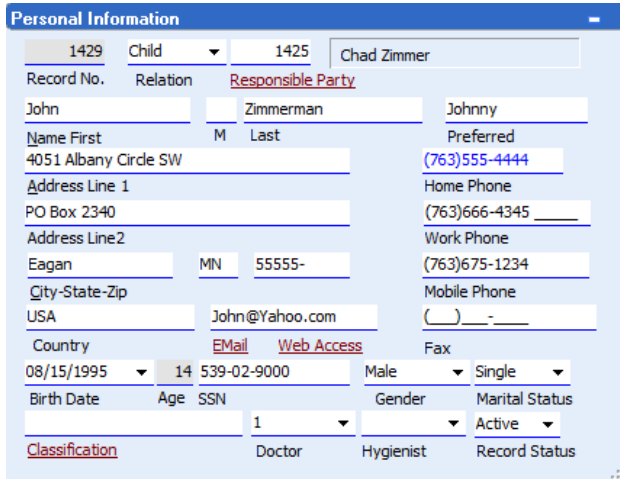


**Patient Information:**



Personal Information

1429 Child 1425 Chad Zimmer

Record No. Relation Responsible Party

John Zimmerman Johnny

Name First M Last Preferred

4051 Albany Circle SW (763)555-4444

Address Line 1 Home Phone

PO Box 2340 (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

08/15/1995 14 539-02-9000 Male Single

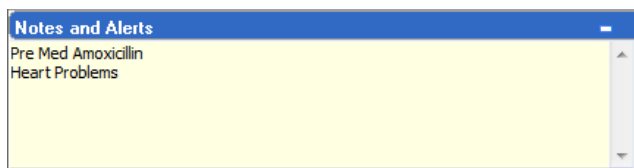
Birth Date Age SSN Gender Marital Status

1 Active

Classification Doctor Hygienist Record Status

- Patients grouped by responsible party
- First Name
- Last Name
- Middle Initial
- Preferred Name
- Address Line 1
- Address Line 2
- 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
- Old Account ID converts as XL Dent™ record number

**Notes:**

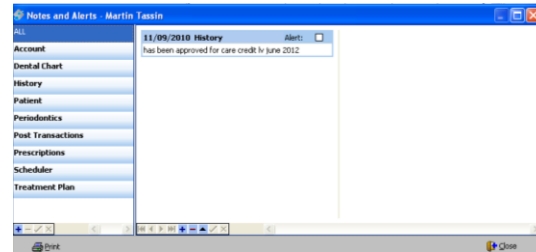


Notes and Alerts

Pre Med Amoxicillin  
Heart Problems

- Patient Medical Alerts
- Patient Premed

**Alerts:**



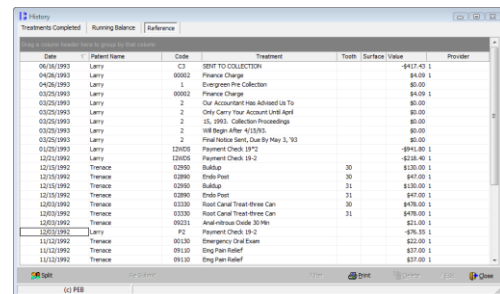
Notes and Alerts - Martin Tassin

11/09/2010 History Alert

has been approved for care credit in June 2012

- Patient Sticky Notes convert to Patient Note
- Responsible Party Sticky Notes convert to History Note
- Lives with Sticky Notes convert to History Note

