

**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

(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 Web Access Fax

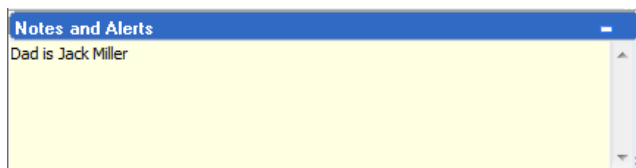
01/04/1998 12 539-00-0000 Female Single

Birth Date Age SSN Gender Marital Status

Classification Doctor Hygienist Record Status

- Patients grouped by responsible party.
- First Name
- Last Name
- Middle Initial
- Preferred Name
- Address 1
- Address 2
- City
- State
- Zip
- Home Phone Number
- Work Phone Number
- Mobile Phone Number - taken from pager
- Fax Number – Taken from other phone
- Email Address
- Gender
- Marital Status
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status – Active, Auxiliary

**Patient Notes:**

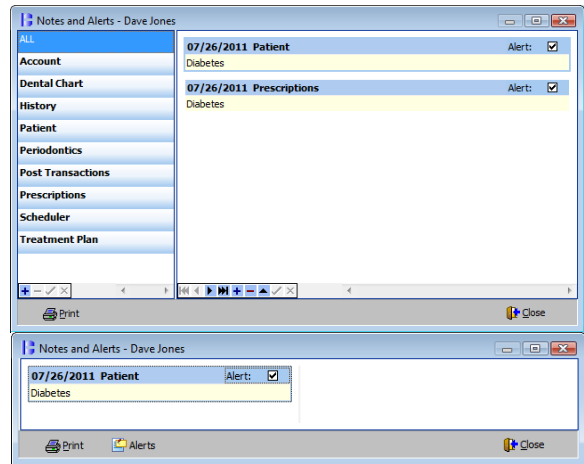


**Notes and Alerts**

Dad is Jack Miller

- Patient Notes
- Guarantor Notes

**Patient Alerts:**



**Notes and Alerts - Dave Jones**

ALL

Account 07/26/2011 Patient Alert:

Diabetes

Dental Chart 07/26/2011 Prescriptions Alert:

History Diabetes

Patient

Periodontics

Post Transactions

Prescriptions

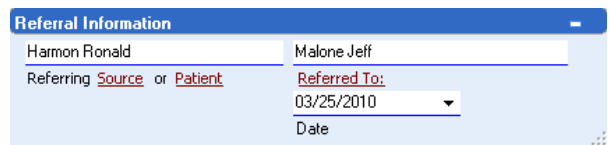
Scheduler

Treatment Plan

Print Alerts Close

- Medical Alerts convert to Patient Record Alert and Prescriptions Alert
- Patient Alerts convert to Patient Record Alert and Prescriptions Alert

**Referral Information:**



**Referral Information**

Hamon Ronald Malone Jeff

Referring Source or Patient Referred To:

