

# Bring Back the *Manual*

*Most practices are running the best EHR in functional medicine at a fraction of its power. The problem was never the software. The problem is that somewhere along the way, we stopped writing things down. So here is the whole manual — the summary, and every working procedure that runs underneath it.*

**Kevin Mackey** • Founder & CEO, FxMedSupport

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I have sat inside a lot of practices. Years ago, before any of the software I build now existed, I was a consultant who lived in their charts — fifty-something clinics, day after day, learning exactly how the work actually moved. And I keep seeing the same thing in the practices that find me today: they do not know how to use their own EHR.

I say that with respect, because I mean it as a compliment to the tool. **Cerbo is the best EHR in functional medicine. Always has been. Always will be.** But the best instrument in the world still needs sheet music. What I find, over and over, is a practice that learned *one* way to get a thing done — and never discovered that there were three other ways, and that one of those was the better one. Multiply that by every task in a week and you get the gap: enormous capability, lightly used.

Not because anyone is lazy — because nobody handed them the manual.

*So let's bring it back. Bring back the basics. Bring back the manual. Bring back the working procedures.*

Below is the short version — the seven principles that run through every procedure. After that, in Part Two, is the long version: every single working procedure, in full, organized the way a patient actually moves through a practice. Nothing held back.

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#### THE ARTIFACT

## What a working procedure actually is

A working procedure is a small, disciplined document with a fixed shape — and that sameness is the point. Every one has a **Purpose** (why it exists), an **Expected Time Frame** (the cadence), and a numbered **Procedure** written so a brand-new hire and a ten-year veteran produce the identical result. The word that keeps recurring in those purpose lines is *continuity* — when everyone performs a task the same way, the chart tells the whole story without a single "what happened here?" message. That is the quiet north star of the entire system.

## The short version

**01 – RHYTHM. Process the queue, not the item.** You don't open one fax and move on. You sweep the entire inbound fax queue, then the entire labs section, then the entire portal queue — and only then work the tasks those passes created. The queues are your radar; sweep them whole.

**02 – SPINE. The date stamp holds everything together.** Every note, edit, and task opens with `[date] (initials)`. It's the audit trail and the accountability in one keystroke. If it isn't stamped, it didn't happen.

**03 – LANGUAGE. Name everything: who, where, what.** A lab leads with its collection date so it self-sorts; a task names patient, subject, date, clinician; a release names direction, party, expiration. One grammar across every document, so you can read the shelf without opening the box.

**04 – HIERARCHY. Route to the highest level required — and no higher.** The portal queue is really four kinds of message: information (an admin answers it), guidance (a support provider), judgment (the main provider), and the ~10% wildcard. Your most expensive person should only ever touch what only that person can do.

**05 – BOUNDARIES. The medical brain belongs in the encounter, not the portal.** If an answer takes clinical judgment, it moves out of the messaging thread and into the encounter record —

because patients will try to get treated in the portal if you let them, and clinical reasoning belongs where it can be found.

**06 – MEMORY. One task, one thread, start to finish.** The task created with an encounter is the durable channel for that request's whole life. Re-open it; don't spawn a new one. The thread is the memory.

**07 – SPEED. Say the same thing the same way, instantly.** Snippets — PhraseExpander on PC, Alfred on Mac, the EHR's own shortcuts — let you write a message once, perfect it, and deploy it identically forever. Consistency at zero marginal effort.

Stack them and the math is simple: sameness creates **continuity**; continuity kills **errors and omissions**; fewer errors free your sharpest people from rework; and freed people are capacity. This is the four-pillar discipline — **Optimize, Integrate, Automate, Leverage** — and the last word is the one that counts. The procedures don't replace your smart staff; they leverage them. Together they solve roughly eighty-five percent of what an independent practice needs to run cleanly. The remaining fifteen is yours — your clinical art, the part no document should standardize.

## HOW TO READ PART TWO

### One practice, walked end to *end*

The complete library follows, in seven groups that trace a patient's path: the foundations the practice stands on, the spine of communication and tasking, the daily queues, chart prep and scheduling, orders and fulfillment, billing and money, and finally records, telehealth, and offboarding. Every entry is a real working procedure — and every one is just the seven principles above, applied. *A note on the text:* names, fee amounts, fax and account numbers have been generalized to brackets so this can live in the open; the steps themselves are intact.

## PART TWO

# The Complete Working *Procedures*

*Thirty-three procedures, in full. This is the manual we're bringing back.*

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# Foundations

## 01 The Working Procedure Template

Every procedure begins from the same skeleton. Build new ones into this shape and they'll read like the rest of the manual.

TEMPLATE	
HEADER	Date · Submitted By · Approved By.
TITLE	Practice — WP — [name of the procedure].
PURPOSE	Three or four numbered reasons this exists. Reuse the standard set: move requests quickly through the flow; create continuity with labeling and processing; reduce errors and omissions; improve quality of work.
PROCEDURE	Open with an <i>Expected Time Frame</i> , then numbered steps in execution order.



## 02 Acronym Cheat Sheet

**PURPOSE** Shared vocabulary so labeling, processing, and internal communication stay continuous and fast.

The standing shorthand every team member writes and reads the same way:

Appt appointment · Canx cancelled · CC credit card · CR case review ·  
Doc document(s) · Dx diagnosis · Enc encounter · EP established  
patient · F/U follow-up · IC initial consult · L/M left message · NP new  
patient · PA prior authorization · PG patient guide · PPQ patient portal  
queue · Pt patient · Rx prescription · SOAP appointment notes · Supp  
supplement · T/T talked to · Tx treatment · WP working procedure · V /  
MC / D / AE card types.

## 03 Using Snippets (Text Expansion)

**PURPOSE** Move encounters and requests through the flow; document clearly; reduce errors and omissions; create continuity; improve quality.

**TOOL** PhraseExpander (PC), Alfred (Mac), or the EHR's built-in shortcuts.

1. Create a group named for the practice.
2. Add a new snippet.
3. **Abbreviation** — the shorthand you type to trigger the expansion.
4. **Content** — the full text inserted when you type the abbreviation.
5. **Label** — a plain-language title so the snippet is easy to find in your list.

**Two conventions.** Use a dynamic date token (e.g. `[date:M-d-yy]`) so the current date inserts automatically. Use `[XXXX]` wherever you must stop and type patient-specific detail.

### The starter library every practice should build

- **Date / initial stamp** — expands to `[date] (xx)`. The single most-used snippet in the building.
- **Order & case-review confirmations** — the standard "your order is on its way / here's how to prepare" messages.
- **Estimate approvals** — patient confirmation, the matching SOAP note, and the task note, all kept verbatim.
- **Billing language** — credit-card declination, e-consult fee explanation, expired-card-on-file.
- **Scheduling** — established-patient self-scheduling, telemedicine confirmation, cancellation labels.
- **File-name stems** — "Lab Results," "Order [date]," collection-date prefixes — so filing stays uniform.

Written once, perfected once, deployed identically by everyone. That is leverage.

## 04 Add Supplements to the Database

**TIME** As needed.

1. Get the vendor's product page from the clinician; keep it open for reference.
2. In Cerbo: **Admin → Manage → Alternate Plan Items.**
3. Search several ways first to confirm it isn't already in the database.
4. Add a new item. **Alternate Plan Name:** use the supplement name (not the brand). If something similar exists, distinguish it in parentheses — brand, strength, quantity, or form. *e.g. Optimal PC (capsules) vs. Optimal PC (liquid); 5-MTHF (Thorne 1mg) vs. 5-MTHF (Thorne 5mg).*
5. **Action Type:** supplement.
6. **Code / ID#:** abbreviate the vendor, then their product code if they use one (e.g. an Emerson code). If the vendor has no product IDs, use the vendor abbreviation alone.
7. **Plan Class:** `self-order` for self-order items; `is_supplement` for everything else.
8. **Nicknames:** usually blank, unless a common abbreviation would be used to search.
9. **Description:** paste a brief manufacturer description if available. Use no special characters (no <sup>™</sup>, ©, bullets).
10. Build the **default profile:** Brand, Strength, Method (Oral / Topical / Nasal, etc.), Frequency, Total doses (e.g. "120 vcaps," "1 oz"), and **Expires** — `N` if it never needs clinician approval to refill, `Y` if it does, a space if unknown.
11. **Instructions to Patient:** the clinician's dosing; if none, the website's; if still none, "Please follow directions on the bottle." For self-order items, add the order link.
12. Create the default profile.

FROM THE ORIGINAL WORKING PROCEDURE



## SYNERGY K 60 VEGCAPS (SYNE4)

Brand: Pure Encapsulations

Vendor Item Code: SKD6

Retail Price: \$31.50

Qty:  [Add To Cart](#)



Description Product Details Specifications

Synergy K 60 vegcaps

Dietary Supplement

Commitment to Quality Program. Sourced and manufactured to avoid:†

- Artificial Additives
- Allergens
- GMOs
- Environmental Contaminants
- Added Excipients

†See Ingredients Panel for more information

Recommendations: As a dietary supplement, take 1-2 capsules daily, in divided doses, with meals.

Supplement Facts

Disclaimer

### Add New Alternate Plan Option

This EMR comes with several databases of possible actions you can take when composing a plan for an encounter note, including prescriptions, vaccines, and orders. However, sometimes you may want to formally add a plan-item that falls outside this range of options (such as adding supplements, exercise routines, etc).

Use this form to add a new plan option (a single supplement, for example). If you'd like to add a whole new category of plan, you can simply use the "Action Type" dropdown, select "Other" and you will be given the option to create a new type.

Synergy K Alternate Plan Name Supplement   
 EE SYNE4 Code/ID# (if applicable) [?] is supplement   
 Generally leave blank

Nicknames (seperate with commas)

Description:

Sourced and manufactured to avoid:

- Artificial Additives
- Allergens
- GMOs
- Environmental Contaminants
- Added Excipients

Supplement Facts

amount per 1 capsule

vitamin D 1,000 iu

(as cholecalciferol) (D3)

vitamin K 1,545 mcg

from:

vitamin K1 500mcg

vitamin K2 (menaquinone-4) 1,000 mcg

vitamin K2 (menaquinone-7) 45 mcg

other ingredients: hypo-allergenic plant fiber (cellulose), vegetarian capsule (cellulose, water)

[+ Add This Alternate Plan Option](#)

## + Add This Alternate Plan Option

### Create Default Profile for "Synergy K"

This form allows you to create a default profile for Synergy K. When you add this Supplement to a patient's chart, it will automatically use the values you set here to fill in the form (you can, of course, change those values before finalizing the addition). This will **NOT** affect any past instances where you added Synergy K to patients' charts.

☐ Is Administrative Record

Pure Encapsulations	Brand	1,545 mcg	Strength
Oral	Method	QD (once a day)	Freq.
60 vegcaps	Total Doses	N	Expires (Days)

+ Expanded Regimine

#### Instructions to Patient

Take one pill per day.

Create Default Profile for Synergy K

## 05 Add CPT Options to the Database

**TIME** As needed.

1. In Cerbo: **Admin → Manage → CPT Database.**
2. Search several ways first to confirm it isn't already there.
3. **Proper Name** — follow the naming rule for the source:
  - LabCorp / Quest marker: [test name] [LabCorp/Quest] . Add [F] if fasting; put a send-out lab in the brackets, e.g. *T4, Total [Quest — Esoterix]*.
  - Anything else: [lab facility] [brief test name] , e.g. *Genova Organix; HDRI Methylation Pathway.*
4. **Alternate title:** other names the test might be called (useful when the proper name is a test number).
5. **CPT Code:** from the lab — always five digits, with any modifier ( -59 ) or quantifier ( x3 ). Enter every code.
6. **Headings & Nicknames:** blank. Do not check "performed by a specific lab."
7. **Description:** the lab FAQ (HTML allowed for headings/links).
8. **Notes to Laboratory** (prints on the requisition): LabCorp/Quest test number; for send-outs add SEND TO [lab] [test #] . Leave blank for non-LabCorp/Quest.
9. **Procedure Type:** Radiology/Scans for imaging; Pathology and Laboratory for everything else.
10. **Display Class:** radiology , is\_kit , labcorp\_marker , quest\_marker , or self-order as appropriate.
11. Save.

