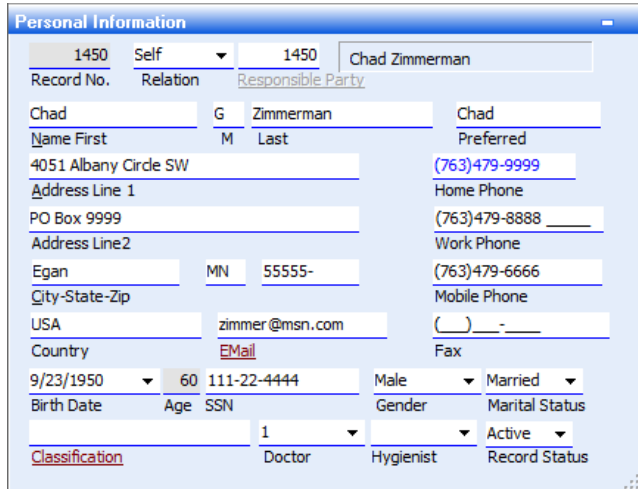


**Patient Information:**



Personal Information

1450 Self 1450 Chad Zimmerman  
Record No. Relation Responsible Party

Chad Zimmerman Chad  
Name First M Last Preferred

4051 Albany Circle SW (763)479-9999  
Address Line 1 Home Phone

PO Box 9999 (763)479-8888  
Address Line 2 Work Phone

Egan MN 55555- (763)479-6666  
City-State-Zip Mobile Phone

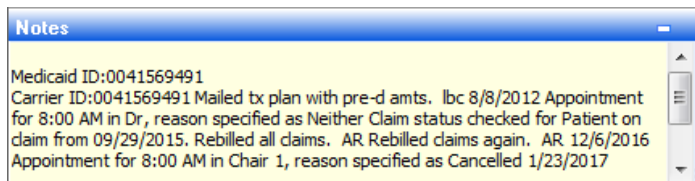
USA zimmer@msn.com  
Country EMail Fax

9/23/1950 60 111-22-4444 Male Married  
Birth Date Age SSN Gender Marital Status

1 Doctor Hygienist Active  
Classification 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
- Mobile Phone Number
- Email Address
- Gender
- Marital Status
- Birth Date
- Doctor of Record
- Hygienist of Record
- Record Status

**Notes:**

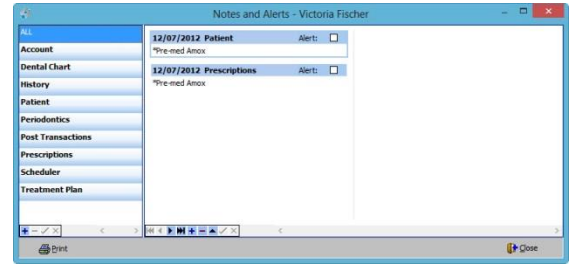


Notes

Medicaid ID:0041569491  
Carrier ID:0041569491 Mailed tx plan with pre-d amts. lbc 8/8/2012 Appointment for 8:00 AM in Dr, reason specified as Neither Claim status checked for Patient on claim from 09/29/2015. Rebilled all claims. AR Rebilled claims again. AR 12/6/2016 Appointment for 8:00 AM in Chair 1, reason specified as Cancelled 1/23/2017

- Medicaid ID
- Carrier ID
- Patient Memo
- Account Notes

**Notes and Alerts:**



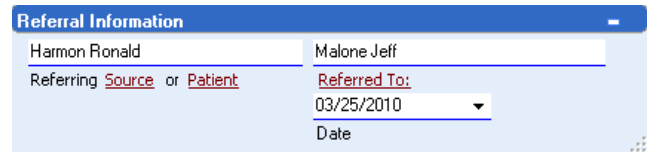
Notes and Alerts - Victoria Fischer

12/07/2012 Patient Alert:   
Preferred Amox

12/07/2012 Prescriptions Alert:   
Preferred Amox

- Patient Alerts convert to Patient Chart Alert
- Account Alerts convert to Account Alert

