



Dentrix Version 5.5-G6 Conversion Checklist

Data has converted on prior conversions

Data will not be converted

Staff/Provider		
<input type="checkbox"/> Provider ID	<input checked="" type="checkbox"/> Federal Tax ID #	<input type="checkbox"/> Status
<input checked="" type="checkbox"/> First Name	<input checked="" type="checkbox"/> License	<input type="checkbox"/> Collections Go To Provider
<input checked="" type="checkbox"/> Last Name	<input checked="" type="checkbox"/> Medicaid ID #	<input type="checkbox"/> Provider On Insurance
<input checked="" type="checkbox"/> Social Security	<input checked="" type="checkbox"/> Position*	<input checked="" type="checkbox"/> Snapshot- A.R

Notes:

- All providers come over as active, and can then be inactivated in final.
- If converting accounts receivable collections: Can only be assigned to one specific entity. This could be a specific provider or the practice name.

Patient Information		
<input checked="" type="checkbox"/> Status*	<input checked="" type="checkbox"/> Gender*	<input type="checkbox"/> Short Notice
<input checked="" type="checkbox"/> Patient ID* (G5/G6 only)	<input checked="" type="checkbox"/> Marital Status*	<input type="checkbox"/> Pre Med
<input checked="" type="checkbox"/> First Name	<input checked="" type="checkbox"/> Birth Date	<input checked="" type="checkbox"/> Preferred Dentist*
<input checked="" type="checkbox"/> Last Name	<input checked="" type="checkbox"/> Social Security	<input type="checkbox"/> Preferred Hygienist*
<input checked="" type="checkbox"/> Middle Initial	<input checked="" type="checkbox"/> Chart ID	<input type="checkbox"/> Recall Frequency*
<input checked="" type="checkbox"/> Preferred Name	<input checked="" type="checkbox"/> Driver License Number	<input type="checkbox"/> Receives Recalls*
<input checked="" type="checkbox"/> Salutation	<input checked="" type="checkbox"/> Email Address	<input checked="" type="checkbox"/> Date Entered
<input checked="" type="checkbox"/> Responsible Party ID*	<input type="checkbox"/> Next Recall Date	<input checked="" type="checkbox"/> First Visit Date*
<input checked="" type="checkbox"/> Address Line 1	<input type="checkbox"/> Next Preventive Appointment	<input checked="" type="checkbox"/> Last Visit Date
<input checked="" type="checkbox"/> Address Line 2	<input type="checkbox"/> Next Regular Appointment	<input type="checkbox"/> Last Preventive Appointment
<input checked="" type="checkbox"/> City	<input type="checkbox"/> Recall Note	<input type="checkbox"/> Last Regular Appointment
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Student Status	<input checked="" type="checkbox"/> Patient Notes
<input checked="" type="checkbox"/> Zip Code	<input type="checkbox"/> School	<input checked="" type="checkbox"/> Patient Alerts
<input checked="" type="checkbox"/> Home Phone Number	<input type="checkbox"/> School City	<input checked="" type="checkbox"/> Medical Alerts
<input checked="" type="checkbox"/> Work Phone Number	<input type="checkbox"/> Carrier ID	<input type="checkbox"/> Medical History
<input checked="" type="checkbox"/> Work Ext Number	<input checked="" type="checkbox"/> Member ID	<input checked="" type="checkbox"/> Documents (up to G2- Documents G3 or higher may convert if Dentrix provides with no password protection)
<input checked="" type="checkbox"/> Cell Phone Number	<input type="checkbox"/> Preferred Time	<input checked="" type="checkbox"/> Patient Photos
<input checked="" type="checkbox"/> Pager Number		

Notes:

- Old patient ID will come over into memo field.
- Archived patients convert over as inactive. (If you chose to not convert, let your Technology Specialist know prior to the final conversion.)
- Guarantor notes convert into the patient memo field of the responsible party.
- Alerts convert over from: Family File, File, and Patient Alerts.

Other Referrals	Referred By	
<input checked="" type="checkbox"/> Name	<input checked="" type="checkbox"/> Phone Number	<input checked="" type="checkbox"/> Referred Patient
<input checked="" type="checkbox"/> Address Line 1	<input checked="" type="checkbox"/> Fax Number	<input checked="" type="checkbox"/> Patient ID
<input checked="" type="checkbox"/> City	<input checked="" type="checkbox"/> Notes	<input checked="" type="checkbox"/> Other ID
<input checked="" type="checkbox"/> State		
<input checked="" type="checkbox"/> Zip Code		

Notes:



Patient Rx		Prescription Drugs
<input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Drug ID <input checked="" type="checkbox"/> Date Entered <input type="checkbox"/> Date Expired <input checked="" type="checkbox"/> Refills	<input checked="" type="checkbox"/> Rx Instructions <input checked="" type="checkbox"/> Patient Instructions <input checked="" type="checkbox"/> Description	<input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Refills <input checked="" type="checkbox"/> Dispense

Notes:

- Prescriptions convert for versions 8-G6.

