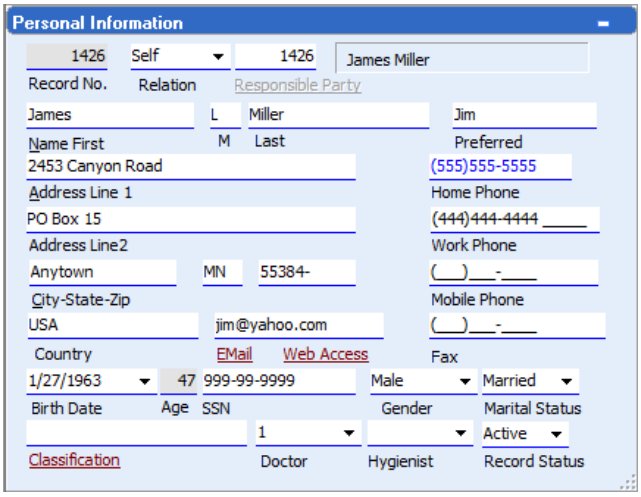
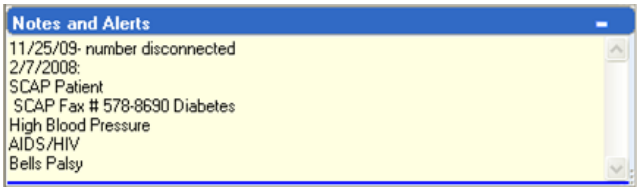
Patient Information:



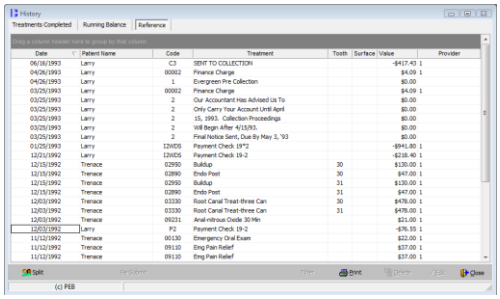
- ☑ Patients grouped by responsible party
- ☑ First Name
- ☑ Last Name
- ☑ Middle Initial
- ☑ Preferred Name
- ☑ Address Line 1
- ☑ Address Line 2
- ☑ City
- ☑ State
- ☑ Zip
- ☑ Home Phone Number
- ☑ Work Phone Number
- ☑ Email Address
- ☑ Gender
- ☑ Marital Status
- ☑ Birth Date
- ☑ Patient SSN
- ☑ Doctor of Record
- ☑ Record Status - Active & Auxiliary

Notes:



- ☑ Patient Medical Alerts
- ☑ Patient Notes

History Reference Tab:



- ☑ Treatment History – Viewable as History Reference [includes Charges, Payments, Debits and Credits]
- ☑ Date
- ☑ Patient Name
- ☑ Code
- ☑ Treatment Description
- ☑ Tooth
- ☑ Surface
- ☑ Value
- ☑ Provider

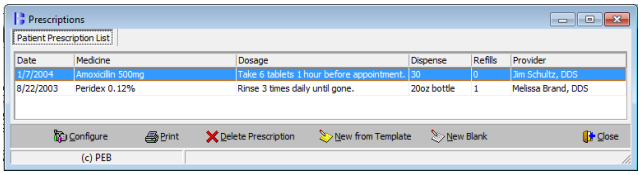
Financial Information:

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

HIPAA Forms and Treatment Information:

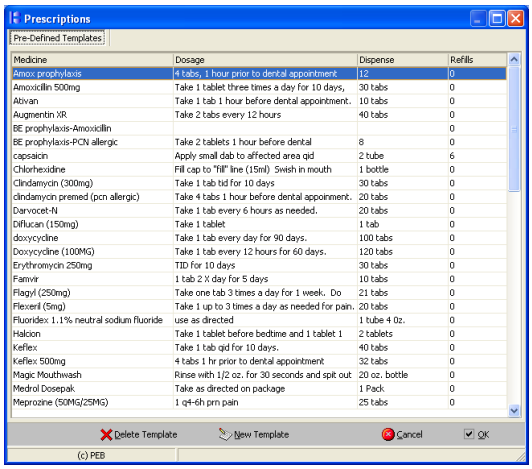
- ☑ First Visit Date
- ☑ Last Visit Date
- ☑ Last Recall Visit
- ☑ Recall Frequency
- ☑ Next Recall Date – Based on last recall visit date using recall frequency
- ☑ TPO Consent – Defaults to Conversion Date

Patient Prescription List:



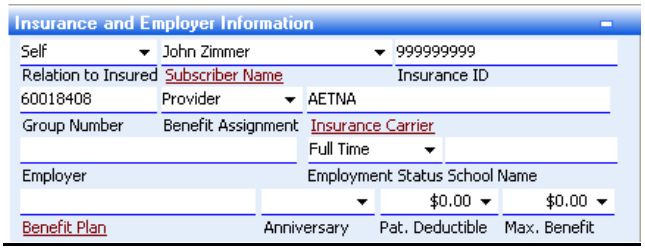
- ☑ Date
- ☑ Medicine
- ☑ Dosage
- ☑ Dispense
- ☑ Refills
- ☑ Provider

Prescription Predefined Templates:



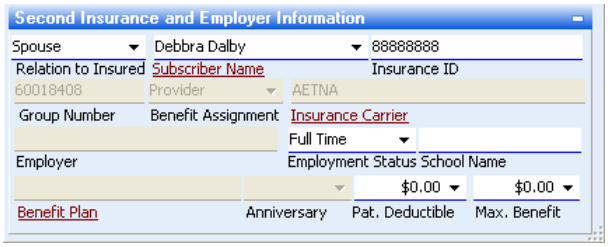
- ☑ Medicine
- ☑ Dosage
- ☑ Dispense
- ☑ Refills

Insurance and Employer Information:



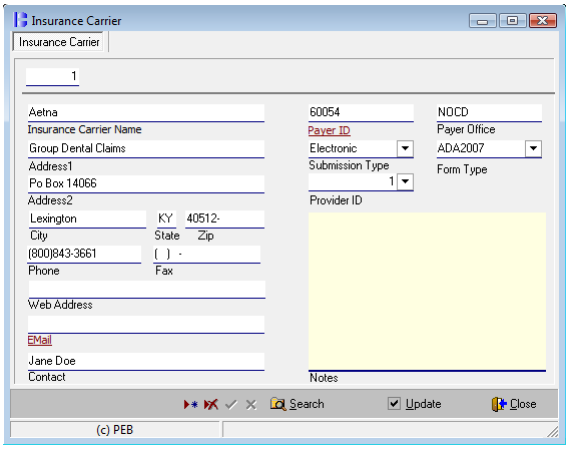
- ☑ Relation to Primary Policy Holder
- ☑ Subscriber Name
- ☑ Insurance Id
- ☑ Group Number
- ☑ Benefit Assignment – Default to Provider
- ☑ Insurance Carrier Name
- ☑ Employer
- ☑ Employment Status - Defaults to Full Time

Second Insurance and Employer Information:



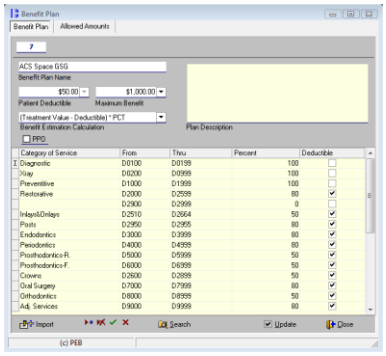
- ☑ Relation to Primary Policy Holder
- ☑ Subscriber Name
- ☑ Insurance ID
- ☑ Group Number
- ☑ Benefit Assignment – Default to Provider
- ☑ Insurance Carrier Name
- ☑ Employer
- ☑ Employment Status - Defaults to Full Time