**Referral Information:**



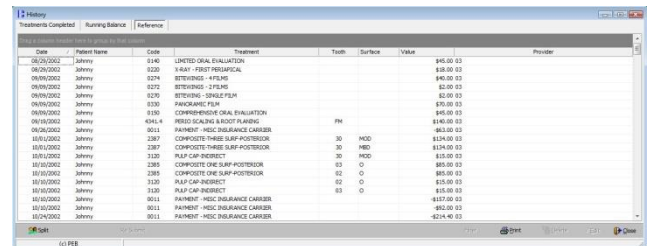
Referral Information

Harmon Ronald Malone Jeff  
Referring Source or Patient Referred To:

03/25/2010  
Date

- Referring Patient
- Referring Source
- Referred To
- Referred Date

**History Reference Tab:**



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
02/20/2002	Jahny	9140	LIMITED ORAL EVALUATION			\$45.00 03	
02/20/2002	Jahny	9220	HEAVY FIRST PERIODICAL			\$18.00 03	
04/06/2002	Jahny	9274	RETENDE - 4PLMS			\$45.00 03	
04/06/2002	Jahny	9272	RETENDE - 2PLMS			\$23.00 03	
04/06/2002	Jahny	9250	RETENDE - SINGLE PLM			\$2.00 03	
04/06/2002	Jahny	9330	PANORAMIC FILM			\$75.00 03	
04/06/2002	Jahny	9150	COMPREHENSIVE ORAL EVALUATION			\$45.00 03	
04/06/2002	Jahny	4914	PERIO SCALING & ROOT PLANING		PH	\$140.00 03	
04/06/2002	Jahny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$62.00 03	
10/01/2002	Jahny	2387	COMPOSITE THREE SLAP POSTERIOR	30	MDO	\$124.00 03	
10/01/2002	Jahny	2389	COMPOSITE THREE SLAP POSTERIOR	30	MDO	\$124.00 03	
10/01/2002	Jahny	3120	PALP CAP INCORRECT	30	O	\$15.00 03	
10/01/2002	Jahny	2385	COMPOSITE ONE SLAP POSTERIOR	02	O	\$85.00 03	
10/01/2002	Jahny	3120	PALP CAP INCORRECT	02	O	\$15.00 03	
10/01/2002	Jahny	3120	PALP CAP INCORRECT	03	O	\$15.00 03	
10/01/2002	Jahny	4612	PAYMENT - MEDIC INSURANCE CARRIER			\$137.00 03	
10/01/2002	Jahny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$62.00 03	
10/01/2002	Jahny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$214.40 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

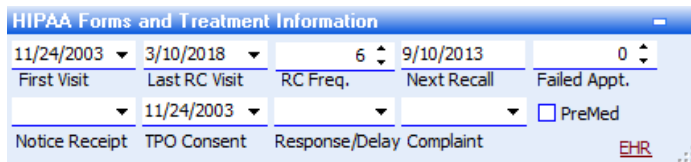
**Financial Information:**



Financial Information window showing account balances and payment options. Balances are categorized by age groups: 0-30, 31-60, 61-90, and 90+. Payment options include Send Statement, Charge Interest, and Send Dunning.

- Account Balances -- Aged accordingly and allocated to the assigned doctor on patient record
- Send Statement
- Charge Interest
- Send Dunning – Defaults to Yes

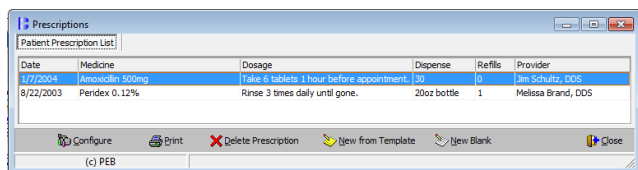
**HIPAA Forms and Treatment Information:**



HIPAA Forms and Treatment Information window showing visit dates, recall frequency, and failed appointments. Includes checkboxes for PreMed and various consent forms like Notice Receipt and TPO Consent.

- First Visit Date
- Last Visit Date
- Last Recall Visit – Based on Next Recall Date less frequency
- Recall Frequency
- Next Recall Date
- TPO Consent
- Failed Appt
- Premed

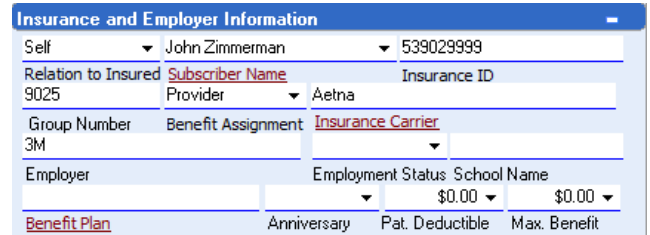
**Patient Prescription List:**



Patient Prescription List window showing a table of prescriptions with columns for Date, Medicine, Dosage, Dispense, Refills, and Provider. Includes buttons for Configure, Print, Delete Prescription, New from Template, New Blank, and Close.

