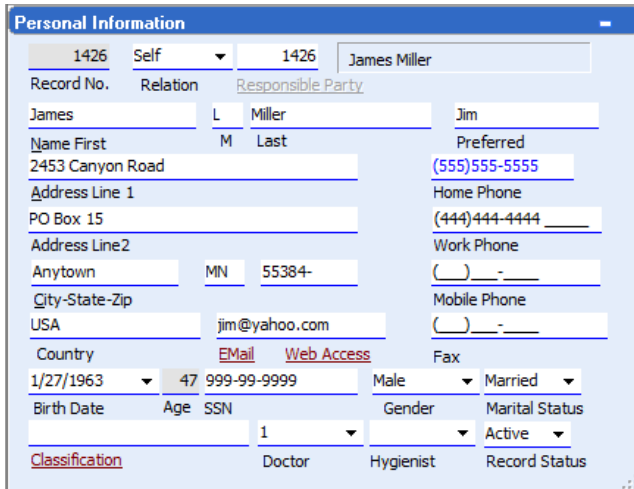


Patient Information:



Personal Information

1426 Self 1426 James Miller

Record No. Relation Responsible Party

James L Miller Jim

Name First M Last Preferred

2453 Canyon Road (555)555-5555

Address Line 1 Home Phone

PO Box 15 (444)444-4444

Address Line 2 Work Phone

Anytown MN 55384- () -

City-State-Zip Mobile Phone

USA jim@yahoo.com () -

Country EMail Web Access Fax

1/27/1963 47 999-99-9999 Male Married

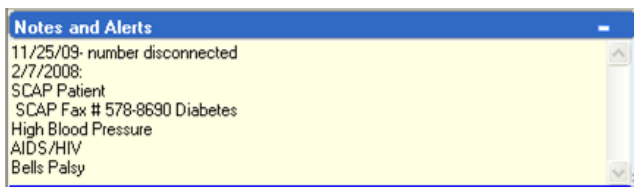
Birth Date Age SSN Gender Marital Status

1 Active

Classification Doctor Hygienist 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
- 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

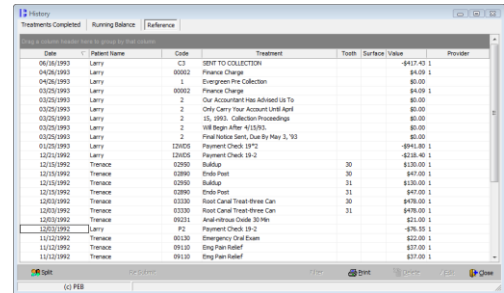
High Blood Pressure

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			-\$412.40	1
04/26/1993	Larry	0002	Fluorine Charge			\$4.00	1
03/25/1993	Larry	0002	Fluorine Charge			\$4.00	1
03/25/1993	Larry	2	Our Accountant Has Advised us To			\$0.00	
03/25/1993	Larry	2	Only Carry Your Account Until April			\$0.00	
03/25/1993	Larry	2	US, 1993, Collection Proceedings			\$0.00	
03/25/1993	Larry	2	Will begin after 4/1/93.			\$0.00	
03/25/1993	Larry	2	Final Notice Sent, Due By May 3, '93			\$0.00	
03/25/1993	Larry	22605	Payment Check 1972			-\$916.80	1
12/15/1992	Larry	0205	Payment Check 19-2			-\$238.40	1
12/15/1992	Trancee	0290	Buildup	30		\$330.00	1
12/15/1992	Trancee	0280	Endo Plast	30		\$410.00	1
12/15/1992	Trancee	0290	Buildup	31		\$330.00	1
12/15/1992	Trancee	0290	Endo Plast	31		\$410.00	1
12/15/1992	Trancee	0230	Root Canal Treat Three Can	30		\$470.00	1
12/15/1992	Trancee	0230	Root Canal Treat Three Can	31		\$470.00	1
12/15/1992	Trancee	0221	Apical/Oblique Crown			\$51.00	1
12/15/1992	Larry	P2	Payment Check 19-2			-\$76.30	1
11/12/1992	Trancee	0120	Emergency Oral Exam			\$22.00	1
11/12/1992	Trancee	0910	Emp Pain Relief			\$77.00	1
11/12/1992	Trancee	0910	Emp Pain Relief			\$77.00	1

