

As our electronic communications grow you may find your company, service or medical firm, etc. in need of ONLINE interactive PDF forms. Such forms are used for applications, registrations, client data, etc. An “interactive” PDF is when you open the file and it shows lines, boxes or radio buttons as (grayed out, blue, or some other color). When you click on that field, it will change to white AND allow you to **type-in** your reply to the form question. E.g. an **Interactive Form**.

When you download such a PDF file, and open it on your computer, you can save the original by opening and save-as, the form name and adding, **filled-in** making it easy to use this as your completed form.

**Company Logo**

Client: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Technical Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Copier/Printer: \_\_\_\_\_ Inkjets: \_\_\_\_\_ MFP: \_\_\_\_\_

**MEDICAL SOFTWARE APPLICATIONS IN USE (check all that apply)**

<input type="checkbox"/> Billing _____	<input type="checkbox"/> Remittance Forms _____
<input type="checkbox"/> Supply orders _____	<input type="checkbox"/> EOB Forms _____
<input type="checkbox"/> Super Bill _____	<input type="checkbox"/> Insurance Claim Forms _____
<input type="checkbox"/> Scheduling forms _____	<input type="checkbox"/> Insurance Cards _____
<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____
<input type="checkbox"/> How many active patients _____	<input type="checkbox"/> How Many Archive patients files _____
<input type="checkbox"/> How many locations _____	<input type="checkbox"/> How Many physicians _____
<input type="checkbox"/> Practice Specialties _____	<input type="checkbox"/> Any Hospital privileges _____
<input type="checkbox"/> Member of Physicians organization _____	<input type="checkbox"/> Member of a GPO _____
<input type="checkbox"/> How many people process filing-storing _____	<input type="checkbox"/> Do you reconcile data to billing sys _____
<input type="checkbox"/> Does paperwork ever put you behind _____	<input type="checkbox"/> Experiencing insurance claims rejections _____

**NETWORK AND INTERNET CONNECTIVITY**

<input type="checkbox"/> Is your billing process internet connected _____	<input type="checkbox"/> Would home to office connection help _____
<input type="checkbox"/> Do you have home & office internet connection _____	<input type="checkbox"/> Does the practice have a website _____
<input type="checkbox"/> Are you networked to a hospital system _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> TCP/IP _____	<input type="checkbox"/> NETBEUI _____
<input type="checkbox"/> IPX/SPX _____	<input type="checkbox"/> Programs with API hooks: Application Protocol Interface _____
DNS _____ IP address _____	Server Name _____
Scan To: Email _____ SMB _____ FTP _____	SMTP: _____

**CLIENT VARIFICATION**

Completed By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Hughes-Calihan Representative Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Title: \_\_\_\_\_

**Submit button to database, email address, web page**