

Patient Information:

Personal Information

Record No. 1423 Self Relation 1423 Responsible Party John Zimmerman

Name First John M Last Zimmerman Preferred Johnny

Address Line 1 4051 Albany Circle SW Home Phone (763)555-4444

Address Line 2 Home Phone (763)666-4345

Eagan MN 55555- Work Phone (763)675-1234

City-State-Zip USA John@yahoo.com Mobile Phone

Country Email Web Access Fax

Birth Date 08/15/1965 Age 44 SSN 539-02-9000 Gender Male Other

Classification Doctor Hygienist Record Status

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

Notes:

Notes

Spouse: Anita Edwards Referred In: Yellow Pages

- Medical Alerts
- Comments
- Spouse
- Refer In
- Refer Out

History Reference Tab:

Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
01/20/2012	Victoria	150.00	Camp Oral Eval-New Or Estab Patient			\$55.00	2
01/20/2012	Victoria	220.00	Periodical X-ray - First Film			\$27.00	2
01/20/2012	Victoria	320.00	Panoramic Film			\$55.00	2
01/20/2012	Victoria	120.00	Child Fluoride - No Prophy			\$41.00	2
01/20/2012	Victoria	110.00	Prophylaxis-child			\$51.00	2
02/09/2012	Victoria	2.00	Insurance Check Payment			\$279.28	2
02/09/2012	Victoria	50.90	Participating Insurance Adjustment			(\$1.10)	2
03/07/2012	Victoria	920.00	Analgene			\$33.00	2
02/07/2012	Victoria	220.00	Resin Composite 1 Surface, Posterior	14	O	\$126.00	2
03/23/2012	Victoria	2.00	Insurance Check Payment			\$162.38	2
01/20/2012	Victoria	150.00	Camp Oral Eval-New Or Estab Patient			\$55.00	2
01/20/2012	Victoria	200.00	Child Fluoride - No Prophy			\$41.00	2
01/20/2012	Victoria	320.00	Panoramic Film			\$55.00	2
01/20/2012	Victoria	110.00	Prophylaxis-child			\$51.00	2
02/09/2012	Victoria	2.00	Insurance Check Payment			\$245.74	2
02/09/2012	Victoria	50.90	Participating Insurance Adjustment			(\$1.10)	2

- 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:

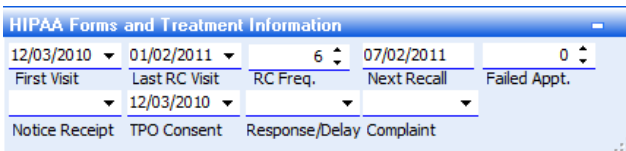


Financial Information window showing account balances and payment options.

\$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 – Defaults to Yes
- Charge Interest – Defaults to Yes
- Send Dunning – Defaults to Yes

HIPAA Forms and Treatment Information:

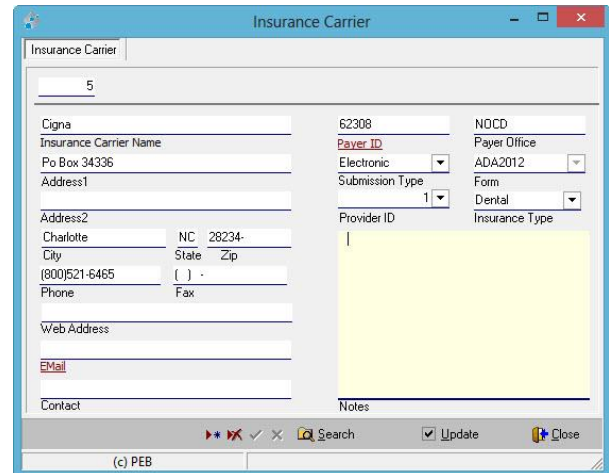


HIPAA Forms and Treatment Information window showing visit dates and consent options.

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 - Based on next recall visit date using recall frequency
- Recall Frequency
- Next Recall Date
- TPO Consent

Insurance Carrier:



Insurance Carrier window showing detailed information for a carrier.

5	62308	NOCD
Cigna	Payer ID	Payer Office
Insurance Carrier Name	Electronic	ADA2012
Po Box 34336	Submission Type	Form
Address1	1	Dental
Address2	Provider ID	Insurance Type
Charlotte	NC	28234
City	State	Zip
(800)521-6465	()	
Phone	Fax	
Web Address		
E-Mail		
Contact		
		Notes

****Insurance Carrier List Only – Not linked to Patients****

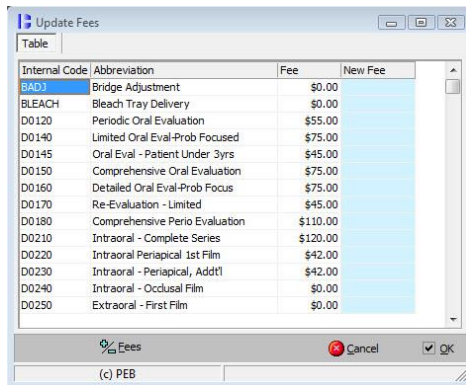
- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Fax
- Web Address – Defaults to Blank if not supplied
- Email -- Defaults to Blank if not supplied
- Contact – Defaults to Blank if not supplied
- Payer ID – Verify after conversion
- Payer Office
- Submission Type – Defaults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

Appointment Book:

A Hygiene 1	B Hygiene 2	C Hygiene 3
Monday, February 22	Monday, February 22	Monday, February 22
Rick Albertson	Michael Albertson	
	Joseph Owen	David Ackerman
Mark Adler		Nancy Adler
Stephanie Abraham	Lance Adler	Gene Abraham
Troy Abraham	Lisa Abraham	Justin Allen

- Practice Appointments will convert to appropriate column
- Appointment linked to Patient
- Appointment Date
- Appointment Time
- Appointment Notes
- All Appointments convert default Prophy Code [D1110]. Operative appointments may need to be modified following conversion.