Insurance Carrier:



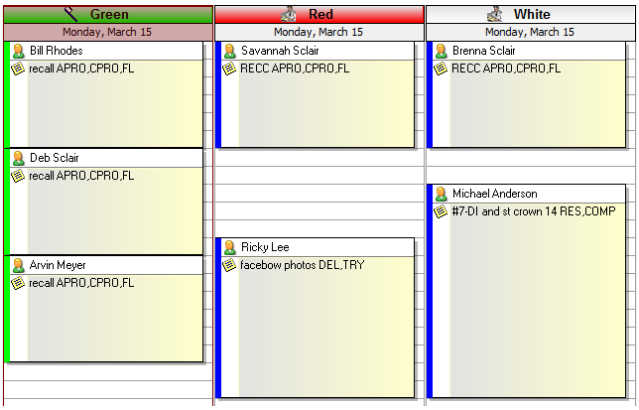
- ☑ Insurance Carrier Name
- ☑ Address 1
- ☑ Address 2
- ☑ City
- ☑ State
- ☑ Zip
- ☑ Phone
- ☑ Fax
- ☑ Web Address
- ☑ Email
- ☑ Contact
- ☑ Payer ID – Verify after conversion
- ☑ Payer Office Always NOCD
- ☑ Submission Type Always Electronic
- ☑ Form Type current ADA Form
- ☑ Provider ID – Defaults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

Benefit Plan:



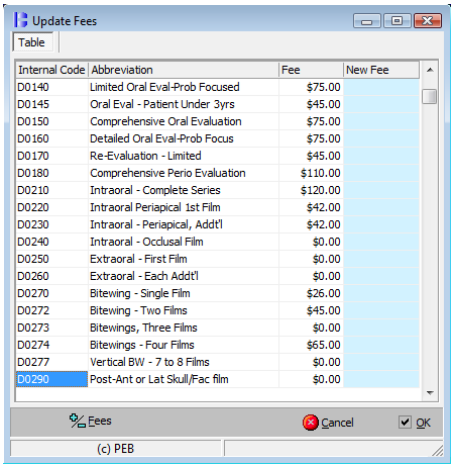
- ☑ Benefit Plan Name
- ☑ Patient Deductible
- ☑ Maximum Benefit
- ☑ Benefit Estimation Calculation – Defaults to (Treatment Value – Deductible) * PCT)
- ☑ Category of Service
- ☑ Codes From and Thru
- ☑ Percent
- ☑ Deductible

Appointment Book:



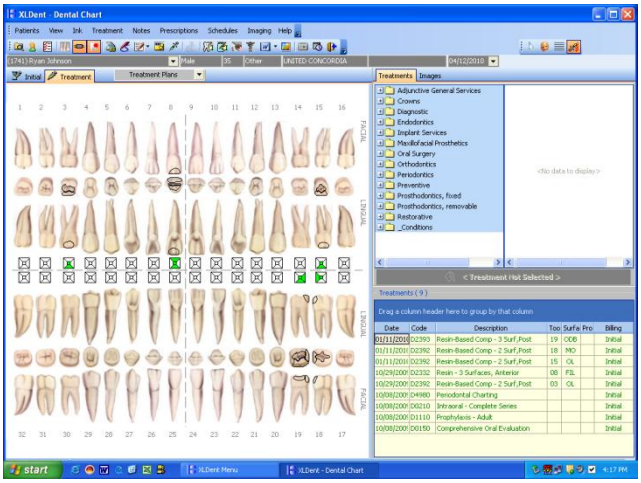
- ☑ Practice Appointments will convert to appropriate column
- ☑ Assigned to Doctor in the XLDent™ Scheduler
- ☑ Patient Name
- ☑ Appointment Date
- ☑ Appointment Time
- ☑ Appointment Length
- ☑ Appointment Comments
- ☑ All appointments convert with procedure codes if supplied.

