

Patient Information:

1450 Record No.	Self Relatio	vn E	1450 Responsible Pa	Chad Zimme	erman	
Chad		G	Zimmerman		Cha	d
<u>N</u> ame First		М	Last		Pre	ferred
4051 Albany C	irde SW	1			(763)4	79-9999
Address Line 1	1				Home	Phone
PO Box 9999					(763)4	79-8888
Address Line2				_	Work F	hone
Egan		MN	55555-		(763)4	79-6666
<u>C</u> ity-State-Zip				_	Mobile	Phone
USA		zim	mer@msn.com		\square	
Country		EM	<u>ail</u>		Fax	
9/23/1950	- 6	60 111-3	22-4444	Male	-	Married 🛛 👻
Birth Date	Age	s SSN		Gender		Marital Status
			1	•	-	Active 👻
<u>Classification</u>			Doctor	Hygienis	t	Record Status

- Patients grouped by responsible party
- ☑ First Name
- ✓ Last Name
- ☑ Middle Initial
- Preferred Name
- ☑ Address Line 1
- ☑ Address Line 2
- ☑ City
- ☑ State
- ⊠ Zip
- ☑ Home Phone Number
- ☑ Work Phone Number
- ☑ Mobile Phone Number
- ☑ Email Address
- ☑ Gender
- Marital Status
- ☑ Birth Date
- Patient SSN
- ☑ Doctor of Record
- ☑ Hygienist of Record
- ☑ Record Status

Notes:



- Patient Memo
- ☑ Account Alerts
- ☑ Patient Alerts
- Account Notes

Referral Information:

Referral Information		-
Harmon Ronald	Malone Jeff	
Referring <u>Source</u> or <u>Patient</u>	Referred To:	
	03/25/2010 👻	
	Date	

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

History Reference Tab:

Open Line Mentione Total Value Name									
Samola Ammy D20 Add - FABT (FBAURLACK, 4 TABI) I BAD (D) Samola Ammy D2 Samola					Teoth	Surface		Provider	
OMENICO Jammy Data Telefinitis Telefinit Telefinit <td>08/29/2002</td> <td>Johnny</td> <td>0140</td> <td>LINITED ORAL EXALUATION</td> <td></td> <td></td> <td>\$45.00 03</td> <td></td> <td></td>	08/29/2002	Johnny	0140	LINITED ORAL EXALUATION			\$45.00 03		
SMB000 Mmmp D12 BTURNEL 1-Prod LED 03 MMMD2 MMM D13 BTURNEL 1-Prod LED 03 MMMD2 MMM D13 BTURNEL 1-Prod LED 03 MMMD2 MMM D13 DTURNEL 1-Prod LED 03 MMMD2 MMM D13 DTURNEL 1-Prod LED 03 MMMD2 MMM D13 DTURNEL 1-Prod LED 03 MMMD2 MMM D14 DTURNEL 1-Prod LED 03 MMMD2 MMM D14 DTURNEL 1-Prod LED 03 MMMD2 MMM D14 DTURNEL 1-Prod LED 03 MMMD2 MMM D20 DFUTTINEL 1-Prod DMMD2 LED 03 MMMD2 D20 DFUTTINEL 1-Prod DMMD2 DMMD2 LED 03 MMMD2 D20 DFUTTINEL 1-Prod DMMD2 DMMD2 LED 03 MMMD2 D20 DFUTTINEL 1-PROM DMMD2 DMMD2 LED 03 MMMD2 D20 DFUTTINEL 1-PROM DMMD2	08/29/2002	Johnny	0220	X-RAY - FIRST PERIAPICAL			\$18.00 03		
NAMPOR LOD BITCHING-SPRACE/INFA LOD IS MARCING JAMPOR EDB JAMPORCHING LEDD IS MARCING JAMPOR EDB JAMPORCHING LEDD IS MARCING JAMPORCHING EDB JAMPORCHING LEDD IS MARCING JAMPORCHING MICRO PM LEDD IS MARCING JAMPORCHING MICRO PM LEDD IS MARCING JAMPORCHING MICRO PM LEDD IS MARCING JAMPORCHING	09/09/2002	Johnny	0274	BITEVIENCS - 4 FE.MS			\$40.00 03		
SMR/D20 Jammy D30 PAGCAME(FL) FIGURATION	09/09/2002	Johnny	0272	BITEWINGS - 2 FILMS			\$2.00 03		
SMB000 Marey Tip 0 Operative field (Statistics) Interpretation (S	09/09/2002	Johnny	0270	BITEVIENS - SEVELE FELM			\$2.00.03		
NUMBOR Ammy OF-LA MEDICACIDA JAMON PM SEA GIR 3 NUMBOR MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON NUMBOR MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON NUMBOR MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON NUMBOR MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON NUMBOR MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON NUMBOR MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON MEDICACIDA JAMON NUMBOR MEDICACIDA JAMON MEDICACI	09/09/2002	Johnny	0330	PANORAMIC FILM			\$70.00 03		
XIACCOM Amme DE1 Amme Add 20 35 Kall 20 35 XIACCOM XMM 2007 ColeVal11*MedIIX AdvAnDation 30 MoD 11,144.01 XIACCOM XMM 2007 ColeVal11*MedIIX AdvAnDation 30 MoD 11,244.01 XIACCOM XMM 2008 ColeVal11*MedIIX AdvAnDation 10 0 455.01 1 XIACCOM XMM 2008 ColeVal11*MedIIX AdvAnDation 10 0 455.01 1 XIACCOM XMM 2008 ColeVal11*MedIIX AdvAnDation 10 1 10.01 1 XIACOM <td>09/09/2002</td> <td>Johnny</td> <td>0150</td> <td>COMPREHENSIVE ORAL EVALUATION</td> <td></td> <td></td> <td>\$45.00.03</td> <td></td> <td></td>	09/09/2002	Johnny	0150	COMPREHENSIVE ORAL EVALUATION			\$45.00.03		
Link/Loc January Link/Loc January Link/Loc January Link/Loc Link/Loc January Link/Loc January Link/Loc January Link/Loc	09/19/2002	Johnny	4341.4	PERIO SCALING & ROOT PLANING	FN		\$140.00 03		
