

# Patient Information:

| 1591           | Sel  | f      | ▼ 1591 Joh |              |        | Joh   | n Zimmer | man           |          |        |
|----------------|------|--------|------------|--------------|--------|-------|----------|---------------|----------|--------|
| Record No.     | Re   | lation | I          | Respons      | ible F | arty  |          |               |          |        |
| John           |      |        | J          | Zimme        | rman   |       |          | Joł           | nnny     |        |
| Name First     | ~~   | 10     | M          | Last         |        |       |          | Pre           | eferred  |        |
| 425 Corte Ma   | dera | Aven   | ue         |              |        |       |          | (763)         | 555-4444 |        |
| Address Line   | 1    |        |            |              |        |       |          | Home          | Phone    |        |
|                |      |        |            |              |        |       |          | (763)666-4345 |          |        |
| Address Line   | 2    |        |            |              |        | 208   |          | Work          | Phone    |        |
| Corte Madera   |      |        | CA 94925-  |              |        |       |          | (763)675-1234 |          |        |
| City-State-Zi  | р    | _      | -          |              |        |       |          | Mobile        | Phone    |        |
| USA            |      |        | Joh        | in@yaho      | 00.00  | m     |          | (             |          |        |
| Country        |      |        | EM         | ail <u>M</u> | /eb A  | ccess | 1        | Fax           |          |        |
| 01/04/1998     | -    | 12     | 539-       | 00-000       |        |       | Female   | -             | Single   | -      |
| Birth Date     |      | Age    | SSN        |              |        |       | Gende    | r             | Marital  | Status |
|                |      |        |            | 1            |        |       |          | -             | Active   | -      |
| Classification | ¢    |        |            | Doct         | or     |       | Hygienis | t             | Record   | Status |

- $\boxdot$  Patients grouped by responsible party.
- ☑ First Name
- ☑ Last Name
- Middle Initial
- ☑ Preferred Name
- Address 1
- Address 2
- ☑ City
- ☑ State
- ☑ Zip
- ☑ Home Phone Number
- ☑ Work Phone Number
- ☑ Mobile Phone Number taken from pager
- ☑ Fax Number Taken from other phone
- ☑ Email Address
- ☑ Gender
- ☑ Marital Status
- ☑ Birth Date
- ☑ Patient SSN
- ☑ Doctor of Record
- Record Status Active, Auxiliary

## Patient Notes:



- Patient Notes
- Guarantor Notes

## Patient Alerts:

| B Notes and Alerts - Dave Jones |                          |          |
|---------------------------------|--------------------------|----------|
| ALL                             | 07/26/2011 Patient       | Alert: 🗹 |
| Account                         | Diabetes                 |          |
| Dental Chart                    | 07/26/2011 Prescriptions | Alert: 🗹 |
| History                         | Diabetes                 |          |
| Patient                         |                          |          |
| Periodontics                    |                          |          |
| Post Transactions               |                          |          |
| Prescriptions                   |                          |          |
| Scheduler                       |                          |          |
| Treatment Plan                  |                          |          |
|                                 |                          |          |
| +-√× +                          |                          | Þ        |
| and Brint                       |                          | 🔂 Close  |
| 15                              |                          |          |
| Botes and Alerts - Dave Jon     | 5                        |          |
|                                 | Alert:                   |          |
| 77/26/2011 Patient<br>Diabetes  |                          |          |
| 07/26/2011 Patient              |                          |          |

- ☑ Medical Alerts convert to Patient Record Alert and Prescriptions Alert
- ☑ Patient Alerts convert to Patient Record Alert and Prescriptions Alert

## Referral Information:

| Referral Information        |              |   | - |
|-----------------------------|--------------|---|---|
| Harmon Ronald               | Malone Jeff  |   |   |
| Referring Source or Patient | Referred To: |   |   |
|                             | 03/25/2010   | • |   |
|                             | Date         |   |   |
|                             |              |   |   |

