** Reversal EDI
_____ ***X*** Treatment Planning
_____ ***X*** Tracking TP/Pre-D's
_____ ***I*** Comments, Insurance Tabs
_____ ***I*** Reports
_____ ***I*** Receivables Manager
_____ ***I*** Bulk Stmts

Misc:

_____ **I Ortho section in Manual**
_____ **I Ortho Options tab**
_____***X*** Importance of Backups (**Back*Track***)
_____ ***I*** User Doc. /Manuals (Help)
_____ ***X*** FAQs
_____ ***I*** Trouble shooting
_____ ***X*** Highlights
_____ ***I*** T-Utils (Utilities)
_____ ***X*** Duplicate Contacts
_____ ***X*** Manage Plans
_____ ***X*** Balance Forward Editor
_____ ***I*** GL Export
_____ ***X*** EDI-*Track*
_____ ***X*** T-*Word/*Safeguard
_____ ***I*** Email
_____ ***X*** T-Forms
_____ ***X*** ChairSide Charting
_____ ***X*** ChairSide Imaging
_____ Test EDI
_____ ***C*** Remote connection test

Legend:

C **–** Check Current Data
I – Brief Introduction of topic
R – Review of topic
X – Explanation of topic
N/A - Not Applicable

General Notes:

_____
_____
_____

Issues and Enhancements:

_____
_____
_____
_____
_____
_____

Office:
Date:
Topic(s):

THE BRIDGE NETWORK

CE Points Form

Fax: 416.665.0930

Position	First Name	Last Name	Signature	CE Points Letter (Yes/No)