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?

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