- ☑ Referring Source
- ☑ Referring Patient
- ☑ Referred To
- ☑ Referred Date

## Account Reference History:

| 08/29/2002 36<br>08/29/2002 36 | atient Name C<br>Shinny D | ode Tr<br>140 LIMITED ORAL EVALUATIO | reatment    | ooth Surface |             |    |        |     |  |
|--------------------------------|---------------------------|--------------------------------------|-------------|--------------|-------------|----|--------|-----|--|
| 08/29/2002 36<br>08/29/2002 36 | shnny 0                   |                                      | realment    |              |             |    |        |     |  |
| 08/29/2002 36                  |                           |                                      |             |              |             |    | Provid | 80. |  |
|                                |                           |                                      |             |              | \$45.00 0   |    |        |     |  |
|                                |                           | 220 X-RAY - FIRST PERIAPICA          | 4           |              | \$18.00 0   |    |        |     |  |
|                                |                           | 274 BITEVIENDS - 4 FELMS             |             |              | \$40.00 0   |    |        |     |  |
|                                |                           | 272 BITEWINGS - 2 FILMS              |             |              | \$2.00 0    |    |        |     |  |
|                                |                           | 270 BITEVIEWS - SENGLE FELM          |             |              | \$2.00 0    |    |        |     |  |
|                                |                           | 330 PANORAMIC FILM                   |             |              | \$70.00 0   |    |        |     |  |
|                                |                           | 150 COMPREHENSIVE ORAL EN            |             |              | \$45.00 0   |    |        |     |  |
| 09/19/2002 36                  | shriny 43                 | H1.4 PERIO SCALING & ROOT P          | PLANDIG     | FN           | \$140.00 0  |    |        |     |  |
|                                |                           | 011 PAYMENT - MESC INSURAN           |             |              | -\$63.00 0  |    |        |     |  |
| 18/01/2002 36                  | shnny 2                   | 387 COMPOSITE-THREE SURF-            | POSTERIOR   | 30 MOD       | \$134.00 0  | 13 |        |     |  |
| 10/01/2002 30                  | shrny 2                   | 387 COMPOSITE-THREE SURF-            | POSTERIOR   | 30 MBD       | \$124.00 0  | 13 |        |     |  |
| 10/01/2002 36                  | shriny 3                  | 120 PLLP CAP-INERRECT                |             | 30 MOD       | \$15.00 0   | 13 |        |     |  |
| 10/10/2002 30                  | shriny 2                  | 385 COMPOSITE ONE SURF-PC            | OSTERIOR.   | 63 O         | \$85.00 0   | 13 |        |     |  |
| 10/20/2002 30                  | sterny 2                  | 385 COMPOSITE ONE SURP-PO            | OSTERIOR    | 0 50         | \$85.00 0   | 13 |        |     |  |
| 10/10/2002 36                  | shrray 3                  | 120 PULP CAP-INDIRECT                |             | 62 O         | \$15.00 0   | 13 |        |     |  |
| 10/10/2002 36                  | dana 3                    | 120 PLLP CAP-INDRECT                 |             | 63 O         | \$15.00.0   | 13 |        |     |  |
| 10/10/2002 30                  | shiniy 0                  | 011 PAYMENT - MESC INSURAN           | NCE CARRIER |              | -\$157.00 0 | 13 |        |     |  |
| 10/10/2002 30                  | shnny 0                   | 011 PATMENT - MESC INSURAN           | NCE CARRER  |              | -\$92.00 0  | 13 |        |     |  |
| 10/24/2002 30                  | ohnny 0                   | 011 PAYMENT - MISC INS. RAN          | NCE CARRIER |              | -\$214.40.0 | 12 |        |     |  |

- ☑ 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

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## **Financial Information:**

| Balance 0 - 30 31 - 60 61 - 90 90 +                    |   |
|--|---|
|  |   |
| Stmt. Sent Last Patient Payment Last Insurance Payment | t |

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

#### Recall Detail:

| 02/19/2010 👻 | 11/14/2008 -  | 6 💲      | 05/14/2009  | 0 \$         |
|--------------|---------------|----------|-------------|--------------|
| First Visit  | Last RC Visit | RC Freg. | Next Recall | Failed Appt. |
|              | 02/19/2010 -  | -        |             |              |

- ☑ First Visit Date
- ☑ Last Visit Date
- ☑ Last Recall Visit (Prior Work Date for Prophy)
- Recall Frequency Defaults to 6
- ☑ Next Recall Date Based on last recall visit date using recall frequency
- ☑ TPO Consent Defaults to date of conversion