FROM THE ORIGINAL WORKING PROCEDURE



# Click Add New CPT Option

## Modify CPT Entry 86618: IGeneX 690 - West Coast Babesia Panel

IGeneX 690	Proper Name	West Coast Babesia Panel	Alternate-Title
86618	CPT Code		Headings [SEE LIST]
<input type="checkbox"/> This test is performed by a specific lab			

Some tests are mainly referred to by their name, but have a corresponding test # with the lab:

Genova Organix Dysbiosis	Proper Name	#0097	Alternate-Title
83497, 82507	CPT Code		Headings [SEE LIST]
<input type="checkbox"/> This test is performed by a specific lab			



GROUP II

# Communication & Tasking



## 06 Send Tasks

**TIME** As needed.

**PURPOSE** Move requests through the flow; continuity in labeling; distribute tasks correctly.

### General rules for tasks

- Charging or refunding cards → the billing [Admin].
- Tasks tied to a given provider's patients → that provider's [Admin].
- A question about something in a note/task → back to whoever originated it.
- Patient questions/concerns → the clinician, unless someone else can answer.
- **Always re-use the original task** to communicate anything about the original encounter. If it's already crossed off, edit it and un-check "mark this task as complete."

### Add a new task

1. Open the chart to confirm the clinician.
2. Hover "tasks" → add new task.
3. **Subject:** [patient] [brief description] [date if needed] (clinician initials) . e.g. *John Doe Supplement Refill 4-30 (P3)*. Dates required for supplement/Rx refills and follow-up appointments; clinician initials required for anything tied to an encounter note.
4. **Details:** date/initial stamp, then your message.
5. Assign to the right person and save.

### Send an existing task

1. Open the task to edit it; do not change the subject.
2. Add your date/initial stamp, your message, what to do next or who to send to, then draw your line.
3. Assign to the right person and save.

## 07 Start Notes

**TIME** As needed.

1. Open the chart.
2. In the SOAP/Encounter Notes box, click "+" to add a note.
3. **Title & categorization** by note type:
  - Established visit → *Follow-Up [m-dd-yy] (Provider)* · Phone/Office/Video.
  - First appointment after intake → *Case Review (Provider)* or *First Follow-Up (Provider)* · Office.
  - First appointment → *Initial Consult (Provider)* or *New Patient Visit (Provider)*.
  - Patient question to clinician → *[brief summary] (initials)* · Admin note.
  - Rx refill → *Rx Refill (m-dd-yy) (initials)* · Prescription Refill.
  - Supplement refill → *Supplement Refill (m-dd-yy) (initials)* · Supplement Refill.
  - Clinician response / order confirmation / post-appointment notes → titled as such · Admin note.
4. **Details:** if not an appointment, delete the auto-populated text, then enter your message.
5. Copy the note title, then save and close.
6. If this is the main encounter note (not a sub-note), start the matching task: Subject = [patient] [paste title]; details = date/initial stamp + message; assign to the right person.

## 08 Send Messages to Patients

**PURPOSE** Keep all patient communication inside the portal — never personal email — so the whole team can see the history.

1. Open the chart.
2. Click the message bubble at the top-right of the patient's photo.
3. **Title:** brief description of the subject.
4. **Message:**

*Hi [patient],*

*[your message]*

*[your signature]*

5. Send.

FROM THE ORIGINAL WORKING PROCEDURE



**Demeter Harvest**

#12 - 57yrs (10/14/1959)

## 09 Two Open Encounters with Charges

**TIME** As needed.

**WHY** Never let a patient get double-charged shipping or processing. Consolidate to one encounter.

### 1 • Empty the non-appointment encounter (or the one with fewer items)

1. If the note is signed: append a comment titled "Moving to other encounter," date/initial stamp + "Another encounter is open with charges. Moving this request to that encounter (name)."
2. If unsigned: put the same line + stamp + message in the main note.
3. Right-click each item in the Charge box → edit charge details → set price to \$0 (it greys out). Save and close.

### 2 • Build up the appointment encounter (or the one with more items)

1. If signed: append a comment "Added Charges," date/initial stamp + "Added [supplements/test] from [other encounter] to avoid duplicate shipping and processing charges."
2. If unsigned: put the same line + stamp + message in the main note.
3. In the Charge box, "+" each item from the other encounter. Save and close.

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GROUP III

# The Daily Queues

## 10 Accept Faxes

**TIME** At least once daily — preferably several times a day.

1. Unreviewed faxes appear in the "Received Faxes (Unfiled)" box (visible from the portal queue and from the schedule).
2. Click a document to preview it.
3. Read it to decide: file to a chart, separate, file to the fax queue, or discard.
4. If rotated → rotate. If it has blank/cover pages with no useful content → delete those pages. If it holds results for more than one patient → split it.
5. **To file to a chart** (lab results, Rx refill or prior-auth requests): assign the patient; name the document [test/lab] Results [mm-dd-yy] or Rx Refill Request [date] (medication) or PA Request [date] ; check "needs to be reviewed by doctor" and select the right [Admin]. This files it to the chart and adds it to that person's queue.

FROM THE ORIGINAL WORKING PROCEDURE

The screenshot displays the Maxwell Clinic patient portal. At the top, a navigation bar includes links for Scheduling, Admin, Billing, Tasks, My Links, and Pt Portal, along with a user profile icon labeled 'K.M.' and a help icon. Below the navigation bar, the main content area is divided into two sections. On the left, a sidebar contains a 'Received Faxes (Unfiled)' section, which is highlighted with a red box. This section shows a fax from 6154728071 (9316489567) at 2018-03-26T17:58:54 (5 pages) with a fax number of 9316489567. Below this is an 'Imported Lab Results' section with a refresh icon and a message: 'No unassigned results in the queue. Please remember to refresh this block manually to pick up new results.' The main content area on the right is titled 'Requests from the Patient Portal' and includes a 'View: All Requests' dropdown. Below this, a 'REQUEST FROM [redacted]' is shown with a 'Secure message for Any Provider' button. The message details include: SUBJECT: Re: Re: Update, DATE: March 26, 2018 at 12:55 pm, NOTE: I will do that! Thank you for your prompt response. This is weird..., and REPLY BY: secure message. There are also buttons for 'Start Medical Note' and 'Assign as task to...'. A 'Show complete message thread' link is at the bottom of the message content.

**Remove UNCHECKED Pages From Fax**

Rotate/Split/Delete Pages from PDF

Select what action you'd like to perform on this fax:

Rotate Pages Split Fax Remove Pages

**MAXWELL CLINIC**

Scheduling Admin Billing Tasks My Links Pt Portal K.M. ?

**Received Faxes (Unfiled)**

6154728071 (9316489567) at 2018-03-26T17:58:54 (5 pages)

Fax number: 9316489567

**Imported Lab Results**

No unassigned results in the queue. Please remember to refresh this block manually to pick up new results.

**Requests from the Patient Portal** View: All Requests

REQUEST FROM [redacted]

Secure message for Any Provider

Start Medical Note

SUBJECT: Re: Re: Update  
DATE: March 26, 2018 at 12:55 pm  
NOTE: I will do that! Thank you for your prompt response. This is weird...  
REPLY BY: secure message

Show complete message thread

Assign as task to...



## 11 Send Faxes

**TIME** As needed.

1. Find the document in the orange tabbed section of the dashboard.
2. Right-click → "fax this document."
3. Attach any additional documents from the drop-down.
4. Double-click the cover sheet to edit it, then apply.
5. Choose "other — type in number," enter as (xxx) -xxx-xxxx.
6. Send, then close the form.



## 12 Upload Labs from the Portal Queue

**TIME** As needed.

1. Open the chart; note the clinician and the patient's last appointment type.
2. From the portal queue, "save and review" the lab.
3. **Flag for review?** Follow the per-provider rule: generally, before a case review upload but don't flag; after a case review upload and flag; not-current-labs upload but don't flag; for some providers, established patients always flag. CIRS panels flag to that provider's [Admin].
4. **Title:** [collection date yyyy.mm.dd] [patient] [test/lab] Results . e.g. 2025.04.17 John Doe LabCorp Results.
5. **Document Type:** Labs (ordered by the practice or within the last year); NCL (ordered elsewhere); Legacy (older than a year); Radiology (imaging).
6. Notification: default (not needed). Add lab + collection date to Notes/Key Results where the provider rule calls for it.
7. Show in patient's portal. Match to open orders. Save, unreviewed.
8. For tests where the practice supplied the requisition, go to Forms and uncheck "show in portal" on the old requisition so the patient only sees the current one.
9. Archive the portal queue message.

FROM THE ORIGINAL WORKING PROCEDURE

[Collection Date ]Labs For Review

TITLE

Document Type: Labs

TYPE

[No Folder Selected]

SUBFOLDER

Results Normal



RESULTS

Follow Up Not Needed


















FOLLOW UP

- ☒ Notification not needed  
☐ NO, patient not notified  
☐ YES, patient notified

NOTIFY PATIENT

-  Notify by Portal  
 Email Patient


Notes / Key Results:

**B** *I* U **A** **A**                 

- Submitted via portal  
Labcorp 4-28-14

Save, Unreviewed

DONE! File Document

- ☐ Flag this as "Key Document"   
☐ Add to Past Med History?  
☒ Show in Pt's Online Portal? [\[?\]](#)

[Save and re-open in new SOAP note](#)

## 13 Upload Forms


**TIME** As needed.

**SCOPE** Questionnaires & intake forms (metabolic assessment, food survey, mold survey, medication history, case-review questionnaire, etc.).

1. Open the chart.
2. From the portal queue, "save document and review."
3. Title: leave default. Document Type: **forms**. Notification: default. Show in portal.
4. If it's a Metabolic Assessment, check the meds/supplements section:
  - If blank, message the patient to confirm they take none.
  - If they confirm none → sticky note: date/initial stamp + "Pt has no current supps or meds."
  - If they do take some → if a CR encounter exists, add a sub-note "Current Supps/Meds" (Patient Portal category) with their message; if no encounter yet, sticky-note the list.
5. Save, unreviewed.
6. In the chart, click the tags in the Patient Information box and un-check the form name to show it was received.
7. When all case-review forms are in, open the last one and mark "needs to be reviewed by" the case-review [Admin]; save unreviewed.
8. Archive the portal queue message.




**Exception.** The Biotoxin Illness Survey files as a *Lab* (matched to the open order), not a form.

### FROM THE ORIGINAL WORKING PROCEDURE



**REQUEST FROM KEVIN MACKEY (04/28/1979)**

ID#:

   Kevin Mackey - Submitted new Health Journey Questionnaire for review

**Save Document and Review**

Assign as task to...

## 14 Upload Consents

**TIME** As needed.

**SCOPE** Arbitration agreement, client agreement, informed consent, Medicare opt-out, patient guide, registration forms, releases of information.

1. Open the chart from the portal queue message.
2. "Save document and review"; scroll to confirm the patient signed/completed it.
3. Title: default. Document Type: **consent**.
4. **By type:**
  - **Arbitration / Client Agreement:** show in portal; for arbitration, mark for the provider's [Admin]; then un-tag it in the Patient Information box to show it's received.
  - **Medicare Opt-Out:** show in portal, file, un-tag.
  - **Registration Forms:** check the DOB wasn't entered with the current year and, for CA residents, that the county is present (note corrections in Notes/Key Results). Then open the Patient Information box and clean every tab — capitalization, phone format (xxx) xxx-xxxx, remove duplicate numbers, star the preferred number, record any nickname in a blue notice, set billing-address flag correctly, and move free-text intake notes into the "Need to Know" box.
  - **Release from / to the practice:** un-tag the matching release in the Patient Information box; title the document ROI [direction] [party] exp [date]; show in portal; mark for review by whoever sent the release.
5. Archive the portal queue message.

FROM THE ORIGINAL WORKING PROCEDURE

## Need to Know

GOES BY JOHN

**Emergency Contact:** Pt Wife  
Contact: /111-111-1111

**Why I want to be seen:** To see what patients see when they log on to MDHQ

\*Initially added during signup **OK WITH MEDICAL EMAILS**

Last Updated by Kevin Mackey - 07/15/2017

## Admin Notes

Internet search, Google, Yelp....Interested recently (7/15/17:KM)  
\*Initially added during signup

Last Updated by Kevin Mackey - 07/15/2017

## Social/Family Notes

\*Initially added during signup



REQUEST FROM (04/28/1979)

ID#: 85

- Uploaded a PDF document "NEW PATIENT (Case Review)" (16KB)

Save and Review

Assign as task to...

