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Practice Management Software Comparison Scorecard

A fillable scorecard for independent practice owners, administrators, and billing leaders. Weight the workflows that affect reimbursement and rework in your practice, score each option on demo evidence, and document open questions before you decide.

Option being scored: _____

Completed by: _____

Date: _____

How to use this scorecard

1. Identify the workflows that delay reimbursement, create rework, or limit visibility today.
2. Mark each criterion as required, important, or optional for your practice.
3. Assign a weight to each criterion based on its operational or revenue-cycle impact.
4. Ask every provider to demonstrate the same workflow, and record the evidence.
5. Score an option only after reviewing the demo, documentation, pricing, implementation responsibilities, and support terms.
6. Compare total weighted scores alongside any unresolved questions or risks.

Print or save one copy of the category scorecards (pages 3–9) for each option you compare. The option name you type on this page carries through to every page.

Scoring definitions

Priority: Required, Important, or Optional

Weight: 1 to 5, based on the operational or revenue impact for your practice

Score: 0 = not demonstrated or not available; 1 = limited fit; 2 = partial fit; 3 = meets the requirement; 4 = strong fit; 5 = demonstrated fit with clear workflow evidence

Weighted score: weight multiplied by score

Demo evidence: what was shown, which documentation was provided, and what still needs confirmation

Follow-up owner: the person responsible for confirming open questions

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Scorecard Setup: Define Your Practice Priorities

Setting priorities before the first demo keeps scoring tied to where your practice loses time or reimbursement today. Complete this table before you compare options. The first three rows are examples only; replace or remove them.

Option being scored: _____

Practice requirement	Why it matters to your practice	Priority	Weight (1-5)	Owner	Notes
Reduce manual eligibility follow-up					
Improve claim-status visibility					
Connect with the current EHR					

Document these factors before you score anything

Provider count and staff roles

Number of locations

Specialty-specific workflow needs

Payer mix and eligibility workflow

Current EHR or clinical systems

Billing-team structure and claim follow-up workflow

Patient payment workflow

Reporting requirements

Budget and implementation capacity

Required integrations, clearinghouses, or partners

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Front-Office and Patient Workflow Scorecard

Front-office accuracy decides whether claims start clean, so score how each option handles the data that eligibility verification and billing depend on. Medical office practice management software should show these workflows end to end, not as separate screens.

Option being scored: _____

Evaluation criterion	Priority	Weight (1-5)	Score (0-5)	Weighted score	Demo evidence / follow-up question	Owner
Scheduling and appointment management						
Patient intake workflow						
Appointment reminders and patient communications						
Eligibility verification workflow						
Patient estimates and balance visibility						
Patient payment workflows						
Reschedules, cancellations, and no-shows						
Task management and staff handoffs						
Role-based access for front-office staff						
Category total						

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Billing and Revenue Workflow Scorecard

This category carries the most direct weight on reimbursement speed and denial prevention. Score whether each workflow gives billing staff the visibility to catch, submit, track, and follow up on every claim.

Option being scored: _____

Evaluation criterion	Priority	Weight (1-5)	Score (0-5)	Weighted score	Demo evidence / follow-up question	Owner
Charge workflow and claim preparation						
Claim scrubbing and claim-submission workflow						
Claim-status visibility						
Payment posting workflow						
Denial management and follow-up task visibility						
Work queues and billing-team handoffs						
Payer-level reporting and reimbursement trends						
Rework identification and task assignment						
Billing partner or clearinghouse connection requirements						
Category total						

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EHR and Other System Connection Scorecard

Every manual transfer between systems is a place for a claim to stall, so score how data moves and who owns each step. An EHR supports clinical documentation and patient records, while practice management software supports operational and financial workflows. Whether an option is EHR practice management software sold together or a system that connects to your current EHR, score the data flow rather than the packaging.

