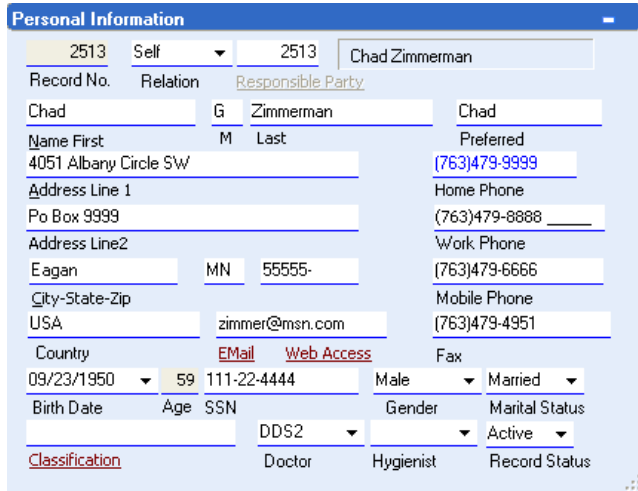


Patient Information:



Personal Information

2513 Self 2513 Chad Zimmerman

Record No. Relation Responsible Party

Chad G Zimmerman Chad

Name First M Last Preferred

4051 Albany Circle SW (763)479-9999

Address Line 1 Home Phone

Po Box 9999 (763)479-8888

Address Line 2 Work Phone

Eagan MN 55555- (763)479-6666

City-State-Zip Mobile Phone

USA zimmer@msn.com (763)479-4951

Country Email Web Access Fax

09/23/1950 59 111-22-4444 Male Married

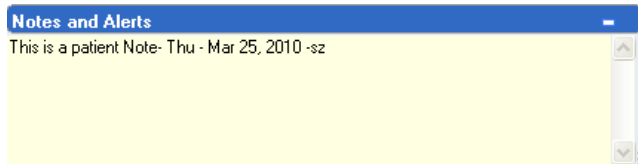
Birth Date Age SSN Gender Marital Status

DDS2 Active

Classification Doctor Hygienist Record Status

- 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 – Taken from Pager
- Fax Number
- Email Address
- Gender
- Marital Status
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status – Active and Auxiliary

Notes:

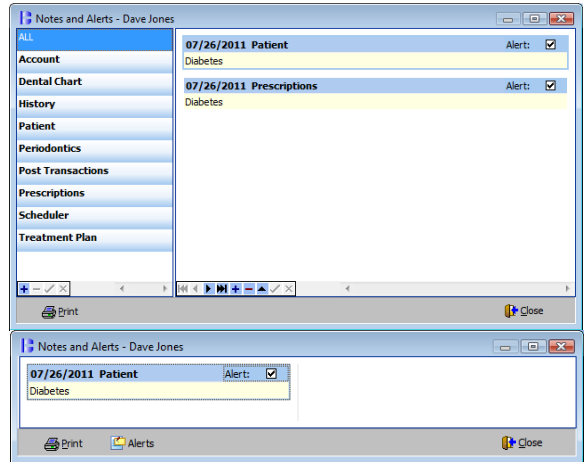


Notes and Alerts

This is a patient Note- Thu - Mar 25, 2010 -sz

- Patient Notes
- Guarantor Notes
- Chart Number
- Other Phone Number

Notes and Alerts:



Notes and Alerts - Dave Jones

ALL

07/26/2011 Patient Alert:

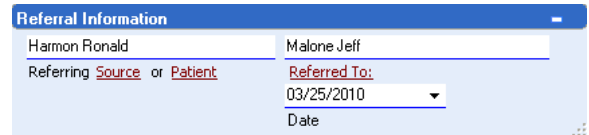
Diabetes

07/26/2011 Prescriptions Alert:

Diabetes

- Medical Alerts convert to Patient Record Alert and Prescriptions Alert

Referral Information:



Referral Information

Harmon Ronald Malone Jeff

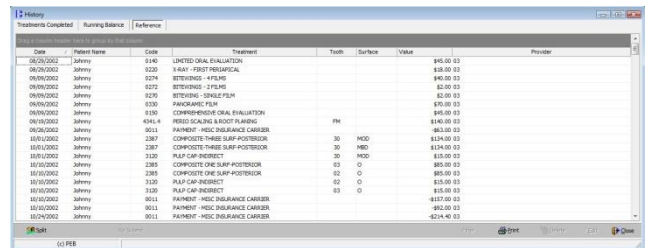
Referring Source or Patient Referred To:

03/25/2010

Date

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

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	8228	1/4-1/4 PERO PERIAPICAL			\$38.00 03	
06/06/2002	Johnny	6274	BITEWING - 4 FILMS			\$40.00 03	
06/06/2002	Johnny	6275	BITEWING - 2 FILMS			\$20.00 03	
06/06/2002	Johnny	6276	BITEWING - SINGLE FILM			\$20.00 03	
06/06/2002	Johnny	8330	PANORAMIC FILM			\$75.00 03	
06/06/2002	Johnny	8190	COMPREHENSIVE ORAL EVALUATION			\$95.00 03	
06/06/2002	Johnny	8041-4	PERIO SCALING & ROOT PLANING		PH	\$140.00 03	
06/06/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$610.00 03	
10/01/2002	Johnny	3387	COMPOSITE THREE SURF POSTERIOR	30	MOD	\$124.00 03	
10/01/2002	Johnny	3387	COMPOSITE THREE SURF POSTERIOR	30	MOD	\$124.00 03	
10/01/2002	Johnny	3120	PALP CAP-INDIRECT	30	MOD	\$15.00 03	
10/01/2002	Johnny	3385	COMPOSITE ONE SURF POSTERIOR	03	O	\$85.00 03	
10/01/2002	Johnny	3120	PALP CAP-INDIRECT	03	O	\$15.00 03	
10/01/2002	Johnny	3120	PALP CAP-INDIRECT	03	O	\$15.00 03	
10/01/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$117.00 03	
10/01/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$82.00 03	
10/01/2002	Johnny	9011	PAYMENT - 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

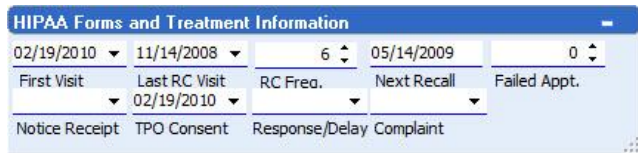
Financial Information:



Financial Information window showing account balances (\$745.00, \$50.00, \$60.00, \$135.00, \$500.00) and options for sending statements, charging interest, and 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

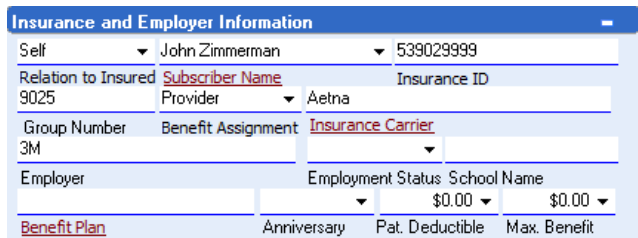
HIPAA Forms and Treatment Information:



HIPAA Forms and Treatment Information window showing dates for first visit, last recall visit, and recall frequency.

- 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
- Failed Appointment Count
- TPO Consent

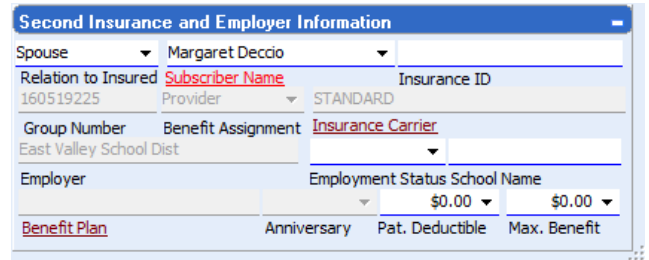
Insurance and Employer Information:



Insurance and Employer Information window showing subscriber name (John Zimmerman), insurance ID (539029999), and provider (Aetna).