#### Insurance and Employer Information:

| Insurance and En            | nployer Infor                    | matio | ion       |     |             |         |        |          |  |
|-----------------------------|----------------------------------|-------|-----------|-----|-------------|---------|--------|----------|--|
| Self 👻                      | Geneva Zimm                      | erman |           | •   | 53902(      | 0000    |        |          |  |
| Relation to Insured<br>9025 | <u>Subscriber Na</u><br>Provider |       | Aetna     |     | Insura      | nce ID  |        |          |  |
| Group Number<br>3M          | Benefit Assigr                   | nment | Insurance | e C | arrier<br>T |         |        |          |  |
| Employer                    |                                  |       | Employme  | ent | Status      | School  | Name   |          |  |
|                             |                                  |       | -         |     | \$(         | 0.00 🔻  |        | \$0.00 🔻 |  |
| Benefit Plan                |                                  | Anniv | ersary    | Pa  | t. Dedu     | uctible | Max. E | lenefit  |  |

- ☑ Relation to Primary Policy Holder
- Subscriber Name
- ☑ Insurance Id
- Group Number
- ☑ Benefit Assignment
- ☑ Insurance Carrier Name
- Employer Name Converts from Group Plan
- ☑ Employment Status Defaults to Full Time
- ☑ Patient Deductible Defaults to 0
- Max Benefit Defaults to 0

## Second Insurance and Employer Information:

| Spouse 🔻                             | Margaret Deco              | io   |                     | -            |                  |              |   |  |
|--------------------------------------|----------------------------|------|---------------------|--------------|------------------|--------------|---|--|
| Relation to Insured<br>160519225     | Subscriber Nam<br>Provider | _    | STANDA              | Insura<br>RD | nce ID           |              |   |  |
| Group Number<br>East Valley School D |                            | nent | t Insurance Carrier |              |                  |              |   |  |
| Employer                             |                            |      | Employme            | ent Status   | School           | Name         |   |  |
|                                      |                            |      | Ψ.                  | \$0          | <del>•</del> 00. | \$0.00       | Ŧ |  |
| Benefit Plan                         |                            |      | ersary              | Pat. Dedu    | 191.1            | Max. Benefit |   |  |

- ☑ Relation to Primary Policy Holder
- ☑ Subscriber Name
- ☑ Insurance ID
- Group Number
- ☑ Benefit Assignment
- ☑ Insurance Carrier Name
- ☑ Employer Name Converts from Group Plan

#### Insurance Carrier Information:

|           | _               |                 |   |
|-----------|-----------------|-----------------|---|
|           |                 | Payer ID        | - NOCD<br>Payer Office  |
|           |                 | Batch 🔻         |   |
|           | -               |                 | Form Type   |
|           |                 |                 | - i onn rype  |
|           | -               | Provider ID     | -   |
| KY 40512- |                 |                 |   |
| State Zip | -               |                 |   |
| () -      |                 |                 |   |
| Fax       | -               |                 |   |
|           |                 |                 |   |
|           | -               |                 |   |
|           |                 |                 |   |
|           |                 |                 |   |
|           |                 |                 |   |
|           | State Zip<br>() | State Zip<br>() | Submission Type           1 ▼           KY 40512·           State           Zip           ( ) · |

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



## Appointment Book:

| 2                                  | 3                      | <b>Q</b> 4           |
|------------------------------------|------------------------|----------------------|
| Tuesday, Mar 2                     | Tuesday, Mar 2         | Tuesday, Mar 2       |
|                                    | 8 Christopher Holbrook | 🤱 Deborah Traczynski |
|                                    | Prophylaxis-Adult      | Prophylaxis-Adult    |
|                                    | 8 Nancy Brooks         | 8 Doug Daigle        |
|                                    | Prophylaxis-Adult      | Prophylaxis-Adult    |
| B Gary Short Cement Crown Or Bridg | 8 Julie Anderson       | 🔒 Gina Kemsley       |
|                                    | Prophylaxis-Adult      | Prophylaxis-Adult    |
|                                    |                        |                      |

