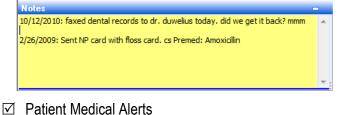


Patient Information:

1426	Self		-		1426	Ja	me	s Miller			
Record No.	Rela	ation		Res	ponsible F	Party					
James			L	М	iller				Jim		
<u>N</u> ame First			М	L	.ast				Pre	ferred	
2453 Canyon	Road								(555)5	55-5555	
Address Line	1								Home	Phone	
PO Box 15									(444)4	44-4444	
Address Line2	2								Work F	hone	
Anytown			MN		55384-				\bigcirc		
City-State-Zi	5	_							Mobile	Phone	
USA			jim	@ya	ahoo.com				\square		
Country			EM	lail	Web A	cces	s		Fax		
1/27/1963	-	47	999-	99-	9999		M	ale	•	Married	•
Birth Date	4	\ge	SSN				(Gende	r	Marital S	tatus
				1	1	•			-	Active	•
Classification				_	Doctor		Ну	gienis	t	Record S	tatus

- 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 no extension
- ☑ Email Address
- ☑ Gender
- ☑ Marital Status
- ☑ Birth Date
- Patient SSN
- Doctor of Record
- Record Status Active & Auxiliary

Notes:



Patient Notes

History Reference Tab:

Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provide	er
06/16/1993	Larry	C3	SENT TO COLLECTION			-\$417.43 1		
04/26/1993	Larry	00002	Finance Charge			\$4.09 1		
04/26/1993	Larry	1	Evergreen Pre Collection			\$0.00		
03/25/1993	Larry	00002	Finance Charge			\$4.09 1		
03/25/1993	Larry	2	Our Accountant Has Advised Lis To			\$0.00		
03/25/1993	Larry	2	Only Carry Your Account Until April			\$0.00		
03/25/1993	Larry	2	15, 1993. Collection Proceedings			\$0.00		
03/25/1993	Larry	2	Will Begin After 4/15/93.			\$0.00		
03/25/1993	Larry	2	Final Notice Sent, Due By May 3, '93			\$0.00		
01/25/1993	Larry	124/06	Payment Check 19*2			-\$941.80 1		
12/21/1992	Larry	124/06	Payment Check 19-2			-\$218.40 1		
12/15/1992	Trenace	02990	Buildup	30		\$130.00 1		
12/15/1992	Trenace	02890	Endo Post	30		\$47.00 1		
12/15/1992	Trenace	02950	Buildup	31		\$130.00 1		
12/15/1992	Trenace	02890	Endo Post	31		\$47.00 1		
12/03/1992	Trenace	03330	Root Canal Treat-three Can	30		\$478.00 1		
12/03/1992	Trenace	03330	Root Canal Treat-three Can	31		\$478.00 1		
12/03/1992	Trenace	09231	Anal-nitrous Oxide 30 Min			\$21.00 1		
12/03/1992	Larry	P2	Payment Check 19-2			-\$76.55 1		
11/12/1992	Trenace	00130	Emergency Oral Exam			\$22.00 1		
11/12/1992	Trenace	09130	Eng Pain Relief			\$37.00 1		
11/12/1992	Trenece	09130	Eng Pain Relief			\$37.00 1		

- ☑ Treatment History Viewable as History Reference [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 Pa	yment	Last Insurance	e Payment
Yes 🔻	Yes	Yes	-	
Send Statement	Charge Interes	st Send Dunning		

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

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



Patient Prescription List:



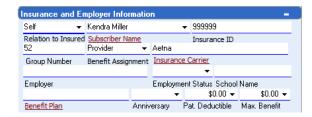
- ☑ Date
- ☑ Dosage
- ☑ Dispense
- ☑ Refills
- ☑ Provider

Prescription Predefined Templates:

