

Sample Reference Verification Checklist

Date: _____ Interviewer: _____

Vendor: _____ Software/Version: _____

Practice Name: _____

Contact Name/Title: _____

General

1. What is your specialty?
2. How many doctors and how many offices do you have?
3. How many patients do you typically see in a day?
4. How many workstations and/or users do you have on the system?
5. How long have you been on the system?
6. What modules are you using?

Implementation

1. What was your experience with the vendor's implementation process?
2. What would they do differently or implement differently, based on what they know now?
3. Did the vendor convert data from IVY? What information was converted?
4. What was your experience with the vendor's conversion process?

Software Functionality

1. Describe your experience with the software:
 - Entering a new patient
 - Posting a Charges/Payments/Adjustments
 - Scheduling an Appointment
2. What areas of the software would you consider improving and why?
3. How easy is the insurance billing process?
4. How responsive is the vendor to making program changes required by an insurance carrier?

Client Support

1. Do you have support on both software and/or hardware?
2. What is your experience with the vendor's client support staff?
3. Do you typically speak with a person when you call into support or must you leave a message?
4. How long does it typically take to get a return call?