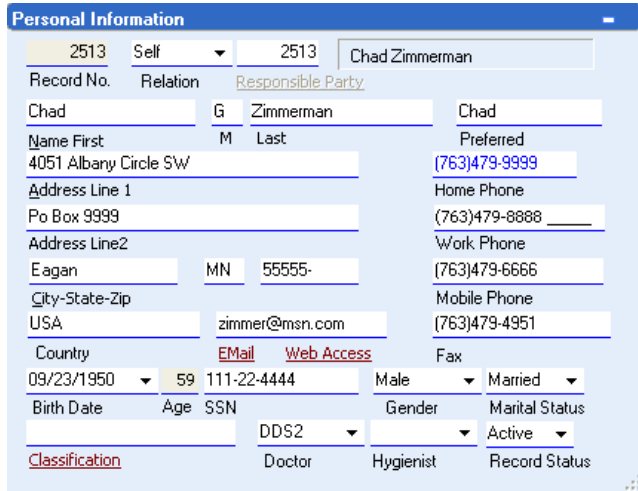


Patient Information:



Personal Information

2513 Self 2513 Chad Zimmerman

Record No. Relation Responsible Party

Chad G Zimmerman Chad

Name First M Last Preferred

4051 Albany Circle SW (763)479-9999

Address Line 1 Home Phone

Po Box 9999 (763)479-8888

Address Line2 Work Phone

Eagan MN 55555- (763)479-6666

City-State-Zip Mobile Phone

USA zimmer@msn.com (763)479-4951

Country Email Web Access Fax

09/23/1950 59 111-22-4444 Male Married

Birth Date Age SSN Gender Marital Status

DDS2 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 – No extension
- Mobile Phone Number
- Email Address
- Gender
- Marital Status
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status

Notes:

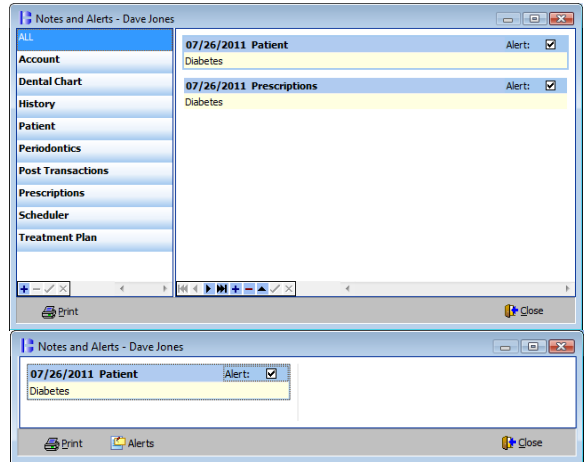


Notes and Alerts

This is a patient Note- Thu - Mar 25, 2010 -sz

- # of Missed Appointments
- ID# 2
- Fax #
- Other Phone #

Notes and Alerts:



Notes and Alerts - Dave Jones

ALL

Account 07/26/2011 Patient Alert:

Dental Chart 07/26/2011 Prescriptions Alert:

History Diabetes

Patient

Periodontics

Post Transactions

Prescriptions

Scheduler

Treatment Plan

Print Close

Notes and Alerts - Dave Jones

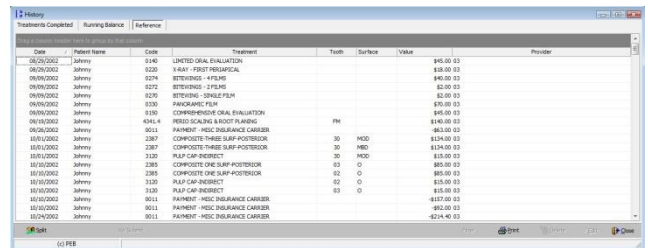
07/26/2011 Patient Alert:

Diabetes

Print Alerts Close

- Patient Alerts convert to Patient Alerts
- Medical Alerts convert to Dental Chart Alerts
- Patient Notes convert to Patient Alert Notes
- Guarantor Notes convert to Account Alert Notes
- Family Alerts convert to Account Alerts

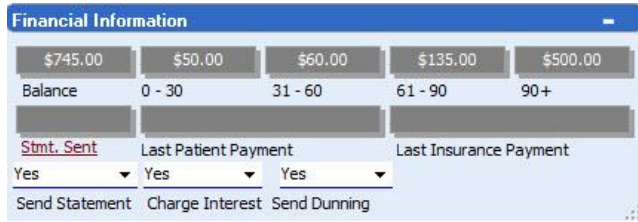
History Reference Tab:



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
08/26/2002	Johnny	8140	LIMITED ORAL EVALUATION			\$45.00	03
08/26/2002	Johnny	8220	1-HOUR POST-OPERATIONAL			\$28.00	03
08/26/2002	Johnny	8274	RETROGRADE FILLING			\$45.00	03
08/26/2002	Johnny	8222	RETROGRADE FILLING			\$23.00	03
08/26/2002	Johnny	8250	RETROGRADE FILLING			\$2.00	03
08/26/2002	Johnny	8330	PANORAMIC FILM			\$75.00	03
08/26/2002	Johnny	8150	COMPOSITE RESIN ORAL EVALUATION			\$45.00	03
08/26/2002	Johnny	8414	PROF. SCALING & ROOT PLANING		PH	\$140.00	03
08/26/2002	Johnny	8011	PAYMENT - MEDIC INSURANCE CARRIER			\$124.00	03
08/26/2002	Johnny	2387	COMPOSITE THREE SLAP POSTERIOR	30	MOD	\$124.00	03
08/26/2002	Johnny	2389	COMPOSITE THREE SLAP POSTERIOR	30	MOD	\$124.00	03
08/26/2002	Johnny	3120	PULP CAP-INDIRECT	02	O	\$55.00	03
08/26/2002	Johnny	3285	COMPOSITE ONE SLAP POSTERIOR	02	O	\$55.00	03
08/26/2002	Johnny	3120	PULP CAP-INDIRECT	02	O	\$55.00	03
08/26/2002	Johnny	3120	PULP CAP-INDIRECT	03	O	\$55.00	03
08/26/2002	Johnny	8012	PAYMENT - MEDIC INSURANCE CARRIER			\$127.00	03
08/26/2002	Johnny	8011	PAYMENT - MEDIC INSURANCE CARRIER			\$92.00	03
08/26/2002	Johnny	8011	PAYMENT - MEDIC INSURANCE CARRIER			\$214.00	03

- 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

Financial Information:

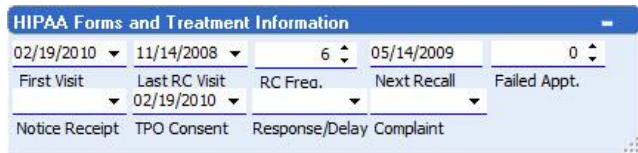


Financial Information window showing account balances and payment options.

\$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:

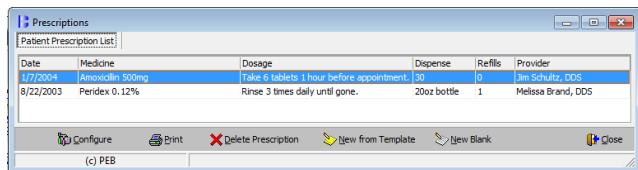


HIPAA Forms and Treatment Information window showing visit dates and frequencies.

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 – Based on Prior Treatment of Prophy
- Recall Frequency – Defaults to 6 months
- Next Recall Date – Based on last recall visit date using recall frequency
- TPO Consent – Defaults to conversion date

Patient Prescription List:

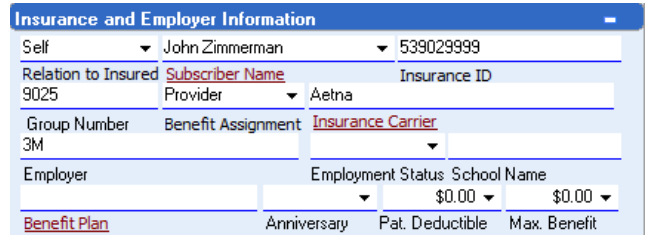


Patient Prescription List window showing a table of prescriptions.

Date	Medicine	Dosage	Dispense	Refills	Provider
7/27/2004	Amoxiclin 500mg	Take 6 tablets 1 hour before appointment.	0	0	Jai Schurz, DDS
8/22/2003	Peridex 0.12%	Rinse 3 times daily until gone.	2ozz bottle	1	Melissa Brand, DDS

- Date
- Medicine
- Dosage
- Dispense
- Refills
- Provider

Insurance and Employer Information:

