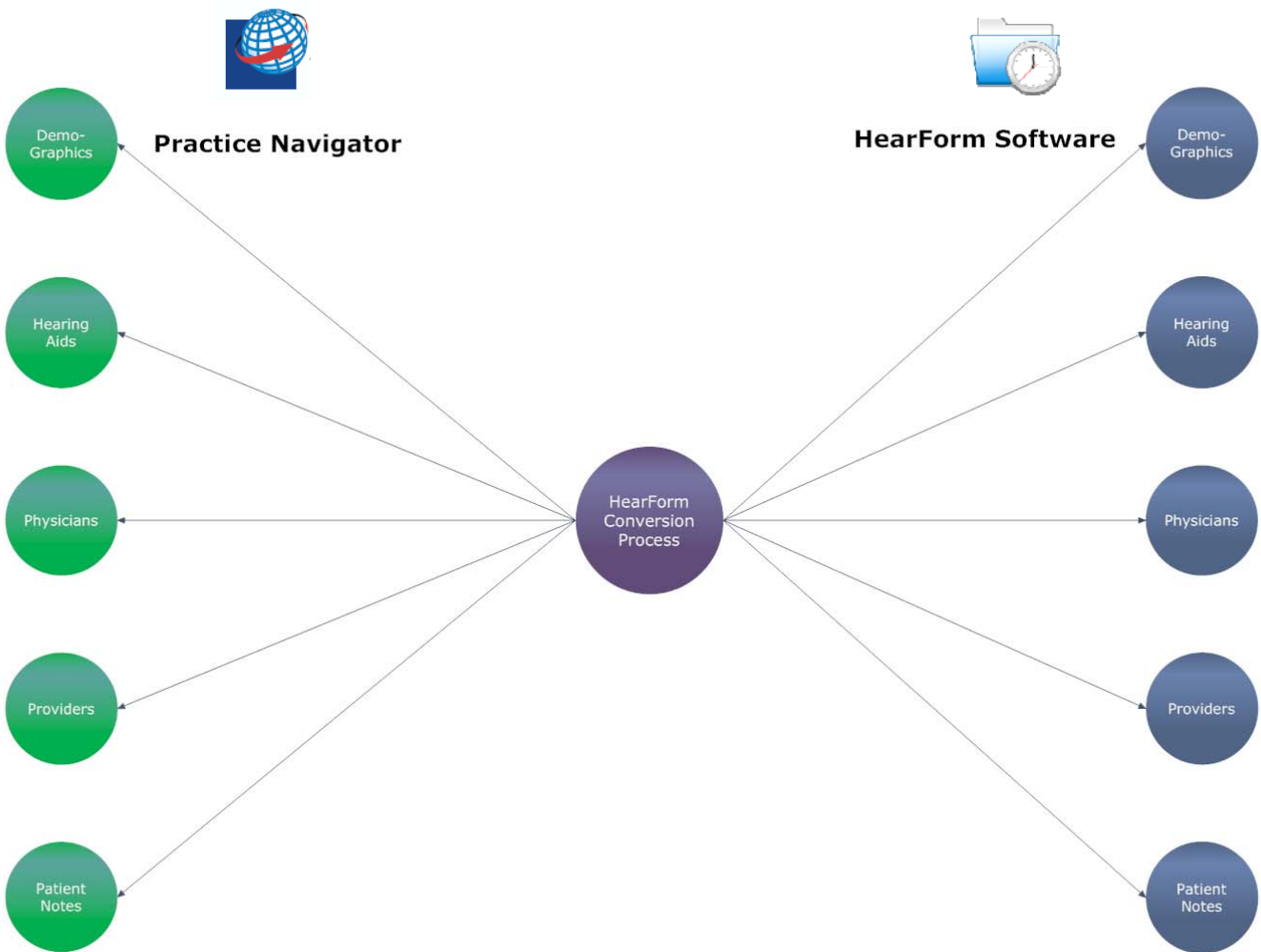


# HearForm10

## Conversion Details

*from Practice Navigator to HearForm*



**HearForm offers a time saving Conversion Service, transferring limited Data**

From Siemens Practice Navigator

.....

To HearForm



**Converting Your Data from Practice Navigator to HearForm Software**

ONE TIME CONVERSION FEE: \$315.00

HearForm can save much of your data from Practice Navigator. After receiving your data, we import that data into the matching fields within HearForm Software. After importing, you will immediately be able to use your data within the new system.

We save as much of your information as possible, but Practice Navigator does not make it easy for others to export the data from their system. That limitation does reduce the full amount of data that we can receive. If you need data that is not listed below, please discuss that need with us. We are not able to import Audiometric Data, Financial Transactions or the Scheduled Appointments.

The following Fields *can* be Saved and Exported from Siemens Practice Navigator...

**Basic Demographics**

Account Number

Last Name

First Name

Middle Name

Name Suffix

Salutation

Gender

Date of Birth

Status (patient status)

Marital Status

Last HA Purchase Date

Referred By

Social Security

Account Creation Date

Created By

Level of Contact

Battery Club Member

Referred By2 (Professional Code)

**Patient Notes**

Note Date

Note Text

**CONTINUED ON NEXT PAGE**

**Address Information**

Street 1, 2, 3

City, State, Zip

**Phone Information**

Phone 1, 2, 3

**Hearing Aid Information**

HA Date Purchased

HA Size

HA Serial

HA Battery

HA Side

HA Status

HA Remote Serial

HA Date Fit

HA Warranty Expiration Date

HA LD Warranty Exp. Date

HA LD Warranty Type

HA Extended Warr. Exp. Date

HA Circuit

HA Supplier

**Patient Insurance**

Insurance Carrier (Provider)

Patient Group #

Patient Insurance ID

**Patient Physician**

Physician Code

**Insurance (Provider)**

Provider Code

Provider Company Name

Provider Street 1, 2, 3

Provider City, State Zip

Provider Phone

Provider Comment

Provider Group #

Provider Type

**Physician Information**

Physician Code

Physician Company Name

Physician Name Full

Physician Title and Type

Physician Comments

Physician PIN &amp; Contact

Physician Phone &amp; Type

Physician Street 1, 2

Physician City, State, Zip

**Product Information**

Product ID

Product Category

Product Supplier

Product Circuit

Product Price &amp; Cost

*If you understand the limitations of the Navigator to HearForm conversion process and agree to accept the conversion of the data fields listed above, please acknowledge that acceptance below. Thank you very much.*

I agree to allow HearForm Software, LLC to convert my data from Practice Navigator and understand that the data converted will be limited to the fields listed on this document. I also agree to pay a one-time \$315 conversion fee.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Please Fax **ONLY THIS LAST PAGE** to **509-315-1469** or mail it to

HearForm Software, LLC

PO Box 1268, Northport, WA 99157

Phone: 888-453-8806

*Note: If you have not received a HIPAA Business Associates Agreement from us, please let us know before the conversion process begins.*