03/25/2010

Date

- Referring Source
- Referring Patient
- Referred To
- Referred Date

**Account Reference History:**



Date	Patient Name	DOB	Treatment	Tooth	Surface	Value	Provider
06/20/2002	Johnny	0145	UNITED-DIAL EVALUATION			\$45.00 03	
06/20/2002	Johnny	0220	1-RAY - FIRST PERIAPICAL			\$38.00 03	
06/20/2002	Johnny	0219	RETROGRADE - 4 PERIS			\$45.00 03	
06/20/2002	Johnny	0272	STENTING - 2 PERIS			\$2.00 03	
06/20/2002	Johnny	0270	STENTING - 2 PERIS PER			\$2.00 03	
06/20/2002	Johnny	0330	PANORAMIC FILM			\$75.00 03	
06/20/2002	Johnny	0126	COMPREHENSIVE ORAL EVALUATION			\$45.00 03	
06/20/2002	Johnny	4041.4	HEED SCALING & ROOT PLANING		PM	\$140.00 03	
06/20/2002	Johnny	0011	PAIEMENT - MEDIC INSURANCE CARRIER			\$61.00 03	
06/20/2002	Johnny	2387	COMPOSITE THREE SURF-POSTERIOR	30	IND	\$174.00 03	
06/20/2002	Johnny	3120	PALP CAR-INDIRECT	30	IND	\$15.00 03	
06/20/2002	Johnny	2385	COMPOSITE ONE SURF-POSTERIOR	03	O	\$85.00 03	
06/20/2002	Johnny	2385	COMPOSITE ONE SURF-POSTERIOR	02	O	\$85.00 03	
06/20/2002	Johnny	3120	PALP CAR-INDIRECT	02	O	\$15.00 03	
06/20/2002	Johnny	0011	PAIEMENT - MEDIC INSURANCE CARRIER	03	O	\$157.00 03	
06/20/2002	Johnny	0011	PAIEMENT - MEDIC INSURANCE CARRIER			\$82.00 03	
06/20/2002	Johnny	0011	PAIEMENT - MEDIC INSURANCE CARRIER			\$214.00 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

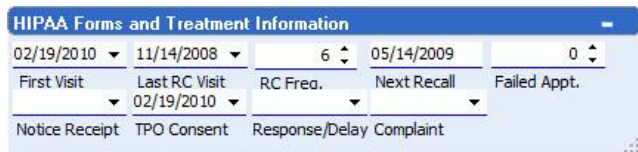
**Financial Information:**



Financial Information window showing balance categories: \$745.00, \$50.00, \$60.00, \$135.00, \$500.00. Includes sections for Stmt. Sent, Last Patient Payment, Last Insurance Payment, and Send Statement/Charge Interest/Send Dunning options.

- Account Balances -- Aged accordingly based on patient primary doctor.
- Send Statement – Defaults to Yes
- Charge Interest – Defaults to Yes
- Send Dunning – Defaults to Yes

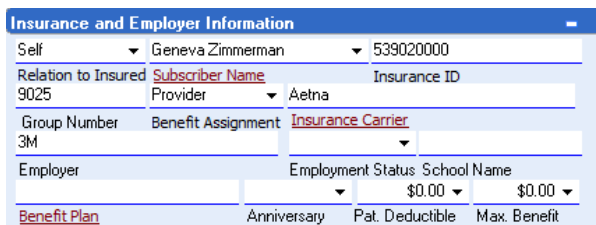
**Recall Detail:**



HIPAA Forms and Treatment Information window showing dates for First Visit (02/19/2010), Last RC Visit (11/14/2008), RC Freq. (6), Next Recall (05/14/2009), and Failed Appt. (0). Includes sections for Notice Receipt, TPO Consent, Response/Delay, and Complaint.

- First Visit Date
- Last Visit Date
- Last Recall Visit (Prior Work Date for Prophy)
- Recall Frequency - Defaults to 6
- Next Recall Date – Based on last recall visit date using recall frequency
- TPO Consent - Defaults to date of conversion

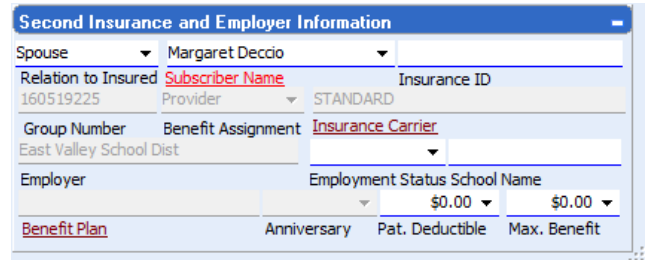
**Insurance and Employer Information:**



Insurance and Employer Information window showing details for Geneva Zimmerman, including Relation to Insured (Subscriber Name), Insurance ID (9025), Group Number (3M), and Employment Status (Full Time).