4 tabs, 1 hour prior to dental appointment			
14 cabs, 1 nour prior to dental appointment		0	
Take 1 tablet three times a day for 10 days,	30 tabs	0	
Take 1 tab 1 hour before dental appointment.	10 tabs	0	
Take 2 tabs every 12 hours	40 tabs	0	
		0	
Take 2 tablets 1 hour before dental	8	0	
Apply small dab to affected area gid	2 tube	6	
Fill cap to "fill" line (15ml) Swish in mouth	1 bottle	0	
Take 1 tab tid for 10 days	30 tabs	0	
Take 4 tabs 1 hour before dental appoinment.	20 tabs	0	
Take 1 tab every 6 hours as needed.	20 tabs	0	
Take 1 tablet	1 tab	0	
Take 1 tab every day for 90 days.	100 tabs	0	
Take 1 tab every 12 hours for 60 days.	120 tabs	0	
TID for 10 days	30 tabs	0	
1 tab 2 X day for 5 days	10 tabs	0	
Take one tab 3 times a day for 1 week. Do	21 tabs	0	
Take 1 up to 3 times a day as needed for pain.	20 tabs	0	
use as directed	1 tube 4 0z.	0	
Take 1 tablet before bedtime and 1 tablet 1	2 tablets	0	
Take 1 tab gid for 10 days.	40 tabs	0	
4 tabs 1 hr prior to dental appointment	32 tabs	0	
Rinse with 1/2 oz. for 30 seconds and spit out	20 oz. bottle	0	
Take as directed on package	1 Pack	0	
1 g4-6h pm pain	25 tabs	0	
	Take 1 tob 1 hour before devial apportment, Take 2 tobs every 12 hours Take 2 tobs every 12 hours Take 2 tobsets 1 hour before devial Apply small daits to affected area gd Fille ga to "Iff me tobse for data appointent. Take 1 tob every 6 hours as needed. Take 1 tob every 6 hours as needed. Take 1 tob every 6 hours as needed. Take 1 tob every 16 hours as needed. Take 1 tob every 16 hours as needed. Take 1 tob every 12 hours for 06 days. Take 1 tob every 14 hours a day or needed for pain- use as dexided Take 1 to days 11 tobse 1 hours 11 tobse 1. Take 1 tob gdf or 10 days.	Take 1 that how before deviat appointment. 10 taks Take 2 taks every 12 hours 10 taks Take 2 taks 1 how before deviat 0 Apply mold dub to affectd over opt 2 taks Take 2 taks 1 how before deviat appointment. 0 Take 1 tak bit (5m) Swelth much 1 tabte Take 1 tab bit (5m) Swelth much 1 tabte Take 1 tab every 6 hours are needed. 20 tabs Take 1 tab every 6 hours are needed. 1 tab Take 1 tab every 4 hour 6 of days. 100 tabs Take 1 tab every 4 hour 6 of days. 100 tabs Take 1 tab every 4 hour 6 of days. 100 tabs Take 1 tab every 4 hour 6 of days. 10 tabs Take 1 tab every 4 hour 6 of days. 10 tabs Take 1 tab every 4 hour 6 of days. 10 tabs Take 1 tab every 4 hour 6 of days. 10 tabs Take 1 tab every 4 hour 6 of days. 10 tabs Take 1 tab every 6 hour 6 of days. 10 tabs Take 1 tab every 6 hour 6 of days. 10 tabs Take 1 tab every 6 hour 6 of days. 10 tabs Take 1 tab every 6 hour 6 or days. 10 tabs Take 1 tab eve	Take 1 that hour before detail apportunet. 10 tabs 0 Take 2 tabs every 12 hours 10 tabs 0 Take 2 tabs every 12 hours 10 tabs 0 Take 2 tabs 1 hour before dens and 0 0 Apply mold abt to affected area gd 2 tube 6 Fill cap to HTIM hour before dental appointent. 20 tabs 0 Take 1 tab every 6 hours as needed. 20 tabs 0 Take 1 tab every 6 hours as needed. 20 tabs 0 Take 1 tab every 4 hours 6 not 4 days. 10 tabs 0 Take 1 tab every 4 hour 5 not 6 days. 10 tabs 0 Take 1 tab every 4 hour 5 not 6 days. 10 tabs 0 Take 1 tab every 4 hour 5 not 6 days. 10 tabs 0 Take 1 tab every 4 hour 5 not 6 days. 10 tabs 0 Take 1 tab every 4 hour 5 not 6 days. 10 tabs 0 Take 1 tab every 4 hour 5 not 6 days. 10 tabs 0 Take 1 tab every 4 hour 5 not 1 babs. 0 1 Take 1 tab every 6 not 6 days. 10 tabs 0 Take 1 tab every 6 not 6 days. 10 ta

