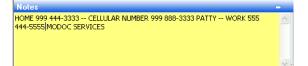


# Patient Information:

1591	Sel	f		1591	Joh	n Zimmer	man		
Record No.	Re	lation	E	Responsible P	arty				
John			J	Zimmerman			Joh	nny	
Name First			M Last				Pre	eferred	
425 Corte Ma	dera	Aven	ue				(763)5	55-4444	
Address Line	1						Home	Phone	
							(763)6	66-4345	1
Address Line	2				978		Work	Phone	
Corte Mader	a		CA	94925-			(763)6	75-1234	
City-State-Z	ip						Mobile	Phone	
USA			Joh	in@yahoo.co	m		(		
Country		_	EM	ail Web A	ccess	1	Fax		
01/04/1998	•	12	539-(	0000-000		Female	-	Single	•
Birth Date		Age	SSN			Gende	r	Marital S	tatus
				1			•	Active	-
Classification	5			Doctor	3	Hygienis	t	Record S	Status

- ☑ Patients grouped by responsible party.
- First Name
- ☑ Last Name
- Middle Initial
- ☑ Preferred Name
- ✓ Address 1
- ☑ City
- ☑ State
- ☑ Zip
- Home Phone Number (Patient Level)
- ☑ Email Address
- ☑ Gender
- Marital Status
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status Active

#### Notes:



- ☑ Home Phone Number (Account Level)
- Work Phone Number (Account Level)
- Mobile Phone Number (Account Level)

# History Reference Tab:

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	BITEWINGS - 2 FILMS			\$2.00 03		
09/09/2002	Johnny	0270	BITEVIBNS - SBVGLE FILM			\$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	FN		\$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-POSTERIOR	30	MED	\$124.00.02		
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		
10/10/2002	Johnny	2385	COMPOSITE ONE SURP-POSTERIOR	92	0	\$85.00 03		
10/10/2002	Johnny	3120	PULP CAP-INDIRECT	02	0	\$15.00.03		
10/10/2002	Johnny	3120	PUP CAP-INDRECT	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 INGURANCE 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

#### Financial Information:

\$745.00	\$50.00	\$60.00	\$135.00	\$500.00
Balance	0 - 30	31 - 60	61 - 90	90+
Stmt. Sent	Last Patient P	ayment	Last Insurance	Payment
Yes ,	<ul> <li>Yes</li> </ul>	✓ Yes	+	

- 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:**



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

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# Insurance Carrier:

🗧 Insurance Carrier					
Insurance Carrier					
3					
AETNA		68	246	NOCD	
Insurance Carrier Name		Pa	yer ID	Payer Offic	e
PO BOX 14094		El	ectronic 💌	ADA2007	-
Address1		Su	Ibmission Type	Form Type	
			1 👻		
Address2		Pr	ovider ID		
LEXINGTON	KY 40512-4094				
City	State Zip	_			
(877)277-3368	() •				
Phone	Fax				
		_			
Web Address					
<b>711</b>		_			
EMail					
Contact		No	otes		
	▶ * ₩ 🗸 >	🛛 🗖 Search	n		🔂 <u>C</u> lose
(c) PEB					

- ☑ Insurance Carrier Name Not Linked to Patients
- Address 1
- Address 2
- ☑ City
- ☑ State
- 🗹 Zip
- ✓ Phone
- ☑ Payer ID
- ☑ Payer Office
- ☑ Submission Type Defaults to Electronic
- ☑ Form Type current ADA Form
- ✓ Provider ID Defaults to 1

# Appointment Book:

<ul> <li>▲ 2 -</li> </ul>	🔬 3
Tuesday, August 23	Tuesday, August 23
L DAVID JENSEN	STEWART HALEY
-	
	-
MELISSA LADNER	DARIN FULLER
LORI HUMPHREY	AVID LOSER
REVIN MCCDY	A JAMIE HAYS

- ☑ Practice Appointments will convert to appropriate column
- Patient Name
- ☑ Appointment Date
- ☑ Appointment Time
- Appointment Length
- All Appointments convert default Prophy Code [D1110]. Operative appointments may need to be modified following conversion.

#### Fee Table:

Table				
Internal Code	Abbreviation	Fee	New Fee	
BADJ	Bridge Adjustment	\$0.00		8
BLEACH	Bleach Tray Delivery	\$0.00		
D0120	Periodic Oral Evaluation	\$50.00		
D0140	Limited Oral Eval-Prob Focused	\$66.00		
D0145	Oral Eval - Patient Under 3yrs	\$0.00		
D0150	Comprehensive Oral Evaluation	\$84.00		
D0160	Detailed Oral Eval-Prob Focus	\$93.00		
D0170	Re-Evaluation - Limited	\$75.00		
D0180	Comprehensive Perio Evaluation	\$100.00		
D0210	Intraoral - Complete Series	\$100.00		
D0220	Intraoral Periapical 1st Film	\$22.00		
D0230	Intraoral - Periapical, Addt'l	\$18.00		
D0240	Intraoral - Occlusal Film	\$18.00		
D0250	Extraoral - First Film	\$0.00		
	<b>%</b> <u>E</u> ees	(	Cancel	✓ <u>O</u> K

