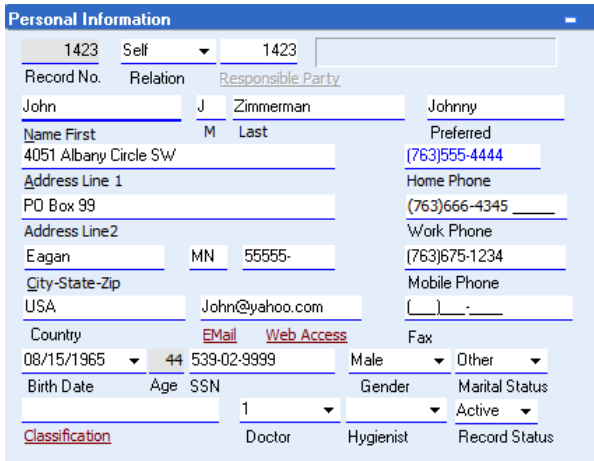


Patient Information:



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

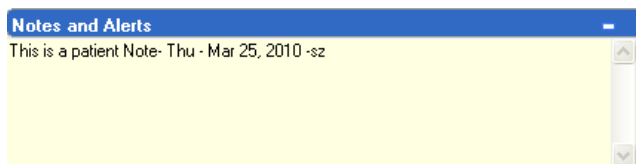
Birth Date Age SSN Gender Marital Status

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 Phone)
- Email Address
- Gender
- Marital Status
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status – Active and Auxiliary Only

Notes:

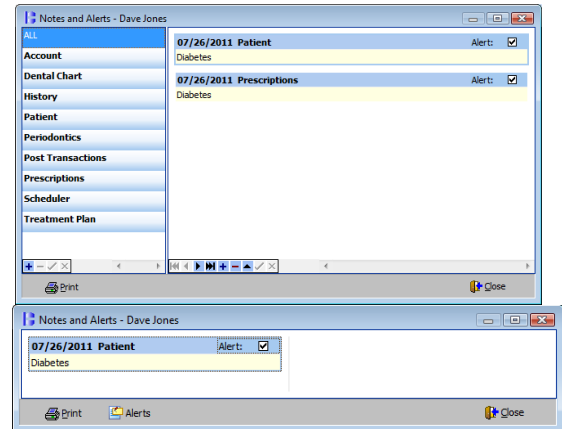


Notes and Alerts

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

- Patient Notes

Patient Alerts:



Notes and Alerts - Dave Jones

07/26/2011 Patient Alert:

Diabetes

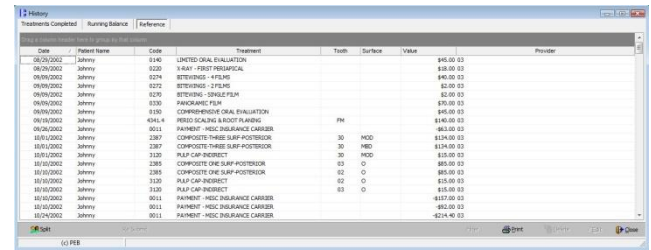
Notes and Alerts - Dave Jones

07/26/2011 Patient Alert:

Diabetes

- Medical Alerts convert to Patient Record Alert and Prescriptions Alert
- Patient Alerts convert to Patient Record Alert and Prescriptions Alert

History Reference Tab:



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
08/02/2002	Johnny	8140	LIMITED ORAL EVALUATION			\$45.00 03	
08/02/2002	Johnny	8228	1-1/2 H-1 FROD PERIOPICAL			\$18.00 03	
08/02/2002	Johnny	8274	STERLING - 4 FLRS			\$40.00 03	
08/02/2002	Johnny	8275	STERLING - 2 FLRS			\$20.00 03	
08/02/2002	Johnny	8276	STERLING - BRIDGE FLRM			\$20.00 03	
08/02/2002	Johnny	8330	PANORAMIC FILM			\$75.00 03	
08/02/2002	Johnny	8195	COMPREHENSIVE ORAL EVALUATION			\$45.00 03	
08/02/2002	Johnny	8141-4	PERIO SCALING & ROOT PLANING		PH	\$140.00 03	
08/02/2002	Johnny	3387	COMPOSITE THREE SURF POSTERIOR	30	MOD	\$174.00 03	
08/02/2002	Johnny	3387	COMPOSITE THREE SURF POSTERIOR	30	MOD	\$174.00 03	
08/02/2002	Johnny	3120	PALP CAR-INCISCT	03	MOD	\$15.00 03	
08/02/2002	Johnny	3285	COMPOSITE ONE SURF POSTERIOR	02	O	\$85.00 03	
08/02/2002	Johnny	3120	PALP CAR-INCISCT	02	O	\$15.00 03	
08/02/2002	Johnny	3120	PALP CAR-INCISCT	03	O	\$15.00 03	
08/02/2002	Johnny	9011	PAYMENT- MEDIC INSURANCE CARRIER			\$117.00 03	
08/02/2002	Johnny	9011	PAYMENT- MEDIC INSURANCE CARRIER			\$82.00 03	
08/02/2002	Johnny	9011	PAYMENT- MEDIC INSURANCE CARRIER			\$214.00 03	

Actual data varies from dataset to dataset, visual representation will be different.

