

**Patient Information:**



Personal Information  
 1423 Self 1423 John Zimmerman  
 Record No. Relation Responsible Party  
 John J Zimmerman Johnny  
 Name First M Last Preferred  
 4051 Albany Circle SW (763)555-4444  
 Address Line 1 Home Phone  
 Address Line 2 Work Phone  
 Eagan MN 55555- (763)675-1234  
 City-State-Zip Mobile Phone  
 USA John@yahoo.com  
 Country Email Web Access Fax  
 08/15/1965 44 539-02-9000 Male Other  
 Birth Date Age SSN Gender Marital Status  
 1 Active  
 Classification Doctor Hygienist Record Status

- Patients grouped by responsible party
- First Name
- Last Name
- Middle Initial
- Preferred Name
- Address
- City
- State
- Zip
- Home Phone Number
- Work Phone Number
- Mobile Phone Number
- Email Address
- Gender
- Marital Status
- Birth Date
- Patient SSN
- Doctor of Record
- Record Status – Active & Auxiliary Only
- Old Account ID converts to search reference

**Patient Notes:**



Notes and Alerts  
 Account Notes  
 Patient Notes

- Premedicate
- Medical Alert
- Guarantor Notes/Account Comments
- Patient Comments
- Patient General Alerts

**Account Reference History:**



Date	Patient Name	Code	Treatment	Tooth	Surface	Value	Provider
08/20/2002	Johnny	0140	LIMITED ORAL EVALUATION			\$45.00 03	
08/20/2002	Johnny	0220	SCALE - POSTERIOR			\$18.00 03	
08/20/2002	Johnny	0274	STRETCHES - UPPER			\$40.00 03	
08/20/2002	Johnny	0275	STRETCHES - LOWER			\$20.00 03	
08/20/2002	Johnny	0290	STRETCHES - ORAL FILM			\$2.00 03	
08/20/2002	Johnny	0330	PROFESSORIAL FILM			\$75.00 03	
08/20/2002	Johnny	0330	COMPREHENSIVE ORAL EVALUATION			\$45.00 03	
08/20/2002	Johnny	0414	PROFESSORIAL SCALE			\$140.00 03	
08/20/2002	Johnny	0511	PAYMENT - MEDIC INSURANCE CARRIER		PH	\$63.00 03	
08/20/2002	Johnny	2867	COMPOSITE THREE SLAB POSTERIOR	30	MOD	\$174.00 03	
08/20/2002	Johnny	2867	COMPOSITE THREE SLAB POSTERIOR	30	MOD	\$174.00 03	
08/20/2002	Johnny	3120	PALP CAR-INCISAL	02	O	\$15.00 03	
08/20/2002	Johnny	3285	COMPOSITE ONE SLAB POSTERIOR	02	O	\$85.00 03	
08/20/2002	Johnny	3120	PALP CAR-INCISAL	02	O	\$15.00 03	
08/20/2002	Johnny	3120	PALP CAR-INCISAL	03	O	\$15.00 03	
08/20/2002	Johnny	0511	PAYMENT - MEDIC INSURANCE CARRIER			\$137.00 03	
08/20/2002	Johnny	0511	PAYMENT - MEDIC INSURANCE CARRIER			\$12.00 03	
08/20/2002	Johnny	0511	PAYMENT - MEDIC INSURANCE CARRIER			\$274.40 03	

Actual data varies from dataset to dataset, visual representation will be different.

- 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:**



Financial Information  
 \$745.00 \$50.00 \$60.00 \$135.00 \$500.00  
 Balance 0 - 30 31 - 60 61 - 90 90+  
 Stmt. Sent Last Patient Payment Last Insurance Payment  
 Yes Yes Yes  
 Send Statement Charge Interest Send Dunning

- Account Balances -- Aged accordingly based on patient primary doctor.
- Send Statement – Defaults to Yes
- Charge Interest – Defaults to Yes
- Send Dunning – Defaults to Yes

**Recall Detail:**



HIPAA Forms and Treatment Information

02/19/2010   11/14/2008   6   05/14/2009   0

First Visit   Last RC Visit   RC Freq.   Next Recall   Failed Appt.