- ☑ Medicine
- ☑ Dosage
- ☑ Dispense
- ☑ Refills

Insurance and Employer Information:



- ☑ Relation to Primary Policy Holder
- ☑ Subscriber Name
- ✓ Insurance Id
- Group Number
- Benefit Assignment Default to Provider
- ☑ Insurance Carrier Name
- ☑ Employer
- ☑ Employment Status Defaults to Full Time

Second Insurance and Employer Information:

Spouse 🛛 👻	Johonson Tod	ld		•	88888888		
Relation to Insured					Insurance ID		
11	Provider		The Gua	rdia	an		
Group Number	Benefit Assignr	ment	Insurance	e C	arrier		
					-		
Employer			Employme	ent	Status School	Name	
			-		\$0.00 🗸		\$0.00 🗸
Benefit Plan		Anniv	ersary	Pa	t. Deductible	Max, B	Renefit

- ☑ Relation to Primary Policy Holder
- ☑ Subscriber Name
- ☑ Insurance ID
- Group Number
- Benefit Assignment Default to Provider
- ☑ Insurance Carrier Name
- ☑ Employer
- ☑ Employment Status Defaults to Full Time

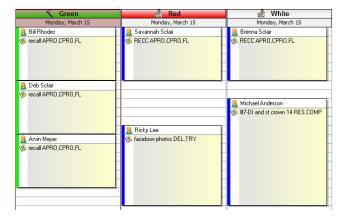


Insurance Carrier:

B Insurance Carrier					- • •
Insurance Carrier					
1					
Aetna		6	50054	NOCE	
Insurance Carrier Name		Ē	ayer ID	Payer	Office
Group Dental Claims		E	Electronic	 ADA2 	007 💌
Address1		9	Submission Type	Form 1	vpe
Po Box 14066			1 -		JF-
Address2		F	Provider ID		
Lexington	KY 40512-				
City	State Zip				
(800)843-3661	() ·				
Phone	Fax				
		_			
Web Address					
<u>EMail</u>					
Jane Doe					
Contact		1	Notes		
	▶* ₩ ✓ ×	🔯 Sear	ch 🗸	<u>U</u> pdate	🔂 Close
(c) PEB					11.

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

Appointment Book:



- ☑ Practice Appointments will convert to appropriate column
- ☑ Assigned to Doctor in the XLDent[™] Scheduler
- Patient Name
- ☑ Appointment Date
- ☑ Appointment Time
- ☑ Appointment Length
- Appointment Comments
- All appointments convert with procedure codes if supplied.

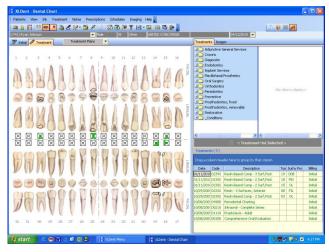
Fee Table:

Blach Tray Delivery \$0.00 D0120 Periodic Oral Evaluation \$0.00 D0140 Limited Oral Evaluation \$0.00 D0145 Oral Evaluation \$0.00 D0145 Oral Eval-Prob Focused \$0.00 D0145 Oral Eval-Prob Focuse \$0.00 D0150 Comprehensive Oral Evaluation \$0.00 D0160 Detailed Oral Eval-Prob Focuse \$0.00 D0170 Re-Evaluation - Limited \$0.00 D0180 Comprehensive Perio Evaluation \$0.00 D0120 Intraoral - Compilete Series \$0.00 D0220 Intraoral - Periopical 1st Film \$0.00 D0230 Intraoral - Occlusal Film \$0.00 D0240 Intraoral - Occlusal Film \$0.00 D0250 Extraoral - First Film \$0.00 D0260 Extraoral - Erist Addt1 \$0.00 D0270 Blewing - Time Films \$0.00 D0272 Blewing - Time Films \$0.00 D0273 Blewing- Time Films \$0.00		Abbreviation	Fee	New Fee	1
D0120 Periodic Oral Evaluation \$0.00 D0140 Limited Oral Eval-Pob Focused \$0.00 D0150 Comprehensive Oral Eval-Pob Focused \$0.00 D0160 Comprehensive Oral Eval-Pob Focus \$0.00 D0150 Comprehensive Oral Eval-Pob Focus \$0.00 D0160 Detailed Oral Eval-Pob Focus \$0.00 D0170 Re-Eval-Atton - Limited \$0.00 D0180 Comprehensive Prois Evaluation \$0.00 D01010 Intraoral - Complete Series \$0.00 D02010 Intraoral - Conclusal Film \$0.00 D0220 Intraoral - Conclusal Film \$0.00 D0230 Extraoral - First Film \$0.00 D0240 Intraoral - Occlusal Film \$0.00 D0250 Extraoral - First Film \$0.00 D0260 Extraoral - First Film \$0.00 D0270 Bitewing - Single Film \$0.00 D0272 Bitewing - Single Film \$0.00 D0273 Bitewings, Three Films \$0.00	BADJ	Bridge Adjustment	\$0.00		
D0140 Limited Oral Eval-Prob Focused \$0.00 D0145 Oral Eval-Prob Focused \$0.00 D0150 Comprehensive Oral Evaluation \$0.00 D0160 Detailed Oral Eval-Prob Focus \$0.00 D0160 Detailed Oral Eval-Prob Focus \$0.00 D0170 Re-Evaluation - Limited \$0.00 D0180 Comprehensive Proit Evaluation \$0.00 D0180 Comprehensive Proit Evaluation \$0.00 D0210 Intraoral-Complete Series \$0.00 D0230 Intraoral - Peraipical, Addt1 \$0.00 D0240 Extraoral - Extraoral, Addt1 \$0.00 D0250 Extraoral - Extra Addt1 \$0.00 D0270 Bitewing - Two Films \$0.00 D0272 Bitewing - Two Films \$0.00 D0272 Bitewing - Two Films \$0.00	BLEACH	Bleach Tray Delivery	\$0.00		
00145 Oral Eval - Patient Under 3yrs \$0.00 D0150 Comprehensive Oral Evaluation \$0.00 00160 Detailed Oral Evaluation \$0.00 D0170 Re-Evaluation - Limited \$0.00 D0180 Comprehensive Perio Evaluation \$0.00 D0120 Intraoral - Complete Series \$0.00 D0220 Intraoral Perrapical 1st Film \$0.00 D0230 Intraoral - Conclusal Film \$0.00 D0240 Intraoral - Perrapical Addt1 \$0.00 D0250 Extraoral - First Film \$0.00 D0260 Extraoral - First Addt1 \$0.00 D0270 Bitewing - Single Film \$0.00 D0272 Bitewing - Kinge Films \$0.00 D0273 Bitewings, Three Films \$0.00	D0120	Periodic Oral Evaluation	\$0.00		
D0150 Comprehensive Oral Evaluation \$0.00 D0160 Detailed Oral Eval-Prob Focus \$1.00 D0170 Re-Evaluation - Limited \$0.00 D0180 Comprehensive Perio Evaluation \$0.00 D0180 Comprehensive Perio Evaluation \$0.00 D0210 Intraoral-Complete Series \$1.00 D0220 Intraoral-Periapical st Film \$0.00 D0230 Intraoral-Occlusal Film \$1.00 D0250 Extraoral-First Film \$0.00 D0260 Extraoral-First Addt1 \$0.00 D0260 Extraoral-First Film \$0.00 D0270 Bitewing - Single Film \$0.00 D0272 Bitewing - Wo Films \$0.00 D0272 Bitewing - Two Films \$0.00 D0273 Bitewing - Fires Films \$0.00 D0274 Bitewing - Fires Films \$0.00	D0140	Limited Oral Eval-Prob Focused	\$0.00		
