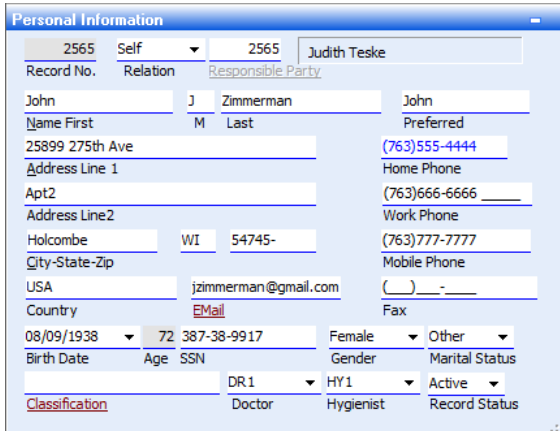


Patient Information:



Personal Information

2565 Self 2565 Judith Teske

Record No. Relation Responsible Party

John J Zimmerman John

Name First M Last Preferred

25899 275th Ave (763)555-4444

Address Line 1 Home Phone

Apt2 (763)666-6666

Address Line2 Work Phone

Holcombe WI 54745- (763)777-7777

City-State-Zip Mobile Phone

USA jzimmerman@gmail.com

Country Email Fax

08/09/1938 72 387-38-9917 Female Other

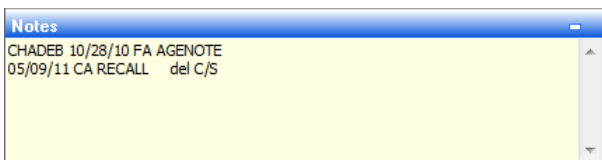
Birth Date Age SSN Gender Marital Status

Classification DR1 HY1 Active

Doctor Hygienist Record Status

- Patients grouped by responsible party.
- First Name
- Last Name
- Preferred Name
- Address 1
- Address 2
- City
- State
- Zip
- Home Phone Number
- Work Phone Number
- Mobile Phone Number
- Email Address
- Gender
- Marital Status
- Birth Date
- Patient SSN
- Doctor of Record
- Hygienist of Record
- Record Status – Active, Non-Patient, Collection

Notes:

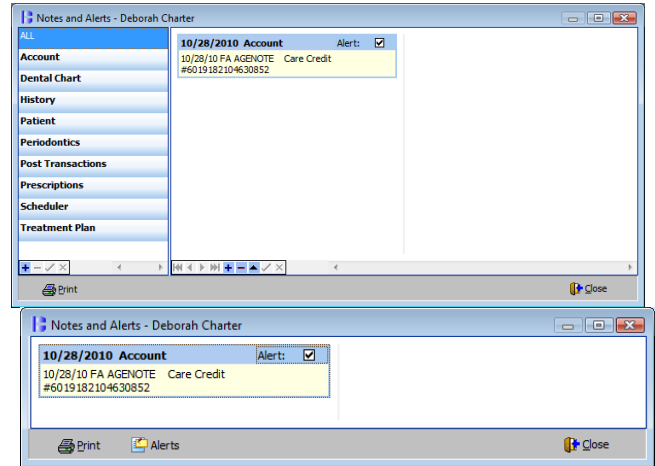


Notes

CHADEB 10/28/10 FA AGENOTE
05/09/11 CA RECALL del C/S

- Chart Code Reference
- Patient Notes
- Patient Alerts

Notes and Alerts:



Notes and Alerts - Deborah Charter

ALL

10/28/2010 Account Alert:

Account 10/28/10 FA AGENOTE Care Credit

Dental Chart #6019182104630852

History

Patient

Periodontics

Post Transactions

Prescriptions

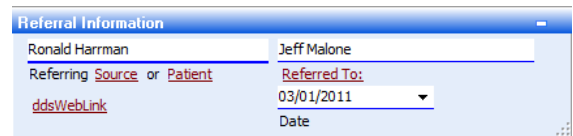
Scheduler

Treatment Plan

Print Close

- Age Notes convert to Account Alert

Referral Information:



Referral Information

Ronald Harrman Jeff Malone

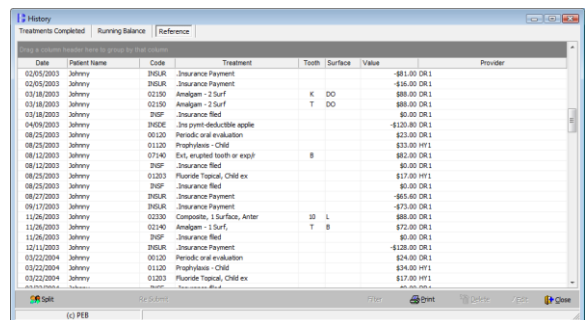
Referring Source or Patient Referred To:

ddsWebLink 03/01/2011

Date

- Referring Source
- Referring Patient

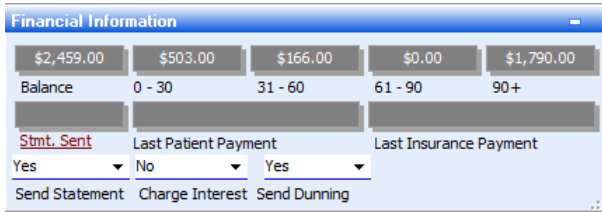
History Reference Tab:



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
02/05/2003	Johnny	INGLR	Insurance Payment			-61.00 DR 1	
02/05/2003	Johnny	INGLR	Insurance Payment			-66.00 DR 1	
03/18/2003	Johnny	02100	Amalgam - 1 Surf	K	DO	888.00 DR 1	
03/18/2003	Johnny	02100	Amalgam - 1 Surf	T	DO	888.00 DR 1	
03/18/2003	Johnny	INSP	Insurance filed			\$0.00 DR 1	
04/09/2003	Johnny	INSGE	Imp green/red/white apple			-120.00 DR 1	
08/29/2003	Johnny	00100	Periodic oral evaluation			\$23.00 DR 1	
08/29/2003	Johnny	01100	Prophylaxis - Child			\$23.00 HFI 1	
08/12/2003	Johnny	07140	Ext. erupted tooth or expl	B		882.00 DR 1	
08/12/2003	Johnny	INSP	Insurance filed			\$0.00 DR 1	
08/29/2003	Johnny	01203	Fluoride Topical, Child ex			\$17.00 HFI 1	
08/29/2003	Johnny	INSP	Insurance filed			\$0.00 DR 1	
08/27/2003	Johnny	INGLR	Insurance Payment			-65.60 DR 1	
09/17/2003	Johnny	INGLR	Insurance Payment			-67.00 DR 1	
11/26/2003	Johnny	02300	Composite, 1 Surface, Anter	10	L	888.00 DR 1	
11/26/2003	Johnny	02140	Amalgam - 1 Surf,	T	B	\$72.00 DR 1	
11/26/2003	Johnny	INSP	Insurance filed			\$0.00 DR 1	
12/11/2003	Johnny	INGLR	Insurance Payment			-128.00 DR 1	
03/22/2004	Johnny	00100	Periodic oral evaluation			\$24.00 DR 1	
03/22/2004	Johnny	01100	Prophylaxis - Child			\$24.00 HFI 1	
03/22/2004	Johnny	01203	Fluoride Topical, Child ex			\$17.00 HFI 1	

- 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

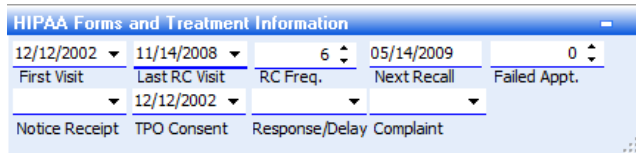
Financial Information:



\$2,459.00	\$503.00	\$166.00	\$0.00	\$1,790.00
Balance	0 - 30	31 - 60	61 - 90	90+
Stmt. Sent Last Patient Payment Last Insurance Payment Yes No Yes No				
Send Statement Charge Interest Send Dunning				