- Relation to Primary Policy Holder
- Subscriber Name
- Insurance Id
- Group Number
- Benefit Assignment
- Insurance Carrier Name
- Employer Name - Converts from Group Plan
- Employment Status – Defaults to Full Time
- Patient Deductible – Defaults to 0
- Max Benefit – Defaults to 0

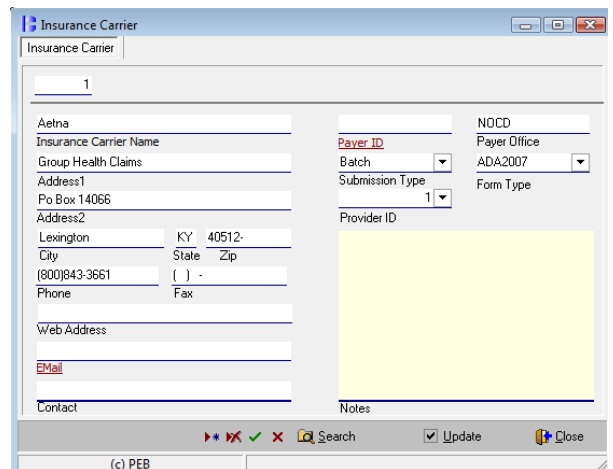
**Second Insurance and Employer Information:**



Second Insurance and Employer Information window showing details for Margaret Decchio, including Spouse, Relation to Insured (Subscriber Name), Insurance ID (160519225), and Insurance Carrier (STANDARD).

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

**Insurance Carrier Information:**



Insurance Carrier window showing details for Aetna, including Insurance Carrier Name, Address 1, Address 2, City (Lexington, KY), State (KY), Zip (40512), Phone ((800)843-3661), and Payer ID.

- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Payer ID – Add after conversion
- Payer Office
- Submission Type
- Form Type current ADA Form
- Provider ID – Defaults to 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
	Julie Anderson Prophylaxis-Adult	Gina Kemsley Prophylaxis-Adult
Gary Short Cement Crown Or Bridg		

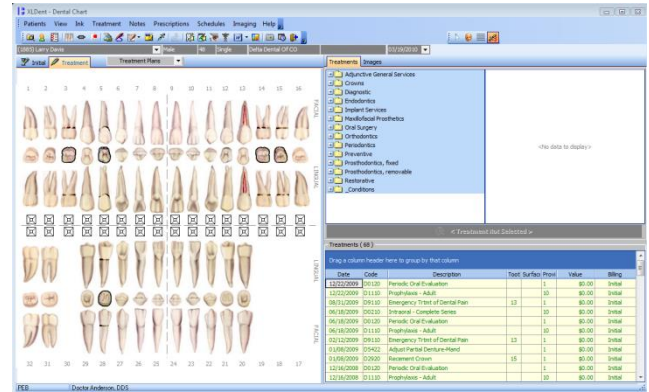
- Practice Appointments will convert to appropriate column
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- Appointment Notes
- Appointment Procedures when available

**Procedure Codes:**

Internal Code	Abbreviation	Fee	New Fee
BADJ	Bridge Adjustment	\$100.00	
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, Add'l	\$42.00	
D0240	Intraoral - Occlusal Film	\$0.00	
D0250	Extraoral - First Film	\$0.00	

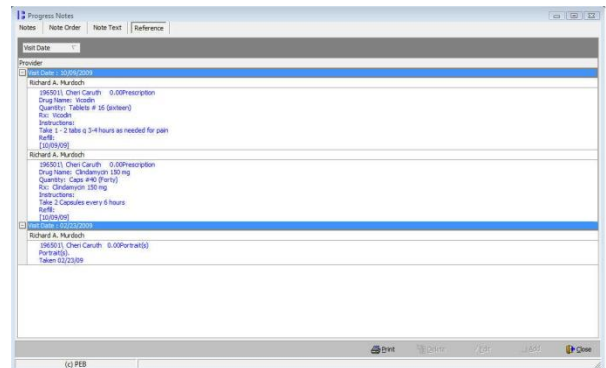
- Procedure Codes
  - ◆ Active ADA Codes
  - ◆ Base Code Abbreviation
- Primary Fee Schedule

