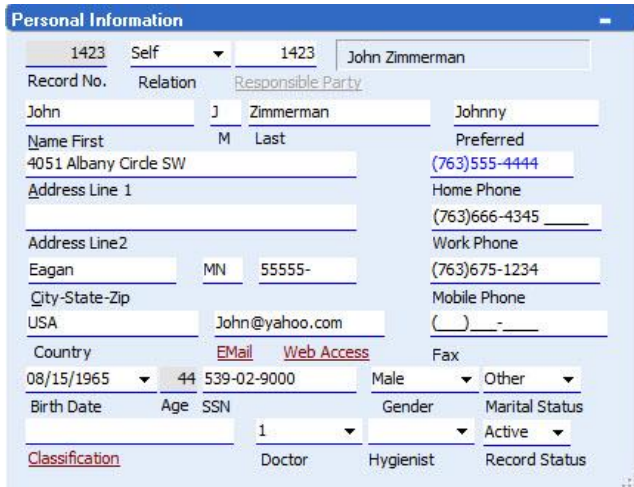


Patient Information:



Personal Information

1423 Self 1423 John Zimmerman

Record No. Relation Responsible Party

John J Zimmerman Johnny

Name First M Last Preferred

4051 Albany Circle SW (763)555-4444

Address Line 1 Home Phone

(763)666-4345

Address Line 2 Work Phone

Eagan MN 55555- (763)675-1234

City-State-Zip Mobile Phone

USA John@yahoo.com

Country EMail Web Access Fax

08/15/1965 44 539-02-9000 Male Other

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 Line 1
- Address Line 2
- City
- State
- Zip
- Home Phone Number
- Work Phone Number – No Extension
- Mobile Phone Number
- Email Address
- Gender
- Marital Status
- Birth Date
- Doctor of Record
- Record Status

Notes:



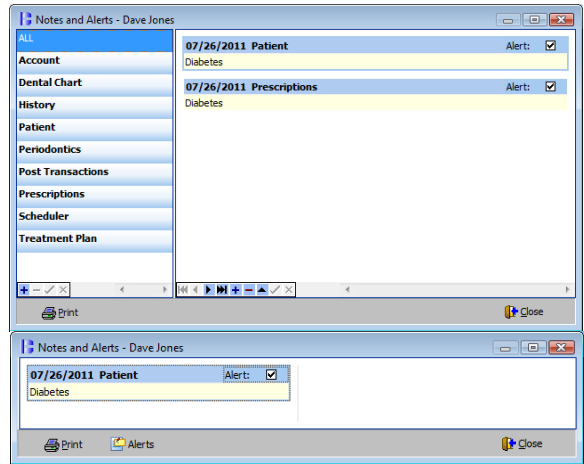
Notes and Alerts

Account Notes

Patient Notes

- Patient ID#

Notes and Alerts:



Notes and Alerts - Dave Jones

ALL

Account 07/26/2011 Patient Alert:

Dental Chart Diabetes

History 07/26/2011 Prescriptions Alert:

Patient Diabetes

Periodontics

Post Transactions

Prescriptions

Scheduler

Treatment Plan

Print Close

Notes and Alerts - Dave Jones

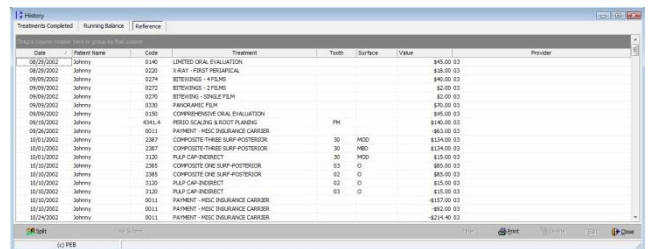
07/26/2011 Patient Alert:

Diabetes

Print Alerts Close

- Medical Alerts convert to Dental Chart Alerts

History Reference Tab:



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
08/05/2002	Johnny	8140	LIMITED ORAL EVALUATION			\$45.00	03
08/06/2002	Johnny	8200	ULTRA-FAST PERIAPICAL			\$140.00	03
08/06/2002	Johnny	8274	STRETCHING - APRIS			\$45.00	03
08/06/2002	Johnny	8275	STRETCHING - SUPRIS			\$25.00	03
08/06/2002	Johnny	8250	STRETCHING - SINGLE PUMP			\$2.00	03
08/06/2002	Johnny	8250	STRETCHING - SINGLE PUMP			\$2.00	03
08/06/2002	Johnny	8250	STRETCHING - SINGLE PUMP			\$2.00	03
08/06/2002	Johnny	8150	COMPREHENSIVE ORAL EVALUATION			\$45.00	03
08/06/2002	Johnny	494.4	FREE SCALING & ROOT PLANING			\$140.00	03
08/06/2002	Johnny	8011	PAIEMENT - MEDIC INSURANCE CARRIER			\$63.00	03
08/06/2002	Johnny	2387	COMPOSITE THREE SURF-POSTERIOR	30	IND	\$124.00	03
08/06/2002	Johnny	2387	COMPOSITE THREE SURF-POSTERIOR	30	IND	\$124.00	03
08/06/2002	Johnny	3320	PALP CAR-INDIRECT	30	IND	\$35.00	03
08/06/2002	Johnny	3385	COMPOSITE ONE SURF-POSTERIOR	02	O	\$65.00	03
08/06/2002	Johnny	3385	COMPOSITE ONE SURF-POSTERIOR	02	O	\$65.00	03
08/06/2002	Johnny	3120	PALP CAR-INDIRECT	02	O	\$25.00	03
08/06/2002	Johnny	3120	PALP CAR-INDIRECT	02	O	\$25.00	03
08/06/2002	Johnny	3120	PALP CAR-INDIRECT	02	O	\$25.00	03
08/06/2002	Johnny	8011	PAIEMENT - MEDIC INSURANCE CARRIER			\$63.00	03
08/06/2002	Johnny	8011	PAIEMENT - MEDIC INSURANCE CARRIER			\$63.00	03
08/06/2002	Johnny	8011	PAIEMENT - MEDIC INSURANCE CARRIER			\$63.00	03
08/06/2002	Johnny	8011	PAIEMENT - MEDIC INSURANCE CARRIER			\$63.00	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:

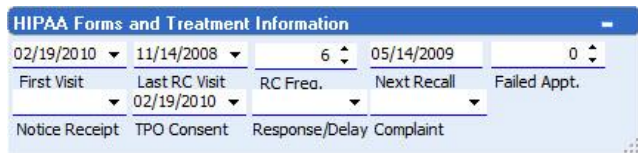


Financial Information window showing account balances and payment options.

\$745.00	\$50.00	\$60.00	\$135.00	\$500.00
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:

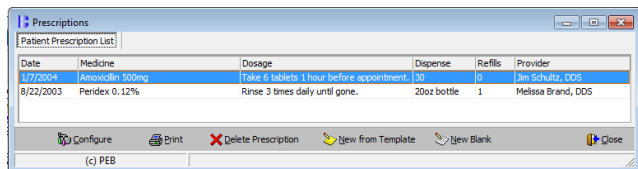


HIPAA Forms and Treatment Information window showing visit dates and frequencies.

02/19/2010	11/14/2008	6	05/14/2009	0
First Visit	Last RC Visit	RC Freq.	Next Recall	Failed Appt.
	02/19/2010			
Notice Receipt	TPO Consent	Response/Delay Complaint		

- First Visit Date – Active Date
- Last Recall Visit - Based on next recall minus recall frequency
- Recall Frequency
- Next Recall Date
- TPO Consent – Defaults to conversion date

Patient Prescription List:

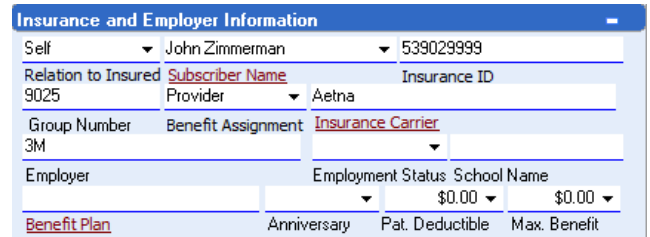


Patient Prescription List window showing a table of prescriptions.

