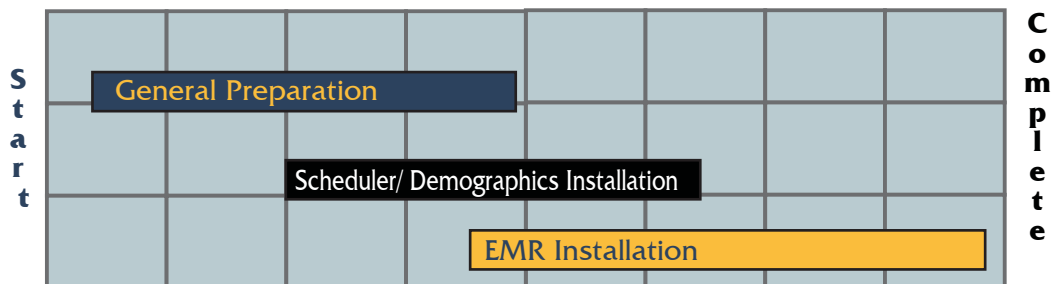




Installation Procedure

Upon receipt of a signed contract we implement the following plan that defines schedules and responsibilities. Like any good plan it is designed as a road map but each individual install may vary depending on client.



Phase 1 **GENERAL PREPARATION**

Task Group A

- 1.a.1 The client completes an Integration Assessment Booklet.
- 1.a.2 Select key person for system oversight/administrator at practice.
- 1.a.3 Establish time line for roll out and schedule working times.
- 1.a.4 Review equipment needed and a schedule for ordering.
- 1.a.5 Initiate requests from labs and other integration partners. We do this early because there may be a waiting period from some vendors.
- 1.a.6 The Salesperson(SP) establishes relationship between client and Technical Installation team.
- 1.a.7 Technical Installation Team reviews assessment and provides SP and client with Technical requirement response defining what the client needs to provide us with to start installation.

Task Group B

- 1.b.1 Complete a workflow assessment.
- 1.b.2 Define jobs, review responsibilities and information flow for each user.
- 1.b.3 Review entire system with key person giving an overview of project and capabilities.
- 1.b.4 Establish screen tab setup for each work group.
- 1.b.5 Identify power user - prefer 1 in each workgroup.
- 1.b.6 Define what data will be imported into our system and from what source.
- 1.b.7 Initiate process for getting data extract for required data.

Task Group C

- 1.c.1 If user equipment is needed it is purchased.
- 1.c.2 Equipment is installed at location.
- 1.c.3 Define variables for scheduling, demographic ,insurance and messaging.
- 1.c.4 Request script paper from state if needed.
- 1.c.5 Start training the administrator of use and control of the system.
- 1.c.6 Establish data feed to billing system if needed.

Phase 2 Scheduler / Demographics Start-up

Task Group A

- 2.a.1 Scheduling, demographic ,insurance and messaging screens are completed.
- 2.a.2 Administrator/ Power User runs thru workflow with patient chart in parallel.
- 2.a.3 Make adjustments to system based on test feedback.
- 2.a.4 SP revues each user setup for accuracy.
- 2.a.5 Test data is loaded.
- 2.a.6 Test continuity of data flow.
- 2.a.7 Start working with Administrator and 1 Power User Doctor on exam workflow and documentation habits.
- 2.a.8 Give doctor overview and set up tabs and screens.

Task Group B

- 2.b.1 Go live date scheduled for scheduling, demographic ,insurance and messaging.
- 2.b.2 SP sets up training session for use of scheduling, demographic ,insurance and Messaging.

Task Group C

- 2.c.1 Train Staff on use of scheduling, demographic ,insurance and messaging.
- 2.c.2 Have staff put aside 1 hour of work from the day and have them practice when the office is closed and we could run multiple scenarios in real time.
- 2.c.3 Make any system adjustments based on staff feedback and test run.
- 2.c.4 Have staff members with changes go thru system after adjustments to verify quality.
- 2.c.5 Go Live.

