Patient Information:

- ☑ 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 – no extension
- ☑ Mobile Phone Number
- ☑ Fax Phone Number
- ☑ Email Address
- ☑ Gender
- ☑ Marital Status
- ☑ Birth Date
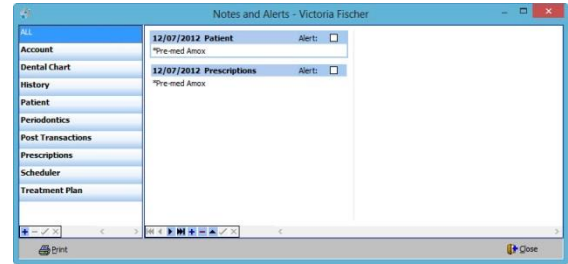- ☑ Patient SSN
- ☑ Doctor of Record
- ☑ Record Status

Notes:

- ☑ Notes
- ☑ Referred By
- ☑ Emergency Contact
- ☑ Emergency Phone

Notes and Alerts:

- ☑ Patient Reminders convert to Patient Record Alert and Prescriptions Alert
- ☑ Medical Alerts containing Premed or Allergy convert to Patient Record Alert and Prescriptions Alert
- ☑ Medical Alerts containing F.A or Schedule Information convert to Schedule Note
- ☑ Medical Alerts containing any other information convert to Patient Note

History Reference Tab:

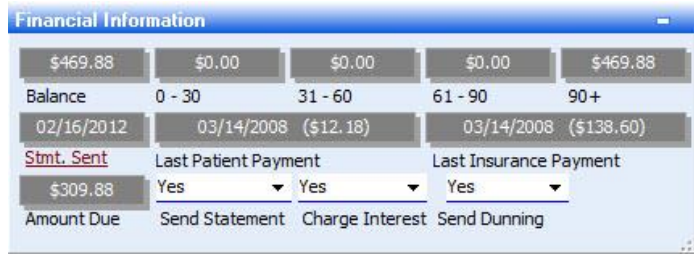- ☑ Treatment History – Viewable as History Reference – Does not include deleted transactions [includes Charges, Payments, Debits and Credits]
- ☑ Date
- ☑ Patient Name
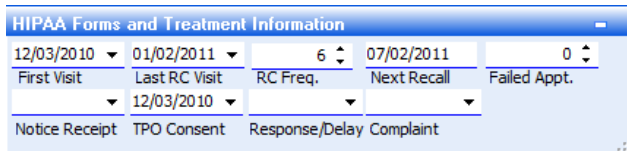- ☑ Code
- ☑ Treatment Description
- ☑ Tooth
- ☑ Surface
- ☑ Value
- ☑ Provider

Financial Information:

- ☑ Account Balances -- Aged accordingly based on patient primary doctor.
- ☑ Send Statement – Defaults to Yes
- ☑ Charge Interest – Defaults to Yes
- ☑ Send Dunning – Defaults to Yes
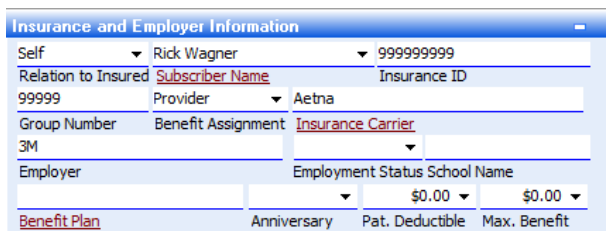
HIPAA Forms and Treatment Information:

- ☑ First Visit Date
- ☑ Last Visit Date
- ☑ Last Recall Visit (Last Prophy Date)
- ☑ Recall Frequency
- ☑ Next Recall Date – Based on last recall visit date using recall frequency
- ☑ TPO Consent
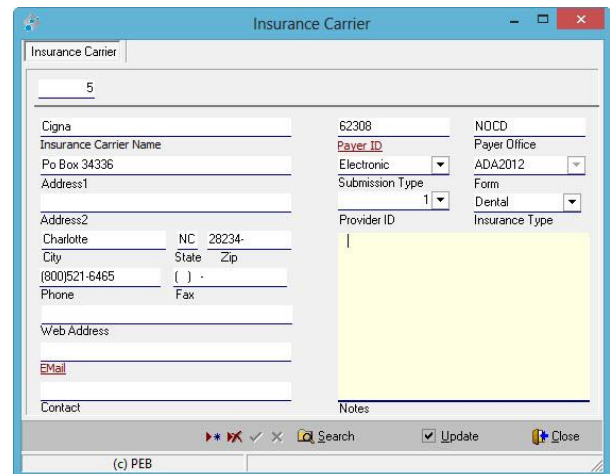
Insurance and Employer Information:

- ☑ Relation to Primary Policy Holder
- ☑ Subscriber Name
- ☑ Insurance Id – If blank defaults to SSN# if available
- ☑ Group Number
- ☑ Benefit Assignment
- ☑ Insurance Carrier Name
- ☑ Employer
- ☑ Employment Status – Defaults to Full Time
- ☐ Patient Deductible – Defaults to 0
- ☐ Max Benefit – Defaults to 0

Insurance Carrier:

- ☑ Insurance Carrier Name
- ☑ Address 1
- ☑ Address 2
- ☑ City
- ☑ State
- ☑ Zip
- ☑ Phone
- ☑ Fax – Defaults to Blank
- ☑ Web Address – Defaults to Blank if not supplied
- ☑ Email -- Defaults to Blank if not supplied
- ☑ Contact – Defaults to Blank if not supplied
- ☑ Payer ID – Add after conversion
- ☑ Payer Office – Defaults to Blank
- ☑ Submission Type – Defaults to Electronic
- ☑ Form Type current ADA Form
- ☑ Provider ID – Defaults to 1
- ☑ Insurance Type – Defaults to Dental

Benefit Plan:
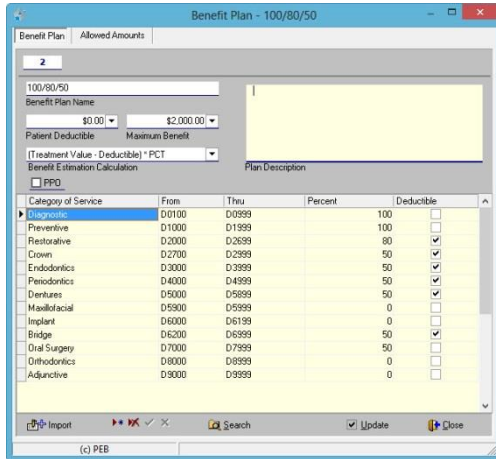
Benefit Plan List Only – Not linked to Patients

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

Benefit Plan Allowed Amounts Tab:
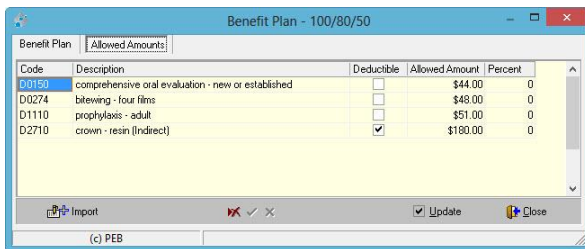
**Non-Standard Fee Schedules Only **

