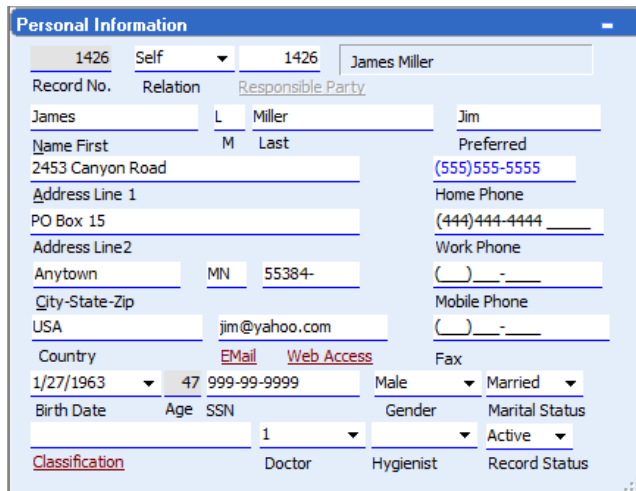


**Patient Information:**



**Personal Information**

Record No. 1426 Self 1426 James Miller

Name First: James, Middle Initial: L, Last: Miller, Preferred: Jim

Address Line 1: 2453 Canyon Road, Home Phone: (555)555-5555

Address Line 2: PO Box 15, Work Phone: (444)444-4444

City-State-Zip: Anytown, MN, 55384- Mobile Phone: ( ) - -

Country: USA, EMail: jim@yahoo.com, Web Access: ( ) - -

Birth Date: 1/27/1963, Age: 47, SSN: 999-99-9999, Gender: Male, Marital Status: Married

Classification: Doctor, Hygienist, Record Status: Active

- 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
- Email Address
- Gender
- Marital Status
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status - Active & Auxiliary

**Notes:**



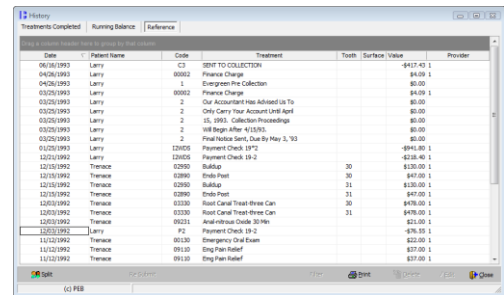
**Notes and Alerts**

11/25/09- number disconnected

2/7/2008:  
SCAP Patient  
SCAP Fax # 578-8690 Diabetes  
High Blood Pressure  
AIDS/HIV  
Bells Palsy

- Patient Medical Alerts
- Patient Notes

**History Reference Tab:**



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
06/06/1993	Larry	0207	TOO COLLECTION			-\$412.00	L
04/26/1993	Larry	0002	Fluoride Charge			\$0.00	L
03/25/1993	Larry	0002	Fluoride Charge			\$4.00	L
03/25/1993	Larry	2	Our Accountant Has Advised us To			\$0.00	L
03/25/1993	Larry	2	Only Carry Your Account Until Next			\$0.00	L
03/25/1993	Larry	2	US, 1993, Collection Proceedings			\$0.00	L
03/25/1993	Larry	2	Will begin after 4/1/93.			\$0.00	L
03/25/1993	Larry	2	Final Notice Sent, Due By May 3, '93			\$0.00	L
01/25/1992	Larry	22605	Payment Check 1972			-\$916.80	L
12/15/1992	Larry	22605	Payment Check 1972			-\$238.40	L
12/15/1992	Tranese	02990	Endo Prost	30		\$330.00	L
12/15/1992	Tranese	02990	Endo Prost	30		\$410.00	L
12/15/1992	Tranese	02990	Endo Prost	31		\$330.00	L
12/15/1992	Tranese	02990	Endo Prost	31		\$440.00	L
12/15/1992	Tranese	03330	Root Canal Treat Three Can	30		\$478.00	L
12/15/1992	Tranese	03330	Root Canal Treat Three Can	31		\$478.00	L
12/15/1992	Tranese	02511	Appl Introlus Oculs 30 Wk			\$51.00	L
12/15/1992	Larry	P2	Payment Check 19-2			-\$76.30	L
11/12/1992	Tranese	09120	Emergency Oral Exam			\$22.00	L
11/12/1992	Tranese	09120	Emergency Oral Exam			\$77.00	L
11/12/1992	Tranese	09120	Emp Pain Relief			\$77.00	L

