

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

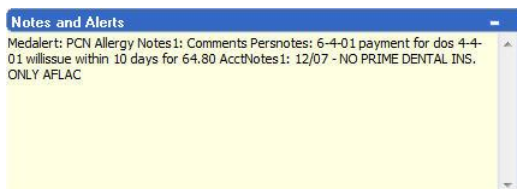
Birth Date Age SSN Gender Marital Status

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, Auxiliary

Patient Notes:

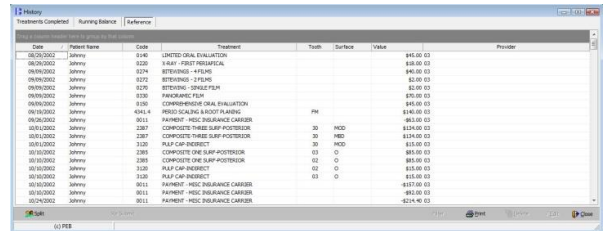


Notes and Alerts

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

- Patient Type 1
- Patient Type 2

History Reference Tab:



| Date | Patient Name | Code | Treatment | Tooth | Surface | Value | Provider |
|------------|--------------|-------|--------------------------------|-------|---------|----------|----------|
| 08/08/2002 | Johny | 1140 | LIMITED ORAL EVALUATION | | | \$45.00 | ED |
| 08/08/2002 | Johny | 8220 | SMALL FIRST PREMOLAR | | | \$40.00 | ED |
| 08/08/2002 | Johny | 8274 | BTORING - HYGIEN | | | \$60.00 | ED |
| 08/08/2002 | Johny | 8272 | BTORING - 2 PLANS | | | \$2.00 | ED |
| 08/08/2002 | Johny | 8276 | BTORING - 2 PLANS | | | \$2.00 | ED |
| 08/08/2002 | Johny | 8230 | PANORAMIC RX | | | \$70.00 | ED |
| 08/08/2002 | Johny | 8110 | CORROBORATIVE ORAL EVALUATION | | | \$50.00 | ED |
| 08/08/2002 | Johny | 49414 | PROF SCALING & ROOT PLANING | | PM | \$140.00 | ED |
| 08/08/2002 | Johny | 8011 | PAYMENT - HMO INSURANCE CHARGE | | | \$50.00 | ED |
| 08/08/2002 | Johny | 1287 | COMPOSITE THREE SURF POSTERIOR | 30 | HMO | \$124.00 | ED |
| 08/08/2002 | Johny | 1285 | COMPOSITE THREE SURF POSTERIOR | 30 | HMO | \$124.00 | ED |
| 08/08/2002 | Johny | 1320 | PULP CAP INDIRECT | 02 | O | \$15.00 | ED |
| 08/08/2002 | Johny | 1285 | COMPOSITE ONE SURF POSTERIOR | 02 | O | \$65.00 | ED |
| 08/08/2002 | Johny | 1320 | PULP CAP INDIRECT | 02 | O | \$15.00 | ED |
| 08/08/2002 | Johny | 1320 | PULP CAP INDIRECT | 03 | O | \$15.00 | ED |
| 08/08/2002 | Johny | 8011 | PAYMENT - HMO INSURANCE CHARGE | | | \$50.00 | ED |
| 08/08/2002 | Johny | 8011 | PAYMENT - HMO INSURANCE CHARGE | | | \$50.00 | ED |
| 08/08/2002 | Johny | 8011 | PAYMENT - HMO INSURANCE CHARGE | | | \$50.00 | 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

Financial Information:



Financial Information

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

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

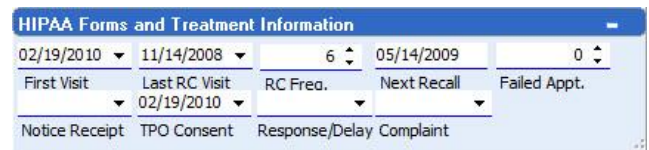
Stmnt. Sent Last Patient Payment Last Insurance Payment

Yes Yes Yes

Send Statement Charge Interest Send Dunning

- Account Balances – 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

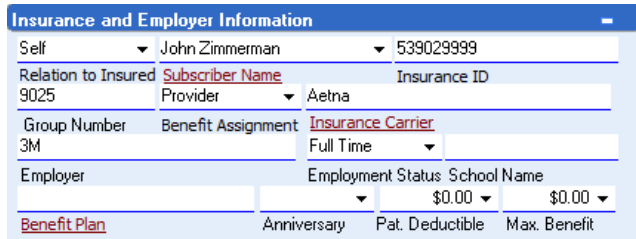
First Visit Last RC Visit RC Freq. Next Recall Failed Appt.