Registration Form added 04/30/20		TITLE
Document Type: Consent		TYPE
Results Normal		RESULTS
Follow Up Not Needed		FOLLOW UP
<input checked="" type="radio"/> Notification not needed		<b>NOTIFY PATIENT</b> <input type="checkbox"/> Notify by Portal <input checked="" type="checkbox"/> Email Patient
<input type="radio"/> NO, patient not notified		
<input type="radio"/> YES, patient notified		
<b>Notes / Key Results:</b>		
Submitted via portal		
County: Marin		
<b>Save, Unreviewed</b> <b>DONE! File Document</b>		
<input type="checkbox"/> Flag this as "Key Document"		
<input type="checkbox"/> Add to Past Med History?		
<input checked="" type="checkbox"/> Show in Pt's Online Portal? [?]		
Save and re-open in new SOAP note		
View patient's dashboard in new tab		

Information

Credit Card Information

EHR Maintenance

Inherent Harm

Notice of Security Incident

Last Name \*

Social Security Number

Nickname/Preferred Name

Zip Code \* 94903

## Basic Data

## Home Address

## Work Address

## Insurance

## Billing Info

## Patient Portal

First Name

Kevin

Middle Name

Last



Home Phone Number

XXX-XXX-XXXX



Mobile Phone Number

XXX-XXX-XXXX



925:



Other Phone

XXX-XXX-XXXX

Fax Home

XXX-XXX-XXXX

Fax 1

XXX

Email Address

Email Address 2

Social

Nickname(s), separated by commas

Kevin

Skype

Date of Birth



mm/dd/YYYY

Sex

Male

Race

Un

Notice<sup>[?]</sup>

Goes by Kev

Notice Color

BLUE

[+ Edit Patient](#)

(Saves all Tabs)

## Need to Know

GOES BY JOHN

**Emergency Contact:** Pt Wife  
Contact: /111-111-1111Internet search, Google, Yelp....Interested recently  
(7/15/17:KM)**Why I want to be seen:** To see what patients see when they  
log on to MDHQ

\*Initially added during signupOK WITH MEDICAL EMAILS

Last Updated by Kevin Mackey - 07/15/2017

## Admin Notes

\*Initially added during signup

Last Updated by Kevin Mackey - 07/15/2017

## Social/Family Notes

\*Initially added during signup

## 15 Upload Other Information from the Portal Queue

**TIME** As needed.

**SCOPE** Pictures, vital readings, insurance, supplements/drugs, and documents that aren't consents, forms, or labs.

### Documents

1. Open the chart; note clinician and last appointment type.
2. "Save and review." If the preview says it can't display in frames, it isn't a PDF — skip to the non-PDF steps below.
3. Flag for review per the same before/after-case-review rule used for labs.
4. **Title:** [date if a test, yyyy.mm.dd] [patient] [brief description] [doc date] .
5. **Type:** Labs, Radiology, Misc (incl. current supplement lists), or Legacy (records over a year old, health summaries).
6. Show in portal; match to open orders; save. Archive the message.

### Special cases

- **Not a PDF:** delete it (reason: not a PDF) and message the patient to resend as PDF.
- **Insurance:** open details editor → accept change → edit patient. Archive.
- **Pictures:** save and crop (focus on the patient). Can't rotate — if it previews rotated, ask the patient to resend correctly.
- **Supplements/drugs:** add to chart; paste the patient's note; *do not* set it as the system default profile.
- **Vitals:** accept the reading, confirm the value populated (height often won't auto-fill), save.

FROM THE ORIGINAL WORKING PROCEDURE

**Medications****Supplements**

- |                          |   |                                  |
|--------------------------|---|----------------------------------|
| <input type="checkbox"/> |  Klaire Multi-Mineral Complex W/O Iron - BID | <b>ADMIN</b> (recorded 07/15/17) |
| <input type="checkbox"/> |  Magnesium Citrate (Caps) - 150 Mg Other     | <b>ADMIN</b> (recorded 07/15/17) |
| <input type="checkbox"/> | Magnesium Glycinate (PE) - 120 Mg Other   | <b>No Expiration</b>             |
| <input type="checkbox"/> | FemmenessencePro-Peri - BID   | <b>No Expiration</b>             |
| <input type="checkbox"/> |  MegaSporeBiotic - QD (x 2)                  | <b>ADMIN</b> (recorded 10/25/17) |

*Supplement note not set. Click to add text note.*



Jul 15, 2017 Patient Name Medical Infc

TITLE

Document Type: Misc

TYPE

[No Folder Selected]

SUBFOLDER

Results Normal

RESULTS

Follow Up Not Needed

FOLLOW UP

- ☒ Notification not needed  
☐ NO, patient not notified  
☐ YES, patient notified

NOTIFY PATIENT

 Notify by Portal

 Email Patient


Notes / Key Results:

**B** *I* U **A** **A**               

- Submitted via portal  
(7/15/17:KM)  
Labcorp 4-20-16  
=====

Save, Unreviewed

DONE! File Document

- ☐ Flag this as "Key Document"   
☐ Add to Past Med History?  
☒ Show in Pt's Online Portal? [\[?\]](#)

Save and re-open in new SOAP note

View patient's dashboard in new tab

OPEN TABS

0

0

0

## 16 Add Handouts to the Patient Portal

**TIME** As needed.

1. Open the chart; find the encounter where the clinician noted a handout should go to the portal.
2. Hover "my documents" → browse → Handouts tab → find the referenced handout.
3. Right-click → "copy to current pt's chart" → OK.
4. Title: default. Type: **handouts**. Show in portal; file.
5. Let the patient know where to find it:

*Hi [patient],*

*You can now find the [handout name] in the Labs and Documents section of your Patient Portal. Please let us know if you need anything else.*

*[your signature]*

6. Archive the portal queue message.

## 17 Appointment Requests from Patients

**TIME** As requested.

### Established patients

1. Reply in the portal:

*Hi [patient],*

*Now that you are an established patient, you can schedule follow-up appointments yourself in your Patient Portal under "Appointments." The calendar is currently open through [date].*

*[your signature]*

2. If a patient struggles to find a slot, assign a task to the [Admin] to add them to the cancellation list.

### New patients

1. Assign as a task to the correct provider's [Admin].
2. Subject: "Appt." Message: date/initial stamp + "please contact pt to schedule" or "please see patient's response."
3. Assign.

## 18 Check Open Labs

**TIME** As requested.

1. Open the chart.
2. Review the Open Orders box — these are outstanding. Results sometimes arrive unmatched, so also check the "unreviewed" and "labs" tabs.
3. Highlight the open orders and copy the list.
4. Reply in the portal:

*Hi [patient],*

*We are still waiting on results from the following tests:*

*[paste list, removing "no results"]*

*In Labs & Documents you can view Open Orders and Test Details for each. Once results arrive, the test name disappears from the list, your clinician reviews them, and we make them viewable in your Portal.*

*[your signature]*

5. If the patient says a test was done weeks ago, use the lab FAQ to judge whether results should be in. Contact the lab if overdue; sticky-note the chart with when the sample was sent.

### FROM THE ORIGINAL WORKING PROCEDURE



REQUEST FROM 875

Secure message for Any Provider:

Start a Note

SUBJECT: testing complete  
DATE: May 1, 2015 at 7:52 am  
NOTE: FYI--i finished all the tests that were sent to me. I FedExed the last one 10 days ago. I assume you have been receiving results and that my 'chart/file' is nearing completion in preparation for my June 3rd appt.  
REPLY BY: **secure message**.

Assign as task to...

## Chart Prep & Scheduling

### 19 Chart Prep for Initial Consults

**TIME** Prepped by Friday afternoon for the coming week.

1. Check the schedule for next week's initial consults.
2. Open each chart; confirm required paperwork is complete (message the patient if not).
3. Start a new encounter note. Title: *Initial Consult (clinician initials)*.
4. Set the encounter date to the appointment date.
5. Categorize by appointment type (Phone, Video, etc.).
6. Add the matching charge — e.g. "IC (Phone)" or "IC (Video)" — with the correct clinician's initials.
7. Save and close (do *not* "save & sign"). Close the chart; repeat.

## 20 Chart Prep for Case Reviews

**TIME** Prepped by Friday afternoon for the coming week.

1. Check the schedule for next week's case reviews; open each chart.
2. Confirm the case-review questionnaires are done. If not, remind the patient (at least two days out). If done, download all five and combine into one PDF in the set order (Metabolic Assessment, Food Survey, Dietary Habits, Mold Survey, Case Review Questionnaire).
3. Title the combined file `mm-dd-yy [patient] CR Documents` using the CR date; upload to the chart, leave unreviewed, show in portal; delete the individual files.
4. Confirm all lab results are received and made visible. Create the blood-chemistry report. If any are missing, log in to the lab to check; download and upload if available, or leave a sticky note that no sample is at the lab.
5. Start a new encounter note titled *Case Review (clinician initials)*; set the date to the appointment; categorize Office Visit; add the "Case Review" charge.
6. Save and close (not "save & sign"). Close the chart; repeat.

## 21 Chart Prep for Provider Appointments

**TIME** Each morning for that day's appointments — to allow maximum time for lab processing.

1. From the schedule, read the first appointment's type (NP, office, phone, video).
2. Open the chart. Check there isn't already an open encounter for it (one is often created when the patient sent pre-visit notes through the portal — in that case nothing else is prepped).
3. If none exists, start a new note. Title by where the patient is: *New Patient Visit, First F/U, or EP [mm-dd-yy]* — always with clinician initials. Categorize by appointment type. Save and close.
4. If this is the first follow-up after transferring in, confirm prior records are in the NCL (results) and Legacy (notes) tabs.
5. In Open Orders, resolve any outstanding orders: check lab updates; if a result is available, download and upload it; if not, call the lab and request a fax; if the lab has nothing, document each outstanding lab and its status in the encounter's Admin section with a date/initial stamp.
6. Hover "tasks" → "show patient portal history" and address anything the patient sent about today's visit.
7. Close the chart; repeat for the day.

FROM THE ORIGINAL WORKING PROCEDURE

EP 11-10-15 (SKS) 11/10/2015 Office Visit

S:

O:

A:

P:

ADMIN:  
11-10-15 (LJ) HDRI results are pending. DD has not rcvd samples. Remaining Quest markers were missed at 10-5-15 draw.

Assessment D  
- Find D  
No Diagn  
Plan Rx/ Orders  
Charges / Pay  
No charg

## 22 Reschedule Case Review

**TIME** Within 48 hours of the patient's portal message.

**BRANCHES** More than 2 weeks out, or less than 2 weeks out — and whether the reason is missing labs or anything else.

### More than two weeks out

1. Check the clinician; open the practice's Case Review Opportunities sheet and find at least five available slots (CRs are booked 7–8 weeks out to allow lab time). Copy day/date/time.
2. Reply in the portal. If the reason is missing labs, lead with the standard guidance that rescheduling for a few missing results usually isn't advised, then offer the slots and ask for the patient's top three:

*Hi [patient],*

*We received your request to reschedule. [If labs: We don't usually advise rescheduling for a few missing results — any not available at your Case Review are reviewed on receipt and addressed at follow-ups.] If you'd still like to reschedule, please send your top three choices from the list below; these are offered to several patients on a first-come basis.*

*[paste 5 options]*

*[your signature]*

3. On the patient's reply, place their top available choice on the sheet.
4. In the chart, open the Initial Consult Admin Notes; line + date/initial stamp + "CR Rescheduled to [date & time] with [Provider] (Office)." (Append a comment if already signed.)
5. Copy the preferred phone number. Open the original CR appointment, change its type to "cancelled," and prefix the phone field with (CANX [today]); save (it turns black).
6. Schedule the new event: Title/Type "Case Review — [Provider]"; event details "Phone: [number]"; set the duration to the provider's standard; assign to the correct clinician only; set the reminder lead time; add the event.



7. Mark the sheet as scheduled. Confirm to the patient:

*Hi [patient],*

*We've rescheduled your Case Review for [new date and time] with [Provider] at their office.*

*[your signature]*

**Less than two weeks out**

1. Same flow, with one addition required by the signed Patient Guide: the patient owes the **full Case Review fee** for the cancelled appointment, and the rescheduled review is billed at the provider's hourly rate. State this plainly in the reply and get explicit confirmation before rebooking.
2. On confirmation, create an Admin-note encounter "Cancelled Case Review (initials)," date/initial stamp the reason, add the Case Review charge, and task the billing [Admin] "Ready to charge per charge box." Then cancel/rebook exactly as above and confirm to the patient that the cancelled-appointment fee will be charged and the new appointment is set.