- 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+

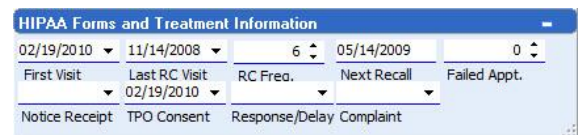
Stmt. Sent Last Patient Payment Last Insurance Payment

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

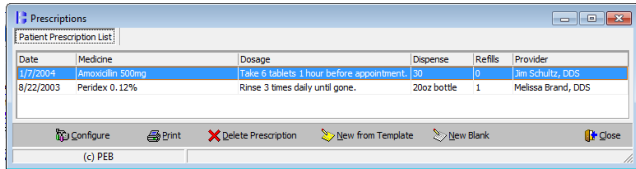
First Visit Last RC Visit RC Freq. Next Recall Failed Appt.

02/19/2010

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

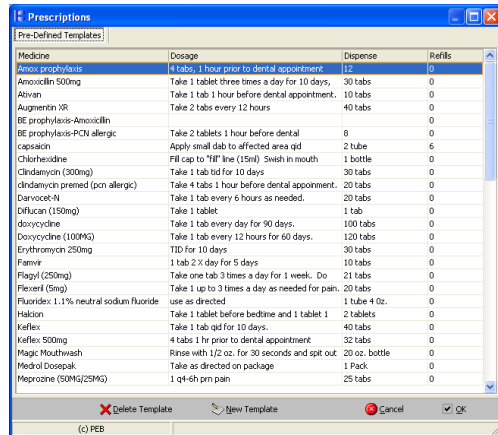
Patient Prescription List:



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

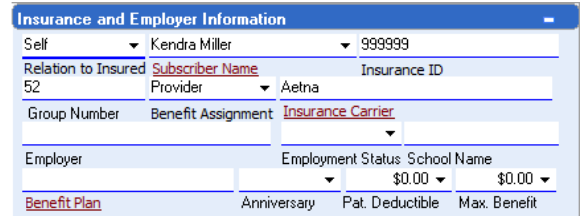
Prescription Predefined Templates:



Medicine	Dosage	Dispense	Refills
Amox prophylaxis	4 tabs, 1 hour prior to dental appointment.	12	0
Amoxicillin 500mg	Take 1 tablet three times a day for 10 days.	30 tabs	0
Aspirin	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			
BE prophylaxis-PCN allergic	Take 2 tablets 1 hour before dental	8	0
capsacin	Apply small dab to affected area qd	2 tube	6
Chlorhexidine	Fill cap to "fill" line (5ml) Swish in mouth	1 bottle	0
Clindamycin (300mg)	Take 1 tab tid for 10 days	30 tabs	0
Clindamycin premied (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
Diflucan (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
MetroDosepak	Take as directed on package	1 Pack	0
Neurocine (50MG)(25MG)	1 qd-4hr prn pain	25 tabs	0

- Medicine
- Dosage
- Dispense
- Refills

Insurance and Employer Information:



Insurance and Employer Information

Self Kendra Miller 999999

Relation to Insured: Subscriber Name Insurance ID

52 Provider Aetna

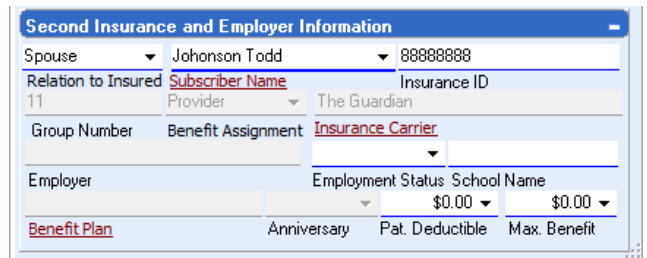
Group Number Benefit Assignment Insurance Carrier

Employer Employment Status: School Name

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:



Second Insurance and Employer Information

Spouse Johanson Todd 88888888

Relation to Insured: Subscriber Name Insurance ID

11 Provider The Guardian

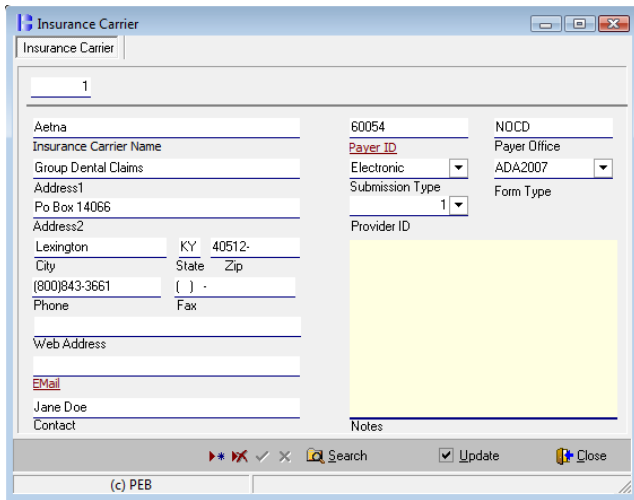
Group Number Benefit Assignment Insurance Carrier

Employer Employment Status: School Name

Benefit Plan Anniversary Pat. Deductible Max. Benefit

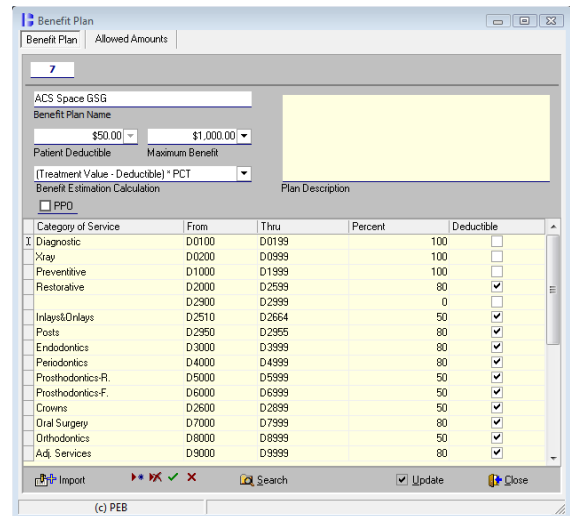
- Relation to Primary Policy Holder
- Subscriber Name
- Insurance ID
- Group Number
- Benefit Assignment – Default to Provider
- Insurance Carrier Name
- Employer
- Employment Status - Defaults to Full Time

Insurance Carrier:



- 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

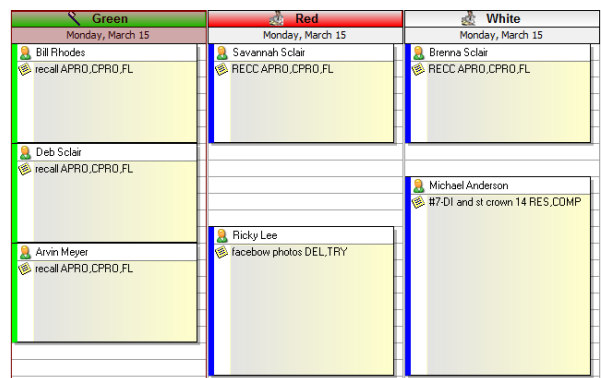
Benefit Plan:



Category of Service	From	Thru	Percent	Deductible
I Diagnostic	D0100	D0199	100	<input type="checkbox"/>
Xray	D0200	D0999	100	<input type="checkbox"/>
Preventive	D1000	D1999	100	<input type="checkbox"/>
Restorative	D2000	D2999	80	<input checked="" type="checkbox"/>
	D2900	D2999	0	<input type="checkbox"/>
Inlays&Onlays	D2510	D2664	50	<input checked="" type="checkbox"/>
Posts	D2950	D2955	80	<input checked="" type="checkbox"/>
Endodontics	D3000	D3999	80	<input checked="" type="checkbox"/>
Periodontics	D4000	D4999	80	<input checked="" type="checkbox"/>
Prosthodontics-R	D5000	D5999	50	<input checked="" type="checkbox"/>
Prosthodontics-F	D6000	D6999	50	<input checked="" type="checkbox"/>
Crowns	D2600	D2899	50	<input checked="" type="checkbox"/>
Oral Surgery	D7000	D7999	80	<input checked="" type="checkbox"/>
Orthodontics	D8000	D8999	50	<input checked="" type="checkbox"/>
Adj. Services	D9000	D9999	80	<input checked="" type="checkbox"/>

