

Patient Information:

1591	Sel	f		15	91	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)	566-4345	2	
Address Line	2					276		Work	Phone		
Corte Madera	a 1		CA	9492	5-			(763)6	575-1234		
City-State-Zi	р	_	-					Mobile Phone			
USA			Joh	in@yaho	00.00	m		(<u> </u>		
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	Record	Status		

- ☑ 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:

ALL	ones	
	07/26/2011 Patient	Alert: 🗹
Account	Diabetes	
Dental Chart	07/26/2011 Prescriptions	Alert: 🗹
History	Diabetes	
Patient		
Periodontics		
Post Transactions		
Prescriptions		
Scheduler		
Treatment Plan		
+-√× (• • • + - • < × •	
@ Print		Close
6 inc		Ur. Ciose
BNotes and Alerts - Dave	Jones	
	Alert:	
07/26/2011 Patient		
07/26/2011 Patient Diabetes		

- ☑ 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		
eferring <u>Source</u> or <u>Patient</u>	Referred To:		
	03/25/2010	•	
	Date		

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

Account Reference History:

Date	/ Patient Name	Code	Treatment	Teoth	Surface	Value	Provider	_
08/29/2002	Johnny	0140	LINETED ORAL EXALUATION			\$45.00.03		
08/29/2002	Johnny	9220	X-RAY - FIRST PERIAPICAL			\$18.00 03		
09/09/2002	Johnny	0274	BITEVIINGS - 4 FILMS			\$40.00 03		
09/09/2002	Johnny	0272	BITEVIENGS - 2 FE.MS			\$2.00 03		
09/09/2002	Johnny	0270	BITEVIENS - SENGLE FELM			\$2.00 03		
09/09/2002	Johnny	0330	PANORAMIC FILM			\$70.00 03		
09/09/2002	Johnny	0150	COMPREHENSIVE OR AL EVALUATION			\$45.00.03		
09/19/2002	Johnny	4341.4	PERIO SCALING & ROOT PLANING	FM		\$140.00 03		
09/26/2002	Johnny	0011	PAYMENT - MESC INSURANCE CARRIER.			-\$63.00 03		
18/01/2002	Johnny	2387	COMPOSITE-THREE SURF-POSTERIOR	30	MOD	\$134.00 03		
10/01/2002	Johnny	2387	COMPOSITE-THREE SURF-POSTERIOR	30	MED	\$124.00.02		
10/01/2002	Johnny	3120	PULP CAP-INDRECT	30	MOD	\$15.00 03		
18/10/2002	Johnny	2385	COMPOSITE ONE SURP-POSTERIOR	03	0	\$85.00 03		
10/10/2002	Johnny	2385	COMPOSITE ONE SURP-POSTERIOR	02	0	\$85.00 03		
10/10/2002	Johnny	3120	PULP CAP-INDIRECT	02	0	\$15.00.03		
10/10/2002	Johnny	3120	PLUP CAP-INDIRECT	03	0	\$15.00.03		
10/10/2002	Johnny	0011	PAIMENT - MESC INSURANCE CARRIER.			-\$157.00 03		
10/10/2002	Johnny	0011	PAIMENT - MISC INSURANCE CARRIER			-\$92.00 03		
18/24/2002	Johnny	0011	PAYMENT - MISC INSURANCE CARRIER			-\$214.40.03		

- ☑ 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

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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	n					-	
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	Pat. Deductible			Max. Benefit		

- ☑ 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 Dec	cio		-					
Relation to Insured 160519225	<u>Subscriber Na</u> Provider		Insurance ID STANDARD						
Group Number East Valley School D		ment	Insurance Carrier						
Employer			Employme	ent Status	School	Name			
			Ψ.	\$0	.00 🔻	\$0.00 👻			
Benefit Plan	Anniv	ersary	Pat. Dedu	uctible	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:

1				
Aetna				NOCD
Insurance Carrier Name	2	_	Payer ID	Payer Office
Group Health Claims			Batch 💌	· 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		-		
EMail		-		
Contact			Notes	

- ☑ 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	Q 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		