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

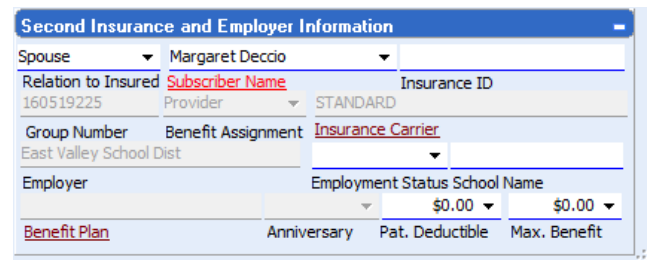
**Insurance and Employer Information:**



Insurance and Employer Information window for John Zimmerman. Fields include Subscriber Name, Insurance ID, Provider, Aetna, Group Number, Benefit Assignment, Insurance Carrier, Employer, Employment Status, School Name, and Benefit Plan details.

- Relation to Primary Policy Holder
- Subscriber Name
- Insurance Id – if blank, converts as blank (Primary Member ID)
- Group Number
- Benefit Assignment
- Insurance Carrier Name
- Employer Name
- Benefit Plan Name is Insurance Name
- School Name

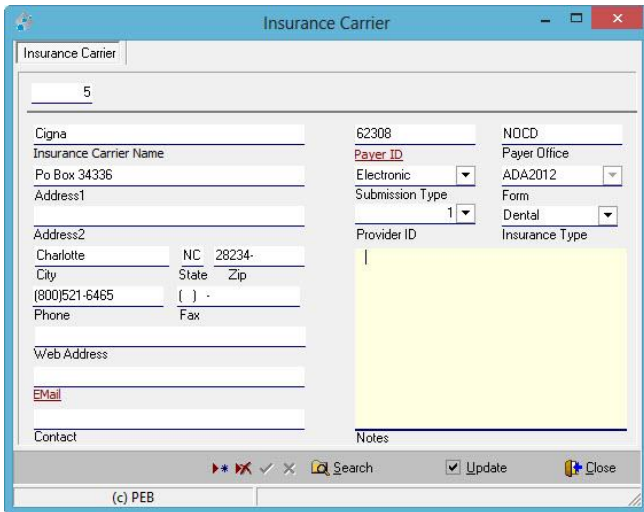
**Second Insurance and Employer Information:**



Second Insurance and Employer Information window for Margaret Deccio. Fields include Subscriber Name, Insurance ID, Provider, STANDARD, Group Number, Benefit Assignment, Insurance Carrier, Employer, Employment Status, School Name, and Benefit Plan details.

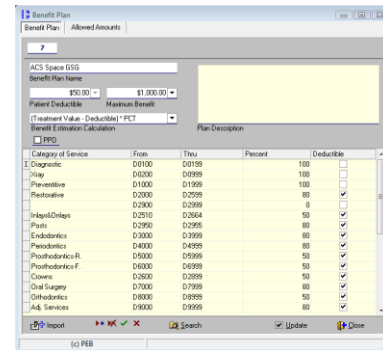
- Relation to Primary Policy Holder
- Subscriber Name
- Insurance ID – If Blank pulls from Subscriber (Secondary Member ID)
- Group Number
- Benefit Assignment
- Insurance Carrier Name
- Employer Name

**Insurance Carrier:**



- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Fax – Defaults to Blank
- Web Address – Defaults to Blank if not supplied
- Email – Defaults to Blank if not supplied
- Contact – Defaults to Blank if not supplied
- Payer ID – Verify after conversion
- Payer Office Always NOCD
- Submission Type – Defaults to Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1
- Insurance Type – Defaults to Dental

