Patient Information:

☑ 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 – No extension
☑ Mobile Phone Number
☑ Fax Number – Taken from other phone
☑ Email Address
☑ Gender
☑ Marital Status
☑ Birth Date
☑ Patient SSN
☑ Doctor of Record
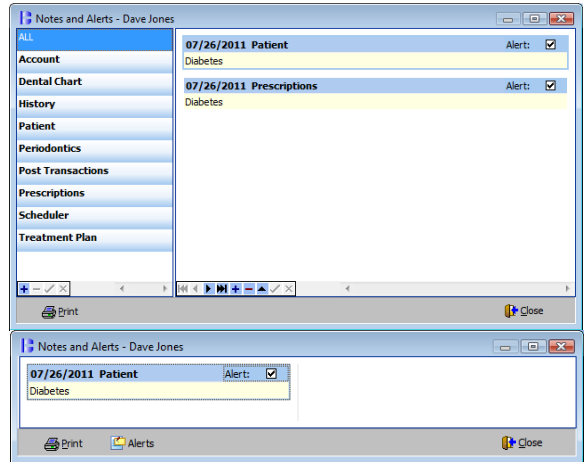☑ Record Status – Active and Auxiliary

Notes:

☑ Patient Notes
☑ Guarantor Notes

Notes and Alerts:
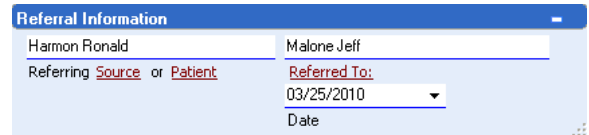
☑ Medical Alerts convert to Patient Record Alert and Prescriptions Alert

Referral Information:
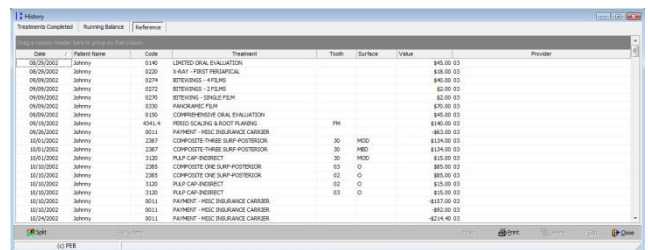
☑ Referring Source
☑ Referring Patient
☑ Referred To
☑ Referred Date

History Reference Tab:

☑ Treatment History – Viewable as History Reference – Does not include deleted transactions [includes Charges, Payments, Debits and Credits]
☑ Date
☑ Patient Name
☑ Code
☑ Treatment Description
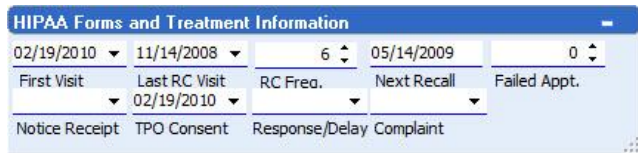☑ Tooth
☑ Surface
☑ Value
☑ Provider

Financial Information:

- ☑ Account Balances -- Aged accordingly based on patient primary doctor.
- ☑ Send Statement – Defaults to Yes
- ☑ Charge Interest – Defaults to Yes
- ☑ Send Dunning – Defaults to Yes
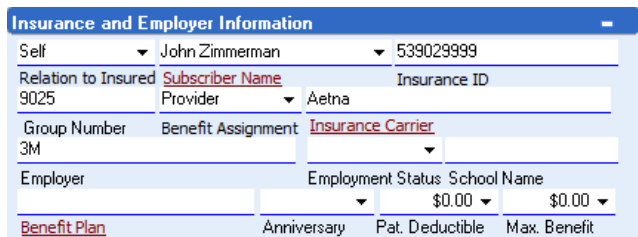
HIPAA Forms and Treatment Information:

- ☑ First Visit Date
- ☑ Last Visit Date
- ☑ Last Recall Visit – Based on Prior Treatment of Prophy
- ☑ Recall Frequency – Defaults to 6 months
- ☑ Next Recall Date – Based on last recall visit date using recall frequency
- ☑ TPO Consent
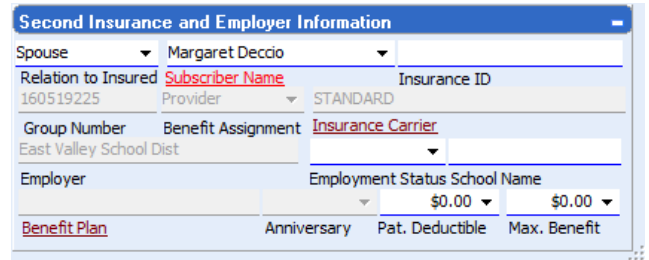
Insurance and Employer Information:

- ☑ Relation to Primary Policy Holder
- ☑ Subscriber Name
- ☑ Insurance Id – If blank defaults to SSN# if available – Self only
- ☑ Group Number
- ☑ Benefit Assignment
- ☑ Insurance Carrier Name
- ☑ Employer Name – Converts from Group Plan
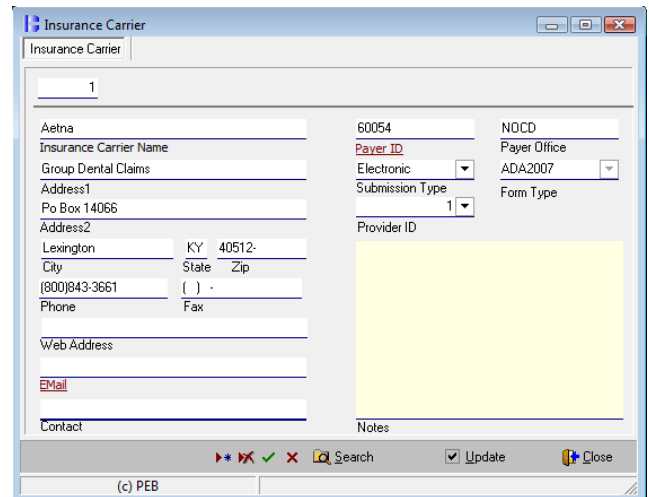
Second Insurance and Employer Information:

- ☑ Relation to Primary Policy Holder
- ☑ Subscriber Name
- ☑ Insurance ID – If Blank pulls from Subscriber
- ☑ Group Number
- ☑ Benefit Assignment
- ☑ Insurance Carrier Name
- ☑ Employer Name – Converts from Group Plan

Insurance Carrier:

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

Appointment Book:

- ☑ Practice Appointments will convert to appropriate column
- ☑ Assigned to Doctor in the XLDent™ Scheduler, not linked to provider table.
- ☑ Patient Name
- ☑ Appointment Date
- ☑ Appointment Time
- ☑ Appointment Length
- ☑ Appointment Notes
- ☑ Appointment Detail
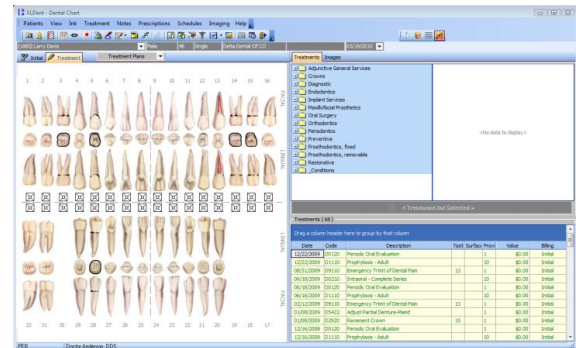
Fee Table:

- ☑ 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 – Defaults to $0.00
- ☑ Provider

Progress Notes Reference Tab

- ☑ Clinical Notes
- ☑ Date
- ☑ Procedure Code
- ☑ Tooth
- ☑ Surface
- ☑ Note Detail
- ☑ Provider

Treatment Plans:
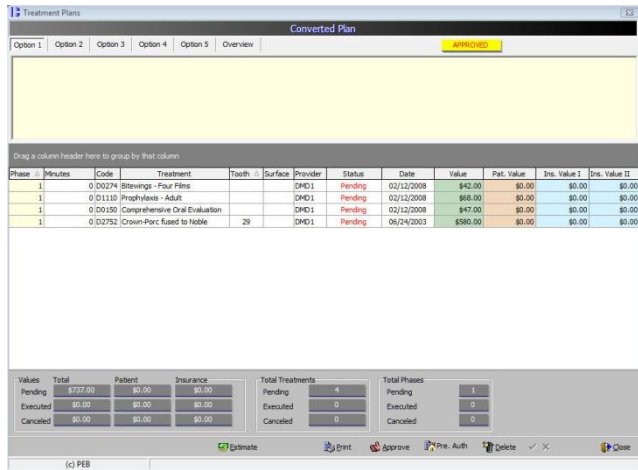
- ☑ Phase – Defaults to 1
- ☑ Minutes – Defaults to 0
- ☑ Code
- ☑ Treatment Description
- ☑ Tooth
- ☑ Surface
- ☑ Provider
- ☑ Status – Defaults to Pending
- ☑ Date
- ☑ Value
- ☑ Patient Value – Defaults to 0
- ☑ Insurance Value I – Defaults to 0
- ☑ Insurance Value II – Defaults to 0