If Insured	Employer Information	Insurance Company Information
<input checked="" type="checkbox"/> Primary Policy Holder <input checked="" type="checkbox"/> Relationship to Primary Policy Holder <input checked="" type="checkbox"/> Primary Employer <input checked="" type="checkbox"/> Primary Remaining Benefits* <input checked="" type="checkbox"/> Primary Remaining Deductible* <input checked="" type="checkbox"/> Secondary Policy Holder <input checked="" type="checkbox"/> Relationship to Secondary Policy Holder <input checked="" type="checkbox"/> Secondary Employer <input checked="" type="checkbox"/> Secondary Remaining Benefits* <input checked="" type="checkbox"/> Secondary Remaining Deductible* <input type="checkbox"/> Insurance Notes	<input checked="" type="checkbox"/> Employer Name <input checked="" type="checkbox"/> Address Line 1 <input checked="" type="checkbox"/> Address Line 2 <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Zip Code <input type="checkbox"/> Contact <input checked="" type="checkbox"/> Phone 1 <input type="checkbox"/> Phone 2 <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Group Name <input checked="" type="checkbox"/> Group Number <input checked="" type="checkbox"/> Maximum Benefits* <input checked="" type="checkbox"/> Annual Deductible* <input checked="" type="checkbox"/> Ins. Co. & Employer Link* <input type="checkbox"/> Beginning Month	<input checked="" type="checkbox"/> Insurance Company Name <input checked="" type="checkbox"/> Address Line 1 <input checked="" type="checkbox"/> Address Line 2 <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Zip Code <input checked="" type="checkbox"/> Contact <input checked="" type="checkbox"/> Phone 1 <input type="checkbox"/> Phone 2 <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Miscellaneous Notes

Notes:

Service Types	Benefits	Fee Schedules
<input checked="" type="checkbox"/> Service Type ID <input checked="" type="checkbox"/> Service Type Description <input type="checkbox"/> Default Percentage	<input type="checkbox"/> Employer ID <input type="checkbox"/> Service Type ID <input type="checkbox"/> Percentage <input type="checkbox"/> Deductible Applies <input checked="" type="checkbox"/> All Benefits will be set to 0%	<input checked="" type="checkbox"/> Fee Schedule Name <input checked="" type="checkbox"/> Service Code <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tied to Employer <input type="checkbox"/> Tied to Patient

Notes:



Coverage Books	Service Codes	Exploding Codes
<input checked="" type="checkbox"/> Service Code <input type="checkbox"/> Date Modified <input type="checkbox"/> UCR <input type="checkbox"/> Deductible Applies <input checked="" type="checkbox"/> Dollars or Percent <input checked="" type="checkbox"/> Dollar Amount <input type="checkbox"/> Co Pay <input type="checkbox"/> Write Off <input checked="" type="checkbox"/> Tied to Employer	<input checked="" type="checkbox"/> Service Code* <input checked="" type="checkbox"/> ADA Code* <input checked="" type="checkbox"/> Service Code Description <input checked="" type="checkbox"/> Service Type ID* (G5/G6 only) <input checked="" type="checkbox"/> Fee <input checked="" type="checkbox"/> Time Units <input type="checkbox"/> Taxable Service* <input type="checkbox"/> Submit on Insurance* <input type="checkbox"/> Status <input type="checkbox"/> Notes <input type="checkbox"/> Update Patient Recalls	<input type="checkbox"/> Exploding Codes <input type="checkbox"/> Service Codes

Notes:

- If service codes have more than 5 characters, only the first 5 will convert.

