



CompuGroup™
Medical

CGM webMOBILE™
Client Setup Packet
January 2018

CGM webMOBILE™



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NOTICE

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You can contact CompuGroup Medical at 888-627-7633 to request a copy of this document or you can access the Knowledge Tree folder in *CGM webPRACTICE™ Help* to download a copy.



CGM WEBMOBILE INSTALLATION PROCESS

1. CompuGroup Medical US (CGM US) sends customer agreement and proposal to obtain signatures.
2. Client returns signed agreements and proposal to the Implementation Manager.
3. Client completes CGM webMOBILE Client Setup Packet and Technical Requirements Packet.
4. Client returns completed CGM webMOBILE Client Setup Packet and Technical Requirements Packet to the Implementation Manager.
5. Implementation Manager schedules the CGM webMOBILE installation with the client.
6. CGM's IT team verifies pre-installation requirements.
7. Implementation Manager installs CGM webMOBILE on the server.
8. Implementation Manager schedules two training appointments with the client – one for the staff and one for the doctors.
9. Client receives staff training and completes CGM webMOBILE Setup instructions outlined in CGM webPRACTICE Help.
10. Client receives doctor training.
11. Client starts using CGM webMOBILE.



CGM WEBMOBILE PRACTICE INFORMATION FORM

Complete the following forms and return them to your Implementation Manager. This information is required a minimum of two weeks prior to the estimated go-live date to ensure a smooth installation. Assign an individual to be responsible for receiving, monitoring, and approving all CGM webMOBILE transmissions.

General Practice Information

Practice Name	_____	Client #	_____
Client Name	_____	Contact Person	_____
Phone #	_____	Contact Phone #	_____
Fax #	_____	Contact Email	_____
CGM webMOBILE Administrator (CGM webPRACTICE User Code)		_____	

CGM webPRACTICE Server Setup Information

- CGM webPRACTICE Server IP Address: _____
- SSL Certificate has been set up in Internet Information Services (IIS).
- Port 443 has been opened on the firewall to allow access to the CGM webPRACTICE server.
- Version of CGM webPRACTICE _____

Complete one *Provider Information Form* for each doctor in your practice.

Meet all the *CGM webMOBILE Requirements* as per Client Setup Packet and Implementation Technical Packet and sign off on the forms.

Return all forms to your Implementation Manager to proceed with installation.

_____	_____
IT/Hardware Vendor Signature	System Manager Signature
_____	_____
Print Name	Print Name
_____	_____
Date	Date



PROVIDER INFORMATION FORM

(Copy as needed for additional providers. Any missing data will delay installation.)

Practice Name _____ Client # _____

Contact _____ Phone _____

Provider Name: _____ DB #: _____

CGM webPRACTICE User Code: _____

Each provider must be knowledgeable in operating their mobile device. CGM US is only responsible for providing CGM webMOBILE training and will not train on the functionality of the mobile device.

Provider Signature:

I am knowledgeable in using my mobile device and understand CGM US will only provide CGM webMOBILE training.

I have read the requirements for mobile devices and Host PC (server) and confirm that all the requirements have been satisfied.

Name

Date

Signature