**History Reference Tab:**



| Date       | Patient Name | Code  | Treatment                            | Tooth | Surface/Value | Provider |
|------------|--------------|-------|--------------------------------------|-------|---------------|----------|
| 06/04/1993 | Larry        | C3    | IDENT TO COLLECTION                  |       | \$417.40 1    |          |
| 04/26/1993 | Larry        | 00002 | Finance Charge                       |       | \$4.00 1      |          |
| 04/26/1993 | Larry        | 1     | Complete Fee Collection              |       | \$0.00        |          |
| 03/25/1993 | Larry        | 00002 | Finance Charge                       |       | \$4.00 1      |          |
| 03/25/1993 | Larry        | 2     | Our Accountant Has Advised Us To     |       | \$0.00        |          |
| 03/25/1993 | Larry        | 2     | Only Carry Your Account Until April  |       | \$0.00        |          |
| 03/25/1993 | Larry        | 2     | 15, 9995, Collection Proceedings     |       | \$0.00        |          |
| 03/25/1993 | Larry        | 2     | 1st Regt After 4/1/93                |       | \$0.00        |          |
| 03/25/1993 | Larry        | 2     | Final Notice Sent, Due By May 3, '93 |       | \$0.00        |          |
| 03/25/1993 | Larry        | 23055 | Payment Check 1912                   |       | \$916.00 1    |          |
| 12/21/1992 | Larry        | 12055 | Payment Check 19-2                   |       | \$238.40 1    |          |
| 12/15/1992 | Tranace      | 02900 | Bulldog                              | 30    | \$330.00 1    |          |
| 12/15/1992 | Tranace      | 02900 | Bulldog                              | 30    | \$47.00 1     |          |
| 12/15/1992 | Tranace      | 02900 | Bulldog                              | 31    | \$330.00 1    |          |
| 12/15/1992 | Tranace      | 02900 | Bulldog                              | 31    | \$47.00 1     |          |
| 12/03/1992 | Tranace      | 03300 | Root Canal Treat Three Can           | 30    | \$478.00 1    |          |
| 12/03/1992 | Tranace      | 03300 | Root Canal Treat Three Can           | 31    | \$478.00 1    |          |
| 12/03/1992 | Tranace      | 00231 | Anal Intros. Occlus 30 Min           | 31    | \$11.00 1     |          |
| 12/03/1992 | Larry        | PD    | Payment Check 19-2                   |       | \$76.50 1     |          |
| 11/12/1992 | Tranace      | 00100 | Emergency Oral Exam                  |       | \$22.00 1     |          |
| 11/12/1992 | Tranace      | 00110 | Emp Pain Relief                      |       | \$37.00 1     |          |
| 11/12/1992 | Tranace      | 00110 | Emp Pain Relief                      |       | \$37.00 1     |          |

- Treatment History – Viewable as History Reference [includes Charges, Payments, Debits and Credits] Deleted Transactions convert with offsetting debit and credit.
- 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+      |

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
- Charge Interest
- Send Dunning

**HIPAA Forms and Treatment Information:**



HIPAA Forms and Treatment Information

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

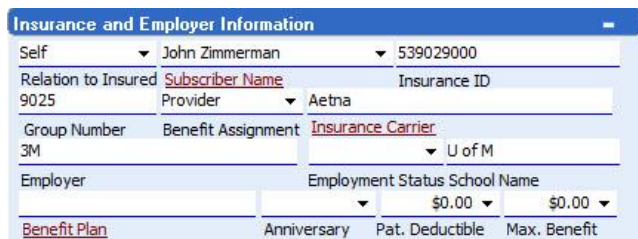
First Visit Last RC Visit RC Freq. Next Recall Failed Appt.

02/19/2010 02/19/2010

Notice Receipt TPO Consent Response/Delay Complaint

- First Visit Date
- Last Visit Date
- Last Recall Visit
- Recall Frequency
- Next Recall Date – Based on last recall visit date using recall frequency
- TPO Consent - Defaults to Conversion Date

**Insurance and Employer Information:**



Insurance and Employer Information

Self John Zimmerman 539029000

Relation to Insured Subscriber Name Insurance ID

9025 Provider Aetna

Group Number Benefit Assignment Insurance Carrier

3M U of M

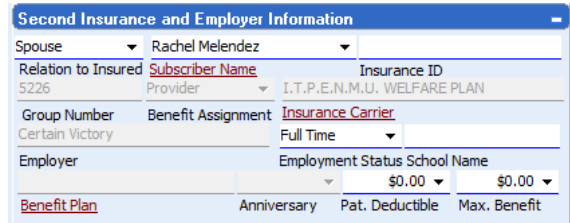
Employer Employment Status School Name

\$0.00 \$0.00

Benefit Plan Anniversary Pat. Deductible Max. Benefit

- Relation to Primary Policy Holder
- Subscriber Name
- Insurance Id – Defaults to SSN# if available
- Group Number
- Benefit Assignment – Default to Provider
- Insurance Carrier Name
- Employer Name
- School Name

