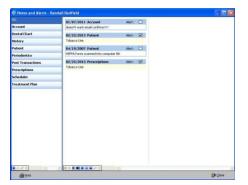


# **Patient Information:**



- ☑ Patients grouped by Account ending in zero
- ☑ First Name
- ☑ Last Name
- Middle Initial
- ☑ Preferred Name
- $\boxdot$  Address
- ☑ City
- ☑ State
- 🗹 Zip
- ☑ Home Phone Number
- ☑ Work Phone Number
- ☑ Mobile Phone Number
- Email Address
- ☑ Gender
- Marital Status
- Birth Date
- ☑ Doctor of Record
- Record Status Active , Inactive and Auxiliary

## Notes and Alerts:



- Account Messages convert to Account Record Notes
- ☑ Patient Messages convert to Patient Record Notes
- ✓ Medical Alert 1 to 5 convert to Patient Record Alerts and Prescription Alerts

## History Reference Tab:

Date	Patient Name	Code	Treatment	Teoth	Surface	Value	Provider	
08/29/2002	Johnny	0140	LINITED ORAL EVALUATION			\$45.00 03		
08/29/2002	Johnny	9220	X-RAY - FIRST PERIAPICAL			\$18.00 03		
09/09/2002	Johnny	0274	BITEVIENDS - 4 FELMS			\$40.00 03		
09/09/2002	Johnny	0272	BITEWINGS - 2 FILMS			\$2.00 03		
09/09/2002	Johnny	0270	BITEWENS - SENGLE FELM			\$2.00.03		
09/09/2002	Johnny	0330	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	PAIMENT - 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-POSTERSOR	30	MED	\$124.00 03		
10/01/2002	Johnny	3120	PULP CAP-INERRECT	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		
18/10/2002	Johnny	3120	PULP CAP-INDIRECT	02	0	\$15.00 03		
10/10/2002	Johnny	3120	PLAP CAP-INDIRECT	63	0	\$15.00.03		
10/10/2002	Johnny	0011	PAIMENT - MESC INSURANCE CARRIER			-\$157.00 03		
10/10/2002	Johnny	0011	PAIMENT - MESC INSURANCE CARRIER			-\$92.00 03		
18/24/2002	Johnny	0011	PAYMENT - MISC ING RANCE CARRIER			-\$214.40.03		

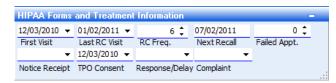
- ☑ Treatment History Viewable as History Reference and includes Charges, Payments, Debits and Credits. Does not include deleted transactions
- ☑ Date
- Patient Name
- 🗹 Code
- ☑ Treatment Description
- ☑ Tooth
- ✓ Value
- ☑ Provider

## **Financial Information:**

inancial Info	rmation			-
\$444.88	\$0.00	\$0.00	\$0.00	\$444.88
Balance	0 - 30	31 - 60	61-90	90+
02/16/2012	04/08/2009	(\$1,000.00)	07/09/2012	(\$25.00)
Stmt. Sent	Last Patient Payr	ment	Last Insurance P	ayment
\$284.88	Yes 👻	Yes 👻	Yes 🔻	•
Amount Due	Send Statement	Charge Interest	t Send Dunning	

- Account Balances Assigned to Responsible Party and Aged Accordingly.
- ☑ Send Statement Defaults to Yes
- ☑ Charge Interest Defaults to Yes
- ☑ Send Dunning Defaults to Yes

### **HIPAA Forms and Treatment Information:**



- ✓ First Visit Date
- ☑ Last Visit Date
- ☑ Last Recall Visit
- ☑ Recall Frequency
- ✓ Next Recall Date Based on last recall visit date using recall frequency
- ✓ TPO Consent Defaults to conversion date



## Insurance and Employer Information:

14							
	<ul> <li>Rick Wagner</li> </ul>			<ul> <li>999999999</li> </ul>			
Relation to Insured	Subscriber Nan	ne			Insurance ID		
99999	Provider	-	Aetna				
Group Number Benefit Assignment			Insurance Carrier				
3M					-		
Employer			Employment Status School Name				
			-		\$0.00 👻	\$0.0	• 00
Benefit Plan		Anniv	ersary	Pa	at. Deductible	Max. Bene	-fit

- ☑ Relation to Primary Insured Only identified by patient 0. \*Contingent on client decision to link.
- ☑ Subscriber Name
- ☑ Insurance Id If blank defaults to SSN# if available
- Group Number
- Benefit Assignment Defaults to provider
- ☑ Insurance Carrier Name
- ☑ Employer Name

## **Insurance Carrier:**

5			
Cigna		62308	NOCD
Insurance Carrier Na	ame	Payer ID	Payer Office
Po Box 34336		Electronic	ADA2012
Address1		Submission Type	Form
		1	Dental 🔻
Address2		Provider ID	Insurance Type
Charlotte	NC 28234-	1	
City	State Zip	-	
(800)521-6465	[] -		
Phone	Fax		
Web Address		-	
<u>EMail</u>		-	
Contact		Notes	

- ☑ Insurance Carrier Name
- Address 1
- Address 2
- ☑ City
- ☑ State
- 🗹 Zip
- ☑ Phone
- ✓ Payer ID Verify after conversion
- ☑ Payer Office Always NOCD
- ☑ Submission Type Always Electronic
- ☑ Form Type current ADA Form
- $\square$  Provider ID Defaults to 1
- ☑ Insurance Type Defaults to Dental

# Fee Table:

Internal Code	Abbreviation	Fee	New Fee	
	Bridge Adjustment	\$0.00		
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		
	% Fees	C	Cancel	V OK