- 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

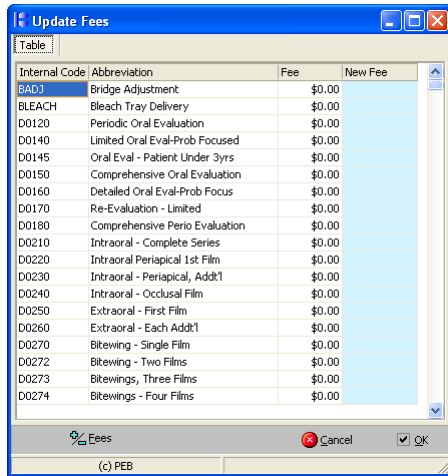
Appointment Book:



Green	Red	White
Monday, March 15 Bill Rhodes recall APPO.CPRO.FL	Monday, March 15 Savannah Sclair RECC APPO.CPRO.FL	Monday, March 15 Brenna Sclair RECC APPO.CPRO.FL
Deb Sclair recall APPO.CPRO.FL		
Arvin Meyer recall APPO.CPRO.FL	Ricky Lee facebook photos DEL.TRY	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.

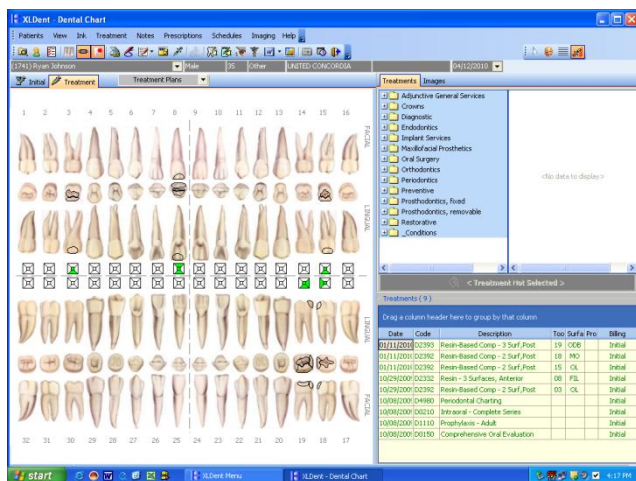
Fee Table:



Internal Code	Abbreviation	Fee	New Fee
BAD01	Bridge Adjustment	\$0.00	
BLEACH	Bleach Tray Delivery	\$0.00	
D0120	Periodic Oral Evaluation	\$0.00	
D0140	Limited Oral Eval-Prob Focused	\$0.00	
D0145	Oral Eval - Patient Under 3yrs	\$0.00	
D0150	Comprehensive Oral Evaluation	\$0.00	
D0160	Detailed Oral Eval-Prob Focus	\$0.00	
D0170	Re-Evaluation - Limited	\$0.00	
D0180	Comprehensive Perio Evaluation	\$0.00	
D0210	Intraoral - Complete Series	\$0.00	
D0220	Intraoral Periapical 1st Film	\$0.00	
D0230	Intraoral - Periapical, Addt1	\$0.00	
D0240	Intraoral - Occlusal Film	\$0.00	
D0250	Extraoral - First Film	\$0.00	
D0260	Extraoral - Each Addt1	\$0.00	
D0270	Bitewing - Single Film	\$0.00	
D0272	Bitewing - Two Films	\$0.00	
D0273	Bitewings, Three Films	\$0.00	
D0274	Bitewings - Four Films	\$0.00	

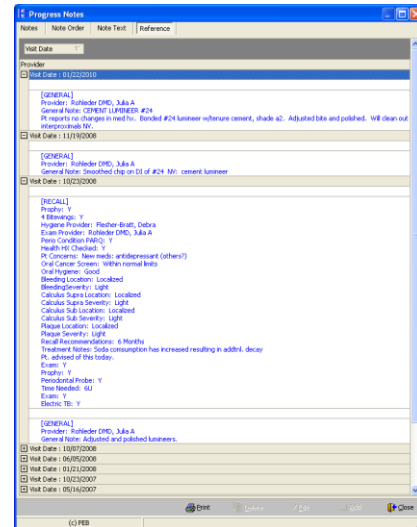
- Procedure Codes
 - ◆ Active ADA Codes
 - ◆ Base Code Abbreviation
- Primary Fee Schedule