00160 Detailed Oral Eval-Prob Focus \$0.00 D0170 Re-Evaluation - Limited \$0.00 D0180 Comprehensive Perio Evaluation \$0.00 D0210 Intraoral - complete Series \$0.00 D0220 Intraoral - Periopical, Addt1 \$0.00 D0230 Intraoral - Periopical, Addt1 \$0.00 D0240 Extraoral - Erst Film \$0.00 D0250 Extraoral - Frist Film \$0.00 D0260 Extraoral - Erst Addt1 \$0.00 D0270 Bitewing - Two Films \$0.00 D0272 Bitewing - Two Films \$0.00 D0273 Bitewings, Three Films \$0.00	D0145	Oral Eval - Patient Under 3yrs	\$0.00		
00170 Re-Evaluation - Limited \$0.00 D0180 Comprehensive Perio Evaluation \$3.00 D0210 Intraoral - Complete Series \$0.00 D0220 Intraoral - Renaptice Series \$0.00 D0220 Intraoral - Periapical, Addt1 \$0.00 D0240 Intraoral - Periapical, Addt1 \$0.00 D0250 Extraoral - First Film \$0.00 D0260 Extraoral - First Addt1 \$0.00 D0270 Bitewing - Single Film \$0.00 D0272 Bitewing - Two Films \$0.00 D0273 Bitewings, Three Films \$0.00	D0150	Comprehensive Oral Evaluation	\$0.00		
D0180 Comprehensive Perio Evaluation \$0.00 D0210 Intraoral-Complete Series \$0.00 D0220 Intraoral-Periapical St Film \$0.00 D0230 Intraoral-Periapical Addt1 \$0.00 D0240 Intraoral-Periapical Addt1 \$0.00 D0250 Extraoral-First Film \$0.00 D0260 Extraoral-First Film \$0.00 D0260 Extraoral-First Film \$0.00 D0270 Bitewing - Single Film \$0.00 D0272 Bitewing- Wo Films \$0.00 D0273 Bitewings, Three Films \$0.00 D0274 Bitewings, Three Films \$0.00	D0160	Detailed Oral Eval-Prob Focus	\$0.00		
D0210 Intraoral - Complete Series \$0.00 D0220 Intraoral Perinpical 1st Film \$0.00 D0230 Intraoral - Perinpical, Addt1 \$0.00 D0240 Intraoral - Perinpical, Addt1 \$0.00 D0250 Extraoral - First Film \$0.00 D0260 Extraoral - First Film \$0.00 D0260 Extraoral - Single Film \$0.00 D0270 Bitewing - Single Film \$0.00 D0272 Bitewings, Three Films \$0.00	D0170	Re-Evaluation - Limited	\$0.00		
00220 Intraoral Periapical 1st Film \$0.00 00230 Intraoral - Periapical, Addt1 \$0.00 00240 Intraoral - Occlusal Film \$0.00 00250 Extraoral - First Film \$0.00 00260 Extraoral - First Film \$0.00 00260 Extraoral - First Film \$0.00 00270 Bitewing - Single Film \$0.00 00272 Bitewing - Two Films \$0.00 00273 Bitewings, Three Films \$0.00	D0180	Comprehensive Perio Evaluation	\$0.00		
D0230 Intraoral - Periapical, Addt1 \$0.00 D0240 Intraoral - Occlusal Film \$0.00 D0250 Extraoral - First Film \$0.00 D0260 Extraoral - First Film \$0.00 D0260 Extraoral - First Film \$0.00 D0270 Bitewing - Single Film \$0.00 D0272 Bitewing - Two Films \$0.00 D0273 Bitewings, Three Films \$0.00	D0210	Intraoral - Complete Series	\$0.00		
00240 Intraoral - Occlusal Film \$0.00 D0250 Extraoral - First Film \$0.00 D02600 Extraoral - Addt 1 \$0.00 D0270 Bitewing - Single Film \$0.00 D0272 Bitewing - Two Films \$0.00 D0273 Bitewing - Two Films \$0.00	D0220	Intraoral Periapical 1st Film	\$0.00		
D0250 Extraoral - First Film \$0.00 D0260 Extraoral - Each Addt1 \$0.00 D0270 Bitewing - Single Film \$0.00 D0272 Bitewing - Two Films \$0.00 D0273 Bitewings, Three Films \$0.00	D0230	Intraoral - Periapical, Addt'l	\$0.00		
00260 Extraoral - Each Addt1 \$0.00 D0270 Bitewing - Single Film \$1.00 D0272 Bitewing - Two Films \$0.00 D0273 Bitewings - Three Films \$0.00	D0240	Intraoral - Occlusal Film	\$0.00		
D0270 Bitewing - Single Film \$0.00 D0272 Bitewing - Two Films \$0.00 D0273 Bitewings, Three Films \$0.00	D0250	Extraoral - First Film	\$0.00		
D0272 Bitewing Two Films \$0.00 D0273 Bitewings, Three Films \$0.00	D0260	Extraoral - Each Addt'l	\$0.00		
D0273 Bitewings, Three Films \$0.00	D0270	Bitewing - Single Film	\$0.00		
	D0272	Bitewing - Two Films	\$0.00		
D0274 Bitewings - Four Films \$0.00	D0273	Bitewings, Three Films	\$0.00		
	D0274	Bitewings - Four Films	\$0.00		

