Opendental P: 503.363.5432 F: 503.485.5202 E: ehr@opendental.com

2018 EHR Purchase Form

MEDICAID

When you are ready to purchase Open Dental EHR functionality and reporting for a calendar year, complete this purchase form and fax to 503-485-5202 or email to ehr@opendental.com.

Office/Dentist Name _____

Address _____

Contact name _____

Contact phone _____

Contact email _____

Number of locations _____ **Open Dental version** (e.g. 17.1.32) _____

Check one: ☐ I am an existing Open Dental customer

Open Dental Account # (if known): _____

☐ I am a new Open Dental customer

Do you need a conversion from another software? Yes ☐ No ☐

If yes, has your conversion been scheduled? Yes ☐ No ☐

Providers:

For each provider who will use EHR functionality and apply for an incentive payment, enter the exact first and last name and participation year. Names must exactly match the names entered in Open Dental under Lists, Providers. Names cannot have special characters. Spaces and suffixes are acceptable.

	First Name	Last Name	What incentive payment/participation year for **2018?** (Meaningful Use Year 3-6)
Ex.	John	Doe	4
1			
2			
3			
4			
5			
6			
7			
8			