

Patient Information:



Personal Information

1591 Self 1591 John Zimmerman

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 Web Access Fax

01/04/1998 12 539-00-0000 Female Single

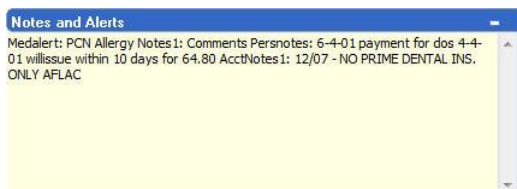
Birth Date Age SSN Gender Marital Status

1 Active

Classification Doctor Hygienist Record Status

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

Patient Notes:

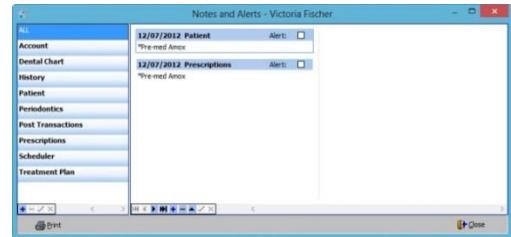


Notes and Alerts

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

- Notes

Notes and Alerts:



Notes and Alerts - Victoria Fischer

12/07/2012 Patient Alert

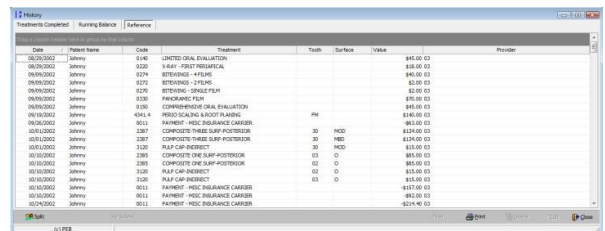
*The med Ance

12/07/2012 Prescriptions Alert

*The med Ance

- Pre-Med Note converts to Dental Chart Alert and Scheduler Alert
- Patient Notes to Patient Notes

History Reference Tab:



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
06/20/2002	Johnny	5140	LIMITED ORAL EVALUATION			\$45.00	ED
06/20/2002	Johnny	5226	5 SURF - FRONT RESTORATION			\$60.00	ED
06/20/2002	Johnny	5274	BTTERING - HYGIENE			\$2.00	ED
06/20/2002	Johnny	5272	BTTERING - FILLING			\$2.00	ED
06/20/2002	Johnny	5102	BTTERING - DENTAL FILING			\$5.00	ED
06/20/2002	Johnny	5100	FRANKING FILL			\$5.00	ED
06/20/2002	Johnny	5100	COMPREHENSIVE ORAL EVALUATION			\$50.00	ED
06/20/2002	Johnny	4041L	PERIO SCALING & ROOT PLANING		PH	\$140.00	ED
06/20/2002	Johnny	5011	PAYMENT - HMO INSURANCE CARRIER			\$50.00	ED
06/20/2002	Johnny	2387	COMPOSITE THREE SURF POSTRESTOR	30	MDO	\$124.00	ED
06/20/2002	Johnny	2387	COMPOSITE THREE SURF POSTRESTOR	20	MDO	\$124.00	ED
06/20/2002	Johnny	1320	PULP CAP INDIRECT	30	MDO	\$55.00	ED
06/20/2002	Johnny	1320	COMPOSITE ONE SURF POSTRESTOR	03	O	\$65.00	ED
06/20/2002	Johnny	1385	COMPOSITE ONE SURF POSTRESTOR	02	O	\$65.00	ED
06/20/2002	Johnny	1320	PULP CAP INDIRECT	02	O	\$55.00	ED
06/20/2002	Johnny	1320	PULP CAP INDIRECT	03	O	\$55.00	ED
06/20/2002	Johnny	5011	PAYMENT - HMO INSURANCE CARRIER			\$127.00	ED
06/20/2002	Johnny	5011	PAYMENT - HMO INSURANCE CARRIER			\$62.00	ED
06/20/2002	Johnny	5011	PAYMENT - HMO INSURANCE CARRIER			\$124.00	ED

- 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 - will display the provider who provided the service.

Financial Information:



Financial Information

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

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

Stmt. Sent Last Patient Payment Last Insurance Payment

Yes Yes Yes

Send Statement Charge Interest Send Dunning

- Account Balances – Balance in Current
- 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				
02/19/2010	11/14/2008	6	05/14/2009	0
First Visit	Last R.C Visit	RC Freq.	Next Recall	Failed Appt.
	02/19/2010			
Notice Receipt	TPO Consent	Response/Delay Complaint		

- First Visit Date
- Last Visit Date
- Last Recall based on last Prophy code in reference history.
- Recall Frequency
- Next Recall Date - Based on last recall visit date using recall frequency
- TPO Consent Date (Defaults to date of conversion)

Insurance and Employer Information:

Insurance and Employer Information			
Self	John Zimmerman	539029999	
Relation to Insured	Subscriber Name	Insurance ID	
9025	Provider	Aetna	
Group Number	Benefit Assignment	Insurance Carrier	
3M	Full Time		
Employer	Employment Status	School Name	
		\$0.00	\$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
- Group Number
- Benefit Assignment
- Insurance Carrier Name
- Employer
- Employment Status – Defaults to Full Time
- Patient Deductible – Defaults to 0
- Max Benefit – Defaults to 0

Insurance Carrier:

Insurance Carrier		
1		
Aetna	Payer ID	Payer Office
Insurance Carrier Name	Batch	ADA2007
Group Dental Claims	Submission Type	Form Type
Address1	Provider ID	
Po Box 14066		
Address2		
Levington	NY	40512
City	State	Zip
(800)843-3661		
Phone	Fax	
Web Address		
http://		
Contact		

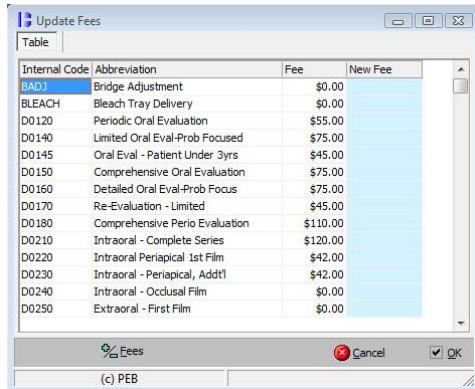
- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Payer ID – Add after conversion
- Payer Office – Defaults to Blank
- Submission Type – Defaults to Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1

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
	Gary Short Cement Crown Or Bridg	
	Julie Anderson Prophylaxis-Adult	Gina Kernsley Prophylaxis-Adult

- Practice Appointments will convert to appropriate column
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- Appointment Notes
- All Appointments convert default Prophy Code [D1110 or D1120] depending upon dentist specialty. Operative appointments may need to be modified following conversion.

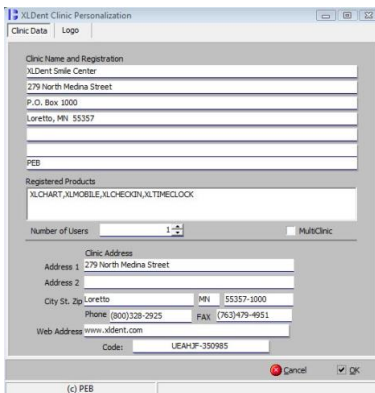
Fee Table:



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

Practice Information



XL Dent Clinic Personalization

Clinic Name and Registration
 XL Dent Smile Center
 279 North Medina Street
 P.O. Box 1000
 Loretto, MN 55357

PEB

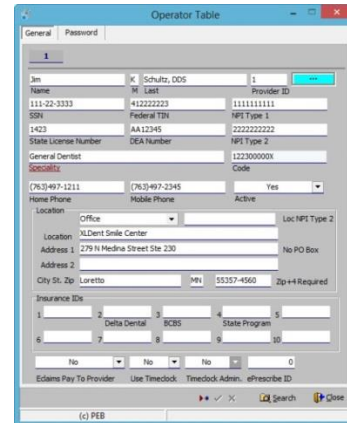
Registered Products
 X,CHART,ALMOBILE,ALO-CHECKIN,ALTIMECLOCK

Number of Users: 1

Clinic Address
 Address 1: 279 North Medina Street
 Address 2:
 City St, Zip: Loretto MN 55357-1000
 Phone: (800)328-2925 FAX: (763)479-4951
 Web Address: www.xldent.com
 Code: UEAHJF-350985

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

Operator Table:



Operator Table

General Password

1

Name: X | Schultz, DDS | 1 |

111-22-3333 | 412222223 | 1111111111 | Provider ID

SSN: Federal TIN: NPI Type 1

1423 | AA12345 | 2222222222 | NPI Type 2

State License Number: DEA Number: NPI Type 2

General Dentist: 1223000000 | Code:

Specialty:

(763)497-1211 | (763)497-2345 | Yes |

Home Phone: Mobile Phone: Active

Location: Office: Loc: NPI Type 2

Location: XL Dent Smile Center

Address 1: 279 N Medina Street Ste 230 | No PO Box

Address 2:

City St, Zip: Loretto MN 55357-4560 | Zip +4 Required

Insurance ID: Delta Dental | BCBS | State Program |

Edema Pay To Provider: Use Timeclock: Timeclock Admin: ePrescribe ID

- 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 Address 1 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.

Duplicate Patients:

Some Practice Management software will allow entry of patients and other information multiple times without warning of duplication. Due to the nature of the database conversion process, there are some items that you should review on the conversion evaluation to identify this duplication. One such item is the duplication of Patient records. To assist you in locating duplicate patients, the XLDent™ Name and Address listing is provided during the evaluation process. Please contact your XLDent™ representative with any questions regarding this process. We look forward to helping you with a smooth transition to XLDent™.

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
- ⊗ Archival History
- ⊗ Prescription Listing
- ⊗ Patient Prescriptions
- ⊗ Secondary Insurance
- ⊗ Treatment Plans
- ⊗ Benefit Plans
- ⊗ Referrals

Notes on Conversions:

- Inactive accounts with balances should be reactivated or written off prior to final conversion. This will be determined at the time of preliminary conversion.
- Marital Status will convert as Single to Single, Married to Married, Divorced to Other and Widowed to Other
- Appointments will convert with a defaulted Prophy code. This can be manually changed after the conversion.

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.

Patient Preferred Name

When this is not entered into current system it will default to first name.

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 XLDent™. This can be manually changed.

Recall Frequency

When this is not entered into current system it will default to 6. This will have to be manually updated after loading the converted database.

Patient Status

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

Benefit Plan Maximum Benefit

When this is not converted will default to \$0.00.

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 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.