- Treatment History – Viewable as History Reference [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+

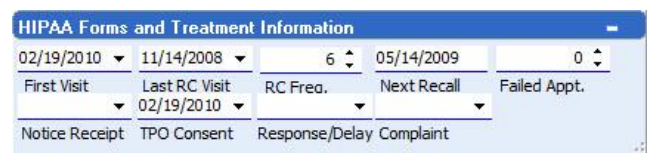
Stmnt. Sent    Last Patient Payment    Last Insurance Payment

Yes    Yes    Yes

Send Statement    Charge Interest    Send Dunning

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

**HIPAA Forms and Treatment Information:**



**HIPAA Forms and Treatment Information**

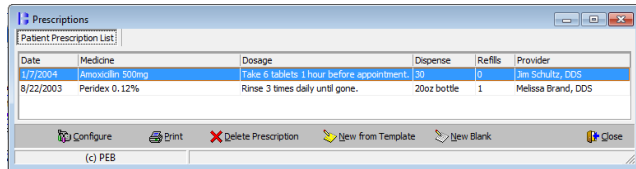
02/19/2010    11/14/2008    6    05/14/2009    0

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

Notice Receipt    TPO Consent    Response/Delay    Complaint

- First Visit Date
- Last Visit Date
- Last Recall Visit
- Recall Frequency
- Next Recall Date – Based on last recall visit date using recall frequency
- TPO Consent – Defaults to Conversion Date

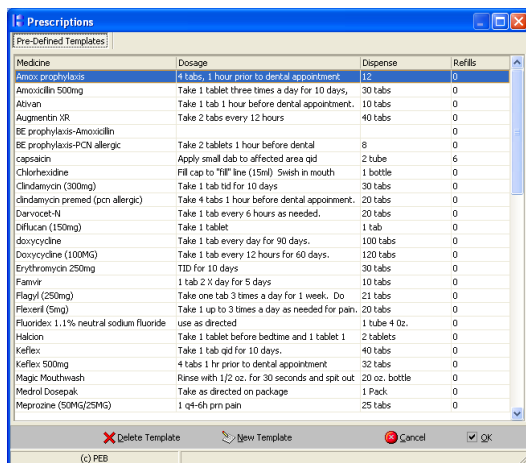
**Patient Prescription List:**



Date	Medicine	Dosage	Dispense	Refills	Provider
1/7/2004	Amoxicillin 500mg	Take 6 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

