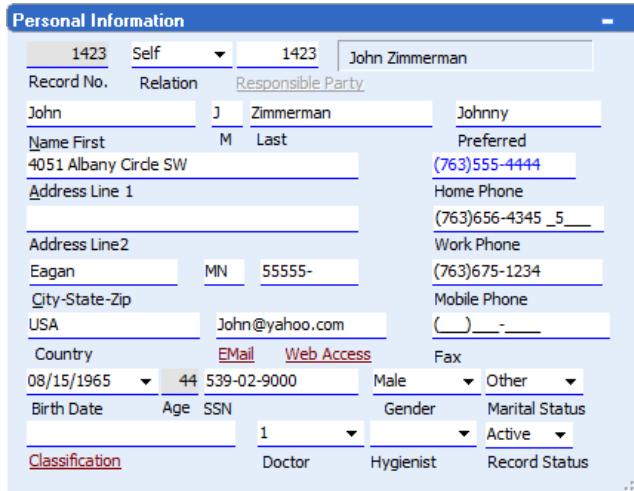


Patient Information:



Personal Information

1423 Self 1423 John Zimmerman

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

Address Line2 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 44 539-02-9000 Male Other

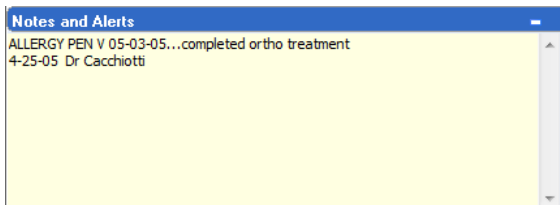
Birth Date Age SSN Gender Marital Status

1 Active

Classification Doctor Hygienist Record Status

- Patients grouped by responsible party
- First Name
- Last Name
- Middle Initial
- Preferred Name
- Address Line 1
- City
- State
- Zip
- Home Phone Number
- Work Phone Number
- Work Extension Number
- Mobile Phone Number
- Email Address
- Gender
- Marital Status
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status – Active and Inactive
- Genesis Chart # is XLDent™ Record #

Notes:

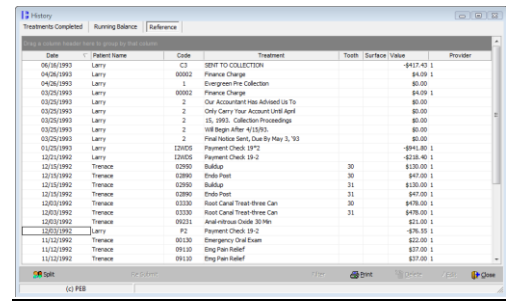


Notes and Alerts

ALLERGY PEN V 05-03-05...completed ortho treatment
4-25-05 Dr Cacchiotti

- Patient General Notes
- Patient Medical Notes
- Patient Alert

History Reference Tab:



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
06/30/1993	Larry	C3	IDENT TO COLLECTION			-\$117.40	1
04/26/1993	Larry	00902	Finance Charge			\$4.00	1
04/26/1993	Larry	1	Evergreen Pre Collection			\$4.00	1
03/25/1993	Larry	00902	Finance Charge			\$4.00	1
03/25/1993	Larry	2	Our Accountant Has Advised Us To			\$0.00	1
03/25/1993	Larry	2	Only Carry Your Account Until April			\$0.00	1
03/25/1993	Larry	2	USE 1993 Collection Proceedings			\$0.00	1
03/25/1993	Larry	2	Will begin after 4/1/93.			\$0.00	1
03/25/1993	Larry	2	Final Notice Sent, Due By May 3, '93			\$0.00	1
03/25/1993	Larry	22625	Payment Check 19-2			-\$94.00	1
12/15/1992	Larry	22625	Payment Check 19-2			-\$28.40	1
12/15/1992	Tranace	02890	Subseq	30		\$330.00	1
12/15/1992	Tranace	02890	Endo Post	30		\$47.00	1
12/15/1992	Tranace	02890	Subseq	31		\$330.00	1
12/15/1992	Tranace	02890	Endo Post	31		\$47.00	1
12/03/1992	Tranace	03330	Root Canal Treat Three Can	30		\$478.00	1
12/03/1992	Tranace	03330	Root Canal Treat Three Can	31		\$478.00	1
12/03/1992	Tranace	03231	Anal. Intra. Occlus 30 Min	31		\$21.00	1
12/03/1992	Larry	P2	Payment Check 19-2			-\$26.50	1
11/12/1992	Tranace	05130	Emergency Oral Exam			\$22.00	1
11/12/1992	Tranace	05130	Emp Pain Relief			\$37.00	1
11/12/1992	Tranace	05130	Emp Pain Relief			\$37.00	1

- Treatment History – Viewable as History Reference [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+

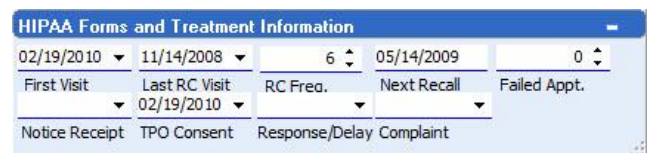
Stmt. Sent Last Patient Payment Last Insurance Payment