Phase 3 EMR Start-up

Task Group A

- 3.a.1 Set up script writing with Administrator and Doctor.
- 3.a.2 Set up chief complaint, HOPI, and ROS templates with Doctor.
- 3.a.3 Staff is trained and using the system.
- 3.a.4 SP will be on site and TI team leader on call.
- 3.a.5 Ongoing technical and user support is now the Technical Support Departments responsibility.
- 3.a.6 Start working with Doctor. To set up exam templates.

Task Group B

- 3.b.1 Set up visit summary pages with Administrator and Doctor.
- 3.b.2 Set up consultation note formats.
- 3.b.3 Review and set up rules and alerts
- 3.b.4 Start to layout process for automated services if applicable.
- 3.b.5 Have Doctor. Review all templates, make adjustments with TI team
- 3.b.6 Train appropriate staff on Script writing and test request procedure.

Task Group C

- 3.c.1 Train Doctor and appropriate staff on full use of the system.
- 3.c.2 Have Doctor and staff enter 1 or 2 patients a day from existing workflow in parallel for smoothness of process.
- 3.c.3 Make appropriate adjustments until Doctor is pleased with workflow.
- 3.c.4 Have doctor start using script writing and lab requests and messaging.
- 3.c.5 Choose doctor go live date.

Task Group D

- 3.d.1 First Doctor goes live - full EMR.
- 3.d.2 SP will be on site and TI team leader on call.
- 3.d.3 Make appropriate adjustments until Doctor is pleased with workflow.
- 3.d.4 All time related special offers and conditions start on this date.
- 3.d.5 Billing cycle starts on this date.
- 3.d.6 Ongoing technical and user support is now the Technical Support Departments responsibility.
- 3.d.7 Ongoing Client Loyalty and Satisfaction will be in team structure throughout the organization, Lead and coordinated by the SP.

- 3.d.8 Installation Complete!!!

Milestone Sign-Off

- Data Conversion
- Scheduler go-live.
- Prescription Printing
- Billing Feed
- Templating
- EMR

Contact

Company Name

Date

Address

Rep

Address

City

State

Zip

Main Phone

Main Fax

Cell:

E-Mail

Web Address

IT Hardware Support

Y

N

Technical /IT Support

Contact

Main Phone

Main Fax

Cell:

E-Mail

Web Address

Personnel

Number of Locations:

Number of Full Time Doctors:

Part Time:

4 days or less/month:

Number of Full Time Pa's:

Part Time:

4 days or less/month:

Number of Full Time Tech's:

Part Time:

4 days or less/month:

Number of Nurses

Number of Billing Personnel:

Number of Receptionists:

Practice

How many specialties?

Which ones:

How many patients are seen per day:

Office Manager:

Phone:

Office Manager E-Mail:

Billing : Internal

Outsourced

Billing Company:

Account # :

Main Contact:

Main Phone

Main Fax

Cell:

E-Mail

Web Address

Existing Infrastructure

Do you have Internet Service Now? Yes No

Current Internet access: T1 DSL Cable Satellite Cellular

Internet available in your area : T1 DSL Cable Satellite Cellular

Do you have any Laptops: Yes No How Many? Macs PCs

Do you have any Desktops: Yes No How Many? Macs PCs

Do you have any Tablet: Yes No How Many? Macs PCs

Do you need each Doctor to have their own Laptop? Yes No

Do you need each nurse to have a laptop? Yes No

Will the equipment be shared? Yes No

Do you have an existing PC support contract? Yes No

Do you have an existing Scanner:

If yes, Make Model#

Conversion

Scanning/ Digital Storage

Do you want to scan old files:

Do you intend to scan Internally Use a service

Will you be scanning non-active files? Yes No

If yes, how many files: How many boxes/ draws:

Will you be scanning active patients? Yes No

If yes, how many files: How many boxes/ draws:

What level of scanning do you want: One section Multiple Sections

Will you be scanning insurance cards? Yes No

Do you have a card scanner: Yes No

Do you have an e-fax service? Yes No

If no, do you wish us to set up one for you? Yes No

Equipment

Device Type : Model #
Manufacturer
Support Account #
Main Contact:
Main Phone
E-Mail Web Address

Device Type : Model #
Manufacturer
Support Account #
Main Contact:
Main Phone
E-Mail Web Address

