



Provider Portal Scheduling – Community Practice Workflow

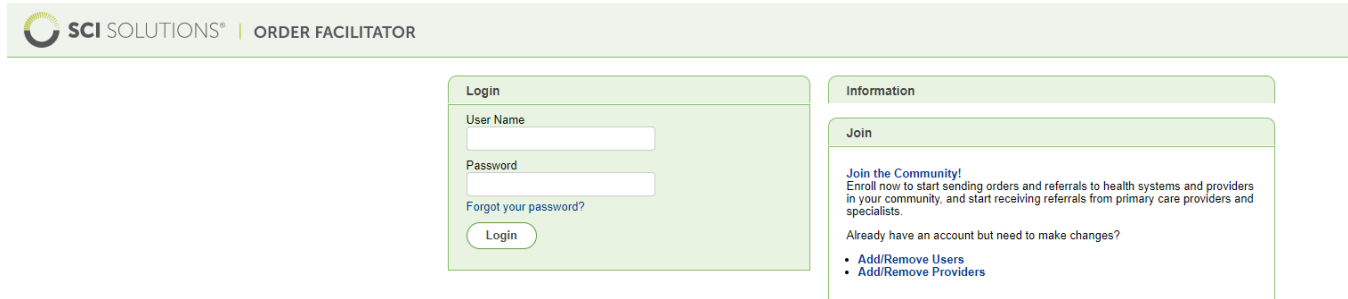
A service offered by Stamford Health Scheduling
Supported through R1

Logging In

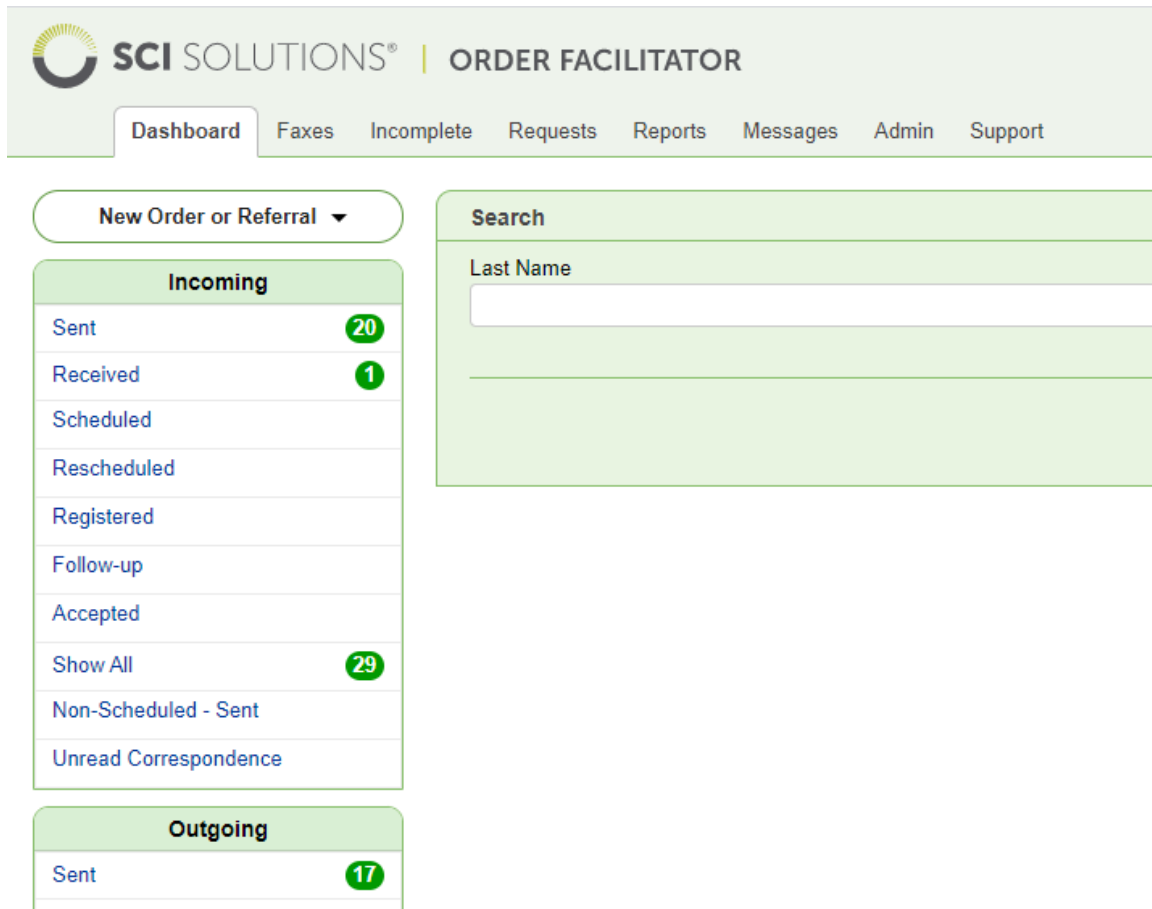
Community Practices utilize Order Facilitator and Provider Portal to input their own orders and schedule appointments for their patients.