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

## Appointment Book:



- ☑ Practice Appointments will convert based room
- Appointments will be assigned to the doctor associated with the resource.
- Patient Name
- ☑ Appointment Date
- ☑ Appointment Time
- ☑ Appointment Length
- ☑ All Appointments convert default Prophy Code [D1110] Operative appointments may need to be modified following conversion

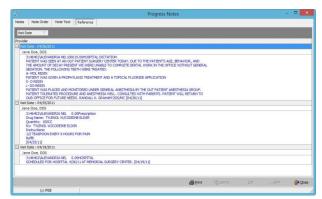


## XLChart™:



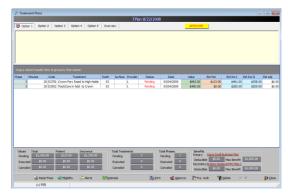
- ☑ Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart<sup>™</sup>
- ☑ Date
- Patient Name
- ☑ Code
- ✓ Treatment
- ☑ Tooth
- ✓ Value
- Provider

# Progress Note Reference Tab



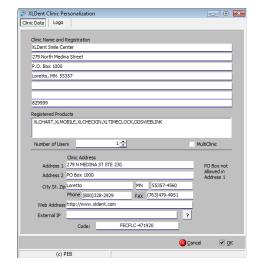
- Clinical, Chart and Tooth Notes
- ☑ Date
- ✓ Tooth
- ☑ Note Detail
- ✓ Provider

# **Treatment Plans:**



- ☑ Treatment Plan Status T Convert.
- ☑ Phase Defaults to 1
- ☑ Minutes Defaults to 0
- ☑ Code
- ☑ Treatment Description
- ☑ Tooth
- Active Provider
- Status Defaults to Pending
- ☑ Date
- ☑ Value
- ☑ Est Patient Value Defaults to 0
- ☑ Est Insurance Value I Defaults to 0
- ☑ Est Insurance Value II Defaults to 0
- ☑ Est Adjustment Value Defaults to 0

## Practice Information:



- ☑ Practice Demographic Information
- ☑ Clinic Name
- ☑ Clinic Primary Address and Phone
- Clinic Logo If Supplied

www.XLDent.com



# **Operator Table:**

Operator Ta General Pas	able isword					
1						
Jm		Schultz, DD	)S	1		
Name		M Last		Provid		
787-33-7378		412321233		111111111		
SSN		Federal TIN		NPI Type 1		
9890				2222222222		
State License I		DEA Number		NPI Type 2		
General Practi	ce			1223G0001X		
Speciality				Code		
(763)479-6166	6	(763)479-2504		Y	es 🔻	
Home Phone		Mobile Phone		Active		
Location	Office				Loc NPI Type 2	
	XI Dent Smile				Loc IVI Type 2	
Location		A ST STE 230			-	
				No PO Box		
Address 2	PO Box 1000					
City St. Zip	Loretto		MN 55	357-4560	Zip+4 Required	
Insurance II	Ds					
1	2	3	4		5	
	Delta	Dental BCBS		State Program		
6	7	8	9		10	
No	•	No 🔻	Yes	•	55	
Edaims Pay	To Provider	Use Timeclock	Timeclock A	dmin, ePrescr	ibe ID	
			- +∗ ✓	× 🔯	Search	
	(c) PEB					

- Provider Information for all Doctors and Hygienists
- ☑ First Name
- Middle Initial
- ☑ Last Name
- Provider of Record
- ☑ SSN
- ✓ Federal TIN
- ✓ NPI Type 1
- ☑ State License Number
- ☑ DEA Number
- ☑ NPI Type 2
- ☑ Specialty
- ☑ Home Phone
- ☑ Mobile Phone
- ☑ Active
- ☑ Loc NPI Type 2
- ☑ Location Defaults to Clinic Name
- ☑ Location Address 1
- ☑ Location Address 2
- ☑ Location City, St, Zip
- ☑ Insurance ID's If available
- ☑ Eclaims Pay to Provider Defaults to No
- ☑ Use Timeclock Defaults to No
- ☑ Timeclock Admin Defaults to No
- ☑ Eprescribe ID Defaults to Blank

### 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:

- ⊘ Periodontal Charting
- Provider Accounts Receivable Distribution
- Solution State State
- Outstanding Insurance Claims
- O Prescription Listing / Patient Prescriptions
- Senefit Plans (Open for Discussion)
- ⊘ Ledger Messages
- Secondary Insurance
- S Dependent Insurance Coverage
- Social Security Number (Open for Discussion)

www.XLDent.com



#### Notes on Conversions:

- Patient Insurance is based on member 0 being the subscriber. Contingent on office decision
- ➤ Responsible party is determined by the ending account number in existing dental software. If it ends in a zero this will be the responsible party in XLDent<sup>™</sup>. If no zero account exists or are active then family members will converted as individual accounts. Account ending with 9 in existing software will be set to auxiliary in XLDent<sup>™</sup>
- Patient Treatment Plans are taken from Treatment Scanning Area of Dentech, this does not include surfaces. Only the last 12 months of these treatment plans will convert.
- Account balance is a combination of patient balance and insurance balance added together. Insurance balance is added to current, using the Aged A/R -Contingent on office decision of which report to use.

Below are some 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

Current Practice Management software has different status then XLDent<sup>™</sup>. Married converts to Married, Single Converts to Single, and all other statuses will default to other. When this is not converted or not entered into current system it will default to other.

### Responsible Party ID#

Responsible party is determined by account number in existing software. If not available, patients will need to be manually transferred to the correct Responsible Party after the conversion.

## 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

When this is not converted or not entered into current system it will default to blank.

#### Patient Status

Only active, inactive and auxiliary status patients convert into XLDent<sup>M</sup>.

#### Appointment Types 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>™</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.