BALE/COC Jammy 287 Confector Tendes Start And Start And Start Confector 30 MBC BLAR 0.0 Marco Jammy 238 Audre Confector 30 MBC BLAR 0.0 Marco Jammy 238 Audre Confector 30 MBC BLAR 0.0 Marco Jammy 238 Confector Dec Sub-And/Start Confector 30 MBC BLAR 0.0 Marco Jammy 238 Confector Dec Sub-And/Start Confector 62 0 BLAR 0.0 Marco Jammy 238 Audre AndRET 62 0 BLAR 0.0 Marco Jammy 238 Audre AndRET 62 0 BLAR 0.0 Marco Jammy 238 Audre AndRET 62 0 BLAR 0.0 Marco Jammy 238 Audre AndRET 63 0 BLAR 0.0 Marco Jammy 238 Audre AndRET 63 0 BLAR 0.0 Marco Jammy 238 Audre AndRET Confe And	09/26/2002	Johnny	0011	PAYMENT - MESC INSURANCE CARRIER.			-\$63.00 03		
BALE/COC Jammy 287 Confector Tendes Start And Start And Start Confector 30 MBC BLAR 0.0 Marco Jammy 238 Audre Confector 30 MBC BLAR 0.0 Marco Jammy 238 Audre Confector 30 MBC BLAR 0.0 Marco Jammy 238 Confector Dec Sub-And/Start Confector 30 MBC BLAR 0.0 Marco Jammy 238 Confector Dec Sub-And/Start Confector 62 0 BLAR 0.0 Marco Jammy 238 Audre AndRET 62 0 BLAR 0.0 Marco Jammy 238 Audre AndRET 62 0 BLAR 0.0 Marco Jammy 238 Audre AndRET 62 0 BLAR 0.0 Marco Jammy 238 Audre AndRET 63 0 BLAR 0.0 Marco Jammy 238 Audre AndRET 63 0 BLAR 0.0 Marco Jammy 238 Audre AndRET Confe And	18/01/2002	Johnny	2387	COMPOSITE-THREE SURF-POSTERSOR	30	MOD	\$134.00 03		
DATACOD Ammy 13.2 RALE CAR ADMINIST 20 MCD \$13.00 1 MATICAN Ammy 285 COMPACTION DE ADMINISTRATION 61 63.00 1 MATICAN Ammy 285 COMPACTION DE ADMINISTRATION 61 0 855.00 1 MATICAN Ammy 285 COMPACTION DE ADMINISTRATION 61 0 855.00 1 MATICAN Ammy 285 COMPACTION DE ADMINISTRATION 61 0 855.00 1 MATICAN Ammy 312 ALAC ADMINISTRATION 61 0 855.00 1 MATICAN Ammy 312 ALAC ADMINISTRATION 61 0 455.00 1 MATICAN Ammy 312 ALAC ADMINISTRATION 61 0 455.00 1 MATICAN Ammy 512 MATICANA 61 417.00 1 MATICAN MATICANA MATICANA 61 MATICANA 417.00 1 <	18/01/2002	Johnny	2387	COMPOSITE-THREE SURF-POSTERIOR	30		\$124.00.02		
MIX/0004 Annum 133 CARPORTID TO EXEMPTOTECTION E2 0 \$85.00 31 MIX/0004 Annum 130 ALX-04-Abellist(T) E3 0 \$85.00 31 MIX/0004 Annum 50 Annum \$85.00 31 \$85.00 31 MIX/0004 Annum 50 Annum \$85.00 31 \$85.00 31	10/01/2002	Johnny	3120	PULP CAP-INERRECT	30	MOD	\$15.00 03		
Minimum Jub Autor Cat-ModRetT 62 0 453.00 30 Minimum Jub Autor Cat-ModRetT 62 0 453.00 30 Minimum Jub Autor Cat-ModRetT 62 0 453.00 31 Minimum Jub Autor Cat-ModRetT 62 0 453.00 31 Minimum Jub Minimum Bit Avenet - redic DataMatc Catalage 410.00 31 Minimum Dit Avenet - redic DataMatc Catalage 410.00 31 410.00 31	10/10/2002	Johnny	2385	COMPOSITE ONE SURF-POSTERIOR	63	0	\$85.00 03		
NY/10/2002 July July PL/JP CAP-INDERCT 63 0 \$155.00.03 10/10/2002 July 0011 PL/MPERT - MECE PLANARCE CARDIDR 4117.00.03 4117.00.03 10/10/2002 July 0011 PL/MPERT - MECE PLANARCE CARDIDR 4117.00.03	10/20/2002	Johnny	2385	COMPOSITE ONE SURP-POSTERIOR	02	0	\$85.00 03		
16/16/2002 Sahnny 0011 PAINERT HEIC INJURANCE CARDER 4117.00.03 18/10/2002 Sahnny 0011 PAINERT HEIC INJURANCE CARDER 460.200 0	10/10/2002	Johnny	3120	PULP CAP-INDIRECT	62	0	\$15.00.03		
10/10/202 3ohmy 0011 PAIMENT - MISC INSURANCE CARRER	10/10/2002	Johnny	3120	PULP CAP-INDRECT	03	0	\$15.00.03		
		Johnny	0011						
10/24/2002 Johnny 0011 PAIMENT - MISC DISURANCE CARRIER - 4214.40.03	10/10/2002	Johnny	0011	PAIMENT - MESC INSURANCE CARRIER			-\$92.00 03		
	18/24/2002	Johnny	0011	PAYMENT - MESC 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
- ☑ Value
- ☑ Provider