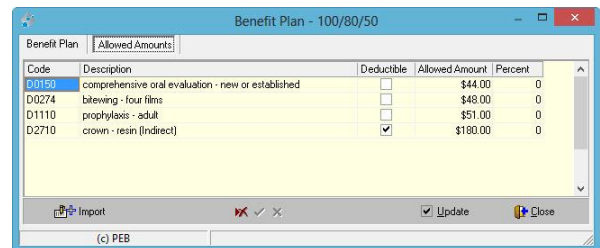
**Benefit Plan:**



**\*\*Benefit Plan List Only – Not linked to Patients\*\***

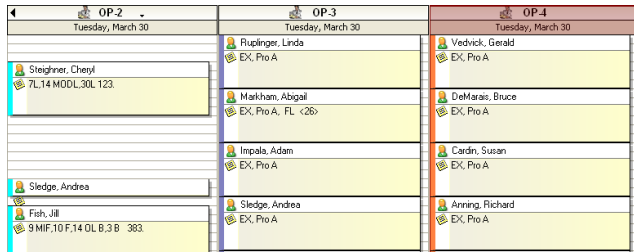
- Benefit Plan Name
- Patient Deductible
- Maximum Benefit
- Benefit Estimation Calculation – Defaults to (Treatment Value – Deductible) \* PCT)
- Category of Service
- Codes From and Thru
- Percent
- Deductible

**Benefit Plan Allowed Amounts Tab:**



- Code
- Description
- Deductible
- Allowed Amount
- Percent

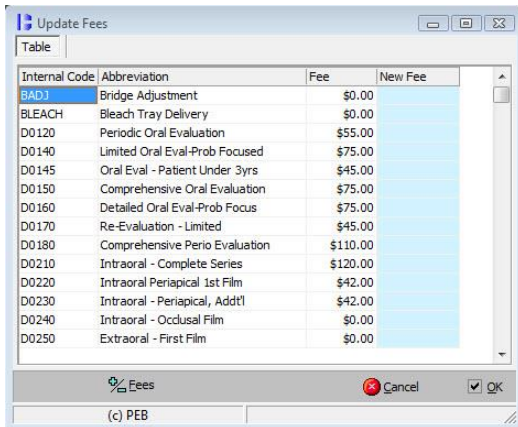
**Appointment Book:**



OP-2 Tuesday, March 30	OP-3 Tuesday, March 30	OP-4 Tuesday, March 30
Steghner, Cheryl 7L14 MODL 30L 123	Ruplinger, Linda EX, Pro A	Vedvick, Gerald EX, Pro A
	Markham, Abigail EX, Pro A, FL <26>	DeMaras, Bruce EX, Pro A
	Impala, Adam EX, Pro A	Cardn, Susan EX, Pro A
Sledge, Andrea 9 MIF, 10 F, 14 OL, B, 3 B 383	Sledge, Andrea EX, Pro A	Anning, Richard EX, Pro A

- Practice Appointments will convert to appropriate column
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- Appointment Type will convert into Notes
- Appointment Notes
- Appointment Detail

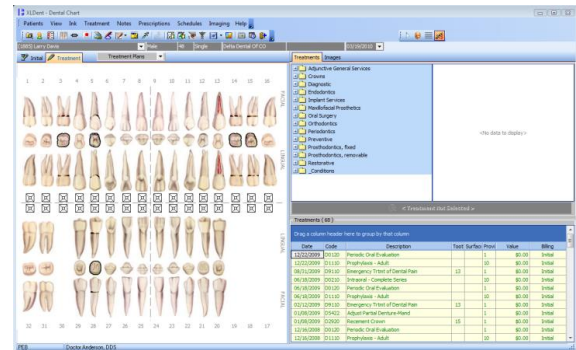
**Fee Table:**



Internal Code	Abbreviation	Fee	New Fee
BAD3	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	

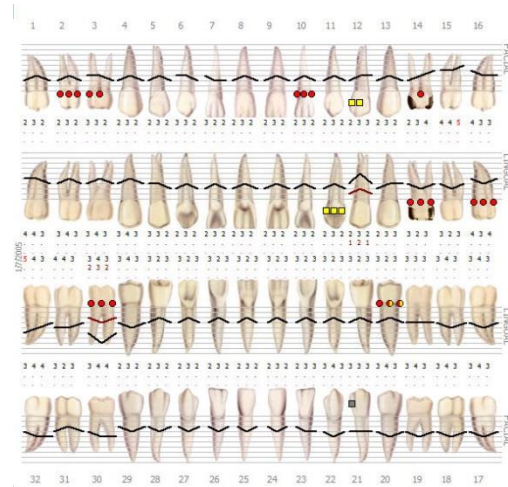
- Procedure Codes
  - ◆ Active ADA Codes
  - ◆ Base Code Abbreviation
- Primary Fee Schedule – Standard Fee Schedule

