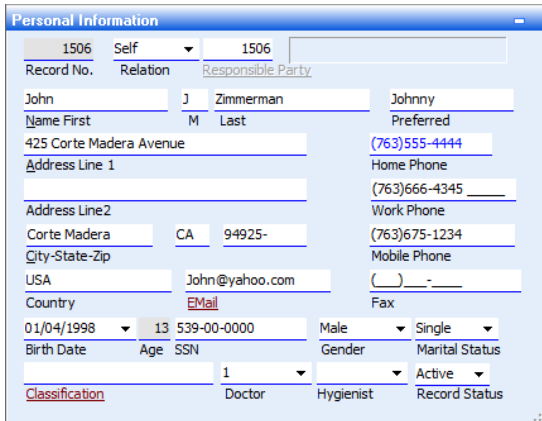


**Patient Information:**



Personal Information

1506 Self 1506

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

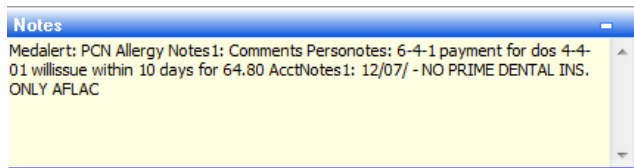
USA John@yahoo.com  
Country Email Fax

01/04/1998 13 539-00-0000 Male Single  
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 – Care of Field
- 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:**

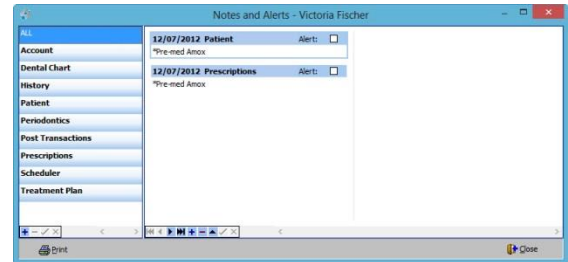


Notes

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

- Patient Notes

**Notes and Alerts:**



Notes and Alerts - Victoria Fischer

12/07/2012 Patient Alert:   
\*Pre-med Amox

12/07/2012 Prescriptions Alert:   
\*Pre-med Amox

- Medical Alerts convert to Patient Record Alert and Prescriptions Alert

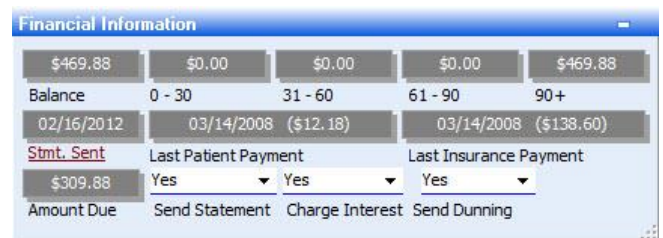
**History Reference Tab:**



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
01/20/2012	Victoria	150.00	Comp Oral Eval-New Or Estab Patient			\$55.00	I
01/20/2012	Victoria	220.00	Panoramic X-ray - First Film			\$27.00	I
01/20/2012	Victoria	330.00	Panoramic Film			\$95.00	I
01/20/2012	Victoria	1203.00	Child Fluoride - No Prophy			\$41.00	I
01/20/2012	Victoria	1120.00	Prophylaxis-Child			\$51.00	I
02/09/2012	Victoria	2.00	Insurance Check Payment			\$273.28	I
02/09/2012	Victoria	50.90	Participating Insurance Adjustment			(\$1.10)	I
02/07/2012	Victoria	9200.00	Adjustment			\$33.00	I
03/07/2012	Victoria	2361.00	Resin Composite-1 Surface, Posterior	14	O	\$126.00	I
03/23/2012	Victoria	2.00	Insurance Check Payment			\$162.18	I
01/20/2012	Victoria	150.00	Comp Oral Eval-New Or Estab Patient			\$55.00	I
01/20/2012	Victoria	1203.00	Child Fluoride - No Prophy			\$41.00	I
01/20/2012	Victoria	330.00	Panoramic Film			\$95.00	I
01/20/2012	Victoria	1120.00	Prophylaxis-Child			\$51.00	I
02/09/2012	Victoria	2.00	Insurance Check Payment			\$245.74	I
02/09/2012	Victoria	50.90	Participating Insurance Adjustment			(\$1.10)	I

- 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

\$469.88 \$0.00 \$0.00 \$0.00 \$469.88

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

02/16/2012 03/14/2008 (\$12.18) 03/14/2008 (\$138.60)