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

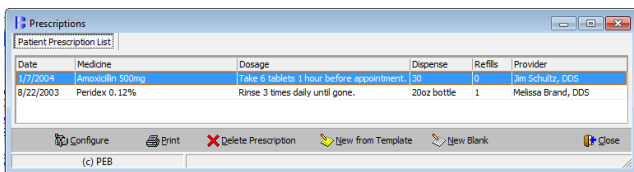
HIPAA Forms and Treatment Information:



12/12/2002	11/14/2008	6	05/14/2009	0
First Visit	Last RC Visit	RC Freq.	Next Recall	Failed Appt.
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
- TPO Consent

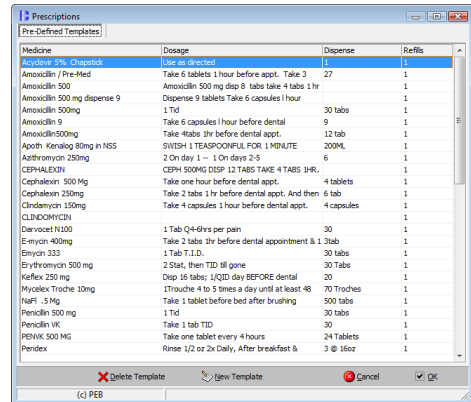
Patient Prescription List:



Date	Medicine	Dosage	Dispense	Refills	Provider
1/7/2004	Amoxicillin 500mg	Take 6 tablets 1 hour before appointment.	30	0	Jim Schultz, DDS
8/22/2003	Peridex 0.12%	Rinse 3 times daily until gone.	20oz bottle	1	Melissa Brand, DDS

- Date
- Medicine
- Dosage
- Dispense
- Refills

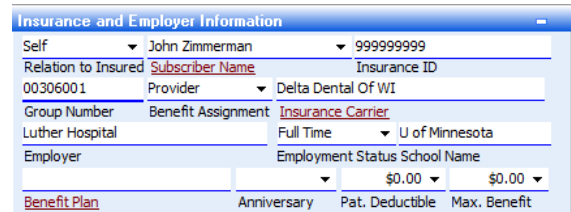
Prescription Predefined Templates:



Medicine	Dosage	Dispense	Refills
Acyclovir 5% Ointment	Use as directed	1	1
Amoxicillin / Pre-Med	Take 6 tablets 1 hour before appt. Take 3	27	1
Amoxicillin 500	Amoxicillin 500 mg disp 6 tabs take 4 tabs 1 hr	1	1
Amoxicillin 500 mg disperse 9	Dispense 9 tablets Take 6 capsules 1 hour	1	1
Amoxicillin 500mg	1 Tid	30 tabs	1
Amoxicillin 9	Take 6 capsules 1 hour before dental	9	1
Amoxicillin500mg	Take 4 tabs 3hr before dental appt.	12 tab	1
Apoth Kenalog 80mg in NSS	SWISH 1 TEASPOONFUL FOR 1 MINUTE	200ML	1
Azithromycin 250mg	2 On day 1 -- 1 On days 2-5	6	1
CEPHALEXIN	CEPH 500MG DISP 12 TABS TAKE 4 TABS 1HR.	4	1
Cephalexin 500 Mg	Take one hour before dental appt.	4	1
Cephalexin 250mg	Take 2 tabs 1 hr before dental appt. And then 6 tab	1	1
Clindamycin 150mg	Take 4 capsules 1 hour before dental appt.	4 capsules	1
CLINDAMYCIN			
Darvocet 1000	1 Tab Q4-6hrs per pain	30	1
Eryonin 400mg	Take 2 tabs 3hr before dental appointment & 1 3tab	1	1
Eryonin 333	1 Tab T.I.D.	30 tabs	1
Erythromycin 500 mg	2 Stat, then TID till gone	30 Tabs	1
Heflex 250 mg	Disp 16 tabs; 1000 day BEFORE dental	20	1
Myclex Troche 10mg	1Troche 4 to 5 times a day until at least 48	70 Troches	1
NaFl .5Mg	Take 1 tablet before bed after brushing	500 tabs	1
Pencillin 500 mg	1 Tid	30 tabs	1
Pencillin VK	Take 1 tab TID	30	1
PENVK 500 MG	Take one tablet every 4 hours	24 Tablets	1
Peridex	Rinse 1/2 oz 2x Daily, After breakfast &	3 @ 16oz	1

