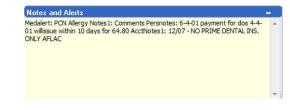


## Patient Information:

1591	Self			1591	Joh	n Zimmer	man		
Record No.	Rela	tion	E	Responsible P	arty				
John			J	Zimmerman			Joh	nny	
Name First		100	М	Last			Pre	ferred	
425 Corte Ma	adera A	ven	ue				(763)5	55-4444	
Address Line	1						Home	Phone	
							(763)6	66-4345	
Address Line	2				26		Work I	hone	
Corte Mader	a		CA	94925-	(763)675-1234				
City-State-Z	ip	-					Mobile	Phone	
USA			Joh	in@yahoo.co	m		()		
Country			EM	ail Web A	cces	<u>s</u>	Fax		
01/04/1998	•	12	539-	0000-000		Female	-	Single	-
Birth Date	A	ge	SSN			Gende	er	Marital St	atus
				1			•	Active	•
Classification	15			Doctor		Hygienis	t	Record St	tatus

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

### Patient Notes Panel:



- ☑ Chart Number
- Account & Patient User Codes
- Account Notes

# **Referral Information:**

- ☑ Referring Source
- ☑ Referred To and Date

#### Notes and Alerts:

	Notes and Ale	erts - Victo	ria Fischer	- 0
	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 X (		¢		
de Brint				(i+ Co

- Medical Alerts convert to Patient Chart Alert
- Patient Notes 1 convert to Patient Notes
- Patient Notes 2 convert to Patient Notes
- Personal Notes convert to Patient Notes
- Image: Team Talk Account Note convert to Account Notes
- Image: Team Talk Patient Note convert to Patient Notes

### History Reference Tab:

History estner/is Conplet	ted Running Balan	ot Reference								5	0
a a faile and the state	in territy products I	of Longer									
Date	Patient Name	Code	Treatment	Tauth	Surface	Value	_		Provider		
08/29/2002	Johnny	0:40	LIMITED ORAL EVALUATION			\$45.00.03					
08/29/2002	Johnny	0220	X RAY - FIRST PERIAFICAL			\$18.00 03					
09/09/2002	Johnny	0274	BITENINGS - 4 FILMS			\$40.00 03					
09/09/2002	Johnny	0272	BITENTINGS - 2 FELMS			\$2.00 03					
09/09/2002	Johnny	0270	BITENTING - STARLE FILM			\$2.00 03					
09/09/2002	Johnny	0330	PANORANEC FEM			\$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	EM		\$140.00 03					
09/26/2002	Johnny	0011	PAYMENT - HESC INSURANCE CARRIER.			-\$53.00.03					
10/01/2002	Johnny	2387	COMPOSITE-THREE SURP POSTERIOR	30	MOD	\$134.00 03					
10/01/2002	Johnny	2307	COMPOSITE-THREE SLEEP POSTERIOR	30	MED	\$134.00 03					
10/01/2002	Johnny	3120	PULP CAP-INCIPIECT	30	MOD	\$15.00 03					
10/10/2002	Johnny	2305	COMPOSITE ONE SURP-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	RUP CAP-INDRECT	02	0	\$15.00.03					
10/10/2002	Johnny	3120	PULP CAP-INDRECT	03	0	\$15.00.03					
10/10/2002	Johnny	0011	PAYMENT - HISC INSURANCE CARRIER			-\$157.00 03					
10/10/2002	Johnny	0011	PAYMENT - HISC INSURANCE CARRIER			-\$92.00.03					
10/24/2002	Johnny	0011	PAYMENT - HESC INSURANCE CARRIER			-\$214.40.03					
SR Split								Signt			() Coo
(4)	000										

- ☑ Treatment History Viewed as History Reference Includes Charges, Payments, Debits and Credits [Does not include deleted transactions]
- ☑ Date
- ☑ Patient Name
- ☑ Code
- ☑ Treatment Description
- ☑ Tooth
- ☑ Surface
- ☑ Value
- ✓ Provider Displayed as Provider who performed the service.