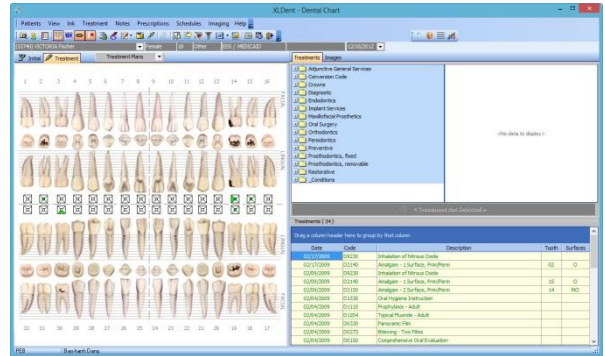
Fee Table:



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	

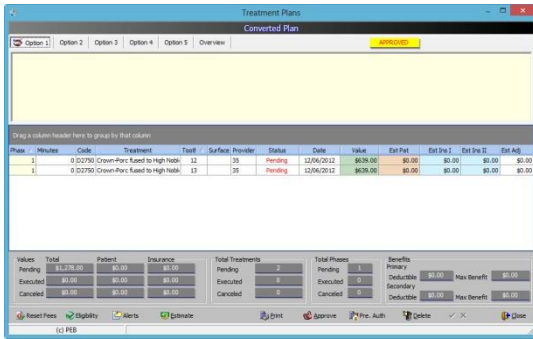
- Procedure Codes
 - ◆ Active ADA Codes
 - ◆ Base Code Abbreviation
- Primary Fee Schedule

XLChart™:



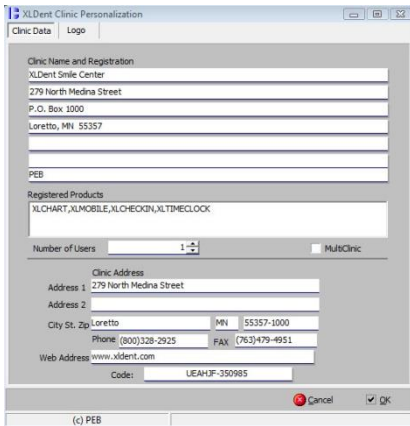
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value
- Provider

Treatment Plans:



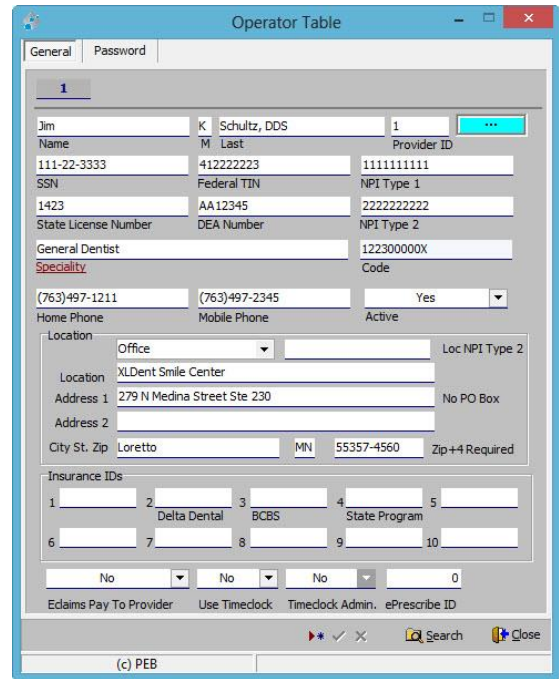
- Phase
- Minutes – Defaults to 0
- Code
- Treatment Description
- Tooth
- Surface
- Provider
- Status – Defaults to Pending
- Date
- Value
- Patient Value – Defaults to 0
- Insurance Value I – Defaults to 0
- Insurance Value II – Defaults to 0

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
- Location – Defaults to Office Name
- Location Address1 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.

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
- ⊙ Prescription Listing
- ⊙ Benefit Plans / Allowed Amounts
- ⊙ Insurance Linkage
- ⊙ Account Notes
- ⊙ Salutation / Title

Notes on Conversions:

- Fee Schedules will convert to Benefit Plan Allowed amounts.
- Treatment Plans cannot include a negative value. JJWW and DSC codes will not convert to a treatment plan.
- Appointments will convert with a defaulted prophylaxis code. This can be manually changed after the conversion.

Below are some 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.

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.

Responsible Party ID#

Responsible party is determined by account number in existing software. If not available, patients will need to be manually transferred to the correct Responsible Party after the conversion.

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.

Recall Frequency

When this is not entered into current system it will default to 0. This will have to be manually updated after loading the converted database.

Patient Treatment Plans

Only the last 12 months of these treatment plans will convert.

Appointment Types 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.