02/19/2010

Notice Receipt   TPO Consent   Response/Delay   Complaint

- First Visit Date – First Seen
- 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 Rx Listing:**



Prescriptions

Patient Prescription List

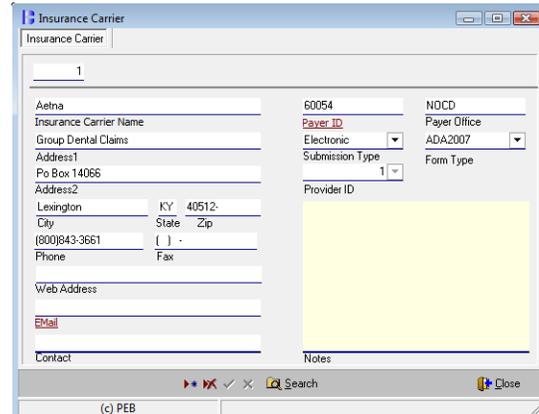
Date	Medicine	Dosage	Dispense	Refills	Provider
1/7/2004	Amoxicillin 500mg	Take 6 tablets 1 hour before appointment.	30	0	Jim Schultz, DDS
8/22/2003	Peridex 0.12%	Rinse 3 times daily until gone.	20oz bottle	1	Melissa Brand, DDS

Configure   Print   Delete Prescription   New From Template   New Blank   Close

(c) PEB

- Date
- Medicine
- Dosage
- Dispense
- Refills
- Provider

**Insurance Carrier Information:**



Insurance Carrier

1

Aetna

Insurance Carrier Name   60054   NOCD

Group Dental Claims   Payer ID   Payer Office

Address1   Electronic   ADA2007

Po Box 14066   Submission Type   Form Type

Address2   Provider ID

Lexington   KY   40512

City   State   Zip

(800)843-3661   Phone   Fax

Web Address

E-Mail

Contact

Notes

(c) PEB

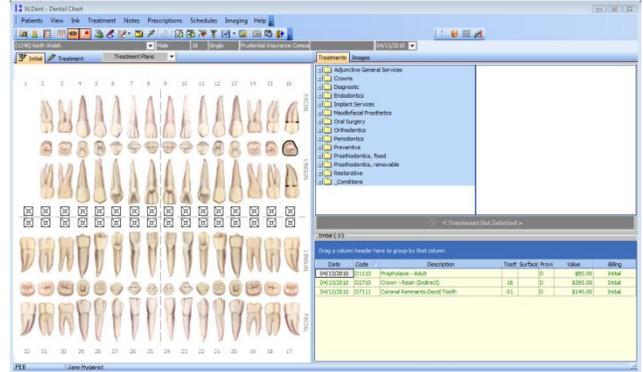
- Insurance Carrier Name
- Address 1
- Address 2
- City
- State
- Zip
- Phone
- Payer ID – Verify after conversion
- Payer Office Always NOCD
- Submission Type Always Electronic
- Form Type current ADA Form
- Provider ID – Defaults to 1

**Appointment Book:**

A Hygiene 1 Monday, February 22	B Hygiene 2 Monday, February 22	C Hygiene 3 Monday, February 22
Rick Albertson	Michael Albertson	
	Joseph Owen	David Ackerman
Mark Adler		Nancy Adler
Stephanie Abraham	Lance Adler	Gene Abraham
Troy Abraham	Lisa Abraham	Justin Allen

- Practice Appointments will convert to appropriate column
- Assigned to Doctor in the XLDent™ Scheduler, not linked to provider table.
- Patient Name
- Appointment Date
- Appointment Time
- Appointment Length
- All Appointments convert default Prophy Code [D1110 or D1120]. Office Choice. Operative appointments may need to be modified following conversion.

**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

**Procedure Codes:**

Internal Code	Abbreviation	Fee	New Fee
BADJ	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, Addtl	\$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

