iCreditWorks

Activation Checklist

Please Note: This Checklist must be completed within five (5) days.

Submission Date: _____

Return Date: _____

Description

Office

Address Line 1 | Address Line 2

City | State | Zip

Office Phone #

Completed ☐

Regional Manager Name

Email | Mobile #

Completed ☐

Practice Director Name

Email | Mobile #

Completed ☐

Roster

Doctor(s) Name

Email | Mobile #

Completed ☐

Treatment Coordinator Name

Email | Mobile #

Completed ☐

Front Desk Concierge Name

Email | Mobile #

Completed ☐

Add team member +

System Checklist

Tablets Received **Confirm** ☐

Browser - Google Chrome **Confirm** ☐