

Patient Information:

| rsonal Infor | matior | 1 | | | | | | | |
|------------------------|------------|-------|------|----------------------|------|----------|--------|---------------|----|
| 2513 | Self | • | • | 2513 | Cł | nad Zimn | nerman | | _ |
| Record No. | Relat | ion | B | esponsible Pa | arty | | | | |
| Chad | | 0 | à | Zimmerman | | | Ch | ad | |
| <u>N</u> ame First | | | М | Last | | | Pre | eferred | |
| 4051 Albany C | ircle S\ | V | | | | | (763)4 | 79-9999 | |
| <u>A</u> ddress Line 1 | | | | | | | Home | Phone | |
| Po Box 9999 | | | | | | | (763)4 | 79-8888 | _ |
| Address Line2 | | | | | _ | | Work | Phone | |
| Eagan | | м | N | 55555- | | | (763)4 | 79-6666 | |
| <u>C</u> ity-State-Zip | | _ | | | | | Mobile | Phone | |
| USA | | | zimr | mer@msn.cor | n | | (763)4 | 79-4951 | |
| Country | | | EMa | ail — <u>Web A</u> d | ces: | <u>s</u> | Fax | | |
| 09/23/1950 | • ! | 59 11 | 11-2 | 2-4444 | | Male | • | Married 🛛 👻 | |
| Birth Date | Ag | je SS | SN | | | Gend | er | Marital Statu | s |
| | | | | DDS2 | • | | - | Active 👻 | |
| <u>Classification</u> | | | | Doctor | | Hygieni | st | Record Statu | ıs |

- ☑ 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
- Mobile Phone Number
- $\ensuremath{\boxtimes}$ Fax Number Taken from other phone
- ☑ Email Address
- ☑ Gender
- Marital Status
- ☑ Birth Date
- ✓ Patient SSN
- Doctor of Record
- ☑ Record Status Active and Auxiliary

Notes:



Guarantor Notes

Notes and Alerts:

| | 🔂 Close |
|------|---------|
| ines | |
| | |

Medical Alerts convert to Patient Record Alert and Prescriptions Alert

Referral Information:

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

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

History Reference Tab:

| Date | Patient Name | Code | Treatment | Teoth | Surface | Value | Provider | |
|------------|--------------|--------|----------------------------------|-------|---------|-------------|----------|--|
| 08/29/2002 | Johnny | 0140 | LINITED ORAL EVALUATION | | | \$45.00 03 | | |
| 08/29/2002 | Johnny | 0220 | X-RAY - FIRST PERIAPICAL | | | \$18.00 03 | | |
| 09/09/2002 | Johnny | 0274 | BITEVIENGS - 4 FELMS | | | \$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 | FM | | \$140.00 03 | | |
| 09/26/2002 | Johnny | 0011 | PAIMENT - MESC INSURANCE CARRIER | | | -\$63.00 03 | | |
| 15/01/2002 | Johnny | 2387 | COMPOSITE-THREE SURF-POSTERIOR | 30 | MOD | \$134.00 03 | | |
| 10/01/2002 | Johnny | 2387 | COMPOSITE-THREE SURF-POSTERIOR | 30 | MED | \$134.00.03 | | |
| 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 | | |
| 10/20/2002 | Johnny | 2385 | COMPOSITE ONE SURP-POSTERIOR | 02 | 0 | \$85.00 03 | | |
| 18/10/2002 | Johnny | 3120 | PULP CAP-INDIRECT | 02 | 0 | \$15.00.03 | | |
| 10/10/2002 | Johnny | 3130 | PUP CAP-INDRECT | 63 | 0 | \$15.00.03 | | |
| 10/10/2002 | Johnny | 0011 | PAIMENT - MESC INSURANCE CARRIER | | | 4157.00 03 | | |
| 10/10/2002 | Johnny | 0011 | PAIMENT - MESC INSURANCE CARRIER | | | -\$92.00 03 | | |
| 10/24/2002 | Johnny | 0011 | PAYMENT - MISC INGURANCE CARRIER | | | -6214.40.03 | | |

- ✓ 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 Pa | yment | Last Insurance | e Payment |
| Yes | Yes | 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:

| 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 Prior Treatment of Prophy
- Recall Frequency Defaults to 6 months
- ✓ Next Recall Date Based on last recall visit date using recall frequency
- ☑ TPO Consent