Fee Table:



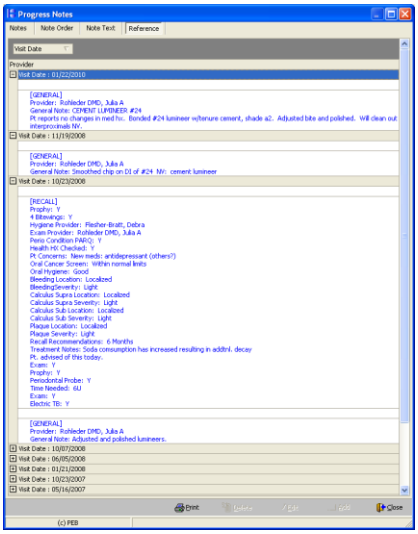
- ☑ Procedure Codes
  - ♦ Active ADA Codes
  - ♦ Base Code Abbreviation
- ☑ Primary Fee Schedule

XLChart™:



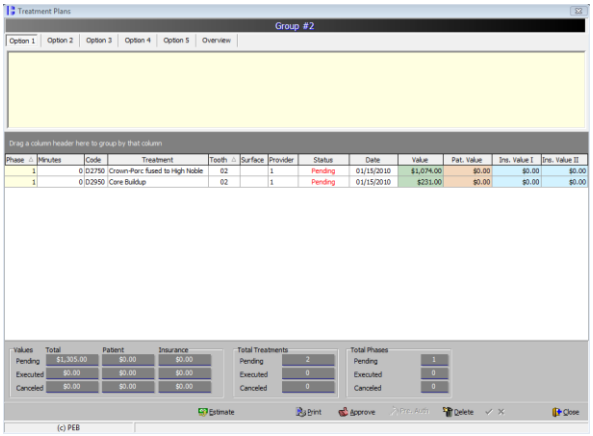
- ☑ Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- ☑ Date
- ☑ Patient Name
- ☑ Code
- ☑ Treatment
- ☑ Tooth
- ☑ Surface
- ☑ Value - Defaults to Zero

Progress Note Reference Tab:



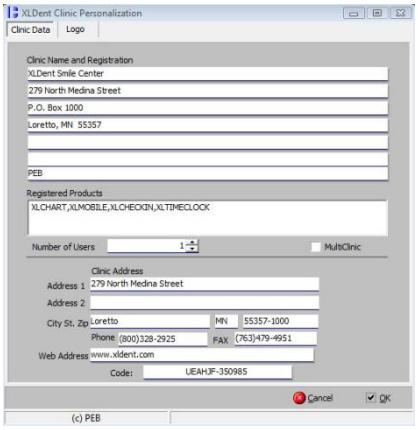
- ☑ Date
- ☑ Note Body

Treatment Plans:



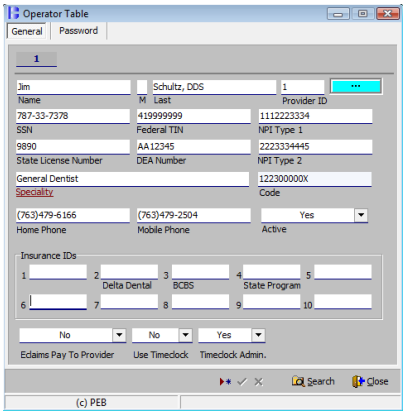
- ☑ Accepted and Approved Plans Convert.
- ☑ Phase
- ☑ Minutes – Defaults to 0
- ☑ Code
- ☑ Treatment Description
- ☑ Tooth
- ☑ Surface
- ☑ Provider
- ☑ Status – Defaults to Pending
- ☑ Date
- ☑ Value
- ☑ Patient Value – Defaults to 0
- ☑ Insurance Value I – Defaults to 0
- ☑ Insurance Value II – Defaults to 0

Practice Information:



- ☑ 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
- ☑ 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 Prophy 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[tm]. 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.