- ☑ Practice Appointments will convert to appropriate column
- ☑ Patient Name
- ☑ Appointment Date
- ☑ Appointment Time
- ☑ Appointment Length
- ☑ Appointment Notes
- Appointment Procedures when available

# Procedure Codes:

| Internal Code | Abbreviation                   | Fee      | New Fee |  |
|---------------|--------------------------------|----------|---------|--|
| BADJ          | Bridge Adjustment              | \$100.00 |         |  |
| 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, Addt'l | \$42.00  |         |  |
| D0240         | Intraoral - Occlusal Film      | \$0.00   |         |  |
| D0250         | Extraoral - First Film         | \$0.00   |         |  |

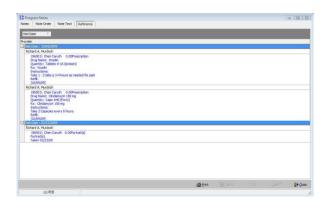
- ☑ Procedure Codes
  - Active ADA Codes
  - Base Code Abbreviation
- ☑ Primary Fee Schedule

## XLChart™:

| 865) Larry Da |                       |       |     |          | -    |      | 40   | Single | Defta De | ential Of | 6 <b>1</b> |                | 03/19/20   | 10 💌                                 | 1000            |             |               |                    |
|---------------|-----------------------|-------|-----|----------|------|------|------|--------|----------|-----------|------------|----------------|--|--------------------------------------|-----------------|-------------|---------------|--------------------|
| 2 2ma D       | Treatm                | tet.  | Tre | atment I | lans | -    |      | 1000   | -        |           |            |                | Treatments Images  | 277-85                               |                 |             |               | _                  |
|               | ,<br>M<br>O<br>M<br>O |       |     | -        |      |      | -    |        | N        |           | *          | FINCIAL LINOIS | Appl.ctve ceneral Service     Corver     Desynalic     Desynalic     Desynalic     Tedeofreid     Deslangery     Orthodorece     Deslangery     Orthodorece     Presidoentics     Preventive     Presidoentics, removale     Restandoreces |                                      |                 | dia dati    | a ta display> |                    |
|               | E                     |       |     | M        |      |      | B    |        |          | N         | E          | - 1            |  | Treatmin                             | t itur Selected | ¥.          |               |                    |
| -             |                       | in la | 100 | U        | 100  | m T  | 10   | 90     | -        |           |            | 1              | Treatments (68)  |                                      |                 |             |               |                    |
| to be         |                       | 1     | 19  | Vi       | M    | H ii | 1 11 | The h  | 1        |           |            | -              |  |                                      |                 |             |               |                    |
| $\mathcal{V}$ |                       | U U   |     | -U       | VI   | 0.1  | 11   | 111    |          |           |            | LIPAGUA        | Date Code  | Description                          | Toot Su         | rfaci Provi | Value         | Biling             |
| -             |                       | V V   | Y   | Y        | VI   | V V  | 4    |        | 1        |           |            |                |  | Oral Evaluation                      |                 | 1           | 90.00         | Dretter<br>Dretter |
| 3 3           |                       | 90    |     | 9        | -    |      | 0    | 06     | 9        |           |            |                |  | cy Trtnt of Dental Pain              | 13              |             | \$0.00        | Initel             |
| 0100          |                       | 00    |     | TD       | 01   | 10   | 10   | 00     | 1        |           |            |                |  | - Complete Series<br>Oral Evaluation | 100             | 20          | \$0.00        | lottel             |
| 110           |                       | 11-   | 1   | H        | NI.  | 14   | 1 14 | No h   | {        |           |            |                |  | ois - Adult                          |                 | 10          | \$0.00        | Drifted            |
|               |                       | 111   |     | V        | 11   | 1.1  |      | 10.0   |          |           |            |                |  | cy Tritet of Dental Pain             | 13              | 1           | \$0.00        | la Bird            |
| 10 VV         |                       | VU    | N.  | V        | 11   | 1 1  | 1    | V V    |          |           |            | $\sim$         |  | artial Denture-Hand                  |                 | 1           | \$0.00        | brital             |
| 32 31         | 31                    | 23 28 | 27  | 25       | 3 2  | 4 23 | 22   | 21 20  | 19       | 18        | 17         |                | 01/08/2009 02920 Recemen   | nt Grown                             | 15              |             | 90.00         | Dotte              |
|               |                       |       |     |          |      |      |      |        |          |           |            |                | 12/16/2008 00120 Periodic  | Oral Evaluation                      |                 | 1           | \$0.00        | 21/58              |