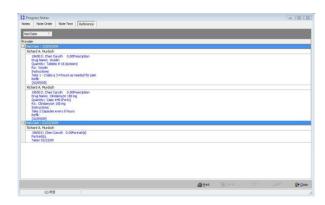
- ☑ Procedure Codes
 - Active ADA Codes
 - Base Code Abbreviation
- ☑ Primary Fee Schedule

XLChart™:

1565) Larry De	nia.	• • 3			• 22		34.3	Single			LO C				03/19/2018							
🖞 brital 🖉	Treatm	tet.	Tree	trient P	lans	-								Treatments Images							i.	
	, M O			,	A							*	FACIAL	Adjunctive Gen Crowns Crowns Degrostic Bridontes Snplant Service Maxiliofacial Im Oral Surgery Orthodontes Periodontes Preventive Preventive			ste	dəta tə dəpləyə				
34	M	ĀÅ	1	1	4			L		1	M	0		3 Posthodontics, removable Restansitive a Conditions								
	E												1	🛞 < Trestmint Not Selected >								
00.00		1	10	0	1	的国	10	10	1					Treatments (68)	_			_	_		i	
ti In		11 tr	H	11	M	MI	1 1	11					LINGUA									
\mathcal{V}		V V		W.	VI	1	10		U				Sul .	Date Code		Description al Evaluation	Te	et Surfaci Pi		Biling		
-		00	1	×	VI		-	-	N					12/22/2009 00120 12/22/2009 01110	Periodic Cr Prophylaxe			1	\$0.0 \$0.0			
300		90	10	9	-	9 4	20	01	9					08/31/2009 09110		Trant of Dental Pain	1	3 1				
an		00		10			10	101	1					06/18/2009 00210		Complete Series		2	\$0.0			
ofte		11	M	H	11	11	14	181	1					06/18/2009 01110	Prophylaxie			1				
		111		V	VB	11			1					02/12/2009 09110		Triteit of Denital Plain	1		\$0.0			
		VV	1	V			1	1	V					01/08/2009 05422	Adjust Part Recement	al Denture-Hand		1	\$0.0			
32 31	30	29	27	26	25 2	14 23	22	21 3	30	29	18	17		01/08/2009 02920		Drawn al Evaluation	1	5 1	90.0			
														12/16/2008 01110	Prophylage							

- ☑ 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 Optic	4 Option	5 Ove	rview							
	_	_	_		_	-							_
Phase 🛆		Code		Treatment			Surface Provider		Date	Value	Pat. Value	Ins. Value I	
1				fused to High	Noble	02	1	Pending	01/15/2010	\$1,074.00		\$0.00	
1		0 D2950	Core Build	Þ		02	1	Pending	01/15/2010	\$231.00	\$0.00	\$0.00	\$
Values	Total		atient co.oo	Insurance			Total Treatments	, 1	Total Phases				
Pendin	\$1,305	.00	atient 90.00 90.00	Insurano 90.	00		Pending	2	Pending	1			
	e \$1,305 ed \$0.0	<u></u>	\$0.00	\$ 0.	00					1 0 0			

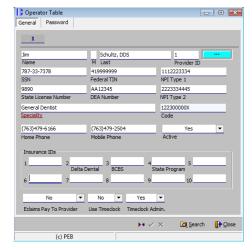
- ☑ Phase Defaults to 1
- ☑ Minutes Defaults to 0
- ☑ Code
- ☑ Treatment Description
- ☑ Tooth
- ☑ Surface
- Provider
- ✓ Status Defaults to Pending
- ☑ Date
- ☑ Value
- ☑ Patient Value Defaults to 0
- ☑ Insurance Value I Defaults to 0
- ☑ Insurance Value II Defaults to 0

Practice Information:

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				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
- ☑ 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:

?:\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[™] 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
- S Payment Plans/Contract Balances
- S Outstanding Insurance Claims
- S Benefit Plans / Allow Amounts
- ⊘ Archival History
- \odot Rx Listing
- ⊘ Patient Rx
- S Patient Fax Number
- ⊘ Patient Work Extension
- S Condition Procedure Notes

Notes on Conversions:

- Sroup Plan name converts in place of employer name
- 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[™]. 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[™].

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 XLDentTM 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.