

CGM webSCAN™ Client Setup Packet New Installs

February 2018





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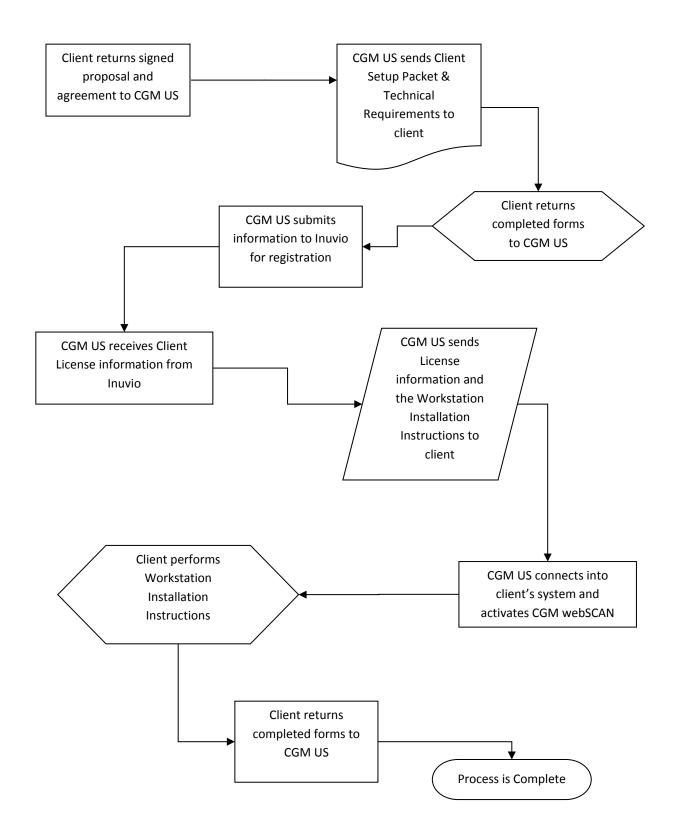
NOTICE

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CGM WEBSCAN INSTALLATION PROCESS





General Practice Information

CGM WEBSCAN PRACTICE INFORMATION FORM

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

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 the Practice Provider Information Number of providers in the practice:		
Provider Name	Credentials (MD, PA, NP, etc.)	CGM webPRACTICE Dr Code