Insurance and Employer Information:

| Insurance and Er | nployer Infor | matio | n | | | | | - | |
|-----------------------------|----------------------------------|-------|----------|-----|-------------|---------|--------|----------|---|
| Self 👻 | John Zimmern | nan | | • | 53902 | 9999 | | | |
| Relation to Insured 9025 | <u>Subscriber Na</u> 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 | t. Dedu | uctible | Max. B | 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 Converts from Group Plan

Second Insurance and Employer Information:

| Spouse 👻 | Margaret Dec | cio | | - | | | |
|--------------------------------------|----------------------------|------|----------|------------|------------|--------------|---|
| Relation to Insured 160519225 | Subscriber Nar Provider | _ | STANDA | | nce ID | | |
| Group Number East Valley School D | Benefit Assign Dist | ment | Insuranc | e Carrier | | | |
| Employer | | | Employme | ent Status | School | Name | |
| | | | Ψ. | \$0 | .00 👻 | \$0.00 | Ŧ |
| Benefit Plan | | | ersary | Pat. Ded | م ا مانغ م | Max. Benefit | |

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

Insurance Carrier:

| Insurance Carrier | | | | | | | |
|------------------------|-------------|-----|-------|-----------------|----------------|--------------|----------------|
| nsurance Carrier | | | | | | | |
| 1 | | | | | | | |
| | | | | | | | |
| Aetna | | | | 60054 | | NOCD | |
| Insurance Carrier Name | | | - | Payer ID | | Payer Office | |
| Group Dental Claims | | | | Electronic | - | ADA2007 | - |
| 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 | | | |
| | ►* K | 🗸 🗙 | 🗖 Sea | rch | ✔ <u>U</u> pda | te 🌔 | <u>}</u> Close |
| (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



Appointment Book:

| (🔬 OP-2 📮 | 🔮 OP-3 | 🔬 OP-4 |
|---|----------------------------|-----------------------------|
| Tuesday, March 30 | Tuesday, March 30 | Tuesday, March 30 |
| Steighner, Cheryl % 7L,14 MODL,30L 123. | Ruplinger, Linda EX, Pro A | Vedvick, Gerald EX, Pro A |
| · · · · · · · · · · · · · · · · · · · | Arro A, FL <26> | Le Marais, Bruce |
| 🤱 Sledge, Andrea | Adam 🛞 EX, Pro A | 🔒 Cardin, Susan 🕫 EX, Pro A |
| 8 Fish, Jill 9 MIF,10 F,14 OL B,3 B 383. | Sledge, Andrea EX, Pro A | Anning, Richard |

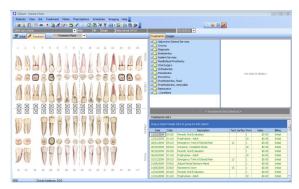
- Practice Appointments will convert to appropriate column
- ☑ Assigned to Doctor in the XLDent[™] Scheduler
- ☑ Patient Name
- ☑ Appointment Date
- Appointment Time
- ☑ Appointment Length
- Appointment Notes
- ☑ Appointment Detail

Fee Table:

| 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 Evalvation \$75.00 D0160 Detailed Oral Eval-Prob Focus \$75.00 D0170 Re-Evaluation - Limited \$45.00 D0180 Comprehensive Perio Evalvation \$110.00 D0210 Intraoral - Complete Series \$120.00 D0220 Intraoral - Periapical 1st Film \$42.00 D0240 Intraoral - Occlusal Film \$0.00 D0250 Extraoral - First Film \$0.00 | Bleach Tray Delivery \$0.0 D0120 Periodic Oral Evaluation \$55.0 D0140 Limited Oral Eval-Prob Focused \$75.0 D0150 Oral Eval-Prob Focused \$75.0 D01515 Oral Eval-Prob Focused \$75.0 D0150 Comprehensive Oral Eval-Prob Focuse \$75.0 D0150 Detailed Oral Eval-Prob Focus \$75.0 D0160 Detailed Oral Eval-Prob Focus \$75.0 D0170 Re-Evaluation - Limited \$45.0 D0180 Comprehensive Perio Evaluation \$110.0 D02200 Intraoral Periopical Ist Film \$42.0 D02300 Intraoral - Periopical, Addt' \$42.0 | |
|---|--|---|
| D0120 Periodic Oral Evaluation \$55.00 D0140 Limited Oral Eval-Pob Focused \$75.00 D0145 Oral Eval-Pot Focused \$75.00 D0150 Comprehensive Oral Evaluation \$75.00 D0160 Detailed Oral Eval-Prob Focus \$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 D0240 Intraoral - Periapical, Addt1 \$42.00 D0240 Intraoral - First Film \$0.00 | D0120 Periodic Oral Evaluation \$55.0 D0140 Limited Oral Eval-Prob Focused \$75.0 D0145 Oral Eval-Prob Focused \$75.0 D0150 Comprehensive Oral Evaluation \$75.0 D0150 Detailed Oral Eval-Prob Focus \$75.0 D0160 Detailed Oral Eval-Prob Focus \$75.0 D0170 Re-Evaluation Limited \$45.0 D0180 Comprehensive Perio Evaluation \$110.0 D0220 Intraoral - Complete Series \$120.0 D02200 Intraoral - Periapical 1st Film \$42.0 D0230 Intraoral - Periapical, Addt' \$42.0 | |
| 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 - Reniplete Series \$120.00 D0220 Intraoral - Periapical 1st Film \$42.00 D0240 Intraoral - Periapical, Addtl \$42.00 D0240 Intraoral - Periapical, Addtl \$40.00 D0250 Extraoral - First Film \$0.00 | D0140 Limited Oral Eval-Prob Focused \$75.0 D0145 Oral Eval-Patient Under 3yrs \$445.0 D0150 Comprehensive Oral Evaluation \$75.0 D0160 Detailed Oral Eval-Prob Focus \$75.0 D0170 Re-Evaluation - Limited \$45.0 D0180 Comprehensive Perio Evaluation \$110.0 D0210 Intraoral - Complete Series \$120.0 D0220 Intraoral - Periapical 1st Film \$42.0 D0230 Intraoral - Periapical, Addt'l \$42.0 | |
| 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 D0110 Intraoral - Complete Series \$120.00 D0220 Intraoral - Periapical 1st Film \$42.00 D0240 Intraoral - Occlusal Film \$0.00 D0250 Extraoral - First Film \$0.00 | Otal Oral Eval - Patient Under 3yrs \$45.0 00150 Comprehensive Oral Evaluation \$75.0 00160 Detailed Oral Eval-Prob Focus \$75.0 00170 Re-Evaluation - Limited \$45.0 00180 Comprehensive Perio Evaluation \$110.0 00180 Comprehensive Perio Evaluation \$110.0 00200 Intraoral - Complete Series \$20.0 00220 Intraoral Periopical 1st Film \$42.0 00230 Intraoral - Periopical, Addt' \$42.0 | |
| 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 D0120 Intraoral - Complete Series \$120.00 D0220 Intraoral Periapical 1st Film \$42.00 D0240 Intraoral - Periapical, Addtl \$42.00 D0240 Intraoral - Periapical, Film \$0.00 D0250 Extraoral - First Film \$0.00 | D0150 Comprehensive Oral Evaluation \$75.0 D0160 Detailed Oral Eval-Prob Focus \$75.0 D0170 Re-Evaluation \$10.0 D0180 Comprehensive Perio Evaluation \$110.0 D02100 Intraoral - Complete Series \$120.0 D0220 Intraoral - Periapical 1st Film \$42.0 D0230 Intraoral - Periapical, Addt' \$42.0 | |
| 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 - Periopical 1st Film \$42.00 D0240 Intraoral - Periopical, Addt1 \$42.00 D0240 Intraoral - Periopical, Film \$0.00 D0250 Extraoral - First Film \$0.00 | D0160 Detailed Oral Eval-Prob Focus \$75.0 D0170 Re-Evaluation - Limited \$45.0 D0180 Comprehensive Perio Evaluation \$110.0 D0210 Intraoral - Complete Series \$120.0 D02200 Intraoral Periapical 1st Film \$42.0 D0230 Intraoral - Periapical, Addt1 \$42.0 | |
| 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 1st Film \$42.00 D0240 Intraoral - Periapical Addtl \$42.00 D0240 Intraoral - Coclusal Film \$0.00 D0250 Extraoral - First Film \$0.00 | 20170 Re-Evaluation - Limited \$45.0 20180 Comprehensive Perio Evaluation \$110.0 20210 Intraoral - Complete Series \$120.0 20220 Intraoral Periopical list Film \$42.0 20230 Intraoral - Periopical, Addt' \$42.0 | |
| D0180 Comprehensive Perio Evaluation \$110.00 D0210 Intraoral - Complete Series \$120.00 D02200 Intraoral Periapical Ist Film \$42.00 D02300 Intraoral - Periapical, Addtl \$42.00 D02400 Intraoral - Occusel Film \$0.00 D02500 Extraoral - First Film \$0.00 | 20180 Comprehensive Perio Evaluation \$110.0 00210 Intraoral - Complete Series \$120.0 00220 Intraoral Periapical 1st Film \$42.0 00230 Intraoral - Periapical, Addt' \$42.0 | |
| D0210 Intraoral - Complete Series \$120.00 D0220 Intraoral Periapical 1st Film \$42.00 D0230 Intraoral - Periapical, Addtl \$42.00 D0240 Intraoral - Periapical, Addtl \$9.00 D0250 Extraoral - First Film \$0.00 | D0210 Intraoral - Complete Series \$120.0 D0220 Intraoral Periapical 1st Film \$42.0 D0230 Intraoral - Periapical, Addtl \$42.0 | |
| D0220 Intraoral Periapical 1st Film \$42.00 D0230 Intraoral - Periapical, Addtl \$42.00 D0240 Intraoral - Occusal Film \$0.00 D0250 Extraoral - First Film \$0.00 | D0220 Intraoral Periapical 1st Film \$42.0 D0230 Intraoral - Periapical, Addtl \$42.0 | |
| D0230 Intraoral - Periapical, Addt'l \$42.00 D0240 Intraoral - Occlusal Film \$0.00 D0250 Extraoral - First Film \$0.00 | 00230 Intraoral - Periapical, Addt'l \$42.0 | |
| D0240 Intraoral - Occlusal Film \$0.00 D0250 Extraoral - First Film \$0.00 | | |
| D0250 Extraoral - First Film \$0.00 | 00240 Intraoral - Occlusal Film \$0.0 | |
| | | |
| | 00250 Extraoral - First Film \$0.0 |) |
| | | |