**Rx Template Listing:**

Medicine	Dosage	Dispense	Refills
Amox prophylox	4 tabs, 1 hour prior to dental appointment	12	0
Amoxicillin 500mg	Take 1 tablet three times a day for 10 days.	30 tabs	0
Ativan	Take 1 tab 1 hour before dental appointment.	10 tabs	0
Augmentin XR	Take 2 tabs every 12 hours	40 tabs	0
EE prophylaxis-Amoxicillin			0
EE prophylaxis-PCN allergic	Take 2 tablets 1 hour before dental	0	0
capsaicin	Apply small dab to affected area qid	2 tube	6
Chlorhexidine	Fill cap to "fill" line (15ml). Swish in mouth	1 bottle	0
clindamycin (300mg)	Take 1 tab tid for 10 days	30 tabs	0
clindamycin premed (pcn-allergic)	Take 4 tabs 1 hour before dental appointment.	20 tabs	0
Darvocet-N	Take 1 tab every 6 hours as needed.	20 tabs	0
Diflucan (150mg)	Take 1 tablet	1 tab	0
doxycycline	Take 1 tab every day for 90 days.	100 tabs	0
doxycycline (100MG)	Take 1 tab every 12 hours for 60 days.	120 tabs	0
Erythromycin 250mg	TID for 10 days	30 tabs	0
Famvir	1 tab 2 X day for 5 days	10 tabs	0
Flagyl (250mg)	Take one tab 3 times a day for 1 week. Do	21 tabs	0
Fluorox (5mg)	Take 1 up to 3 times a day as needed for pain.	20 tabs	0
Fluorides: 1.1% neutral sodium fluoride	use as directed	1 tube 4 Oz.	0
Halicon	Take 1 tablet before bedtime and 1 tablet 1	2 tablets	0
Keflex	Take 1 tab qid for 10 days.	40 tabs	0
Keflex 500mg	4 tabs 1 hr prior to dental appointment	32 tabs	0
Magic Mouthwash	Rinse with 1/2 oz. for 30 seconds and spit out	20 oz. bottle	0
Medrol Dosepak	Take as directed on package	1 Pack	0
Meprozone (50MG/25MG)	1 qt-8h prn pain	25 tabs	0

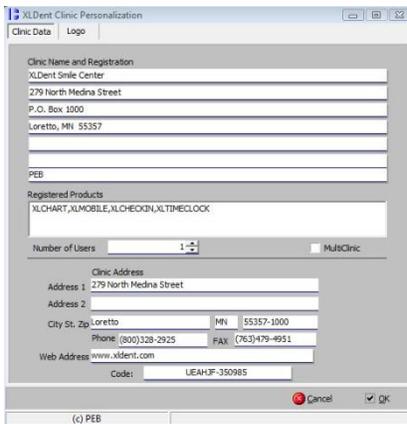
- Medicine
- Dosage
- Dispense
- Refills

**Treatment Plans:**



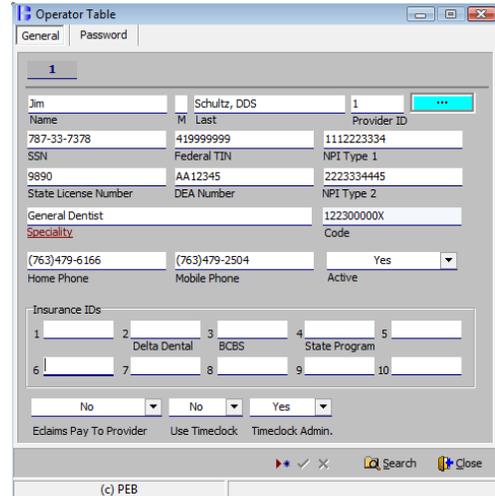
- Accepted and Diagnosed Plans Convert.
- Phase
- Minutes – Defaults to 0
- Code
- Treatment Description
- Tooth
- Surface
- Provider
- Status – Defaults to Pending
- Date
- Value
- Patient Value – Defaults to 0
- Insurance Value I – Defaults to 0
- Insurance Value II – Defaults to 0

**Practice Information**



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

**Operators:**



- 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:**

?:\dentexec\\*.\*

**Files Needed**

?:\dentexec\\*. \* excluding Images folder

Need software and license disks if available.

## **XLDent™ File Conversion Dental-Exec 11**

### **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
- ⊙ Referrals
- ⊙ Benefit Plans / Allowed Amounts
- ⊙ Progress Notes
- ⊙ Scan Documents

### **Notes on Conversions:**

- Patient phone numbers were found in different files. The patient data file took precedence when converting patient phone numbers.
- Only treatment plans created in the last year (12 months) will convert.
- Additional Fee Schedules will convert to Benefit Plan Allowed amounts.

Below are some 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 left blank. 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 converted or not entered into current system it will default to blank.

### **Patient Status**

Only active status patients convert into XLDent™.

### **Patient Comments**

All types of patient comment notes are converted. This will need to be cleaned up following the 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.

### **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.

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