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 – (Default 6)
- Next Recall Date - Based on last recall visit date using recall frequency
- TPO Consent Date (Defaults to date of conversion)

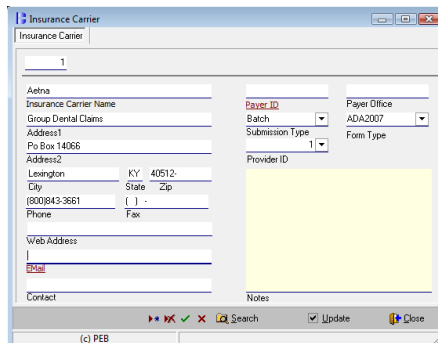
Insurance and Employer Information:



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

- 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

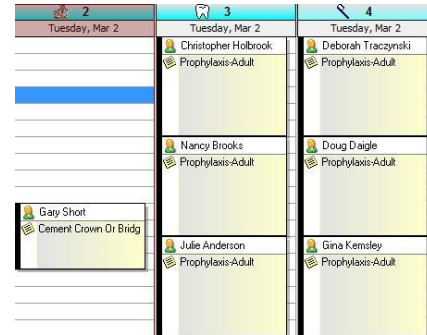
Insurance Carrier:



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

- 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

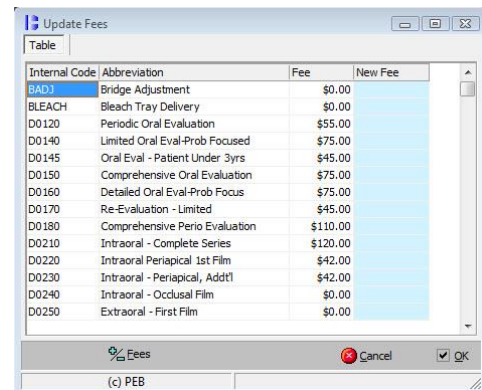
Appointment Book:



| 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 Kemstley 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.

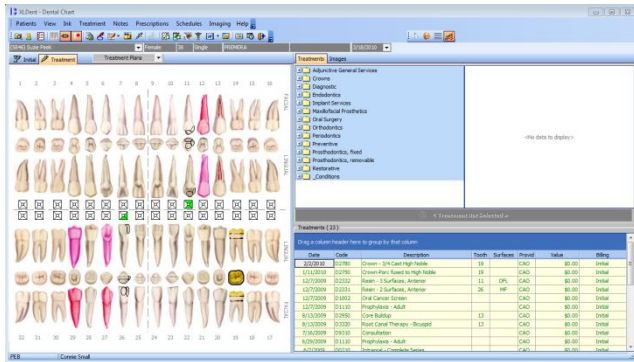
Fee Table:



| Internal Code | Abbreviation | Fee | New Fee |
|---------------|--------------------------------|----------|---------|
| BADJ | 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 | |

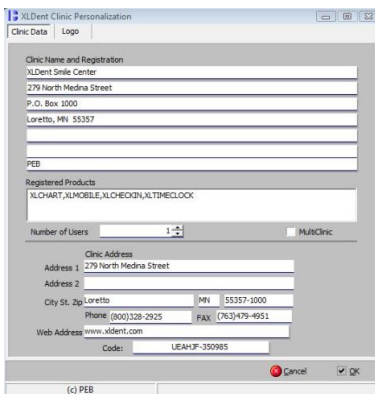
- Procedure Codes
 - ◆ Active ADA Codes
 - ◆ Base Code Abbreviation
- Primary Fee Schedule

XLChart™:



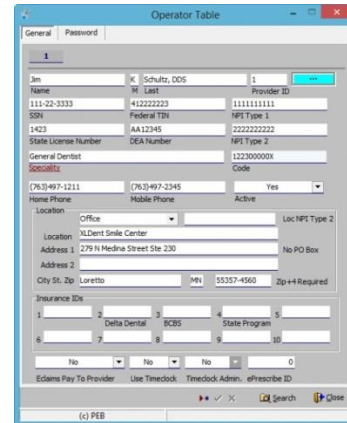
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value
- Provider

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 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:

- 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.
- Appointments not linked to a patient record will not convert. A list will be given to trainer for entry during training.

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.

Patient Status

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

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.