



**CompuGroup™**  
Medical

**CGM webSCAN™**

**Client Setup Packet - Upgrades**

**February 2018**

**CGM webSCAN™**



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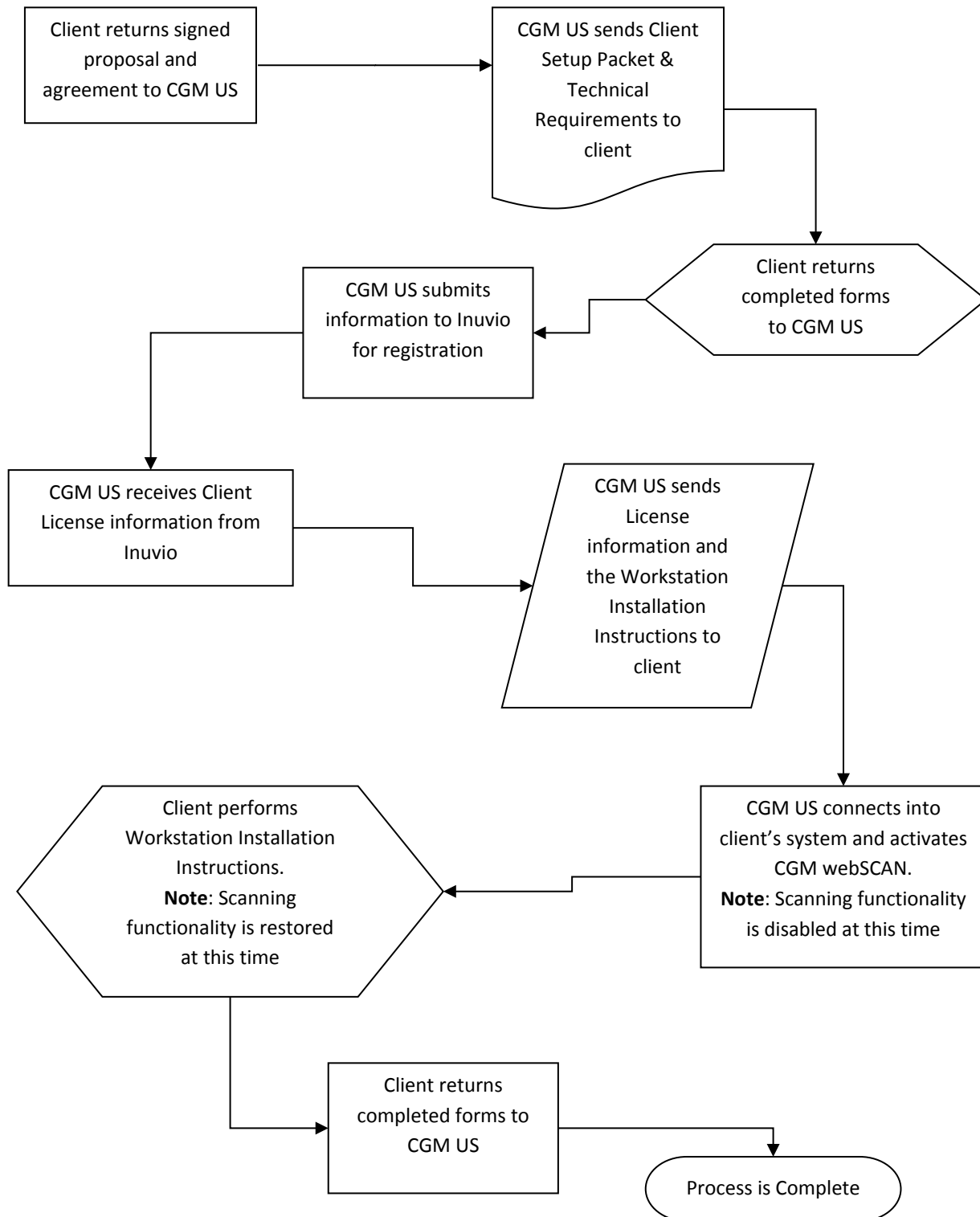
## NOTICE

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## CGM WEBSCAN INSTALLATION PROCESS



## CGM WEBSCAN PRACTICE INFORMATION FORM

Complete the following and return this packet to your CGM Project Manager. This information is required a minimum of three weeks prior to the estimated *go-live* date to ensure a smooth installation. You will need to assign an individual to be responsible for all CGM webSCAN activity.

### General Practice Information

Client Name	_____	Client #	_____
Address	_____	Time Zone	_____
City, ST, Zip	_____	Database #	_____
Phone #	_____	Contact Person	_____
Fax #	_____	Contact Phone #	_____
Practice Website	_____	Contact Email	_____

Number of card scanning workstations that will use CGM webSCAN: \_\_\_\_\_

### Practice Provider Information

Number of providers in the practice: \_\_\_\_\_

Provider Name	Credentials (MD, PA, NP, etc.)	CGM webPRACTICE Dr Code