Financial Information:

\$745.00	\$50.00	\$60.00	\$135.00	\$500.00	
Balance	0 - 30	31 - 60	61-90	90+	
Stmt. Sent	Last Patient Pa	ayment	Last Insurance	e Payment	
Yes 🔻	Yes	 Yes 	•		

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

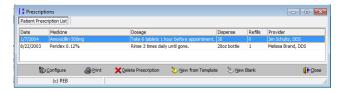


HIPPA Forms and Treatment Information:

02/19/2010 👻	11/14/2008 🔻	6 🛟	05/14/2009	0 \$
First Visit	Last RC Visit 02/19/2010 -	RC Frea.	Next Recall	Failed Appt.
Notice Receipt	TPO Consent	Response/Delay	Complaint	

- First Visit Date
- ☑ Last Visit Date
- ☑ Last Recall Visit Based on Next Recall Date less frequency
- ☑ Recall Frequency
- ☑ Next Recall Date
- ☑ TPO Consent
- ☑ Failed Appt

Patient Prescription List:



- ☑ Date
- ☑ Medicine
- ☑ Dosage
- ☑ Dispense
- ☑ Refills
- ☑ Provider

Insurance and Employer Information:

Insurance and Er	nployer Infor	matio	n					-
Self 👻	John Zimmern	nan						
Relation to Insured 9025	Subscriber Na Provider		Aetna		Insura	nce ID		
Group Number 3M	Benefit Assigr	nment	Insuranc	e C	arrier T			
Employer			Employm	ent	Status	School	Name	
			•		\$	0.00 🔻		\$0.00 🔻
Benefit Plan		Anniv	ersary	Pa	it. Dedu	uctible	Max. I	Benefit

- ☑ Relation to Primary Policy Holder
- ☑ Subscriber Name
- Insurance Id If blank defaults to SSN# if available Self only
- Group Number
- ☑ Benefit Assignment
- ☑ Insurance Carrier Name
- ☑ Employer Name
- ☑ Benefit Plan Name is Insurance Name

Second Insurance and Employer Information:

Spouse 🔻	Margaret Deccid	· د	•		
Relation to Insured 160519225		▼ STANDAF	Insurance RD	e ID	
Group Number East Valley School D	Benefit Assignme	ent <u>Insurance</u>	e Carrier		
cust valicy school c					
Employer		Employme	ent Status S	chool N	ame
		Employme		chool N)0 👻	ame \$0.00 -

- ☑ Relation to Primary Policy Holder
- ☑ Subscriber Name
- ☑ Insurance ID If Blank pulls from Subscriber
- ☑ Group Number
- ☑ Benefit Assignment
- ☑ Insurance Carrier Name
- ☑ Employer Name

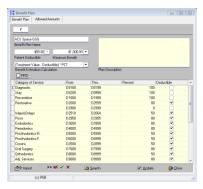
Insurance Carrier:

Insurance Carrier						
nsurance Carrier						
1						
Aetna				60054		NOCD
Insurance Carrier Name			-	Payer ID		Payer Office
Group Dental Claims				Electronic	-	ADA2007
Address1				Submission Typ	be	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		
	►* K	🗸 🗙	<u> Q</u> <u>S</u> e	arch	✓ Upc	late 🔂 🔂
(c) PEB						

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



Benefit Plan:



- Benefit Plan Name
- ☑ Patient Deductible
- ☑ Maximum Benefit
- Benefit Estimation Calculation Defaults to (Treatment Value – Deductible) * PCT)
- ☑ Category of Service
- ☑ Codes From and Thru
- ☑ Percent
- \boxdot Deductible

Appointment Book:

🖌 🔬 OP-2 🗸	🛓 OP-3	🔬 0P-4
Tuesday, March 30	Tuesday, March 30	Tuesday, March 30
Steighner, Cheryl 7.14 MODL 30L 123.	A Ruplinger, Linda	& Vedvick, Gerald
	Amerikaan, Abigail 🖗 EX, Pro A, FL <26>	▲ DeMarais, Bruce EX, Pro A EX, Pro A EX
🤰 Sledge, Andrea	Adam EX, Pro A	🔒 Cardin, Susan 🏽 EX, Pro A
100	Sledge, Andrea EX, Pro A	Anning, Richard

- ☑ Practice Appointments will convert to appropriate column
- ☑ Assigned to Doctor in the XLDent[™] Scheduler
- Patient Name
- ☑ Appointment Date
- ☑ Appointment Time
- ☑ Appointment Length
- ☑ Appointment Notes
- ☑ Appointment Detail

Fee Table:

	Abbreviation	Fee	New Fee	
BADJ	Bridge Adjustment	\$0.00		1
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 Standard Fee Schedule

