

Patient Information:



Personal Information

1591 Self 1591 John Zimmerman

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

Address Line 2 (763)666-4345

Corte Madera CA 94925- Work Phone

City-State-Zip (763)675-1234

USA John@yahoo.com Mobile Phone

Country EMail Web Access Fax

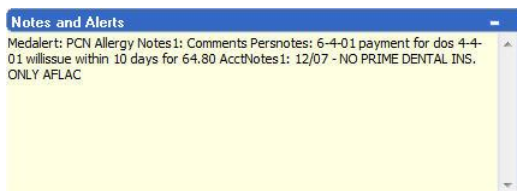
01/04/1998 12 539-00-0000 Female Single

Birth Date Age SSN Gender Marital Status

Classification Doctor Hygienist Record Status

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

Patient Notes Panel:

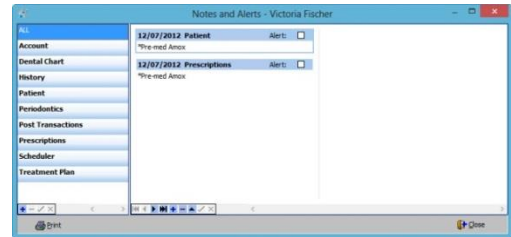


Notes and Alerts

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

- Med ID / ID
- Email / Other field when did not contain @

Notes and Alerts:



Notes and Alerts - Victoria Fischer

12/07/2012 Patient Alert

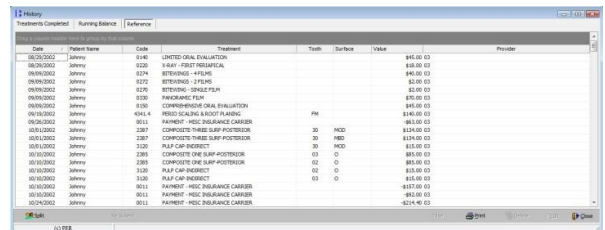
*The med Ance

12/07/2012 Prescriptions Alert

*The med Ance

- Medical Alerts convert to Patient Chart Alert

History Reference Tab:



Trans	Completed	Running Balance	Reference	Code	Treatment	Tooth	Surface	Value	Provider
08/20/2002	Johny	6140	UNITS ORAL EVALUATION					\$45.00	ED
08/20/2002	Johny	6150	1 YEAR - PROSTHETIC					\$45.00	ED
08/20/2002	Johny	6204	STETWORK - 4 FILMS					\$45.00	ED
08/20/2002	Johny	6212	STETWORK - 2 FILMS					\$2.00	ED
08/20/2002	Johny	6226	STETWORK - SINGLE FILM					\$2.00	ED
08/20/2002	Johny	6230	PANORAMIC FILM					\$45.00	ED
08/20/2002	Johny	6310	CORONARIGHT ORAL EVALUATION					\$45.00	ED
08/20/2002	Johny	6314	PROB OSCALINE BLOOD PLASME					\$45.00	ED
08/20/2002	Johny	6011	PAYMENT - HMO INSURANCE CARRIER					\$63.00	ED
08/20/2002	Johny	1287	COMPOSITE THREE SURF POSTERIOR			30	HMO	\$124.00	ED
08/20/2002	Johny	1300	PULF CAR INDIRECT			30	HMO	\$15.00	ED
08/20/2002	Johny	1285	COMPOSITE ONE SURF POSTERIOR			03	O	\$65.00	ED
08/20/2002	Johny	1286	COMPOSITE ONE SURF POSTERIOR			02	O	\$65.00	ED
08/20/2002	Johny	1300	PULF CAR INDIRECT			02	O	\$15.00	ED
08/20/2002	Johny	6011	PAYMENT - HMO INSURANCE CARRIER					\$157.00	ED
08/20/2002	Johny	6011	PAYMENT - HMO INSURANCE CARRIER					\$63.00	ED
08/20/2002	Johny	6011	PAYMENT - HMO INSURANCE CARRIER					\$214.00	ED

- 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

\$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 – Defaults to Yes

HIPAA Forms and Treatment Information:

02/19/2010	11/14/2008	6	05/14/2009	0
First Visit	Last R.C Visit	RC Freq.	Next Recall	Failed Appt.
02/19/2010	02/19/2010			
Notice Receipt	TPO Consent	Response/Delay	Complaint	

- First Visit Date uses Setup Date
- Last Visit Date
- Last Recall – Based on next recall subtract frequency
- Recall Frequency
- Next Recall Date
- TPO Consent Date (Defaults to date of conversion)

Insurance and Employer Information:

Self	John Zimmerman	539029999
Relation to Insured	Subscriber Name	Insurance ID
9025	Provider	Aetna
Group Number	Benefit Assignment	Insurance Carrier
3M	Full Time	
Employer	Employment Status	School Name
	\$0.00	\$0.00
Benefit Plan	Anniversary	Pat. Deductible
		Max. Benefit

- Relationship to Primary Policy Holder
- Subscriber Name
- Insurance Id – If blank, default SSN# (if available)
- Group Number
- Benefit Assignment - Default Provider
- Insurance Carrier Name
- Employer (from Insurance Plan Name)
- Employment Status – Default Full Time
- Patient Deductible – Default 0
- Max Benefit – Default 0

Insurance Carrier :

