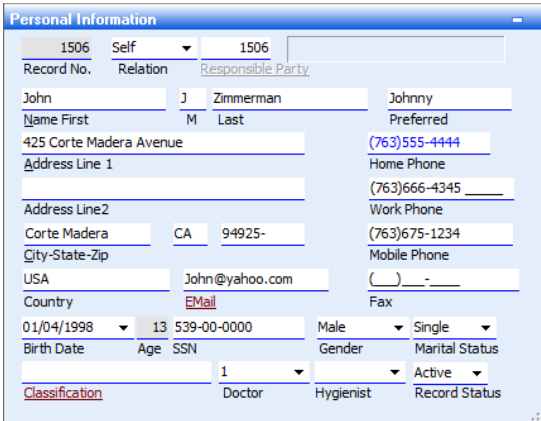


Patient Information:



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 1
- Address 2
- City
- State
- Zip
- Home Phone Number
- Work Phone Number
- Mobile Phone Number
- Email Address
- Gender
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status – Active, Inactive, Auxiliary

Notes:

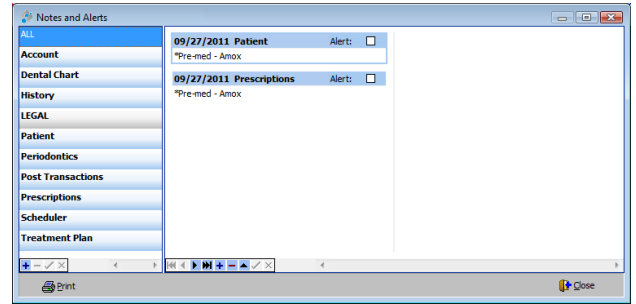


Notes

Medalart: PCN Allergy Notes1: Comments Personotes: 6-4-1 payment for dos 4-4-01 willissue within 10 days for 64.80 AcctNotes1: 12/07/ - NO PRIME DENTAL INS. ONLY AFLAC

- ImageID
- Critical Note
- Files Note
- General Note

Notes and Alerts:



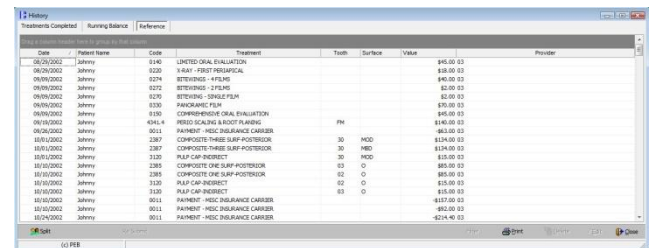
Notes and Alerts

09/27/2011 Patient Alert:
*Pre-med - Amiox

09/27/2011 Prescriptions Alert:
*Pre-med - Amiox

- Medical Alerts are converted as Patient Alerts and Prescription Alerts
- Appointment Notes are converted as Scheduler Notes
- Billing Notes are converted as History Notes
- Complete Notes are converted as Patient Notes
- Correspondence Notes are converted as Patient Notes
- Insurance Notes are converted as History Notes
- Memo Notes are converted as Patient Notes
- Pop-Up Notes are converted as Patient Notes
- Schedule Notes are converted as Scheduler Notes
- To Do Notes are converted as Patient Notes
- Treatment Planning Notes are converted as Treatment Plan Notes

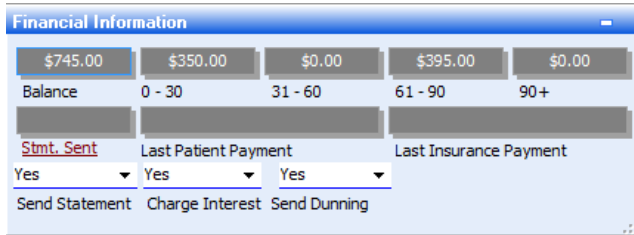
History Reference Tab:



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
06/05/2002	Johnny	8140	LIMITED ORAL EVALUATION			\$45.00 03	
06/05/2002	Johnny	8200	CLARIFY PERIODONTAL			\$18.00 03	
06/05/2002	Johnny	8274	STRETCHING - APRMG			\$45.00 03	
06/05/2002	Johnny	8275	STRETCHING - CPTMG			\$2.00 03	
06/05/2002	Johnny	8276	STRETCHING - SINGLE PUMP			\$2.00 03	
06/05/2002	Johnny	8280	FRANCHISING PLAN			\$75.00 03	
06/05/2002	Johnny	8350	COMPREHENSIVE ORAL EVALUATION			\$45.00 03	
06/05/2002	Johnny	84614	HEED SCALING AND O/F LABS			\$148.00 03	
06/05/2002	Johnny	8011	PAIEMENT - MEDIC INSURANCE CARRIER			\$63.00 03	
06/05/2002	Johnny	2387	COMPOSITE THREE SURF-POSTERIOR	30	IND	\$124.00 03	
06/05/2002	Johnny	2387	COMPOSITE THREE SURF-POSTERIOR	30	IND	\$124.00 03	
06/05/2002	Johnny	3320	PALP CAR-INDIRECT	30	IND	\$35.00 03	
06/05/2002	Johnny	3385	COMPOSITE ONE SURF-POSTERIOR	02	O	\$65.00 03	
06/05/2002	Johnny	3385	COMPOSITE ONE SURF-POSTERIOR	02	O	\$65.00 03	
06/05/2002	Johnny	3320	PALP CAR-INDIRECT	02	O	\$25.00 03	
06/05/2002	Johnny	3320	PALP CAR-INDIRECT	03	O	\$15.00 03	
06/05/2002	Johnny	8011	PAIEMENT - MEDIC INSURANCE CARRIER			\$137.00 03	
06/05/2002	Johnny	8011	PAIEMENT - MEDIC INSURANCE CARRIER			\$62.00 03	
06/05/2002	Johnny	8011	PAIEMENT - MEDIC INSURANCE CARRIER			\$274.40 03	

- 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:

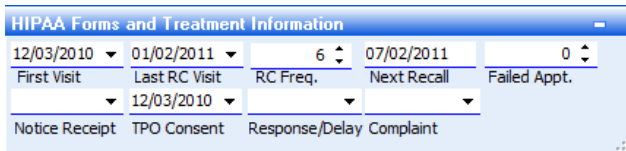


Financial Information window showing account balances and payment options.

\$745.00	\$350.00	\$0.00	\$395.00	\$0.00
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:

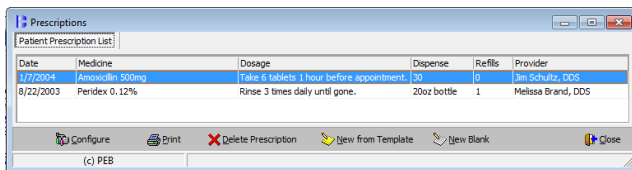


HIPAA Forms and Treatment Information window showing visit dates and frequencies.

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 Recall Visit – Based on next recall date using recall frequency
- Recall Frequency
- Next Recall Date (Due Date)
- TPO Consent – Defaults to date of conversion

Patient Prescription List:

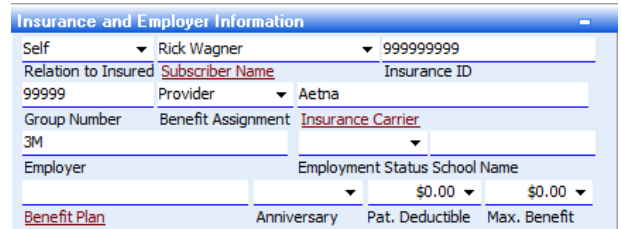


Prescriptions window showing a list of patient prescriptions.

Date	Medicine	Dosage	Dispense	Refills	Provider
1/7/2004	Amoxiclin 500mg	Take 6 tablets 1 hour before appointment.	30	0	Jmi SCHULZ, 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

Insurance and Employer Information:

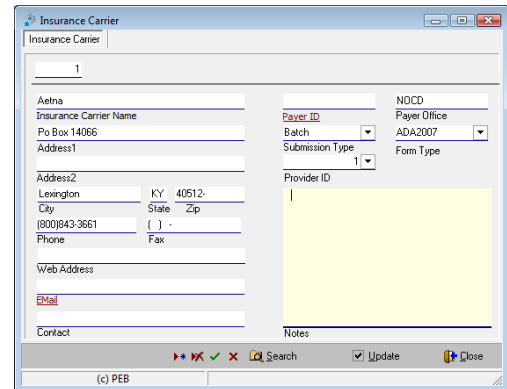


Insurance and Employer Information window showing policy holder details.

