

CGM WEBPRACTICE DATABASE COPY REQUEST FORM

Complete the following fields to have data from a Namespace/Database copied into another Namespace/Database. Return the completed form to Professional Services at least five business days prior to the due date.

General Practice Information

Client Name _____ Client # _____
Due Date _____

Sharing Tables Information

Will the client be sharing Tables? Yes No

If yes, you must have the client complete the Table Sharing Request Form and submit it to the Development Department.

Copying Tables Information

Do you want Tables copied? Yes No

If yes, from Namespace/Database _____/____ to Namespace/Database _____/____

If yes, All Tables Specific Tables *If Specific, select the Tables to be copied:*

Note: **Some Tables require supporting Tables to also be copied. **If you select a Table that requires a supporting Table(s), you need to also select the supporting Table(s) from the list, even if that supporting Table(s) is not being used.***

- | | |
|--|--|
| <input type="checkbox"/> Adjustment Code Table | <input type="checkbox"/> Label Code Table |
| <input type="checkbox"/> ANSI CARC/RARC Code Table
<i>*Requires Practice Denial Code Table</i> | <input type="checkbox"/> Language Code Table |
| <input type="checkbox"/> Billing Group Table | <input type="checkbox"/> Location Code Table
<i>Note: The Equivalent Insurance Name fields must match between Namespaces/Databases</i> |
| <input type="checkbox"/> Case Management Table
<i>*Requires Billing Group Table</i> | <input type="checkbox"/> Patient Class Table |
| <input type="checkbox"/> Case Manager/Adjuster Code Table | <input type="checkbox"/> Payment Code Table
<i>*Requires Adjustment Code Table</i> |
| <input type="checkbox"/> Co-Payment Code Table
<i>*Requires Type of Service Table</i> | <input type="checkbox"/> Practice Denial Code Table |
| <input type="checkbox"/> Country Code Table | <input type="checkbox"/> Procedure Code Table
<i>*Requires Type of Service Table and Diagnosis Code Table</i> |
| <input type="checkbox"/> County Code Table | <input type="checkbox"/> Recall Type Table |


 Credential Code Table
 Department Code Table
 Diagnosis Code Table

Note: The Equivalent Insurance Name fields must match between Namespaces/Databases

 Doctor Code Table

**Requires Co-Payment Code Table, Department Code Table, County Code Table*

 Employer Code Table

**Requires Insurance Carrier Table*

 Insurance Carrier Table

Note: The Equivalent Insurance Name fields must match between Namespaces/Databases

**Requires Ins. Class Table, Fee Schedule Table, Ins. Plan Code Table, and Payment Code Table
Note: Fee Schedule Amounts are automatically shared unless you indicate to not copy them.*

 Insurance Class Table

**Requires Fee Schedule Table
Note: Fee Schedule Amounts are automatically shared unless you indicate to not copy them*

 Referral Source Table
 Referral Source Provider Number Table

**Requires Insurance Carrier Table*

 Relative Value Schedule Code Table
 Type of Service Table

Note: The Equivalent Insurance Name fields must match between Namespaces/Databases

 Insurance Plan Table

**Requires RVS Schedule Codes*

 Task Type Table
 Image Type Table

Scheduling Tables

 Doctor Code Integration Table

**Requires Doctor Code Table and Group Code Table*

 Unit Integration Table

**Requires Doctor Code Table and Type of Visit Code Table*

 Group Code Table
 Patient Status/Location Code Table
 Type of Visit Table

**Requires Type of Service Table, Recall Code Table, Location Code Table, and Doctor Code Table*

 Resource Panel Code Table

**Requires Doctor Code Table and Group Code Table*

 Scheduling Pend Table
 Scheduling Delete/Reschedule Table

If any of the following Tables are to be copied, they require the Procedure Code Table to be copied.

- | | |
|---|--|
| <input type="checkbox"/> Procedure Code Amounts | <input type="checkbox"/> Procedure Grouping Table |
| <input type="checkbox"/> Post-Op Days Table
<i>*Also requires Ins. Plan Code Table, Ins. Carrier Table, and Type of Service Table</i> | <input type="checkbox"/> CPT®/DX Cross Linking Table
<i>*Also requires Diagnosis Code Table</i> |
| <input type="checkbox"/> Procedure Price List
<i>*Also requires Fee Schedule Table and Fee Schedule Amounts</i> | <input type="checkbox"/> Fee Schedule Table
<i>*Also requires Adjustment Code Table</i>
<i>Note: Fee Schedule Amounts are automatically copied unless you indicate to not copy them</i> |
| <input type="checkbox"/> RVS Schedule Unit Values
<i>*Also requires RVS Schedule Codes</i> | |

If any of the following Tables are to be copied, they require the Doctor Code Table, Insurance Carrier Table, and Location Code Table to be copied.

- | | |
|--|--|
| <input type="checkbox"/> Provider Number Table | <input type="checkbox"/> Group NPI Numbers |
| <input type="checkbox"/> Dr Provider Numbers by Location | <input type="checkbox"/> Group Taxonomy Number Table |
| <input type="checkbox"/> Dr Provider Group Numbers | <input type="checkbox"/> Group Tax ID/NPI Table |
| <input type="checkbox"/> Dr Provider Grp Numbers by Location | |

General System Information

Do you want Patient Appointment Schedules copied? Yes No
If yes, from Namespace/Database _____/____ to Namespace/Database _____/_____

Do you want a Superbill copied? Yes No
Superbill Name(s) _____

Do you want E-Superbill Activated? Yes No

Set the starting Patient Account Number for patient accounts to: _____

Do you want Cue Cards copied? Yes No
If yes, from Namespace/Database _____/____ to Namespace/Database _____/_____

Do you want a Pass-thru done to set the Insurance Liability for Medicare Insurance Carrier codes and Medicare Insurance Policies on patient accounts? Yes No



If yes, what is the Medicare Insurance Carrier Code: _____

Select one of the options below:

- Set Insurance Liability to **100/80** and set the **Insurance Type** to **MC**
- Set Insurance Liability to **100**

Integration Settings Information

Do you want Integration settings copied? Yes No

If yes, from Namespace/Database _____/____ to Namespace/Database _____/____

Note: **Some Integration functions contain Table codes and require specific Tables to be copied first.*

Select all that apply:

- | | |
|--|---|
| <input type="checkbox"/> CGM webPRACTICE Default Values
<i>*Requires Adjustment Codes, Doctor Codes, and Location Codes</i> | <input type="checkbox"/> Patient Check In/Out Integration
<i>*Requires Appointment Status Codes and Payment Codes</i> |
| <input type="checkbox"/> CGM webPRACTICE Integration Options
<i>*Requires Insurance Carrier Codes</i> | <input type="checkbox"/> Scheduling System Integration
<i>*Requires Procedure Codes and the Superbill document to be copied, if applicable</i> |
| <input type="checkbox"/> Service Charge Control File
<i>*Requires Adjustment Codes, Doctor Codes, and Location Codes</i> | <input type="checkbox"/> Search Integration |
| <input type="checkbox"/> Image Management Integration | <input type="checkbox"/> Smart List Control |
| <input type="checkbox"/> Validate Address Integration | <input type="checkbox"/> Payment Entry Integration |
| <input type="checkbox"/> Appointment Display Integration | <input type="checkbox"/> Procedure Entry Integration |
| <input type="checkbox"/> Defaults, Fixed, and Required Fields | <input type="checkbox"/> Batch Control Integration |
| <input type="checkbox"/> Configure Colors | <input type="checkbox"/> ERA Integration Setup |

Notes:

Request Submitted by _____

Date _____