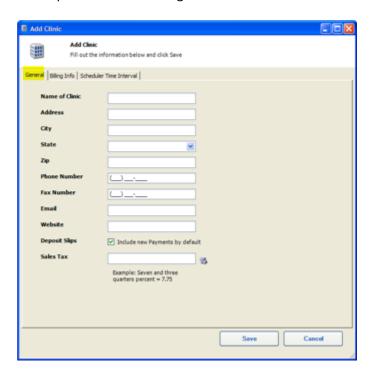


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CLINIC INFORMATION:

Please provide the following Clinic information:



General Tab:

Name of Clinic: _		
Address:		
City:		
State:	ZIP:	
Phone Number:		
Fax Number:		
Email:		
Website:		
Sales Tax:sales tax to, if app	% When setting up CPT's you will be abolicable.	le to designate which CPT's to apply



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Add Clinic				
	Add Clinic Fill out the information below an	d click Save		
General Billing	Info Scheduler Time Interval			- 1
Show H	CFA settings for	CMS-1500 (version 08/05)	×	
Clinic / G	roup EIN (Federal Tax ID Number)			25
Name/Tit	de of Group Representative			31
Group N	PI#			3
Group Of	ther ID			3
Other II	Os that are Payor specific: (over	rides above)	Add Other I	
Payor	/ Oth	er ID Edit	Delete	
			Save Cancel	

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		то _		&		ТО	
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.



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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.



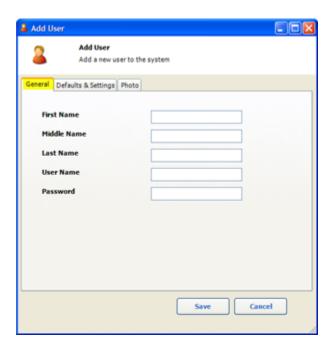
However, each Provider should select him or herself as the Default Provider.



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



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:



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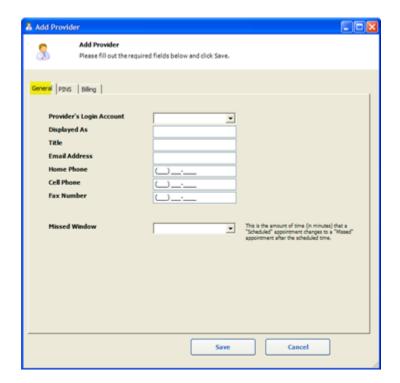


PROVIDER INFORMATION:

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):					



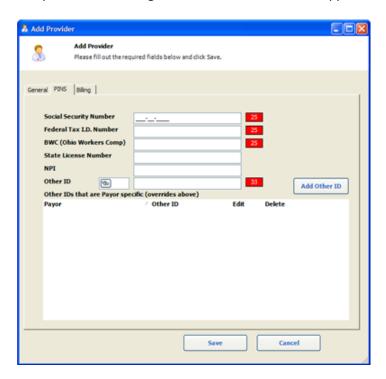
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Missed Window - Select minutes when an appointment should be changed to a missed status and the staff is alerted. i.e. 15 minutes, 30 minutes, 60 minutes etc. _

PINS Tab:

Complete the following PIN number information, if applicable.



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 <u>IS</u> THE PROVIDER'S HOURS!							
MONDAY		го	_ &		ТО		
TUESDAY			_				
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

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