

Patient Information:

Personal Information

2513 Self 2513 Chad Zimmerman
 Record No. Relation Responsible Party
 Chad G Zimmerman Chad
 Name First M Last Preferred
 4051 Albany Circle SW (763)479-9999
 Address Line 1 Home Phone
 Po Box 9999 (763)479-8888
 Address Line2 Work Phone
 Eagan MN 55555- (763)479-6666
 City-State-Zip Mobile Phone
 USA zimmer@msn.com (763)479-4951
 Country EMail Web Access Fax
 09/23/1950 59 111-22-4444 Male Married
 Birth Date Age SSN Gender Marital Status
 DDS2 Active
 Classification Doctor Hygienist Record Status

- Patients grouped by responsible party
- First Name
- Last Name
- Middle Initial
- Preferred Name
- Address Line 1
- Address Line 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

Notes:

Notes and Alerts

This is a patient Note- Thu - Mar 25, 2010 -sz

- Patient Memo
- Patient Alerts
- Account Alerts
- Account Notes

Referral Information:

Referral Information

Harmon Ronald Malone Jeff
 Referring Source or Patient Referred To:
 03/25/2010
 Date

- Referring Source
- Referring Patient
- Referred To
- Referred Date

History Reference Tab:

Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
09/23/2002	Johnny	0190	LIMITED ORAL EVALUATION			\$40.00 US	
09/23/2002	Johnny	0200	X-RAY - PERIODONTAL			\$40.00 US	
09/23/2002	Johnny	0274	RETAINING - 4 FILMS			\$40.00 US	
09/23/2002	Johnny	0292	RETAINING - 2 FILMS			\$20.00 US	
09/23/2002	Johnny	0270	RETAINING - SINGLE FILM			\$20.00 US	
09/23/2002	Johnny	0350	PERIODONTAL TREAT			\$50.00 US	
09/23/2002	Johnny	0300	COMPREHENSIVE ORAL EVALUATION			\$40.00 US	
09/23/2002	Johnny	49814	PERIODONTAL SURGICAL PLANNING			\$40.00 US	
09/23/2002	Johnny	0011	PAYMENT - MISC INSURANCE CARRIER			\$60.00 US	
09/23/2002	Johnny	2387	COMPOSITE THREE SURF POSTERIOR	30	MISC	\$124.00 US	
09/23/2002	Johnny	2387	COMPOSITE THREE SURF POSTERIOR	30	MISC	\$124.00 US	
09/23/2002	Johnny	3130	PULP CAP INDIRECT	30	MISC	\$30.00 US	
09/23/2002	Johnny	2385	COMPOSITE ONE SURF POSTERIOR	02	O	\$60.00 US	
09/23/2002	Johnny	2385	COMPOSITE ONE SURF POSTERIOR	02	O	\$60.00 US	
09/23/2002	Johnny	3130	PULP CAP INDIRECT	02	O	\$10.00 US	
09/23/2002	Johnny	3130	PULP CAP INDIRECT	02	O	\$10.00 US	
09/23/2002	Johnny	0011	PAYMENT - MISC INSURANCE CARRIER			\$10.00 US	
09/23/2002	Johnny	0011	PAYMENT - MISC INSURANCE CARRIER			\$60.00 US	
09/23/2002	Johnny	0011	PAYMENT - MISC INSURANCE CARRIER			\$274.40 US	

- 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
- Charge Interest
- Send Dunning – Defaults to Yes

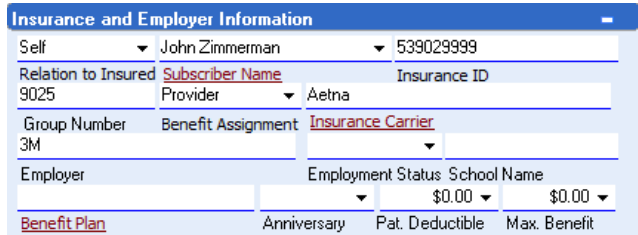
HIPAA Forms and Treatment Information:



02/19/2010 11/14/2008 6 05/14/2009 0
 First Visit Last R.C. 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 – Based on Next Recall Date less frequency
- Recall Frequency
- Next Recall Date
- TPO Consent
- Failed Appt

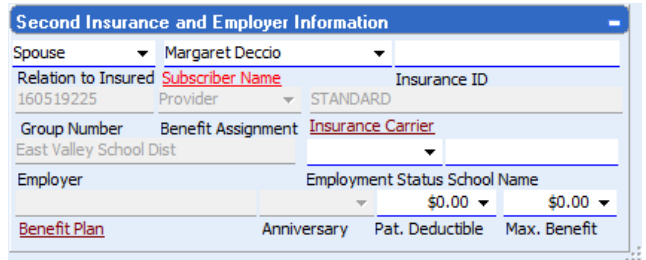
Insurance and Employer Information:



