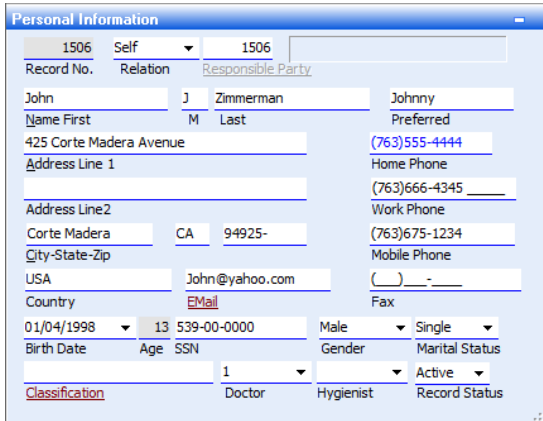


Patient Information:



Personal Information

1506 Self 1506
Record No. Relation Responsible Party

John J Zimmerman Johnny
Name First M Last Preferred

425 Corte Madera Avenue (763)555-4444
Address Line 1 Home Phone

(763)666-4345
Address Line 2 Work Phone

Corte Madera CA 94925- (763)675-1234
City-State-Zip Mobile Phone

USA John@yahoo.com () - -
Country Email Fax

01/04/1998 13 539-00-0000 Male Single
Birth Date Age SSN Gender Marital Status

1 Active
Classification Doctor Hygienist Record Status

- Patients grouped by responsible party.
- First Name
- Last Name
- Middle Initial
- Preferred Name
- Address 1
- Address 2
- City
- State
- Zip
- Home Phone Number
- Work Phone Number
- Mobile Phone Number
- Email Address
- Gender
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status – Active, Inactive, Auxiliary

Notes:

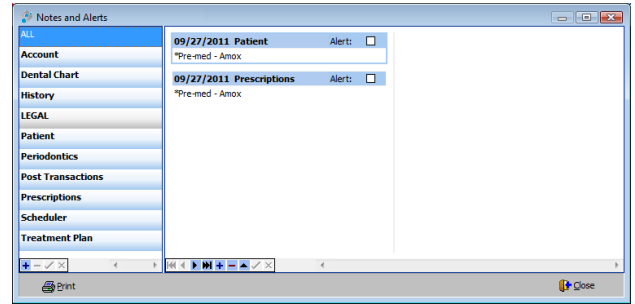


Notes

Medalart: PCN Allergy Notes1: Comments Personotes: 6-4-1 payment for dos 4-4-01 willissue within 10 days for 64.80 AcctNotes1: 12/07/ - NO PRIME DENTAL INS. ONLY AFLAC

- General Note

Notes and Alerts:



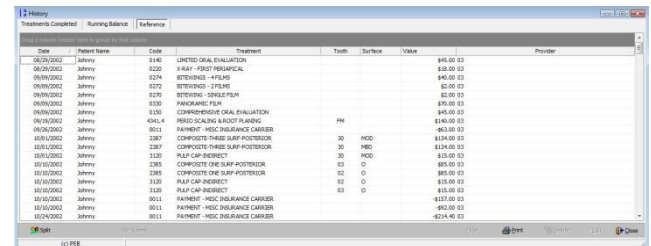
Notes and Alerts

09/27/2011 Patient Alert:
*Pre-med - Amox

09/27/2011 Prescriptions Alert:
*Pre-med - Amox

- Medical Alerts are converted as Dental Chart Alerts and Prescription Alerts

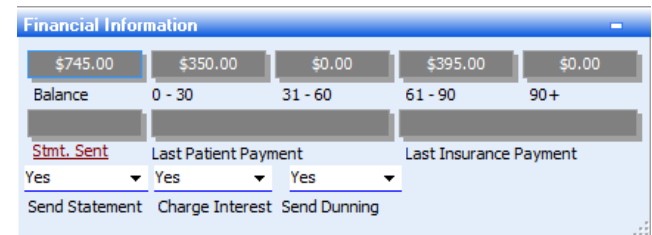
History Reference Tab:



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
06/20/2002	Johnny	9140	UNITED ORAL EVALUATION			\$45.00 03	
06/20/2002	Johnny	9220	V-HAT - FIRST PERIAPICAL			\$18.00 03	
06/20/2002	Johnny	9274	STERLING - XPLMS			\$45.00 03	
06/20/2002	Johnny	9275	STERLING - TOPING			\$2.00 03	
06/20/2002	Johnny	9276	STERLING - SINGLE PFM			\$2.00 03	
06/20/2002	Johnny	9300	PANORAMIC FILM			\$75.00 03	
06/20/2002	Johnny	9350	COMPREHENSIVE ORAL EVALUATION			\$45.00 03	
06/20/2002	Johnny	9361.4	PERIODONTAL PROST PLANING		PH	\$140.00 03	
06/20/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$51.00 03	
06/20/2002	Johnny	2387	COMPOSITE THREE SURF POSTERIOR	30	IND	\$134.00 03	
06/20/2002	Johnny	2387	COMPOSITE THREE SURF POSTERIOR	30	IND	\$134.00 03	
06/20/2002	Johnny	2385	COMPOSITE ONE SURF POSTERIOR	03	O	\$85.00 03	
06/20/2002	Johnny	2385	COMPOSITE ONE SURF POSTERIOR	02	O	\$85.00 03	
06/20/2002	Johnny	3120	PULP CAP-INDIRECT	02	O	\$35.00 03	
06/20/2002	Johnny	3120	PULP CAP-INDIRECT	02	O	\$35.00 03	
06/20/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$137.00 03	
06/20/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$92.00 03	
06/20/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$214.46 03	

- Treatment History – Viewable as History Reference – Does not include deleted transactions [includes Charges, Payments, Debits and Credits]
- Date
- Patient Name
- Code
- Treatment Description
- Tooth
- Surface
- Value
- Provider

Financial Information:



Financial Information

\$745.00 \$350.00 \$0.00 \$395.00 \$0.00

Balance 0 - 30 31 - 60 61 - 90 90+

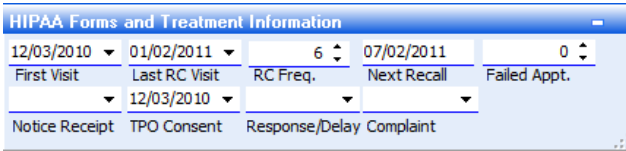
Stmnt. Sent Last Patient Payment Last Insurance Payment

Yes Yes Yes

Send Statement Charge Interest Send Dunning

- Account Balances -- Aged accordingly based on patient primary doctor.
- Send Statement – Defaults to Yes
- Charge Interest – Defaults to Yes
- Send Dunning – Defaults to Yes

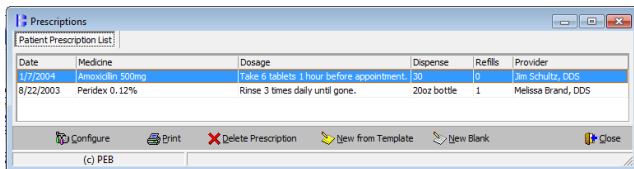
HIPAA Forms and Treatment Information:



12/03/2010 01/02/2011 6 07/02/2011 0
First Visit Last RC Visit RC Freq. Next Recall Failed Appt.
12/03/2010
Notice Receipt TPO Consent Response/Delay Complaint

- First Visit Date
- Last Recall Visit – Based on next recall date using recall frequency
- Recall Frequency
- Next Recall Date (Due Date)
- TPO Consent – Defaults to date of conversion

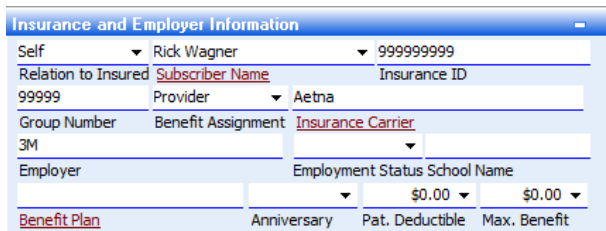
Patient Prescription List:



Date	Medicine	Dosage	Dispense	Refills	Provider
12/2/2004	Amoxicillin 500mg	Take 2 tablets 1 hour before appointment.	30	0	Jim Schultz, DDS
8/22/2003	Peridex 0.12%	Rinse 3 times daily until gone.	20oz bottle	1	Melissa Brand, DDS