FROM THE ORIGINAL WORKING PROCEDURE

A screenshot of a "Schedule New Event in Calendar" form. The form has a dark header bar with the title "Schedule New Event in Calendar" and a close button. Below the header, there are several sections. The first section contains the event name "Case Review - CK", a "Type" dropdown menu set to "Case Review - CK", and a note "Email will automatically include date/time info". Below this is a text field for "Phone: (510) 849-6500". The second section, titled "This appointment is for:", contains date and time pickers for "From 11/10/2015 08:00" and "Until 11/10/2015 09:00", and a checkbox for "Is recurring". Below this is a button labeled "+ Add New Event". The third section, titled "Applies To:", contains a grid of checkboxes next to names: L. Buckley, S. Martin, J. Murphy, S. Schweig, S. Gaertner, D. Mills, A. Nett, K. Turchi, N. Jackson, J. Mishra, N. Petty, and S. Webb. To the right of the form, there is a sidebar with checkboxes for "Email Notice" and "Reminder", and a section titled "What should the reminder email look like?" containing a "Subject" field with the text "Upcoming Appointment Reminder" and a body of text: "This is a reminder for your upcoming appointment. Please review the cancellation/rescheduling policy below. Thanks." Below this is a text field with the placeholder "<u>IF YOU SCHEDULED A PHONE APPOINTMENT:</u>". At the bottom of the sidebar, there is a section titled "Reminder will be sent" with a value of "400" and a note: "hours before the appointment Note: if there is less time than this before the appointment it will be sent within the next hour". There is also a checkbox for "Save as appointment reminder email default".

#### CALENDAR EVENTS SCHEDULED FOR THIS PATIENT

■ Case Review - AN  
(CANX 11-13-15) Phone: (831) 236-6803

01/18/2016 13:00 - 14:15

■ IC - Amy  
phone: (831) 375-7526

10/22/2015 09:30 - 10:00

Plan Rx/ Orders/ Vaccines



Schedule New Event in Calendar

#### Edit Event in Calendar

Case Review - PP1

Type: Cancelled

Status: Confirmed

(CANX 11-11-15) Phone 123-456-7890

This appointment is for:

- Assign Patient -

Goes by John

From 07/11/2017

16:30



Until

07/11/2017

16:40



Edit This Event

Delete This Event

#### Edit Event in Calendar

Case Review - PP1

Type: Cancelled

Status: Confirmed

(CANX 11-11-15) Phone 123-456-7890

This appointment is for:

- Assign Patient -

Goes by John

From 07/11/2017

16:30



Until

07/11/2017

16:40



Edit This Event

Delete This Event







Secure message for Any Provider:

Start Medical Note

SUBJECT: Re: Re Appointment  
DATE: August 2, 2017 at 2:57 pm  
NOTE: I'll take the 2/3 appointment at noon? Thank you!  
REPLY BY: secure message.

Assign as task to...



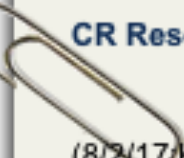


Secure message for Any Provider:

Start Medical Note

SUBJECT: Re: Re Appointment  
DATE: August 2, 2017 at 2:57 pm  
NOTE: I'll take the 2/3 appointment at noon? Thank you!  
REPLY BY: secure message.

Assign as task to...

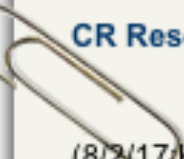


CR Rescheduled

Added by Kevin Mackey on 08/02/2017

(8/2/17/KM)  
Rescheduled to 2/3/16 at 12:00pm w/ PP1 (Office)

[ - Remove ]



CR Rescheduled

Added by Kevin Mackey on 08/02/2017

(8/2/17/KM)  
Rescheduled to 2/3/16 at 12:00pm w/ PP1 (Office)

[ - Remove ]

CALENDAR EVENTS SCHEDULED FOR THIS PATIENT


☒ Case Review - AN

01/18/2016 13:00 - 14:15

Phone: (631) 236-6603

Admin Notes 11/11/2015

08/02/2017



Admin Note

ADMIN: 11/11/15 2:54 PM (NCP) JC Follow-up call done i/m for pt  
=====

Follow-up call done - i/m for pt  
=====

11-11-15 (UM) Estimate generated and sent to pt.  
11-11-15 (UM) Estimate generated and sent to pt.  
=====

11-12-15 (NCP) Pt approves estimate. CR date: 2/10/16 at 9:30am with [ProviderInitial]  
(Office)-Holding for non NY shipping address.  
=====

11-13-15 (NCP) CR Rescheduled to 3/18/16 at 12:00pm with [ProviderInitial] (Office). |

Kevin Mackey

Assessment Diagnosis

- Find DX to Assign -

No Diagnoses Found

PRIORITY	DUE DATE	SUBJECT	NOTES
-	08/31/16 16:16	We need info for End of Year accounts	year-end statement for th

Case Review - PP1

Type: Appointment

Status: Confirmed

- Enter Event Details-

This appointment is for:

Kevin Mackey(04/28/1979)[x]

Goes by John

From 08/03/2017 10:15

Until 08/03/2017 11:00

Edit This Event

Delete This Event

Applies To:

#### CALENDAR EVENTS SCHEDULED FOR THIS PATIENT

☒ Case Review - AN  
 (CANX 11-13-15) Phone: (831) 236-6803

01/18/2016 13:00 - 14:15

Admin Notes	11/11/2015	08/02/2017	Admin Note
ADMIN: 11/11/15 2:54 PM (NCP) IC Follow-up call done i/m for pt Follow-up call done - i/m for pt 11-11-15 (UM) Estimate generated and sent to pt. 11-11-15 (UM) Estimate generated and sent to pt. 11-12-15 (NCP) Pt approves estimate. CR date: 2/10/16 at 9:30am with [ProviderInitial] (Office)-Holding for non NY shipping address. 11-13-15 (NCP) CR Rescheduled to 3/18/16 at 12:00pm with [ProviderInitial] (Office).		Kevin Mackey Assessment Diagnosis - Find DX to Assign - No Diagnoses Found	

#### CALENDAR EVENTS SCHEDULED FOR THIS PATIENT

☒ Case Review - AN  
 Phone: (831) 236-6803

01/18/2016 13:00 - 14:15

Cancelled Case Review (AN)	08/12/2015	Admin Note				
11-14-15 (NCP) Pt requested to cancel CR less than two weeks before it was scheduled. CR Rescheduled to: 2/3/16 at 1:00pm with AN (Office). Ready to charge per charge box.		Assessment Diagnosis - Find DX to Assign - No Diagnoses Found				
		Plan Rx/ Orders/ Vaccines +				
		Charges / Payments + <table border="1"> <tr> <td>Case Review (AN)</td> <td>\$750.00</td> </tr> <tr> <td><b>TOTAL:</b></td> <td><b>\$750.00</b></td> </tr> </table>	Case Review (AN)	\$750.00	<b>TOTAL:</b>	<b>\$750.00</b>
Case Review (AN)	\$750.00					
<b>TOTAL:</b>	<b>\$750.00</b>					
		Save Save & Sign Exit				

---

GROUP V

# Orders & Fulfillment

## 23 Order Supplements

**TIME** As requested.

**DECISION TREE** Does anything need clinician approval? Is anything missing from the patient (card / Medicare opt-out)?

### Set-up (always)

1. Open the chart; confirm the clinician and that there isn't already an open encounter with uncharged items (if there is, consolidate — see Two Open Encounters).
2. Check the card on file isn't expired. Check the patient's age — if 65+, confirm a Medicare Opt-Out is on file. Either gap routes you to the "information needed" branch.
3. Start a *Supplement Refill [m-d-yy] (initials)* note (Supplement Refill category); delete the auto-text above the patient's message.
4. In the Plan box, add each requested supplement. As you add each, read its **Expires** flag — ☐ N no approval needed, ☐ Y approval needed, blank = unknown.

### Branch A — none require approval

1. Add each supplement to the Charge box (name must match the Plan box exactly), set quantities.
2. SOAP: date/initial stamp + "Ready to order per charge box. Does not require clinician approval." Save.
3. Task the billing [Admin] "Ready to order per encounter." Send the patient the standard "submitted" message (below).
4. When the task returns "charged," paste the ordered list into an order-confirmation reply, save & sign, send to portal. Mark task complete.

### Branch B — some require approval (or approval is unknown)

1. SOAP: date/initial stamp + "OK to order per plan box?" (for unknowns, add "Please advise if [supplement] needs approval in future"). Save.
2. Task the clinician "Please see encounter, notate, sign, and task back to [you]." Send the patient the standard "submitted" message.

3. On return: add to the Charge box, append "Ready to order per charge box," task the billing [Admin]. For unknowns, also set that supplement's **Expires** flag per the clinician and save it as the default profile.
4. When charged, send the order-confirmation reply, sign to portal, mark complete.

### Branch C — information needed from the patient

1. Build the order, then SOAP "Holding for [updated CC / Medicare Opt-Out]." Task yourself with a one-week due date.
2. Message the patient for exactly what's needed (expired-card or opt-out language); send the opt-out form if required. Hold the order until they respond.
3. On receipt, update the chart (see Update Credit Card), then rejoin Branch A or B at the charge step.

### Standard messages

*Submitted — Hi [patient], your request has been submitted; we'll be in touch through your Encounter History once the order is on its way. It will ship to [house number & street] and bill to your card ending in [XXXX].*

*[your signature]*

*Order confirmation — Hi [patient], the following has been ordered and should arrive in 5-7 business days: [list]. [Cold-ship items shipped 2-day air — retrieve on delivery.] See "My Supplements" for dosing unless your clinician noted otherwise.*

*[your signature]*

**Backorder & missing items.** If the [Admin] flags a backorder, tell the patient it will auto-ship and bill when available. If a supplement never arrived, confirm whether others from the same vendor did, then re-open the original task to the [Admin].

FROM THE ORIGINAL WORKING PROCEDURE



## Modify Task

John Doe Supplement Refill 2-8-16 (SS)

Subject

2-12-16 (LM) Ready to order per encounter.

=====

2/11/2016 (SKS) Done.

=====

2-10-16 (LM) Please see encounter, notate, sign, and task to LM.

Associated Patient (Opt)

Leave Due Date Blank if you don't want a specific due date

Due Date



Reminder: ☐

15 minutes before



Nudge Due Time -1 hr +1 hr

Task is for

Shannon Martin



Normal

Priority

Accept Edits to this Task

☐ Mark this task as complete?

## Supplement Refill 1-12-16 (SS)

01/12/2016



Supplement Refill



Message for Any Provider from John Doe (01/12/16 05:03)

SUBJECT: Sodium Butyrate order

MESSAGE: Please send me 2 bottles of Sodium Butyrate 600mg (BodyBio). Bill my credit card on file. Thanks!

REPLY BY: secure message.

=====

1-12-16 (LM) Holding for updated CC info.

## Assessment/Diagnosis

- Find DX to Assign -

No Diagnoses Found

## Plan Rx/Orders/Vaccines



Sup Sodium Butyrate

## Charges / Payments



Sodium Butyrate (x 2) \$54.10

BALANCE: \$54.10

Save

Save & Sign

Exit

## Schedule New Task

John Doe Supplement Refill 1-12-16 (SS)

Subject

1-12-16 (LM) Holding for updated CC info.

Associated Patient (Opt)

Leave Due Date Blank if you don't want a specific due date

Due Date 01/19/2016 08:00



Reminder: ☐

15 minutes before



Nudge Due Time -1 hr +1 hr

Task is for

Laura Montgomery



Normal

Priority

+ Add New Task



## Order Confirmation

04/30/2015

Admin Note

Hi Maria,  
The following has been ordered per your request:

MegaSporeBiotics  
GI Synergy  
Molybdenum

Please refer to the "My Supplements" section in your Patient Portal for dosage instructions unless otherwise noted by your clinician.

Have a good day,  
Laura

## Assessment Diagnosis

- Find DX to Assign -

No Diagnoses Found

## Plan Rx/ Orders/ Vaccines

## Confirmation of "Save and Sign"

Are you sure that you would like to finalize this note and sign it? Once a note has been signed, no additional charges, diagnoses, prescriptions, etc. can be added to the SOAP note. If you are sure, please check the "Finalize Charges" checkbox below and click "Sign this Note".

☒ Send a note to "emecarm@yahoo.com" telling them that they have a new encounter summary to view in their portal account.

Create a follow-up task in 2 week(s) [+Create Follow-up Task](#)

Should the patient be able to view the full content of this SOAP note on the patient portal? Note: If there is any part of the text of the note that you would not like the patient to see select "No" or "Custom" ☒ Yes ☐ No ☐ Custom

[Sign This Note](#)

**NOTICE:** You have not provided any diagnostic codes for this encounter. Your system is configured to allow this, but if you want to include a diagnostic code, please close this window and add relevant diagnoses to the note.

## Supplement Refill (SS)

04/30/2015

Prescription Refill

Message for Any Provider from

SUBJECT: Supplement request  
MESSAGE: Hi,  
May I order more Viragraphis and Cytozyme-AD please?  
Many thanks,  
Leanna

REPLY BY: secure message.

4-30-15 (LM) OK to order per plan box?