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



## XLChart™:

XLDent - Dental Chart		0 (8
Patients View Ink Treatment Notes Prescriptions Schedules Imaging Help		
al s 🗄 🗏 🗢 🔹 💩 🗶 🗹 🖄 者 👘 🖓 🖉 🐺 🗐 • 🖬 💷 🕸 🕪 🧋		
85) Larry Davis 💌 Male 😽 Single Deftal Dental Of CO	03/29/2010	
2 bytal / Treatment Mans -	Treatments prages	
	Advancement for water      Control     Contro     Control     Contro     Control     Control     Control	
	< Treatment Not Selected >	
	Treatments (66)	
LE ELEVINERE	Drag a column header here to group by that column	
	Date Code Description Tool Surfag Prov Value	Billing
	12/22/2509 00120 Periodic Oral Evaluation 1 \$0.00	lefter(
	12/22/2009 01110 Prophylaxes - Adult 10 \$0.00	Unidal
	08/31/2009 09110 Emergency Trant of Dental Pain 13 1 \$0.00	Inite
	06/18/2009 00210 Intraoral - Complete Series 10 \$0.00	0195al
IN REPUBLICATION .	05/18/2009 00120 Periodic Oral Evaluation 1 80.00	Initel
	06/18/2009 D1110 Prophylaxis - Adult 10 \$0.00	0150
		2%Bal
	01/08/2009 05422 Adjust Partial Denture-Hand 1 \$0.00	Initel
	01/08/2009 02920 Recement Crown 15 1 \$0.00	Initial
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17		
32 31 30 29 28 27 28 25 24 33 22 21 20 29 18 17	12/16/2008 D0120 Periodi: Drai Evakuation 1 80.00 12/16/2008 D1110 Prophylexis - Adult 10 80.00	lativital lativital

- ☑ 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
- $\boxdot$  Code
- ☑ Treatment
- ☑ Tooth
- ☑ Surface
- ✓ Value
- $\square$  Provider

#### Practice Information:

c Data	Logo												
Clinic Na	me and F	Registra	stion										
XLDent S	Smile Cer	nter					_						
279 Nor	th Medin	a Stree	t										
P.O. Bos	x 1000												
Loretto,	MN 553	57											
PEB													
	ed Produ RT,XLMO		.CHEOX	CIN,XLTI	MECLOC	ж							
		BILE,XL	CHEON	ON, XLTI		×				1	Multo	Jinic	
XLCHAP	rT,XLMO	BILE,XL				×					Multic	Jinic	
XLCHAF	rT,XLMO	61LE,XL	ddress		1-	x					Multic	Ĵinic	
XLCHAF Number	RT,XLMO	61LE,XL	ddress		1-	×				,	Multo	Ĵinic	
Number Add	RT,XLMO r of User dress 1 dress 2	BILE, XL s Clinic A 279 No	ddress rth Mei		1-	MN		5357-	1000		Multic	Ĵinic	
Number Add	r of User dress 1 dress 2 y St. Zip	BILE, XL s Clinic A 279 No Loretto	ddress rth Mer		1÷	MN	-	i5357- 3)479			Multo	Jinic	
Number Adr Adr	r of User dress 1 dress 2 y St. Zip	BILE, XL s Clinic A 279 No Loretto Phone	ddress rth Mer (800)3	i dina Stre 128-2925	1÷	MN	-	_			Multic	Jinic	
Number Adr Adr	r of User dress 1 dress 2 y St. Zip	BILE, XL s Clinic A 279 No Loretto Phone	ddress rth Mer (800)3	i dina Stre 128-2925	1 <u>+</u>	MN	(76	3)479			Multic	linic	

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

# **Operator Table:**

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 (	Dental 3 4	State Program 5
6 7		10
No	No 🔻 Yes	•
Edaims Pay To Provider	Use Timeclock A	dmin.

- 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:

?:\program files\fpc\\*.\* ?:\fpcar\\*.\*

#### **Files Needed**

?:\fpcar\fpcar.db ?:\fpcar\fpcar.log

Need software and license disks if available.

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#### **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
- $\odot$  Outstanding Insurance Claims
- $\odot$  Referrals
- ⊘ Prescription Listing
- ⊘ Patient Prescriptions
- Senefit Plans / Allowed Amounts
- S Progress Notes
- $\bigcirc$  Accounts that are not patients
- $\odot$  Treatment Plans

# Notes on Conversions:

Appointments will convert with a defaulted prophy code. This can be manually changed 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.

# <u>Gender</u>

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

# Marital Status

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

#### Phone Numbers

Phone numbers listed under the account tab | telephone directory will convert to notes area on every patient.

Phone numbers listed under the patient tab | phone will convert to patient's home phone number.

This will have to be manually updated after loading the converted database.

## 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 entered into current system it will default to 0. This will have to be manually updated after loading the converted database.

#### **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>™</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.



XLDent<sup>™</sup> File Conversion First Pacific Corporation(FPC) 9.0

Actual Data varies from dataset to dataset, visual representation may be different.