

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
- Fax Number
- 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
- Account Notes
- Chart Code
- Other Phone Number

Notes and Alerts:

Notes and Alerts - Dave Jones

ALL

Account 07/26/2011 Patient Alert:

Dental Chart Diabetes

History 07/26/2011 Prescriptions Alert:

Patient Diabetes

Periodontics

Post Transactions

Prescriptions

Scheduler

Treatment Plan

Print Alerts Close

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

History Reference Tab:

History

Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
06/26/2002	Johnny	9140	LIMITED ORAL EVALUATION			\$45.00	03
06/26/2002	Johnny	9220	HEART - FIRST PHYSICAL			\$18.00	03
06/26/2002	Johnny	9274	STRETCHING - 4FMS			\$45.00	03
06/26/2002	Johnny	9222	STRETCHING - 2FMS			\$23.00	03
06/26/2002	Johnny	9250	STRETCHING - SINGLE FILM			\$2.00	03
06/26/2002	Johnny	9330	PANORAMIC FILM			\$76.00	03
06/26/2002	Johnny	9150	COMPREHENSIVE ORAL EVALUATION			\$45.00	03
06/26/2002	Johnny	49114	PROF. SCALING & ROOT PLANING		PH	\$145.00	03
06/26/2002	Johnny	2387	COMPOSITE THREE SURF. POSTERIOR	30	MOD	\$174.00	03
06/26/2002	Johnny	2389	COMPOSITE THREE SURF. POSTERIOR	30	MOD	\$174.00	03
06/26/2002	Johnny	3120	PALP CAR-INCISAL	02	O	\$15.00	03
06/26/2002	Johnny	3285	COMPOSITE ONE SURF. POSTERIOR	02	O	\$65.00	03
06/26/2002	Johnny	3120	PALP CAR-INCISAL	02	O	\$15.00	03
06/26/2002	Johnny	3120	PALP CAR-INCISAL	03	O	\$15.00	03
06/26/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$177.00	03
06/26/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$92.00	03
06/26/2002	Johnny	9011	PAYMENT - MEDIC INSURANCE CARRIER			\$214.40	03

- 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:

\$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:

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 – Based on Prior Treatment of Prophy
- Recall Frequency – Defaults to 6 months
- Next Recall Date – Based on last recall visit date using recall frequency
- Failed Appointments
- TPO Consent

Insurance and Employer Information:

Self	Debora 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 - Converts from Group Plan

Second Insurance and Employer Information:

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

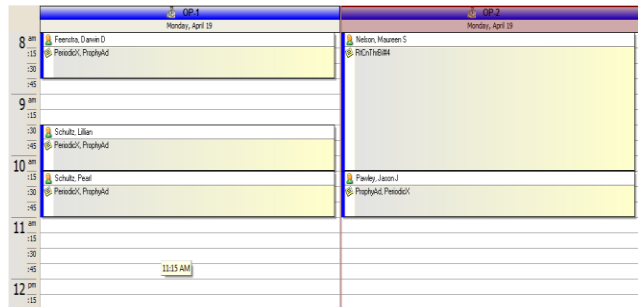
- Relation to Primary Policy Holder
- Subscriber Name
- Insurance ID – If Blank pulls from Subscriber
- Group Number
- Benefit Assignment
- Insurance Carrier Name
- Employer – Converts from Group Plan

Insurance Carrier:

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		

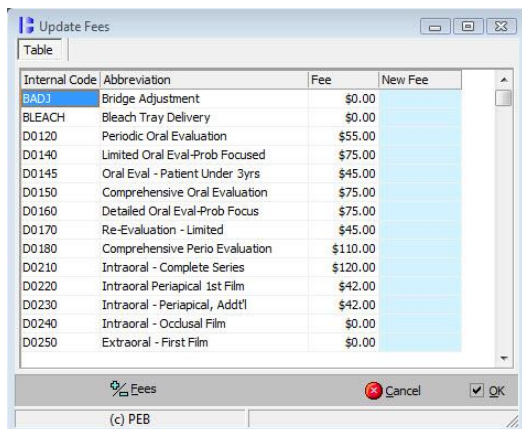
- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Payer ID – Verify after conversion
- Payer Office Always NOCD
- Submission Type Always Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1

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.