Account Balance	Service Code History*	Transaction History*
<input type="checkbox"/> Total Balance Only (All in Current) <input checked="" type="checkbox"/> Aged Balances (Current, 30, 60, 90) * <input type="checkbox"/> Patient Balances (If not checked all is on Responsible Party) <input type="checkbox"/> Current Balance Includes Insurance Portion <input type="checkbox"/> Payment Plan/Contract Balance <input type="checkbox"/> Statement History <input type="checkbox"/> Outstanding Insurance Claims <input type="checkbox"/> Estimated Insurance Total	<input checked="" type="checkbox"/> Transaction Date <input checked="" type="checkbox"/> Patient ID <input checked="" type="checkbox"/> Amount <input checked="" type="checkbox"/> Service Code <input checked="" type="checkbox"/> Provider ID <input checked="" type="checkbox"/> Tooth <input checked="" type="checkbox"/> Surface/Quadrant <input checked="" type="checkbox"/> Transaction Description	<input checked="" type="checkbox"/> Transaction Date <input checked="" type="checkbox"/> Patient ID <input checked="" type="checkbox"/> Amount <input checked="" type="checkbox"/> Transaction Type (Acct Payment, Ins Payment) <input checked="" type="checkbox"/> Provider ID <input checked="" type="checkbox"/> Transaction Description

Notes:

- Balances on accounts may appear in current aging column if there is a conversion adjustment.



Operatory Notes*	Planned Services*	Existing Services*
<input checked="" type="checkbox"/> Clinical Notes (general note) <input checked="" type="checkbox"/> Procedure Notes (note assigned to a tooth) <input type="checkbox"/> General Notes <input type="checkbox"/> Account Notes	<input checked="" type="checkbox"/> Patient ID <input checked="" type="checkbox"/> Service Code <input checked="" type="checkbox"/> Service Code Description <input checked="" type="checkbox"/> Tooth <input checked="" type="checkbox"/> Surface/Quadrant <input checked="" type="checkbox"/> Provider ID <input checked="" type="checkbox"/> Date Planned <input checked="" type="checkbox"/> Fee <input checked="" type="checkbox"/> Status (Accepted/Proposed)	<input checked="" type="checkbox"/> Patient ID <input checked="" type="checkbox"/> Service Code <input checked="" type="checkbox"/> Service Code Description <input checked="" type="checkbox"/> Tooth <input checked="" type="checkbox"/> Surface/Quadrant <input type="checkbox"/> Date Entered <input checked="" type="checkbox"/> Date Completed <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Provider ID

Notes:

- Perio charting does not convert.
- Tooth Chart Preferences do not convert.

Appointment Chairs	Appointment Types*	Appointments
<input checked="" type="checkbox"/> Chair <input checked="" type="checkbox"/> Chair Name	<input checked="" type="checkbox"/> Appointment Type ID <input checked="" type="checkbox"/> Description <input type="checkbox"/> Dollar Amount <input type="checkbox"/> Appointment Color <input type="checkbox"/> Provider on Appointment <input type="checkbox"/> Time Units <input type="checkbox"/> Provider Time <input type="checkbox"/> Update Next Regular Appointment <input type="checkbox"/> Update Next Preventive Appointment <input type="checkbox"/> Use Patient Cleaning Time	<input type="checkbox"/> Provider ID <input checked="" type="checkbox"/> Appointment Date <input checked="" type="checkbox"/> Appointment Time <input checked="" type="checkbox"/> Chair # <input checked="" type="checkbox"/> Time Units <input checked="" type="checkbox"/> Patient ID <input type="checkbox"/> Prefix <input type="checkbox"/> Provider Time/Tic Marks <input checked="" type="checkbox"/> Dollars Scheduled <input type="checkbox"/> Date Appointed <input type="checkbox"/> Date Confirmed <input checked="" type="checkbox"/> Appointment Type <input checked="" type="checkbox"/> Notes
Appointment Detail <input checked="" type="checkbox"/> Appointment Item <input checked="" type="checkbox"/> Service Code <input checked="" type="checkbox"/> Tooth <input checked="" type="checkbox"/> Surface <input checked="" type="checkbox"/> Fee <input checked="" type="checkbox"/> Description		

Notes:

- Final conversion will only include appointments for the last year and all future appointments.
- 5 Minute time unit appointments will not convert.

New Patient Appointments	Duplicate Patients	Accounts Receivable Collections
<input checked="" type="checkbox"/> See Attached Document	<input checked="" type="checkbox"/> See Attached Document *Report Provided during review	<input type="checkbox"/> Provider <input type="checkbox"/> Practice Name



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Notes:

Please refer to the checklist for the checked items. The items that are checked will be converting, any item not checked will not be converted. 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.

*** Social Security Number**

When this is not converted, a prompt will be received when saving data to the patient screen to enter the social security number for patients with insurance.

*** Gender**

When this is not converted or not entered into current system it will default to Female.

*** Marital Status**

When this is not converted or not entered into current system it will default to Unknown.

*** Responsible Party ID#**

When this is not converted all patients will be converted over as their own account. Patients will need to be manually transferred to the correct Responsible Party after the conversion.