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

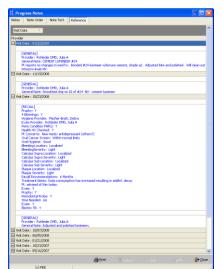


XLChart™:



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

Progress Note Reference Tab:



☑ Date☑ Note Body

Treatment Plans:



- ☑ Phase
- ☑ 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
- ☑ Insurance Value II Defaults to 0

Practice Information:



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



Operator Table:

1		
im	Schultz, DDS	1
lame	M Last	Provider ID
87-33-7378	419999999	1112223334
SN	Federal TIN	NPI Type 1
890	AA12345	2223334445
tate License Number	DEA Number	NPI Type 2
eneral Dentist		122300000X
peciality		Code
763)479-6166	(763)479-2504	Yes 🔻
lome Phone	Mobile Phone	Active
Insurance IDs		
1 2	3 4	5
		State Program
6 7		10
No	No 🔻 Yes	•
Edaims Pay To Provider	Use Timedock Timedock A	udmin.

- 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\DMC\

Files Needed

?:\program files\DMC*.* 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[™] 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
- S Outstanding Insurance Claims
- Senefit Plans / Allowed Amounts
- S Cancelled or Pending Appointments
- ⊘ Referrals
- ⊘ Patient Photos
- ⊘ Account Notes
- Solution Non-Patient Subscribers
- Solution → Stream S
- ⊗ Recall Comments

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Notes on Conversions:

- > Plan name converts in place of employer name.
- Only treatment plans created in the last year (12 months) will convert. Accepted plans convert as approved, Proposed plans convert as not approved.
- Last Prophy visit is converted as last RC Visit in XLDent™. Perio patients will need to be reviewed after conversion.
- 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.
- Duplicate patients may be converted if naming is not consistent between guarantor and patient records in your old system.
- All payments and adjustments will be converted to the guarantor. There will be no provider converted in reference history for these items.
- We do not convert over all the variations of phone numbers, due to the way your existing Practice Management Software records this information.
- If the Insurance Subscriber is a non-patient on the account, insurance linkage to family members does not convert.
- When a patient is transferred in Daisy, the history items do not fully transfer to the new record and therefore will be located on the previous account.

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

Patient ID

The patient id number in your previous system will be converted.

Patient Preferred Name

When this field is blank, this will convert the First Name as the Preferred Name.

Preferred Dentist

When this is not converted all patients will be assigned to the default Doctor.

Marital Status

Unknown is converted as Other.

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 0.

Appointment Category

When this is not converted the Appointment Category will be blank. This can be manually updated after the conversion.

Payer ID

The Payer ID's from your previous system may not be accurate according to the Emdeon Payer List. This field must be verified following conversion.

TPO Consent Date

Your Practice Management Software does not record a consent date, therefore this will not convert. For your convenience, the date of the conversion has been inserted as the consent date. It is important that you verify and update this date following the conversion.

Fee Schedule

The Primary Fee Schedule will be determined at time for preliminary conversion.

Treatment Plan

Quadrants do not convert over with treatment plans.

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 XLDentTM 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.