**Second Insurance and Employer Information:**



Second Insurance and Employer Information

Spouse Rachel Melendez

Relation to Insured Subscriber Name Insurance ID

5226 Provider I.T.P.E.N.M.U. WELFARE PLAN

Group Number Benefit Assignment Insurance Carrier

Certain Victory Full Time

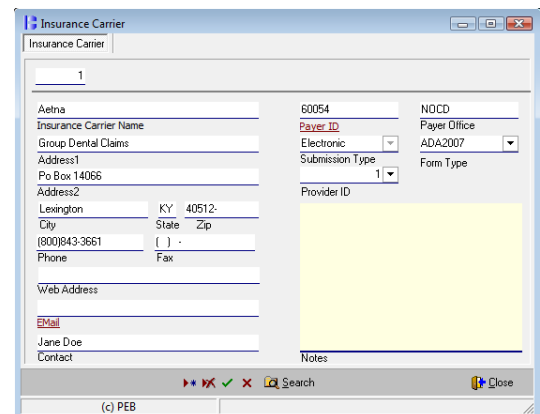
Employer Employment Status School Name

\$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

**Insurance Carrier:**



Insurance Carrier

1

Aetna 60054 NOCD

Insurance Carrier Name Payer ID Payer Office

Group Dental Claims Electronic ADA2007

Address1 Submission Type Form Type

Po Box 14066 Provider ID

Address2 Lexington KY 40512

City State Zip

(800)843-3661 Phone Fax

Web Address

Email

Jane Doe Contact

Notes

(c) PEB

- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Fax
- Contact
- 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:**

| Green  | Red   | White   |
|--|---|---|
| Monday, March 15<br>Bill Rhodes<br>recall APPO.CPRO.FL | Monday, March 15<br>Savannah Scclair<br>RECC APPO.CPRO.FL | Monday, March 15<br>Brenna Scclair<br>RECC APPO.CPRO.FL |
| Deb Scclair<br>recall APPO.CPRO.FL                     |   | Michael Anderson<br>#7-DI and st crown 14 RES.COMP      |
| Arvin Meyer<br>recall APPO.CPRO.FL                     | Ricky Lee<br>facebook photos DEL.TRY                      |   |

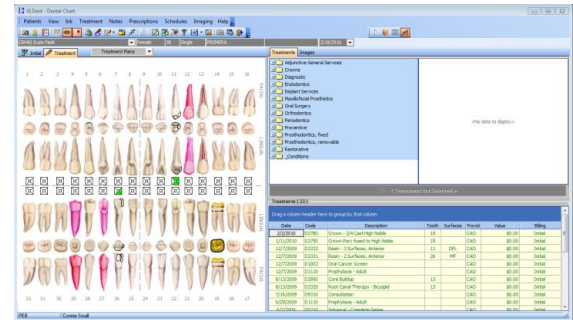
- Practice Appointments will convert to appropriate column. Doctor appointments will convert to 1 column.
- Assigned to Doctor in the XLDent™ Scheduler
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- Appointment Comments
- Appointment Detail

**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, Add'l  | \$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

**XLChart™:**



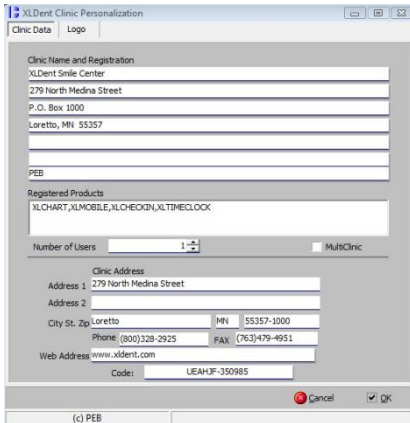
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value
- Provider

**Treatment Plans:**

| Phase | Minutes | Code   | Treatment                     | Tooth | Surface | Provider | Status  | Date       | Value    | Pat. Value | Ins. Value I | Ins. Value II |
|-------|---------|--------|-------------------------------|-------|---------|----------|---------|------------|----------|------------|--------------|---------------|
| 1     | 0:00:00 | 010120 | Strength Four Film            |       |         | DMC1     | Pending | 02/12/2008 | \$42.00  | \$0.00     | \$0.00       | \$0.00        |
| 1     | 0:01:15 | 010110 | Prophylaxis - Adult           |       |         | DMC1     | Pending | 02/12/2008 | \$65.00  | \$0.00     | \$0.00       | \$0.00        |
| 1     | 0:00:15 | 010150 | Comprehensive Oral Evaluation | 29    |         | DMC1     | Pending | 02/12/2008 | \$47.00  | \$0.00     | \$0.00       | \$0.00        |
| 1     | 0:02:15 | 010210 | Comprehensive Oral Evaluation |       |         | DMC1     | Pending | 02/12/2008 | \$120.00 | \$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