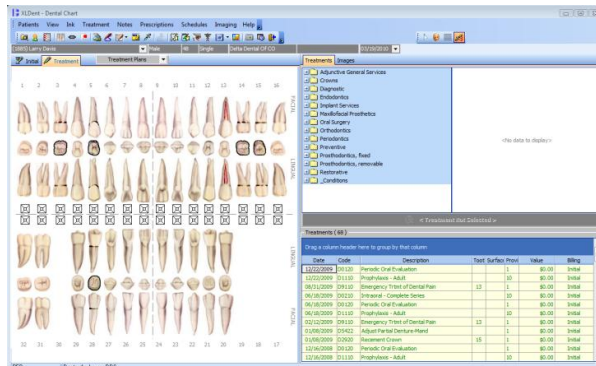
Fee Table:



Internal Code	Abbreviation	Fee	New Fee
BADJ1	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	

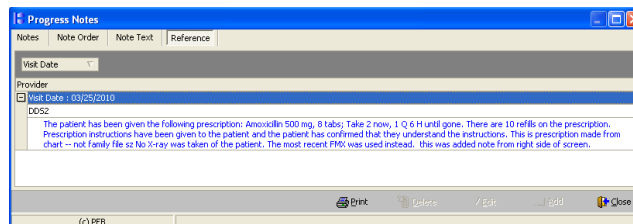
- Procedure Codes
 - ◆ Active ADA Codes
 - ◆ Base Code Abbreviation
- Primary Fee Schedule (Fee1 or Standard Fee in system)

XLChart™:



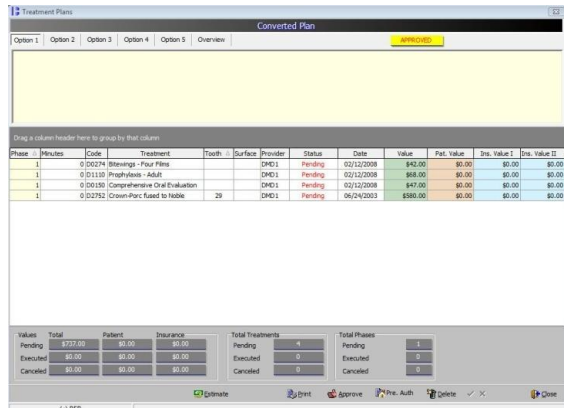
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value
- Provider

Progress Notes Reference Tab



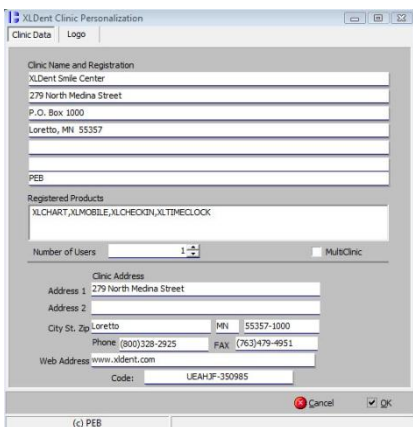
- Procedure Notes
- Date
- Procedure Code
- Tooth
- Surface
- Note Detail
- Provider

Treatment Plans:



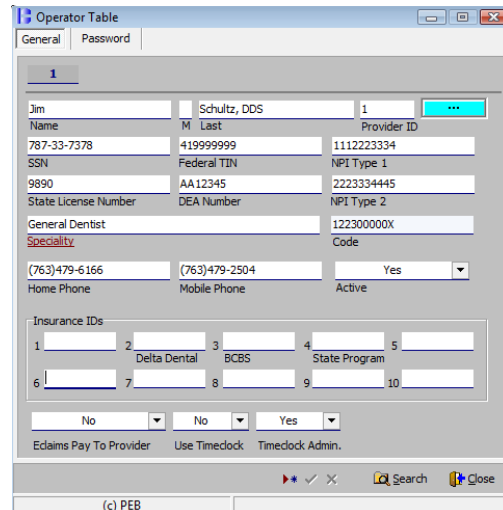
- Phase - Defaults to 1
- Minutes – Defaults to 0
- Code
- Treatment Description
- Tooth
- Surface
- Provider
- Status – Defaults to Pending
- Date
- Value
- Patient Value – Defaults to 0
- Insurance Value I – Defaults to 0
- Insurance Value II – Defaults to 0

Practice Information:



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

Operators:



- 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
- ⊙ Archived Patients
- ⊙ Patient Title
- ⊙ Patient Drivers License #
- ⊙ Patient Salutation

Notes on Conversions:

- Plan name converts in place of employer name.
- Only treatment plans created in the last year (12 months) will convert.
- Patient Insurance may not be converted when linking in existing system is inaccurate or inconsistent.
- Referred to table converts to Referral Source as displayed in existing software.
- Referrals may be duplicated. This can be manually updated after the conversion.
- Fee Schedules will convert to Benefit Plan Allowed amounts.

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.

Marital Status

When this is converted, converts Married to Married, Single to Single, Child to Other and Other to Other.

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.

Consent Date

If consent date is blank in original software, will convert as 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.

History Reference Tab:

Personal Payments posted to family level will convert to responsible party. All adjustments convert to the responsible party.

Appointment Book

If appointment procedures in existing software are linked to treatment plans, these procedures codes will not be included in the appointment in XLDent™.

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.