For reference the web address is: <https://asp.orderfacilitator.com/of01/>

Below is an image of the main screen where users will sign in.



After logging in, the system defaults to the dashboard. The dashboard is used to enter new orders, view existing orders, and/or book appointments using orders. Provider Portal can be launched directly from the order being used to schedule an appointment.



Entering an Order

To create a new order, select the **New Order or Referral** dropdown and click on **Order**.

SCI SOLUTIONS® | ORDER FACILITATOR

Dashboard Requests Reports Support

New Order or Referral ▼

Incoming

- Sent
- Received
- Scheduled
- Rescheduled

Search

Last Name

First Name

Click on **Order** to start creating the patient order.

New Order or Referral ▼

- Order**
- Non-Scheduled Order
- Referral

Using the dropdowns, complete all required fields marked with a red asterisk *****. The Group Name field will default to your practice. Select the correct provider if there is more than one provider associated to the practice. Always select the facility of Stamford All Locations (SHS). The location of the appointment will be selected later when booking the appointment.

Order Information Select | Create Shortcut

Market: Name •

From: Group Name • Doctor's Name •

To: Facility Name • Priority Scheduling

***Always select Stamford All Locations (SHS)**

***Please continue to call the STAT line for Radiology STAT read (priority).

Search for ICD-10 codes by selecting the magnifying glass icon

Diagnosis Information

ICD-10
 ICD Code 1 • Level ICD Code 2 Level ICD Code 3 Level

Reason for Visit •

ICD Code Conversion

Type in the keyword and select the appropriate code. Select **Add to Order**.

Lookup ICD code or select from favorites list

Keyword •

pain

Clear Search Favorites

pain

Code	Description
R10.32	LEFT LOWER QUADRANT PAIN
R10.33	PERIUMBILICAL PAIN
R10.84	GENERALIZED ABDOMINAL PAIN
R10.9	UNSPECIFIED ABDOMINAL PAIN
R14.1	GAS PAIN
R30.9	PAINFUL MICTURITION, UNSPECIFIED
R39.82	CHRONIC BLADDER PAIN
+ R40.212	COMA SCALE, EYES OPEN, TO PAIN
+ R40.235	COMA SCALE, BEST MOTOR RESPONSE, LOCALIZES PAIN
R52	PAIN, UNSPECIFIED
R68.84	JAW PAIN
+ T65.6X	TOXIC EFFECT OF PAINTS AND DYES, NOT ELSEWHERE CLASSIFIED
+ T82.84	PAIN DUE TO CARDIAC AND VASCULAR PROSTHETIC DEVICES, IMPLANTS AND GRAFTS

Only the first 100 matches were returned. Please refine your search.

Add To Order Add To Favorites Close

Once the ICD code has been added, type in the reason for visit. The **Reason for Visit** is a free text field.