**XLChart™:**



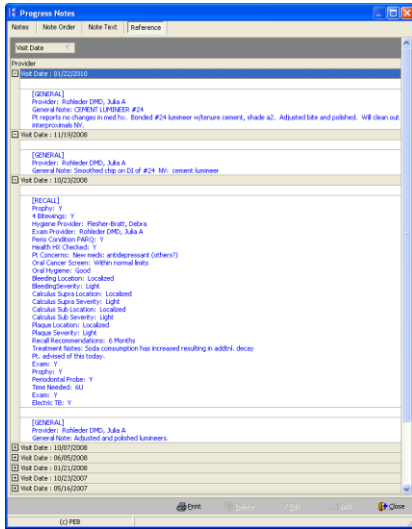
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value – Defaults to \$0.00
- Provider

**Perio Charting**



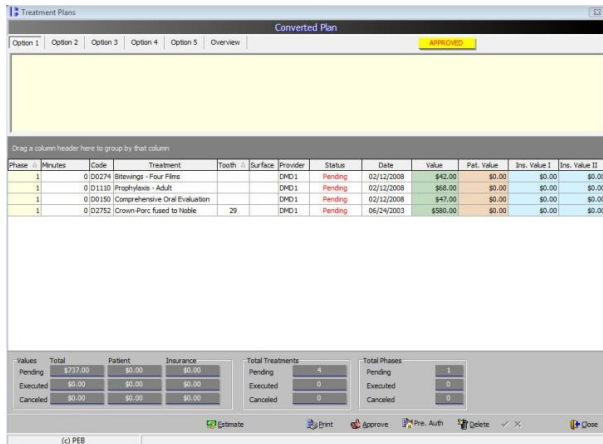
- Pocket
- Recession
- Bleeding
- Suppuration
- Mobility
- Furcation

**Progress Note Reference Tab:**



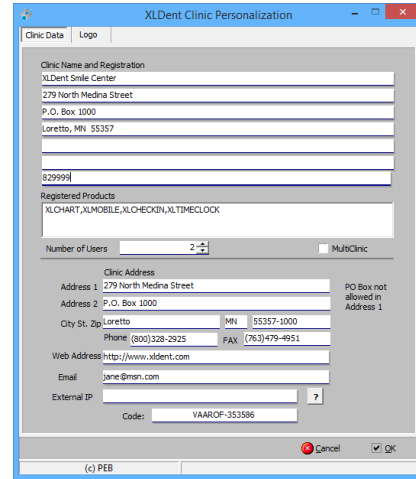
- Patient Notes with a type of Chart, Perio, General, PSR, Image and Rx Writer

**Treatment Plans:**



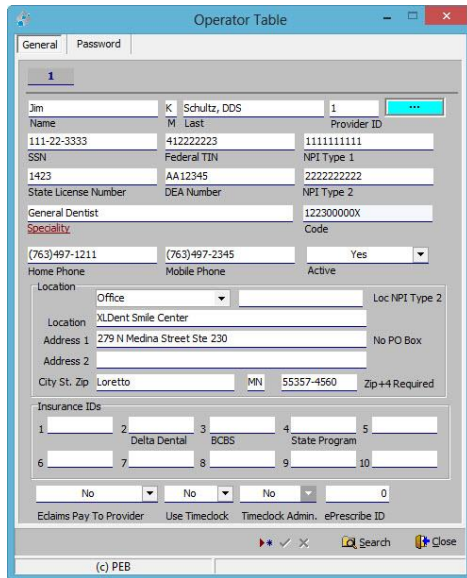
- Phase – Defaults to 1
- Minutes – Defaults to 0
- Code
- Treatment Description
- Tooth
- Surface
- Provider
- Status – Defaults to Pending
- Date
- Value
- Patient Value – Defaults to 0
- Insurance Value I – Defaults to 0
- Insurance Value II – Defaults to 0

