Infinedi

ELECTRONIC DATA INTERCHANGE

System Information Form

Before Infinedi, LLC can process your claims or statements, we need to know a few details about your Practice Management Software and operating system.

1. What is the name and version of your Practice Management Software?

_____

Medisoft users require version 7.00 or greater.

2. Do you have support for your Practice Management Software? If yes, please provide:

Contact: _____   Phone Number: _____

3. Can your software system create a print image file? (please circle)   YES   or   NO

   if yes, what is the name of the directory and file? _____

4. Does your software auto post ERA/835 files? (please circle)   YES   or   NO

   Before you transmit claims you should contact your software support and ask for instructions for creating and saving an export batch of claims.

5. What version of operating system are you using?   WIN XP _____ WIN 7 _____   Other _____
   WIN 8 _____ WIN 10 _____

6. The transmission software you will use to transmit claims must be installed on a computer with a working analog modem, or have access to the Internet.

7. Do you have high speed Internet access? (please circle) YES   or   NO

Provider/Practice: _____

Contact: _____   Phone Number: _____

Date Completed: _____