Date	Medicine	Dosage	Dispense	Refills	Provider
1/7/2004	Amoxicillin 500mg	Take 6 tablets 1 hour before appointment.	30	0	Jani Schütz, DDS
8/22/2003	Peridex 0.12%	Rinse 3 times daily until gone.	2oz bottle	1	Melissa Brand, DDS

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

Insurance and Employer Information:

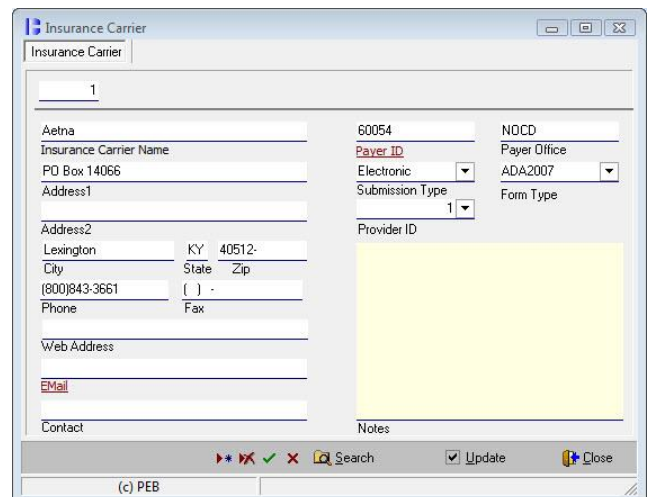


Insurance and Employer Information window showing policy details.

Self	John Zimmerman	539029999
Relation to Insured	Subscriber Name	Insurance ID
9025	Provider	Aetna
Group Number	Benefit Assignment	Insurance Carrier
3M		
Employer	Employment Status	School Name
		\$0.00
Benefit Plan	Anniversary	Pat. Deductible
		Max. Benefit

- Relation to Primary Policy Holder
- Subscriber Name
- Insurance Id – If blank defaults to SSN# if available – Self only
- Group Number
- Benefit Assignment- Defaults to Provider
- Insurance Carrier Name
- Employer Name

Insurance Carrier:



Insurance Carrier window showing detailed carrier information.

Aetna	60054	NOCD
Insurance Carrier Name	Payer ID	Payer Office
PD Box 14066	Electronic	ADA2007
Address1	Submission Type	Form Type
Address2	1	
Lexington KY 40512-	Provider ID	
City State Zip		
(800)843-3661		
Phone	Fax	
Web Address		
E-Mail		
Contact	Notes	

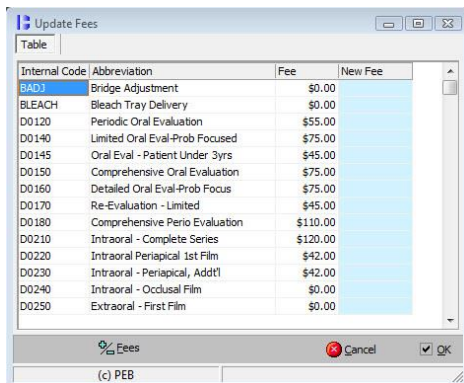
- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Payer ID – Verify after conversion
- Payer Office Always NOCD
- Submission Type Always Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1

Appointment Book:

A Hygiene 1	B Hygiene 2	C Hygiene 3
Monday, February 22	Monday, February 22	Monday, February 22
Rick Albertson	Michael Albertson	
	Joseph Owen	David Ackerman
Mark Adler		Nancy Adler
Stephanie Abraham	Lance Adler	Gene Abraham
Troy Abraham	Lisa Abraham	Justin Allen

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

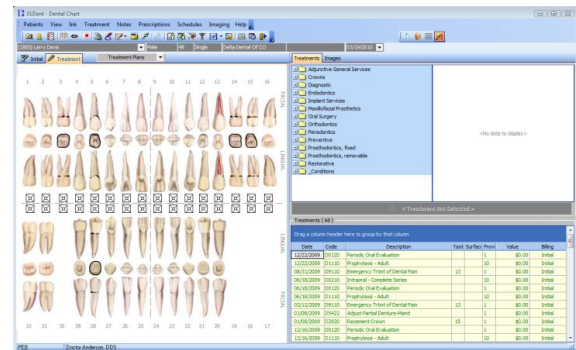
Fee Table:



Internal Code	Abbreviation	Fee	New Fee
BAD1	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	

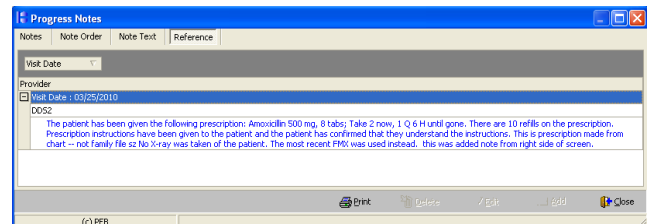
- Procedure Codes
 - ◆ Active ADA Codes
 - ◆ Base Code Abbreviation
- Primary Fee Schedule