- 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

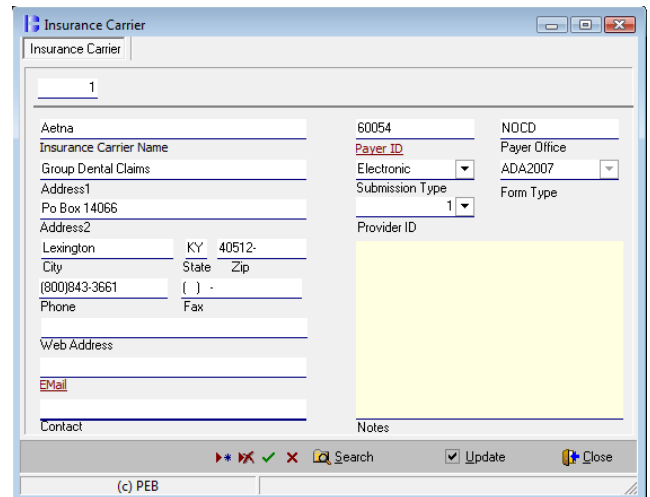
Second Insurance and Employer Information:



Second Insurance and Employer Information window showing spouse (Margaret Deccio), relation to insured (Subscriber Name), and insurance ID (160519225).

- 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 window showing details for Aetna, including payer ID (60054), payer office (NOCD), and submission type (Electronic).

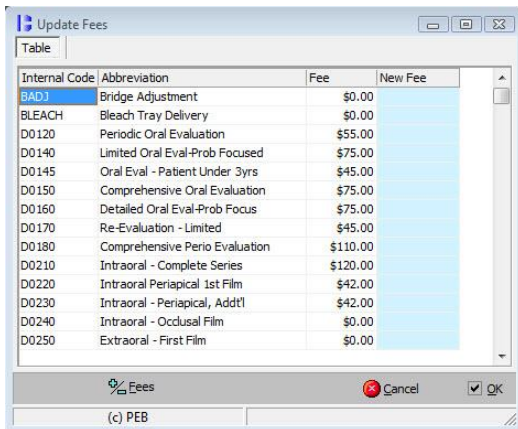
- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Contact
- Payer ID – Verify after conversion
- Payer Office Always NOCD
- Submission Type Always Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1

Appointment Book:

OP-2 Tuesday, March 30	OP-3 Tuesday, March 30	OP-4 Tuesday, March 30
Steghner, Cheryl 7L14 MDDL, 30L 123	Ruplinger, Linda EX, Pro A	Vedvick, Gerald EX, Pro A
	Markham, Abigail EX, Pro A, FL <26>	DelMaras, Bruce EX, Pro A
	Impala, Adam EX, Pro A	Cardn, Susan EX, Pro A
Sledge, Andrea	Sledge, Andrea EX, Pro A	Anning, Richard EX, Pro A
Fish, Jill 9 MIF, 10 F, 14 OL B, 3 B 383		

- 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

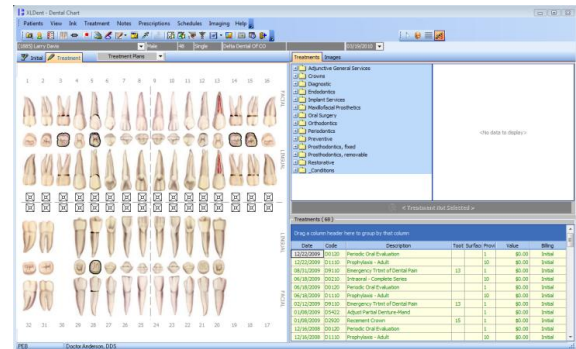
Fee Table:



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, Add'l	\$42.00	
D0240	Intraoral - Occlusal Film	\$0.00	
D0250	Extraoral - First Film	\$0.00	