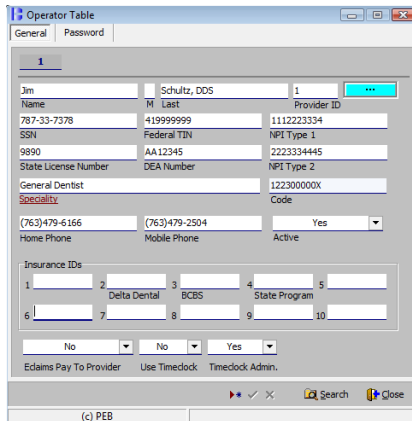
**Practice Information:**



The screenshot shows the 'XLDent Clinic Personalization' window. It has tabs for 'Clinic Data' and 'Logo'. Under 'Clinic Name and Registration', there are fields for 'XLDent Smile Center', '279 North Medina Street', 'P.O. Box 1000', and 'Loretto, MN 55357'. There is a 'PEB' field. Under 'Registered Products', there is a list: 'XLCHART, XLMOBILE, XLCHECKIN, XLTIMECLOCK'. There is a 'Number of Users' dropdown set to '1' and a 'MultiClinic' checkbox. Under 'Clinic Address', there are fields for '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', and 'Code: UEAHF-350985'. At the bottom, there are 'Cancel' and 'OK' buttons.

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

**Operator Table:**



The screenshot shows the 'Operator Table' window with a 'General' tab. It displays information for a provider named 'Schultz, DDS'. Fields include: 'Name' (Schultz, DDS), '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', '(763)479-6166', '(763)479-2504', 'Yes', 'Home Phone', 'Mobile Phone', 'Active', 'Insurance IDs' (1-10), 'Delta Dental', 'BCBS', 'State Program', 'No', 'No', 'Yes', 'Eclaims Pay To Provider', 'Use Timedock', 'Timedock Admn.'. At the bottom, there are 'Search' and 'Close' buttons.

- 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:**

?:\pworks\ or ?:\program files\pworks

**Files Needed**

?:\pworks\\*. \* excluding Images folder

Need original software and license disks if available.

**To Print the A/R report:**

In Practice Works - Click File - Click Print - Click Accounts & Receivables - Click Account Receivable, Uncheck separate reports, check combined report, Check all other options for accounts with, check print in condensed format.

**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
- Benefit Plans / Allowed Amounts
- Progress Notes
- Cancellation History
- Referral Sources
- Patient Prescriptions

### **Notes on Conversions:**

- We do not get notes that attach by visit ID (patient appointment), Insurance company ID, Insurance plan ID, Appointment Book (date specific) or treatment code/treatment plan.
- W1 phone number is converted as Work Number.
- W2 phone number is converted as Mobile Number.
- Non-patient insurance subscriber relationship (self) needs to be updated following conversion.
- 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.
- Due to the way this practice management software connects family groupings and/or insurance carriers, linking may need to be updated after the conversion.
- Only treatment plans created in the last year (12 months) will convert. Accepted and In Progress plans convert as approved, Proposed plans convert as not approved.

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.

### **Patient Preferred Name**

When this field is blank, this will convert the First Name as the Preferred Name.

### **Preferred Dentist**

The Owns Production Doctor is converted as the preferred doctor. On Auxiliary records, there is no default doctor; this will need to be manually updated after the conversion.

### **Marital Status**

Divorced and widowed statuses convert as other.

### **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.

### **Last Recall Date**

When this is not entered into current system it will not convert

### **Recall Frequency**

When this is not converted or not entered into current system it will default to 0.

### **TPO Consent Date**

Your Practice Management Software does not record a consent date, therefore this will not convert. For your convenience, the date of the conversion has been inserted as the consent date. It is important that you verify and update this date following the conversion.

### **Patient Status**

All patients convert as Active unless they are identified on the Inactive report or are identified as a non-person.

### **Appointment Category**

When this is not converted the Appointment Category and Notes area will be blank. This can be manually updated after the conversion.

### **Payer ID**

The Payer ID's from your previous system may not be accurate according to the Emdeon Payer List. This field must be verified following conversion.

### **Patient Treatment Plans**

Accepted and In Progress plans are marked approved. Proposed are not approved. Auto Created treatment plans do not convert. Completed plans do not convert.

### **Treatment Plan Date**

When entry date is blank, defaults to conversion date.

### **Email**

Forty (40) characters are converted only.

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.**