XLChart™:



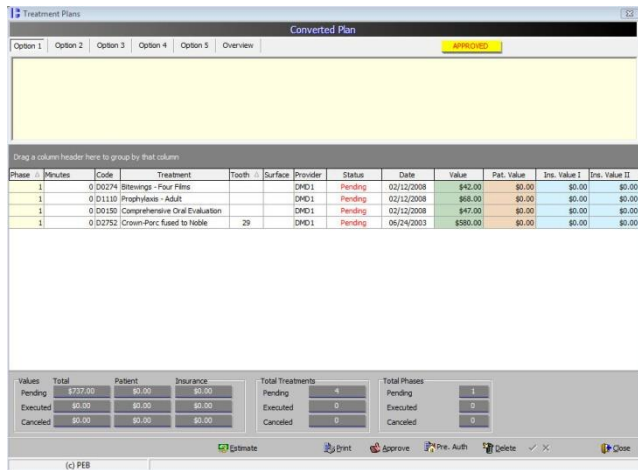
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value – Defaults to \$0.00
- Provider

Progress Notes Reference Tab



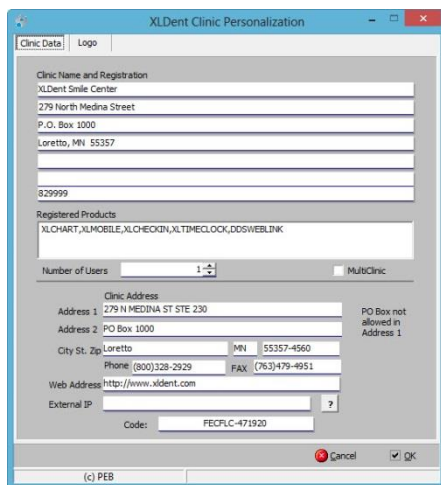
- Clinical Notes
- Date
- Procedure Code
- Tooth
- Surface
- Note Detail
- Provider

Treatment Plans:



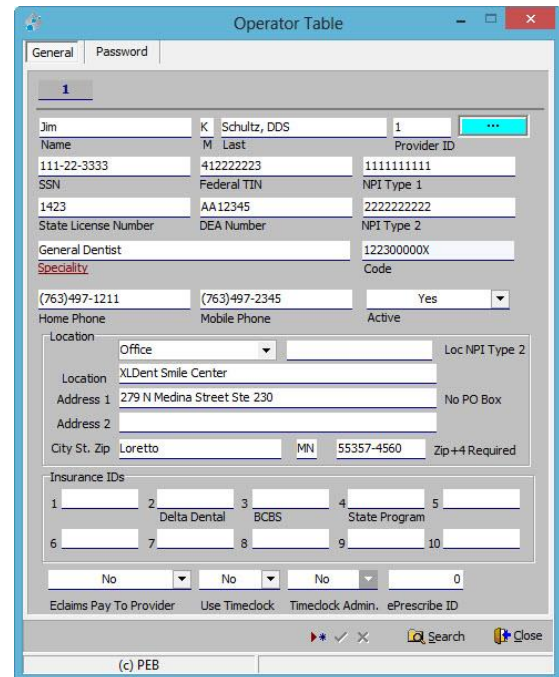
- Phase – Defaults to 1
- Minutes – Defaults to 0
- Code
- Treatment Description
- Tooth
- Surface
- Provider
- Status – Defaults to Pending
- Date
- Value
- Patient Value – Defaults to 0
- Insurance Value I – Defaults to 0
- Insurance Value II – Defaults to 0

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
- Location – Defaults to Office Name
- Location Address1 and 2
- Location City, State, Zip
- 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 XLDent™ 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
- ⊗ Prescription Listing
- ⊗ Benefit Plans / Allowed Amounts
- ⊗ Existing Conditions
- ⊗ Conditions
- ⊗ Scanned Documents
- ⊗ Medical History
- ⊗ Secondary Insurance
- ⊗ Social Security Number

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.

Below are some 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.

Responsible Party ID#

Responsible party is determined by account number in existing software. If not available, patients will need to be manually transferred to the correct Responsible Party after the conversion.

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 XLDent™. This can be manually changed.

Recall Frequency

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

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 XLDent™ 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.