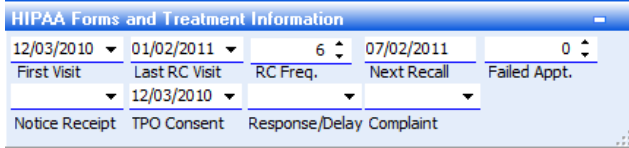
Stmt. Sent Last Patient Payment Last Insurance Payment

\$309.88 Yes Yes Yes

Amount Due 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:**



12/03/2010 | 01/02/2011 | 6 | 07/02/2011 | 0

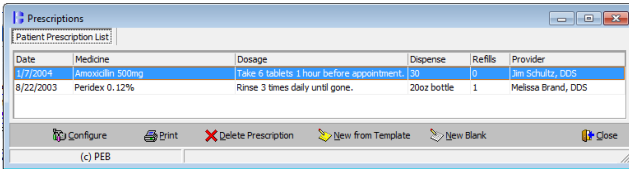
First Visit | Last RC Visit | RC Freq. | Next Recall | Failed Appt.

12/03/2010

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

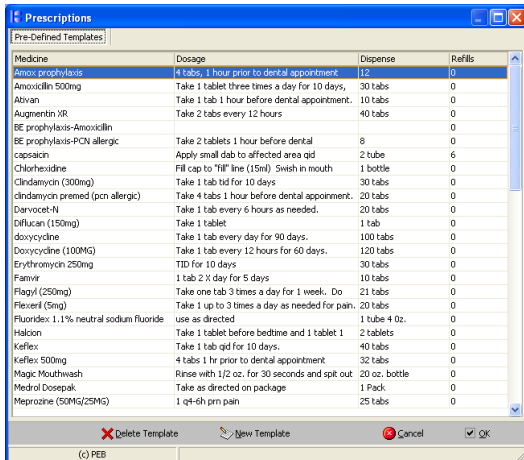
**Patient Prescription List:**



Date	Medicine	Dosage	Dispense	Refills	Provider
1/7/2004	Amoxicillin 500mg	Take 6 tablets 1 hour before appointment.	30	0	Jmi Schütz, DDS
8/22/2003	Peridex 0.12%	Rinse 3 times daily until gone.	2oz bottle	1	Melissa Brand, DDS

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

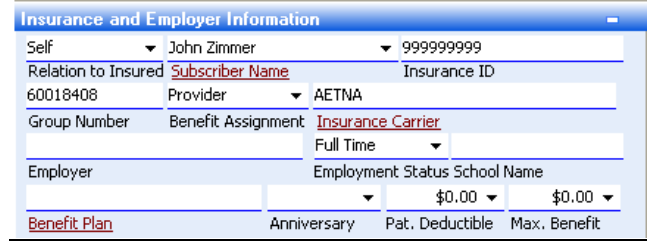
**Prescription Predefined Templates:**



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
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			
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
dindamycin premed (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 2 X day for 5 days	10 tabs	0
Flagyl (250mg)	Take one tab 3 times a day for 1 week.	21 tabs	0
Flexeril (50mg)	Take 1 up to 3 times a day as needed for pain.	20 tabs	0
Fluorides: 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
Meprozone (50MG/25MG)	1 qd-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

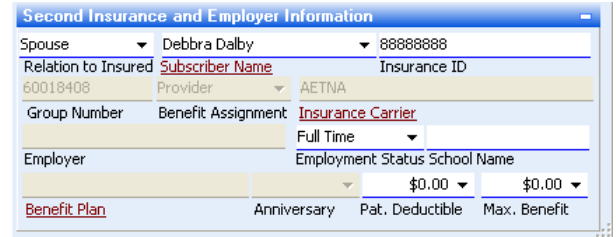
Employer: | Employment Status: School Name

\$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:**

- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Fax – Defaults to Blank
- Web Address – Defaults to Blank if not supplied
- Email – Defaults to Blank if not supplied
- Contact – Defaults to Blank if not supplied
- Payer ID – Verify after conversion
- Payer Office Always NOCD
- Submission Type Always Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1
- Insurance Type – Defaults to Dental

**Benefit Plan:**

Category of Service	From	Thru	Percent	Deductible
Diagnostic	D0100	D0999	100	<input type="checkbox"/>
Preventive	D1000	D1999	100	<input type="checkbox"/>
Restorative	D2000	D2999	80	<input checked="" type="checkbox"/>
Crown	D2700	D2999	50	<input checked="" type="checkbox"/>
Endodontics	D3000	D3999	50	<input checked="" type="checkbox"/>
Periodontics	D4000	D4999	50	<input checked="" type="checkbox"/>
Dentures	D5000	D5999	50	<input checked="" type="checkbox"/>
Maxillofacial	D5900	D5999	0	<input type="checkbox"/>
Implant	D6000	D6199	0	<input type="checkbox"/>
Bridge	D6200	D6999	50	<input type="checkbox"/>
Dial Surgery	D7000	D7999	50	<input type="checkbox"/>
Orthodontics	D8000	D8999	0	<input type="checkbox"/>
Adjunctive	D9000	D9999	0	<input type="checkbox"/>