## Assessment Diagnosis

- Find DX to Assign -

No Diagnoses Found

## Plan Rx/ Orders/ Vaccines

Sup Viragraphis  
Sup Cytozyme AD

## Supplement Refill 1-12-16 (SS)

01/12/2016

Supplement Refill

Message for Any Provider from John Doe (01/12/16 05:03)

SUBJECT: Sodium Butyrate order

MESSAGE: Please send me 2 bottles of Sodium Butyrate 600mg (BodyBio). Bill my credit card on file. Thanks!

REPLY BY: secure message.

1-12-16 (LM) OK to order per plan box? Please advise if sodium butyrate needs approval in the future or not.

ADMIN: Messaged pt for CC info.

## Assessment Diagnosis

- Find DX to Assign -

No Diagnoses Found

## Plan Rx/ Orders/ Vaccines

Sup Sodium Butyrate

Sup MegaSporeBiotic

## Charges / Payments

No charges currently posted

Save

Save &amp; Sign

Exit

## Supplement Refill 1-11-16 (SS)

01/11/2016

Supplement Refill

Message for Any Provider from (01/10/16 18:01)

SUBJECT: Uploaded Docs

MESSAGE: I have uploaded a new 60 day supplement order and temperature chart for Dr. Schweig - hopefully he will get the temperature chart to review with the thyroid labs.

I am leaving for Kauai on January 28; is there any chance I can get most of the supplements by then? I know it might be a little tight. Thank you for any help you can give me in getting the orders turned around.

Happy 2016! dawn

REPLY BY: secure message.

1-11-16 (LM) OK to order per plan box? Please advise if Butyrate needs approval in the future or not.

## Assessment Diagnosis

- Find DX to Assign -

No Diagnoses Found

## Plan Rx/ Orders/ Vaccines

Sup DIM Detox

Sup InflammAway

Sup Optimal PC (Caps)

Sup Ther-Biotic Complete (Powder)

Sup Butyrate (100 Caps)

Sup Butyrate (250 Caps)

Sup PurX DIM

Sup Opt Lipo Glutathione

Sup Folic Acid (50 Caps)

### + Complete and Add MegaSporeBiotic for Laura N. Montgomery

You can add instructions or information about **MegaSporeBiotic** (*not required*) and add it to the plan.

☐ Is Administrative Record

Physician's Assist

Brand

Strength

Oral

Method

QD (once a day)

Freq.

60 capsules

Total Doses

N

Expires (Days)

+ Expanded Regimine

#### Instructions / Notes

Start with one capsule daily, and after five to seven days increase to two capsules daily. MegaSporeBiotic is best taken about 20 minutes after a meal. If you experience adverse effects, reduce to 1/4 capsule added to water and increase slowly.

+ Complete

+ Complete & Add Another

☐ Save this settings as the system default profile

### Schedule New Task

John Doe Supplement Refill 1-12-16 (SS)

Subject

1-12-16 (LM) Holding for updated CC info.

Associated Patient (Opt)

Leave Due Date Blank if you don't want a specific due date

Due Date 01/19/2016 08:00

Reminder: ☐ 15 minutes before

Nudge Due Time -1 hr +1 hr

Task is for Laura Montgomery

Normal Priority

+ Add New Task

## Order Confirmation

04/30/2015

Admin Note

Hi Maria,  
The following has been ordered per your request:

MegaSporeBiotics  
GI Synergy  
Molybdenum

Please refer to the "My Supplements" section in your Patient Portal for dosage instructions unless otherwise noted by your clinician.

Have a good day,  
Laura

## Assessment Diagnosis

- Find DX to Assign -

No Diagnoses Found

## Plan Rx/ Orders/ Vaccines

## Confirmation of "Save and Sign"

Are you sure that you would like to finalize this note and sign it? Once a note has been signed, no additional charges, diagnoses, prescriptions, etc. can be added to the SOAP note. If you are sure, please check the "Finalize Charges" checkbox below and click "Sign this Note".

☒ Send a note to "emecarm@yahoo.com" telling them that they have a new encounter summary to view in their portal account.

Create a follow-up task in 2 week(s) [+Create Follow-up Task](#)

Should the patient be able to view the full content of this SOAP note on the patient portal? Note: If there is any part of the text of the note that you would not like the patient to see select "No" or "Custom" ☒ Yes ☐ No ☐ Custom

[Sign This Note](#)

**NOTICE:** You have not provided any diagnostic codes for this encounter. Your system is configured to allow this, but if you want to include a diagnostic code, please close this window and add relevant diagnoses to the note.

## Modify Task

John Doe Supplement Refill 2-8-16 (SS)

Subject

2-12-16 (LM) Ready to order per encounter.

=====

2/11/2016 (SKS) Done.

=====

2-10-16 (LM) Please see encounter, notate, sign, and task to LM.]

Associated Patient (Opt)

Leave Due Date Blank if you don't want a specific due date

Due Date

Reminder: ☐

15 minutes before

Nudge Due Time -1 hr +1 hr

Task is for Shannon Martin

Normal Priority

[Accept Edits to this Task](#)☐ Mark this task as complete?

Task added by Laura Montgomery on February 8, 2016 ; Last edited by Sanjya Schweig at 02/11/2016 14:06

### + Complete and Add DHEA (SL Drops) for Laura N. Montgomery

You can add instructions or information about **DHEA (SL Drops)** (not required) and add it to the plan.

☐ Is Administrative Record

BioMatrix

Brand

Strength

Oral

Method

TID (Three times a day)

Freq.

30 ml

Total Doses

Y

Expires (Days)

+ Expanded Regimine

#### Instructions / Notes

Work up to three to four drops three times daily. Place drops under tongue and let sit for about 30 seconds, then swallow. Often best tolerated with meals. If you experience burning, you can put a few drops of olive oil or water in your mouth first, then the drops. Decrease dose and/or stop the evening dose if symptoms such as anxiety or sleep disruption occur. Cystic acne is a common adverse effect and may subside after five to ten days of use. If acne continues you may want to decrease the dose or stop.

+ Complete

+ Complete & Add Another

☐ Save this settings as the system default profile

### + Complete and Add Sinol-M Headache Nasal Spray for Laura N. Montgomery

You can add instructions or information about **Sinol-M Headache Nasal Spray** (not required) and add it to the plan.

Double-Click to Expand/Contract

☐ Is Administrative Record

Sinol USA

Brand

Strength

Nasal spray

Method

QD (once a day)

Freq.

15 ml

Total Doses

Expires (Days)

+ Expanded Regimine

#### Instructions / Notes

Shake bottle before each use. Spray once or twice into each nostril and sniff up into nasal cavity. If headache is severe use 2-3 times as directed.



## Supplement Refill 1-8-16 (SS)

01/08/2016

Supplement Refill

Need to Know

Message for Any Provider from Roxanna Cohen (01/07/16 20:58)

SUBJECT: more supplements  
MESSAGE: Hi

I need to order:  
2 bottles of Magnesium w/srt  
3 bottles menobreeze  
2 bottles MTHF-5  
1 bottle Digest  
1 bottle megaspore biotic  
2 bottles gastromend  
1 bottle optimal pc  
1 hydroxo b12  
Thank you you can use the card

REPLY BY: secure message.

1-8-16 (LM) Estimate generated

1-8-16 (LM) Ready to order per

01-10-16 (SM) Charged per Ch

Hi Roxanna,

The following has been ordered

days:

Magnesium w/SRT (240 Tabs)

Meno-Breeze (x 3)

Opt Lipo L-5-MTHF (x 2)

Digest

MegaSporeBiotic

GastroMend-HP (x 2)

Optimal PC (Liquid)

Hydroxo B12

Please refer to the My Supplem

instructions unless otherwise no

need help organizing your suppl

provide you with a supplement t

Have a good day,

Laura

## Confirmation of "Save and Sign"

Are you sure that you would like to finalize this note and sign it? Once a note has been signed, no additional charges, diagnoses, prescriptions, etc. can be added to the SOAP note. If you are sure, please check the "Finalize Charges" checkbox below and click "Sign this Note".

☒ ☐ Send a note to "roxcohen@sbcglobal.net" telling them that they have a new encounter summary to view in their portal account.

Create a follow-up task in 2 week(s)

☒ Should the patient be able to view the full content of this SOAP note on the patient portal? Note: If there is any part of the text of the note that you would not like the patient to see select "No" or "Custom" ☐ Yes ☐ No ☐ Custom

The note below will be visible to this patient on the portal:

Hi Roxanna,

The following has been ordered per your request and should arrive in 5-7 business days:

Magnesium w/SRT (240 Tabs) (x 2)

Meno-Breeze (x 3)

Opt Lipo L-5-MTHF (x 2)

Digest

MegaSporeBiotic

GastroMend-HP (x 2)

Optimal PC (Liquid)

Hydroxo B12

Please refer to the My Supplements section in your Patient Portal for dosage instructions unless otherwise noted by your clinician in your Encounter History. If you need help organizing your supplement schedule, please let us know and we can provide you with a supplement tracking spreadsheet.

Have a good day,

Laura

NOTICE: You have not provided any diagnostic codes for this encounter. Your system is configured to allow this, but if you want to include a diagnostic code, please close this window and add relevant diagnoses to the note.

## Supplement Refill 1-12-16 (SS)

01/12/2016

Supplement Refill

Message for Any Provider from John Doe (01/12/16 05:03)

SUBJECT: Sodium Butyrate order

MESSAGE: Please send me 2 bottles of Sodium Butyrate 600mg (BodyBio). Bill my credit card on file. Thanks!

REPLY BY: secure message.

1-12-16 (LM) Ready to order per charge box. Does not require clinician approval.

## Assessment Diagnosis

No Diagnoses Found

## Plan Rx/ Orders/ Vaccines

Sup Sodium Butyrate

## Charges / Payments

Sodium Butyrate (x 2) \$54.10

☐ BALANCE: \$54.10

## Schedule New Task

John Doe Supplement Refill 1-12-16 (SS)

Subject

1-12-16 (LM) Holding for updated CC info.

Associated Patient (Opt)

Leave Due Date Blank if you don't want a specific due date

Due Date 01/19/2016 08:00

Reminder: 15 minutes before

Nudge Due Time -1 hr +1 hr

Task is for Laura Montgomery

Normal Priority

+ Add New Task

## Supplement Refill 1-12-16 (SS)

01/12/2016

Supplement Refill

Message for Any Provider from John Doe (01/12/16 05:03)

SUBJECT: Sodium Butyrate order

MESSAGE: Please send me 2 bottles of Sodium Butyrate 600mg (BodyBio). Bill my credit card on file. Thanks!

REPLY BY: secure message.

1-12-16 (LM) OK to order per plan box?

ADMIN: Messaged pt for updated CC info.

### Assessment/Diagnosis

- Find DX to Assign -

No Diagnoses Found

### Plan Rx/ Orders/ Vaccines

Sup Sodium Butyrate

### Charges / Payments

No charges currently posted

Save

Save & Sign

Exit

## 24 Order Prescriptions

**TIME** As requested.

1. Open the chart; confirm the clinician and that a pharmacy is listed with phone and fax in (xxx) xxx-xxxx format (fix via Admin → Manage → Pharmacy Listings if not).
2. **If the request is for LDN** and the strength/daily count is missing, start the Rx Refill note "Holding for dosage info," task the clinician, and ask the patient to confirm strength and pills per day. When they reply, paste it into the note and proceed as a normal refill.
3. From the portal queue, "start a note." Title *Rx Refill (initials)*, category Prescription Refill; delete text above the patient's message; date/initial stamp + "refill request." Save.
4. Task the clinician "Refill request per encounter." Reply to the patient: "Your request has been submitted; we'll be in touch once the order is sent."
5. When the clinician returns the task, create a sub-note "Rx Confirmation" (Admin) explaining any charge:

*Hi [patient],*

*[Provider] sent the requested prescription to your pharmacy. Please note a \$[e-consult fee] e-consultation fee applies, as this was a new problem addressed outside a scheduled appointment.*

*[your signature]*

6. Save & sign to the portal. On the task: if no charge, mark complete; if a charge, date/initial stamp "Ready to order per encounter," draw a line, and send to the billing [Admin].

FROM THE ORIGINAL WORKING PROCEDURE



John Doe Rx Refill 5-2-15 (SS)

Subject

5-2-15 (LM) Ready to order per encounter.

=====

5/1/15 9:01:29 PM PDT Oh boy!! Notated and signed. please let me know if questions. Thank you - AN

Associated Patient (Opt)

Leave Due Date Blank if you don't want a specific due date

Due Date



Reminder: ☐

15 minutes before

Nudge Due Time -1 hr +1 hr

Task is for

Diane Mills

Normal

Priority

Accept Edits to this Task

☐ Mark this task as complete?

Rx Confirmation

07/15/2015

Admin Note

Hi Susannah,

Dr. Nett sent in your prescription as requested.