Self	Rick Wagner	999999999
Relation to Insured	Subscriber Name	Insurance ID
99999	Provider	Aetna
Group Number	Benefit Assignment	Insurance Carrier
3M		
Employer	Employment Status	School Name
		\$0.00
Benefit Plan	Anniversary	Pat. Deductible
		Max. Benefit

- Relation to Primary Policy Holder
- Subscriber Name
- Insurance Id – If blank defaults to SSN# if available
- Group Number
- Benefit Assignment – Defaults to Provider
- Insurance Carrier Name
- Employer
- Employment Status – Defaults to Full Time
- Patient Deductible – Defaults to 0
- Max Benefit – Defaults to 0

Insurance Carrier:

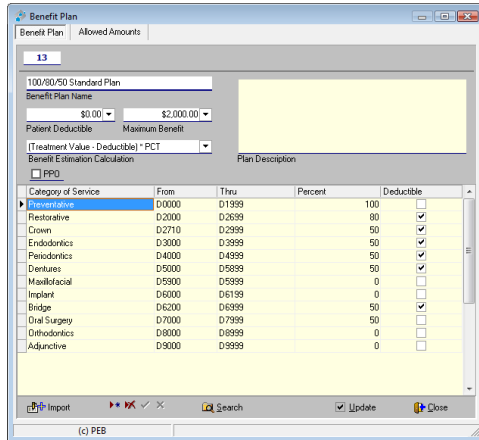


Insurance Carrier window showing carrier details for Aetna.

Aetna	Insurance Carrier Name	Payer ID	NOCOD
Po Box 14066	Address1	Batch	Payer Office
Address2	Levington, KY 40512	Submission Type	ADA2007
City	State	1	Form Type
(800)843-3661	Zip	Provider ID	
Phone			
Web Address			
Email			
Contact			

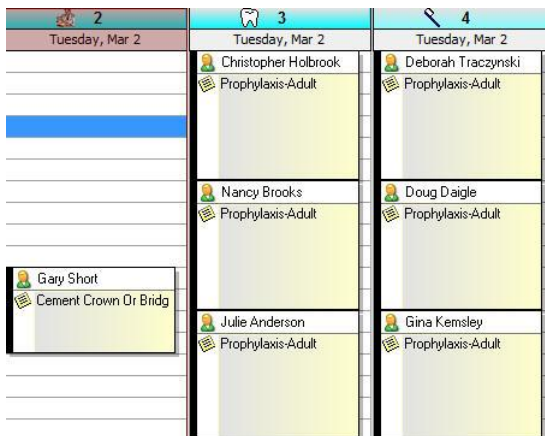
- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Payer ID – Verify after conversion
- Payer Office – Defaults to NOCD
- Submission Type – Defaults to Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1

Benefit Plan:



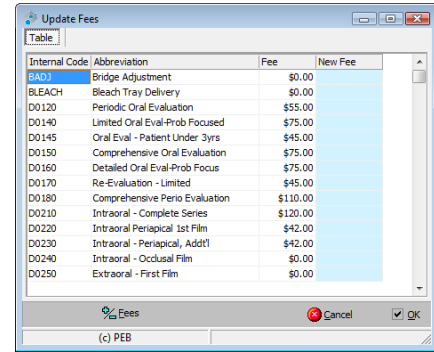
- Benefit Plan Name
- Patient Deductible
- Maximum Benefit
- Benefit Estimation Calculation – Defaults to (Treatment Value – Deductible) * PCT)
- Category of Service
- Codes From and Thru
- Percent

Appointment Book:



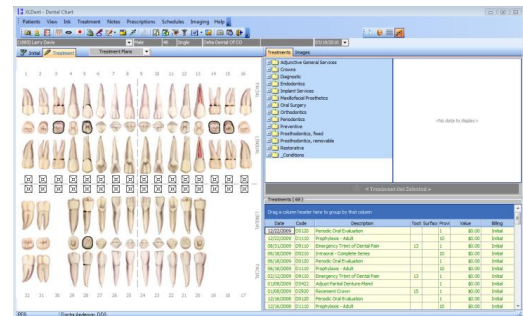
- Practice Appointments will convert to appropriate column
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- Appointment Provider
- All Appointments convert default Prophy Code [D1110]. Operative appointments may need to be modified following conversion.

