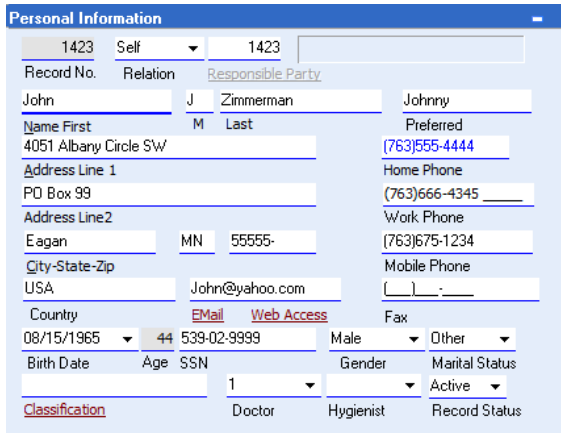


**Patient Information:**



**Personal Information**

1423 Self 1423

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

PO Box 99 (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 44 539-02-9999 Male Other

Birth Date Age SSN Gender Marital Status

1 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 (No extension)
- Mobile Phone Number (Other Number)
- Gender
- Marital Status
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status

**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:**



**HIPAA Forms and Treatment Information**

02/19/2010 11/14/2008 6 05/14/2009 0

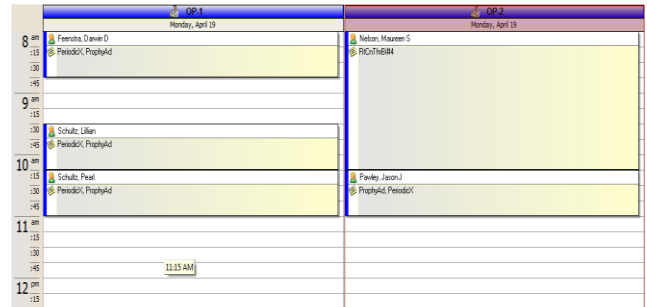
First Visit Last RC Visit RC Freq. Next Recall Failed Appt.

02/19/2010

Notice Receipt TPO Consent Response/Delay Complaint

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

**Appointment Book:**



	OP 1	OP 2
8 am	Ferrel, Danni O Period, Prophyl	Melton, Maureen S RC/THB/H
9 am	Schultz, Litan Period, Prophyl	
10 am	Schultz, Peal Period, Prophyl	Pawley, Jason J Prophyl, Period
11 am		
12 pm	11:15 AM	

- Practice Appointments will convert to appropriate column
- Assigned to Doctor in the XL Dent™ Scheduler
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- Appointment Notes
- All Appointments convert with procedure codes if supplied. 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 (Fee1 or Standard Fee in system)

**Practice Information:**

XL Dent Clinic Personalization  
Clinic Data | Logo

Clinic Name and Registration  
 XL Dent Smile Center  
 279 North Medina Street  
 P.O. Box 1000  
 Loretto, MN 55357

Registered Products  
 XLCHART, ALMOBILE, XLCHECKIN, XLTIMECLOCK

Number of Users: 1 | MultiClinic

Clinic Address  
 Address 1: 279 North Medina Street  
 Address 2:  
 City: St. Loretto, MN 55357-1000  
 Phone: (800)328-2925, FAX: (763)479-4951  
 Web Address: www.xldent.com  
 Code: UEAHF-350985

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

**Operator Table:**

Operator Table  
General | Password

1  
 Jim Schultz, DDS 1  
 Name: M Last Provider ID  
 787-33-7378 419999999 1112223334  
 SSN Federal TIN NPI Type 1  
 9890 AA12345 2223334445  
 State License Number DEA Number NPI Type 2  
 General Dentist 122300000X  
 Speciality Code  
 (763)479-6166 (763)479-2504 Yes  
 Home Phone Mobile Phone Active

Insurance IDs  
 1 2 3 4 5  
 Delta Dental BCBS State Program  
 6 7 8 9 10  
 No No Yes  
 Eclaims Pay To Provider Use Timeclock Timeclock Admin.

- 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:**

?:\ezdental\ or ?:\program files\ezdental

**Files Needed**

?:\ezdental\\*. \* excluding Images folder

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
- ⊙ Referrals
- ⊙ Prescription Listing
- ⊙ Patient Prescriptions
- ⊙ Benefit Plans / Allowed Amounts
- ⊙ School Name
- ⊙ Progress Notes
- ⊙ Archived and Inactive Patients
- ⊙ History
- ⊙ Insurance

**Notes on Conversions:**

- Patient appointments – Not sure it will be linked to Patient Records or just Non-Patient Appointments. Thinking will be Non patient Appointments, but if we can link them we will.

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.

**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 1st family number found during conversion process. 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.

**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.**