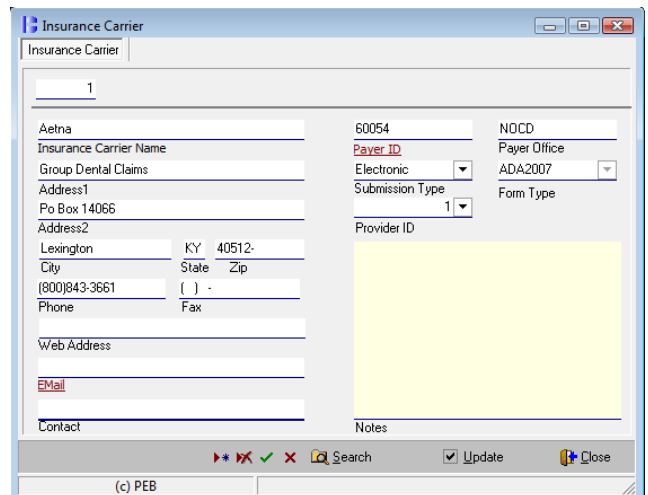


Insurance and Employer Information window showing subscriber and employer details.

Self	John Zimmerman	539029999
Relation to Insured	Subscriber Name	Insurance ID
9025	Provider	Aetna
Group Number	Benefit Assignment	Insurance Carrier
3M		
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 – Self only
- Group Number
- Benefit Assignment
- Insurance Carrier Name
- Employer Name – Converts from Group Plan

Insurance Carrier:

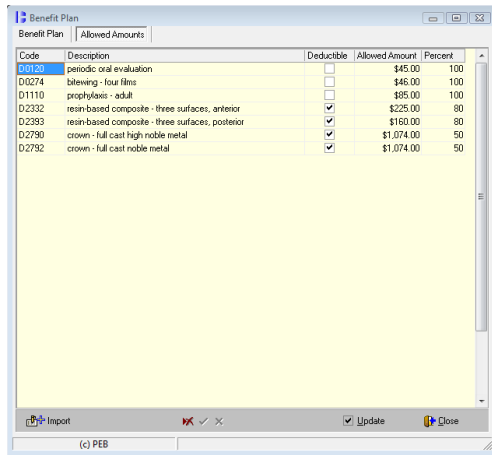


Insurance Carrier window showing carrier details for Aetna.

Aetna	60054	NOCD
Insurance Carrier Name	Payer ID	Payer Office
Group Dental Claims	Electronic	ADA2007
Address1	Submission Type	Form Type
Po Box 14066	1	
Address2	Provider ID	
Lexington KY 40512-		
City State Zip		
(800)843-3661 () -		
Phone Fax		
Web Address		
E-Mail		
Contact		Notes

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

Benefit Plans Allowed Amounts Tab:

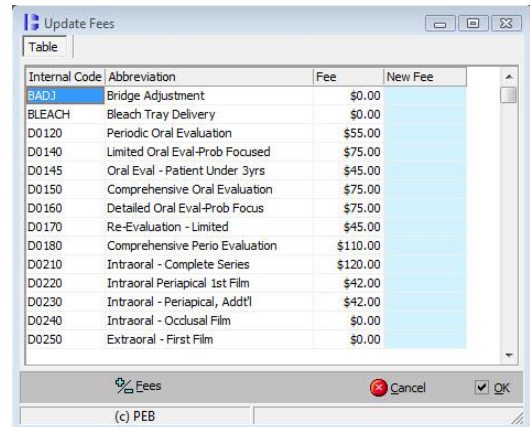


Code	Description	Deductible	Allowed Amount	Percent
D0120	periodic oral evaluation		\$45.00	100
D0274	blewing - four files		\$46.00	100
D1110	prophylaxis - adult		\$85.00	100
D2332	resin-based composite - three surfaces, anterior	<input checked="" type="checkbox"/>	\$225.00	80
D2383	resin-based composite - three surfaces, posterior	<input checked="" type="checkbox"/>	\$150.00	80
D2780	crown - full cast high noble metal	<input checked="" type="checkbox"/>	\$1,074.00	50
D2782	crown - full cast noble metal	<input checked="" type="checkbox"/>	\$1,074.00	50

Carrier Master Fee Schedule

- Code
- Description
- Deductible
- Allowed Amount
- Percent

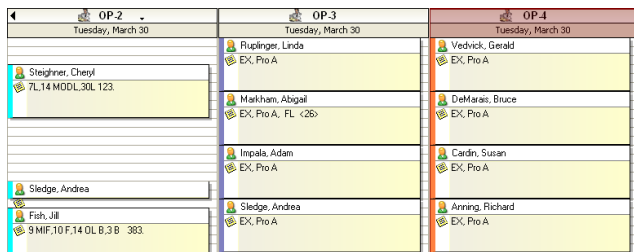
Fee Table:



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

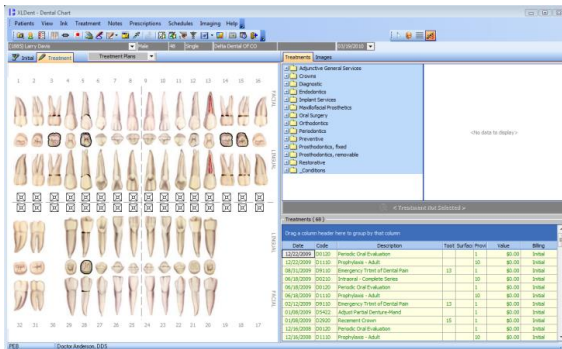
Appointment Book:



OP-2 Tuesday, March 30	OP-3 Tuesday, March 30	OP-4 Tuesday, March 30
Steighner, Cheryl 7L14 MODL 30L 123	Rupfingers, Linda EX, Pro A	Vedvick, Gerald EX, Pro A
	Markham, Abigail EX, Pro A, FL <26>	DeMaras, Bruce EX, Pro A
	Impala, Adam EX, Pro A	Cardin, Susan EX, Pro A
Sledge, Andrea	Sledge, Andrea EX, Pro A	Anning, Richard EX, Pro A
Fish, Jill 9 MIF, 10 F, 14 OL B, 3 B 383		

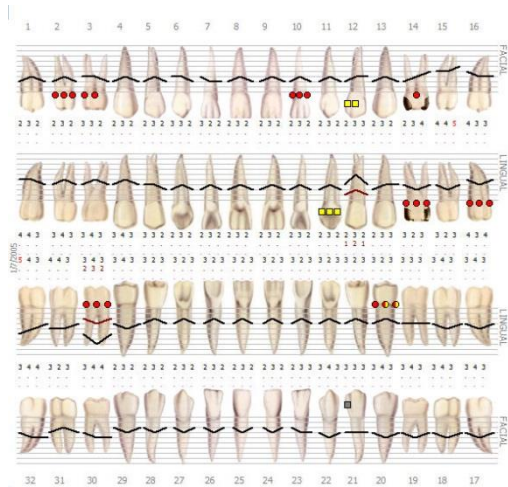
- Practice Appointments will convert to appropriate column
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- Appointment Description
- Appointment Notes
- All Appointments convert default Prophy Code [D1110]. Operative appointments may need to be modified following conversion.

XLChart™:



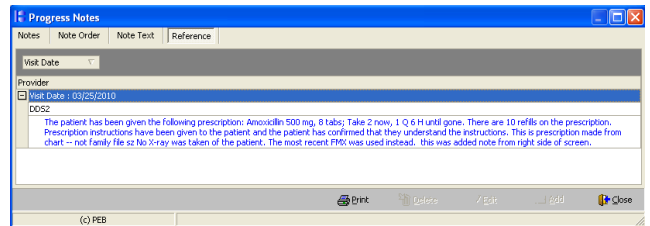
- Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- Date
- Patient Name
- Code
- Treatment
- Tooth
- Surface
- Value – Defaults to \$0.00
- Provider

Perio Charting



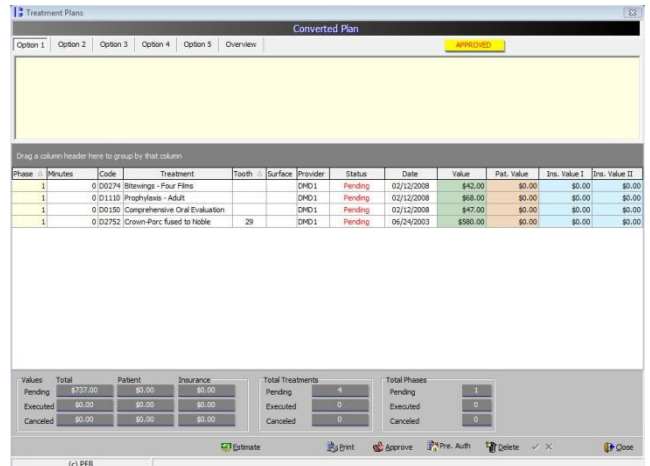
- Pocket
- Recession
- Bleeding
- Suppuration
- Mobility
- Furcation