## Financial Information:

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

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

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



- First Visit Date
- ☑ Last Visit Date
- ☑ Last Recall Date (Last Exam Date)
- ☑ Recall Frequency
- ✓ Next Recall Date Calculated based on last recall date + recall frequency (# Months)
- ☑ TPO Consent Date (default is date of conversion)

#### Insurance and Employer Information:



- Relationship to Primary Policy Holder Self Only
- ☑ Subscriber Name
- ☑ Insurance Id If blank, default SSN# (if available)
- Group Number
- Benefit Assignment Default Provider
- ☑ Insurance Carrier Name
- Employer (from Insurance Plan Name)
- Employment Status Default Full Time
- Patient Deductible Default 0
- Max Benefit Default 0

### **Insurance Carrier :**

1					
<u>·</u>					
Aetna		_		_	
Insurance Carrier Name			Payer ID	Payer Offic	;e
Group Dental Claims			Batch	<ul> <li>ADA2007</li> </ul>	
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
- ☑ Fax
- Payer ID
- ☑ Payer Office
- Submission Type Default Electronic
- ☑ Form Type current ADA Form
- Provider ID Default 1



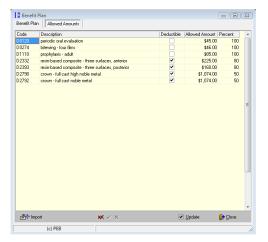
# Benefit Plan:

ACS Space GSG						-
Benefit Plan Name						
\$50.00 -	\$1.000.0	1 -				
	wimum Benefit					
		_				
(Treatment Value - Deductible Benefit Estimation Calculation		Plan Des				_
	1	Plan Des	cription			
PP0						
Category of Service	From	Thru	Percent	Dedu	ctible	-
Diagnostic	D0100	D0199		100		
Xray	D 0200	D0999		100		
Preventitive	D1000	D1999		100		
Restorative	D2000	D2599		80	<b>~</b>	=
	D2900	D.2999		0		
Inlays&Onlays	D2510	D.2664		50	•	
Posts	D2950	D2955		80	<b>~</b>	
Endodontics	D 3000	D 3999		80	<b>~</b>	-
Periodontics	D4000	D4999		80	~	
Prosthodontics-R.	D 5000	D5999		50	~	
Prosthodontics-F.	D 6000	D6999		50	~	
Crowns	D2600	D2899		50	•	
Oral Surgery	D7000	D7999		80	~	
Orthodontics	D8000	D 8999		50	~	

## \*\*Benefit Plan List Only - Not linked to Patients\*\*

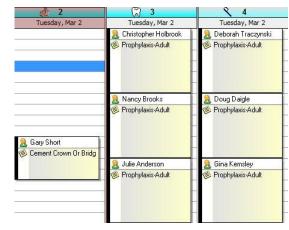
- Benefit Plan Name
- Patient Deductible
- Maximum Benefit
- ☑ Benefit Estimation Calculation Default (Treatment Value Deductible) \* PCT)
- ☑ Category of Service
- ☑ Codes From and Thru
- ☑ Percent
- ☑ Deductible

### Benefit Plans Allowed Amounts Tab:



- ☑ Code
- ☑ Description
- $\boxdot$  Deductible
- ☑ Allowed Amount
- ☑ Percent

# Appointment Book:



- ✓ Practice Appointments will convert to appropriate column
- Patient Name
- Appointment Date
- ☑ Appointment Time
- ☑ Appointment Length
- ☑ Appointment Notes
- All Appointments convert default Prophy Code [D1110 or D1120] depending upon dentist specialty.
   Operative appointments may need to be modified following conversion.

### 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		

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

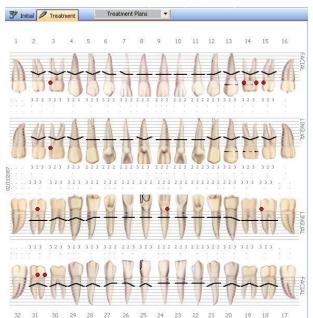


## XLChart™:



- ☑ 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
- ☑ Surface
- ☑ Value
- Provider Patient's current doctor of record.