- ☑ 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
- \boxdot Code
- ☑ Treatment
- ☑ Tooth
- ☑ Surface
- ☑ Value Defaults to \$0.00
- ☑ Provider

Progress Notes Reference Tab



- Clinical Notes
- ☑ Date
- ☑ Procedure Code
- ☑ Tooth
- ☑ Surface
- ☑ Note Detail
- Provider



Treatment Plans:

| botion 1 | | | | | | Converte | d Plan | | | | | |
|----------|---------------|---------|-------------------------------|----------|-----------------------|----------|---------|-------------------------|----------|------------|--------------|------------|
| | Option 2 | Option | 3 Option 4 Option 5 | Overview | | | | | APPROVE | D I | | |
| 1000 | | | - (L.A (L.A A.L. | | 1 | | | | Version | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | - |
| | | | | | | | | | | | | |
| 0.925 | Minutes | Code | Treatment | Tooth / | Surface | Provider | Status | Date | Value | Pat. Value | Ins. Value I | Ing, Value |
| 1 | | | Bitewings - Four Films | | | DMD1 | Pending | 02/12/2008 | \$42.00 | \$0.00 | \$0.00 | \$ |
| 1 | | | Prophylaxis - Adult | - | | DMD1 | Pending | 02/12/2008 | \$68.00 | \$0.00 | \$0.00 | \$ |
| 1 | 3 | 0 00150 | Comprehensive Oral Evaluation | | | DMD1 | Pending | 02/12/2008 | \$47.00 | \$0.00 | \$0.00 | \$ |
| 1 | | 0 02752 | Crown-Porc fused to Noble | 29 | | DMD1 | Pending | 05/24/2003 | \$580.00 | \$0.00 | \$0.00 | \$ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Values | Total \$737.0 | | abent Insurance | | Total Trea Pending | itments | 4 | Total Phases Pending | | 1 | | |
| | \$737.0 | 0 | | | | | 4 | | 1 | | | |
| Pending | ed \$737.0 | 0 | \$0.00 \$0.00 | | Pending | | | Pending | | | | |