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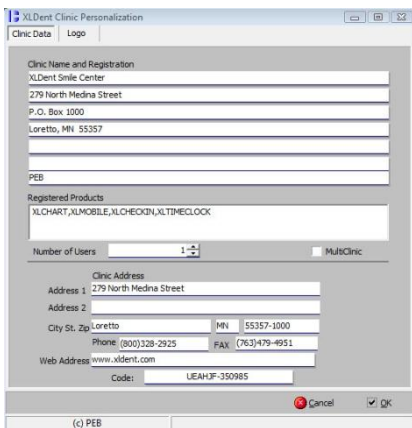
- ☑ Practice Demographic Information
- ☑ Clinic Name
- ☑ Clinic Address and Phone
- ☑ Clinic Logo

Operator Table:
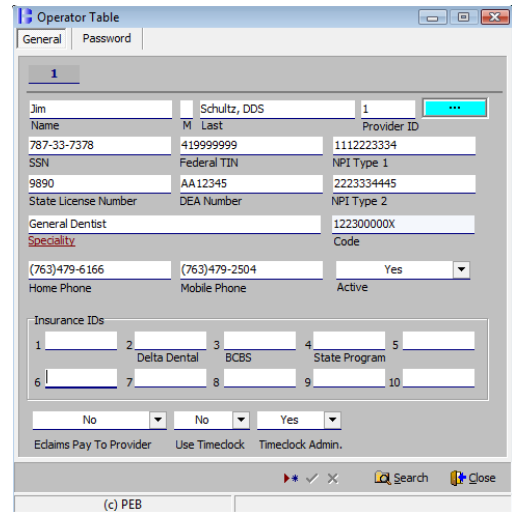
- ☑ Provider Information for all Doctors and Hygienists
- ☑ First Name
- ☑ Middle Initial
- ☑ Last Name
- ☑ Provider ID – Same as previous software
- ☑ SSN
- ☑ Federal TIN
- ☑ NPI Type 1
- ☑ State License Number
- ☑ DEA Number
- ☑ NPI Type 2
- ☑ Specialty
- ☑ Home Phone
- ☑ Mobile Phone
- ☑ Active – All convert as Yes
- ☑ Insurance ID's – If available

File Location:
?:\Dentrix\ or ?:\program files\Dentrix

Files Needed
?:\Dentrix*.* excluding Images folder

Need Dentrix disks if available.

Reports Needed
Print Off a Accounts Receivable Report - Click Start ➔ Programs ➔ Dentrix ➔ Office Manager ➔ Click Reports ➔ Highlight Ledger ➔ Click Aging Report ➔ Click ok➔ At the Batch Processor screen ➔ Highlight Report ➔ Click on printer icon.

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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 Plans / Allowed Amounts
- Archived Patients and History
- Patient Rx
- Rx Listing
- Patient Fax Number
- Document Center Information
- Patient Questionnaires
- Patient Alerts
- Patient Work Extension
- Condition Procedure Notes

Notes on Conversions:
- Plan name converts in place of employer name.
- Only treatment plans created in the last year (12 months) will convert.
- 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
- We are not able to convert Documents for Version G3 and higher.
- All adjustments convert to the responsible party.
- Due to the way the current practice management system internally identifies insurance carriers there is the possibility of duplicate carrier Id's resulting in inconsistent insurance linkage. Carriers will be identified in XLDent and patient records will need to be verified.
- Patient Insurance may not be converted when linking in existing system is inaccurate or inconsistent.

- Referrals may be duplicated. This can be manually updated after the conversion.

Below are some notes concerning some of the items that will or will not be converting.

Clinical Notes
Clinical notes will be duplicate prior to 2007. Dentrix version related

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.

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[tm]. This can be manually changed.

Recall Frequency
When this is not converted or not entered into current system it will default to 6.

Patient Status
Only Active and Auxiliary status patients convert into XLDent™.

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.

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