

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

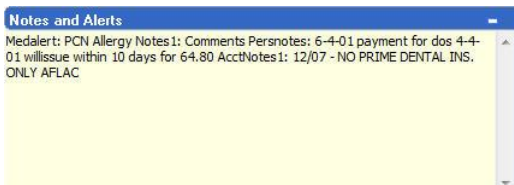
Birth Date Age SSN Gender Marital Status

1 Active

Classification Doctor Hygienist Record Status

- Patients grouped by responsible party.
- First Name
- Last Name
- Middle Initial
- Preferred Name
- Address 1
- City
- State
- Zip
- Home Phone Number
- Work Phone Number
- Mobile Phone Number
- Email Address
- Gender
- Marital Status
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status – Active, Auxiliary, Collection

Patient Notes:

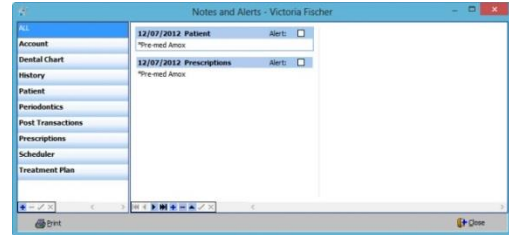


Notes and Alerts

Medalart: PCN Allergy Notes 1: Comments Persnotes: 6-4-01 payment for dos 4-4-01 willissue within 10 days for 64.80 AcctNotes 1: 12/07 - NO PRIME DENTAL INS. ONLY AFLAC

- User Codes
- Referred By
- Referred In and Referred Out

Notes and Alerts:



Notes and Alerts - Victoria Fischer

12/07/2012 Patient Alert

Account The med Anox

Dental Chart 12/07/2012 Prescriptions Alert

History The med Anox

Patient

Periodontics

Post Transactions

Prescriptions

Scheduler

Treatment Plan

- Medical Alerts convert to Dental Chart Alert and Prescriptions Alert
- Account Notes 1 and Notes 2 to Account Notes
- Patient Notes 1 and Notes 2 to Patient Notes
- Patient Personal Notes to Patient Notes

History Reference Tab:



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
08/08/02	Johny	1140	LIMITED ORAL EVALUATION			\$45.00	JD
08/08/02	Johny	6326	5-6-8-9 FIRST PERIAPICAL			\$20.00	JD
08/08/02	Johny	6374	RETROGRADE FILLING			\$40.00	JD
08/08/02	Johny	6372	RETROGRADE - 2 FILLING			\$2.00	JD
08/08/02	Johny	6376	RETROGRADE - SPALLS/FILL			\$20.00	JD
08/08/02	Johny	6336	PANORAMIC FILM			\$70.00	JD
08/08/02	Johny	6330	COMPREHENSIVE ORAL EVALUATION			\$20.00	JD
08/08/02	Johny	4941.4	PERIO SCALING & ROOT PLANING		PH	\$140.00	JD
08/08/02	Johny	6011	PAYMENT - MEDIC INSURANCE CARRIER			\$50.00	JD
08/08/02	Johny	2387	COMPOSITE THREE SURF POSTRESTOR	30	MCCD	\$124.00	JD
08/08/02	Johny	2387	COMPOSITE THREE SURF POSTRESTOR	30	MED	\$124.00	JD
08/08/02	Johny	3320	PULF-CAP INDIRECT	30	MCCD	\$15.00	JD
08/08/02	Johny	2388	COMPOSITE ONE SURF POSTRESTOR	43	O	\$65.00	JD
08/08/02	Johny	2388	COMPOSITE ONE SURF POSTRESTOR	42	O	\$65.00	JD
08/08/02	Johny	3320	PULF-CAP INDIRECT	33	O	\$15.00	JD
08/08/02	Johny	3320	PULF-CAP INDIRECT	33	O	\$15.00	JD
08/08/02	Johny	4911	PAYMENT - MEDIC INSURANCE CARRIER			\$50.00	JD
08/08/02	Johny	6011	PAYMENT - MEDIC INSURANCE CARRIER			\$50.00	JD
08/08/02	Johny	6011	PAYMENT - MEDIC INSURANCE CARRIER			\$50.40	JD

- 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 - will display the provider who provided the service.