**XLChart<sup>TM</sup>:**



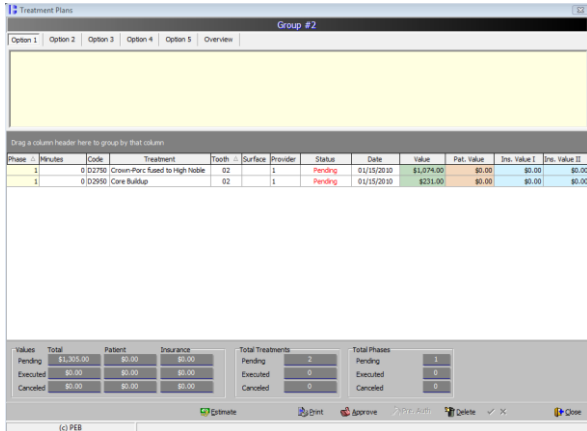
- Restorative Chart -- As a visual representation of treatment completed. This will be recorded as Initial Treatment in XLChart<sup>TM</sup>
- Date
- Code
- Treatment
- Tooth
- Surface
- Value - Defaults to \$0.00
- Provider

**Progress Notes Reference Tab**



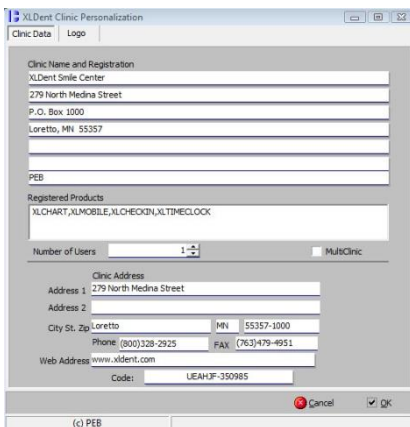
- Account Ledger Procedure note
- Clinical Note

**Treatment Plans:**



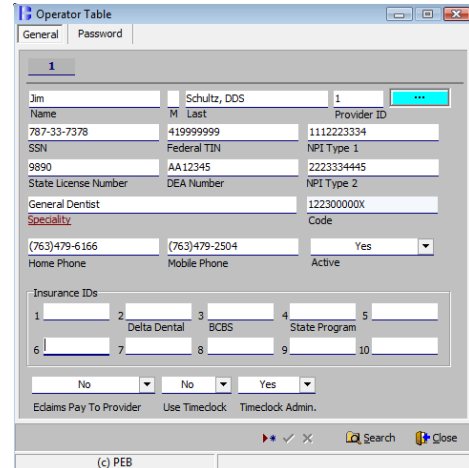
- Phase - Defaults to 1
- Minutes – Defaults to 0
- Code
- Treatment Description
- Tooth
- Surface
- Provider
- Status – Defaults to Pending
- Date
- Value
- Patient Value – Defaults to 0
- Insurance Value I – Defaults to 0
- Insurance Value II – Defaults to 0

**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 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.

**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<sup>TM</sup> 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 / Allow Amounts
- ⊗ Archival History
- ⊗ Rx Listing
- ⊗ Patient Rx
- ⊗ Patient Fax Number
- ⊗ Patient Work Extension
- ⊗ Condition Procedure Notes

**Notes on Conversions:**

- Group Plan name converts in place of employer name
- Only treatment plans created in the last year (12 months) will convert.
- 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.
- 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.
- Patient Insurance may not be converted when linking in existing system is inaccurate or inconsistent.
- All adjustments convert to the responsible party.
- Referrals may be duplicated. This can be manually updated after the conversion.

- 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 Mobile Phone**

From Dentrix Other Phone

**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<sup>TM</sup>. This can be manually changed.

**Recall Frequency**

All recall defaults to 6, including non-recall patients. This will have to be manually updated after loading the converted database.

**Patient Status**

Active and auxiliary status patients convert to XLDent<sup>TM</sup>.

**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<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.**