- Date
- Medicine
- Dosage
- Dispense
- Refills
- Provider

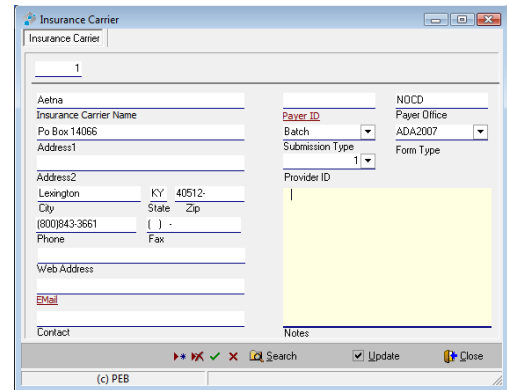
Insurance and Employer Information:



Self Rick Wagner 999999999
Relation to Insured Subscriber Name Insurance ID
99999 Provider Aetna
Group Number Benefit Assignment Insurance Carrier
3M
Employer Employment Status School Name
Benefit Plan Anniversary Pat. Deductible Max. Benefit

- Relation to Primary Policy Holder
- Subscriber Name
- Insurance Id – If blank defaults to SSN# if available
- Group Number
- Benefit Assignment – Defaults to Provider
- Insurance Carrier Name
- Employer
- Employment Status – Defaults to Full Time
- Patient Deductible – Defaults to 0
- Max Benefit – Defaults to 0

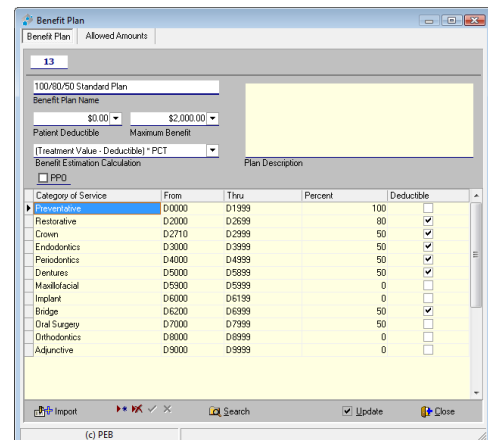
Insurance Carrier:



1
Aetna
Insurance Carrier Name Payer ID NOCD
Po Box 14066 Batch Payer Office
Address1 Submission Type ADA2007
Address2 Provider ID Form Type
Lexington KY 40512-
City State Zip
(800)843-3661 Phone Fax
Web Address
Email
Contact Notes

- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Payer ID – Verify after conversion
- Payer Office – Defaults to NOCD
- Submission Type – Defaults to Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1

Benefit Plan:



Benefit Plan Allowed Amounts
13
100/80/50 Standard Plan
Benefit Plan Name
\$0.00 \$2,000.00
Patient Deductible Maximum Benefit
(Treatment Value - Deductible) * PCT
Benefit Estimation Calculation Plan Description
 PPO
Category of Service From Thru Percent Deductible
Restorative D1000 01999 100
Restorative D2000 03099 80
Crown D2710 02999 50
Endodontics D3000 03999 50
Periodontics D4000 04999 50
Dentures D5000 05999 50
Maxillofacial D5500 05999 0
Implant D6000 06199 0
Bridge D6200 06999 50
Oral Surgery D7000 07999 50
Orthodontics D8000 08999 0
Adjunctive D9000 09999 0

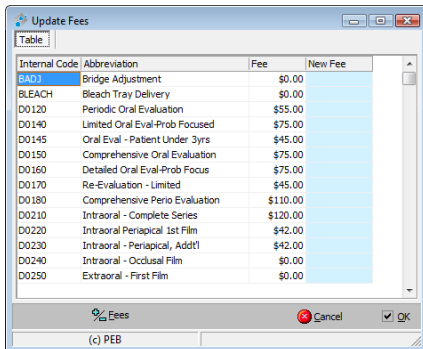
- Benefit Plan Name
- Patient Deductible
- Maximum Benefit
- Benefit Estimation Calculation – Defaults to (Treatment Value – Deductible) * PCT)
- Category of Service
- Codes From and Thru
- Percent

Appointment Book:

2	3	4
Tuesday, Mar 2	Tuesday, Mar 2	Tuesday, Mar 2
	Christopher Holbrook Prophylaxis-Adult	Deborah Traczynski Prophylaxis-Adult
	Nancy Brooks Prophylaxis-Adult	Doug Daigle Prophylaxis-Adult
Gay Short Cement Crown Or Bridg	Julie Anderson Prophylaxis-Adult	Gina Kemsley Prophylaxis-Adult

- Practice Appointments will convert to appropriate column
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- Appointment Provider
- All Appointments convert default Prophy Code [D1110]. Operative appointments may need to be modified following conversion.

