

PracticeWorks Conversion

This document explains what data is converted to Open Dental and each practice's cleanup and setup responsibilities. Review this document, sign below to acknowledge you understand it, and then scan and email it to a conversion specialist with the Pre-Data Conversion Checklist before scheduling your final conversion.

What is Converted?

Family Information

- Patient Info (name, contact info, age, status, gender, SSN, provider, etc.)
- Patient Insurance Plans
- Benefits (most)
- Referrals
- Recall (auto-generated)
- Sticker Notes

Appointment Information

- Appointments
- Operatories
- Blockouts

Chart Information

- Charting (some)
- Procedures (most)
- Procedure Notes
- Perio Chart
- Missing Teeth
- Prescriptions (Version 7+ only)
- Disease / Condition List
- Disease-to-Patient Association

Account Information

- Beginning Balances
- Payments
- Adjustments

Other

- Providers
- Employees
- Employers
- Fee Schedules
- Insurance Carriers
- Insurance Plans
- Lab Cases / Laboratories
- Pharmacies (Version 7+ only)

What is not Converted?

X-Rays: Your practice will need to identify a new x-ray solution. A good option is a bridge to Kodak (Trophy Enhanced) in numbered mode. For a list of digital imaging programs Open Dental bridges to, see [Program Bridges](#). If using x-ray sensors with TWAIN drivers, Open Dental can be used to take and store radiographs. See [Sensor Compatibility](#) for more information.

Claims and Preauthorizations: Outstanding claims must be manually entered prior to billing in Open Dental.

Payment Plans: Payment plans must be manually created and an adjustment made for the amount of the payment plan prior to billing in Open Dental.

Miscellaneous: Forms, auto notes, treatment plans, custom recall intervals, and medications.

Additional Information

Missing Transactions: There will likely be missing transactions because of the way PracticeWorks stores data in a deprecated file structure. This is unavoidable. When a patient has missing transactions, a beginning balance will be set during the conversion.

Treatment Planned Procedures: On some conversions, there may be duplicate treatment planned procedures that need to be manually removed. Some of the treatment planned procedures may already be complete.

Hygiene Appointments: After setting up providers and operatories, run the [Update Provs on Future Appts](#) tool on each operatory. This will update the provider and hygienist on future appointments to match the operatory's scheduled provider and hygienist.

Additional Information (continued)

Reports: Do not run reports in Open Dental for historical information. Run historical reports in PracticeWorks through the date of the conversion. Open Dental reports will accurately reflect information entered the day after the final conversion and forward.

Fee Schedules: During the conversion, the following changes take place to fee schedules and insurance plans.

- In PracticeWorks, fee schedules are stored by employer. In Open Dental, they are stored by carrier. After conversion, you will have multiple fee schedules in the fee schedule list (named by employer) – often hundreds. During the conversion, employer fee schedules are marked hidden. You can create new fee schedules named by carrier (then import fees or manually enter them) or rename existing fee schedules for a carrier (and unhide them).
- All fee schedules are set as *Normal* types.
- All insurance plans are set as *Category Percentage* plan types with 'none' as the fee schedule (indicates the fee schedule of the provider). To set all plans as another plan type (e.g., PPO), you must let us know before or after the final conversion.

After conversion you will need to clean up fee schedules and insurance plans:

1. Add new fee schedules or rename and unhide fee schedules you want to keep (Setup, [Fee Schedules](#)).
2. Combine duplicate employers (Lists, [Employers](#)).
3. Combine duplicate insurance carriers (Lists, [Insurance Carriers](#)).
4. Combine duplicate insurance plans (Lists, [Insurance Plans](#)).
5. For each patient, verify insurance (plan type, fee schedule, and benefit information).
 - a. Open the [Edit Insurance Plan](#) window.
 - b. Check the Plan Type and edit as needed (e.g., PPO).
 - c. Check the Fee Schedule and edit as needed. For PPO plan types, the Fee Schedule should be the carrier's fee schedule.
 - d. Check the benefits and edit as needed.
 - e. When all items are verified, uncheck the Pending box (so you know it has been verified).
 - f. To apply these changes to all subscribers on the plan, check the radio button for *Change Plan for all subscribers*. If this only applies to this subscriber, check *Create new Plan if needed*. Click OK.

To apply changes to treatment planned procedures there are two options: update fees by patient (Treatment Plan module, Update Fees) or update fees for all patients at once using Fee Tools (Lists, Procedure Codes, Fee Tools, Update). See: [Fees Update](#) for more information.

By signing below, I acknowledge that I understand what data is / is not converted from PracticeWorks to Open Dental. I also understand my practice's responsibilities after the final conversion.

Print Name

Signature

Date

Practice Name

Doctor Name

Phone #