Financial Information:



Financial Information

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

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

Stmnt. 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:



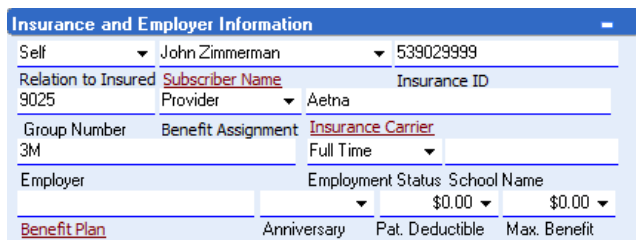
02/19/2010 11/14/2008 6 05/14/2009 0

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 (Last Exam Date)
- Recall Frequency
- Next Recall Date - Based on last recall visit date using recall frequency
- TPO Consent Date (defaults to date of conversion)

Insurance and Employer Information:



Self John Zimmerman 539029999

Relation to Insured Subscriber Name Insurance ID
9025 Provider Aetna

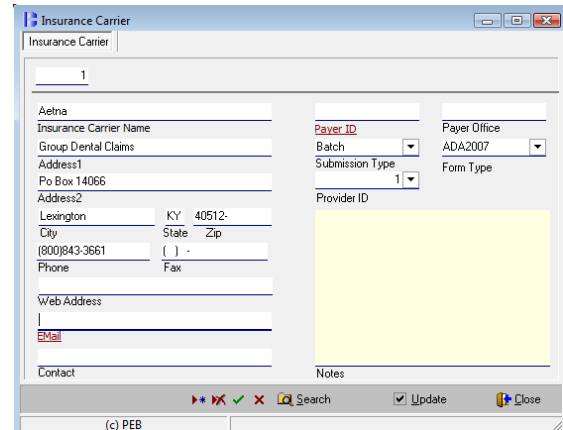
Group Number Benefit Assignment Insurance Carrier
3M Full Time

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
- Insurance Carrier Name
- Employer
- Employment Status – Defaults to Full Time
- Patient Deductible – Defaults to 0
- Max Benefit – Defaults to 0

Insurance Carrier :



1

Aetna

Insurance Carrier Name Payer ID Payer Office

Group Dental Claims Batch ADA2007

Address1 Submission Type Form Type

Po Box 14066 Provider ID 1

Address2 Lexington KY 40512- City State Zip

(800)843-3661 Phone Fax

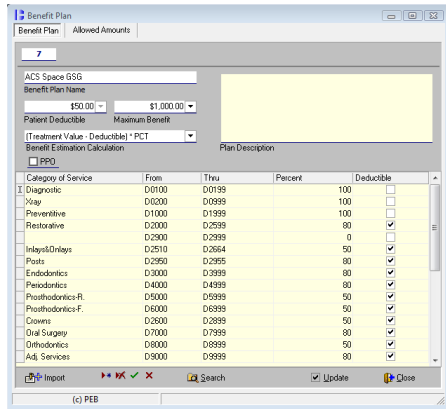
Web Address

Contact Notes

(c) PEB

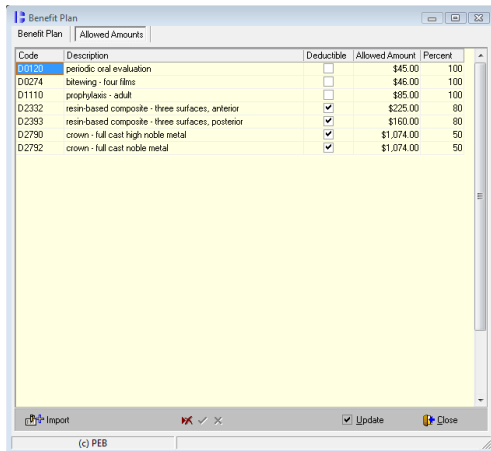
- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Payer ID – Add after conversion
- Payer Office – Defaults to Blank
- Submission Type – Defaults to Batch
- Form Type current ADA Form
- Provider ID – Defaults to 1

Benefit Plan:



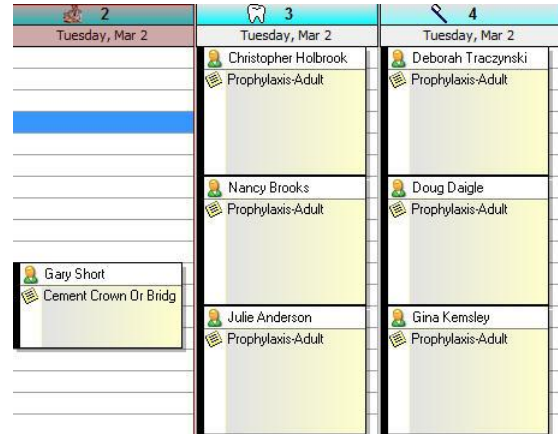
- Benefit Plan Name
- Patient Deductible
- Maximum Benefit
- Benefit Estimation Calculation – Defaults to (Treatment Value – Deductible) * PCT)
- Category of Service
- Codes From and Thru
- Percent
- Deductible

