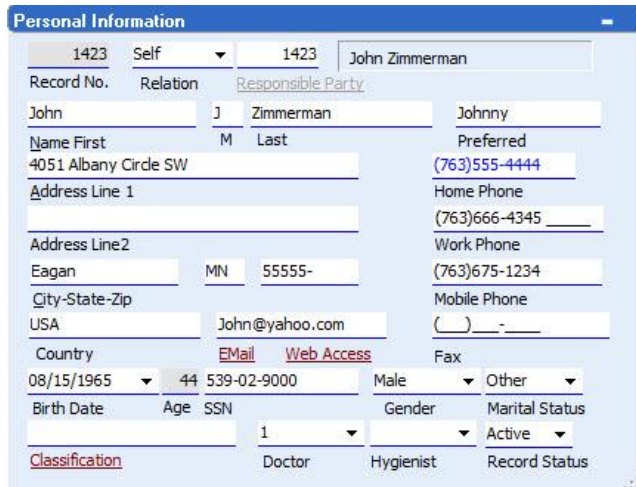


**Patient Information:**



**Personal Information**

1423 Self 1423 John Zimmerman

Record No. Relation Responsible Party

John J Zimmerman Johnny

Name First M Last Preferred

4051 Albany Circle SW (763)555-4444

Address Line 1 Home Phone

Address Line 2 Work Phone

Eagan MN 55555- (763)675-1234

City-State-Zip Mobile Phone

USA John@yahoo.com ( ) - -

Country EMail Web Access Fax

08/15/1965 44 539-02-9000 Male Other

Birth Date Age SSN Gender Marital Status

1 1 Active

Classification Doctor Hygienist Record Status

- Patients grouped by responsible party, responsible party is determined by 1st family number found during conversion process, this may need to be modified following the conversion.
- First Name
- Last Name
- Middle Initial
- Preferred Name
- Address
- City
- State
- Zip
- Home Phone Number
- Work Phone Number
- Mobile Phone Number
- Email Address
- Gender
- Marital Status – Other
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status – Active Only
- Old Account ID converts to search reference

**Patient Notes:**



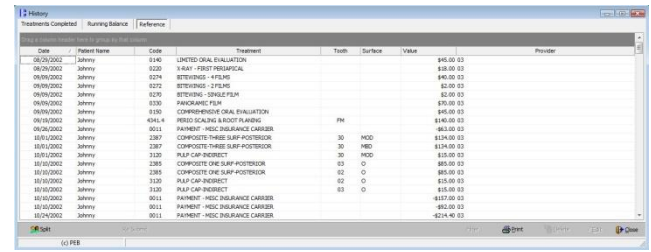
**Notes and Alerts**

Account Notes

Patient Notes

- Account Notes
- Patient Notes

**History Reference Tab:**



| Date       | Patient Name | Code | Treatment                        | Tooth | Surface | Value       | Provider |
|------------|--------------|------|----------------------------------|-------|---------|-------------|----------|
| 02/20/2002 | Johnny       | 0140 | LIMITED ORAL EVALUATION          |       |         | \$45.00 03  |          |
| 02/20/2002 | Johnny       | 0220 | 1-HR. POST-RESTORATION           |       |         | \$28.00 03  |          |
| 04/09/2002 | Johnny       | 0274 | RETURNS - 4PLNS                  |       |         | \$45.00 03  |          |
| 04/09/2002 | Johnny       | 0222 | RETURNS - 2PLNS                  |       |         | \$23.00 03  |          |
| 04/09/2002 | Johnny       | 0250 | RETURNS - SINGLE PLN             |       |         | \$23.00 03  |          |
| 04/09/2002 | Johnny       | 0330 | PANORAMIC FILM                   |       |         | \$75.00 03  |          |
| 04/09/2002 | Johnny       | 0150 | COMPOSITE ORAL EVALUATION        |       |         | \$45.00 03  |          |
| 04/09/2002 | Johnny       | 0414 | PROF. SCALING & ROOT PLANING     |       | PH      | \$145.00 03 |          |
| 04/09/2002 | Johnny       | 0011 | PAIMENT - MED. INSURANCE CARRIER |       |         | \$62.00 03  |          |
| 04/09/2002 | Johnny       | 2387 | COMPOSITE THREE SURF. POSTERIOR  | 30    | MOD     | \$174.00 03 |          |
| 04/09/2002 | Johnny       | 2389 | COMPOSITE THREE SURF. POSTERIOR  | 30    | MOD     | \$174.00 03 |          |
| 04/09/2002 | Johnny       | 3120 | PALP CAR-INCISAL                 | 30    | MOD     | \$35.00 03  |          |
| 04/09/2002 | Johnny       | 2385 | COMPOSITE ONE SURF. POSTERIOR    | 02    | O       | \$65.00 03  |          |
| 04/09/2002 | Johnny       | 3120 | PALP CAR-INCISAL                 | 02    | O       | \$35.00 03  |          |
| 04/09/2002 | Johnny       | 3120 | PALP CAR-INCISAL                 | 03    | O       | \$35.00 03  |          |
| 04/09/2002 | Johnny       | 0011 | PAIMENT - MED. INSURANCE CARRIER |       |         | \$177.00 03 |          |
| 04/09/2002 | Johnny       | 0011 | PAIMENT - MED. INSURANCE CARRIER |       |         | \$92.00 03  |          |
| 04/09/2002 | Johnny       | 0011 | PAIMENT - MED. 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 \$50.00 \$60.00 \$135.00 \$500.00

