

Patient Information:



Personal Information

1591 Self 1591 John Zimmerman

Record No. Relation Responsible Party

John J Zimmerman Johnny

Name First M Last Preferred

425 Corte Madera Avenue (763)555-4444

Address Line 1 Home Phone

(763)666-4345

Address Line 2 Work Phone

Corte Madera CA 94925- (763)675-1234

City-State-Zip Mobile Phone

USA John@yahoo.com () -

Country EMail Web Access Fax

01/04/1998 12 539-00-0000 Female Single

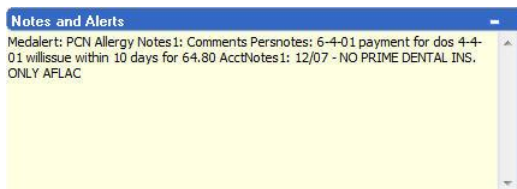
Birth Date Age SSN Gender Marital Status

1 Active

Classification Doctor Hygienist Record Status

- Patients grouped by responsible party – Uses Accounts #
- First Name
- Last Name
- Address 1
- City
- State
- Zip
- Home Phone Number
- Work Phone Number
-
- Gender
- Marital Status
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status

Patient Notes:



Notes and Alerts

Medalart: PCN Allergy Notes: Comments Persnotes: 6-4-01 payment for dos 4-4-01 will issue within 10 days for 64.80 AcctNotes: 12/07 - NO PRIME DENTAL INS. ONLY AFLAC

- Medical Alerts

Financial Information:



Financial Information

\$745.00 \$50.00 \$60.00 \$135.00 \$500.00

Balance 0 - 30 31 - 60 61 - 90 90+

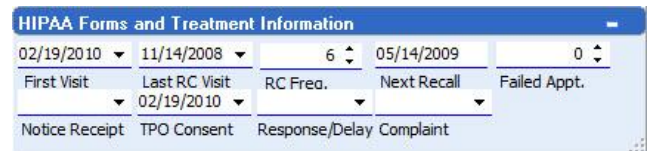
Stmt. Sent Last Patient Payment Last Insurance Payment

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

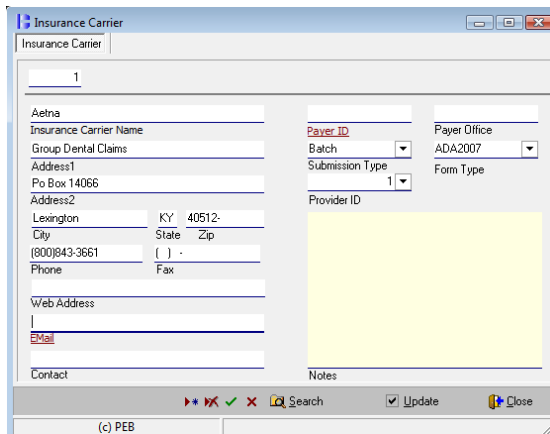
First Visit Last RC Visit RC Freq. Next Recall Failed Appt.

02/19/2010

Notice Receipt TPO Consent Response/Delay Complaint

- First Visit Date
- Last Recall Visit - Based on next recall date minus recall frequency
- Recall Frequency
- Next Recall Date
- TPO Consent Date (defaults to date of conversion)

Insurance Carrier :



Insurance Carrier

1

Aetna

Insurance Carrier Name

Group Dental Claims

Address1

Po Box 14066

Address2

Lexington KY 40512

City State Zip

(800)843-3661 () -

Phone Fax

Web Address

EMA

Contact

Payer ID

Payer Office

Batch ADA2007

Submission Type

Form Type

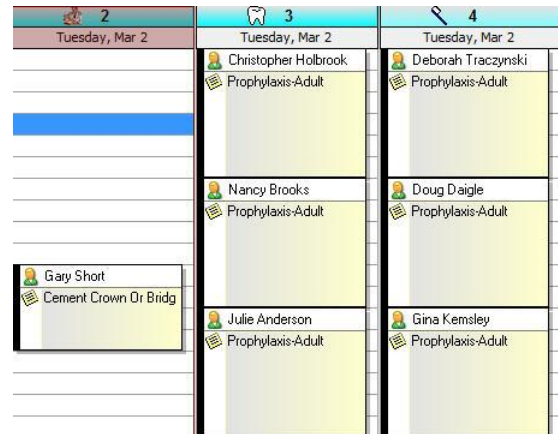
Provider ID

Notes

(c) PEB

- Insurance Carrier Name NOT Linked to Patients
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Payer ID – Add after conversion
- Payer Office – Defaults to Blank
- Submission Type – Defaults to Batch
- Form Type current ADA Form
- Provider ID – Defaults to 1

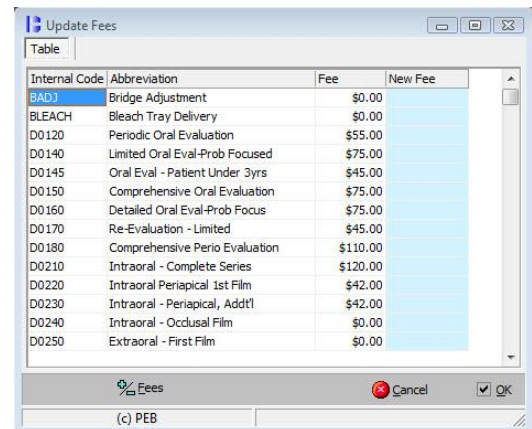
Appointment Book:



2	3	4
Tuesday, Mar 2	Tuesday, Mar 2	Tuesday, Mar 2
	Christopher Holbrook Prophylaxis-Adult	Deborah Traczynski Prophylaxis-Adult
	Nancy Brooks Prophylaxis-Adult	Doug Daigle Prophylaxis-Adult
Gary Short Cement Crown Or Bridg	Julie Anderson Prophylaxis-Adult	Gina Kemsley Prophylaxis-Adult

- Practice Appointments will convert to appropriate column
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length – Defaults to 30 minutes unless supplied by office
- Appointment Notes
- All Appointments convert default Prophy Code [D1110]. Operative appointments may need to be modified following conversion.

