cueSHIFT Pre-Demo Questions

Facility Name:
Facility Address:
Facility Phone:
Contact Name:
Contact Email:
Facility Type:
Bed Count:
Current Pharmacies:
Account Rep Name:
Account Rep Email:
1. What Software system(s) do they currently use (clinical/therapy/billing/AR)?
2. What are the most important features of the current system(s)?
3. What are some Problems/Issues/Inefficiencies you would like to see fixed?
Billing/AR 1. Do they check Payor Eligibility for admissions?
2. Do they import Pharmacy/Therapy/Lab/Radiology charges into their current system?
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