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

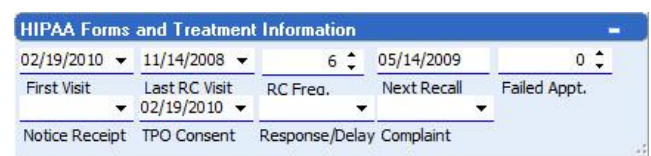
Stmt. Sent Last Patient Payment Last Insurance Payment

Yes Yes Yes

Send Statement Charge Interest Send Dunning

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

**HIPAA Forms and Treatment Information:**



**HIPAA Forms and Treatment Information**

02/19/2010 11/14/2008 6 05/14/2009 0

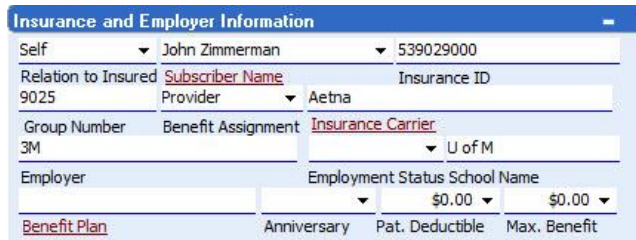
First Visit Last RC Visit RC Freq. Next Recall Failed Appt.

02/19/2010

Notice Receipt TPO Consent Response/Delay Complaint

- First Visit Date
- Last Visit Date
- Last Recall Visit
- Recall Frequency
- Next Recall Date – Based on last recall visit date using recall frequency

**Insurance and Employer Information:**



Insurance and Employer Information

Self: John Zimmerman, 539029000

Relation to Insured: Subscriber Name, Insurance ID: 9025

Provider: Aetna

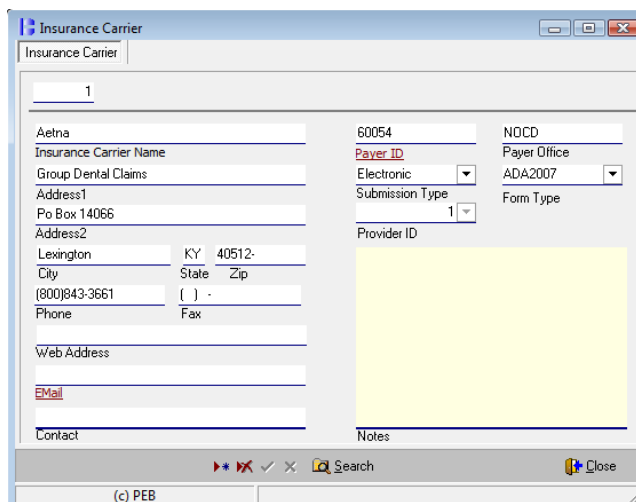
Group Number: 3M, Benefit Assignment: Insurance Carrier, U of M

Employer: Employment Status School Name

Benefit Plan, Anniversary, Pat. Deductible: \$0.00, Max. Benefit: \$0.00

- Relation to Primary Insured Only
- Subscriber Name
- Insurance Id – If blank defaults to SSN# if available
- Group Number
- Benefit Assignment
- Insurance Carrier Name
- Employer Name
- School Name

**Insurance Carrier:**



Insurance Carrier

1

Aetna, Insurance Carrier Name, Group Dental Claims

Address1: Po Box 14066, Address2: Lexington, KY 40512, City: Lexington, State: KY, Zip: 40512, Phone: (800)843-3661, Fax: ( ) -

Web Address, EMail, Contact

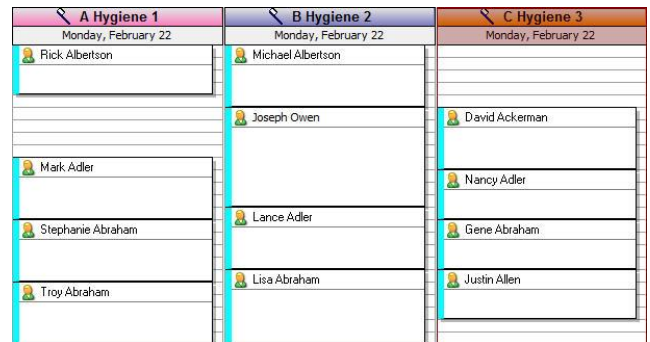
60054, Payer ID, NOCD, Payer Office: ADA2007, Electronic, Submission Type: 1, Form Type