Device Type : Model #
Manufacturer
Support Account #
Main Contact:
Main Phone
E-Mail Web Address

Device Type : Model #
Manufacturer
Support Account #
Main Contact:
Main Phone
E-Mail Web Address

Forms

List the most common governmental/administrative forms that you fill out manually based on system information. For each form:

Form Name/Description

Form Number

Sample form attached? Yes No

Form Name/Description

Form Number

Sample form attached? Yes No

Form Name/Description

Form Number

Sample form attached? Yes No

Form Name/Description

Form Number

Sample form attached? Yes No

Form Name/Description

Form Number

Sample form attached? Yes No

Form Name/Description

Form Number

Sample form attached? Yes No

Labs

Lab :

Account#:

Sales Rep:

Main Phone

Main Fax

Direct Phone

Cell

E-Mail

Estimated # of labs/wk:

Blood

Pathology

Genetic Tests

Lab :

Account#:

Sales Rep:

Main Phone

Main Fax

Direct Phone

Cell

E-Mail

Estimated # of labs/wk:

Blood

Pathology

Genetic Tests

Lab :

Account#:

Sales Rep:

Main Phone

Main Fax

Direct Phone

Cell

E-Mail

Estimated # of labs/wk:

Blood

Pathology

Genetic Tests

Lab :

Account#:

Sales Rep:

Main Phone

Main Fax

Direct Phone

Cell

E-Mail

Estimated # of labs/wk:

Blood

Pathology

Genetic Tests

Outside Imaging

Imaging Center Name :

Main Contact:

Sales Rep:

Main Phone :

Main Fax:

Direct Phone:

Cell :

E-Mail:

Web Address:

Number of imaging/wk :

Types of Imaging:

Imaging Center Name :

Main Contact:

Sales Rep:

Main Phone :

Main Fax:

Direct Phone:

Cell :

E-Mail:

Web Address:

Number of imaging/wk :

Types of Imaging:

Imaging Center Name :

Main Contact:

Sales Rep:

Main Phone :

Main Fax:

Direct Phone:

Cell :

E-Mail:

Web Address:

Number of imaging/wk :

Types of Imaging:

Imaging Center Name :

Main Contact:

Sales Rep:

Main Phone :

Main Fax:

Direct Phone:

Cell :

E-Mail:

Web Address:

Number of imaging/wk :

Types of Imaging:

Practice Management System

Do you have Billing Software: Yes No
Will you be using our Billing Software Yes No
Do you need us to integrate to yours? Yes No
Billing Software name:
Billing Software vendor:
Your Account #:
Billing Software support contact name:
Billing Software support contact phone:
Billing Software support contact e-mail:
 Web Based On office computer/Server

Existing EMR System

EMR application name
EMR Software vendor:
Your Account #:
EMR Software support contact name:
EMR Software support contact phone:
EMR Software support contact e-mail:
 Web Based On office computer/Server

Office Parameters

| Visit Reason | Length | Color Preference | Tabs in Paper Folder | Color |
|----------------|--------|------------------|----------------------|-------|
| 1. | Min. | | 1. | |
| 2. | Min. | | 2. | |
| 3. | Min. | | 3. | |
| 4. | Min. | | 4. | |
| 5. | Min. | | 5. | |
| 6. | Min. | | 6. | |
| 7. | Min. | | 7. | |
| 8. | Min. | | 8. | |
| 9. | Min. | | 9. | |
| 10. | Min. | | 10. | |
| 11. | Min. | | | |
| 12. | Min. | | Imaging types | |
| 13. | Min. | | 1. | |
| 14. | Min. | | 2. | |
| 15. | Min. | | 3. | |
| Document types | | | 4. | |
| 1. | | | 5. | |
| 2. | | | 6. | |
| 3. | | | 7. | |
| 4. | | | 8. | |
| 5. | | | 9. | |
| 6. | | | 10. | |
| 7. | | | | |
| 8. | | | Location names | |
| 9. | | | 1. | |
| 10. | | | 2. | |
| 11. | | | 3. | |
| 12. | | | 4. | |
| 13. | | | 5. | |
| 14. | | | | |
| 15. | | | | |