- Medicine
- Dosage
- Dispense
- Refills

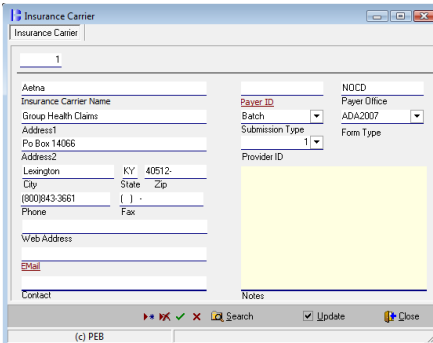
Insurance and Employer Information:



Self	John Zimmerman	999999999
Relation to Insured	Subscriber Name	Insurance ID
00306001	Provider	Delta Dental Of WI
Group Number	Benefit Assignment	Insurance Carrier
Luther Hospital	Full Time	U of Minnesota
Employer	Employment Status	School Name
		\$0.00 \$0.00
Benefit Plan	Anniversary	Pat. Deductible Max. Benefit

- Relation to Primary – Self Only
- 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
- School
- Patient Deductible – Defaults to 0
- Max Benefit – Defaults to 0

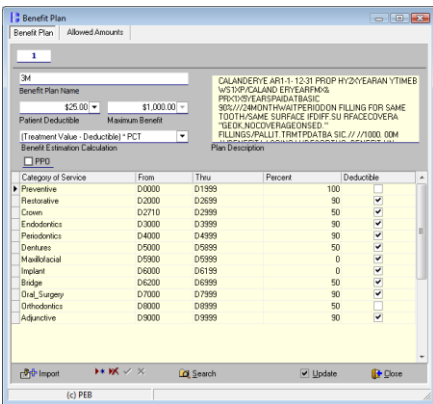
Insurance Carrier:



Insurance Carrier form showing fields for Aetna, Insurance Carrier Name, Group Health Claims, Address1, Address2, City, State, Zip, Phone, Payer ID, Payer Office, Batch, Submission Type, Form Type, and Provider ID.

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

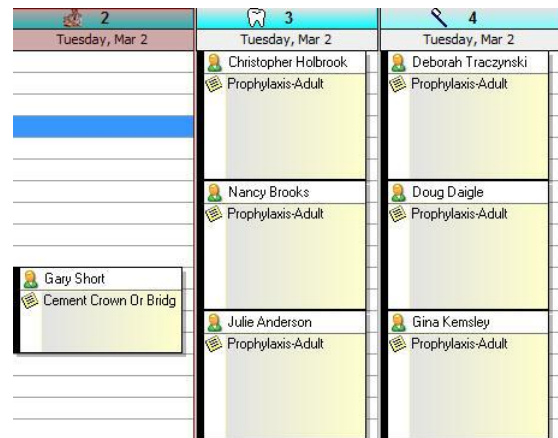
Benefit Plan:



Benefit Plan form showing fields for Benefit Plan Name, Patient Deductible, Maximum Benefit, Benefit Estimation Calculation, Plan Description, and a table for Category of Service, From, Thru, Percent, and Deductible.

- Benefit Plan Name
- Patient Deductible
- Maximum Benefit
- Benefit Estimation Calculation – Defaults to (Treatment Value – Deductible) * PCT)
- Plan Description – Benefit Notes
- Category of Service
- Codes From and Thru
- Percent
- Deductible

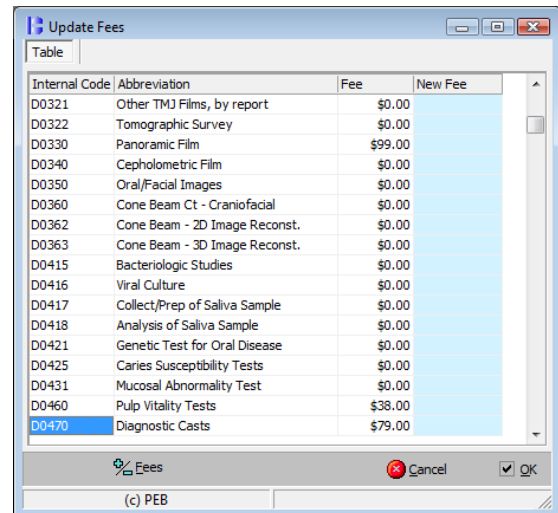
Appointment Book:



Appointment Book showing a grid of appointments for Tuesday, Mar 2. Columns are labeled 2, 3, and 4. Appointments include Christopher Holbrook, Deborah Traczynski, Nancy Brooks, Doug Daigle, Gary Short, Julie Anderson, and Gina Kemsley, with details like 'Prophylaxis-Adult' and 'Cement Crown Or Bridg'.

- Practice Appointments will convert to appropriate column
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- Appointment Detail – Code, Description and Amount
- Appointment Notes – If supplied

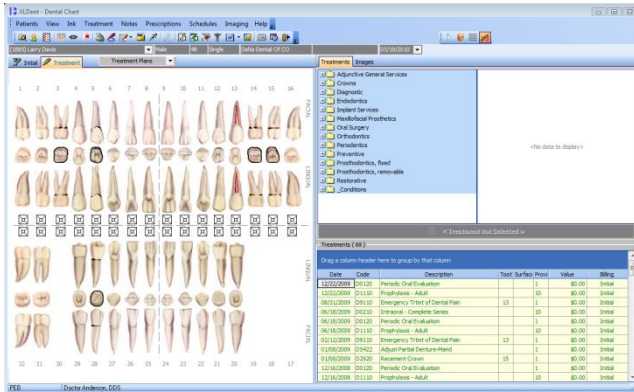
Fee Table:



Update Fees table showing columns for Internal Code, Abbreviation, Fee, and New Fee. Rows include codes like D0321, D0322, D0330, etc., with descriptions and corresponding fees.

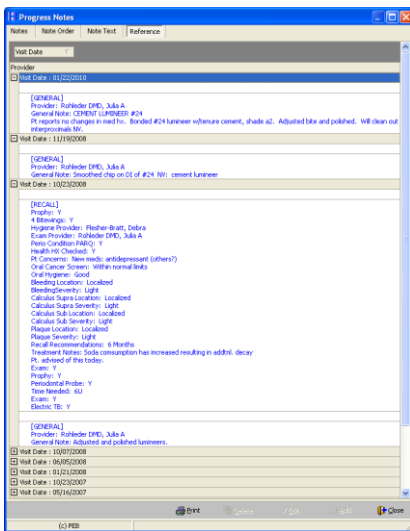
- Procedure Codes
 - ◆ Active ADA Codes
 - ◆ Base Code Abbreviation
- Primary Fee Schedule – Fee 1 only

XLChart™:



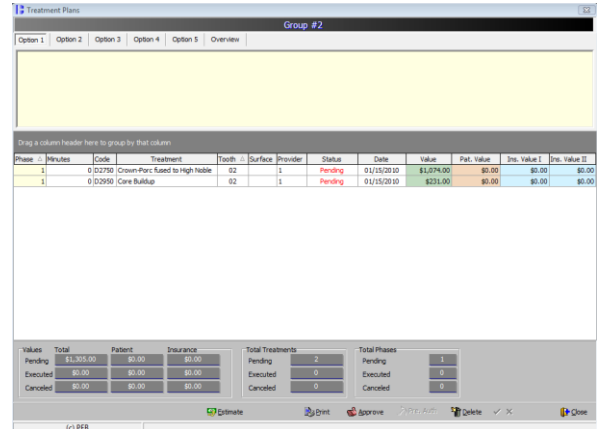
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value

Progress Note Reference Tab:



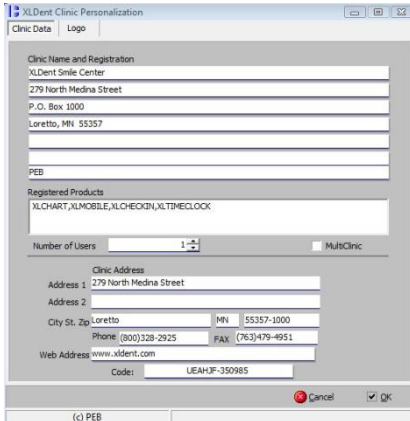
- Date
- Note Body

Treatment Plans:



- Accepted and Diagnosed Plans Convert.
- Phase – Defaults to Phase 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:

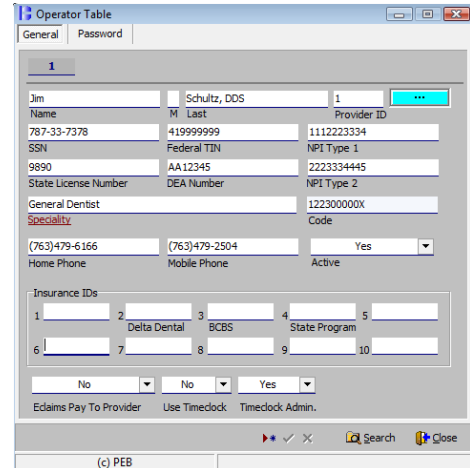


The screenshot shows the 'XLDent Clinic Personalization' dialog box with the following fields filled out:

- Clinic Name and Registration: XLDent Smile Center
- Address 1: 279 North Medina Street
- Address 2: P.O. Box 1000
- City, State, Zip: Loretto, MN 55357
- Phone: (800)328-2925
- Fax: (763)479-4951
- Web Address: www.xldent.com
- Code: UEAHFJ-350985

- Clinic Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Fax
- Web Address – If Supplied
- Logo – If supplied at 52 x 52 pixel bitmap.

Operator Table:



The screenshot shows the 'Operator Table' dialog box with the following fields filled out for operator '1':

- Name: Jim Schultz, DDS
- First Name: Jim
- Middle Initial: M
- Last Name: Schultz, DDS
- Provider ID: 1112223334
- SSN: 787-33-7378
- Federal TIN: 419999999
- NPI Type 1: 1112223334
- 9890: AA12345
- State License Number: 22233344445
- DEA Number: 9890
- NPI Type 2: 22233344445
- General Dentist: 122300000X
- Specialty: (blank)
- Home Phone: (763)479-6166
- Mobile Phone: (763)479-2504
- Active: Yes
- Insurance IDs: 1 (Delta Dental), 2 (BCBS), 3 (State Program), 4 (blank), 5 (blank), 6 (blank), 7 (blank), 8 (blank), 9 (blank), 10 (blank)

- 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:

?:\PEB\

Files Needed

?:\PEB*. * excluding Images folder

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.

Items that do not convert:

Specific areas that will not convert include, but are not limited to, the following:

- ⊙ Periodontal Charting
- ⊙ Secondary Insurance
- ⊙ Provider Accounts Receivable Distribution
- ⊙ Payment Plans/Contract Balances
- ⊙ Outstanding Insurance Claims
- ⊙ Allowed Amounts

Notes on Conversions:

- Inactive accounts with balances should be reactivated or written off prior to final conversion. This will be determined at the time of preliminary conversion.
- Appointments with not procedure code will not convert the appointment comments.
- Due to the unique nature of the Canadian dental codes, the conversion into the XLChartTM Initial treatment will appear abnormally. If you plan to implement XLChartTM in the future, be aware that on patients who have had Canadian dental codes posted, what was converted as initial treatment will have to be reviewed in the Reference History tab. The conversion should have no effect on XLDentTM users
- Payment Plans established through statement notes and age notes will be converted and accessible in the patient notes and alert.
- Multiple treatment plans phase will be converted to a single phase in XLDentTM.

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.

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 XLDentTM. 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.

Patient Status

Active, Non-Patient and Collection status patients convert to XLDentTM. Inactive accounts may convert based on quality of end users preliminary data conversion cleanup process.

Patient Treatment Plans

Only the last 12 months of these treatment plans will convert.

Benefit Plan Maximum Benefit

When this is not converted will default to \$0.00.

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 XLDentTM 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.