

**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

(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 44 539-02-9000 Male Other

Birth Date Age SSN Gender Marital Status

1 Active

Classification Doctor Hygienist Record Status

- Patients grouped by responsible party – HOH#
- First Name
- Last Name
- Middle Initial
- Address
- City
- State
- Zip
- Home Phone Number – Converted ph1 code
- Work Phone Number
- Gender
- Marital Status
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status

**Notes:**



**Notes and Alerts**

Account Notes

Patient Notes

- Notes
- Billing Indicator

**Financial Information:**



**Financial Information**

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

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

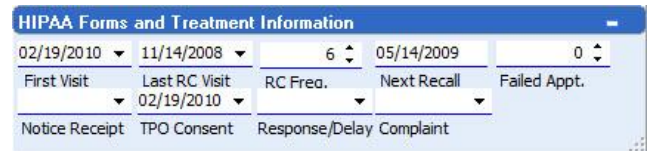
Stmt. Sent Last Patient Payment Last Insurance Payment

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

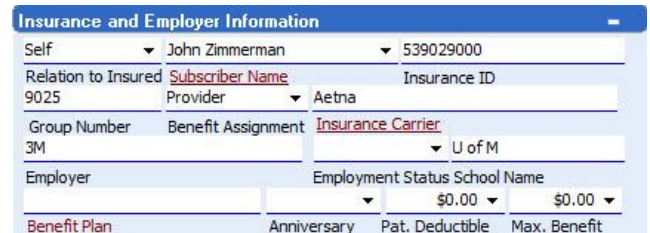
First Visit Last RC Visit RC Freq. Next Recall Failed Appt.

02/19/2010

Notice Receipt TPO Consent Response/Delay Complaint

- Last Visit Date
- Recall Frequency - Defaults to 6
- 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

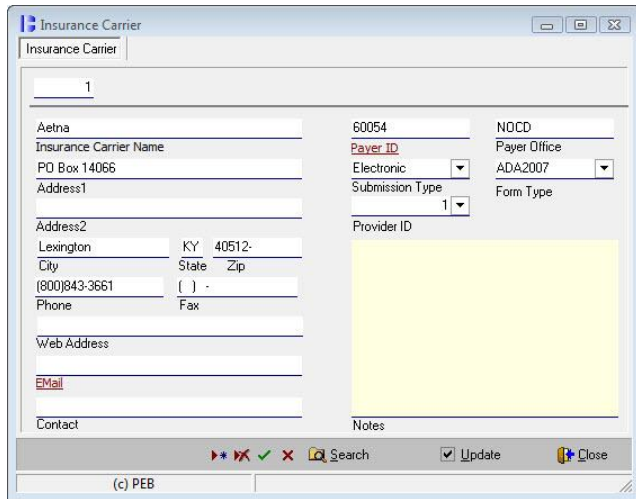
Employer Employment Status School Name

\$0.00 \$0.00

Benefit Plan Anniversary Pat. Deductible Max. Benefit

- Relation to Primary Insured Only
- Subscriber Name
- Insurance Id – If blank defaults to SSN# if available
- Group Number
- Benefit Assignment – Defaults to provider
- Insurance Carrier Name
- School Name

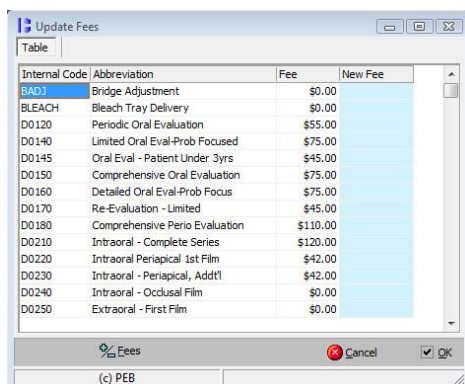
**Insurance Carrier:**



Insurance Carrier form with fields for: Insurance Carrier Name (Aetna), PO Box (14066), Address 1, Address 2 (Lexington, KY 40512), City, State, Zip, Phone (800)843-3661, Fax, Web Address, EMail, Contact, Payer ID (60054), Payer Office (NOCD), Electronic (dropdown), ADA2007 (dropdown), Submission Type (dropdown), Form Type, Provider ID (1), and Notes.

- 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

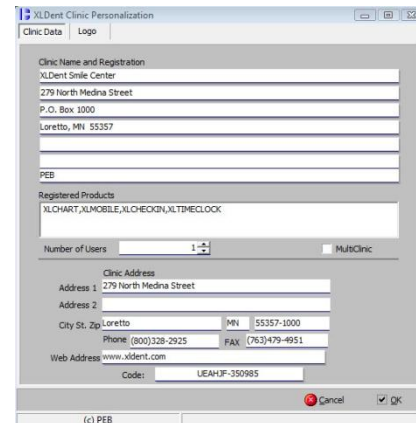
**Fee Table:**



| 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   |         |

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

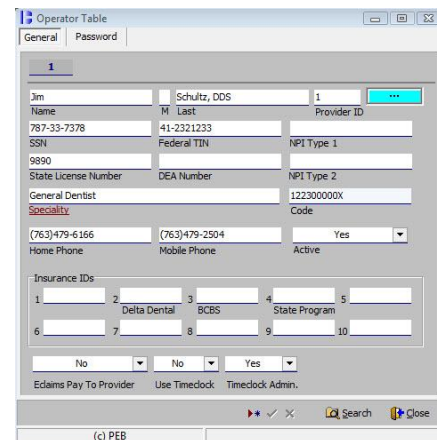
**Practice Information:**



XL Dent Clinic Personalization form with fields for: Clinic Name and Registration (XL Dent Smile Center, 279 North Medina Street, P.O. Box 1000, Loretto, MN 55357), PEB, Registered Products (XLCHART, XLMOBILE, XLCHECKIN, ULTIMELOCK), Number of Users (1), MultiClinic, Clinic Address (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 (LEAHJF-350985).

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

**Operator Table:**



Operator Table form with tabs for General and Password. Fields include: Name (Jim M. Schultz, DDS), Last (Schultz), Provider ID (1), SSN (787-33-7378), Federal TIN (41-2321233), NPI Type 1 (9990), State License Number, DEA Number, NPI Type 2, General Dentist (122300000X), Code, Specialty, Home Phone ((763)479-6166), Mobile Phone ((763)479-2504), Active (Yes), Insurance IDs (Delta Dental, BCBS, State Program), Edms Pay To Provider, Use Timeclock, Timeclock Admin.

- 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

**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<sup>TM</sup> 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
- ⊗ Treatment Plans
- ⊗ Referrals
- ⊗ Prescription Listing
- ⊗ Benefit Plans / Allowed Amounts
- ⊗ Appointment Book
- ⊗ History

**Notes on Conversions:**

- Patient Insurance may not be converted when linking in existing system is inaccurate or inconsistent.

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.

**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.

**Responsible Party ID#**

Responsible party is determined by account number in existing software. If not available, patients will need to be manually transferred to the correct Responsible Party after the conversion.

**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<sup>TM</sup>. This can be manually changed.

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<sup>TM</sup> 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.**