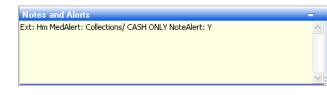


Patient Information:

3820	Self		•	3820		ris Zimme	erman		
Record No.	Rel	ation		tesponsible P	arty				
Chris				Zimmerman			Chr	is	
<u>N</u> ame First			М	Last			Pre	ferred	
11809 - 205TH	I DR :	SE					(763)5	55-4444	
<u>A</u> ddress Line 1	l						Home	Phone	
							(753)3	33-5555	
Address Line2							Work F	hone	
Snohomish			WA	98290-729	0		\square		
<u>C</u> ity-State-Zip		_					Mobile	Phone	
USA			zimr	nerman@msr	.com	n	\square	<u> </u>	
Country			EMa	ail			Fax		
06/27/1964	•	46	555-5	52-2222		Male	•	Married	-
Birth Date		Age	SSN			Gender		Marital S	tatus
				1	•		•	Active	-
Classification				Doctor		Hygienis	t	Record S	itatus

- \square 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 if noted as cell
- ☑ Email Address
- Gender
- Marital Status
- ☑ Birth Date
- ☑ Patient SSN patient records only when actual SSN
- Doctor of Record
- ☑ Record Status Active and Auxiliary

Patient Notes:



- ✓ Payment Plan
- ☑ Memo
- ☑ Name3
- ☑ Referral Source

Notes and Alerts:

ALL	12/07/2012 Patient	Alert:	
Account	*Pre-med Amox		
Dental Chart	12/07/2012 Prescriptions	Alert:	
History	*Pre-med Amox		
Patient			
Periodontics			
Post Transactions			
Prescriptions			
Scheduler			
Treatment Plan			
• - Z × <	> # 4) # + = A √ ×		

- ✓ Flags convert to Patient Record Alert and Prescriptions Alert
- ☑ UContact messages convert to Patient Record Alerts as Notes
- ✓ Yellow Sticky Notes convert to Patient Record Alerts as Notes.

History Reference Tab:

Date	Patient Name	Code	Treatment	Teoth	Surface	Value	Provider	
08/29/2002	Johnny	0140	LINITED ORAL EXALUATION			\$45.00 03		
08/29/2002	Johnny	0220	X-RAY - FIRST PERIAPICAL			\$18.00 03		
09/09/2002	Johnny	0274	BITEWIINGS - 4 FILMS			\$40.00 03		
09/09/2002	Johnny	0272	BITEWINGS - 2 FILMS			\$2.00 03		
09/09/2002	Johnny	0270	BITEVIBNG - SBNGLE FELM			\$2.00 03		
09/09/2002	Johnny	8330	PANORAMIC FILM			\$70.00 03		
09/09/2002	Johnny	0150	COMPREHENSIVE ORAL 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		
10/01/2002	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		
10/10/2002	Johnny	2385	COMPOSITE ONE SURF-POSTERIOR	03	0	\$85.00 03		
10/20/2002	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	PULP CAP-INDRECT	63	0	\$15.00.03		
10/10/2002	Johnny	0011	PAYMENT - MESC INSURANCE CARRIER			-\$1\$7.00 03		
10/10/2002	Johnny	0011	PAIMENT - MESC 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
- \boxdot Code
- ☑ Treatment Description
- ☑ Tooth
- ☑ Surface
- ☑ Value
- ☑ Provider



Financial Information:

Financial Infor	mation			-
\$807.20	\$807.20	\$0.00	\$0.00	\$0.00
Balance	0 - 30	31 - 60	61 - 90	90+
Stmt. Sent	Last Patient Payr	nent	Last Insurance P	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 05/28/1998 02/01/2011 6 < 08/01/2011</td> 0 < Failed Appt.</td> First Visit Last RC Visit RC Freq. Next Recall Failed Appt. • 03/15/2011 • • • • Notice Receipt TPO Consent Response/Delay Complaint • •

- First Visit Date Created Date
- ☑ Last Visit Date- Last Seen
- ☑ Last Recall Visit- Last Checkup Date
- Recall Frequency defaulted to 6 for patients, 0 for auxiliary
- ✓ 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 👻	Michael Yost			• 998866	6554		
Relation to Insured	Subscriber Na	<u>ime</u>		Insura	nce ID		
3682001	Provider	•	Washingt	on Dental	Service		
Group Number	Benefit Assigr	nment	Insurance	e Carrier			
Univ of WA			Full Time	•			
Employer			Employme	nt Status	School	Name	
			-	\$0).00 👻	\$	0.00 v
Benefit Plan		Anniv	ersary	Pat. Ded	uctible	Max. B	enefit

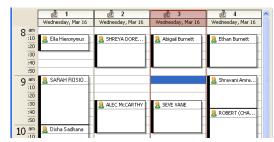
- ☑ Relation to Primary Policy Holder
- ☑ Subscriber Name
- ☑ Insurance Id SSN field from Family File
- Group Number
- ☑ Benefit Assignment Defaults to Provider
- ☑ Insurance Carrier Name
- ☑ Employer
- ☑ Employment Status Defaults to Full Time
- Patient Deductible Defaults to 0
- ✓ Max Benefit Defaults to 0

Insurance Carrier:

nsurance Carrier							
33							
Washington Dental Ser	vice			91062		NOCD	
Insurance Carrier Name				Payer ID		Payer Office	
PO Box 75983				Electronic	-	ADA2007	
Address1				Submission 1	[ype	Form Type	
					1 🔻		
Address2				Provider ID			
Seattle	WΔ	98125-					
City	State	Zip					
(206)522-2300	()						
Phone	Fax						
Web Address							
<u>EMail</u>							
Janet							
Contact				Notes			

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

Appointment Book:



- ☑ Practice Appointments will convert to appropriate column -excluding new patients
- Patient Name
- ☑ Appointment Date
- ☑ Appointment Time
- Appointment Length Defaults to 30 minutes
- All Appointments convert default Prophy Code [D1120]. Operative appointments may need to be modified following conversion.