Have a good day.  
Laura

**SIGNED**

by Laura Montgomery on 07/15/2015

Assessment Diagnosis

### Confirmation of "Save and Sign"

Are you sure that you would like to finalize this note and sign it? Once a note has been signed, no additional charges, diagnoses, prescriptions, etc. can be added to the SOAP note. If you are sure, please check the "Finalize Charges" checkbox below and click "Sign this Note".



Send a note to

telling them that they have a new encounter summary to view in their portal account.

Create a follow-up task in

2

week(s)

Create Follow-up Task

Should the patient be able to view the full content of this SOAP note on the patient portal? Note: If there is any part of the text of the note that you would not like the patient to see select "No" or "Custom" ☒ Yes ☐ No ☐ Custom

Sign this Note

**NOTICE:** You have not provided any diagnostic codes for this encounter. Your system is configured to allow this, but if you want to include diagnostic code, please close this window and add relevant diagnoses to the note.

07/15 Rx Confirmation

?

Need to

Open O

Allergy,

N/A

X

Rx Confirmation

07/15/2015

Admin Note

Hi Susannah,

Dr. Nett sent in your prescription as requested.

Have a good day,

Laura


**SIGNED**

by Laura Montgomery on 07/15/2015

Assessment Diagnosis

Confirmation of "Save and Sign"


Are you sure that you would like to finalize this note and sign it? Once a note has been signed, no additional charges, diagnoses, prescriptions, etc. can be added to the SOAP note. If you are sure, please check the "Finalize Charges" checkbox below and click "Sign this Note".


☒  Send a note to

telling them that they have a new encounter summary to view in their portal account.

Create a follow-up task in

2 week(s)

 Create Follow-up Task

 Should the patient be able to view the full content of this SOAP note on the patient portal? *Note: If there is any part of the text of the note that you would not like the patient to see select "No" or "Custom"* ☒ Yes ☐ No ☐ Custom

Sign This Note

**NOTICE:** You have not provided any diagnostic codes for this encounter. Your system is configured to allow this, but if you want to include a diagnostic code, please close this window and add relevant diagnoses to the note.

AutoDraft Last Saved: 07/15/15 12:06:56

## 25 Lab Ordering Procedures

**TIME** As ordered in the encounter.

**NOTE** Each lab has its own routing (fax, email, or portal order) and its own ship-to rules; specific fax numbers, account IDs, and addresses are kept on the practice's Vendor List & Credentials sheet.

The mechanics differ by vendor, but the **pattern is identical** every time:

1. **Build the requisition** from the Open Orders box (choose "taxable form") or the vendor's own portal/PDF.
2. **Set the ordering provider** to the clinician of record.
3. **Clean every field** — the To, Insurance & Payment, and Notes boxes are emptied unless the vendor specifically requires content there. Add the practice's results email/client ID only where that vendor needs it.
4. **Honor shipping rules** — no PO boxes; respect state restrictions (several kits can't ship to/from NY); use expedited air where required.
5. **Flag fasting** — add the standard "FASTING lab" note for any marker marked (F).
6. **Send by the vendor's channel** — fax, email "Please see attached order," or submit on the vendor portal — then save the requisition to the chart under **Forms**, titled `[patient] [lab] Order [encounter date]`.
7. **Portal visibility** — show patient-facing requisitions (LabCorp/Quest) in the portal and un-check older ones so only the current is visible; vendor-faxed orders generally don't need to be shown.
8. **Kits shipped by the practice** (e.g. certain specialty panels) — flag the requisition to the fulfillment [Admin] and task that a kit is ready to ship; they file the requisition once it ships.
9. **Self-pay notes** — record clinician-account billing or self-pay receipts in the practice's bookkeeping folder where required.

Vendors handled this way include LabCorp and Quest (markers), plus specialty labs such as Genova, Doctor's Data, Cyrex, Great Plains, Dunwoody, Galaxy,

Mosaic/NeuroScience, SpectraCell, Mycometrics, Commonwealth, IGeneX, BioHealth, and others — each a variation on the eight steps above.

## 26 Reorder Lab Kits

**TIME** As requested.

### **Practice-shipped kit, never received or missing an item**

1. In Forms, find the USPS shipping label and track it.
2. If it shows delivered but the patient doesn't have it, confirm the address by portal message, offering to reship or use an alternate address.
3. On reply, re-open the original encounter's task: date/initial stamp + "Pt did not receive [kit]. Please reship to address on file," line, assign to the [Admin].
4. When it ships, copy the new tracking number and message the patient that a new kit is on the way.

### **Patient needs a fresh kit due to their own error**

1. Message the patient about the shipping charge and get approval (with the card on file).
2. On approval, add a sub-note "Replacement [kit]" (Admin) documenting the approval, re-open the original task to the [Admin], and tell the patient a new kit will arrive in ~3 business days.

If the kit isn't practice-shipped, simply re-order it per Lab Ordering Procedures.

FROM THE ORIGINAL WORKING PROCEDURE

## Modify Task



John Doe Follow-Up (7/15/17:KM)

Subject

(7/16/17:KM) Please see Replacement DD CSAP x 3 Kit Sub-note, pt need another DD CSAP x 3 Kit

(7/16/17:KM) Pt did not receive DD CSAP x 3 (7/16/17) Please reship to the address on file

Task Completed


(3/16/17:KM)

(7/15/17:KM) Pt approved new estimate, New Billing Address: PO Box 123 Valley Way NY 11530


Associated Patient (Opt)


(04/28/1979)<sup>[x]</sup>

Leave Due Date Blank if you don't want a specific due date

Due Date  

Nudge Due Time -1 hr +1 hr

Reminder: ☐ 15 minutes before 

Task is for Admin Account 

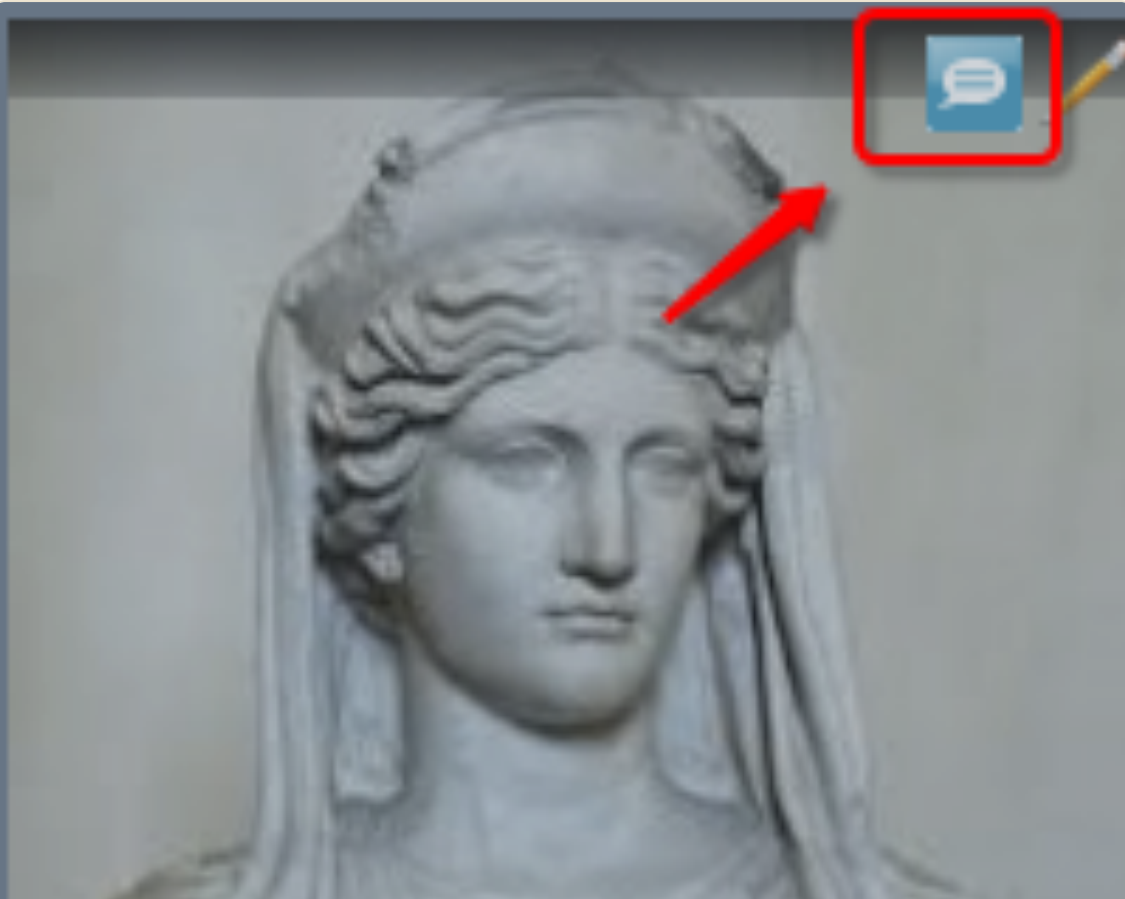
Normal  Priority

Accept Edits to this Task

☐ Mark this task as complete?

Created by Kevin Mackey at 07/15/2017 at 22:32

[Edit Log](#)



Demeter Harvest

#12 - 57yrs (10/14/1959)

## Modify Task

John Doe Follow-Up (7/15/17:KM)

Subject

(7/16/17:KM) Pt did not receive DD CSAP x 3 (7/16/17) Please reship to the address on file

Task Completed  
(3/16/17:KM)

(7/15/17:KM) Pt approved new estimate, New Billing Address: PO Box 123 Valley Way NY 11530

Associated Patient (Opt)

(04/28/1979)<sup>[x]</sup>

Leave Due Date Blank if you don't want a specific due date

Due Date



Nudge Due Time -1 hr +1 hr

Reminder: ☐

15 minutes before

Task is for Admin Account

Normal Priority

Accept Edits to this Task

☐ Mark this task as complete?

Created by Kevin Mackey at 07/15/2017 at 22:32

Edit Log

06/21 Question

06/21 ppq Question Answer

07/15 Admin Note

07/16 Replacement DD CS.



Replacement DD CSAP x 3 Kit

07/16/2017



Lab Orders

(7/16/17:KM) Pt needs another DD CSAP x 3 Ordered, Pt is aware of \$15 Shipping Fee

(7/16/17:KM) Pt did not receive DD CSAP x 3 (7/16/17) Please reship to the address on file

NOTE ASSIGNED TO:

Assessment Diagnosis

- Find DX to Assign -

No Diagnoses Found

Plan Rx/ Orders/ Vaccines



## 27 Pharmacies

**TIME** As they appear in the portal queue.

1. On a "create pharmacy record" request, open the patient's chart and edit the Facilities/Specialists box.
2. Start typing the pharmacy — if it already exists, assign it and close the request without re-adding (re-adding creates a duplicate).
3. If new, choose the correct Pharmacy Type (use Google on the address if unsure), tidy the address formatting, and ensure both a phone *and* a fax exist in (xxx) xxx-xxxx format — call the pharmacy for the fax if missing.
4. **Reference Name:** the city (prefix with the pharmacy name if the type is "other"). Add the pharmacy.
5. Check the chart for sticky notes about prescriptions waiting on a pharmacy, and recent appointments with prescriptions, to be sure they were sent.
6. Archive the message.

### FROM THE ORIGINAL WORKING PROCEDURE



**REQUEST FROM 814 .**



Add pharmacy to database: *Deer Park Center.*

Create Pharmacy Record

Assign as task to...



GROUP VI

# Billing & Money

## 28 Update Credit Card Information

**TIME** As needed.

### When an encounter with charges is open

1. Open the chart. In the Admin Notes box, edit and replace the old card in this exact format: [today]: [V/MC/D/AE] [card] (MM/YY) (CVV) . Save.
2. Update shipping/billing address or billing name in the Patient Information box if needed.
3. In the encounter's Admin Notes, date/initial stamp, note the estimate/charges, then add the new-card line and "same billing address." Mirror that into the matching task and assign to the billing [Admin].
4. Reply to the patient confirming the card was updated.

### When no charged encounter is open

1. Update the card in the Admin Notes box (same format) and any address.
2. Create a task [patient] CC Update [date] with the new card details, assign to the billing [Admin].
3. Reply: "We have updated your credit card on file."

FROM THE ORIGINAL WORKING PROCEDURE

## Schedule New Task

John Doe Follow-Up (7/15/17:KM)

Subject

Admin

04-01-14 (KL) estimate generated and provided to the patient

(7/15/17:KM) Pt approved now estimate New CC 1234-1234-1234-1234 (01/17) (433)

Associated Patient (Opt)

(04/28/1979)<sup>[x]</sup>

Leave Due Date Blank if you don't want a specific due date

Due Date



Reminder: ☐

15 minutes before

Nudge Due Time -1 hr +1 hr

Task is for Admin Account

Normal Priority

+ Add New Task

06/21 Question

06/21 ppq Question Answer

07/15 Admin Note

?

