

# 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 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 08/29/2002 36	atient Name C Shinny D	ode Tr 140 LIMITED ORAL EVALUATIO	reatment	ooth Surface					
08/29/2002 36 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 9025	<u>Subscriber Na</u> Provider		Aetna		Insura	nce ID			
Group Number 3M	Benefit Assigr	nment	Insurance	e C	arrier 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 160519225	Subscriber Nam Provider	_	STANDA	Insura RD	nce ID			
Group Number 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 Payer Office
		Batch 🔻	
	-		Form Type
			- i onn rype
	-	Provider ID	-
KY 40512-			
State Zip	-		
() -			
Fax	-		
	-		
	State Zip ()	State Zip ()	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		

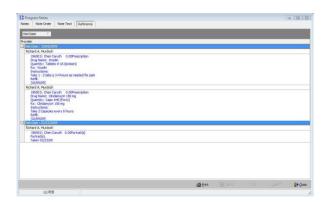
- ☑ Procedure Codes
  - Active ADA Codes
  - Base Code Abbreviation
- ☑ Primary Fee Schedule

## 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				_
	, M O M 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 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 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 \$0.00	Insurance 50.00 50.00		Pending	2	Pending	1	1		
	ted \$0.0		\$0.00	\$0.00								

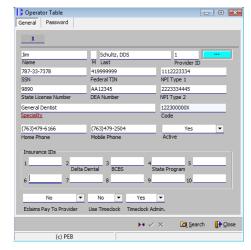
- ☑ Phase Defaults to 1
- ☑ Minutes Defaults to 0
- ☑ Code
- ☑ Treatment Description
- ☑ Tooth
- ☑ Surface
- Provider
- ✓ Status Defaults to Pending
- ☑ Date
- ☑ Value
- ☑ Patient Value Defaults to 0
- ☑ Insurance Value I Defaults to 0
- ☑ Insurance Value II Defaults to 0

# 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 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 XLCHART,XLMC Number of Use Address 1 Address 2	OBILE, XLCH trs Clinic Add 279 North	ress	1÷		553	57-1000		Multo	înic	
Registered Prod XLCHART, XLMX Number of Use Address 1	Clinic Add	ress Medina Si	1÷	MN	-	57-1000		Multic	lnic	
Registered Prod XLCHART,XLMX Number of Use Address 1 Address 2 City St. 2p	Clinic Add 279 North Loretto Phone (a	ress Medina Si 00)328-29	1÷	MN	-	57-1000 79-4951		Muleo	înic	
Registered Prod XLCHART,XLMC Number of Use Address 1 Address 2	Clinic Add 279 North Loretto Phone (a	ress Medina SI 00)328-29 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.