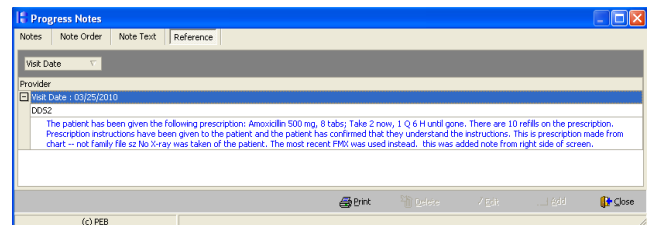
- Procedure Codes
 - ◆ Active ADA Codes
 - ◆ Base Code Abbreviation
- Primary Fee Schedule

XLChart™:



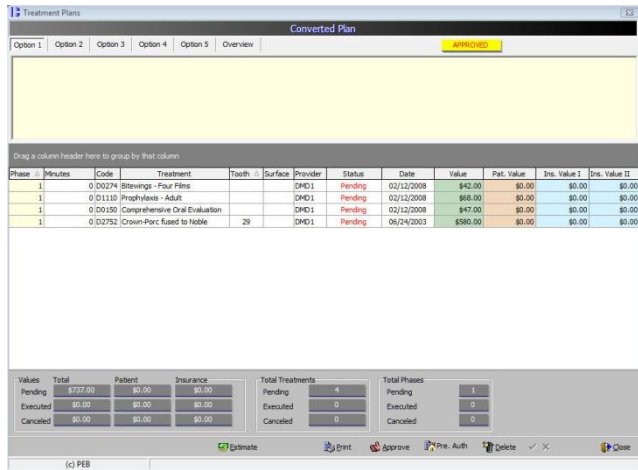
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value – Defaults to \$0.00
- Provider

Progress Notes Reference Tab



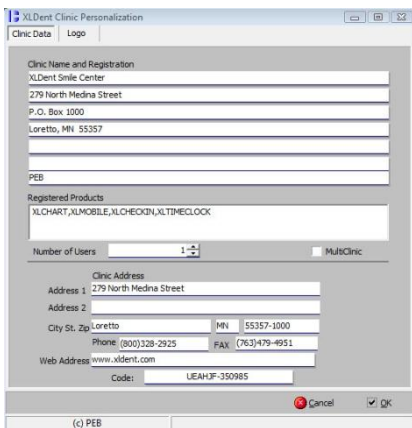
- Clinical Notes
- Date
- Procedure Code
- Tooth
- Surface
- Note Detail
- Provider

Treatment Plans:



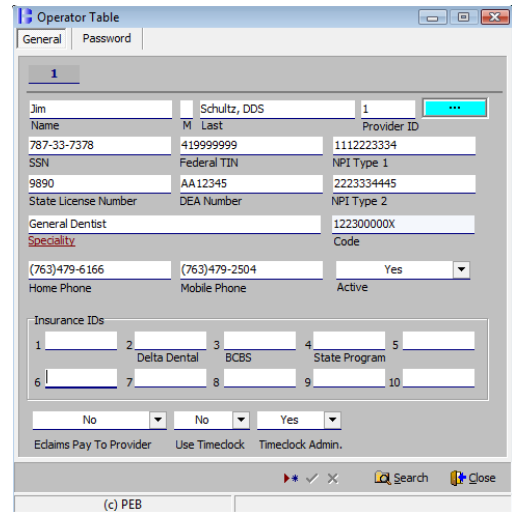
- Phase – Defaults to 1
- Minutes – Defaults to 0
- Code
- Treatment Description
- Tooth
- Surface
- Provider
- Status – Defaults to Pending
- Date
- Value
- Patient Value – Defaults to 0
- Insurance Value I – Defaults to 0
- Insurance Value II – Defaults to 0

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
- Speciality
- 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.

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
- ⊗ Document Center Information
- ⊗ Patient Questionnaires
- ⊗ 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™. This can be manually changed.

TPO Consent Date

If consent date is blank in original software, will convert as blank.

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.

Appointment Book

If appointment procedures in existing software are linked to treatment plans, these procedures codes will not be included in the appointment in XLDent™.

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.