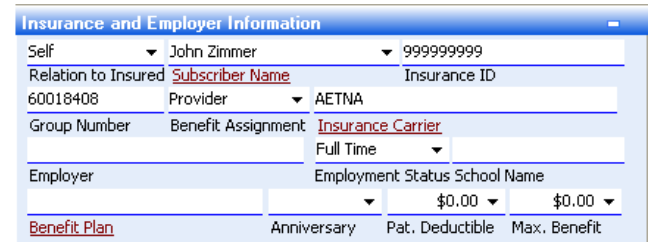
**Prescription Predefined Templates:**



Medicine	Dosage	Dispense	Refills
Amoxicillin 500mg	Take 1 tablet three times a day for 10 days.	30 tabs	0
Ativan	Take 1 tab 1 hour before dental appointment.	10 tabs	0
Augmentin XR	Take 2 tabs every 12 hours	40 tabs	0
BE prophylaxis-Amoxicillin			0
BE prophylaxis-PCN allergic	Take 2 tablets 1 hour before dental	8	0
capsaicin	Apply small dab to affected area qid	2 tube	6
Chlorhexidine	Fill cap to "fill" line (15ml) Swish in mouth	1 bottle	0
Clindamycin (300mg)	Take 1 tab tid for 10 days	30 tabs	0
Clindamycin (pced) (pcn allergic)	Take 4 tabs 1 hour before dental appointment.	20 tabs	0
Darvocet-N	Take 1 tab every 6 hours as needed.	20 tabs	0
Diffucan (150mg)	Take 1 tablet	1 tab	0
doxycycline	Take 1 tab every day for 90 days.	100 tabs	0
Doxycycline (100MG)	Take 1 tab every 12 hours for 60 days.	120 tabs	0
Erythromycin 250mg	TID for 10 days	30 tabs	0
Famvir	1 tab 2x/day for 5 days	10 tabs	0
Flagyl (250mg)	Take one tab 3 times a day for 1 week. Do	21 tabs	0
Flexeril (5mg)	Take 1 up to 3 times a day as needed for pain.	20 tabs	0
Fluoridex 1.1% neutral sodium fluoride	use as directed	1 tube 4 Oz.	0
Halcion	Take 1 tablet before bedtime and 1 tablet 1	2 tablets	0
Keflex	Take 1 tab qid for 10 days.	40 tabs	0
Keflex 500mg	4 tabs 1 hr prior to dental appointment	32 tabs	0
Magic Mouthwash	Rinse with 1/2 oz. for 30 seconds and spit out	20 oz. bottle	0
Medrol Dosepak	Take as directed on package	1 Pack	0
Neprozone (50MG/25MG)	1 qt-6h prn pain	25 tabs	0

- Medicine
- Dosage
- Dispense
- Refills

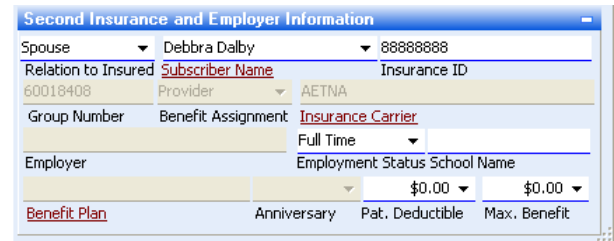
**Insurance and Employer Information:**



Self John Zimmer 999999999  
 Relation to Insured Subscriber Name Insurance ID  
 60018408 Provider AETNA  
 Group Number Benefit Assignment Insurance Carrier  
 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
- Group Number
- Benefit Assignment – Default to Provider
- Insurance Carrier Name
- Employer
- Employment Status - Defaults to Full Time

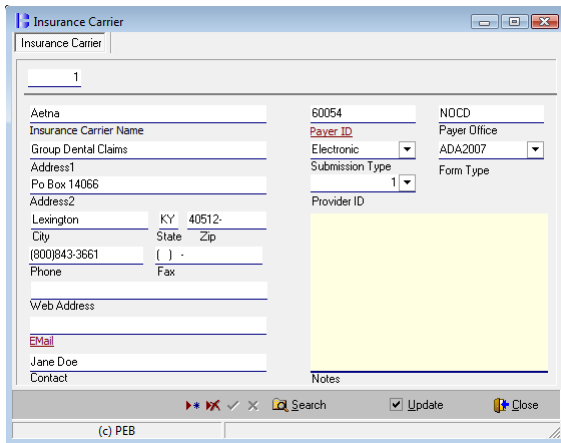
**Second Insurance and Employer Information:**



Spouse Debra Dalby 88888888  
 Relation to Insured Subscriber Name Insurance ID  
 60018408 Provider AETNA  
 Group Number Benefit Assignment Insurance Carrier  
 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
- Group Number
- Benefit Assignment – Default to Provider
- Insurance Carrier Name
- Employer
- Employment Status - Defaults to Full Time