Admin Note

07/15/2017



Office Visit

Admin

04-01-14 (KL) estimate generated and provided to the patient

(7/15/17:KM) Pt approved now estimate New CC 1234-1234-1234-1234 (01/17) (433)

NOTE ASSIGNED TO:

Assessment Diagnosis

- Find DX to Assign -

No Diagnoses Found

Plan Rx/ Orders/ Vaccines

Charges / Payments

## Schedule New Task

John Doe CC Update (7/15/17:KM)

Subject

(7/15/17:KM) New CC 1234-1234-1234-1234 (01/17) (433)

Associated Patient (Opt)

(04/28/1979) [x]

*Leave Due Date Blank if you don't want a specific due date*

**Due Date**



*Nudge Due Time -1 hr +1 hr*

Reminder: ☐

15 minutes before

**Task is for**

Admin Account

Normal

Priority

## 29 Declined Credit Cards

**TIME** When you receive a declined-card task from the billing [Admin].

1. Open the chart; check the Admin Notes for whether a declination fee has already been waived.
2. Message the patient (title "Credit Card Declination"). If a fee was never waived before, offer the one-time waiver in exchange for a valid card; otherwise state the fee applies and request a valid card. Either way: order on hold until they reply.

*Hi [patient],*

*Unfortunately the card ending in [XXXX] was declined on your recent order. A \$[decline fee] declination fee was assessed[, which we'll waive if you provide a valid card]. Please send the full 16-digit number, expiration, CVV, name on card, and billing address. Your order is on hold until we hear back.*

*[your signature]*

3. On the task, date/initial stamp that you messaged the patient; set a one-week due date; keep it assigned to yourself.
4. On the patient's reply, update the card in the Admin Notes box (standard format) and any address.
5. In the encounter's Admin Notes, line + date/initial stamp + notes + new-card line, noting if the one-time waiver applies. Copy that message into the matching task and assign to the billing [Admin].

FROM THE ORIGINAL WORKING PROCEDURE

## Admin Notes



OPEN TABS

06-02-15: V 3009 (04/17) (059)

Blue Cross PPO

Last Updated by Laura Montgomery - 09/08/2015

### Modify Task

John Doe EP 12-9-15 (SKS)

Subject

1-5-16 (LM) New CC: 4815 0000 1111 2070 (9/18) (333), same billing address. Please use one-time fee waive.

=====

1-4-16 (LM) L/M for pt.

=====

12-21-15 (LM) Sent msg to pt.

=====

12-19-15 (SM) Card on file V 3165 (06/16) (423) declined. Declination fee added.

Associated Patient (Opt)

*Leave Due Date Blank if you don't want a specific due date*

Due Date



Reminder: ☐

15 minutes before



Nudge Due Time -1 hr +1 hr

Task is for

Shannon Martin



Normal



Priority

Accept Edits to this Task

☐ Mark this task as complete?

## Admin Notes

12/10/2015

Admin Note

ADMIN:

12-9-15 (LM) Not time for second CMP test yet.

=====

12-10-15 (LM) Holding for clarification about Quest tests.

=====

12-12-15 (LM) Removed duplicate Quest tests. Estimate generated &amp; sent to pt with Quest req.

=====

12-17-15 (LM) Pt approves estimate and would like to add: tox-ease gl, lithium orotate 5mg, burbur detox, cysteplus, vital adapt, liposomal glutathione, liposomal vitamin c. Does not require clinician approval.

=====

12-19-15 (SM) Card on file V 3165 (06/16) (423) declined. Declination fee added.

=====

1-5-16 (LM) New CC: 4815 0000 1111 2070 (9/18) (333), same billing address. Please use one-time fee waive.

## Assessment

- Finc

No Di

## Plan Rx/Ord

## Charges / P

No ct

Save

Sa



## 2 Specific Recommendations

CALIFORNIA CENTER *for*  
FUNCTIONAL MEDICINE



**John W Doe**

**#1 - 33yrs (11/20/1981)**

## 30 Updated Billing / Shipping Addresses

**TIME** As needed.

1. Open the chart; update the address in the Patient Information box.
2. **If a charged encounter is open:** in its Admin Notes, date/initial stamp + "New [billing/shipping] address: [full address]." Mirror into the matching task → billing [Admin]. Reply to the patient confirming the change.
3. **If none is open:** create a task [patient] Address Update with the new address, assign to the [Admin], and archive the portal message.

### FROM THE ORIGINAL WORKING PROCEDURE

The screenshot displays a medical software interface with a tabbed view at the top: '06/21 Question', '06/21 ppq Question Answer', and '07/15 Admin Note'. The 'Admin Note' tab is active, showing a note dated '07/15/2017' by 'Kevin Mackey'. The note content includes: 'Admin', '04-01-14 (KL) estimate generated and provided to the patient', '(7/15/17:KM) Pt approved new estimate New CC 1234-1234-1234-1234 (01/17) (433)', 'Task Completed (7/15/17:KM)', and a red-bordered box containing '(7/15/17:KM) Pt approved new estimate, New Billing Address: PO Box 123 Valley Way NY 11530'. To the right of the note is a sidebar with a dropdown for 'Kevin Mackey', an 'Assessment Diagnosis' section with a '- Find DX to Assign -' button and 'No Diagnoses Found' text, and a 'Plan Rx/ Orders/ Vaccines' button at the bottom.

## Modify Task



John Doe Follow-Up (7/15/17:KM)

Subject

(7/15/17:KM) Pt approved new estimate, New Billing Address: PO Box 123 Valley Way NY 11530


Associated Patient (Opt)


(04/28/1979)<sup>[x]</sup>


*Leave Due Date Blank if you don't want a specific due date*

Due Date  

Nudge Due Time -1 hr +1 hr

Reminder: ☐ 15 minutes before 

Task is for Admin Account 

Normal  Priority

Accept Edits to this Task

☐ Mark this task as complete?

Created by Kevin Mackey at 07/15/2017 at 22:32

## 31 Refunds & Returns on Tests and Supplements

**TIME** As needed.

**NOTE** Most supplements have a 30-day, unopened return window — vendor specifics live on the Vendor List.

1. Open the chart; find the encounter where the item was ordered.
2. Create a sub-note — "Return of Product" (supplements) or "Refund of [test]" (tests) — categorized Admin. Date/initial stamp the request and reason. Copy the title; save.
3. Re-open the matching task (un-check "complete"): date/initial stamp + "Please see [sub-note] for refund request," line, assign to the billing [Admin].
4. For tests, also remove the test from Open Orders ("Remove — pt will not fill").
5. Reply to the patient that the request went to billing.
6. As the task moves back and forth with the [Admin], record each exchange in the sub-note and task with date/initial stamps and lines (the task is the running thread).
7. When refunded, send the patient the confirmation and sign it to the portal:

*Hi [patient],*

*We've refunded \$[amount] to your card ending in [XXXX] for the return of [item].*

*[your signature]*

Mark the task complete.

FROM THE ORIGINAL WORKING PROCEDURE



07/17 New Patient Initial Ass		07/17 Refund for QS Mercu		?	
Refund for QS Mercury Tri-Test		07/17/2017		Admin Note	
<p>(7/17/17:KM) pt is requesting a refund. For QS Mercury Tri-Test. She has contacted 4 labs in her area and no one will process the labs. =====</p>				<b>Assigned To: Admin Account</b>	
				<b>Assessment</b> <small>Diagnosis</small>	
				<input type="text" value="- Find DX to Assign -"/>	
				No Diagnoses Found	

06/21 Question 06/21 ppq Question Answer 07/15 Admin Note 07/16 Replacement DD CSA ?

07/17 Return of Product (P) Return of Product (Provider Initial) 07/17/2017 Admin

5-3-15 (KTM) Patient is requesting to return the Phytostan as she found out she cannot take it due to one of the ingredients.  
=====

**NOTE ASSIGNED TO:**

**Assessment** Diagnosis

- Find DX to Assign -

No Diagnoses Found

**Plan** Rx/ Orders/ Vaccines

**Charges / Payments**

06/21 Question 06/21 ppq Question Answer 07/15 Admin Note 07/16 Replacement DD CSA ?

07/17 Return of Product (P) Return of Product (Provider Initial) 07/17/2017 Admin Note

5-3-15 (KTM) Patient is requesting to return the Phytostan as she found out she cannot take it due to one of the ingredients.  
=====

(7/17/17:KM) Pt requested Return  
=====

(7/10/17:KM) RMA requested from EE  
=====

(7/01/17:KM) Please have pt return unopened bottle to

Emerson Ecologies  
335 Iowa Street  
Redlands, CA 92373  
=====

(7/20/17:KM) Sent Message:  
Hi Melissa.  
We have refunded \$27.45 back to your credit card ending in 7060 for the return of Biotin.  
Have a good day  
=====

(7/21/17:KM) Refunded \$27.45  
=====

Hi Melissa.  
We have refunded \$27.45 back to your credit card ending in 7060 for the return of Biotin.  
Have a good day

**NOTE ASSIGNED TO:**

**Assessment** Diagnosis

- Find DX to Assign -

No Diagnoses Found

**Plan** Rx/ Orders/ Vaccines

**Need to Know**

Open Orders

Past Med Hx

Documents: Unreviewed (6)

SOAP

Medic

Aller

Patie

Billin

**Confirmation of "Save and Sign"**

Are you sure that you would like to finalize this note and sign it? Once a note has been signed, no additional charges, diagnoses, prescriptions, etc. can be added to the SOAP note. If you are sure, please check the "Finalize Charges" checkbox below and click "Sign this Note".

**Co-Signing Options**  
You may request a co-signer if you would like. Notes with co-signing requested will appear signed, but will have a "Pending Co-Signature" label on them. The requested co-signer will see this request in their task list

**Request Co-Signature From:** Do not request co-signature

☐ **Send a note to "kevintmackey@gmail.com"** telling them that they have a new encounter summary to view in their portal account.

**Create a follow-up task in** 2 week(s) **+Create Follow-up Task**

☒ Should the patient be able to view the full content of this SOAP note on the patient portal? *Note: If there is any part of the text of the note that you would not like the patient to see select "No" or "Custom"* Yes No ☒ Custom

The note below will be visible to this patient on the portal:

Hi Melissa.  
We have refunded \$27.45 back to your credit card ending in 7060 for the return of Biotin.  
Have a good day

**Sign This Note**

**NOTICE:** You have not provided any diagnostic codes for this encounter. Your system is configured to allow this, but if you want to include a diagnostic code, please close this window and add relevant diagnoses to the note.

## Modify Task

New Patient Initial Assessment (AA)

Subject

JUMP TO ENCOUNTER

(7/17/17:KM) Pt is requesting a refund. For QS Mercury Tri-Test. See Sub-Note Refund for QS Mercury Tri-Test

(7/17/17:KM)  
Pt is requesting CR in April

Associated Patient (Opt)

(04/28/1979)<sup>[x]</sup>

Leave Due Date Blank if you don't want a specific due date

Due Date

Nudge Due Time -1 hr +1 hr

Reminder: ☐ 15 minutes before

Task is for Admin Account

Normal Priority

Accept Edits to this Task

☐ Mark this task as complete?

Sign This Note

## Modify Task

John Doe Follow-Up (7/15/17:KM)

Subject

(7/17/17:KM) 1-19-16 (KM) please see Return of Product subnote for refund request. ;

10-1915\*(SM)'Please save/sign and pass to Laura for completion. Thanks!

(7/16/17:KM) Pt did not receive DD CSAP x 3 (7/16/17) Please reship to the address on file

Task Completed

(3/16/17:KM)

(7/15/17:KM) Pt approved new estimate, New Billing Address: PO Box 123 Valley Way NY 11530

Associated Patient (Opt)

(04/28/1979)<sup>[x]</sup>

Leave Due Date Blank if you don't want a specific due date

Due Date

Nudge Due Time -1 hr +1 hr

Reminder: ☐ 15 minutes before

Task is for Admin Account

Normal Priority

Accept Edits to this Task

☐ Mark this task as complete?





## 32 Create Superbills

**TIME** As requested.

1. Open the chart; open the encounter the patient is asking about.
2. Hover Reports → generate the insurance invoice. At the top choose "only insurance reimbursable charges" (rarely "show all").
3. Select the clinician who performed the service so Provider/title/NPI are correct — *not* an Admin name (the default is whoever started the encounter).
4. Verify formatting: items aligned to prices, commas between CPT codes, quantifiers placed after each code (the system defaults them to the end — fix it).
5. Print to PDF; keep the default file name and append `DOS m-dd-yy`.
6. Upload to the chart under Invoices; don't require doctor review; allow portal viewing; don't add to PMH.
7. Notify the patient where to find it (portal message or document notification), pointing them to Labs & Documents → Invoices.
8. If the request came from an encounter's Admin Notes, mark "(done)" next to it.

