

Charting Plus Interface

We request that you complete the following information to ensure that our knowledge of your interface with Charting Plus is complete and accurate. Our goal is to give our customers the freedom to choose the practice management system that best fits their needs. To this end we ask that you submit the most accurate information which we will turn into interface fact sheets for our clients. Use multiple sheets if you have interfaces with multiple products.

For additional detail on fields, please refer to the Interface documents located at the bottom of <http://www.medinotes.com/import.htm>

Please e-mail back to info@medinotes.com

Interface Name	Medinotes
PMS Product Name:	MicroMD
Applicable versions:	All current versions
General company contact (company name, address, phone, fax, e-mail):	Microsys Computing, Inc. 790 Boardman Canfield Rd Youngstown, Ohio 44512
	Phone: (330) 758-8832 Fax: (330) 758-018
Business contact (name, title, phone, e-mail):	Ajit Kumar, President Phone: (330) 758-8832 ext 115 Email: ajit@micromd.net
Sales contact name, title, phone, e-mail):	Amy DeMarco, Salesperson Phone: (330) 758-8832 ext 143 Email: amy@micromd.net
Technical contact name, title, phone, e-mail):	Mark Mariani, Programmer Phone: (330) 758-8832 ext 133 Email: markm@micromd.net
Web address:	http://www.micromd.net
Interface used (Text, HL7, other):	The patient demographics export file is text,
Fill out the appropriate section below.	while the charges Import file is XML
Interface type (one-way/two-way)	One-way or Two-way
Trigger mechanism, details	Can be done manually, or automatic
Interface price:	Contact Vendor for quote
Installation price:	Contact Vendor for quote
Annual Support price:	Contact Vendor for quote
Any other important details:	Contact Vendor for more information
Installation/Configuration Instructions:	Contact Vendor for more information

Text Interface

Patient Fields that transfer: Yes/No

Last Name	Yes
First Name	Yes
Middle Name	Yes
Chart Number	Yes
Address	Yes
City	Yes
State	Yes
Zip Code	Yes
SSN	Yes
Home Phone	Yes
Work Phone	Yes
Birth Date	Yes
Sex	Yes
Primary Insurance	No
Secondary Insurance	No
Physician Last Name	Yes
Physician First Name	Yes
Physician File	Yes

Referral Physician Fields that transfer: Yes/No

Last Name	No
First Name	No
Degree	No
Address	No
City	No
State	No
Zip Code	No
Work Phone	No
Fax	No
Email	No

Fields accepted from Charting Plus: Yes/No

Physician Last Name	Yes
Physician First Name	Yes
Patient Account Number	Yes
Patient Last Name	Yes
Patient First Name	Yes
Patient Address	Yes
Patient City	Yes
Diagnosis 1	Yes
Diagnosis 2	Yes
Diagnosis 3	Yes
Diagnosis 4	Yes
Date of Service	Yes
Procedure Code	Yes
Modifier 1	Yes
Modifier 2	Yes
Modifier 3	Yes
Modifier 4	Yes
Diagnosis Pointer 1	Yes
Diagnosis Pointer 2	Yes
Diagnosis Pointer 3	Yes
Diagnosis Pointer 4	Yes