**Insurance Carrier:**

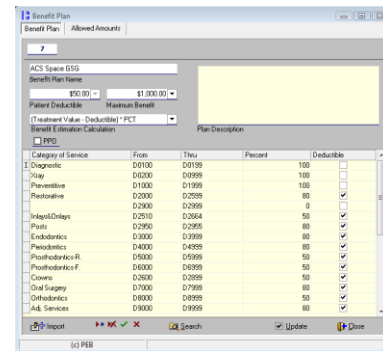


The screenshot shows a software window titled "Insurance Carrier" with a tab labeled "Insurance Carrier". The form contains the following fields and values:

- Carrier Name: Aetna
- Group Dental Claims: Electronic
- Address 1: Lexington, KY 40512
- City: Lexington
- State: KY
- Zip: 40512
- Phone: (800)843-3661
- Fax: ( ) -
- Web Address:
- Email: Jane.Doe@
- Contact: Contact
- Payer ID: 60054
- Payer Office: NOCD
- Submission Type: 1
- Form Type: ADA2007
- Provider ID:

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

**Benefit Plan:**



The screenshot shows a software window titled "Benefit Plan" with a tab labeled "Benefit Plan". The form contains the following fields and values:

- Benefit Plan Name: ACS Space 050
- Patient Deductible: \$50.00
- Maximum Benefit: \$1,000.00
- Benefit Estimation Calculation: (Treatment Value - Deductible) \* PCT
- Plan Description:

Category of Service	From	Thru	Percent	Deductible
Diagnostic	0100	0199	100	
Other	0200	0299	100	
Preventive	0100	0199	100	
Restorative	0300	0399	80	
Orthodontics	0200	0299	80	
Implant/Onlays	0200	0299	80	
Prosthodontics	0300	0399	80	
Endodontics	0400	0499	80	
Periodontics	0500	0599	80	
Phonothodontics	0600	0699	80	
Phonothodontics F	0700	0799	80	
Crowns	0800	0899	80	
Oral Surgery	0900	0999	80	
Orthodontics	1000	1099	80	
Adj. Services	1100	1199	80	

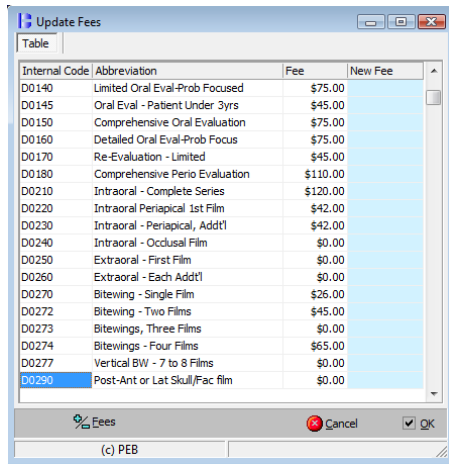
- Benefit Plan Name
- Patient Deductible
- Maximum Benefit
- Benefit Estimation Calculation – Defaults to (Treatment Value – Deductible) \* PCT)
- Category of Service
- Codes From and Thru
- Percent
- Deductible

**Appointment Book:**

Green	Red	White
Monday, March 15 Bill Rhodes recall APRO.CPRO.FL	Monday, March 15 Savannah Sclair RECC APRO.CPRO.FL	Monday, March 15 Brenna Sclair RECC APRO.CPRO.FL
Deb Sclair recall APRO.CPRO.FL		
Arvin Meyer recall APRO.CPRO.FL	Ricky Lee facebow photos DELTRY	Michael Anderson #7-DI and st crown 14 RES.COMP

- Practice Appointments will convert to appropriate column
- Assigned to Doctor in the XLDent™ Scheduler
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- Appointment Comments
- All appointments convert with procedure codes if supplied.