- 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 – 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	02/19/2010			
Notice Receipt	TPO Consent	Response/Delay	Complaint	

- First Visit Date
- Last Visit Date
- Last Recall Visit – Based on Prior Treatment of Prophy
- Recall Frequency – Defaults to 6 months
- Next Recall Date – Based on last recall visit date using recall frequency

Insurance and Employer Information:

Insurance and Employer Information			
Self	Debra Huls	MRT04982453w	
Relation to Insured	Subscriber Name	Insurance ID	
054505	Provider	Delta Dental of Arkansas	
Group Number	Benefit Assignment	Insurance Carrier	
Wal-Mart	Full Time		
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
- Group Number
- Benefit Assignment – Defaults to Provider
- Insurance Carrier Name
- Employer Name - Converts from Group Plan

Second Insurance and Employer Information:

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

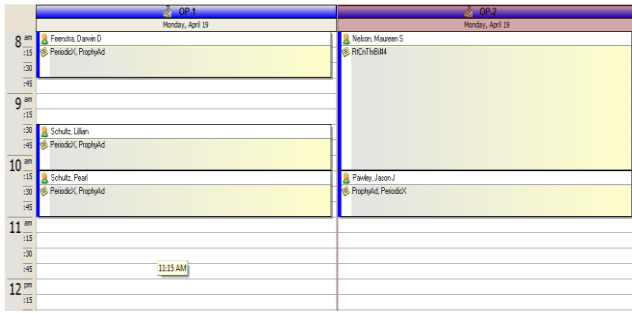
- Relation to Primary Policy Holder
- Subscriber Name
- Insurance ID – If Blank pulls from Subscriber
- Group Number
- Benefit Assignment
- Insurance Carrier Name
- Employer Name – Converts from Group Plan

Insurance Carrier Information:

Insurance Carrier		
1		
Aelna	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	

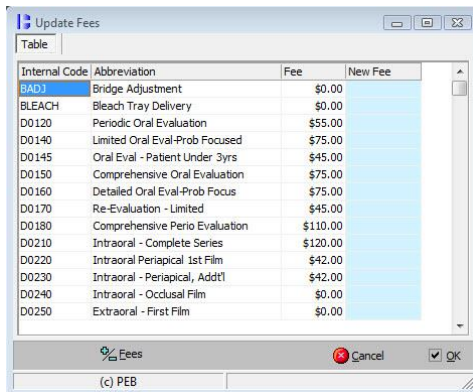
- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Payer ID – Verify after conversion
- Payer Office Always NOCD
- Submission Type Always Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1

Appointment Book:



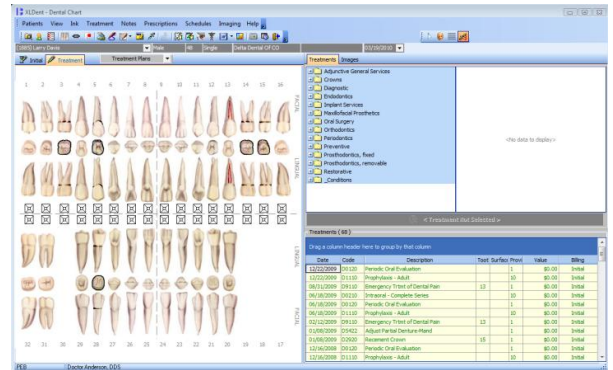
- Practice Appointments will convert to appropriate column
- Assigned to Doctor in the XL Dent™ Scheduler
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- Appointment Notes
- All Appointments convert with procedure codes if supplied. Operative appointments may need to be modified following conversion.

Fee Table:



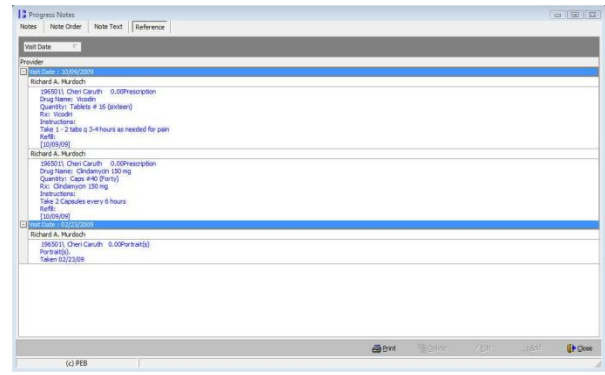
- Procedure Codes
 - ◆ Active ADA Codes
 - ◆ Base Code Abbreviation
 - ◆ Primary Fee Schedule (Fee1 or Standard Fee in system)