*** Preferred Dentist**

When this is not converted all patients will be assigned to the doctor selected on the Conversion Authorization Form.

*** Preferred Hygienist**

When this is not converted all patients will be assigned to the doctor selected on the Conversion Authorization Form.

*** 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 EagleSoft. This can be manually changed.

*** Recall Frequency**

When this is not converted it will default to 6 months. This will have to be manually updated after loading the converted database.

*** Receive Recalls**

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

*** Patient Status**

When this is not converted it will default to Active. Patients that are inactive will have to be manually changed to inactive after loading the converted database.

*** Primary Policy Holder, Relationship to Primary Policy Holder, Primary Employer**

When these are not converted there will not be any patients Primary Insurance.

*** Secondary Policy Holder, Relationship to Secondary Policy Holder, Secondary Employer**

When these are not converted there will not be any patients Secondary Insurance.

*** Patients Remaining Deductible**

When this is not converted it will be defaulted to \$0.

*** Patients Remaining Benefits**

When this is not converted it will be defaulted to \$1000.

*** Referrals**

When this is not converted referrals will need to be manually entered.



*** Patient Rx**

When this is not converted prescriptions will need to be manually entered.

*** Employer Information**

When this is not converted, we are unable to convert Primary or Secondary Insurance information for the patients. All patients will be converted without insurance. The employer information will need to be manually added before patients can be setup with insurance.

*** Employer Name**

This field must be converted in order to convert the employer. If the employer does not have a name, it will be given a name consisting of the word `Employer` and the employer id number.

*** Employer Yearly Deductible**

When this is not converted it will be defaulted to \$50.

*** Employer Maximum Coverage**

When this is not converted it will be defaulted to \$1000.

*** Employer Link To Insurance Company**

When this is not converted, it must be set to an insurance company in order to convert the employer information. Since we are unable to establish the correct insurance company, the employer will be assigned to Insurance Company #1. Insurance Company #1 is setup as Insurance Company Not Found During Conversion. The insurance company will have to be manually changed for all employers assigned to Insurance Company #1. Another option would be not to convert Employer Information. When Employer Information is not converted, we are unable to convert Primary or Secondary Insurance information for the patients. All patients will be converted without insurance.

*** Insurance Company Information**

When this is not converted, we are unable to convert Primary or Secondary Insurance information for the patients. All patients will be converted without insurance.

*** Insurance Company Name**

This field must be converted in order to convert the insurance company. If the insurance company does not have a name, it will be given a name consisting of the word `Insurance Company` and the insurance company id number.

*** Insurance Company Address, City, State, Zip Code**

When this information is not converted it will have to be manually added prior to sending any insurance claims.

*** Service Type ID**

When this is not converted it must be assigned to a service type. If we are able to determine the appropriate service type, then we will convert it. If we are unable to determine the appropriated service type, then we will assign it to a Miscellaneous service type. This will have to be manually updated after loading the converted database. Another option would be not to convert services and start with the Standard ADA codes and Service Types.

*** Service Types**

When this is not converted, all Standard ADA Classifications (Service Types) will be provided. Office percentages will have to be manually entered.

*** Benefits**

When this is not converted the service type percentages will be set to a default of:

- Preventive -100%
- Diagnostic – 80%
- Restorative Basic – 80%
- Endodontics – 80%
- Periodontics – 80%
- Prosthodontics Removable 50%
- Maxillofacial Prosthetics – 50%
- Implant Services 50%
- Prosthodontics Fixed – 50%
- Oral Surgery – 50%



Orthodontics – 50%
Adjunctive General Services – 50%
Restorative Major – 50%
Products – 0%

*** Fee**

When this is not converted it must be manually added for all services after the final conversion.

*** Exploding Codes**

When this is not converted it must be manually entered after the final conversion.

*** Services**

When this is not converted, all Standard ADA codes will be provided. Office fees will have to be manually entered.

*** Taxable Service**

When this is not converted it will be defaulted to No. This will have to be manually updated for all services after loading the converted database.

*** Submit on Insurance**

When this is not converted it will be defaulted to Yes. This will have to be manually updated for all services after loading the converted database.

*** Time Units**

When this is not converted it will be defaulted to zero. This will have to be manually updated for all services after loading the converted database.

*** ADA Codes**

When the ADA code is not converted it will need to be manually entered for all services prior to filing insurance claims. Another option would be not to convert services and start with the Standard ADA codes and Service Types.

*** Staff / Provider Information**

When this is not converted preferred dentist and preferred hygienist for all patients will be assigned to the doctor on the contract. At least one provider must be converted. Outstanding balances will be assigned to the doctor that is converted.