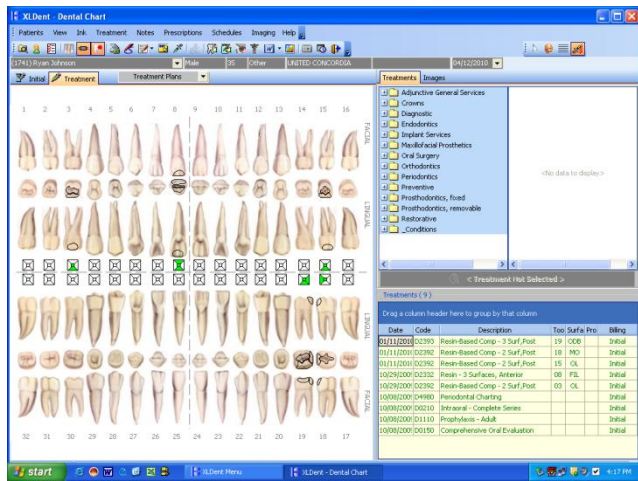
**Fee Table:**



Internal Code	Abbreviation	Fee	New Fee
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	
D0260	Extraoral - Each Addtl	\$0.00	
D0270	Biteewing - Single Film	\$26.00	
D0272	Biteewing - Two Films	\$45.00	
D0273	Biteewings, Three Films	\$0.00	
D0274	Biteewings - Four Films	\$65.00	
D0277	Vertical BW - 7 to 8 Films	\$0.00	
D0290	Post-Ant or Lat Skull/Fac film	\$0.00	

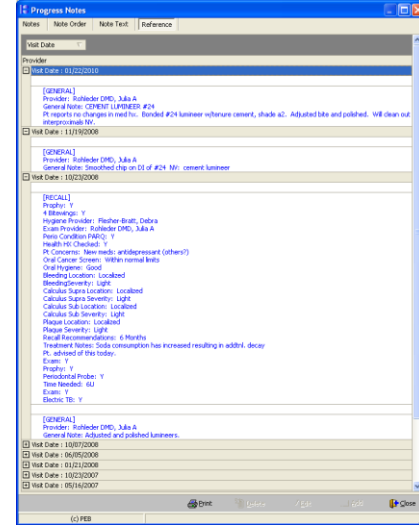
- Procedure Codes
  - ◆ Active ADA Codes
  - ◆ Base Code Abbreviation
- Primary Fee Schedule

**XLChart™:**



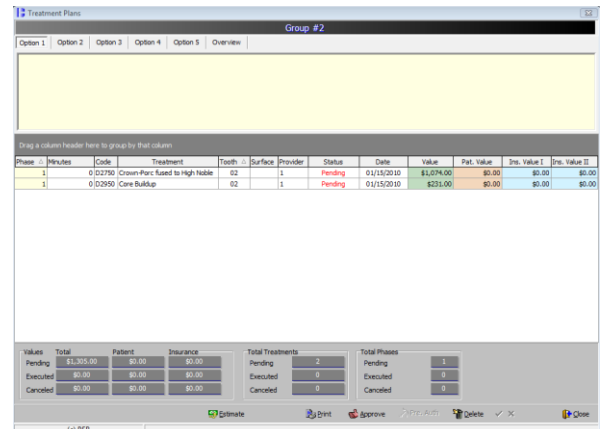
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value - Defaults to Zero

**Progress Note Reference Tab:**



- Date
- Note Body

**Treatment Plans:**



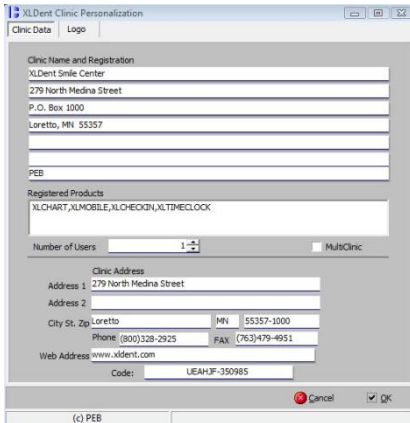
Phase	Minutes	Code	Treatment	Tooth	Surface	Provider	Status	Date	Value	Pat. Value	Ins. Value I	Ins. Value II
1	0	D02750	Crown-Plant. fused to High Nable	02	1		Pending	01/15/2010	\$1,074.00	\$0.00	\$0.00	\$0.00
1	0	D02950	Cone Backup	02	1		Pending	01/15/2010	\$233.00	\$0.00	\$0.00	\$0.00

