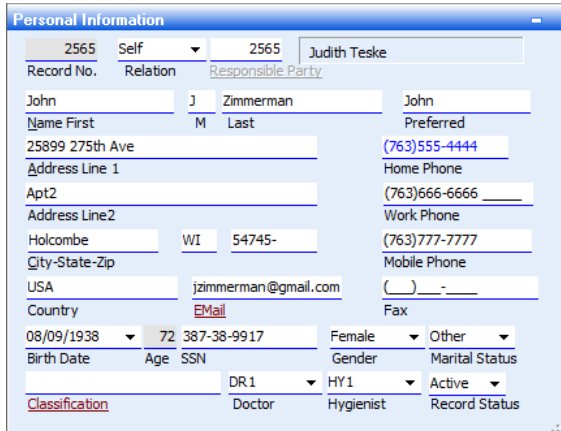


**Patient Information:**



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

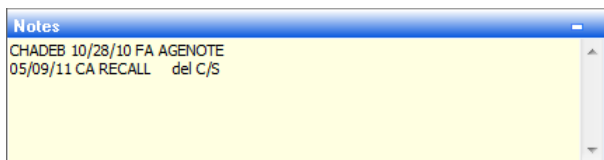
Birth Date Age SSN Gender Marital Status

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:**



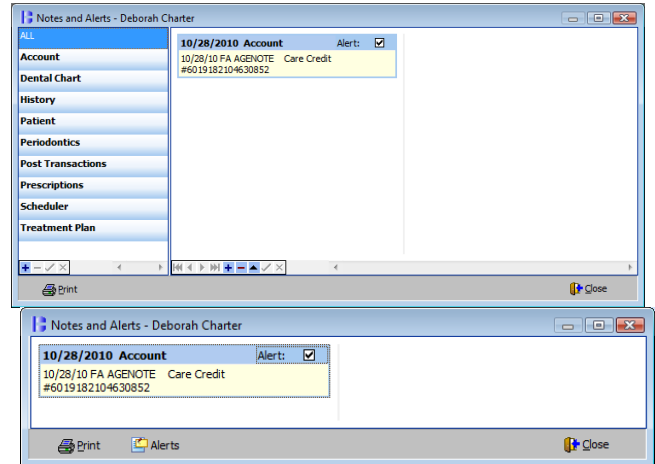
Notes

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

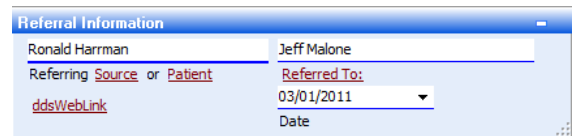
Scheduler

Treatment Plan

Print Close

- Age Notes convert to Account Alert

**Referral Information:**



Referral Information

Ronald Harrman Jeff Malone

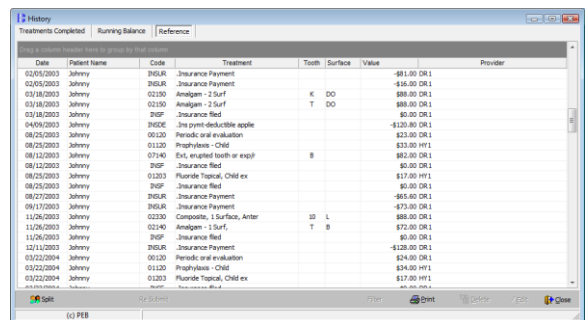
Referring Source or Patient Referred To:

ddsWebLink 03/01/2011

Date

- Referring Source
- Referring Patient

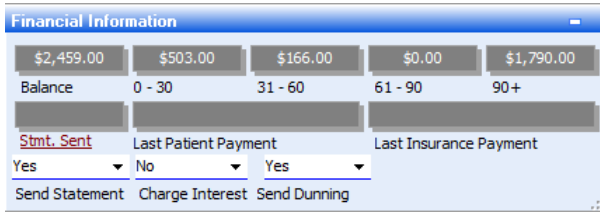
**History Reference Tab:**



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			-16.00 DR 1	
03/18/2003	Johnny	02100	Amalgam - 1 Surf	K	DO	88.00 DR 1	
03/18/2003	Johnny	02100	Amalgam - 1 Surf	T	DO	88.00 DR 1	
03/18/2003	Johnny	INSP	Insurance filed			60.00 DR 1	
04/09/2003	Johnny	INSGE	Imp green/red/white apple			-120.00 DR 1	
08/29/2003	Johnny	00100	Periodic oral evaluation			83.00 DR 1	
08/29/2003	Johnny	01100	Prophylaxis - Child			83.00 HY 1	
08/12/2003	Johnny	07140	Ext. erupted tooth or expl	B		80.00 DR 1	
08/12/2003	Johnny	INSP	Insurance filed			60.00 DR 1	
08/29/2003	Johnny	01203	Fluoride Topical, Child ex			117.00 HY 1	
08/29/2003	Johnny	INSP	Insurance filed			60.00 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	88.00 DR 1	
11/26/2003	Johnny	02140	Amalgam - 1 Surf,	T	B	87.00 DR 1	
11/26/2003	Johnny	INSP	Insurance filed			60.00 DR 1	
12/11/2003	Johnny	INGLR	Insurance Payment			-138.00 DR 1	
03/22/2004	Johnny	00100	Periodic oral evaluation			82.40 DR 1	
03/22/2004	Johnny	01100	Prophylaxis - Child			82.40 HY 1	
03/22/2004	Johnny	01203	Fluoride Topical, Child ex			117.00 HY 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

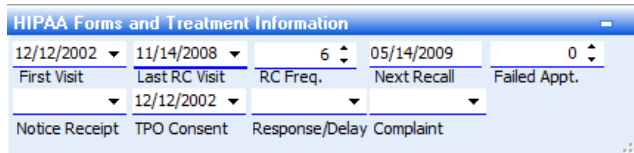
**Financial Information:**



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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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

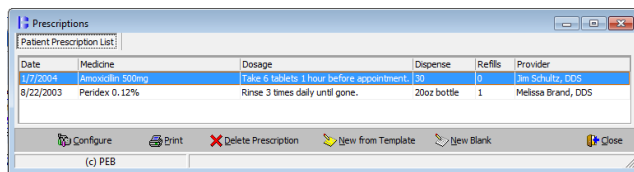
**HIPAA Forms and Treatment Information:**