Benefit Plans Allowed Amounts Tab:



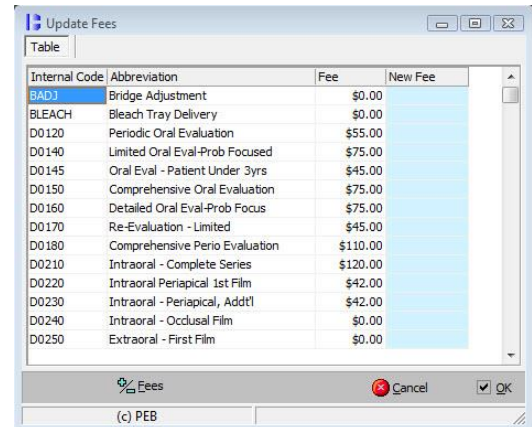
- Code
- Description
- Deductible
- Allowed Amount
- Percent

Appointment Book:



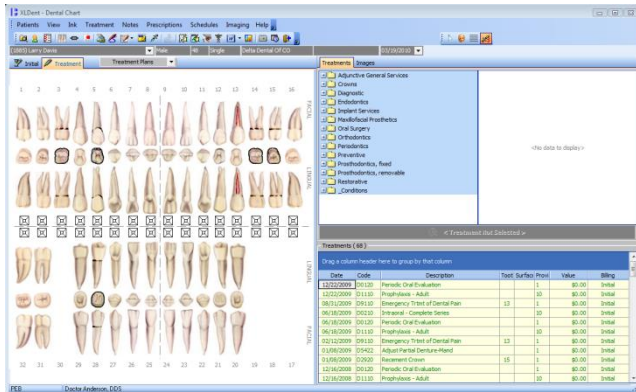
- Practice Appointments will convert to appropriate column
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length – Defaults to 30 minutes unless supplied by office
- Appointment Notes
- All Appointments convert default Prophy Code [D1110]. Operative appointments may need to be modified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

Fee Table:



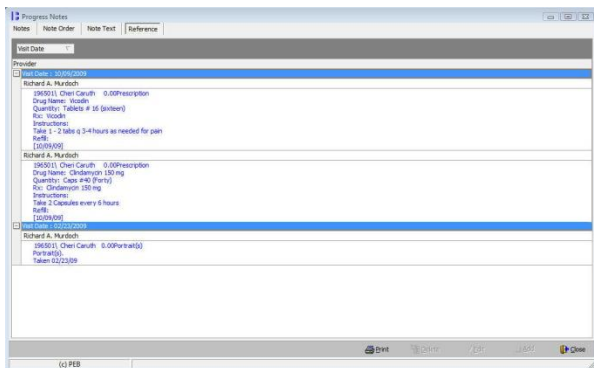
- Procedure Codes
 - ◆ Active ADA Codes
 - ◆ Base Code Abbreviation
- Primary Fee Schedule

XLChart™:



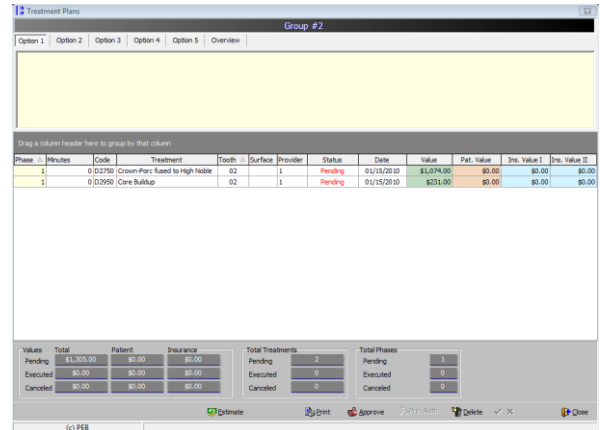
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value
- Provider - will display the patient's current doctor of record.