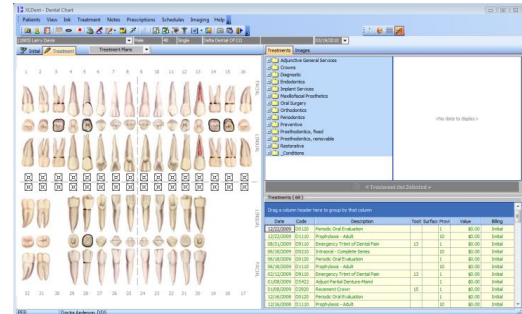
Fee Table:



Internal Code	Abbreviation	Fee	New Fee
SADJ	Bridge Adjustment	\$0.00	
BLEACH	Bleach Tray Delivery	\$0.00	
D0120	Periodic Oral Evaluation	\$55.00	
D0140	Limited Oral Eval-Prob Focused	\$75.00	
D0145	Oral Eval - Patient Under 3yrs	\$45.00	
D0150	Comprehensive Oral Evaluation	\$75.00	
D0160	Detailed Oral Eval-Prob Focus	\$75.00	
D0170	Re-Evaluation - Limited	\$45.00	
D0180	Comprehensive Perio Evaluation	\$110.00	
D0210	Intraoral - Complete Series	\$120.00	
D0220	Intraoral Periapical 1st Film	\$42.00	
D0230	Intraoral - Periapical, Addtl	\$42.00	
D0240	Intraoral - Occlusal Film	\$0.00	
D0250	Extraoral - First Film	\$0.00	

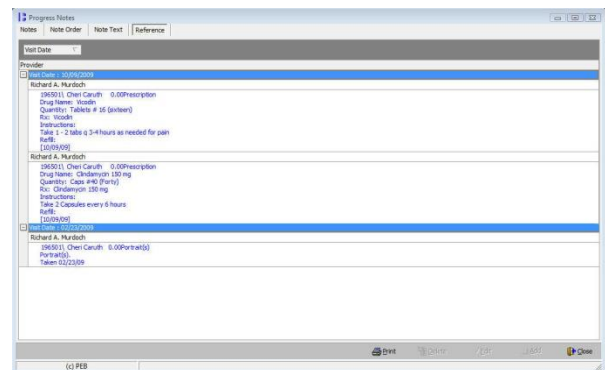
- Procedure Codes
 - ◆ Active ADA Codes
 - ◆ Base Code Abbreviation
- Primary Fee Schedule

XLChart™:



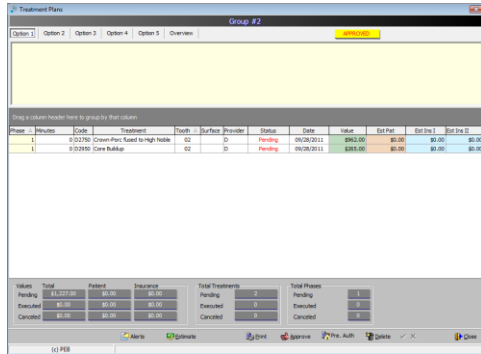
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value
- Provider

Progress Note Reference Tab



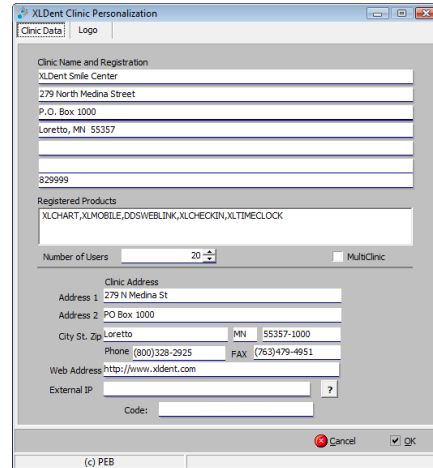
- Clinical Note

Treatment Plans:



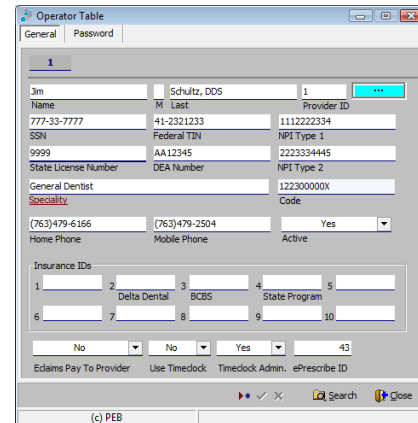
- Accepted, Scheduled and Unscheduled Plans Convert.
- Phase
- Minutes – Defaults to 0
- Code
- Treatment Description
- Tooth
- Surface
- Provider
- Status – Defaults to Pending
- Date
- Value
- Patient Value – Defaults to 0
- Insurance Value I – Defaults to 0
- Insurance Value II – Defaults to 0

Practice Information



- Practice Demographic Information
- Clinic Name
- Clinic Address and Phone
- Clinic Logo

Operator Table:



- Provider Information for all Doctors and Hygienists
- First Name
- Middle Initial
- Last Name
- Provider ID – Same as previous software
- SSN
- Federal TIN
- NPI Type 1
- State License Number
- DEA Number
- NPI Type 2
- Specialty
- Home Phone
- Mobile Phone
- Active – All convert as Yes
- Insurance ID's – If available

Disclaimer:

The success of the conversion is largely based on the data provided. Please be aware that not all data will be transferred. Information that is incorrect or corrupt in your previous system will not be corrected by the conversion. Therefore, some information will need to be manually entered. Verification of conversion data is dependent on supplied fax documents by end user.

Special Conversion Considerations:

Conversions are in constant development, in the event you have questions about data being converted or require special consideration. Please contact your XLDentTM Representative.

Items that do not convert:

Specific areas that will not convert include, but are not limited to, the following:

- ⊗ Periodontal Charting
- ⊗ Provider Accounts Receivable Distribution
- ⊗ Payment Plans/Contract Balances
- ⊗ Outstanding Insurance Claims
- ⊗ Referrals
- ⊗ Chart Label Notes
- ⊗ Last Visit Date
- ⊗ Secondary Insurance
- ⊗ Benefit Plan Allowed Amounts

Notes on Conversions:

- Primary insurance held by the responsible party will convert linked to patients. If a patient holds the primary insurance for other family members, it will not convert linked to the family members.
- Initial Treatment includes items from History Reference.
- Benefit Plan table converts, but it is not linked to subscriber. This will need to be reviewed and manually updated after conversion.
- If a family member was moved from the original account to a new account, any old payments and adjustments will be on the original account.

Below are some additional notes concerning some of the items that will or will not be converting.

Patient ID

A new patient identification number will be assigned for all patients. The patient id number in your previous system will not be converted.

Gender

When this is not converted or not entered into current system it will default to Male.

Marital Status

When this is not converted or not entered into current system it will default to Other.

Preferred Dentist

When this is not converted all patients will be assigned to the default doctor.

First Visit Date

When this is not converted or the patient does not have a first visit date, it will be assigned to the date of the conversion. This is done so the New Patient Report will be accurate for new patients entered into XLDentTM. This can be manually changed.

Recall Frequency

When this is not entered into current system it will default to 0. This will have to be manually updated after loading the converted database.

Patient Status

Active and collection status patients convert to XLDentTM. Inactive accounts may convert based on quality of end users preliminary data conversion cleanup process.

Patient Treatment Plans

All plans convert as Approved.

Appointment Category on Appointment

When this is not converted the Appointment Category and Notes area will be blank. This can be manually updated after the conversion.

End of Month and End of Year will be processed during the conversion. You will be starting a new month and a new year after the conversion. You will want to maintain the End of Month and End of Year totals or reports from your previous system. At the end of the actual month and year, you will combine the totals from XLDentTM and the totals from your previous system to get an accurate Month to Date and Year to Date total.

If posting after conversion cutoff date in your existing practice management software, reports will be inaccurate for End of Month and End of Year due to duplicate entry.

Actual data varies from dataset to dataset, visual representation may be different.