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

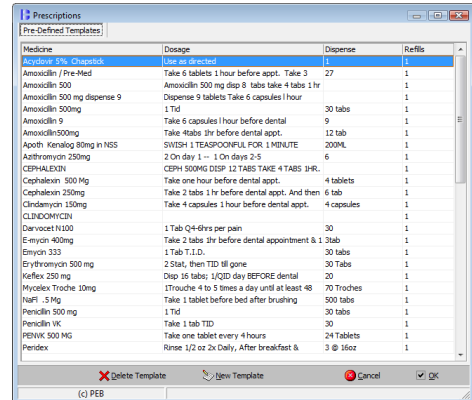
**Patient Prescription List:**



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

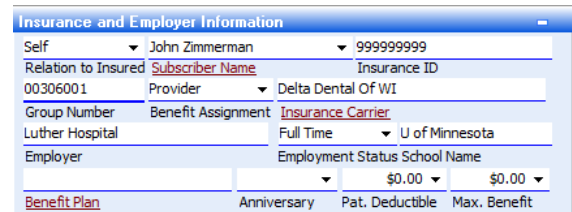
**Prescription Predefined Templates:**



Medicine	Dosage	Dispense	Refills
Amoxicillin (Pre-Med)	Take 6 tablets 1 hour before appt. Take 3	27	1
Amoxicillin 500	Amoxicillin 500 mg disp 8 tabs take 4 tabs 1 hr		1
Amoxicillin 500 mg dispense 9	Dispense 9 tablets Take 6 capsules 1 hour		1
Amoxicillin 500mg	1 Tid	30 tabs	1
Amoxicillin 9	Take 6 capsules 1 hour before dental	9	1
Amoxicillin 500mg	Take 4 tabs 1 hr 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
COPHALEXIN	QHPW 500MG DISP 12 TABS TAKE 4 TABS 1HR.		1
Cephalexin 500 Mg	Take one hour before dental appt.	4 tablets	1
Cephalexin 250mg	Take 2 tabs 1 hr before dental appt. And then	6 tab	1
Clindamycin 150mg	Take 4 capsules 1 hour before dental appt.	4 capsules	1
CLINDAMYCIN			1
Darvocet N100	1 Tab Q4-6hrs per pain	30	1
E-mycin 400mg	Take 2 tabs 1hr before dental appointment & 1 3tab		1
E-mycin 333	1 Tab T.I.D.	30 tabs	1
Erythromycin 500 mg	2 Stat, then TID qd	30 Tabs	1
Hexflex 250 mg	Disp 16 tabs; 1/QID day BEFORE dental	20	1
Mycelex Troche 10mg	1 Troche 4 to 5 times a day until at least 48	70 Troches	1
Half 1.5 Mg	Take 1 tablet before bed after brushing	500 tabs	1
Penicillin 500 mg	1 Tid	30 tabs	1
Penicillin 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

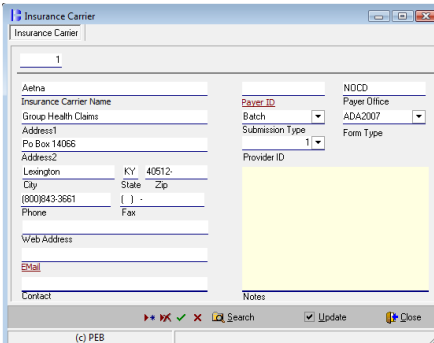
**Insurance and Employer Information:**



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

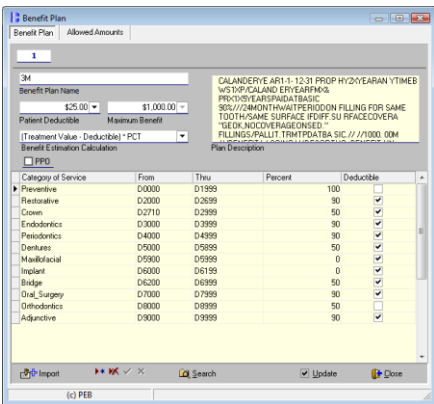
**Insurance Carrier:**



Insurance Carrier form showing fields for Aetna, Insurance Carrier Name, Group Health Claims, Address1, Address2, City, State, Zip, Phone, Fax, 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

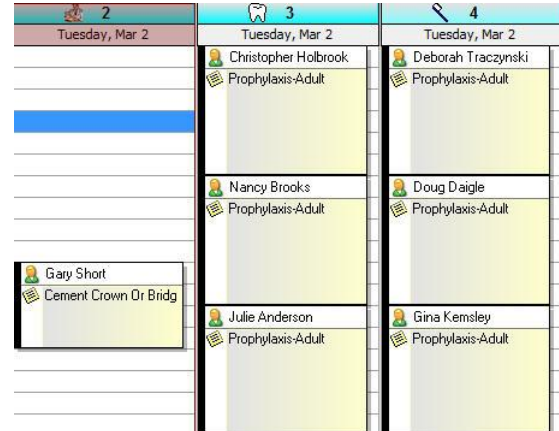
**Benefit Plan:**



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 with columns for 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