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XLChart[™]:

tients View Ink Treatment Notes Prescriptions Schedules Imaging Help			
8 E	1.1. 😝 🗉	b.	
II) INCTORIA Facher SIS / MENCAD	12/10/012 -	and the second se	
Intel P Treatment Plans .	Treatments (mages		
	Anexas Sever Server Converse Code Code Converse Code Code	-often data to display 21	
		at the Selected P	
and the first of the second se	Treatments (34)		
	Drag a minimised in here to group by that minimi-		
	Date Code	Description Tests	Surfa
IN NAME AND	Differ Coole	100 P	-00
	02/17/2009 D2140 Anolgam - 1 Surface, PrimP	5m 62	0
)	03/09/2009 D9220 Driveletion of Nitrous Oxde		
m m f f f f f f f f f f f f f f f f f f	03/09/3009 D2140 Anulgam - 1 Sur face, PrevD		0
	03/09/2009 D2150 Analgam - 2 Surface, Pres/P	em 24	MO
	62,014(2003 D1320 Driel Hygene Instruction		
	02/04/2009 D1133 Prophylexis - Adult		
and the first of the second second	01/04/2009 D1204 Topical Pluorele - Adult		
	02/04/2009 D0320 Panoranic Film		
	03/04/2009 D0272 Bitwing - Two Pless		
2 51 50 29 38 37 26 23 29 23 22 21 20 18 18 17	02/04/2009 D0150 Consentences Oral Evaluation		

- ☑ 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
- ☑ Provider

Treatment Plans:



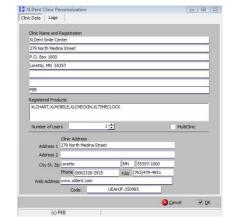
- ☑ Phase
- Minutes Defaults to 0
- ☑ Code ☑ Treatment Description
- ☑ Tooth
- ☑ Surface
- ☑ Provider
- ✓ Status Defaults to Pending
- ☑ Date
- ☑ Value
- Patient Value Defaults to 0
- ✓ Insurance Value I Defaults to 0
- ✓ Insurance Value II Defaults to 0

Fee Table:

Internal Code	Abbreviation	Fee	New Fee
D2140	Amalgam - 1 Surface, Prim/Perm	\$155.00	
D2150	Amalgam - 2 Surface, Prim/Perm	\$178.00	
D2160	Amalgam - 3 Surface, Prim/Perm	\$195.00	
D2161	Amalgam - 4+ Surface,Prim/Perm	\$232.00	
D2330	Resin - 1 Surface, Anterior	\$155.00	
D2331	Resin - 2 Surfaces, Anterior	\$178.00	
D2332	Resin - 3 Surfaces, Anterior	\$195.00	
D2335	Resin - 4+ Surfaces or Incisal	\$232.00	
D2390	Resin-Based Comp Crown-Ant	\$279.00	
D2391	Resin-Based Comp - 1 Surf,Post	\$211.00	
D2392	Resin-Based Comp - 2 Surf,Post	\$216.00	
D2393	Resin-Based Comp - 3 Surf,Post	\$232.00	
D2394	Resin-Based Comp- 4+ Surf,Post	\$247.00	
D2410	Gold Foil - 1 Surface	\$0.00	
D2420	Gold Foil - 2 Surfaces	\$0.00	
D2430	Gold Foil - 3 Surfaces	\$0.00	
D2510	Inlay - Metallic - 1 Surface	\$0.00	
D2520	Inlay - Metallic - 2 Surfaces	\$0.00	
<			>

- ☑ Procedure Codes
 - Active ADA Codes
 - **Base Code Abbreviation** ۲
- ☑ Fee 0 Schedule

Practice Information:



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



Operators:

🕽 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					
Insurance IDs 1 2 Delta D 6 7	ental 3 4 4 5t	ate Program					
No Claims Pay To Provider	No V Yes V Edains Pay To Provider Use Timedock Admin.						
(c) PEB	▶* ✓	💥 🖸 Search 🚺 Gose					

- 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:

?:\Doc_Aide\

Files Needed

?:\Doc_Aide*.* 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
- ⊘ Payment Plans/Contract Balances
- ⊘ Outstanding Insurance Claims
- ⊘ Prescription Listing
- ⊘ Patient Prescriptions
- Senefit Plans / Allowed Amounts
- ⊘ Progress Notes
- Secondary Insurance
- Solution Stresson account information

Notes on Conversions:

- Duplicated patients in your software will be converted as duplicates.
- Accounts containing both parents will convert the insurance holder as the responsible party. If no insurance, then the father will convert as responsible party.
- Appointments will convert with a defaulted prophy code. This can be manually changed after the conversion.
- > Fee 0 was used as the default fee schedule.
- New Patient appointments will be manually entered during training.



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

Marital Status converts as Single or Married. 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 created 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.

Patient Status

Active and auxiliary status patients convert to XLDent[™]. Inactive accounts may convert based on quality of end users preliminary data conversion cleanup process.

Patient Appointment Length

All appointments defaulted to 30 minutes. This can be manually changed during training.

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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