Aetna	Payer ID	Payer Office
Insurance Carrier Name	Batch	ADA2007
Group: Dental Claims	Submission Type	Form Type
Address1	1	
Po Box: 14066	Provider ID	
Address2		
Lexington, KY 40512		
City State Zip		
(800)843-3861	Phone	
	Fax	
Web Address		
Email		
Contact	Notes	

- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Payer ID
- Payer Office
- Submission Type – Default Electronic
- Form Type current ADA Form
- Provider ID – Default 1

Appointment Book:

2	3	4
Tuesday, Mar 2	Tuesday, Mar 2	Tuesday, Mar 2
	Christopher Holbrook Prophylaxis-Adult	Deborah Traczynski Prophylaxis-Adult
	Nancy Brooks Prophylaxis-Adult	Doug Daigle Prophylaxis-Adult
Gary Short Cement Crown Or Bridg	Julie Anderson Prophylaxis-Adult	Gina Kemsley Prophylaxis-Adult

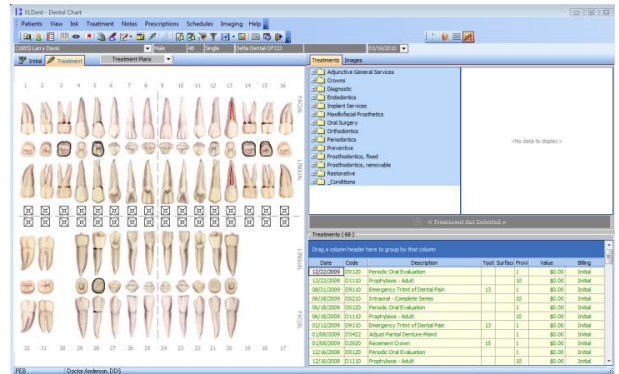
- Practice Appointments will convert to appropriate column
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- All Appointments convert default Prophy Code [D1110 or D1120] depending upon dentist specialty. Operative appointments may need to be modified following conversion.

Fee Table:

Internal Code	Abbreviation	Fee	New Fee
ABD1	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 - Patient's current doctor of record.

Treatment Plans:

Phase	Minutes	Code	Treatment	Tooth	Surface	Provider	Status	Date	Value	Pat. Value	Ins. Value I	Ins. Value II
1	0:20:00	01000	Crown-Flex Crown to High Heel	02	1		Pending	01/15/2010	\$1,076.00	\$0.00	\$0.00	\$0.00
1	0:00:00	01000	Crown-Buildup	02	1		Pending	01/15/2010	\$231.00	\$0.00	\$0.00	\$0.00

****Only plans created in the last 12 months will convert.****

- Converted Plans are Accepted and Diagnosed
- Phase
- Minutes – Default 0
- Code
- Treatment Description
- Tooth
- Surface
- Provider
- Status – Default Pending
- Date
- Value
- Patient Value – Default 0
- Insurance Value I – Default 0
- Insurance Value II – Default 0

Practice Information

Clinic Name and Registration
 XL Dent Smile Center
 279 North Medina Street
 P.O. Box 1000
 Loretto, MN 55357

Registered Products
 XL-CHART, ALMOBILE, ALO-CHECK, ULTIMECLOCK

Number of Users: 1-25

Clinic Address
 Address 1: 279 North Medina Street
 Address 2:
 City St. Zip: Loretto MN 55357-1000
 Phone: (800) 328-2925 FAX: (763) 479-4951
 Web Address: www.xldent.com
 Code: UEAH3F-350985

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

Operator Table:

Name: M. L. Schultz, DDS
 Provider ID: 1111111111
 SSN: 412222223
 Federal TIN: 1111111111
 NPI Type 1: 1423
 AA: AA12345
 2222222222
 State License Number: 1222222222
 NPI Type 2: 1223000000
 General Dentist: 1223000000
 Specialty: 0
 Home Phone: (763) 497-1211
 Mobile Phone: (763) 497-2345
 Active: Yes
 Location: XL Dent Smile Center
 Address 1: 279 N Medina Street Ste 230
 Address 2:
 City St. Zip: Loretto MN 55357-4560
 Zip +4 Required
 Insurance ID's: 1, 2, 3, 4, 5, 6, 7, 8, 9, 0
 Delta Dental, BCBS, State Program

- 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

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.

Duplicate Patients:

Some Practice Management software will allow entry of patients and other information multiple times without warning of duplication. Due to the nature of the database conversion process, there are some items that you should review on the conversion evaluation to identify this duplication. One such item is the duplication of Patient records. To assist you in locating duplicate patients, the XLDent™ Name and Address listing is provided during the evaluation process. Please contact your XLDent™ representative with any questions regarding this process. We look forward to helping you with a smooth transition to XLDent™.

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
- ⊗ Archival History
- ⊗ Prescription Listing
- ⊗ Patient Prescriptions
- ⊗ Secondary Insurance
- ⊗ Benefit Plans
- ⊗ Referrals
- ⊗ Patient History Comments
- ⊗ Clinical/Progress Notes
- ⊗ Patient Comments
- ⊗ Titles

Notes on Conversions:

- Marital Status will convert as Other

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.

Patient Preferred Name

When this is not entered into current system it will default to first name.

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 6. This will have to be manually updated after loading the converted database.

Patient Status

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

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.