Values	Total	Patient	Insurance	Total Treatments	Total Phases
Pending	\$1,307.00	\$0.00	\$0.00	2	1
Executed	\$0.00	\$0.00	\$0.00	0	0
Cancelled	\$0.00	\$0.00	\$0.00	0	0

- Accepted and Approved 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:**

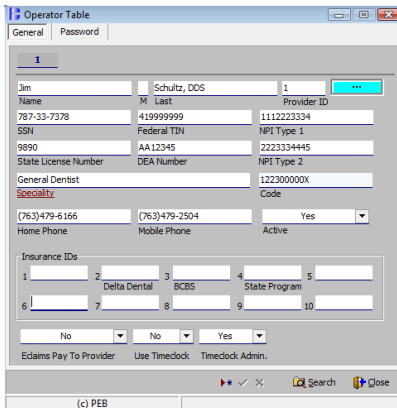


The screenshot shows the 'XLDent Clinic Personalization' window with the following fields filled in:

- Clinic Name and Registration: XLDent Smile Center, 279 North Medina Street, P.O. Box 1000, Loretto, MN 55357
- Registered Products: XLCHART, XLMOBILE, XLOCHECKIN, XLTIMECLOCK
- Clinic Address: Address 1: 279 North Medina Street, Address 2: Loretto, MN 55357-1000, Phone: (800)328-2925, FAX: (763)479-4951, Web Address: www.xldent.com, Code: UEAHF-350985

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

**Operator Table:**



The screenshot shows the 'Operator Table' window with the following fields filled in for a provider:

- Name: Jim Schultz, DOS
- SSN: 787-33-7378
- Federal TIN: 419999999
- State License Number: 9890
- DEA Number: AA12345
- Specialty: 122300000X
- Home Phone: (763)479-6166
- Mobile Phone: (763)479-2504
- Active: Yes
- Insurance IDs: 1: Delta Dental, 2: BCBS, 3: State Program

- 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

**File Location:**

?:\program files\DMC\

**Files Needed**

?:\program files\DMC\\*. \* excluding Images folder

Need software and license disks 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
- Benefit Plan Allowed Amounts
- Cancelled or Pending Appointments
- Referrals
- Patient Photos
- Account Notes
- Non-Patient Subscribers
- Treatment Plan – Treatment Notes
- Recall Comments

### **Notes on Conversions:**

- Plan name converts in place of employer name
- Only treatment plans created in the last year (12 months) will convert. Accepted plans and planned patient history procedures convert as approved, Proposed plans convert as not approved.
- Last Prophylaxis visit is converted as last RC Visit in XLDent™. Perio patients will need to be reviewed after conversion.
- 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.
- Duplicate patients may be converted if naming is not consistent between guarantor and patient records in your old system.
- All payments and adjustments will be converted to the guarantor. There will be no provider converted in reference history for these items.
- We do not convert over all the variations of phone numbers, due to the way your existing Practice Management Software records this information.
- If the Insurance Subscriber is a non-patient on the account, insurance linkage to family members does not convert.
- 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 if necessary.

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

### **Patient ID**

The patient id number in your previous system will be converted.

### **Patient Preferred Name**

When this field is blank, this will convert the First Name as the Preferred Name.

### **Preferred Dentist**

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

### **Marital Status**

Unknown is converted as Other.

### **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 0.

### **Appointment Category**

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

### **Payer ID**

The Payer ID's from your previous system may not be accurate according to the Emdeon Payer List. This field must be verified following conversion.

### **TPO Consent Date**

Your Practice Management Software does not record a consent date, therefore this will not convert. For your convenience, the date of the conversion has been inserted as the consent date. It is important that you verify and update this date following the conversion.

### **Fee Schedule**

The Primary Fee Schedule will be determined at time for preliminary conversion.

### **Treatment Plan**

Quadrants do not convert over with treatment plans.

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.**