**Practice Information:**



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

**Operator Table:**



The screenshot shows a software window titled "Operator Table" with a "General" tab selected. The form contains the following fields and values:

- Name: Jim K. Schultz, DDS
- Provider ID: 1
- SSN: 111-22-3333
- Federal TIN: 412222223
- NPI Type 1: 1111111111
- State License Number: 1423
- DEA Number: AA12345
- NPI Type 2: 222222222
- General Dentist: Yes
- Specialty: 122300000X
- Code: (blank)
- Home Phone: (763)497-1211
- Mobile Phone: (763)497-2345
- Active: Yes
- Location: Office (dropdown)
- Location: XLDent Smile Center
- Address 1: 279 N Medina Street Ste 230
- Address 2: (blank)
- City St. Zip: Loretto MN 55357-4560
- Insurance IDs: 1 (Delta Dental), 2 (BCBS), 3 (State Program), 4 (blank), 5 (blank), 6 (blank), 7 (blank), 8 (blank), 9 (blank), 10 (blank)
- Eclaims Pay To Provider: No
- Use Timeclock: No
- Timeclock Admin.: No
- ePrescribe ID: 0

- 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
- Eclaims Pay to Provider – Defaults to No
- Use Timeclock – Defaults to No (Purchased Product)
- Timeclock Admin. – Defaults to No (Purchased Product)
- ePrescriber id – Defaults to 0 (Purchased Product)

**File Location:**

?:\eaglesoft\ or ?:\program files\eaglesoft

**Files Needed**

?:\eaglesoft\\*. \* excluding Images folder

Need Eaglesoft disks if available.

**Reports Needed**

Print Off an Accounts Receivable Report – Click Reports → Financial → Click Accounts Receivable by Responsible Party → Click Process → Click Print → Click ok.

**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.

**Smart Docs:**

For an additional fee, we have the ability to convert Smart Docs. Due to changes in Eaglesoft versions, some older PDF documents will not maintain the same naming convention as displayed in Eaglesoft. Document dates are maintained. Deleted documents will convert to patients.

### **Items that do not convert:**

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

- ⊖ Provider Accounts Receivable Distribution
- ⊖ Payment Plans/Contract Balances
- ⊖ Outstanding Insurance Claims
- ⊖ Clinical Notes
- ⊖ Class 1 – 5 Filling Indicators
- ⊖ RX Listing
- ⊖ RX Alerts
- ⊖ PM Notes
- ⊖ Pager Number
- ⊖ Salutation
- ⊖ Referred In Source - Provider
- ⊖ Benefit Plan Carrier Fee Schedule
- ⊖ Patient SSN

### **Notes on Conversions:**

- If a family member has dual insurance from a single subscriber, the secondary insurance carrier will not pull correctly. This must be reviewed after conversion.
- Benefit Plan table converts, but it is not linked to subscriber. This will need to be reviewed and manually updated after conversion.
- Benefit Plan Category of Service Codes will need to be reviewed and manually updated after conversion.
- All chairs, hidden or viewed, will convert. Hidden chairs can be manually updated after conversion.
- Only treatment plans created in the last year (12 months) with a status of Pending will convert.
- All Furcation will convert to facial view.
- Only one Recall Frequency will convert, it may not be correct.
- If multiple Perio Exams on the same date, only one will convert.
- On accounts that have had patients split off, personal payments for multiple family members will not split the payment out. The full payment will go to one account or the other.

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

### **Patient ID**

Eaglesoft Chart # is XLDent™ Record#

### **Marital Status**

Divorced and Unknown defaults to Other

### **Patient Notes**

Patient notes with a note type of Chart™, Perio, General, PSE, Image and RX Writer will convert to XLChart™ progress note reference area. Patient with note type of account will be transferred into the Notes field in the XLDent™ patient screen. During your training, you will be shown how to migrate the notes and alerts into specific areas of reference which utilizes the XLDent™ Alert Feature.

### **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 6.

### **Insurance ID**

We convert the Primary and Secondary Member ID. Patients who have the Carrier ID only will not convert. Medicaid and Carrier ID will convert to Patient Notes and can be manually updated after conversion.

### **Referral Reports**

To run reports for converted referred by, please contact XLDent™ Support.

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.**