Self John Zimmerman 539029999
 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
 Benefit Plan Anniversary Pat. Deductible Max. Benefit

- Relation to Primary Policy Holder
- Subscriber Name
- Insurance Id – If blank defaults to SSN# if available – Self only
- Group Number
- Benefit Assignment
- Insurance Carrier Name
- Employer Name
- Benefit Plan Name is Insurance Name

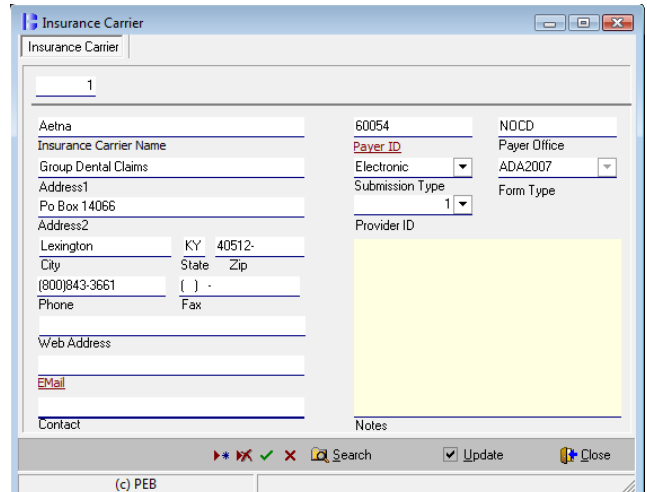
Second Insurance and Employer Information:



Spouse Margaret Deccio
 Relation to Insured Subscriber Name Insurance ID
 160519225 Provider STANDARD
 Group Number Benefit Assignment Insurance Carrier
 East Valley School Dist
 Employer Employment Status School Name
 \$0.00 \$0.00
 Benefit Plan Anniversary Pat. Deductible Max. Benefit

- Relation to Primary Policy Holder
- Subscriber Name
- Insurance ID – If Blank pulls from Subscriber
- Group Number
- Benefit Assignment
- Insurance Carrier Name
- Employer Name

Insurance Carrier:



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

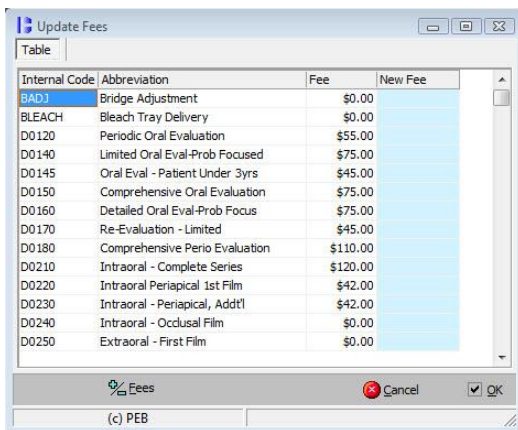
- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Contact
- Payer ID – Verify after conversion
- Payer Office Always NOCD
- Submission Type Always Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1

Appointment Book:

OP-2 Tuesday, March 30	OP-3 Tuesday, March 30	OP-4 Tuesday, March 30
Steghner, Cheryl 7L14 MODL30L123	Ruplinger, Linda EX, Pro A	Vedrick, Gerald EX, Pro A
	Markham, Abigail EX, Pro A, FL <26>	DeMaras, Bruce EX, Pro A
	Impala, Adam EX, Pro A	Cardin, Susan EX, Pro A
Sledge, Andrea	Sledge, Andrea EX, Pro A	Anning, Richard EX, Pro A
Fish, Jill 9 MIF,10 F,14 OL B,3 B 383		

- Practice Appointments will convert to appropriate column
- Assigned to Doctor in the XLDent™ Scheduler
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- Appointment Notes
- Appointment Detail

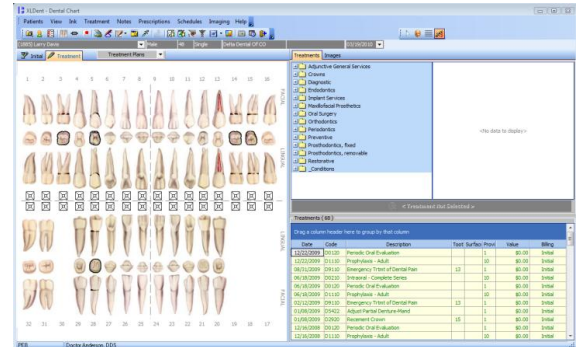
Fee Table:



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	

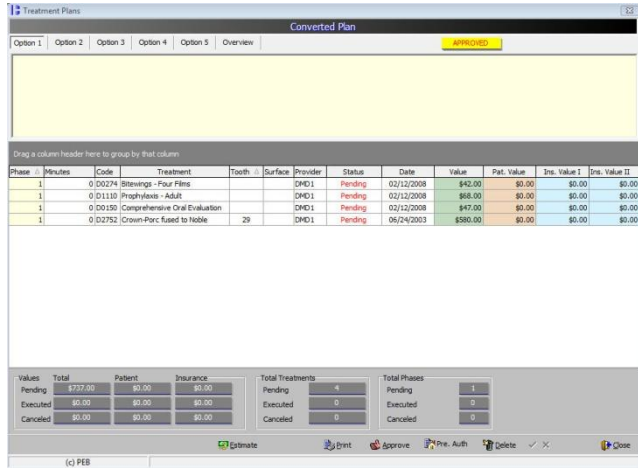
- Procedure Codes
 - ◆ Active ADA Codes
 - ◆ Base Code Abbreviation
- Primary Fee Schedule – Standard Fee Schedule

XLChart™:



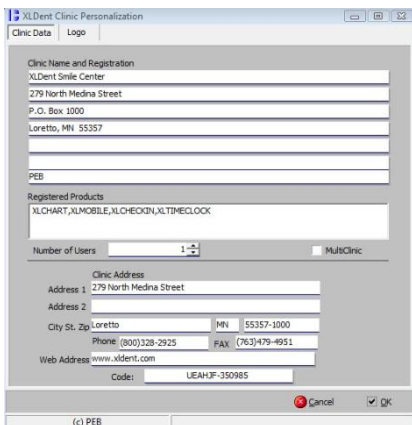
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value – Defaults to \$0.00
- Provider

Treatment Plans:



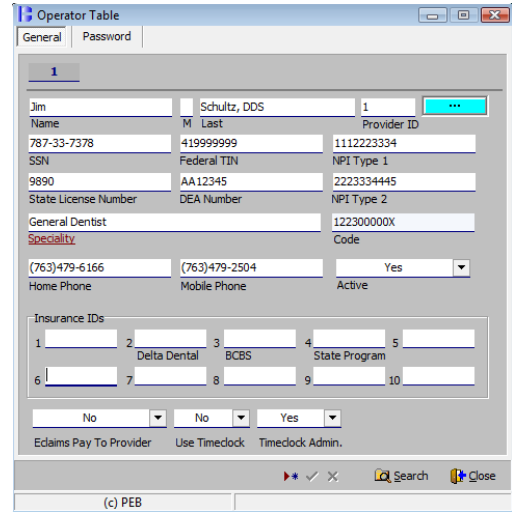
- Phase – Defaults to 1
- Minutes – Defaults to 0
- Code
- Treatment Description
- Tooth
- Surface
- Provider
- Status – Defaults to Pending
- Date
- Value
- Patient Value – Defaults to 0
- Insurance Value I – Defaults to 0
- Insurance Value II – Defaults to 0

Practice Information



- 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:

?:\eaglesoft\ or ?:\program files\eaglesoft

Files Needed

?:\eaglesoft*. * excluding Images folder

Need Eaglesoft disks if available.

Reports Needed

Print Off a Accounts Receivable Report – Click Reports → Financial → Click Accounts Receivable by Responsible Party → Click Process → Click Print → Click ok.

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 XLDentTM 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
- ⊗ Clinical Notes
- ⊗ Prescription Listing
- ⊗ Benefit Plans / Allowed Amounts

Below are some notes concerning some of the items that will or will not be converting.

Patient ID

Eaglesoft Chart # is XLDentTM Record#

Marital Status

Divorced and Unknown defaults to Other

Patient Status

Only Active and Inactive status patients convert into XLDentTM.

Patient Notes

Patient notes with a note type of ChartTM, Perio, General, PSE, Image and RX Writer will convert to XLChartTM progress note reference area. Patient with note type of account will be transferred into the Notes field in the XLDent patient screen along with patient alerts. During your training, you will be shown how to migrate the notes an alerts into specific areas of reference which utilizes the XLDentTM Alert Feature.

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 XLDentTM. This can be manually changed.

Recall Frequency

When this is not converted or not entered into current system it will default to 6.

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.