# XLChart<sup>™</sup> - Perio:



- ☑ Exam Date
- Pocket Depth
- ☑ Recession
- ⊠ MGJ
- ☑ Bleeding
- ☑ Suppuration
- ☑ Plaque
- $\boxdot$  Calculus
- ☑ Furcation

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# Progress Notes Reference Tab

fsit Date 💎			
			_
Vest Date : 10/59/2009			
Richard A. Murdech			
196301 (Denr Cauft) 0.007erscrption Crusters (Transport Court) Country, Tablets 4.55 (Initian) Bennucterar Table 1-2 Jabled (3-Hhours is intecked for pain table 1-2 Jabled (3-Hhours is intecked for pain (10095)09			
Richard A. Murdoch			
Drug Tanier, Chickengon 100 ng Quantity Coso AV (Pritty) Ric Undempoin 150 ng Hand Stanie Raffi: 1005/09)			
/mit Date : 07/23/2009			
Richard A. Murdeoh 1965031 (Cheri Caruth: 0.00Portrat(s) Portrat(s). Talem 02/23/09			

- ☑ Clinical Notes
- Patient RX
- Procedure Date
- Procedure Date
  Drug Name
- Procedure Code
- Tooth
- Surface
- Note Detail
- Provider
- Quantity
- ◆ RX
- RX Instructions
- Provider
- Refills

# **Treatment Plans:**



\*\*Only plans created in the last 12 months will convert.\*\*

- ☑ Converted Plans are Accepted and Diagnosed
- ☑ Phase
- Minutes Default 0
- $\boxdot$  Code
- ☑ Treatment Description
- ☑ Tooth
- ☑ Surface
- ☑ Provider
- Status Default Pending
- ☑ Date
- ☑ Value
- ☑ Patient Value Default 0
- ☑ Insurance Value I Default 0
- ☑ Insurance Value II Default 0





# **Practice Information**

\$	XLDe	nt Clinic I	Perso	nalization		- 🗆 🗙
Clinic Data Logo						
Clinic Name and Re	aistration					
XLDent Smile Cente						
279 North Medina	Street					
P.O. Box 1000						
Loretto, MN 5535	7					
829999						
Registered Product	s					
XLCHART, XLMOBI	LE, XLCHECKIN, XI	LTIMECLOCK	(			
Number of Users		2 🔹			Пм	ultiClinic
d	linic Address					
Address 1 2	79 North Medina S	Street				PO Box not allowed in
Address 2 P.	O. Box 1000				_	Address 1
City St. Zip Lo			MN	55357-1000	_	
	hone (800)328-2		FAX	(763)479-4951	-	
Web Address ht	ttp://www.xldent	.com	_		_	
Email						
External IP					?	
	Code:	VAARC	F-3535	86		
					_	
					🙆 <u>C</u> ance	I <u></u> К
(c) PEE	3					

- ☑ Practice Demographic Information
- ☑ Clinic Name
- ☑ Address 1
- Address 2
- City, St, Zip+4
- ☑ Phone
- ☑ Fax
- ☑ Web Address If supplied
- ☑ Email If supplied
- External IP Defaults Blank
- ☑ Clinic Logo

## **Operator Table:**

₽.		Opera	tor Tabl	e	-	×
General Pas	sword EH	ર				
1						
Jim Name		M Last	DS	1	ovider ID	
787-33-7378		M Last 412321233		1234562		
787-33-7378 SSN		Federal TIN		NPI Type		
9890		reveraintaiv		0987654		
State License I	Number	DEA Number		NPI Type		
General Practic		San manufi		1223600		
General Practic Speciality	ce				VI U	_
	-	(		code		
(763)479-6166 Home Phone	5	(763)479-2504 Mobile Phone	•	Active	Yes	-
Location		Mobile Phone		Active		
Cocoon	Office	-			Loci	IPI Type 2
Location	XLDent Smile	Center				
Address 1	279 North M	edina Street			No P	O Box
Address 2	P.O. Box 100	0			_	
City St. Zip	-		MN	55357-1000	-	
	Loretto		_	55557-1000	2ip+	4 Required
Phone			FAX		_	
Email						
Insurance II	)s					
1	2	3		4	s id5	
-		Dental BCBS	;	State Progr		
6	7	8		9	10	
No	•	No 💌	Yes	•	55	
Eclaims Pay	To Provider	Use Timeclock	Timedoc	k Admin. ePre	escribe ID	
			▶*	<ul> <li>✓ ×</li> </ul>	🙇 Search	🚺 Clos
	(c) PEB					

- 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 Default Yes
- ☑ Loc NPI Type 2 Default Blank
- ☑ Location Clinic Name
- $\boxdot$  Address 1
- ☑ Address 2
- ☑ City, St Zip
- ☑ Phone
- 🗹 Fax
- ☑ Email If supplied
- ☑ Insurance ID's If available





#### File Location:

?:\softdent\ or ?:\program files\softdent

### Files Needed

?:\Softdent\\*.\* 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<sup>™</sup> Representative.

