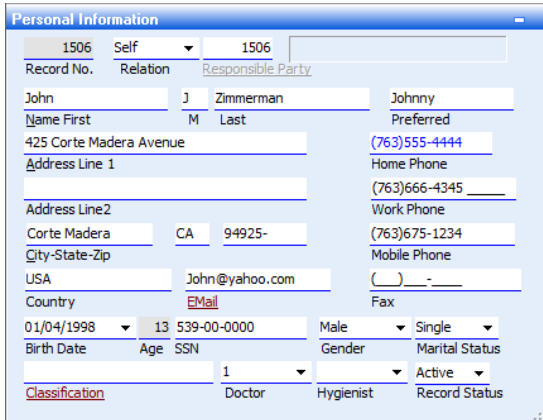


**Patient Information:**



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

Address Line 2 Work Phone

Corte Madera CA 94925- (763)675-1234

City-State-Zip Mobile Phone

USA John@yahoo.com ( ) -

Country Email Fax

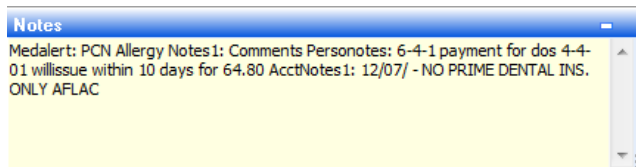
01/04/1998 13 539-00-0000 Male Single

Birth Date Age SSN Gender Marital Status

Classification Doctor Hygienist Record Status

- Patients grouped by responsible party.
- First Name
- Last Name
- Middle Initial
- 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 – Active, Collection

**Notes:**

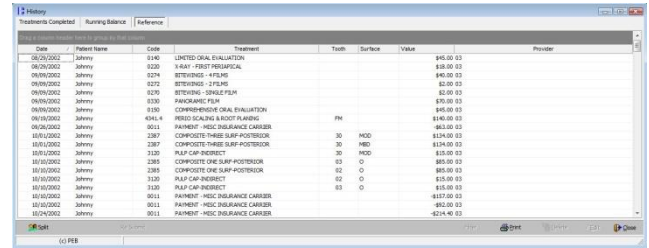


Notes

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

- Patient Allergy
- Patient Medical
- Comments
- Referrals
- Patient Type
- Premed
- Hipaa Flag

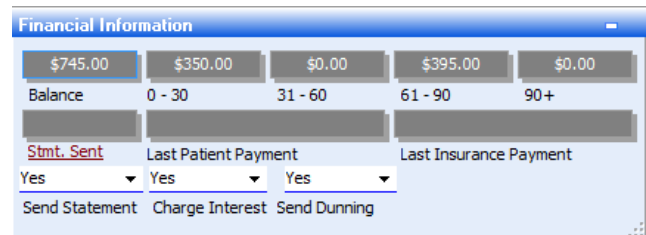
**History Reference Tab:**



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
06/20/2002	Johnny	8148	UNITED ORAL EVALUATION			\$45.00 03	
06/20/2002	Johnny	8220	U-RAY - FIRST PERIAPICAL			\$18.00 03	
06/20/2002	Johnny	8224	STEREOE - I-FILES			\$22.00 03	
06/20/2002	Johnny	8222	STEREOE - I-FILES			\$22.00 03	
06/20/2002	Johnny	8250	STEREOE - ORAL FILM			\$22.00 03	
06/20/2002	Johnny	8330	PERIODONTIC FILM			\$22.00 03	
06/20/2002	Johnny	8350	COMPREHENSIVE ORAL EVALUATION			\$45.00 03	
06/20/2002	Johnny	8441.4	PERIODONTAL PROST PLANNING		PM	\$140.00 03	
06/20/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$62.00 03	
06/20/2002	Johnny	2387	COMPOSITE THREE SURF POSTERIOR	30	MED	\$174.00 03	
06/20/2002	Johnny	2387	COMPOSITE ONE SURF POSTERIOR	30	MED	\$55.00 03	
06/20/2002	Johnny	2389	COMPOSITE ONE SURF POSTERIOR	03	O	\$55.00 03	
06/20/2002	Johnny	2388	COMPOSITE ONE SURF POSTERIOR	02	O	\$55.00 03	
06/20/2002	Johnny	3120	ALUF CAR-INDIRECT	02	O	\$15.00 03	
06/20/2002	Johnny	3120	ALUF CAR-INDIRECT	03	O	\$15.00 03	
06/20/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$137.00 03	
06/20/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$92.00 03	
06/20/2002	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

