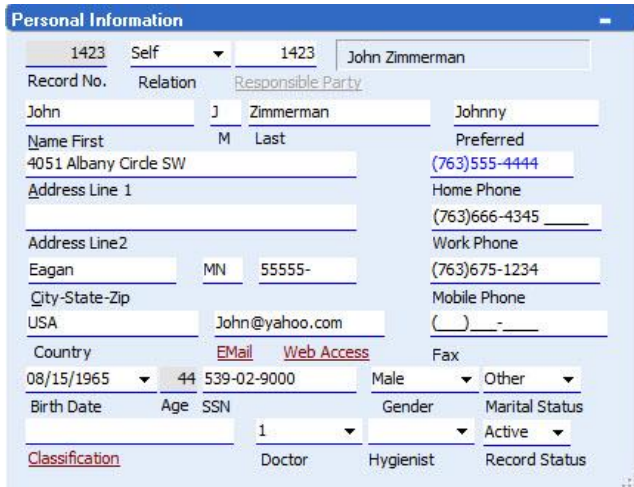


Patient Information:



Personal Information

Record No. 1423 Self Relation 1423 John Zimmerman

John 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
- 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:



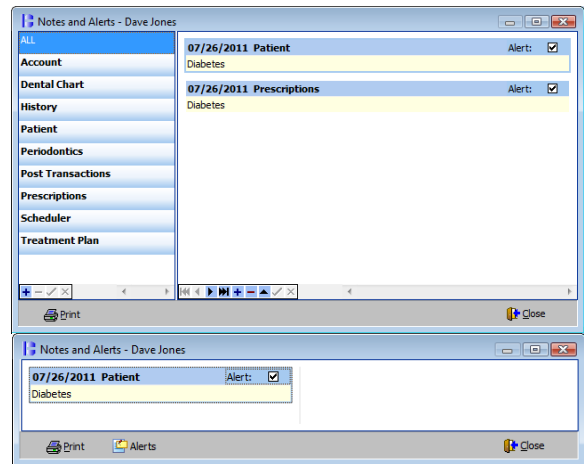
Notes and Alerts

Account Notes

Patient Notes

- Responsible Party Type
- Patient Type
- Referral Type
- Referred By
- Referred Out
- Referred Out Date
- Summary Notes

Notes and Alerts:



Notes and Alerts - Dave Jones

ALL

Account 07/26/2011 Patient Alert:
Diabetes

Dental Chart 07/26/2011 Prescriptions Alert:
Diabetes

History

Patient

Periodontics

Post Transactions

Prescriptions

Scheduler

Treatment Plan

Print Close

Notes and Alerts - Dave Jones

07/26/2011 Patient Alert:
Diabetes

Print Alerts Close

- Medical Alerts convert to Dental Chart Alerts
- Flash Alerts convert to Patient Alerts
- History Notes convert to History Notes

History Reference Tab:



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
08/29/2002	Jahmy	2140	LIMITED ORAL EVALUATION			\$45.00	
09/26/2002	Jahmy	1020	1 YEAR - FRONT PERIODICAL			\$10.00	
09/26/2002	Jahmy	1024	RETAINERS - 4 FRS			\$45.00	
09/26/2002	Jahmy	1072	RETAINERS - 10 FRS			\$20.00	
09/26/2002	Jahmy	1079	RETAINERS - SINGLE FILM			\$2.00	
09/26/2002	Jahmy	1038	PROPHYLAXIS FILM			\$5.00	
09/26/2002	Jahmy	1100	COMPREHENSIVE ORAL EVALUATION			\$45.00	
09/26/2002	Jahmy	04614	PERIO SCALING & ROOT PLANING		PH	\$140.00	
09/26/2002	Jahmy	0011	PAYMENT - HSDC INSURANCE CARRIER			\$610.00	
10/10/2002	Jahmy	2387	COMPOSITE 7-888 SHARP POSTERIOR	30	MOD	\$124.00	
10/10/2002	Jahmy	2387	COMPOSITE 7-888 SHARP POSTERIOR	30	MOD	\$124.00	
10/10/2002	Jahmy	1320	PULP CAP INDIRECT	30	MOD	\$15.00	
10/10/2002	Jahmy	2385	COMPOSITE ONE SHARP POSTERIOR	02	O	\$55.00	
10/10/2002	Jahmy	2385	COMPOSITE ONE SHARP POSTERIOR	02	O	\$55.00	
10/10/2002	Jahmy	1320	PULP CAP INDIRECT	02	O	\$15.00	
10/10/2002	Jahmy	1320	PULP CAP INDIRECT	02	O	\$15.00	
10/10/2002	Jahmy	0011	PAYMENT - HSDC INSURANCE CARRIER			\$517.00	
10/10/2002	Jahmy	0011	PAYMENT - HSDC INSURANCE CARRIER			\$92.00	
10/10/2002	Jahmy	0011	PAYMENT - HSDC INSURANCE CARRIER			\$214.40	

- 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

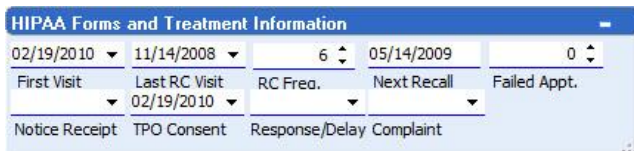
Financial Information:



Financial Information
\$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

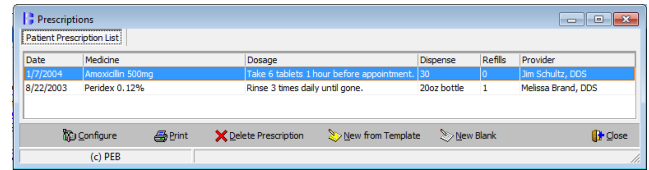
HIPAA Forms and Treatment Information:



HIPAA Forms and Treatment Information				
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 minus recall frequency
- Recall Frequency
- Next Recall Date
- TPO Consent – Defaults to conversion date

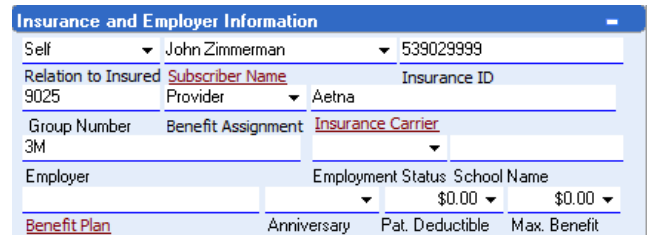
Patient Prescription List:



Date	Medicine	Dosage	Dispense	Refills	Provider
1/7/2004	Amoxicillin 500mg	Take 6 tablets 1 hour before appointment.	30	0	Jim Schultz, DDS
8/22/2003	Peridex 0.12%	Rinse 3 times daily until gone.	20oz bottle	1	Melissa Brand, DDS

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

Insurance and Employer Information:



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		
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- Defaults to Provider
- Insurance Carrier Name
- Employer Name

Insurance Carrier:

- 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

Benefit Plans Allowed Amounts Tab:

Code	Description	Deductible	Allowed Amount	Percent
D0123	periodic oral evaluation	<input type="checkbox"/>	\$45.00	100
D0274	bleewing - four files	<input type="checkbox"/>	\$46.00	100
D1110	prophylaxis - adult	<input type="checkbox"/>	\$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"/>	\$160.00	80
D2790	crown - full cast high noble metal	<input checked="" type="checkbox"/>	\$1,074.00	50
D2792	crown - full cast noble metal	<input checked="" type="checkbox"/>	\$1,074.00	50

Carrier Master Fee Schedule

- Code
- Description
- Deductible
- Allowed Amount
- Percent

Appointment Book:

A Hygiene 1	B Hygiene 2	C Hygiene 3
Monday, February 22	Monday, February 22	Monday, February 22
Rick Albertson	Michael Albertson	
	Joseph Owen	David Ackerman
		Nancy Adler
Mark Adler	Lance Adler	Gene Abraham
Stephanie Abraham	Lisa Abraham	Justin Allen
Troy Abraham		

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

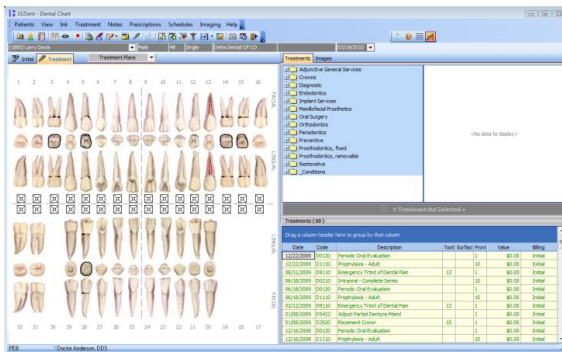
Fee Table:

Internal Code	Abbreviation	Fee	New Fee
BAD1	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

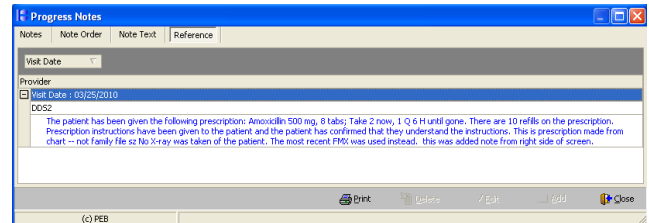
Primary Fee Schedule

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

Progress Notes Reference Tab



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

Treatment Plans:

Phase	Minutes	Code	Treatment	Tooth	Surface	Provider	Status	Date	Value	Pat. Value	Ins. Value I	Ins. Value II
1	0	D0024	Bitings - Four Films			DMD1	Pending	02/12/2008	\$42.00	\$0.00	\$0.00	\$0.00
1	0	D0110	Prophylaxis - ASUB			DMD1	Pending	02/12/2008	\$65.00	\$0.00	\$0.00	\$0.00
1	0	D0150	Comprehensive Oral Evaluation			DMD1	Pending	02/12/2008	\$47.00	\$0.00	\$0.00	\$0.00
1	0	D02752	Crown-Parc fused to noble	29		DMD1	Pending	06/24/2003	\$580.00	\$0.00	\$0.00	\$0.00

Values	Total	Patient	Insurance	Total Treatments	Total Phases
Pending	\$777.00	\$0.00	\$0.00	4	1
Executed	\$0.00	\$0.00	\$0.00	0	0
Cancelled	\$0.00	\$0.00	\$0.00	0	0

- 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:

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

Operator Table:

- 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
- Location – Defaults to Office Name
- Location Address1 and 2
- Location City, State, Zip
- 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™ 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
- ⊗ Prescription Listing
- ⊗ Benefit Plans / Allowed Amounts
- ⊗ Existing Conditions
- ⊗ Conditions
- ⊗ Scanned Documents
- ⊗ Medical History
- ⊗ Secondary Insurance

Notes on Conversions:

- Referrals convert to Patient Notes

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™. This can be manually changed.

Recall Frequency

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

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.