Progress Notes Reference Tab



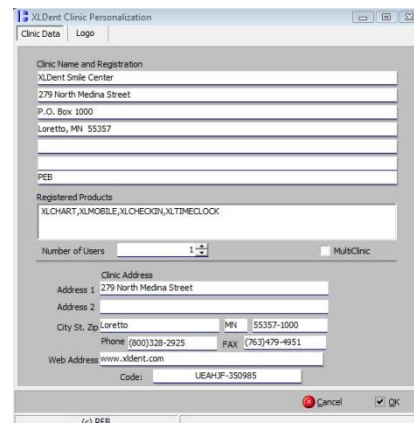
- Clinical Notes
 - ◆ Date
 - ◆ Procedure Code
 - ◆ Tooth
 - ◆ Surface
 - ◆ Note Detail
 - ◆ Provider
- Patient RX
 - ◆ Date
 - ◆ Drug Name
 - ◆ Quantity
 - ◆ RX
 - ◆ RX Instructions
 - ◆ Provider
 - ◆ Refills

Treatment Plans:



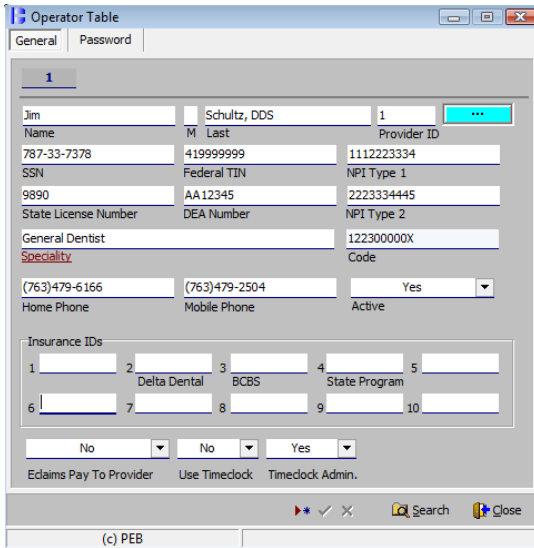
- Accepted and Diagnosed Plans Convert.
- Phase
- Minutes – Defaults to 0
- Code
- Treatment Description
- Tooth
- Surface
- Provider
- Status – Defaults to Pending
- Date
- Value
- Patient Value – Defaults to 0
- Insurance Value I – Defaults to 0
- Insurance Value II – Defaults to 0

Practice Information



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

Operator Table:



The screenshot shows a window titled "Operator Table" with two tabs: "General" and "Password". The "General" tab is active and contains a form for entering provider information. The form includes fields for Name (First, Middle, Last), Provider ID, SSN, Federal TIN, NPI Type 1, State License Number, DEA Number, NPI Type 2, General Dentist, Speciality, Home Phone, Mobile Phone, and Active status. There is also a section for Insurance IDs (1-10) and checkboxes for "No" and "Yes" options. The bottom of the window shows a status bar with "(c) PEB" and icons for search and 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:

?:\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 XLDent™ Name and Address listing is provided during the evaluation process. Please contact your XLDent™ representative with any questions regarding this process. We look forward to helping you with a smooth transition to XLDent™.

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
- ⊗ Archival History
- ⊗ Prescription Listing
- ⊗ Patient Prescriptions
- ⊗ Secondary Insurance

Notes on Conversions:

- Plan name converts in place of employer name
- A/R report in Softdent automatically filters out CIL accounts – XLDent™ 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. XLDent™ allows only 5 digit service codes, therefore, when these codes are converted to XLDent™, we convert the first 5 valid characters for that code.
- When a patient is transferred in Softdent, the history items do not fully transfer to the new record and therefore will be located on the previous account.
- 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 prophy code. This can be manually changed after the conversion.
- Benefit Plan table converts, but it is not linked to subscriber. This will need to be reviewed and manually updated after conversion.
- Softdent allows Benefit Plan Category of Service Codes to be blank and to overlap. This will need to be reviewed and manually updated after 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 XLDentTM. 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.

Patient Status

Active and collection status patients convert to XLDentTM. Inactive accounts may convert based on quality of end users preliminary data conversion cleanup process.

Patient Treatment Plans

All NOT scheduled and NOT in Tickler plans convert. Accepted plans are marked approved. Diagnosed are not approved. Only the last 12 months of these treatment plans will convert.

Patient Benefit Plans (Bluebook Values)

Allowed Amounts with Invalid ADA Code will not be converted. Example 01110.01, 01110.02, etc.

Benefit Plan Maximum Benefit

When this is not converted will default to \$0.00.

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 XLDentTM 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.