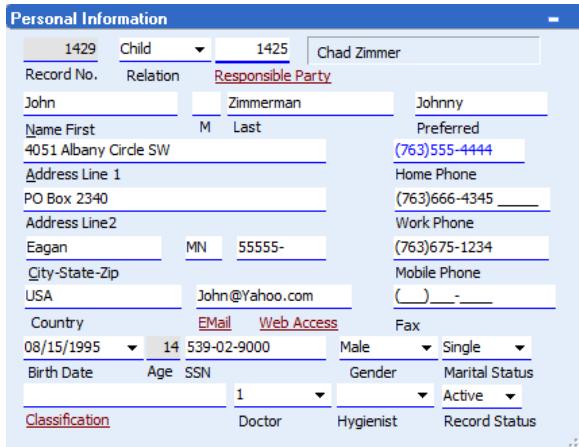


**Patient Information:**



**Personal Information**

1429 Child 1425 Chad Zimmer

Record No. Relation Responsible Party

John Zimmerman Johnny

Name First M Last Preferred

4051 Albany Circle SW (763)555-4444

Address Line 1 Home Phone

PO Box 2340 (763)666-4345

Address Line2 Work Phone

Eagan MN 55555- (763)675-1234

City-State-Zip Mobile Phone

USA John@Yahoo.com ( ) -

Country EMail Web Access Fax

08/15/1995 14 539-02-9000 Male Single

Birth Date Age SSN Gender Marital Status

1 Active

Classification Doctor Hygienist Record Status

- Patients grouped by responsible party. If Guarantor is not a patient the responsible party is determined by First Name, Last Name, birthdate. May have duplicate patients.
- First Name
- Last Name
- Middle Initial
- Preferred Name
- Address
- Address2
- 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, Inactive, Auxiliary

**Notes:**



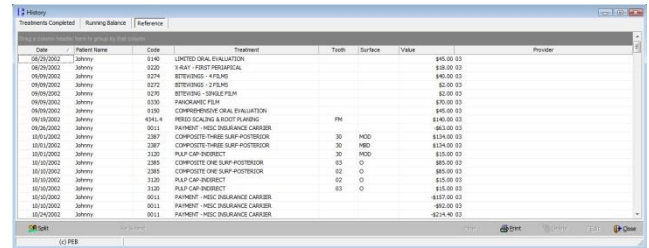
**Notes and Alerts**

Account Notes

Patient Notes

- Patient Comments
- Patient Medical Alerts

**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	8200	U-RAY - FIRST PERIAPICAL			\$50.00 03	
06/09/2002	Johnny	8274	STEREOS - 4 PLANS			\$45.00 03	
06/09/2002	Johnny	8275	STEREOS - 1 PLANS			\$2.00 03	
06/09/2002	Johnny	8276	STEREOS - SINGLE FILM			\$2.00 03	
06/09/2002	Johnny	8300	PANORAMIC FILM			\$75.00 03	
06/09/2002	Johnny	8150	COMPREHENSIVE ORAL EVALUATION			\$45.00 03	
06/09/2002	Johnny	404-4	PERIODONTAL PROST PLANING		PM	\$145.00 03	
06/06/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$62.00 03	
06/05/2002	Johnny	2387	COMPOSITE THREE SLAB POSTERIOR	30	MED	\$174.00 03	
06/05/2002	Johnny	2387	COMPOSITE THREE SLAB POSTERIOR	30	MED	\$174.00 03	
06/05/2002	Johnny	2385	COMPOSITE ONE SLAB POSTERIOR	03	O	\$65.00 03	
06/05/2002	Johnny	2385	COMPOSITE ONE SLAB POSTERIOR	02	O	\$65.00 03	
06/05/2002	Johnny	3120	PULP CAP INDIRECT	02	O	\$35.00 03	
06/05/2002	Johnny	3120	PULP CAP INDIRECT	03	O	\$35.00 03	
06/05/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$137.00 03	
06/05/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$62.00 03	
06/05/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$214.00 03	

Actual data varies from dataset to dataset, visual representation will be different.