- ☑ Code
- ☑ Description
- ☑ Deductible
- ☑ Allowed Amount
- ☑ Percent

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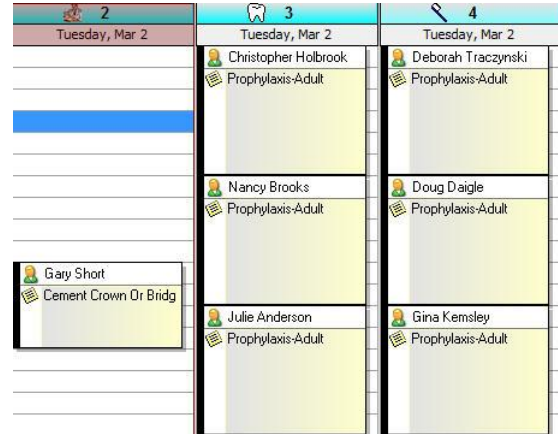
- ☑ Practice Appointments will convert to appropriate column
- ☑ Patient Name
- ☑ Appointment Date
- ☑ Appointment Time
- ☑ Appointment Length
- ☑ Appointment Notes
- ☑ All Appointments convert default Prophy Code [D1110 or D1120] depending upon dentist specialty. Operative appointments may need to be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

Fee Table:
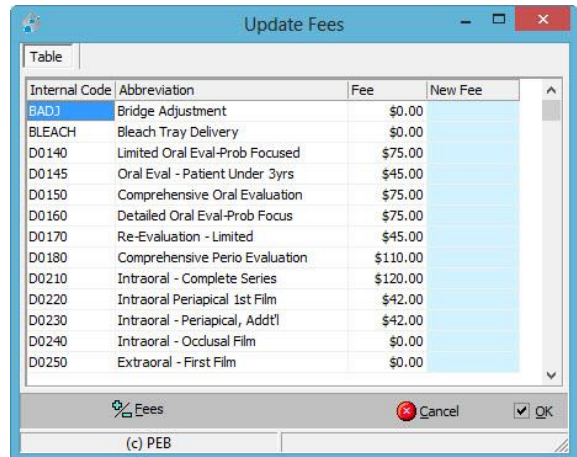
- ☑ Procedure Codes
  - ♦ Active ADA Codes
  - ♦ Base Code Abbreviation
- ☑ Primary Fee Schedule

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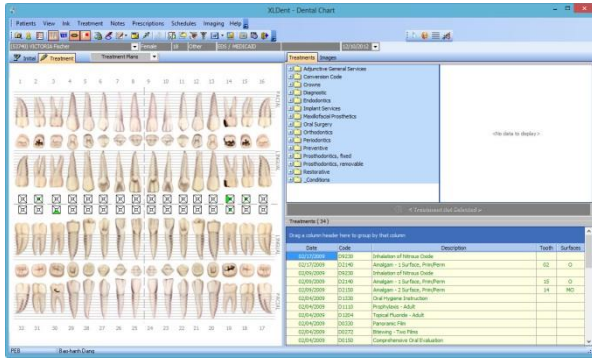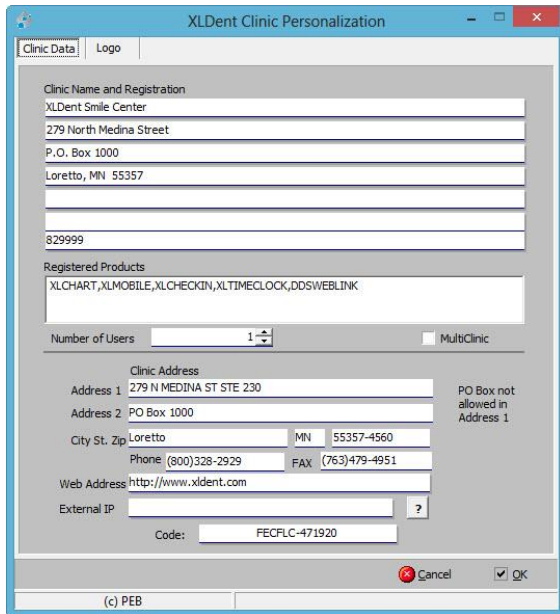
- ☑ Restorative Chart -- As a visual representation of treatment completed on valid ADA codes only. This will be recorded as Initial Treatment in XLChart™
- ☑ Date
- ☑ Patient Name
- ☑ Code
- ☑ Treatment
- ☑ Tooth
- ☑ Surface
- ☑ Value
- ☑ Provider