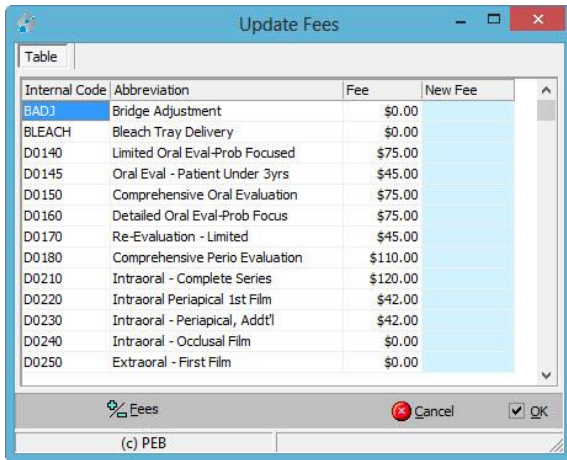
- Benefit Plan Name
- Patient Deductible
- Maximum Benefit
- Benefit Estimation Calculation – Defaults to (Treatment Value – Deductible) \* PCT
- Category of Service
- Codes From and Thru
- Percent
- Deductible

**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
Monday, March 15 Deb Sclair recall APPO.CPRO.FL		
Monday, March 15 Arvin Meyer recall APPO.CPRO.FL	Monday, March 15 Ricky Lee facebook photos DELTRY	Monday, March 15 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.

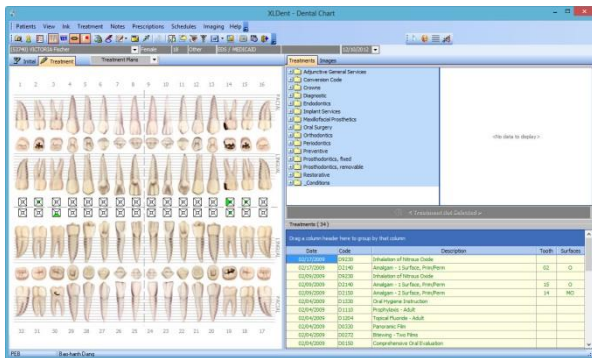
**Fee Table:**



Internal Code	Abbreviation	Fee	New Fee
BADJ	Bridge Adjustment	\$0.00	
BLEACH	Bleach Tray Delivery	\$0.00	
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

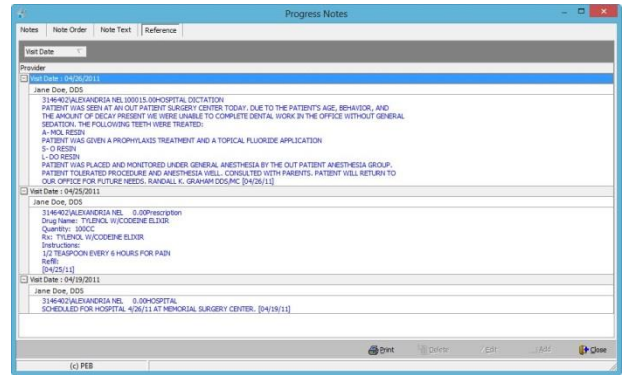
**XLChart™:**



Date	Code	Description	Tooth	Surface
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	62	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	15	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	14	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	13	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	12	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	11	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	10	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	9	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	8	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	7	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	6	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	5	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	4	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	3	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	2	D
02/12/2009	D0140	Bridge - 2 Surface, Prefabric	1	D

