

**Fax to 535-7195 attention: Emi Thieme**

*HealthAdvantage CONNECT* Questionnaire

I am interested in learning more about *HealthAdvantage CONNECT*, an Epic Electronic Medical Record (EMR) and Practice Management system.

Name: \_\_\_\_\_ Phone # : \_\_\_\_\_ Email: \_\_\_\_\_

1. How many providers are in your practice? \_\_\_\_\_
2. Any mid-level providers (PAs, NPs) in your practice? If so, how many and what type?  
\_\_\_\_\_  
\_\_\_\_\_
3. What specialties are in your practice (please list all)? \_\_\_\_\_  
\_\_\_\_\_
4. What billing software do you use for your practice?  
Medical Manage      Akamai      Praxis      Other \_\_\_\_\_
5. Who does your billing?  
Office staff      Akamai      Praxis      Other \_\_\_\_\_
6. Do you currently use an Electronic Medical Record management system in your office?  
Yes    No    If yes, what system? \_\_\_\_\_
7. Are you interested in implementing *HealthAdvantage CONNECT*?  
\_\_\_\_ Yes  
\_\_\_\_ Maybe  
\_\_\_\_ No, please don't send me further communications
8. When are you interested in implementing *HealthAdvantage CONNECT*?  
\_\_\_\_ Within 6 months  
\_\_\_\_ Within one year  
\_\_\_\_ Before the end of 2010  
\_\_\_\_ Before the end of 2013
9. What are the functionalities or features that are most important to you in a practice management and EMR system?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_