

Clinic Pro Software Support  
2990 E. Lake Lansing Rd.  
East Lansing, MI 48823

Date: \_\_\_\_\_

We, \_\_\_\_\_,  
(Office name)

have completed **initial training** for Clinic Pro Software.

**Initial Training** is defined as:

- Help Screens
- Initial Setup (Adding Insurance Companies, Staff Doctors, Procedures, System Settings, and Security Settings)
- Entering Patients (including patient detail and insurance coverage)
- Entering Transactions
- Entering Patient Payments
- Patient Billing (Patient Statements)
- Paper (HCFA/CMS 1500 Form) Insurance Billing
- Appointment Scheduler (including setup)
- Reports
- Database Utilities and Backing up
- SOAP notes

Additional notes or comments:

If we decided not to train on any parts of the initial training at this time, we will be allowed to receive training on those sections at a later date. These sections are still covered under the free training package.

We understand that if further questions arise, we can call or email the support office.

Please sign and date below:

\_\_\_\_\_  
(Staff members)

\_\_\_\_\_  
(Date)

Please fax to 517-351-1854 and complete the Post-Training Survey at  
<http://www.clinicprosupport.com/survey>

Clinic Pro Software Support  
2990 E. Lake Lansing Rd.  
East Lansing, MI 48823

Date: \_\_\_\_\_

We, \_\_\_\_\_,  
(Office name)

have completed the Free Training Package for Clinic Pro Software.

We have completed training in the following areas:

<b>Date:</b>	<b>Staff Initials:</b>	<b>Topic:</b>
_____	_____	Initial Training (all topics listed above)
_____	_____	Electronic Billing (check any that apply): BCBS Medicare Medicaid WebMD Other _____
_____	_____	Live Insurance Payment Posting and Applying Patient Credits

Additional notes or comments:

If we decided not to train on any parts of the training package at this time, we will be allowed to receive training on those sections at a later date. These sections are still covered under the free training package.

We understand that if further questions arise, we can call or email the support office.

Please sign and date below:

\_\_\_\_\_  
(Staff members)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(ClinicPro trainer)

(Please fax to 517-351-1854)

\_\_\_\_\_  
(Date)