



CLINIC INFORMATION:

Please provide the following Clinic information:

Add Clinic
Fill out the information below and click Save

General | Billing Info | Scheduler Time Interval

Name of Clinic:

Address:

City:

State:

Zip:

Phone Number:

Fax Number:

Email:

Website:

Deposit Slips: ☒ Include new Payments by default

Sales Tax: Example: Seven and three quarters percent = 7.75

General Tab:

Name of Clinic: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone Number: _____

Fax Number: _____

Email: _____

Website: _____

Sales Tax: _____ % When setting up CPT's you will be able to designate which CPT's to apply sales tax to, if applicable.



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Billing Tab:

Clinic / Group EIN (Federal Tax ID Number) HCFA Box 25: _____

Name / Title of Group Representative HCFA Box 31 _____

Group NPI # HCFA Box 33: _____

If you have specific Payor ID numbers, please have list ready for on site training or provide the Payor Name(s) with the Payor ID number. This will override numbers listed above.

Include a completed HCFA form, so we can verify the above information.



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Clinic Hours of Operation:

THIS IS NOT THE PROVIDER'S HOURS! 

MONDAY	_____	TO	_____	&	_____	TO	_____
TUESDAY	_____		_____		_____		_____
WEDNESDAY	_____		_____		_____		_____
THURSDAY	_____		_____		_____		_____
FRIDAY	_____		_____		_____		_____
SATURDAY	_____		_____		_____		_____
SUNDAY	_____		_____		_____		_____

Schedule Time Interval Tab:

THIS WILL BE THE TIME INCREMENTS YOUR SCHEDULE WILL APPEAR IN.

Scheduler Time Interval: (Circle One) 5 10 15 20 25 30

If you currently schedule patients at 9:00, 9:15, 9:30, etc., the Default Time Interval would be 15.

If you schedule patients at 9:00, 9:10, 9:20, etc., the Default Time Interval would be 10.



USER INFORMATION:

All Providers and staff must be set up as a User. Enter the User's (real) Name and a Unique User Name and Password. The User Name and Password will be used to log on to Quixote.



Note: Quixote tracks all data entry by User Name. Sharing your password with other Users could lead to liability and possible HIPAA violations.



Select a default Clinic for each User. This is the Clinic that this User works with the most frequently.
Select a default Provider for each User. This is the Provider that this User works with the most frequently.



Note: You will need to come back to assign a default Provider after adding Providers to Quixote.

Each User must be assigned to at least one Group. Groups are assigned unique privileges; however, privileges can be customized for each User.

If a User works with multiple Providers and needs to view their information simultaneously, (i.e. scheduled patients), select for the User's Default Provider.



However, each Provider should select him or herself as the Default Provider.



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Complete (make copies) for each User. Include Providers.

Add User
Add a new user to the system

General Defaults & Settings Photo

First Name

Middle Name

Last Name

User Name

Password

Save Cancel

First Name: _____

Middle Name (optional): _____

Last Name: _____

User Name: _____

Password: _____



Note: The User Name allows letters and numbers however; the first character must be a letter.

Job Description / Title: _____



PROVIDER INFORMATION:

Complete (make copies) for each Provider.



All Providers must be set up as a User first.

General Tab:

Provider's User Name (Users): _____

Displayed as (Enter the Provider's Name as it should be displayed in reports, including all titles.):

Enter the Provider **Title**. (i.e. D.C.): _____

Provider's **Email Address** - (Does not print anywhere):

Provider's **Home Phone** - (Does not print anywhere): _____

Provider's **Cell Phone** - (Does not print anywhere): _____

Provider's **Fax Number** - (Does not print anywhere): _____



Missed Window - Select minutes when an appointment should be changed to a missed status and the staff is alerted. i.e. 15 minutes, 30 minutes, 60 minutes etc. _____

PINS Tab:

Complete the following PIN number information, if applicable.

Add Provider
Please fill out the required fields below and click Save.

General PINS Billing

Social Security Number 25

Federal Tax I.D. Number 25

BWC (Ohio Workers Comp) 25

State License Number 25

NPI 25

Other ID 33

Other IDs that are Payor specific (overrides above)

Payor	Other ID	Edit	Delete

Social Security Number (HCFA Box 25): _____

Federal Tax I.D. Number (HCFA Box 25): _____

BWC (Ohio Workers Comp) (HCFA Box 25): _____

State License Number: _____

NPI: _____

Other ID Numbers - Payor / Provider Specific (HCFA Box 33):



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Provider Schedule Tab:

Provider Name: _____

THIS IS THE PROVIDER'S HOURS! 

MONDAY	_____	TO	_____	&	_____	TO	_____
TUESDAY	_____		_____		_____		_____
WEDNESDAY	_____		_____		_____		_____
THURSDAY	_____		_____		_____		_____
FRIDAY	_____		_____		_____		_____
SATURDAY	_____		_____		_____		_____
SUNDAY	_____		_____		_____		_____

That's all for now. I'll send more when I receive this. Thanks.