

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

(763)666-4345

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 Active

Classification Doctor Hygienist Record Status

- Patients grouped by responsible party – If available
- 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 – Defaults to Other
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status – Defaults to Active

Patient Notes:



Notes and Alerts

Account Notes

Patient Notes

- Medical Alert
- RciPrNote
- RclxNote
- StNote
- Memo
- School
- Group Name

Financial Information:

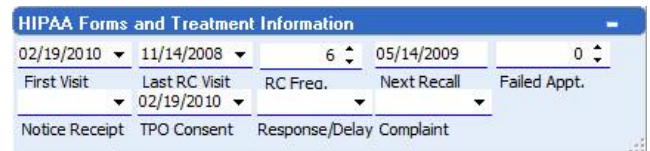


Financial Information

\$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	Yes	Yes
Send Statement	Charge Interest	Send Dunning		

- Account Balances -- Aged accordingly based on patient primary doctor. Trainer to manually enter.
- 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

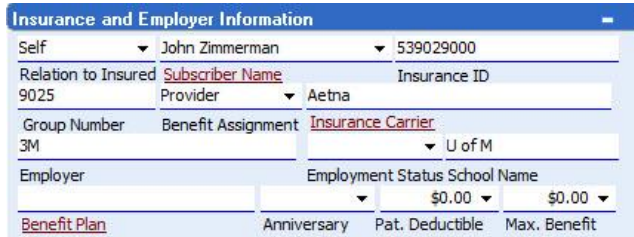
First Visit Last RC Visit RC Freq. Next Recall Failed Appt.

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

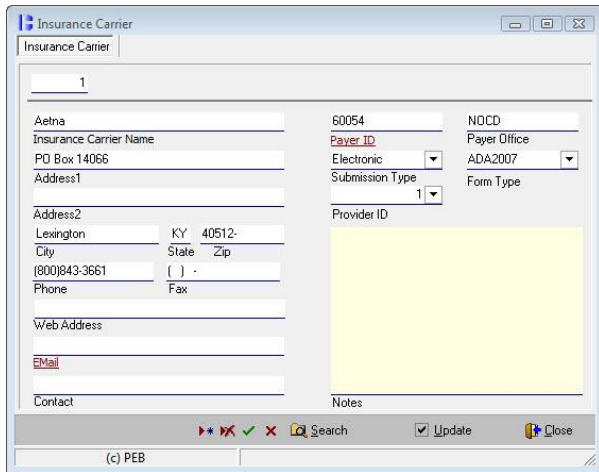
Insurance and Employer Information:



Self: John Zimmerman, 539029000
 Relation to Insured: Subscriber Name, Insurance ID: 9025
 Provider: Aetna
 Group Number: 3M, Benefit Assignment: U of M
 Insurance Carrier: [Redacted]
 Employer: [Redacted], Employment Status: [Redacted], School Name: [Redacted]
 Pat. Deductible: \$0.00, Max. Benefit: \$0.00

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

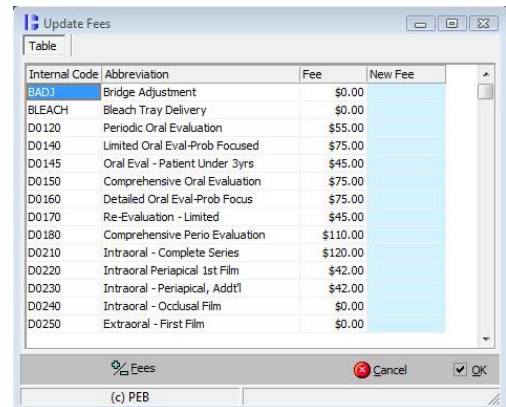
Insurance Carrier:



Insurance Carrier: 1
 Aetna, 60054, NOCD
 Insurance Carrier Name: [Redacted], Payer ID: [Redacted], Payer Office: [Redacted]
 PO Box 14066, Electronic, ADA2007
 Address1: [Redacted], Submission Type: 1, Form Type: [Redacted]
 Address2: [Redacted], Provider ID: [Redacted]
 Lexington, KY 40512-
 City: [Redacted], State: [Redacted], Zip: [Redacted]
 (800)843-3661, Phone: [Redacted], Fax: [Redacted]
 Web Address: [Redacted], EMail: [Redacted]
 Contact: [Redacted], Notes: [Redacted]

- 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

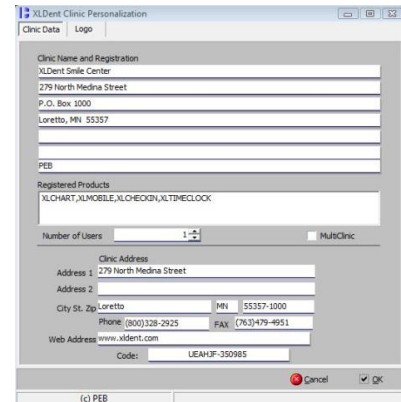
Fee Table:



Internal Code	Abbreviation	Fee	New Fee
BAD1	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

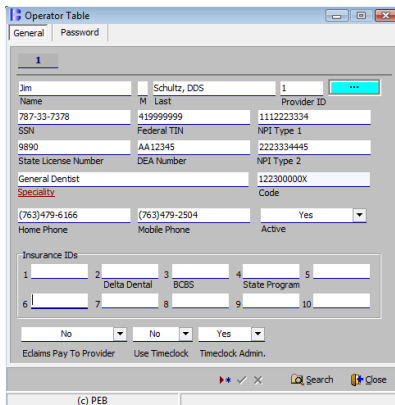
Practice Information



XL Dent Clinic Personalization
 Clinic Name and Registration: XL Dent Smile Center, 279 North Medina Street, P.O. Box 1000, Loretto, MN 55357
 Registered Products: XLCHART, XLMOBILE, XLOHEQIN, XLTIMELOCK
 Number of Users: 1, MultiClinic: []
 Clinic Address: Address 1: 279 North Medina Street, Address 2: [Redacted], City: Loretto, State: MN, Zip: 55357-1000, Phone: (800)328-2925, Fax: (763)479-4951, Web Address: www.xldent.com, Code: LEAHF-350985

- 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:

?:\program files\pacrimdps*. *
 ?:\program files\mssql7*. *

Files Needed

?:\program files\pacrimdps*. *
 ?:\program files\mssql7*. *

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
- Rx Listing
- Benefit Plans / Allowed Amounts
- Secondary Insurance
- Appointment Book
- History

Notes on Conversions:

- 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.

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™. This can be manually changed.

Recall Frequency

When this is not converted or not entered into current system it will default to 0.

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.