Diagnosis Information

ICD-10
 ICD Code 1 • Level ICD Code 2 Level ICD Code 3 Level

Reason for Visit •

Enter the appropriate reason for visit here

ICD Code Conversion

Using the dropdown, select the desired Specialty (Cardiology, CT, MRI, etc). Search for CPT Code/Procedure by selecting the magnifying glass.

Procedure Information Add Procedure

Specialty •

CT (Scheduled)

Department •

CT Dept (All-SHS)

CPT Code •

Procedure

Type in the keyword then select the desired code. Keep in mind, partial name searches may yield better results as seen below. After selecting the code, click on the **Add to Order** button at the bottom of the page.

Search Procedures

Lookup Procedure or select from favorites list

Keyword: Specialty: Category:

Search Results

<input type="checkbox"/>	Category	Code	Description
<input checked="" type="checkbox"/>		74177	CT Abd/Pelvis W Iv Con
<input type="checkbox"/>		74176	CT Abd/Pelvis W/O Iv Con
<input type="checkbox"/>		74178	CT Abd/Pelvis Wo/W Iv Con
<input type="checkbox"/>		74160	CT Abdomen W Iv Con
<input type="checkbox"/>		74150	CT Abdomen Wo Iv Con
<input type="checkbox"/>		74170	CT Abdomen Wo/W Iv Con
<input type="checkbox"/>		71260 74160	CT Chest/Abd w/ IV

If additional procedures are being ordered, click Add Procedure and Procedure 2 will display. Follow same steps to complete procedure information. When finished select **Next**.

NOTE: To remove a procedure click on **Delete Procedure**

Procedure Information

Specialty: Department:

CPT Code: Procedure:

ICD-10
ICD Code 1 Level ICD Code 2 Level

Procedure 2

Specialty: Department:

CPT Code: Procedure:

ICD-10
ICD Code 1 Level ICD Code 2 Level

Type the patient's information and click Search. Any patients which meet the search criteria will display. Confirm the correct patient by matching the demographic information and select the patient line. Confirm the selection by clicking Select. The patient information will auto populate the fields. If the patient is new to the system, select Create New and enter the required information.

1) Type the patient's information including Name and DOB.

2) Search for patient.

Last Name: test, First Name: b, Middle Name: [empty], SSN: [empty], Sex: [dropdown], DOB: 10/01/1987

* Last Name or SSN is required for a search.

3) View search results. Match by demographic information.

Name	Date of Birth	Sex	SSN	Phone	Address	MF
Test, Brandon	10/01/1987	Male		(989)404-7707	1234 San Diego Drive, Stamford, CT 06905	
TEST, BRANDON	10/01/1987	Male		(203)678-4040	123 MAIN STREET, STAMFORD, CT	

4) Click patient.

5) Click Select.

***Create New, if patient does not appear in search.

The patient's demographic information and associated insurances will display. If it is a new patient, an insurance will need to be entered as well.

Patient Information

Name: Mr/Ms/Mrs, First: BRANDON, Middle: [empty], Last: TEST, Suffix: [empty]

SSN: [empty], Sex: Male, DOB: 10/01/1987, Height: [empty] ft. [empty] in., Weight: [empty] lbs., Date: [calendar], BMI: [empty]

SSN or DOB is required.

Address: Address Line 1: 123 MAIN STREET, Address Line 2: [empty], City: STAMFORD, State: CT, Zip: 06903

Phones/E-mail: Home Phone: (203)678-4040, Work Phone: [empty], Mobile Phone: [empty], E-mail Address: [empty]

Insurance Information

Payor/Plan: AETNA HMO - AETNAHMO - AETNA HMO, Include Restricted Plans: [checkbox]

Policy #: 093822, Group #: [empty]

Subscriber Name: Mr/Ms/Mrs, First: BRANDON, Middle: [empty], Last: TEST, Suffix: [empty]

Policy Notes: [text area]

Continue selecting Next until the Review/Submit tab appears. Once the information has been reviewed:

- Select **Send/Schedule** to submit the order and start scheduling the appointment. (Skip to the *Scheduling an Appointment* section on page 10)
- Select **Send Order** to only submit the order. You will need to search the order later when you are ready to schedule the appointment.