Fee Table:

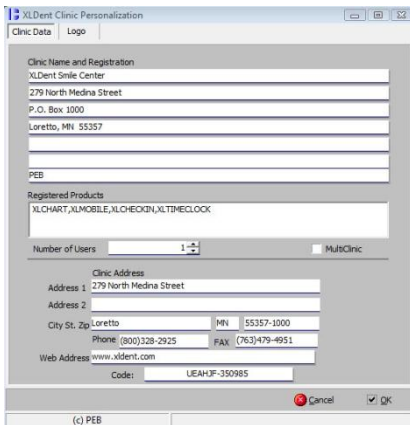


Internal Code	Abbreviation	Fee	New Fee
BADJ	Bridge Adjustment	\$0.00	
BLEACH	Bleach Tray Delivery	\$0.00	
D0120	Periodic Oral Evaluation	\$55.00	
D0140	Limited Oral Eval-Prob Focused	\$75.00	
D0145	Oral Eval - Patient Under 3yrs	\$45.00	
D0150	Comprehensive Oral Evaluation	\$75.00	
D0160	Detailed Oral 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	

(c) PEB

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

Practice Information

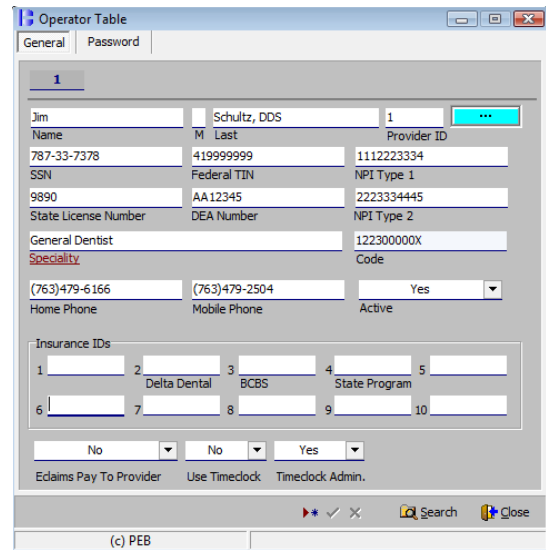


The screenshot shows the 'XLDent Clinic Personalization' window with the following fields filled out:

- Clinic Name and Registration:** XLDent Smile Center, 279 North Medina Street, P.O. Box 1000, Loretto, MN 55357
- Registered Products:** XLCART, XLMOBILE, XLCHECKIN, XLTIMECLOCK
- Clinic Address:** Address 1: 279 North Medina Street, Address 2: (empty), City: Loretto, MN 55357-1000, Phone: (800)328-2925, FAX: (763)479-4951, Web Address: www.xldent.com, Code: UEAH3F-350985

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

Operator Table:



The screenshot shows the 'Operator Table' window with the following information for provider 1:

- Name:** Jim Schultz, DDS (M Last)
- Provider ID:** 1112223334
- SSN:** 787-33-7378
- Federal TIN:** 419999999
- NPI Type 1:** 1
- State License Number:** 9890
- DEA Number:** AA 12345
- NPI Type 2:** 2223334445
- General Dentist:** 122300000X
- Specialty:** Code (dropdown)
- Home Phone:** (763)479-6166
- Mobile Phone:** (763)479-2504
- Active:** Yes (dropdown)
- Insurance IDs:** 1: Delta Dental, 2: BCBS, 3: State Program, 4: (empty), 5: (empty), 6: (empty), 7: (empty), 8: (empty), 9: (empty), 10: (empty)
- Other options:** Eclams Pay To Provider (No), Use Timeclock (No), Timeclock Admin. (Yes)

- 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:

?:\softdent\ or ?:\program files\softdent

Files Needed

?:\Softdent*. * 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.

Duplicate Patients:

Some Practice Management software will allow entry of patients and other information multiple times without warning of duplication. Due to the nature of the database conversion process, there are some items that you should review on the conversion evaluation to identify this duplication. One such item is the duplication of Patient records. To assist you in locating duplicate patients, the XLDentTM Name and Address listing is provided during the evaluation process. Please contact your XLDentTM representative with any questions regarding this process. We look forward to helping you with a smooth transition to XLDentTM.

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
- ⊗ Archival History
- ⊗ Prescription Listing
- ⊗ Secondary Insurance
- ⊗ History
- ⊗ Treatment Plans
- ⊗ Referrals
- ⊗ Benefit Plans / Allowed Amounts

Notes on Conversions:

- 50-75 Based Nationwide Insurance Carriers will be manually entered by PEB Staff
- Responsible Party is based on oldest family member on the account.
- A/R report in Softdent automatically filters out CIL accounts – XLDentTM converts these and is included in the A/R report
- Softdent allows for service codes to have more than 5 characters as well as decimals. XLDentTM allows only 5 digit service codes, therefore, when these codes are converted to XLDentTM, we convert the first 5 valid characters for that code.
- Inactive accounts with balances should be reactivated or written off prior to final conversion. This will be determined at the time of preliminary conversion.
- Softdent records up to 4 guarantors. We only convert Guarantor 1.
- Appointments will convert with a defaulted prophylaxis code. This can be manually changed after the conversion.

Below are some additional 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.

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.

Recall Frequency

When this is not entered into current system it will default to 0. This will have to be manually updated after loading the converted database.

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.