Progress Notes Reference Tab



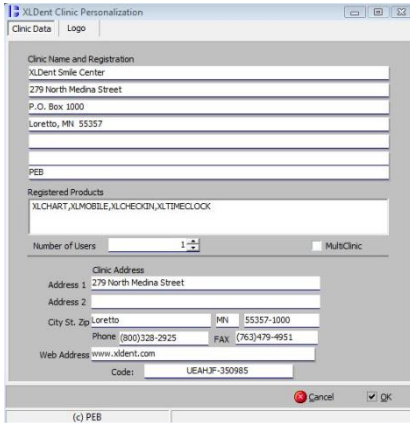
- Clinical Notes
- Date
- Procedure Code
- Tooth
- Surface
- Note Detail
- Provider

Treatment Plans:



- 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:

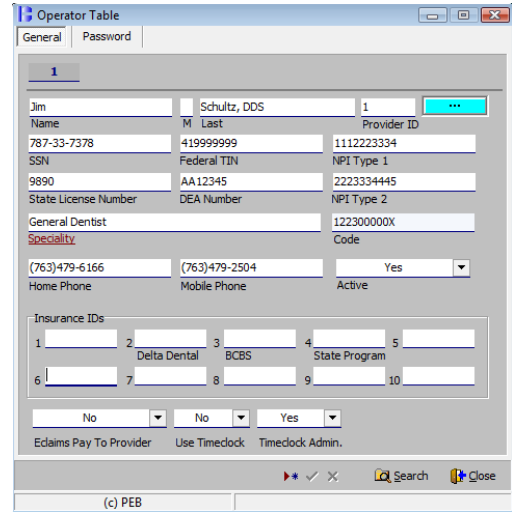


The screenshot shows the 'XL Dent Clinic Personalization' window with the following fields filled out:

- Clinic Name and Registration:** XL Dent Smile Center, 279 North Medina Street, P.O. Box 1000, Loretto, MN 55357
- Registered Products:** XLCHART, XLMOBILE, XLCHECKIN, XLTIMECLOCK
- Clinic Address:** Address 1: 279 North Medina Street, Address 2: (blank), City St. Zip: Loretto, MN 55357-1000, Phone: (800) 328-2925, FAX: (763) 479-4951, Web Address: www.xldent.com, Code: UEAHPF-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	Provider ID	1
SSN	787-33-7378	Federal TIN	419999999
State License Number	9890	DEA Number	AA12345
NPI Type 1		NPI Type 2	1112223334
NPI Type 2		Code	2223334445
Specialty		Active	Yes
Home Phone	(763) 479-6166	Mobile Phone	(763) 479-2504
Insurance IDs	1: Delta Dental, 2: BCBS, 3: State Program, 4: (blank), 5: (blank), 6: (blank), 7: (blank), 8: (blank), 9: (blank), 10: (blank)		

Buttons at the bottom: No, No, Yes, Claims 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

File Location:

?:\Dentrix\ or ?:\program files\Dentrix

Files Needed

?:\dentrix\common*. * excluding Images folder

Need Dentrix disks if available.

Reports Needed

Print Off a Accounts Receivable Report - Click Start → Programs → Dentrix → Office Manager → Click Reports → Highlight Ledger → Click Aging Report → Click ok → At the Batch Processor screen → Highlight Report → Click on printer icon.

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.

Patient Documents:

For an additional fee, we have the ability to convert Documents and Images that reside in the Document Center. You must contact Dentrix to decrypt the files.

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:

- ⊖ Provider Accounts Receivable Distribution
- ⊖ Payment Plans/Contract Balances
- ⊖ Outstanding Insurance Claims
- ⊖ Benefit Plans / Insurance Coverage Information
- ⊖ Rx Listing
- ⊖ Patient Questionnaires
- ⊖ Patient Work Extension
- ⊖ Condition Procedure Notes
- ⊖ Referrals
- ⊖ Secondary Insurance
- ⊖ Class 5
- ⊖ Appointment Detail

Notes on Conversions:

- Plan name converts in place of employer name.
- Only treatment plans created in the last year (12 months) will convert.
- All adjustments convert to the responsible party.
- Patient Insurance may not be converted when linking in existing system is inaccurate or inconsistent.
- If the insurance subscriber is not the responsible party on the account, the link to family members will need to be updated after conversion.
- If multiple Perio Exams on the same date, only one will convert.
- In order to convert Progress Notes, Dentrix must be contacted to obtain a copy of the data that is not encrypted.

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.

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 converted or not entered into current system it will default to 6.

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.