Searching for the Order

Within the Outgoing section, the **Sent** folder displays all orders that have not been used to schedule an appointment. The order created will appear in this Sent folder.

You may sort this folder by clicking on a column header such as by date. The order will display the Patient, the Ordering Provider, the Procedure, and the date the order was received in the system.

Outgoing: Sent								12/12/2020 - 01/25/2021	
1 - 15 of 17 items									
<input type="checkbox"/>	Status	Tags	Patient	To	From	Department / Procedure	Appt / Draw Date	Date Sent / Indexed	<input type="checkbox"/>
<input type="checkbox"/>	SENT 		ZZTEST, DANIEL 1/1/1978	Stamford All Locations (SHS)	Stamford Health Medical Group - EMR Acosta, Rodrigo	Respiratory Depot Orders (All-SHS) U0002 RD COVID 19 PCR		1/20/2021 1:32 PM	0/0
<input type="checkbox"/>	SENT 		ZZTEST, DANIEL 1/1/1978	Stamford All Locations (SHS)	Stamford Health Medical Group - EMR Acosta, Rodrigo	Radiology/Diagnostic Imaging Dept (All-SHS) 72265,... XR FL Myelogram Lumb...		1/20/2021 1:31 PM	0/0
<input type="checkbox"/>	SENT 		ZZTEST, DANIEL 1/1/1978	Stamford All Locations (SHS)	Stamford Health Medical Group - EMR Acosta, Rodrigo	Radiology/Diagnostic Imaging Dept (All-SHS) 72265,... XR FL Myelogram Lumb...		1/18/2021 2:36 PM	0/0
<input type="checkbox"/>	SENT 		ZZTEST, ANDREW 1/8/1957	Stamford All Locations (SHS)	Stamford Health Medical Group - EMR Acosta, Rodrigo	Radiology/Diagnostic Imaging Dept (All-SHS) 72265,... XR FL Myelogram Lumb...		1/18/2021 2:01 PM	0/0

Note: the number of pages at the bottom allows schedulers to review the next set of patients.

Search Results							
Name	Date of Birth	Sex	SSN	Phone	Address	MR	
TEST, A	05/12/1949	Female		(203)255-2555	2 Spring, Mount Kisco, NY 10549	MO	
TEST, A	02/02/1970	Female		(914)555-2000	34 Main Street, West Harrison, NY 10604	MO	
TEST, ABB	01/01/1980	Female		(203)919-1234	29 HOSPITAL PLAZA, STAMFORD, CT 06902	MO	
TEST, ABBY	05/04/1988	Female		(203)987-9877	1351 WASHINGTON BLVD, STAMFORD, CT 06902	MO	
TEST, ABBY	05/04/1988	Female		(203)987-9877	1351 WASHINGTON BLVD, STAMFORD, CT 06902	MO	

1 - 5 of 50 items

Only the first 50 matches were returned. Please refine your search.

Select Create New

If you are looking for a specific patient, search for the patient's order by typing in the patients **Last Name and First Name** or **SSN** then select **Search**. Select the desired patient from the drop down by clicking on it.

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Welcome Gregorio (Hospital) Santa | (111 Unread) | Logout | Help

Dashboard Faxes Incomplete Requests Reports Messages Admin Support

New Order or Referral

Incoming

Sent 17

Received 12

Scheduled

Rescheduled

Search

Last Name: zztest First Name: daniel SSN: DOB:

ZZTEST, DANIEL - 01/01/1978 Home: (203)276-6162

Search Clear

After selecting the patient, select the order from the Search Results by clicking on it. The order **must** be a **Sent** order. Keep in mind, the patient's list of orders will have other orders from past appointments.