Treatment Plans:
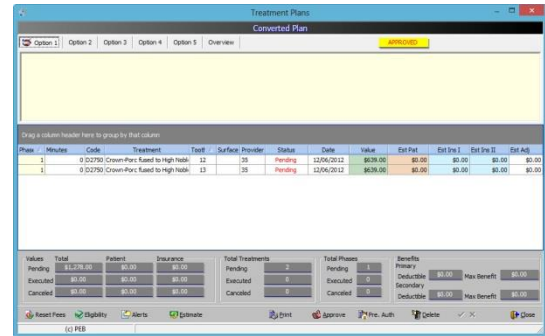
- ☑ Phase
- ☑ Minutes – Defaults to 0
- ☑ Code
- ☑ Treatment Description
- ☑ Tooth
- ☑ Surface
- ☑ Provider
- ☑ Status – Defaults to Approved
- ☑ Date
- ☑ Value
- ☑ Patient Value – Defaults to 0
- ☑ Insurance Value I – Defaults to 0
- ☑ Insurance Value II – Defaults to 0
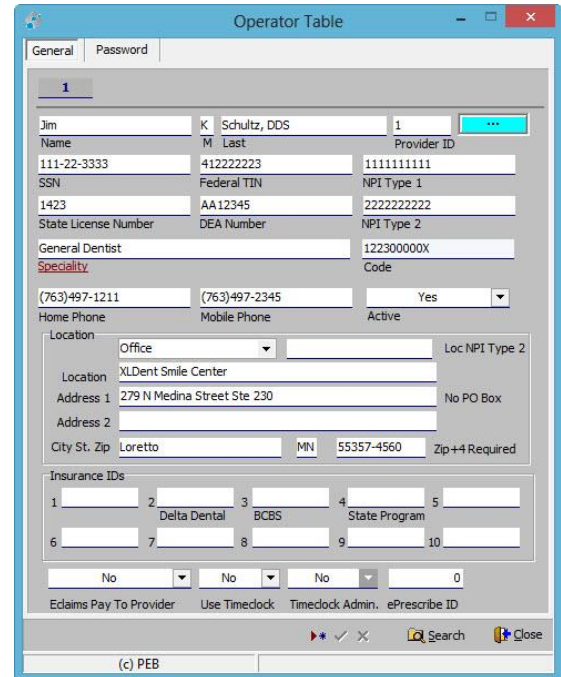
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Practice Information

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

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
☑ Location – Defaults to Office Name
☑ Location Address1 and 2
☑ Location City, State, Zip
☑ Insurance ID's – If available

File Location:
?:\cdmt\ or ?:\program files\cdm

Files Needed
?:\cdm*.* excluding Images folder
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
- ⊘ Payment Plans/Contract Balances
- ⊘ Outstanding Insurance Claims
- ⊘ Rx Listing
- ⊘ Insurance Payment Table

Notes on Conversions:

➢ Inactive accounts with balances should be reactivated or written off prior to final conversion. This will be determined at the time of preliminary conversion.

➢ Appointments will convert with a defaulted prophy code. This can be manually changed after the conversion.

➢ Camsight allows Benefit Plan Category of Service Codes to be blank. This will need to be reviewed and manually updated after conversion.

➢ Fee Schedules will convert to Benefit Plan Allowed amounts.

➢ Primary insurance held by the responsible party will convert linked to patients. If a patient holds the primary insurance for other family members, it will not convert linked to the family members.

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.

Gender

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.

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™. 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.

Patient Status

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

Patient Treatment Plans

Only the last 12 months of treatment plans will convert.

Patient Benefit Plans (Category of Service)

Benefit Plan Category of Service ranges with Invalid ADA Codes will not be converted. Example 22222, 50002, etc.

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.

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