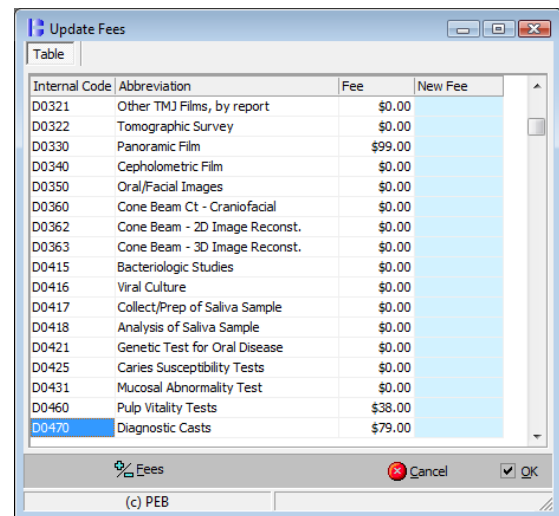
**Appointment Book:**



Appointment Book showing a grid of appointments for Tuesday, Mar 2. Patients listed include Christopher Holbrook, Deborah Traczynski, Nancy Brooks, Doug Daigle, Gary Short, Julie Anderson, and Gina Kemsley. Appointment details include procedure codes and descriptions 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

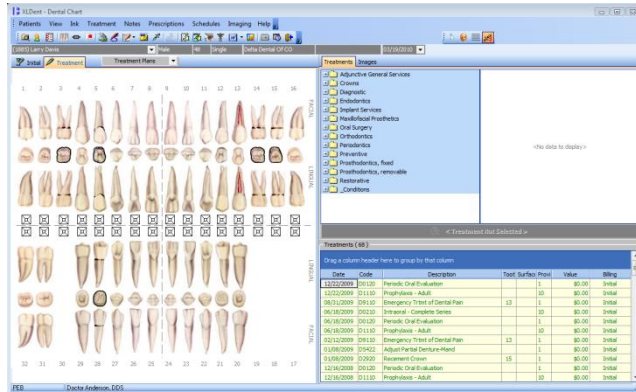
**Fee Table:**



Fee Table showing a list of Internal Codes, Abbreviations, Fees, and New Fees. The table includes codes like D0321, D0322, D0330, etc., and procedures like 'Other TMJ Films, by report', 'Tomographic Survey', 'Panoramic Film', etc.

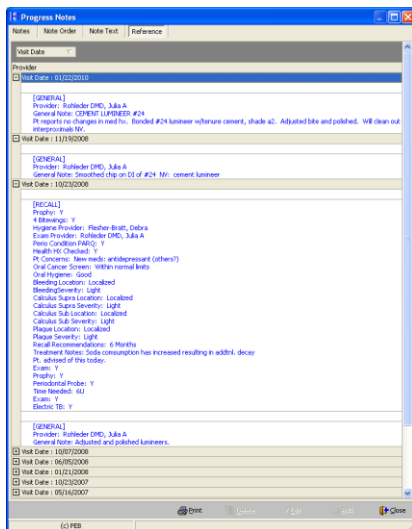
- Procedure Codes
  - ◆ Active ADA Codes
  - ◆ Base Code Abbreviation
- Primary Fee Schedule – Fee 1 only

**XLChart™:**



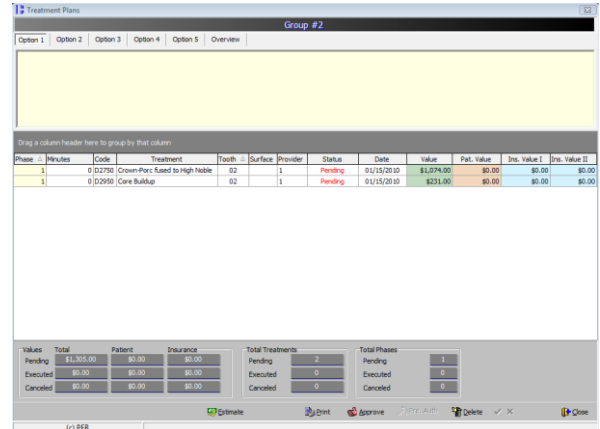
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value

