



NDCHealth Customer Migration Profile (CMP)

If the below requirements are not met you may experience disruption in your claims submission.

Practice Name:	
Tax ID:	
Street Address:	
City, State, Zip:	
Phone:	
Fax:	
Email:	
Contact Name:	

**Practice Management Software**

Please confirm that you are using one of the following versions of NDCMedisoft or NDCLytec:

- Medisoft 10  Medisoft 11

**Minimum System Requirements**

Please confirm that your practice is set up with the minimum system requirements below:

Operating System:

- (Workstations) – Windows 2000 Professional or XP Professional.  
 (Client Server Only) – Windows 2000 Server or Windows 2003 Business Server.

**Processor:**

- Pentium III 500 MHz processor or higher

**RAM:**

- 512 MB (Server)  
 256 MB (Workstations)

I confirm that the above requirements have been met and authorize my account to be migrated to the Phoenix platform .

Signature of authorized party: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of authorized party: \_\_\_\_\_

Value Added Reseller Name: ~~MedicServe~~ VAR Number: 14875

VAR Initials: *Rebbyne Dodid* Date: 7/14/06

Completed form needs to be faxed to: 631-941-1013

\*Do not begin submitting claims until you have received your Client ID Notification letter from NDCHealth\*