- ☑ Restorative Chart -- As a visual representation of treatment completed. This will be recorded as Initial Treatment in XLChart™
- ☑ Date
- $\boxdot$  Code
- ☑ Treatment
- 🗹 Tooth
- ☑ Surface
- ☑ Value Defaults to \$0.00
- ☑ Provider

## Progress Notes Reference Tab



- ☑ Account Ledger Procedure note
- Clinical Note

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# **Treatment Plans:**

|          |                |             |                  |                             |          | Grou             | p #2    |              |            |            |              |            |
|----------|----------------|-------------|------------------|-----------------------------|----------|------------------|---------|--------------|------------|------------|--------------|------------|
| Option 1 | Option 2       | Option      | 3 Option 4       | Option 5                    | Overview |                  |         |              |            |            |              |            |
|          |                |             |                  |                             |          |                  |         |              |            |            |              |            |
|          |                |             |                  |                             |          |                  |         |              |            |            |              |            |
|          |                |             |                  |                             |          |                  |         |              |            |            |              |            |
|          |                |             |                  |                             |          |                  |         |              |            |            |              |            |
|          |                |             |                  |                             |          |                  |         |              |            |            |              |            |
| Drag a o | olumn header l | here to gro | up by that colun | m                           |          |                  |         |              |            |            |              |            |
| Phase A  | Minutes        | Code        | Trea             | tment                       | Tooth △  | Surface Provider | Status  | Date         | Value      | Pat. Value | Ins. Value I | Ins. Value |
| 1        |                |             | Crown-Porc fuse  | ed to High Nobi             |          | 1                | Pending | 01/15/2010   | \$1,074.00 | \$0.00     | \$0.00       |            |
| 1        |                | 0 D2950     | Core Buildup     |                             | 02       | 1                | Pending | 01/15/2010   | \$231.00   | \$0.00     | \$0.00       | \$         |
|          |                |             |                  |                             |          |                  |         |              |            |            |              |            |
|          |                |             |                  |                             |          |                  |         |              |            |            |              |            |
|          |                |             |                  |                             |          |                  |         |              |            |            |              |            |
| Values   | Total          | Pi          | tient en on      | Insurance                   |          | Total Treatments |         | Total Phases |            |            |              |            |
| Pender   | \$1,305        | .00         | tient<br>\$0.00  | Insurance<br>50.00<br>50.00 |          | Pending          | 2       | Pending      | 1          | 1          |              |            |
|          | ted \$0.0      |             | \$0.00           | \$0.00                      |          |                  |         |              |            |            |              |            |

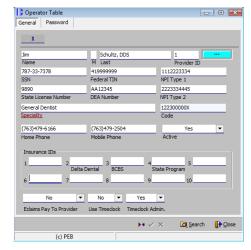
- ☑ Phase Defaults to 1
- ☑ Minutes Defaults to 0
- ☑ Code
- ☑ Treatment Description
- ☑ Tooth
- ☑ Surface
- Provider
- ✓ Status Defaults to Pending
- ☑ Date
- ☑ Value
- ☑ Patient Value Defaults to 0
- ☑ Insurance Value I Defaults to 0
- ☑ Insurance Value II Defaults to 0