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

Balance 0 - 30 31 - 60 61 - 90 90+

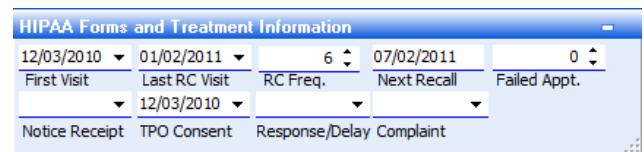
Stmt. Sent Last Patient Payment Last Insurance Payment

Yes Yes Yes

Send Statement Charge Interest Send Dunning

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

**HIPAA Forms and Treatment Information:**



HIPAA Forms and Treatment Information

12/03/2010 01/02/2011 6 07/02/2011 0

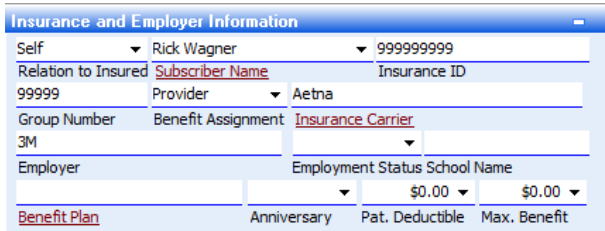
First Visit Last RC Visit RC Freq. Next Recall Failed Appt.

12/03/2010

Notice Receipt TPO Consent Response/Delay Complaint

- First Visit Date
- Last Visit Date
- Last Recall Visit (Last Exam Date)
- Recall Frequency
- Next Recall Date – Based on last recall visit date using recall frequency
- TPO Consent

**Insurance and Employer Information:**



Insurance and Employer Information

Self Rick Wagner 999999999

Relation to Insured Subscriber Name Insurance ID

99999 Provider Aetna

Group Number Benefit Assignment Insurance Carrier

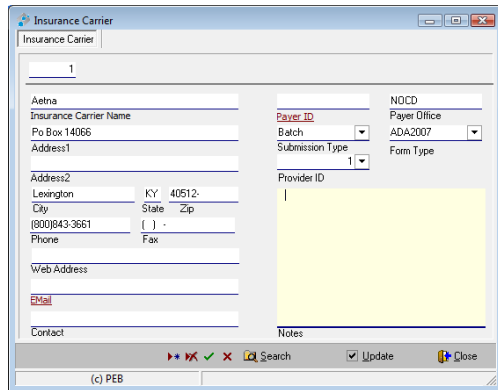
3M

Employer Employment Status School Name

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
- Insurance Carrier Name
- Employer
- Employment Status – Defaults to Full Time
- Patient Deductible – Defaults to 0
- Max Benefit – Defaults to 0