Provider ID

Notes

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

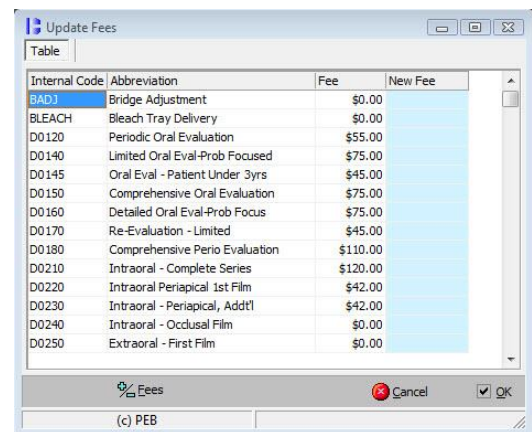
**Appointment Book:**



| A Hygiene 1         | B Hygiene 2         | C Hygiene 3         |
|---------------------|---------------------|---------------------|
| Monday, February 22 | Monday, February 22 | Monday, February 22 |
| Rick Albertson      | Michael Albertson   |                     |
|                     | Joseph Owen         | David Ackerman      |
| Mark Adler          |                     | Nancy Adler         |
| Stephanie Abraham   | Lance Adler         | Gene Abraham        |
| Troy Abraham        | Lisa Abraham        | Justin Allen        |

- 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
- All Appointments convert default Prophy Code [D1110]. Operative appointments may need to be modified following conversion.

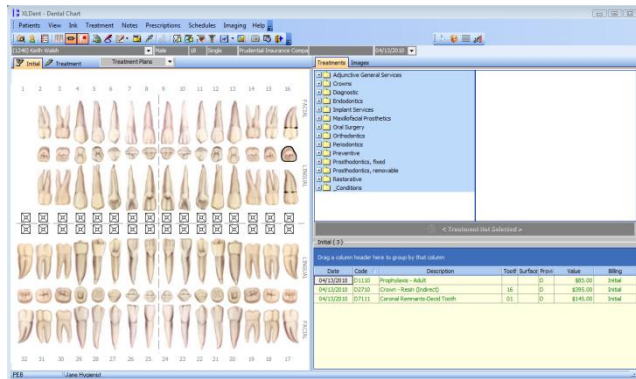
**Fee Table:**



| 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, Addtl  | \$42.00  |         |
| D0240         | Intraoral - Occlusal Film      | \$0.00   |         |
| D0250         | Extraoral - First Film         | \$0.00   |         |

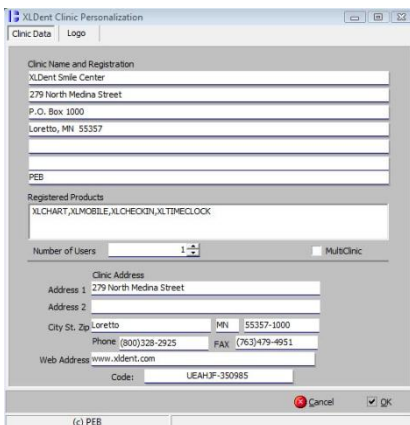
- Procedure Codes
  - ◆ Active ADA Codes
  - ◆ Base Code Abbreviation
- Primary Fee Schedule

**XLChart™:**



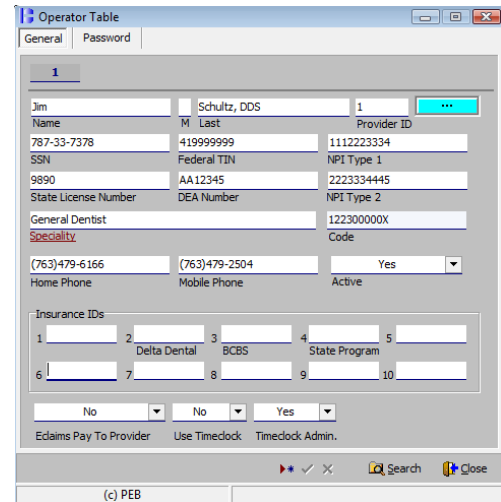
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value
- Provider

**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:**

?:\dentexec\\*.\*

**Files Needed**

?:\dentexec\\*.\* 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™ 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
- ⊙ Treatment Plans
- ⊙ Referrals
- ⊙ Prescription Listing
- ⊙ Benefit Plans / Allowed Amounts

**Notes on Conversions:**

- Patient phone numbers were found in different files. The patient data file took precedence when converting patient phone numbers.
- Patient Insurance may not be converted when linking in existing system is inaccurate or inconsistent.

Below are some 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.

**Responsible Party ID#**

Responsible party is determined by 1st family number found during conversion process. Patients will need to be manually transferred to the correct Responsible Party after the conversion.

**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 converted or not entered into current system it will default to blank.

**Patient Status**

Only active 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.**