XLChart™:



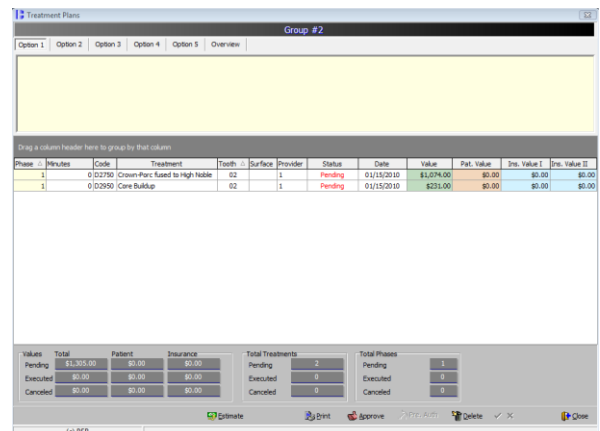
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value - Defaults to Zero

Progress Note Reference Tab:



- Date
- Note Body

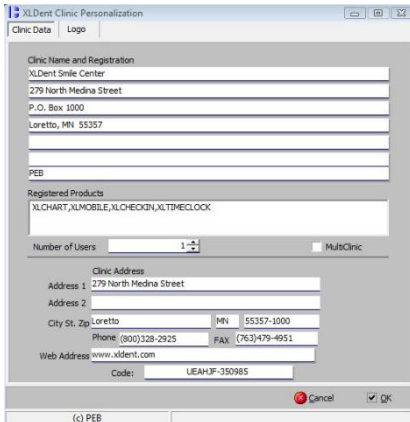
Treatment Plans:



Phase	Minutes	Code	Treatment	Tooth	Surface	Provider	Status	Date	Value	Pat. Value	Ins. Value I	Ins. Value II
1	0	D2750	Crown-Plant. Based to High Habile	62	1		Pending	01/15/2010	\$1,074.00	\$0.00	\$0.00	\$0.00
1	0	D2950	Cone Backup	62	1		Pending	01/15/2010	\$231.00	\$0.00	\$0.00	\$0.00

- 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:

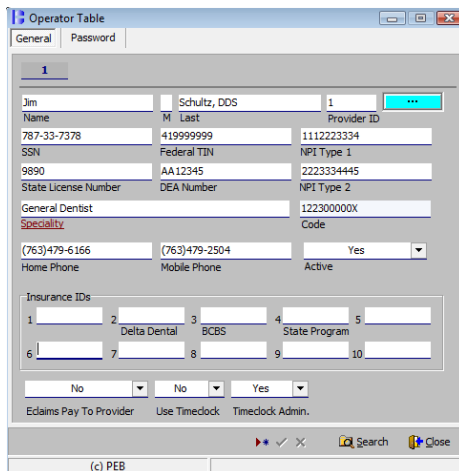


The screenshot shows the 'XLDent Clinic Personalization' window with the following fields filled out:

- Clinic Name and Registration: XLDent Smile Center, 279 North Medina Street, P.O. Box 1000, Loretto, MN 55357
- Registered Products: XLCART, XLMOBILE, XLCHECKIN, XLTIMECLOCK
- Number of Users: 1, MultiClinic: unchecked
- Clinic Address: Address 1: 279 North Medina Street, Address 2: (empty), City St. Zip: 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 information for provider 1:

- Name: Jim Schultz, DDS (M Last)
- Provider ID: 1
- SSN: 787-33-7378
- Federal TIN: 419999999
- NPI Type 1: 1112223334
- State License Number: 9890
- DEA Number: AA12345
- NPI Type 2: 2223334445
- General Dentist: 122300000X
- Specialty: (empty)
- Code: (empty)
- Home Phone: (763)479-6166
- Mobile Phone: (763)479-2504
- Active: Yes
- Insurance IDs: 1 (empty), 2 (Delta Dental), 3 (BCBS), 4 (State Program), 5 (empty), 6 (empty), 7 (empty), 8 (empty), 9 (empty), 10 (empty)
- Buttons: No, No, Yes
- Options: Eclaims Pay To Provider, Use Timeclock, Timeclock Admin.

- 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™. 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.