*** Collections Go to Provider ID**

This will be defaulted to the provider chosen on the Conversion Authorization Form.

*** Provider On Insurance**

This must be setup for all providers after the conversion. This will default to self for each provider when it can not be converted.

*** Provider Position**

This must be setup for all providers. This will default to the most appropriate position based on the name of the provider. Otherwise the position for the provider or staff will be set to Office Staff.

*** Total Balance Only and Aged Balances**

When neither are converted all outstanding balances will need to be manually added. This will be done by making a debit or credit adjustment for each account.

*** Patient Balances**

When this is not converted all outstanding balances will be assigned to the Responsible Party (Guarantor) for the account.

*** Provider Distribution for Outstanding Balances**

This will be assigned to the provider chosen on the Conversion Authorization Form.

*** Service Code History**

(The procedures the patients have had done) When this is not converted, a balance forward adjustment will be made for all patients with a balance. To have a record to refer back to, you may want to print the account history for all patients and place this in their chart.



*** Transaction History**

(Payments and adjustments) When this is not converted, a balance forward adjustment will be made for all patients with a balance. To have a record to refer back to, you may want to print the account history for all patients and place this in their chart.

*** Operatory Notes**

When this is not converted you may reference the old software for the notes entered prior to the conversion or manually entered after the conversion.

*** Planned Services/Treatment Plans**

When this is not converted you may reference the old software for the plans entered prior to the conversion or manually entered after the conversion.

*** Existing Services**

When this is not converted you may reference the old software for the services entered prior to the conversion or manually entered after the conversion.

*** Appointments**

When this is not converted you may reference the old software for appointments entered prior to the conversion or manually entered after the conversion.

*** Appointment Types on Appointment**

When this is not converted the appointment will be defaulted to a Preventive Appointment. This can be manually changed 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 EagleSoft and the totals from your previous system to get an accurate Month to Date and Year to Date total.

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.

DUPLICATE PATIENTS

Due to the nature of the database conversion process, there are some items that you should review on the conversion evaluation. One such item is the possibility of duplicate information converting from your present Practice Management software.¹

SITUATION: After the conversion process, there is duplicate information such as duplicate patients, duplicate insurance companies or duplicate employers.

The screenshot shows a 'Person List' window with a search bar containing 'anderson'. Below the search bar are checkboxes for 'Search on Each Character Entered', 'Show Recent People', and 'Show Inactives'. A 'Sort' dropdown is set to 'Last Name' and a 'Site' dropdown is set to '(All Sites)'. To the right, details for 'Aric Anderson (Aric)' are displayed, including birth date (2/2/2002), age (5), email, home phone ((987) 987-987), and work phone. There are also links for 'Acct Due Now: \$0.00', 'Last MedHx: None On File', 'Next Prev Appt.', 'Next Reg Appt.', 'Patient Has Alerts', and 'Missing HIPAA Agreements'. Below this is a table with columns: Name, ID, Home Phone, Work Phone, Chart ID, and Pref. Name.

Name	ID	Home Phone	Work Phone	Chart ID	Pref. Name
Anderson, Aaron	6754	(123) 456-7968 ()	-		Aaron
Anderson, Aaron_	3116	(123) 456-7968 ()	-		Aaron_
Anderson, Alichia	3399	(555) 555-5555 ()	-	13288	
Anderson, Aric	6735	(987) 987-987 ()	-		Aric
Anderson, Aric	8346	(987) 987-987			
Anderson, Aric_	3115	(987) 987-987 ()	-		Aric_



REASON: Patterson Eaglesoft allows information, such as patients or employers, to be setup one time and tied together in different areas within the software. Some Practice Management software will allow entry of patients, insurance companies and employers multiple times without warning of duplication. This can result in duplicate information in Eaglesoft.

RESOLUTION: After looking over the conversion evaluation files, if your evaluation has duplicate information you can improve your conversion results by insuring that the names of insurance companies, employers or patients are identical in spelling, spacing and case in your present Practice Management software.ⁱⁱ To assist in finding duplicate patients, the **Duplicate Patients Report** is provided with your evaluation results. If you decide not to change any information in your present Practice Management software Eaglesoft permits you to manually inactivate duplicate information.

Please contact your technology representative with any question regarding this process. We look forward to helping you with a smooth transition to Patterson Eaglesoft and thank you for your investment.

ⁱ This situation can also occur with image conversions

ⁱⁱ Insuring the spelling of duplicate information might not completely eliminate all duplicate information but it can help to reduce the amount of duplication in your conversion results