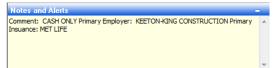


Patient Information:

	elf	•	1442		Ander	son	
Record No. F	Relation	Ri	esponsible P	arty			
Jake			Anderson			Jak	e
<u>N</u> ame First		М	Last			Pre	ferred
425 Corte Mader	a Ave					(763)5	55-4444
Address Line 1				_		Home I	Phone
						(765)6	66-2222
Address Line2						Work F	hone
Corte Madera		CA	94925-			<u> </u>	
City-State-Zip				_		Mobile	Phone
USA						<u> </u>	
Country		EMa	<u>il</u>		-	Fax	
7/24/1954	- 56	112-0	0-0000	N	1ale	•	Other 👻
Birth Date	Age	SSN		0	Gender		Marital Status
			1	-		•	Active 👻
Classification			Doctor	н	ygienis	t	Record Status

- ☑ Patients grouped by responsible party. See Notes on Conversion for grouping information.
- ☑ First Name
- ☑ Last Name
- Preferred Name
- Address 1
- ☑ City
- ☑ State
- 🗹 Zip
- ☑ Home Phone Number First Phone
- ☑ Work Phone Number Second Phone
- Gender Defaults to Male
- Marital Status Defaults to Other
- ☑ Birth Date
- Patient SSN
- Doctor of Record
- ☑ Record Status All records convert as Active

Notes:



- Comment Alert
- ☑ Primary Employer
- ☑ Secondary Employer
- Primary Insurance
- ☑ Secondary Insurance

Financial Information:

\$745.00	\$50.00	\$60.00	\$ 135.00	\$500.00
Balance	0 - 30	31 - 60	61 - 90	90+
Stmt. Sent	Last Patient Pa	iyment	Last Insurance	e Payment
Yes	 Yes 	 Yes 	-	

- Account Balances -- Aged accordingly based on patient primary doctor. Manually Entered.
- Send Statement Defaults to Yes
- ☑ Charge Interest Defaults to Yes
- Send Dunning Defaults to Yes

HIPAA Forms and Treatment Information:

HIPAA Forms	and Treatmen	Information		_	
5/21/1992 👻	7/28/2001 👻	6 🗘	1/28/2002	0 ‡	
First Visit	Last RC Visit	RC Freq.	Next Recall	Failed Appt.	
-	-	-	-		
Notice Receipt	TPO Consent	Response/Delay	Complaint		:

- ☑ First Visit Date
- ✓ Last Visit Date
- ☑ Last Recall Visit Based on next recall date using recall frequency
- Recall Frequency Defaulted to 6
- ☑ Next Recall Date

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Insurance Carrier:

Insurance Carrier				
Insurance Carrier				
5				
Cigna			62308	NOCD
Insurance Carrier Name		_	Payer ID	Payer Office
Po Box 34336			Electronic 🔹	ADA2007 💌
Address1		_	Submission Type	Form Type
711 Broadway Street E			1 🕶	
Address2		_	Provider ID	
Charlotte	NC 28234-			
City	State Zip	_		
(800)521-6465	() ·			
Phone	Fax	_		
Web Address		-		
EMail		-		
Contact		_	Notes	
	▶* 🕅 🗸 >	< 🗖 20	earch	🔂 Close
(c) PEB				

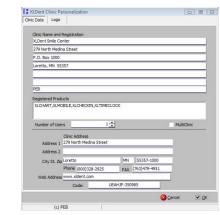
- ☑ Insurance Carrier Name
- ✓ Address 1
- Address 2
- ☑ City
- ☑ State
- 🗹 Zip
- ☑ Phone
- ✓ Payer ID
- ☑ Payer Office
- Submission Type
- Form Type current ADA Form
- Provider ID Defaults to 1

Fee Table:

Internal Code	Abbreviation	Fee	New Fee	
BADJ	Bridge Adjustment	\$105.00		-0
BLEACH	Bleach Tray Delivery	\$0.00		
D0120	Periodic Oral Evaluation	\$58.00		
D0140	Limited Oral Eval-Prob Focused	\$79.00		
D0145	Oral Eval - Patient Under 3yrs	\$48.00		
D0150	Comprehensive Oral Evaluation	\$79.00		
D0160	Detailed Oral Eval-Prob Focus	\$79.00		
D0170	Re-Evaluation - Limited	\$48.00		
D0180	Comprehensive Perio Evaluation	\$116.00		
D0210	Intraoral - Complete Series	\$126.00		
D0220	Intraoral Periapical 1st Film	\$45.00		
D0230	Intraoral - Periapical, Addt'l	\$45.00		
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:



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

Operator Table:

Operator Table General Password				
1				
Jim	Schultz, DDS	1		
Name	M Last	Provider ID		
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		
Speciality		Code		
(763)479-6166	(763)479-2504	Yes 🔻		
Home Phone	Mobile Phone	Active		
		state Program 5		
6 7 No Fedaims Pay To Provider	8 9 No Ves Use Timedock Timedock Ar	10		
	▶* ✓	🗙 🔯 Search 🚺 🚺 Sos		
(c) PEB				

- 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
- \square Active All convert as Yes
- ☑ Insurance ID's If available



File Location:

?:\dps\

Files Needed

?:\dps*.* 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.

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:

- S Periodontal Charting
- ⊘ Provider Accounts Receivable Distribution
- S Payment Plans/Contract Balances
- S Outstanding Insurance Claims
- \odot Referrals
- ⊘ Prescription Listing
- ⊘ Patient Prescriptions
- S Benefit Plans / Allowed Amounts
- ⊘ Progress Notes
- \odot Treatment Plans
- S Solution State Sta
- S Account Reference History S Account Reference History
- \odot Appointments

Notes on Conversions:

Family grouping was based on address, home phone then birth date.

 Guarantor assignment is based on the oldest member on the family account. XLDent[™] File Conversion Data Team DDS 6.2

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.

<u>Gender</u>

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 XLDent[™]. This can be manually changed.

Recall Frequency

When this is not entered into current system it will default to 6. This will have to be manually updated after loading the converted database.

Patient Status

Active status patients convert to XLDent[™].

Last Recall Visit

The Last Recall Visit is calculated based on the next recall date minus 6 months. If the Recall Frequency is not equal to 6, you may want to manually update the Last Recall Date.

Clinic Logo

A generic logo will be used unless a 52 x 52 pixel bmp logo is supplied.



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.

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