# Practice Information:

| ic Data Logo  |  |  |          |    |        |                    |   |        |       |   |
|---|--|--|----------|----|--------|--------------------|---|--------|-------|---|
| Clinic Name and   |  | n  |          |    |        |                    |   |        |       |   |
| XLDent Smie Ce  |  |  |          | _  | _      | _                  | _ |        | _     | 4 |
| 279 North Medir   | na Street                                      |  |          |    | _      |                    | _ |        |       | 1 |
| P.O. Box 1000   |  |  |          |    |        |                    |   |        | _     |   |
| Loretto, MN 55  | 357  |  |          |    |        |                    |   |        |       |   |
|   |  |  |          |    |        |                    |   |        |       |   |
|   |  |  |          |    |        |                    |   |        |       |   |
|   |  |  |          |    |        |                    |   |        |       |   |
| PEB   |  |  |          | _  | _      | _                  | _ |        |       |   |
| PEB<br>Registered Prod  | ucts   |  |          |    |        |                    |   |        |       | - |
|   |  | ECKIN, XL                                | TIMECLOO | ĸ  |        |                    |   |        |       |   |
| Registered Prod   |  | EOKIN,XL                                 | TIMECLOO | ĸ  |        |                    |   |        |       |   |
| Registered Prod   | OBILE, XLCH                                    | eokin,xl                                 |          | ĸ  |        |                    |   | MultoC | linic |   |
| Registered Prod   | DBILE,XLCH                                     |  |          | ĸ  |        |                    | 1 | MulteC | linic |   |
| Registered Prod   | OBILE, XLCH                                    | ress                                     | 1÷       | ĸ  |        |                    |   | MultiC | înic  |   |
| Registered Prod   | OBILE, XLCH                                    | ress                                     | 1÷       | ĸ  |        |                    |   | MultiC | înic  |   |
| Registered Prod<br>XLCHART,XLMC<br>Number of Use<br>Address 1<br>Address 2                | OBILE, XLCH<br>trs<br>Clinic Add<br>279 North  | ress                                     | 1÷       |    | 553    | 57-1000            |   | Multo  | înic  |   |
| Registered Prod<br>XLCHART, XLMX<br>Number of Use<br>Address 1                            | Clinic Add                                     | ress<br>Medina Si                        | 1÷       | MN | -      | 57-1000            |   | Multic | lnic  |   |
| Registered Prod<br>XLCHART,XLMX<br>Number of Use<br>Address 1<br>Address 2<br>City St. 2p | Clinic Add<br>279 North<br>Loretto<br>Phone (a | ress<br>Medina Si<br>00)328-29           | 1÷       | MN | -      | 57-1000<br>79-4951 |   | Muleo  | înic  |   |
| Registered Prod<br>XLCHART,XLMC<br>Number of Use<br>Address 1<br>Address 2                | Clinic Add<br>279 North<br>Loretto<br>Phone (a | ress<br>Medina SI<br>00)328-29<br>nt.com | 1 🛨      | MN | (763)4 |                    |   | Muleo  | înic  |   |

- ☑ Practice Demographic Information
- ☑ Clinic Name
- $\square$  Clinic Address and Phone
- ☑ Clinic Logo

# **Operator Table:**



- Provider Information for all Doctors and Hygienists
- ☑ First Name
- ☑ Middle Initial
- Ist Last Name
- ☑ Provider ID Same as previous software
- ⊠ SSN
- ☑ Federal TIN
- ☑ NPI Type 1
- State License Number
- ☑ DEA Number
- ☑ NPI Type 2
- ☑ Specialty
- $\boxdot$  Home Phone
- ☑ Mobile Phone
- $\square$  Active All convert as Yes
- ☑ Insurance ID's If available

## File Location:

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

## Files Needed

?:\Dentrix\\*.\* 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<sup>™</sup> 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
- ⊘ Payment Plans/Contract Balances
- ⊘ Outstanding Insurance Claims
- Senefit Plans / Allow Amounts
- ⊘ Archival History
- $\odot$  Rx Listing
- ⊘ Patient Rx
- ⊘ Patient Fax Number
- S Patient Work Extension
- S Condition Procedure Notes

#### Notes on Conversions:

- Service A servic
- Only treatment plans created in the last year (12 months) will convert.
- Due to the way the current practice management system internally identifies insurance carriers there is the possibility of duplicate carrier Id's resulting in inconsistent insurance linkage. Carriers will be identified in XLDent and patient records will need to be verified.
- 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.
- Patient Insurance may not be converted when linking in existing system is inaccurate or inconsistent.
- > All adjustments convert to the responsible party.
- Referrals may be duplicated. This can be manually updated after the conversion.

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.

#### Patient Mobile Phone

From Dentrix Other Phone

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

#### Recall Frequency

All recall defaults to 6, including non-recall patients. This will have to be manually updated after loading the converted database.

#### Patient Status

Active and auxiliary status patients convert to XLDent<sup>™</sup>.

#### 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<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.