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:



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 – File Creation Date
- Last Recall Visit
- Recall Frequency
- Next Recall Date – Based on last recall visit date using recall frequency
- TPO Consent Date

Insurance and Employer Information:

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	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 – Default to Provider
- Insurance Carrier Name
- Employer Name

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

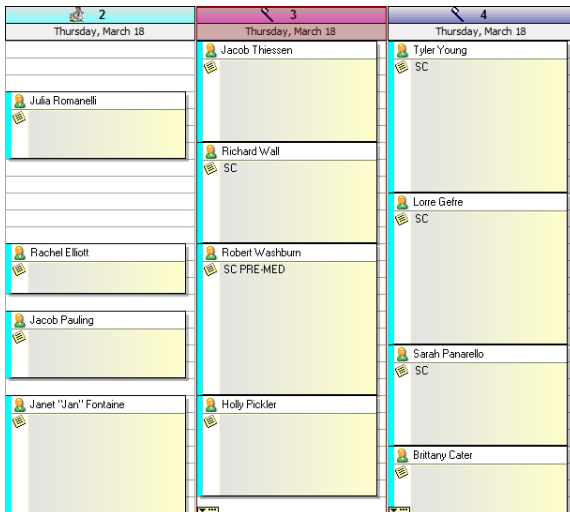
- Relation to Policy Holder
- Subscriber Name
- Insurance ID – If Blank pulls from Subscriber
- Group Number
- Benefit Assignment
- Insurance Carrier Name
- Employer Name

Insurance Carrier:

Insurance Carrier		
3085		
AETNA	60054	NOCD
Insurance Carrier Name	Payer ID	Payer Office
Altr: Claims Department	Electronic	ADA2007
Address1	Submission Type	Form Type
PO Box 29015	1	
Address2	Provider ID	
ATLANTA	GA	30359-0015
City	State	Zip
(800)741-4781	(252)888-8888	
Phone	Fax	
Web Address		
E-Mail		
Contact	Notes	
	This Carrier Created For Trojan Benefits Initial Load	

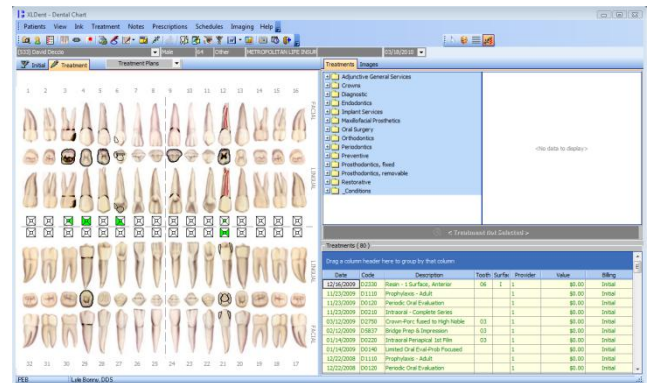
- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Fax
- Notes
- Payer ID – Verify after conversion
- Payer Office Always NOCD
- Submission Type Always Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1

Appointment Book:



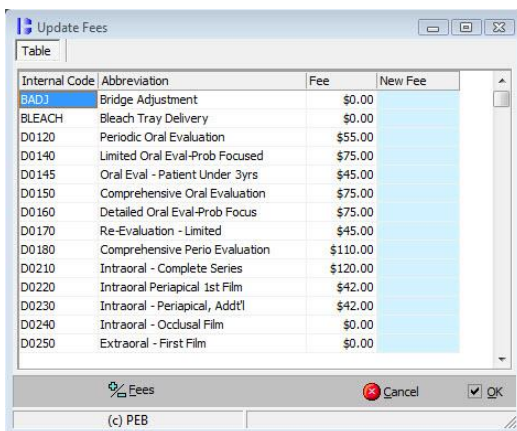
- Practice Appointments will convert to appropriate column
- Assigned to Doctor in the XLDent™ Scheduler needs to correct appointment provider at confirming or posting.
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- Appointment Comments
- Appointment Detail

XLChart™:



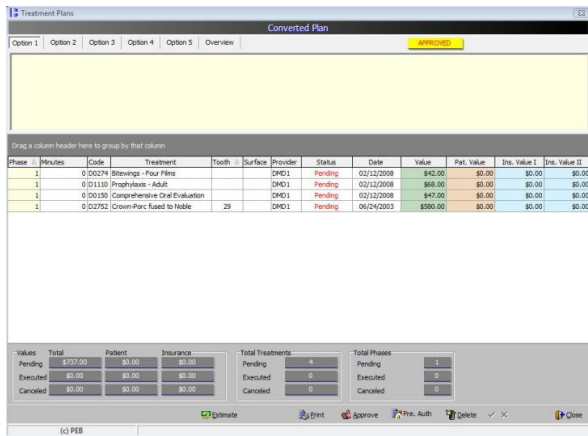
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value
- Provider

Fee Table:



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

Treatment Plans:

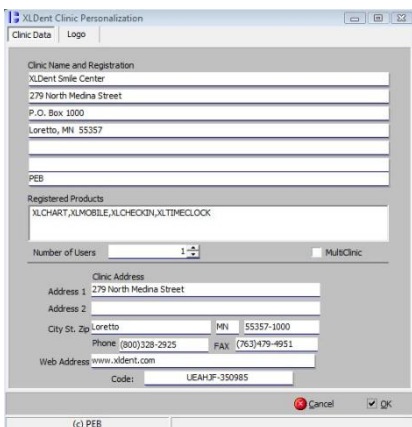


Phase	Minutes	Code	Treatment	Tooth	Surface	Provider	Status	Date	Value	Pat. Value	Ins. Value I	Ins. Value II
1	0	D00274	Retnings - Four Films			DMD1	Pending	02/12/2008	\$42.00	\$0.00	\$0.00	\$0.00
1	0	D11113	Impression - Adult			DMD1	Pending	02/12/2008	\$68.00	\$0.00	\$0.00	\$0.00
1	0	D00190	Comprehensive Oral Evaluation			DMD1	Pending	02/12/2008	\$47.00	\$0.00	\$0.00	\$0.00
1	0	D02752	Crown-Parc fused to Heble	29		DMD1	Pending	06/24/2003	\$580.00	\$0.00	\$0.00	\$0.00

Values	Total	Patient	Insurance	Total Treatments	Total Phases
Pending	\$737.00	\$0.00	\$0.00	Pending	4
Executed	\$0.00	\$0.00	\$0.00	Executed	0
Cancelled	\$0.00	\$0.00	\$0.00	Cancelled	0

- Phase
- Minutes – Defaults to 0
- Code
- Treatment Description
- Tooth
- Surface
- Provider
- Status – Defaults to Pending
- Date – Defaults to conversion 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, ALMOBILE, XLCHECKIN, XLTIMECLOCK

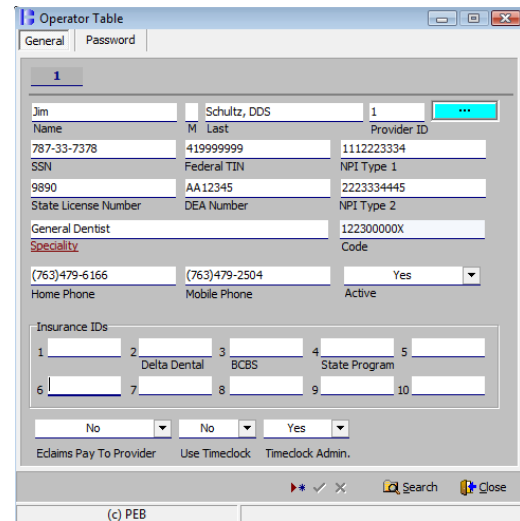
Number of Users: 1-25 MultiClinic

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: UEAHF-350985

Cancel OK

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

Operator Table:



Operator Table

General Password

1

Jim Schultz, DDS 1 Provider ID

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

Specialty 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

Edaims Pay To Provider Use Timeclock Timeclock Admin.

Search Close

- 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:

?:\genwin\ or ?:\program files\genwin

Files Needed:

?:\genwin*. * excluding Images folder

Need software and license disks if available.

Backup of Data files only:

- 🔧 Inserting the appropriate backup media into the appropriate disk drive.
- 🔧 From the main ledger screen, **click** on the “misc” button.
- 🔧 Using your mouse, **click** on “2 | Backup, Restore” that appears in the list. Click on “OK”
- 🔧 At the “Backup and Restore” window, select the specify backup destination
- 🔧 Type **BACKUP** in the Field Provided
- 🔧 Press **Enter**

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
- ⊖ Outstanding Insurance Claims
- ⊖ Referrals
- ⊖ Prescription Listing
- ⊖ Patient Prescriptions
- ⊖ Benefit Plans / Allowed Amounts
- ⊖ Last Visit Date
- ⊖ Progress Notes
- ⊖ Tickler File

Notes on Conversions:

- On the recall screen – “previous” was converted as last recall date. Next recall date was converted based on last recall visit date using recall frequency. TPO consent date defaults to conversion date.
- The first fee scheduled listed in Genesis will be converted.
- 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.

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

Gender

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

Marital Status

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

Preferred Dentist

Practice							Providers							General							Passwords							Printers							Statements						
Dr	Pr	Provider	T.I.N. or SS#	License #	Color	Symbol																																			
1	1				1																																				
1	5				2																																				
1	6				3																																				
1	7				1																																				
1	8				1																																				
1	fc				0																																				

When this is not converted all patients will be assigned to the default Doctor.

Account Reference History:

Due to the way Genesis displays Doctor and Provider codes, we combine the two numbers for reference history. XLChart initial transactions will only show Doctor code.

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 converted or not entered into current system it will default to zero.

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.

Treatment Plans

Transferred to ledger Treatment Plans will not convert. Non Transferred Plans will convert as Approved and Pending Treatment Plans.

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.