**Insurance Carrier:**



Insurance Carrier

1

Aetna Insurance Carrier Name NOCD

Po Box 14066 Payer ID Payer Office

Address1 Batch ADA2007

Address2 Submission Type Form Type

Lexington KY 40512 Provider ID

City State Zip

(800)843-3661 Phone Fax

Web Address

Contact

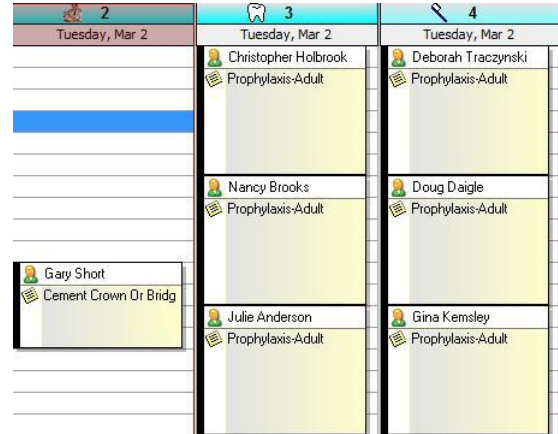
Notes

Update Close

(c) PEB

- 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

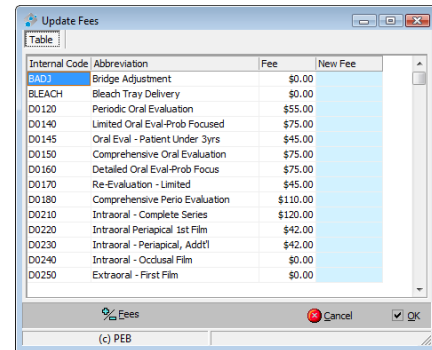
**Appointment Book:**



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

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

**Fee Table:**



Internal Code	Abbreviation	Fee	New Fee
BAD7	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	

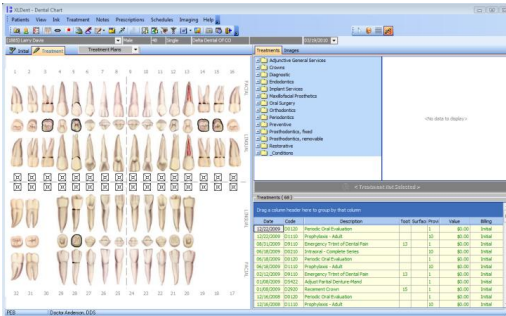
Update Fees

Update Cancel OK

(c) PEB

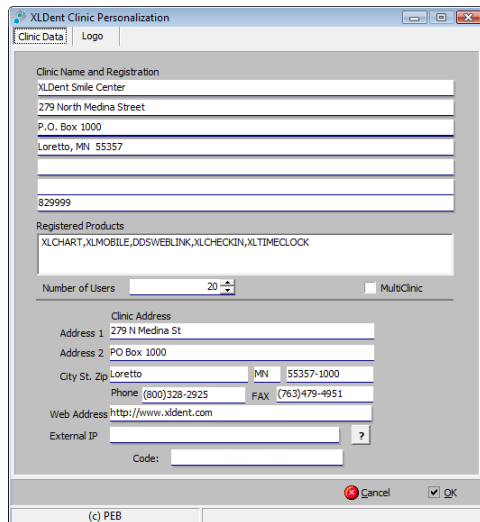
- Procedure Codes
  - ◆ Active ADA Codes
  - ◆ Base Code Abbreviation
- Primary Fee Schedule

## XLChart™:



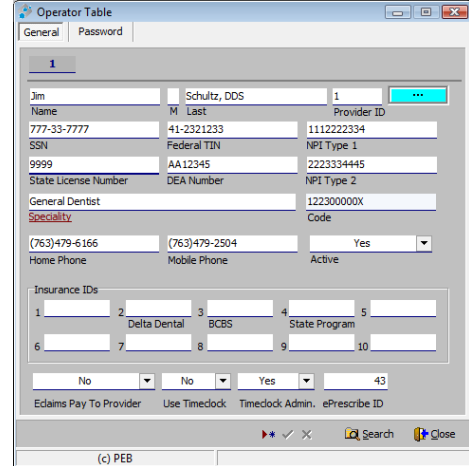
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value
- Provider

## 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:

?:\dox\ and ?:\interbasedb\

### Files Needed

?:\interbasedb\\*.\*

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>™</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
- ⊙ Rx Listing and Patient Rx
- ⊙ Benefit Plans / Allowed Amounts
- ⊙ Progress Notes

### **Notes on Conversions:**

- DOX records account holder and spouse. We only convert Account Holder
- Appointments will convert with a defaulted prophylaxis code. This can be manually changed 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.

### **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<sup>™</sup>. 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.

### **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>™</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.**