XLChart™:

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Tres / Inc.		Treatment			proe	Serva Cepto	* 0700		Treatments Images					
								AVONT TURNE	Autorio Ga Course Cagnetic Canada and Autoria Autoria Canada and Autoria Canada and Autoria Presidentes Autoria Presidentes Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autoria Autori Autoria Autoria Autoria Autoria Autoria Autoria Autor	es ustificatus		<740 data	n ta degliny >	
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00.00	mm	10	11 11	101	Den	1			Treatments (68)					
ti val	THE H	91	NIH		2 4 1	1		6						
		11.17	Uit		1.11			60	Date Cade	Description	Test 5	rfeo Provi	Value	sing
	A A	VV	VVV		1 9 1			~	12/22/2009 00120	Periodic Onal Evaluation			\$0.00	later
CORE (See	00	A A	aia	And C	5 m m				12/22/2009 01110			90	\$0.00	Initial
	00	12	20	~	00				08/31/2009 (09110		13	1	\$0.00	letive!
	00	6 17		1.17 0	1000	1			06/38/2009 00230 05/38/2009 00120	Intraoral - Complete Series Periodic Oral Evaluation		20	\$0.00	lated
ann		H	HIH	41	A MAR	1		2	06/38/2009 00120			1 20	\$0.00	2154
ap			Vill						06/36(0009 01110 02/12/2009 09110		13	30	\$0.00	2103
78					1 11 1			- E	01/08/2019 05422		10	-	\$0.00	1100
38	VU								01/08/2009 02920	Recement Open	15		\$0.00	Intia
98	VU	V V												
9 8 × 1 ×	20 20 2	27 26	25 24	23 2	2 21 20	19	12 17		12/16/2008 00120	Periodic Oral Evaluation			\$0.00	21050

- ☑ 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
- ☑ Treatment
- ☑ Tooth
- ☑ Surface
- ☑ Value Defaults to \$0.00
- $\ensuremath{\boxtimes}$ Provider



Progress Note Reference Tab:

	Note Order	Note Text	Reference					
visit D	T stu							<u>~</u>
ovide								
visk	Date : 01/22/20	010						
L.,	GENERAL1							
	(GENERAL) Provider: Rohie	der mitte aufe						
1	General Note: C	EMENT LUMINE	ER #24					
1.5	Pt reports no ch interproximals N	anges in med h	ic. Bonded #2	Humineer wijten	ure cement, shade a	 Adjusted bite 	and polished. W	I dean out
	Date : 11/19/20							
1154	0.808 . 11/19/20	~~						
	GENERAL1							
	Provider: Rohle	der DMD, Julia	A					
			n D1 of #24_N	/: cement lumine	xor			
Visit	Date : 10/23/20	008						
L.,								
	[RECALL] Prophy: Y							
	Elbewings: Y							
	Hygiene Provide	r: Flesher-Bra	tt, Debra					
	Exam Provider:		, Julia A					
	Perio Condition I Health HX Check	WRQ: Y						
	Pt Concerns: N		energiant (oth	ers(2)				
	Oral Cancer Sch	en: Within no	mai imits					
	Oral Hygiene: 6	iood						
	Sleeding Locatio							
	BleedingSeverity Calculus Supra L	r: Light						
	Calculus Supra L Calculus Supra S		bed					
	Calculus Sub Lor							
	Calculus Sub Ser	verity: Light	-					
6	Plague Location	: Localized						
	Plaque Severity							
1.5	Recall Recomme	ndations: 6 M	inths	ased resulting in				
	Pt. advised of th		ipcion nes incre	sased resulting in	addmir decay			
	Examp Y	a count						
	Prophy: Y							
	Periodontal Prob							
	Time Needed: 6 Exam: Y	0						
	Electric TB: Y							
1	GENERAL]							
1.1	Provider: Rohle	der DMD, Julia	A					
	General Note: A		ished lumineer	s.				_
	Date : 10/07/20							
	Date : 06/05/20							
	Date : 01/21/20							
	Date : 10/23/20							
Visk	Date : 05/16/20	907						~
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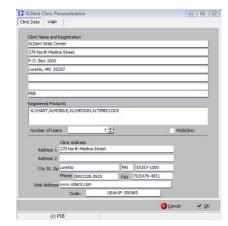
☑ Patient Notes with a type of Chart, Perio, General, PSR, Image and Rx Writer