Search

Last Name: zztest First Name: daniel SSN: DOB:

Selected Patient: ZZTEST, DANIEL - 01/01/1978 Home: (203)276-6162

Advanced

Search Clear

Search Results									
01/13/2011 - 01/13/2021									
	Status	Tags	Patient	To	From	Department / Procedure	Appt / Draw Date	Date Sent / Indexed	
<input type="checkbox"/>	SENT		ZZTEST, DANIEL 1/1/1978	Stamford All Locations (SHS)	Stamford Health Medical Group - EMR Acosta, Rodrigo	Respiratory Depot Orders (All-SHS) U0002 RD COVID 19 PCR		1/13/2021 10:32 AM	0/0
<input type="checkbox"/>	SENT		ZZTEST, DANIEL 1/1/1978	Stamford All Locations (SHS)	Stamford Health Medical Group - EMR Acosta, Rodrigo	Respiratory Depot Orders (All-SHS) U0002 RD COVID 19 PCR		1/13/2021 10:29 AM	0/0

Common Statuses:

Sent – Order has been received.

Received – Order was viewed, but not scheduled.

Scheduled – Order has been used/attached to a scheduled appointment.

Rescheduled – Appointment tied to the Order was rescheduled.

Rejected – Order did not have sufficient information to use for an appointment.

Once the order has opened, select the **Provider Portal** button on the bottom of the page to launch Provider Portal.

Order ID: 62010198
Patient's Name: DANIEL ZZTEST

SSN: 01/01/1978

Order Information Signature

Market: Connecticut - Bridgeport/Stamford/Norwalk
MSA
From Group: Stamford Health Medical Group - EMR
From Doctor: Rodrigo Acosta
From Phone:
To Facility: Stamford All Locations (SHS)
Priority: ROUTINE
Scheduling: Call Patient
Preferred Loc.:
Current Status: RECEIVED
EMR Order ID: 5993577

Procedure Information

Specialty: Respiratory Depot (Scheduled)
Department: Respiratory Depot Orders (All-SHS)
ICD-10 Codes: R42 - DIZZINESS AND GIDDINESS (Primary)
Applicable ICD-10 Codes:
Procedure: RD COVID 19 PCR
RD COVID 19 PCR

CPT Code: U0002
Phone:

External Questions
Requested Schedule Date on or After: 01/20/2021

Diagnosis Information

ICD-10 Codes:
Reason for Visit: Dizziness and Nausea

Patient Information

Name: DANIEL ZZTEST DOB: 01/01/1978
SSN: Sex: Male
MRN: M000001016
ecw ID: 801298132
Address: 2 Technology Drive, Westborough, MA
01581
Home Phone: (203)276-6162 Height:
Work Phone: Weight:
Mobile Phone: Date:
BMI:
E-mail Address: ssingh@shipmds.org
Allergies:
Medications:
Patient Notes:
Additional Information

Insurance Information

Authorization Status: Not Updatable
Payor/Plan: UNKNOWN CARRIER OR PLAN - UNKNOWNWC - UNKNOWN CARRIER OR PLAN
Policy #: Group #: Subscriber Name: Policy Notes:

Appointment Information

Appointment information will display here after scheduling.

Correspondence

Message Save Cancel

Additional Information Upload Document | Create Document | Save

Note: InsDetails; Medicare A And B medicare Part A SYracuse,NY 13221 Policy:765 Subscriber:DANIEL ZZTEST

Additional Documents * You can only manage your own documents.

Drag documents here

Status Information

Submitted By: Rodrigo Acosta
Authorized By: 01/20/2021 01:32:04 PM
Sent: 01/25/2021 11:38:47 AM
Received:
Scheduled:
Archived:

Access Information

Who Accessed	Status When Accessed	Date of Access
Gregorio (Hospital) Santa	RECEIVED	01/25/2021 11:38:47 AM
Gregorio (Hospital) Santa	RECEIVED	01/25/2021 11:40:00 AM
Gregorio (Hospital) Santa	RECEIVED	01/25/2021 11:42:05 AM

Insurance Information

Audit Trail

Disclaimer:
This transmission (including all contents and attachments) is the confidential and protected health information of the intended recipient. If you are not the intended recipient you are hereby notified prohibited. If you have received this communication in error, please notify the sender immediately.

