



Greenway PrimeSuite Lead Pass Form

PLEASE FILL OUT COMPLETELY

NSCHBC Member: _____
Today's Date: _____
City/State: _____

Your e-mail: _____
Your phone: _____

PRACTICE INFORMATION:

Practice Name: _____ Contact Person: _____
Address (street): _____ Phone: _____
City: _____ e-mail: _____
State: _____
Zip: _____
Number of MDs: _____ Other Providers: _____
Specialty: _____ # of Locations: _____

PRACTICE BACKGROUND:

Is the prospect interested in Practice Management Systems?: _____
Is the prospect interested in Electronic Medical Records?: _____
If looking at both: Is one more important than the other?: _____
What Practice Management System do they currently have?: _____
How long have they been using it?: _____
Do they have an EMR Now? If yes, then what system?: _____
How long have they been using it?: _____
In what month do they expect to make a vendor decision?: _____

Reason for change and other notes:

Competitors?: _____

Have you contacted the Greenway RSM?

WHAT WILL IT TAKE TO EARN THIS BUSINESS?

What is their decision process and who are the key decision makers?

Closing remarks:

Send to: Rich Walsh - RichWalsh@GreenwayMedical.com and Sara Brookings - SaraBrookings@GreenwayMedical.com

FROM GREENWAY: ACTIONS BEING TAKEN ON THIS LEAD

Lead Given To: _____
Sales Rep: _____

Date: _____
Phone: _____
E-mail: _____