- 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

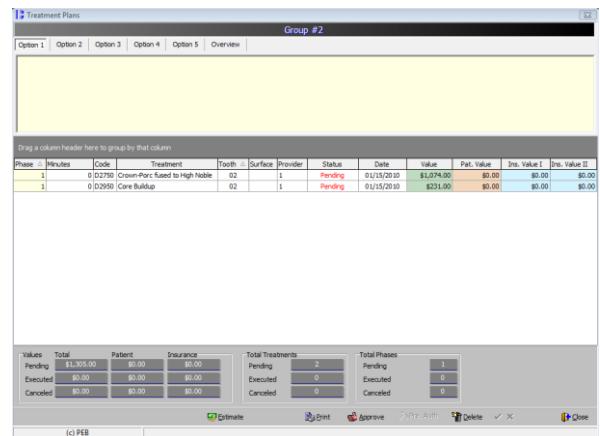
**Progress Note Reference Tab:**



Visit Date: 04/25/2011  
 Provider: JANE DOE, DDS  
 31464021ALEXANDRIA NEL 0.00HOSPITAL DICTATION  
 PATIENT WAS SEEN AT OUR PATIENT SURGERY CENTER TODAY. DUE TO THE PATIENT'S AGE, BEHAVIOR, AND THE AMOUNT OF DECAY PRESENT WE WERE UNABLE TO COMPLETE DENTAL WORK IN THE OFFICE WITHOUT GENERAL ANESTHESIA. THE FOLLOWING TEETH WERE TREATED:  
 A- MOL RESIN  
 PATIENT WAS GIVEN A PROPHYLAXIS TREATMENT AND A TOPICAL FLUORIDE APPLICATION  
 S- O RESIN  
 I- O RESIN  
 PATIENT WAS PLACED AND MONITORED UNDER GENERAL ANESTHESIA BY THE OUT PATIENT ANESTHESIA GROUP. PATIENT TOLERATED PROCEDURE AND ANESTHESIA WELL. CONSULTED WITH PATIENTS. PATIENT WILL RETURN TO OUR OFFICE FOR FUTURE NEEDS. RANDALL K. GRAHAM DDS/MC [4/25/11]  
 Visit Date: 04/25/2011  
 Jane Doe, DDS  
 31464021ALEXANDRIA NEL 0.00Prescription  
 Drug Name: TRUSOL VICOCHENE ELIXIR  
 Quantity: 30VCC  
 Rx: TRUSOL VICOCHENE ELIXIR  
 Instructions: 1.0 TEASPOON EVERY 6 HOURS FOR PAIN  
 RAB: [04/25/11]  
 Visit Date: 04/19/2011  
 Jane Doe, DDS  
 31464021ALEXANDRIA NEL 0.00HOSPITAL  
 SCHEDULED FOR HOSPITAL 4/26/11 AT MEMORIAL SURGERY CENTER. [4/19/11]

- Date
- Note Body

**Treatment Plans:**



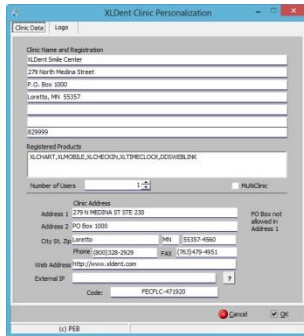
Phase	Minutes	Code	Treatment	Depth	Surface	Provider	Status	Date	Value	Pat. Value	Ins. Value I	Ins. Value II
1		D02790	Crown-Plans Based to High Noble	02	1		Pending	01/15/2010	\$1,074.00	\$0.00	\$0.00	\$0.00
1		D02950	Cone Buildup	02	1		Pending	01/15/2010	\$231.00	\$0.00	\$0.00	\$0.00

Values	Total	Patient	Insurance
Pending	\$1,305.00	\$0.00	\$0.00
Executed	\$0.00	\$0.00	\$0.00
Cancelled	\$0.00	\$0.00	\$0.00

Total Treatments	Total Phases
Pending 2	Pending 1
Executed 0	Executed 0
Cancelled 0	Cancelled 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:**



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

**File Location:**

?:\program files\DMC\

**Files Needed**

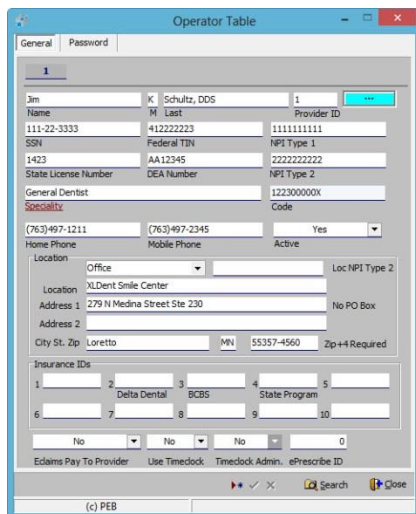
?:\program files\DMC\\*. \* excluding Images folder

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.

**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

**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
- Patient Documents / Signatures

### 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<sup>TM</sup>. 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.
- When a patient is transferred from one account to another in Daisy, the payments will convert to the original account holder but the procedure items will convert to the patient.
- 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<sup>TM</sup>. 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<sup>TM</sup> 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.**