**Progress Note Reference Tab:**



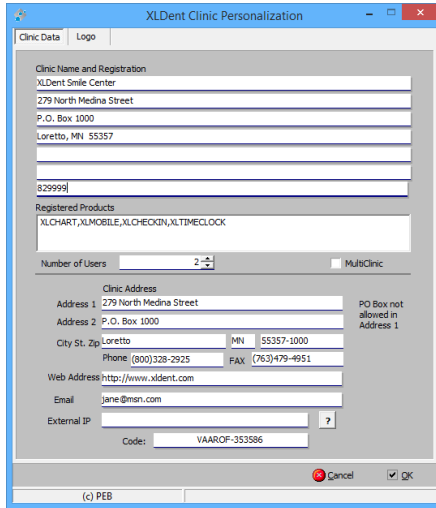
- Date
- Note Body

**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**

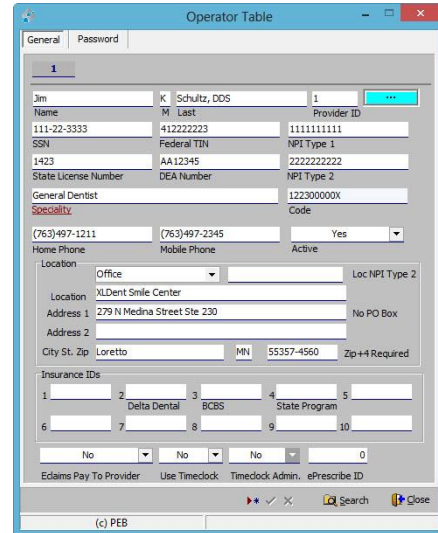


The screenshot shows the 'XLDent Clinic Personalization' window with the following fields filled:

- Clinic Name and Registration: XLDent Smile Center, 279 North Medina Street, P.O. Box 1000, Loretto, MN 55357, 829999
- Registered Products: XLCHART, XLMOBILE, XLCHECKIN, XLTIMECLOCK
- Number of Users: 2, MultiClinic:
- Clinic Address: Address 1: 279 North Medina Street, PO Box not allowed in Address 1; Address 2: P.O. Box 1000; City St. Zip: Loretto, MN 55357-1000; Phone: (800)328-2925, FAX: (763)479-4951; Web Address: http://www.xldent.com; Email: jane@msn.com; External IP: ; Code: VAAROF-353586

- 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' window with the following fields filled:

- General Tab: Name: Jim K Schultz, DDS; Provider ID: 1; SSN: 111-22-3333; Federal TIN: 412222223; NPI Type 1: 1111111111; 1423: AA12345; State License Number: 2222222222; DEA Number: 2222222222; NPI Type 2: 122300000X; General Dentist: ; Specialty Code: 122300000X
- Home Phone: (763)497-1211; Mobile Phone: (763)497-2345; Active: Yes
- Location: Office; XLDent Smile Center; Address 1: 279 N Medina Street Ste 230; Address 2: ; City St. Zip: Loretto, MN 55357-4560; Zip+4 Required:
- Insurance IDs: 1: Delta Dental; 2: BCBS; 3: State Program; 4: ; 5: ; 6: ; 7: ; 8: ; 9: ; 10: ; Edams Pay To Provider: No; Use Timeclock: No; Timeclock Admin: No; ePrescribe ID: 0

- 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
- Location – Defaults to Office Name
- Location Address1 and 2
- Location City, State, Zip
- 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
- ⊙ Block Appointment Times

**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 no procedure code will not convert the appointment comments.
- Due to the unique nature of the Canadian dental codes, the conversion into the XLChart™ Initial treatment will appear abnormally. If you plan to implement XLChart™ 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 XLDent™ 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 XLDent™.
- Dependent insurance will need to be linked to subscriber after 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.

**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 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 XLDent™. 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 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.**