

## Customer Questionnaire

Please answer the questions below.

- 1) Are you currently an eCW customer?     Yes     No  
If so, what version are you using? \_\_\_\_\_
  
- 2) Are you currently using a Dental Practice Management Program?     Yes     No  
If so, what program? \_\_\_\_\_  
Will we migrate data from the previous software?     Yes     No
  
- 3) Are you currently using an Imaging Software?     Yes     No  
If so, what program? \_\_\_\_\_  
Will there be a data migration for imaging data?     Yes     No
  
- 4) The Open Dental/eClinicalWorks Integration requires designated servers for each program.  
Who will host the Open Dental server? \_\_\_\_\_  
Who will host the eCW server? \_\_\_\_\_
  
- 5) How many Full Time Equivalent providers do you have? (dentists only) \_\_\_\_\_  
How many sites? \_\_\_\_\_
  
- 6) What is your estimated time-line for project completion? \_\_\_\_\_
  
- 7) What is your projected Go Live Date? \_\_\_\_\_
  
- 8) Please provide the Facilities address and main contact numbers below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Open Dental / eCW Bridge modes

Which bridge mode do you intend to implement?

- Tight:** This is by far the most common. All insurance and billing information is handled in eCW.
- Full:** Allows treatment plans with insurance estimates. Also allows preauthorizations from Open Dental but requires double entry of insurance information.
- Standalone:** This is very rare. Demographic information transfers from eCW to Open Dental but no information transfers back to eCW. All insurance, billing, etc. is done in Open Dental.

If you are not sure which mode is best for you, please contact us at [ecw@opidental.com](mailto:ecw@opidental.com) or 503-363-5432. See [www.opidental.com/manual/bridgeEclinicalWorks.html](http://www.opidental.com/manual/bridgeEclinicalWorks.html) for more information.

## Billing

How would like to be billed?

- Receive a monthly statement via  Fax  Mail  E-mail  
Payment can be called in or mailed.
- Automatic Charge (we will contact you for credit card information)
- Emailed Receipt
- Other: \_\_\_\_\_

## Financial Contact Information

Practice/Business Name: \_\_\_\_\_

Financial Contact First & Last Name: \_\_\_\_\_

Financial Contact Phone: \_\_\_\_\_

Financial Contact Email: \_\_\_\_\_

Billing Address (include suite, city, state and zip code):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_