



CHANGING TO A NEW SOFTWARE PROGRAM

DATA CONVERSION:

Software vendors intentionally make it difficult to change software by opting for proprietary databases and making universal export features unavailable. They are quick to capitalize on this fact when it comes time for software updates. Many practices have faced updates or upgrades that exceed the cost of their original system and/or the cost of competing systems with superior features.

Fear of the unknown and anticipated headaches associated with the changing of software systems keeps many practices chained to a software with inferior features and minimal support. Let us take the mystery and fear out of changing over to a new software program.

Conversions from Most Systems are Available • The Process of Converting is Manageable

The typical cost of a data conversion is \$1000 to \$2600 or more – depending on how many patient records are being converted and how many details are being carried over. QuickPractice has a “set” charge of **only \$495** regardless of how many patient records are converted or how many details are carried over.

SHOULD I CONVERT?

The decision must be made whether to re-enter old patient data by hand as patients schedule new office visits, or to have the old data converted over to QuickPractice. In actual experience, **most practices choose to re-enter patient data as patients come back in**, rather than converting volumes of seriously outdated patient information.

Once you decide that a conversion will be in the best interest of your practice, the following guidelines will help you manage a successful transition to QuickPractice.

CONVERSION PLAN:

1. Set an implementation date. Make certain to allow ample time for staff training on QuickPractice.
2. We will need backup files of your present system. After converting the data, we will supply you with a copy of your new file containing all your patient demographics and other imported information.
3. The financial data in your old system will become an archive that should be preserved for some time. Hold on to at least one server from your old system making sure to back up both the data files, and the program itself. Questions about claims submitted prior to the transition date will be referenced to this archived system.
4. *Absolutely* continue billing on the old system until the switch over date. Just prior to the move, bring all billing up-to-date! It is essential that you are current with claims when you make the transition, as it can take several weeks or more to make a move to a new Clearinghouse (if applicable), and it generally takes longer than expected for staff to adjust to a new software system. Avoid a billing crisis by being current at the time of change over.
5. Prior to the transition date, capture all desired management reports from the old system making particular note of open balances and receivables. A choice can be made to either: a.) carry balance forwards over to the new system, or b.) leave them in the old system. If left in the old system, payments for dates of service prior to the change over should be entered into the old software. Payments for dates of service after the change will be posted to the new system.
6. In time the old system will become retired and account receivable figures will become static. Eventually uncollected patient balances will typically either be written off or sent to collections.