Option being scored: _____

Evaluation criterion	Priority	Weight (1-5)	Score (0-5)	Weighted score	Demo evidence / follow-up question	Owner
EHR and practice management workflow connection						
Patient and appointment data flow						
Charge and claim workflow connection						
Duplicate-entry risk						
Data ownership and export process						
Required interfaces or integration fees						
Clearinghouse, payment, or other partner connections						
Implementation responsibility for each connection						
Ongoing support for connected workflows						
Category total						

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Reporting and Operational Visibility Scorecard

Reporting decides how quickly your team spots a denial pattern or an aging claim, so score each option against the questions you actually ask every week.

Option being scored: _____

Evaluation criterion	Priority	Weight (1-5)	Score (0-5)	Weighted score	Demo evidence / follow-up question	Owner
Schedule utilization visibility						
Outstanding claim or task visibility						
Denial and follow-up reporting						
Payment and reimbursement reporting						
Payer trend reporting						
Provider or location performance reporting						
Role-based report access						
Export options						
Ability to answer the practice's recurring operational questions						
Category total						

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Privacy, Security, and Access-Control Scorecard

Software doesn't make a practice HIPAA compliant on its own. What you're scoring is whether a provider can supply the information and controls your practice needs to support its own HIPAA obligations. If an option is described as HIPAA compliant practice management software, ask for the documentation behind that description.

Option being scored: _____

Evaluation criterion	Priority	Weight (1-5)	Score (0-5)	Weighted score	Demo evidence / follow-up question	Owner
Role-based user access						
Access-control documentation						
Audit activity or audit-log documentation						
Data-handling documentation						
Business associate agreement availability						
Data backup and recovery documentation						
Security incident and notification process						
Staff responsibilities and administrative safeguards						
Privacy, legal, or security stakeholder review requirements						
Category total						

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Cloud Access, Reliability, and Support Scorecard

If staff can't reach current claim and payer data when they need it, follow-up stalls. Cloud based medical practice management software varies in how it handles access, uptime communication, recovery, and support, so score the evidence each provider gives you.

Option being scored: _____

Evaluation criterion	Priority	Weight (1-5)	Score (0-5)	Weighted score	Demo evidence / follow-up question	Owner
Browser-based access and device requirements						
User permissions and administration						
Uptime and service-status communications						
Backup and recovery information						
Onboarding plan						
Training for front-office, billing, and administrative roles						
Support channels						
Support response expectations						
Change-management resources						
Implementation timeline and responsibilities						
Category total						

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Total Cost and Contract Scorecard

Compare the full operating cost, not only the starting subscription price. Practice management software pricing can have several components, so score each one from a written estimate.

Option being scored: _____

Evaluation criterion	Priority	Weight (1-5)	Score (0-5)	Weighted score	Demo evidence / follow-up question	Owner
Subscription structure						
Implementation fees						
Training fees						
Interface or integration fees						
Clearinghouse or transaction charges						
Payment processing charges						
Support tiers or support fees						
Contract length						
Renewal terms						
Data migration responsibilities and costs						
Data-access or exit-process requirements						
Included capabilities versus additional charges						
Complete written estimate and contract documentation received						
Category total						

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Demo Evidence Tracker

Use the same test scenario for every option and record what was shown, not what was promised. A workflow that wasn't demonstrated becomes a follow-up question, not a check mark.

Option being scored: _____

Workflow to demonstrate	What the practice needs to see	Evidence captured	Follow-up question	Owner	Status
New patient scheduling through intake, eligibility verification, and patient payment					
Rescheduled appointment or eligibility change					
Charge entry through claim scrubbing and claims submission					
Claim-status review and denial follow-up task					
Payment posting and reimbursement reporting					
Weekly operational reporting review					
EHR and other system connection workflow					
Privacy, security, user-access, and audit documentation review					
Implementation, training, and support plan review					
Complete pricing and contract review					

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Scorecard Summary and Decision Record

Record each option's result in one place, so the shortlist and the next step are documented rather than remembered.

Option	Total weighted score	Required criteria not confirmed	Implementation or contract concerns	Next step	Decision owner
Option A					
Option B					
Option C					

Final decision and notes

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