### Patient Documents:

For an additional fee, we have the ability to convert Documents and Images that reside in the Softdent pwimages folder

### Items that do not convert

Specific areas that will not convert include, but are not limited to, the following:

- ⊘ Provider Accounts Receivable Distribution
- ⊘ Payment Plans/Contract Balances
- S Outstanding Insurance Claims
- ⊘ Archival History
- ⊘ Prescription Listing
- Secondary Insurance
- S Appointment Book Slot Notes Slot Notes Slot Notes Slot Notes
- S Appointment Book Blocks
- $\odot$  ERA
- $\odot$  Patient Referrals
- ⊘ Account Documents
- S Inactive Patients

#### Notes on Conversions:

- Account and Patient Active/Inactive Status is determined by the Inactive check box on each Account or Patient Record.
- Phone numbers that contain only an area code will not convert as the area code and will need to be cleaned up after conversion.
- Insurance Plan name converts in place of employer name
- A/R report in Softdent automatically filters out balances on CIL accounts – XLDent<sup>™</sup> includes all balances on the A/R report
- Inactive accounts with balances should be reactivated or written off prior to final conversion. This will be determined at the time of preliminary conversion.
- When a patient is transferred in Softdent, the history items do not fully transfer to the new record and therefore will be located on the previous account.
- Softdent allows service codes to have more than 5 characters plus decimals, whereas XLDent<sup>™</sup> allows only 5 digit service codes. Converted codes will contain only the first 5 valid characters for each code.
- Appointments will convert with a default prophylaxis code. This can be manually changed after the conversion.
- Benefit Plan table converts, but is not linked to subscriber. This will need to be reviewed and manually updated after conversion.
- Softdent allows Benefit Plan Category of Service Codes to be blank and to overlap. We altered the categories to remove overlap.
- Softdent allows for clinical notes to have a blank procedure date. These notes will convert over with the created date.
- Only document images (JPG, BMP and HTM) in the pwimages\patient folder will convert.
- Team Talk Notes convert with Created Date and End Date is contained within the note.
- Due to the lack of Patient Identification for Guarantors 2, 3 and 4. the mobile and email content will not accurately convert on Guarantor 2, 3 and 4
- In Softdent, there are 4 areas where an Insurance ID can be entered. We convert the patient record Insurance ID. If the subscriber is not a patient, it will convert with the SSN if available, or blank.



Below are some additional notes concerning items that will or will not convert:

#### Patient ID

Softdent Patient ID # is XLDent™ Record#

#### <u>Gender</u>

When this is not converted or not entered into current system, default is Male.

#### Marital Status

When this is not converted or not entered into current system, default is Other.

#### Preferred Dentist

When this is not converted, 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, default is 0. This will have to be manually updated after loading the converted database.

#### Patient Status

Active and Auxiliary status patients convert to XLDent<sup>™</sup>. Auxiliary status is reserved for Guarantors who do not have a corresponding Patient Record.

### Patient Treatment Plans

All Treatment Plans NOT scheduled and NOT in Tickler plans will convert. Accepted plans are marked approved in XLDent, and Diagnosed plans are not approved. Only the last 12 months of Treatment Plans will convert.

### Patient Benefit Plans (Bluebook Values)

Allowed Amounts with Invalid ADA Code will not be converted. Example 01110.01, 01110.02, etc.

### Benefit Plan Maximum Benefit

When this is not converted, default is \$0.00.

#### 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.

#### Miscellaneous Notes

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/End of Year totals or printed reports from your previous system. At the end of the actual month and year, you will combine the totals from XLDent<sup>™</sup> with the totals from your previous system to get accurate Month to Date/Year to Date totals.

If posting continues in your existing practice management software after the conversion cutoff date, 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.