XLChart™:



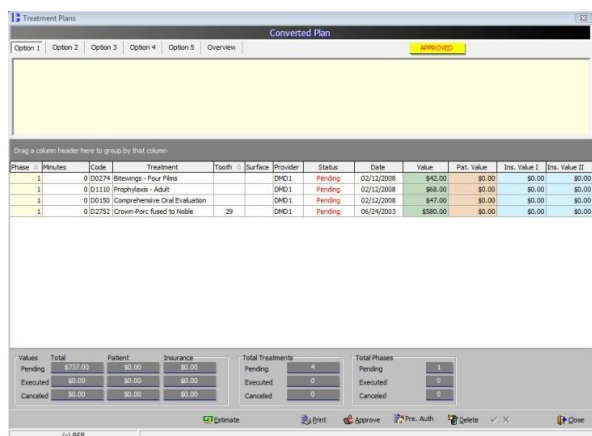
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value
- Provider

Progress Note Reference Tab



- Procedure Notes
 - ◆ Date
 - ◆ Procedure Code
 - ◆ Tooth
 - ◆ Surface
 - ◆ Note Detail
 - ◆ Provider

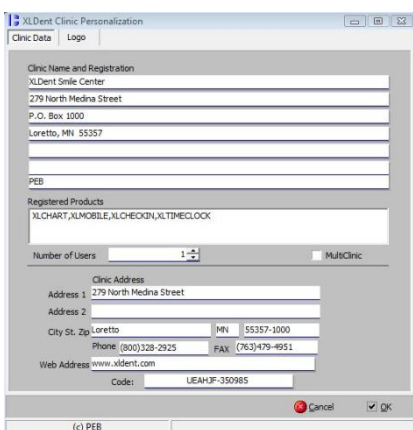
Treatment Plans:



Phase	Minutes	Code	Treatment	Tooth	Surface	Provider	Status	Date	Value	Pat. Value	Ins. Value I	Ins. Value II
1	0	020274	Bleivings - Four Files			DMD1	Pending	02/12/2008	\$42.00	\$0.00	\$0.00	\$0.00
1	0	011110	Prophylaxis - Adult			DMD1	Pending	02/12/2008	\$68.00	\$0.00	\$0.00	\$0.00
1	0	010130	Comprehensive Oral Evaluation			DMD1	Pending	02/12/2008	\$45.00	\$0.00	\$0.00	\$0.00
1	0	022792	Crown-Parc fused to table	29		DMD1	Pending	06/04/2003	\$580.00	\$0.00	\$0.00	\$0.00

- 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



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

PEB

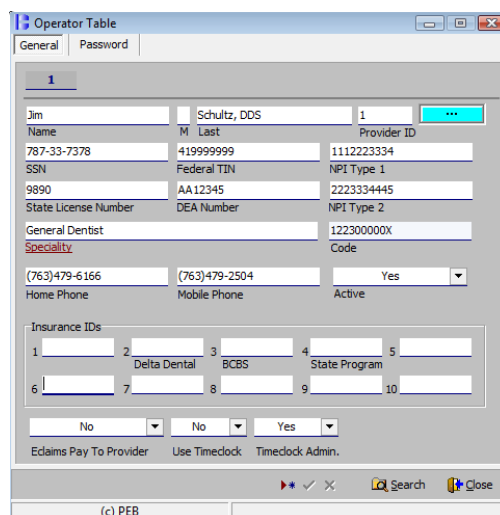
Registered Products
XLCHART, XLMOBILE, XLCHECKIN, XLTIMECLOCK

Number of Users: 1 | MultiClinic

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

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

Operators:



Operator Table
General | Password

1

Jim Schultz, DDS
Name: M Last Provider ID: 1
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
Specialty: Code
(763)479-6166 (763)479-2504 Yes
Home Phone: Mobile Phone Active

Insurance IDs
1: 2: 3: 4: 5:
6: 7: 8: 9: 10:
Delta Dental BCBS State Program

No No Yes
Edaims 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
- ⊙ Rx Listing
- ⊙ Patient Prescriptions
- ⊙ Benefit Plans / Allowed Amounts
- ⊙ School Name
- ⊙ TPO Consent Date
- ⊙ Archived and Inactive Patients

Notes on Conversions:

- Patient phone numbers were found in different files. The patient data file took precedence when converting patient phone numbers.
- Patient Insurance may not be converted when linking in existing system is inaccurate or inconsistent.
- If a family member has dual insurance from a single subscriber, the secondary insurance carrier will not pull correctly. This must be reviewed after conversion.
- All adjustments and personal payments will be converted to guarantor.

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.

Preferred Hygienist

When this is not converted all patients will be default blank.

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.