- 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

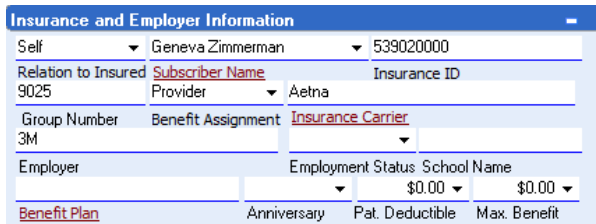
**HIPAA Forms and Treatment Information:**



The screenshot shows a window titled "HIPAA Forms and Treatment Information" with several dropdown menus and input fields. The fields include: 02/19/2010, 11/14/2008, 6, 05/14/2009, 0. Below these are labels for "First Visit", "Last RC Visit", "RC Freq.", "Next Recall", and "Failed Appt.". At the bottom, there are checkboxes for "Notice Receipt", "TPO Consent", "Response/Delay", and "Complaint".

- First Visit Date – Date Added to system
- Last Visit Date
- Last Recall Visit
- Recall Frequency – Defaults to 6
- Next Recall Date – Based on last recall visit date using recall frequency

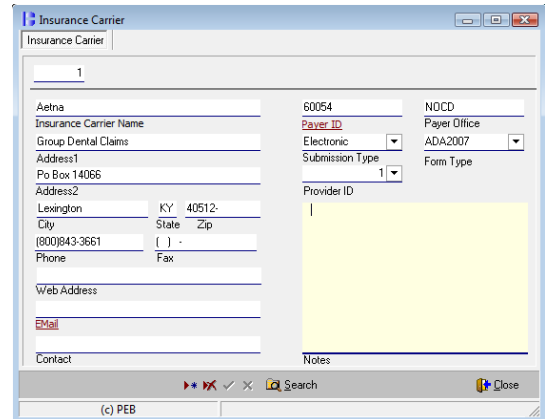
**Insurance and Employer Information:**



The screenshot shows a window titled "Insurance and Employer Information" with various fields. Fields include: Self, Geneva Zimmerman, 539020000, Relation to Insured, Subscriber Name, Insurance ID, 9025, Provider, Aetna, Group Number, Benefit Assignment, Insurance Carrier, 3M, Employer, Employment Status, School Name, \$0.00, \$0.00. At the bottom, there are checkboxes for "Benefit Plan", "Anniversary", "Pat. Deductible", and "Max. Benefit".

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

**Insurance Carrier:**



The screenshot shows a window titled "Insurance Carrier" with a form for entering carrier details. Fields include: Aetna, 60054, NOCD, Insurance Carrier Name, Payer ID, Payer Office, Group Dental Claims, Electronic, ADA2007, Address1, Submission Type, Form Type, Po Box 14066, Provider ID, Address2, Lexington, KY, 40512, City, State, Zip, (800)843-3661, Phone, Fax, Web Address, EMail, Contact, Notes. At the bottom, there are search and close buttons.

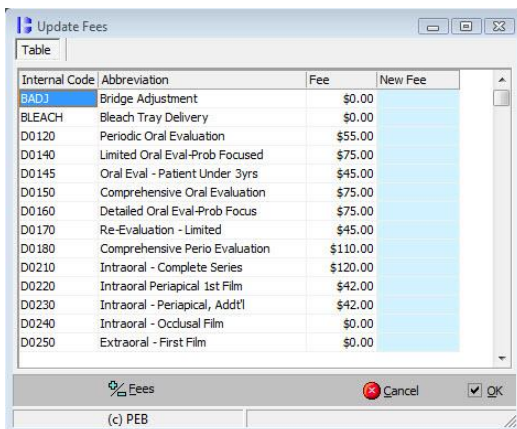
- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Payer ID – Verify after conversion
- Payer Office Always NOCD
- Submission Type Always Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1

**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	Lance Adler	Nancy Adler
Stephanie Abraham	Lisa Abraham	Gene Abraham
Troy Abraham		Justin Allen

- Practice Appointments will convert to appropriate column
- Assigned to Doctor in the XL Dent™ 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.

