



Practice Management Evaluation Form

Name:	Product:
Title:	Date:

Please rate your perception of the Practice Management System Under Evaluation On a scale of 1 to 5: 1 (does not meet needs), 2 (Meets few needs), 3 (Meets Basic Needs), 4 (meets most needs), 5 (meets all needs)

Attribute	Score (1-5)	Comments
Ease of looking up patient information		
Ease of scheduling a new appointment		
Ease of changing an appointment		
Appointment Letters/Reminders		
Ease of arriving a patient		



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Attribute	Score (1-5)	Comments
Ability to have multiple patient records open at one time		
Registration functionality		
Patient Recall Functions		
Referral Management		
Insurance Eligibility Checking		
Scanning functions		
Medicare Secondary Payer Questionnaire functionality		
Patient wait time tracking		



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Attribute	Score (1-5)	Comments
Employee Productivity Reports		
Charge Entry		
Payment Posting		
Contract Management Capabilities		
Provider Productivity reports		
Medical Necessity Checking		
How would you rate the ease of use of the system?		
How would you rate the completeness of the product? Please comment on features that you require that were not shown		



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Attribute	Score (1-5)	Comments
How well did you like the system?		
How helpful was the speaker (responses and clarifications useful, good speaker, etc) ?		
Overall, how would you evaluate this product (as demonstrated)?		

Please list any questions you have about the demo today.