Treatment Plans:

							Converte	ed Plan						
ption 1	Option 2	Option	3 Option 4	Option 5	Overview						APPROVE	D		
ase A	Minutes	Code	Treat	tment	Tooth A	Surface	Provider	Status	Date		Value	Pat. Value	Ins. Value I	Ins. Value II
1		0 D0274	Bitewings - Four	Films			DMD1	Pending	02/12/200	8	\$42.00	\$0.00	\$0.00	\$0.0
1		0 D1110	Prophylaxis - Ad	ult			DMD1	Pending	02/12/200	8	\$58.00	\$0.00	\$0.00	\$0.0
1		0 D0150	Comprehensive I	Oral Evaluation	6		DMD1	Pending	02/12/200	8	\$47.00	\$0.00	\$0.00	\$0.0
1		0 D2752	Crown-Porc fuse	d to Noble	29		DMD1	Pending	05/24/200	13	\$580.00	\$0.00	\$0.00	\$0.0
Values	Total		abent s0.co	Insurance \$0.00		Total Trea	atments	•	Total Phases Pending	5	1	1		
Pendin	g \$7377	00						4		5				
	g \$737) ed \$0.0	00 D	s).00	\$0.00		Pending			Pending	5	1			

- ☑ Phase Defaults to 1
- \square Minutes Defaults to 0
- \boxdot Code
- ☑ Treatment Description
- ☑ Tooth
- ☑ Surface
- ☑ Provider
- ☑ Status Defaults to Pending
- ☑ Date
- ☑ Value
- ☑ Patient Value Defaults to 0
- ☑ Insurance Value I Defaults to 0
- $\ensuremath{\boxtimes}$ Insurance Value II Defaults to 0

Practice Information:

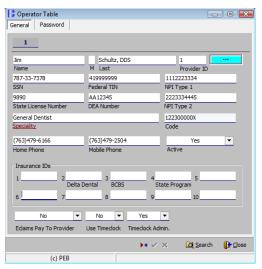


- ☑ Practice Demographic Information
- $\ensuremath{\boxdot}$ Clinic Name
- \boxdot Clinic Address and Phone
- ☑ Clinic Logo

www.XLDent.com



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
- ☑ Active All convert as Yes
- ☑ Insurance ID's If available

File Location:

?:\eaglesoft\ or ?:\program files\eaglesoft

Files Needed

?:\eaglesoft*.* excluding Images folder

Need Eaglesoft disks if available.

Reports Needed

Print Off a Accounts Receivable Report – Click Reports \rightarrow Financial \rightarrow Click Accounts Receivable by Responsible Party \rightarrow Click Process \rightarrow Click Print \rightarrow Click ok.

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
- Solution Security Security
- Solution State State
- S Outstanding Insurance Claims
- Clinical Notes
- RX Listing
- ⊘ PM Notes
- \odot Pager Number
- Scan Docs
- Senefit Plan Carrier Fee Schedule

Notes on Conversions:

- 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.
- Benefit Plan table converts, but it is not linked to subscriber. This will need to be reviewed and manually updated after conversion.
- Benefit Plan Category of Service Codes will need to be reviewed and manually updated after conversion.



Below are some notes concerning some of the items that will or will not be converting.

Patient ID Eaglesoft Chart # is XLDent™ Record#

Marital Status

Divorced and Unknown defaults to Other

Patient Notes

Patient notes with a note type of Chart[™], Perio, General, PSE, Image and RX Writer will convert to XLChart[™] progress note reference area. Patient with note type of account will be transferred into the Notes field in the XLDent patient screen along with patient alerts. During your training, you will be shown how to migrate the notes and alerts into specific areas of reference which utilizes the XLDent[™] Alert Feature.

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 XLDenttm. This can be manually changed.

Recall Frequency

When this is not converted or not entered into current system it will default to 6.

Patient Status

Only Active and Inactive status patients convert into 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 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.