FROM THE ORIGINAL WORKING PROCEDURE

04/30 Follow-Up (CK) 04/30 Admin Notes

Admin Notes 04/30/2015 Admin Note

ADMIN: Pt requests superbill. (done)

- Order Commonwealth SIBO breath test (I don't see it in database)  
=====

04-30-15(NJ) estimate generated and provided to patient  
=====

4-30-15 (LM) Pt approves estimate.  
=====

4/30/2015 10:36:28 PM - Charged per charge box w/modification:  
>> CW SIBO is now a self-pay. I changed the database to reflect as such. Ensure  
patient knows we'll order the kit, but she has to fill out the requisition with her credit  
card information. dm  
=====

5/1/15 at 5:57 AM - Added test instructions language to GDoc. (SM)

Assessment t  
- Find D  
No Diag  
Plan Rx/ Orders  
Charges / Pay

CPT Code & Description	Charge
82136 x4, 82544 x3: DD Methylation Profile	\$205.00
82492 x5, 87046, 87045, 83993 x2, 87328, 87177 x3, 87209 x3, 82656, 89125, 87329, 83631, 85549 x2, 89160 x3, 82272, 87102, 82986, 83516: DD CSAP x3	\$345.00
82274, 87081, 87106, 87101, 82270, 87177 x4, 87337, 87329, 87328, 87324, 87338: BioHealth #401H	\$317.00
82530 x2, 82627 x2: BioHealth #201	\$166.00
99205: New Patient Complex (90 min)	\$595.00
	<b>TOTAL:</b>
	<b>\$1628.00</b>

Problem/Complaint	Code
DX - Seizures, convulsions, other	780.39 (ICD9)
DX - Neuropathy, poly-, unspec.	357.9 (ICD9)
DX - Vibration	E92.82 (ICD9)
DX - Urinary frequency	788.41 (ICD9)
DX - Ankylosing spondylitis	720.0 (ICD9)
DX - Pain in joint involving ankle and foot	719.47 (ICD9)
DX - Bartonellosis	088.0 (ICD9)
DX - Cognitive impairment, mild	331.83 (ICD9)
DX - Depressive disorder, NOS	311 (ICD9)
DX - Babesiosis	088.82 (ICD9)
DX - Fatigue and malaise, other	780.79 (ICD9)
DX - Lyme disease	088.81 (ICD9)

Place and Provider of Service	Date of Service
Office: 2414 Ashby Ave Ste 201, Berkeley, CA 94705	Mar 31, 2016
Provider: Amy Nett M.D. (NPI: #122522411)	

**Generate Insurance Invoice**

Signed:

**CPT Code & Description**

82136 82544-x4 x3 : DD Methylation Profile  
82492 87046 87045 83993 87328 87177 87209 82656 89125 87329 83631 85549 89160 82272 89160 87102  
82986 83516-x4 x3 x3 : DD CSAP x3  
82274 87081 87106 87101 82270 87177 87337 87329 87328 87324 87338-x4 : BioHealth #401H  
82530 82627-x2 x2 : BioHealth #201  
99205: New Patient Complex (90 min)

**Charge**

\$205.00  
\$345.00  
\$317.00  
\$166.00  
\$595.00

**TOTAL:**  
**\$1628.00**

**Problem/Complaint**

DX - Seizures, convulsions, other  
DX - Neuropathy, poly-, unspec.  
DX - Vibration  
DX - Urinary frequency  
DX - Ankylosing spondylitis  
DX - Pain in joint involving ankle and foot  
DX - Bartonellosis  
DX - Cognitive impairment, mild  
DX - Depressive disorder, NOS  
DX - Babesiosis  
DX - Fatigue and malaise, other  
DX - Lyme disease

**Code**

780.39  
(ICD9)  
357.9 (ICD9)  
E92.82  
(ICD9)  
788.41  
(ICD9)  
720.0 (ICD9)  
719.47  
(ICD9)  
088.0 (ICD9)  
331.83  
(ICD9)  
311 (ICD9)  
088.82  
(ICD9)  
780.79  
(ICD9)  
088.81  
(ICD9)

**Place and Provider of Service**

Office: 2414 Ashby Ave Ste 201 Berkeley, CA 94705  
Provider: Kristi Turchi

**Date of Service**

Mar 31, 2016



**GROUP VII**

**Records, Telehealth & Offboarding**

## 33 Sending Medical Records

**TIME** As needed.

**HARD RULE** A signed release (ROI) must be on file — a portal message is not sufficient.


### Records & labs

1. Confirm a signed release is on file (check the request or the Consent tab). If not, tag and send the "Release from the practice" form, message the patient that it's needed, sticky-note the chart, and wait.
2. Review exactly what was requested (some want only certain dates of service or diagnoses).
3. Reports → "printable patient chart." Remove SOAP lists, misc/social notes, insurance info, problem-list summary, and vaccination records. Then scrub per the request: strip Admin/Post-Appointment notes from each visit, remove clinician questions (but keep the "response" notes), remove supplement orders, Rx refills, order confirmations, and returns.
4. Save under **Legacy**, titled with the patient's name (and date range if applicable); don't attach; don't show in portal.
5. Fax the request (or the first document/ROI), attaching the documents to send. Never send anything labeled NCL, requisitions, or handouts; you'll rarely send Rx, forms, "sent" items, or invoices — typically only Labs, Radiology, and Legacy.
6. Edit the cover sheet, enter the destination fax, send. On the record request, date/initial stamp "faxed."

### Billing statements




1. Same ROI rule. Expand the Billing box → print statement → set dates/options → review → print to PDF.
2. Upload under Invoices, titled `[patient] Billing Statement [date range]`; file so it doesn't linger as unreviewed.

FROM THE ORIGINAL WORKING PROCEDURE



REQUEST FROM

ID# 1448


 Secure message for Laura Montgomery:

Start a Note

SUBJECT: Insurance Information  
DATE: January 12, 2016 at 3:57 pm  
NOTE: Unfortunately, the information from the insurance invoice I submitted to my insurance does not suffice for them (and their consulting physician) to see the medical necessity of the tests. Could you please issue a statement explaining the diagnosis and medical need for the tests you have suggested for me to move forward with? I am sure this effort would greatly help in getting buy in from my insurer and their support to cover my work with you. Thank you in advance!  
REPLY BY: **secure message**.

Assign as task to...

Attach Additional Documents



## 34 Video Conferencing (Telehealth)

**TIME** As needed.

**PURPOSE** Deliver care by video; ensure information reaches the patient in a usable format; confirm the video-consent is signed.

1. Confirm the patient has signed the video-conferencing consent before scheduling.
2. Schedule the visit on the provider's video platform and confirm the appointment to the patient in the portal, including any account-setup steps they must complete before the visit.
3. Categorize the encounter as a video consult so it bills and documents correctly.

## 35 Inactivating Patients

**TIME** As necessary.

### Patient leaves voluntarily

1. Open the chart; review anything outstanding.
2. Reply with an understanding message and what happens next — typically 5–7 days to download anything before the portal deactivates:

*Hi [patient],*

*Thank you for letting us know. If you'd like copies of any lab results or notes, please download them soon, as your Patient Portal will be deactivated on [date]. We wish you the best on your journey back to optimal health.*

*[your signature]*

3. If a charged encounter is open, document the resolution in its Admin Note (e.g. "appointment fee only").
4. Sticky-note "patient is leaving the practice"; cancel upcoming appointments.
5. Create a task **[patient] Inactivation** — "Holding for inactivation," due in 5–7 days, no reminder, assigned to yourself.
6. **After 5–7 days:** remove the sticky note; in Open Orders, "Remove (pt will not fill)" each test; edit Patient Information → set status to INACTIVE; set portal to "No access"; date/initial stamp the Access Notes with what happened.

### Bad-debt status

1. Message the patient that, absent a valid card / response, orders were removed, only the appointment fee stands, the account is flagged for bad debt, and the portal deactivates in a week unless resolved.
2. Create the same "Inactivation" holding task, one week out.

3. **After one week:** sign the open encounter's Admin Notes; remove open orders; cancel appointments; set a red "BAD DEBT" notice; portal to "No access"; date/initial stamp the Access Notes "bad debt status."

#### FROM THE ORIGINAL WORKING PROCEDURE

Edit Information for

Basic Data Shipping Address Work Address Insurance Billing Info Patient Portal Manage Tags

This patient is authorized to access the Portal

Use the Patient Portal Access toggle below to allow or disallow access to the Patient Portal for this patient.

Because the Patient Portal may contain sensitive medical records, **privacy laws require that you take precautions to ensure that no one gain unauthorized access.** Click here for details and suggestions.

Patient's Access Level: ☐ Patient Can Access Portal ☒ No Access to Portal

Invite to Portal: Send invitation/reset email to

Patient Portal Access Notes

12-2-15 (LM) Bad debt status.

+ Edit Patient (Saves all Tabs)

Edit Information for

Basic Data Shipping Address Work Address Insurance Billing Info Patient Portal Manage Tags

First Name	Middle Name	Last Name
Cynthia		

Home Phone Number	Mobile Phone Number	Work Phone Number
xxx-xxx-xxxx	(530)	

Other Phone	Fax Home	Fax Work
xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx

Email Address	Email Address 2	Social Security #

Date of Birth	Sex	Race
	Female	Unsp

Nickname(s), separated by commas (do not include last name)

Cyndi

Notice[?]	Notice Color	Patient INACTIVE
BAD DEBT	RED	

+ Edit Patient (Saves all Tabs)



## Edit Information for

Basic Data

Shipping Address

Work Address

Insurance

Billing Info

Patient Portal

Manage Tags

This patient is authorized to access the Portal  
Use the Patient Portal Access toggle below to allow or disallow access to the Patient Portal for this patient.

Because the Patient Portal may contain sensitive medical records, **privacy laws require that you take precautions to ensure that no one gain unauthorized access.** Click here for details and suggestions.

Patient's Access Level: ☐ Patient Can Access Portal ☒ No Access to Portal

### Patient Portal Access Notes

5-28-15 (LM) Patient left program after IC but before the CR.

**+ Edit Patient** (Saves all Tabs)

## Edit Information for

Basic Data

Shipping Address

Work Address

Insurance

Billing Info

Patient Portal

Manage Tags

First Name

Cynthia

Middle Name

Last Name

Home Phone Number

Mobile Phone Number

Work Phone Number

Other Phone

Fax Home

Fax Work

Email Address

Email Address 2

Social Security #

Date of Birth

Sex

Female

Race

Unsp

Nickname(s), separated by commas (do not include last name)

Cyndi

Notice[?] Goes by Cyndi

Notice Color BLUE

Patient INACTIVE

**+ Edit Patient** (Saves all Tabs)

## Schedule New Task

John Doe Inactivation

Subject

12-2-15 (LM) Holding for inactivation.

Associated Patient (Opt)

- Assign Patient -

Leave Due Date Blank if you don't want a specific due date

Due Date 12/09/2015 17:20

Reminder: 15 minutes before

Nudge Due Time -1 hr +1 hr

Task is for Laura Montgomery

Normal Priority

**+ Add New Task**

The screenshot shows a 'Schedule New Task' dialog box. At the top, there's a title bar with a close button. Below it, a text field contains 'John Doe Inactivation' and a 'Subject' label. A larger text area below contains '12-2-15 (LM) Holding for inactivation.'. To the right of this area is a label 'Associated Patient (Opt)'. Below the text area is a button '- Assign Patient -'. Below that, a note says 'Leave Due Date Blank if you don't want a specific due date'. The 'Due Date' is set to '12/09/2015 17:20' with a calendar icon. Below it, 'Nudge Due Time' is set to '-1 hr +1 hr'. To the right, there's a 'Reminder:' section with a checkbox and a dropdown set to '15 minutes before'. Below the due date, 'Task is for' is set to 'Laura Montgomery' with a dropdown arrow. To the right, 'Normal' is selected in a dropdown, followed by 'Priority'. At the bottom center is a button '+ Add New Task'.

*Bring back the basics. Bring back the manual. **Bring back the working procedures.** They're coming back — and this time, we're going to teach them, line by line, in the open.*

*— Kevin*



**Kevin Mackey** is the founder and CEO of FxMedSupport, the official Cerbo integration and development partner. He holds open office hours for Cerbo practices every Monday and Thursday, where working procedures like these are taught and rebuilt in real time.