- Phase Defaults to 1
- Minutes Defaults to 0
- ☑ 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:

| Data Logo | 1 | | | | | | |
|--|---|-----------------|------|---------------------------|---|-----------|----|
| Clinic Name and | | | | | | | |
| XLDent Smile Ce | nter | | | | | | |
| 279 North Medir | na Street | | | | | | _ |
| P.O. Box 1000 | | | | | | | |
| Loretto, MN 55 | 357 | | | | | | |
| | | | _ | | _ | _ | |
| PEB | | | | | | | _ |
| | | | | | | | _ |
| and the second second second | | | | | | | |
| Registered Prod | | | | | | | |
| | | KIN, XLTIMECLOO | ж | | | | _ |
| | | | × | | | | |
| | XBILE, XLCHEO | KIN,XLTIMECLOO | × | | | MultiClin | ic |
| XLCHART, XLMC | VBILE, XLCHEO | 1 <u>+</u> | × | | | MultClin | ic |
| XLCHART, XLMC | XBILE, XLCHEO | 1 <u>+</u> | × | | 1 | MultClin | ic |
| XLCHART, XLMC | VBILE, XLCHEO | 1 <u>+</u> | × | | | MultClin | ic |
| Number of Use | OBILE, XLCHEO | 1 <u>+</u> | X MN | 55357-100 | 0 | MultClin | ic |
| Number of Use Address 1 Address 2 | OBILE, XLCHEO | 1 💼 | MN | 55357-100 (763)479-493 | - | MultCin | ic |
| XLCHART, XLMC Number of Use Address 1 Address 2 City St. Zip | OBILE, XLCHEO | 1 💼 | MN | _ | - | MultCin | ic |
| XLCHART, XLMC Number of Use Address 1 Address 2 City St. Zip | Clinic Address 279 North Me Loretto Phone (800): | 1 🔹 | MN | (763)479-49 | - | MultClin | ic |

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

Operator Table:

| Operator Table General Password | | | | |
|------------------------------------|----------------------|-------------|--|--|
| 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 | | | | |
| 12 | 3 4 Dental BCBS S | 55 | | |
| 6 7 | 89_ | 10 | | |
| | | | | |
| No 🔻 | No 🔻 Yes | - | | |
| No Claims Pay To Provider | | | | |
| | | 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
- \boxdot Home Phone
- Mobile Phone
- Active All convert as Yes
- ☑ Insurance ID's If available

File Location:

?:\Dentrix\ or ?:\program files\Dentrix

Files Needed

?:\Dentrix*.* excluding Images folder

Need Dentrix disks if available.

Reports Needed

Print Off a Accounts Receivable Report - Click Start \rightarrow Programs \rightarrow Dentrix \rightarrow Office Manager \rightarrow Click Reports \rightarrow Highlight Ledger \rightarrow Click Aging Report \rightarrow Click ok \rightarrow At the Batch Processor screen \rightarrow Highlight Report \rightarrow Click on printer icon.



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
- ⊘ Outstanding Insurance Claims
- S Benefit Plans / Allowed Amounts
- S Archived Patients and History S Archived Patients Archived
- \bigcirc Patient Rx
- ⊘ Rx Listing
- ⊘ Patient Fax Number
- S Document Center Information
- S Patient Questionnaires
- ⊘ Patient Alerts
- S Patient Work Extension
- S Condition Procedure Notes

Notes on Conversions:

- > Plan name converts in place of employer name.
- Only treatment plans created in the last year (12 months) will convert.
- 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
- We are not able to convert Documents for Version G3 and higher.
- > All adjustments convert to the responsible party.
- Due to the way the current practice management system internally identifies insurance carriers there is the possibility of duplicate carrier Id's resulting in inconsistent insurance linkage. Carriers will be identified in XLDent and patient records will need to be verified.
- Patient Insurance may not be converted when linking in existing system is inaccurate or inconsistent.

 Referrals may be duplicated. This can be manually updated after the conversion.

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

Clinical Notes

Clinical notes will be duplicate prior to 2007. Dentrix version related

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.

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 Auxiliary 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 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.