

## Pre-Data Conversion

Review and complete this entire document, then return it to your conversion specialist BEFORE the final conversion. If you have questions or need assistance, contact technical support.

GENERAL INFORMATION	
<b>Practice Name:</b>	
<b>Phone Number(s):</b>	
<b>Staff Contact Name and Job Title:</b> (Designate a staff member who will be in charge of the conversion process and our main point of contact.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you have an IT professional helping you with the conversion?</b> If yes, provide their name and phone number:
<b>What software are you converting from?</b> (include version#)	
<b>Digital Imaging Software (x-rays and radiographs)</b>	
What digital imaging software do you use with your current software?	
What digital imaging software will you use with Open Dental?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you bridge to the imaging software?
<b>Scanned Documents / Patient Pictures</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you scan documents in your current software?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want an image conversion to convert your scanned documents and/or patient pictures? This is a separate process and fee.
<b>Practice Ownership</b>	
<input type="checkbox"/> I own the practice and outstanding account balances. Convert account balances during the final conversion. <input type="checkbox"/> I am buying the practice and the A/R. Convert account balances during the final conversion. <input type="checkbox"/> I am buying the practice, not the A/R, but I will collect balances in Open Dental. Convert account balances during the final conversion. <input type="checkbox"/> I am buying the practice, not the A/R, but will collect balances using my old software. Zero out account balances during the final conversion*. <input type="checkbox"/> I am buying the practice but not the A/R. Zero out account balances during the final conversion*.	
*Balances will be zeroed out as of the conversion date. Historical transactions are retained and adjustments are added.	
VERIFY TEST CONVERSION DATA (YOU ARE RESPONSIBLE FOR VERIFYING ACCURACY OF TEST CONVERSION DATA)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>I have reviewed what converted, verified the test conversion data, and am satisfied with the results.</b>
Use this checklist to help you check and review test conversion data.	
\$	In your current software, what was the total A/R balance at the time data was collected for conversion? <i>Include negative balances/credits.</i>
\$	In the test conversion, what is the beginning Total A/R balance? <i>Click Reports, Monthly Aging of A/R Report, include negative balances.</i>

✓	Compare patient accounts in current software and test conversion. We recommend choosing 10 patients who have a balance and insurance. Try to include 2 patients with negative balances.
	Family module: a) Patient name, position, birthdate, address b) Guarantor (correct family member?) c) In the insurance plan, check employer, insurance carrier information, group numbers
	Account module: a) Payment dates, amounts, notes b) Adjustment dates, amounts, notes c) Completed procedures, fees, dates, notes
	Appointment module (compare appointments on different days/months) a) Appointments are in correct operatories b) Appointment dates, time, length, notes, and procedures are accurate
	Chart module: a) Procedures have correct status b) Treatment planned procedures and their dates, fees, notes c) Chart graphics are accurate d) Clinical notes/progress notes Note: Tmp codes replace copyrighted codes in the test conversion. (e.g. CDT codes)
	Main Menu, Lists (e.g. insurance carriers, plans, employers, problems, meds, referrals)
	Bridge to digital imaging software works (if applicable)
DATE COMPLETED	<b>COMPLETE THESE STEPS BEFORE THE FINAL CONVERSION</b>
	Open Dental ran a test conversion and installed it on my server.
	I have scheduled a date and time for the final conversion.
	I have signed up for Open Dental support and prepaid conversion fees.
	The latest full version of Open Dental is installed on my server and workstations.
	<p>Document your plan for handling insurance, claims, and billing after the final conversion.</p> <p>How will you enter and verify missing insurance benefit information? Enter and verify it a few patients at a time (e.g. as patients have upcoming appointments). Enter and verify it for all patients within the first 30 days.</p> <p>How will you enter outstanding claims? Enter claims a few patients at a time (e.g. as claim payments come in). Enter claims within 30 days using an outstanding insurance report from your old software.</p> <p>How will you handle billing? I will verify insurance for every patient and enter all outstanding claims within 30 days, then run the Billing List. I will verify insurance and enter claims a few patients at a time, and only send individual statements to families who have claims created or received in Open Dental.</p>

ACKNOWLEDGMENTS	
	I have received the Conversion Quote and agree to the fees. Any changes must be made in writing.
	I have reviewed the Open Dental <a href="#">Computer Requirements</a> . I understand Open Dental can't be used with Windows XP or Windows Server 2003.
	I have reviewed <a href="#">Open Dental Training Resources</a> and my staff is trained. They understand how to complete daily processes in Open Dental. They have practiced entering data into the test conversion database.
	I understand that after the final conversion Open Dental will make no further enhancements to the conversion results.
	I understand that claims and assigned benefits will not convert and that I will need to enter claims and benefit information manually. <i>(For Dentrix and EZ Dental primary claims are converted)</i>
	For 1 – 2 weeks following the final conversion, I understand we need to schedule fewer patients or staff more heavily to set up and clean up our data. See <a href="#">Post Conversion Checklist</a> .
	I am responsible for contacting third party companies to notify them of our conversion to Open Dental (e.g. clearinghouses, electronic eligibility).
	I understand that the final conversion will be a new database. After the final conversion, I will only enter data in the new database. I will not enter new data in the test database or prior software.
	I understand that I am responsible for checking beginning account balances in the final conversion for accuracy.

By signing below, I acknowledge that the information provided is accurate and complete, and that I am authorized to approve and proceed with the Final Conversion.

\_\_\_\_\_

Print Name, Job Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

For Open Dental learning resources visit [www.opidental.com](http://www.opidental.com).

To schedule personalized online or on-site training, contact Open Dental support.

We recommend retaining your old software so you can keep it for reference.