Fee Table:



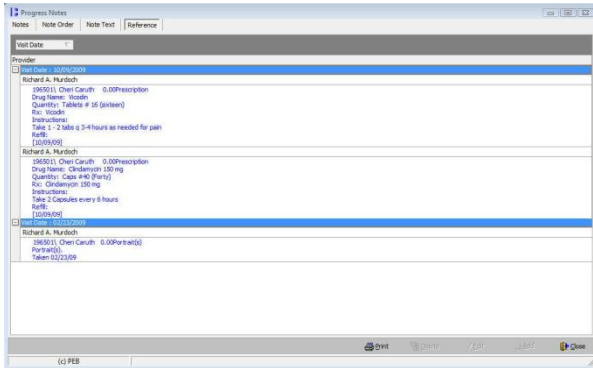
- Procedure Codes
 - ◆ Active ADA Codes
 - ◆ Base Code Abbreviation
- Primary Fee Schedule

XLChart™:



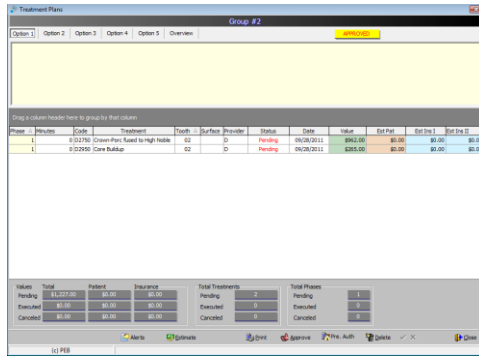
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value
- Provider

Progress Note Reference Tab



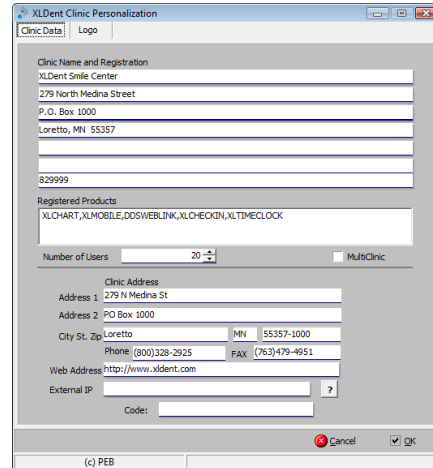
- Perio Note
- Clinical Note
- Clinical History Note

Treatment Plans:



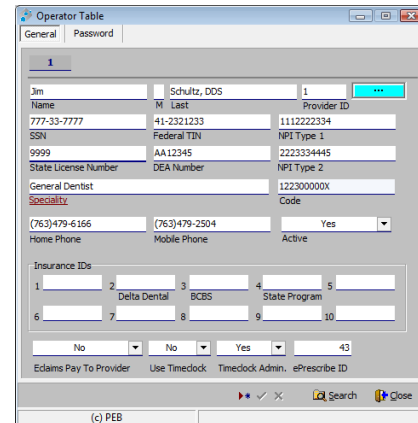
- Accepted, Scheduled and Unscheduled Plans Convert.
- Phase
- Minutes – Defaults to 0
- Code
- Treatment Description
- Tooth
- Surface
- Provider
- Status – Defaults to Pending
- Date
- Value
- Patient Value – Defaults to 0
- Insurance Value I – Defaults to 0
- Insurance Value II – Defaults to 0

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

Files Needed

Curve – Administration – Get My Data

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
- ⊙ Referrals
- ⊙ Chart Label Notes
- ⊙ Last Visit Date
- ⊙ Secondary Insurance
- ⊙ Benefit Plan Allowed Amounts

Notes on Conversions:

- Primary insurance held by the responsible party will convert linked to patients. If a patient holds the primary insurance for other family members, it will not convert linked to the family members.
- Initial Treatment includes items from History Reference and Historical and Pre-Existing lines from Treatment Plans.
- Contacts will convert as Auxiliary status.
- All payments and adjustments will be converted to the guarantor dispersed into multiple lines as it appeared in Curve.
- Benefit Plan table converts, but it is not linked to subscriber. This will need to be reviewed and manually updated after conversion.
- If a family member was moved from the original account to a new account, any old payments and adjustments will be on the original account.

Below are some additional 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.

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 Status

Active and collection status patients convert to XLDent[™]. Inactive accounts may convert based on quality of end users preliminary data conversion cleanup process.

Patient Treatment Plans

All plans convert as Approved.

Appointment Category 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.