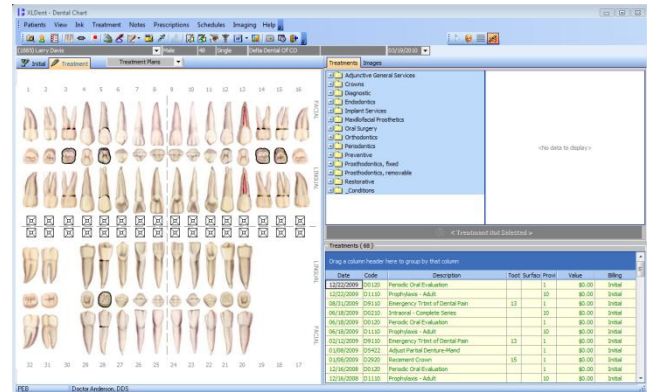
**Fee Table:**



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	

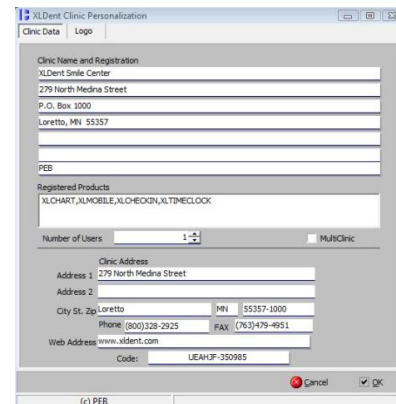
- Procedure Codes
  - ◆ Active ADA Codes
  - ◆ Base Code Abbreviation
- Primary Fee Schedule

**XLChart™:**



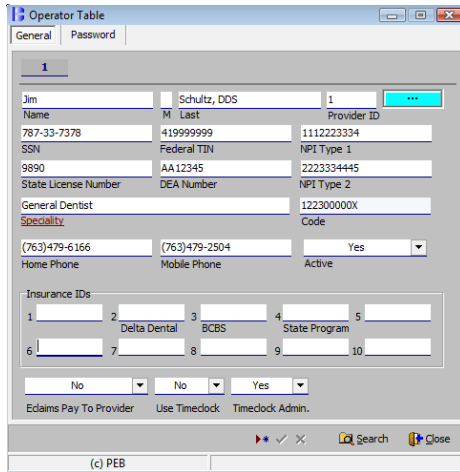
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value
- Provider

**Practice Information:**



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

**Operator Table:**



The screenshot shows a window titled "Operator Table" with a "General" tab selected. The form contains the following fields and values:

- Name: Jim Schultz, DDS (First Name: Jim, Middle Initial: M, Last Name: Schultz, DDS)
- Provider ID: 1
- SSN: 787-33-7378
- Federal TIN: 419999999
- NPI Type 1: 1112223334
- State License Number: 9890
- DEA Number: AA12345
- NPI Type 2: 2223334445
- General Dentist Code: 122300000X
- Specialty: (Dropdown menu)
- Home Phone: (763) 479-6166
- Mobile Phone: (763) 479-2504
- Active: Yes (Dropdown menu)
- Insurance IDs: 10 fields (1-10) with values: 1, 2, Delta Dental, 3, BCBS, 4, State Program, 5, 6, 7, 8, 9, 10
- Edaims Pay To Provider: No (Dropdown menu)
- Use Timeclock: No (Dropdown menu)
- Timeclock Admin.: Yes (Dropdown menu)

- 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:**

?:\Dentpro\

**Files Needed:**

?:\Dentpro\\*.\*

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
- ⊙ Treatment Plans
- ⊙ Referrals
- ⊙ Prescription Listing
- ⊙ Benefit Plans / Allowed Amounts

**Notes on Conversions:**

- Appointments will convert with a defaulted prophylaxis code. This can be manually changed after the conversion.
- The way Dental Pro links records, there may be duplicate or missing guarantors.

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.

**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 account number in existing software if not available. 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<sup>™</sup>. 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**

All patients convert as active status and will need to be updated after the conversion into XLDent<sup>™</sup>, unless supplied with Inactive indicator.

**Appointment Types 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.**