Select Provider Portal when you are ready to schedule.

Schedule Register Accept Update Reject Update Cancel Order Provider Portal Print Close

For same day appointments, please contact the appropriate department at 203-276-xxxx.

Radiology Central Scheduling	2602
Radiology STAT Read Exams	6190
Respiratory Depot/COVID19	3300
Cardiology – Hospital	7482
Cardiology – Tully	2283
Pulmonary	7492
Neurology - Hospital	7543

Scheduling an Appointment

Step 1: Insurance

First, select the appropriate insurance from the list; if there is no insurance listed, search for a new insurance using the search function indicated by the 2nd green arrow.

- Select one or more of the patient's existing insurance plans for this appointment.

SELF PAY - SP -- SELF PAY Select the patient's insurance if it appears

- Edit one of patient's existing insurance plans



- To add patient insurance - search by payor or plan:

Search Insurance payor: _____ Search _____

Search for an insurance by name if the patient does not have an insurance displayed above, or if it appears as Unknown.



If insurance says **"UNKNOWN, UNKNOWN"**, select the appropriate insurance that is listed on the order under Additional information.

Additional Information

note
InsDetails; Medicare A And B medicare Part A SYracuse,NY 13221 Policy:765 Subscriber:DANIEL ZZTEST

Step 2: Procedure

The procedure(s) will prepopulate in the text fields below based up the order entered. Confirm the information is correct and move on to the next step.

Facility - Stamford Health No changes/edits should be made on this page. Only confirmations!

Please select the desired procedures :

Reason for Visit
Dizziness and Nausea Copy Reason for Visit for the next page. _____

Procedure Filter

Available

- CT 4D Parathyroid Wo/W Con
- CT Abd/Pelvis W Iv Con
- CT Abd/Pelvis W/O Iv Con
- CT Abd/Pelvis Wo/W Iv Con
- CT Abdomen W Iv Con
- CT Abdomen Wo Iv Con
- CT Abdomen Wo/W Iv Con
- CT Ankle Left Wo
- CT Ankle Right Wo
- CT Bone Length - Scanogram

Schedule procedures in any order

Ordering Provider
RODRIGO ACOSTA Confirm correct ordering provider. _____

Selected
RD COVID 19 PCR

Select
Unselect

Confirm correct procedure.

Step 3: Preferences/Questions

If the Diagnosis does not appear, please type it in or paste the Reason for Visit from the previous screen. Select Questions afterwards to move on.

► Please select any preferences

Procedure	Preferred Location	Preferred Department	Preferred Provider
RD COVID 19 PCR	No Preference	No Preference	
Diagnosis	<input type="text"/>		
ICD-10 codes	R42	Primary	<input type="text"/>
CPT-4 code	U0002		
Auth/Ref Info	Auth. #	Auth. Number of Procedures	Auth. Service From
	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Auth. Service To	Referral #
		<input type="text"/>	<input type="text"/>

← Step 2: Procedures

Manual Medical Necessity Check →

Questions →

Answer the questions correctly. The system has rules in the background that adjusts the procedure/time based off the answers provided. Additional questions may appear depending on the answers to previous questions.

Please answer the following questions:

► RD COVID 19 PCR

Are you an employee of Stamford Hospital or Stamford Health Medical Group?

Select Answer

No
Yes

Additional Information

What type of appointment is this?

Select Answer

COVID Only
Respiratory Depot and COVID
Respiratory Depot Only

Additional Information

► RD COVID 19 PCR

How many swabs on the appointment?

Select Answer

1
2
3
4
5

Additional Information

This question appeared because of the answer to a previous question.

The following questions have already been answered:

► RD COVID 19 PCR

Are you an employee of Stamford Hospital or Stamford Health Medical Group?

Select Answer

No
Yes

Additional Information

You don't need to answer these questions a second time.

What type of appointment is this?

Select Answer

COVID Only
Respiratory Depot and COVID
Respiratory Depot Only

Additional Information

Step 4: Date Time

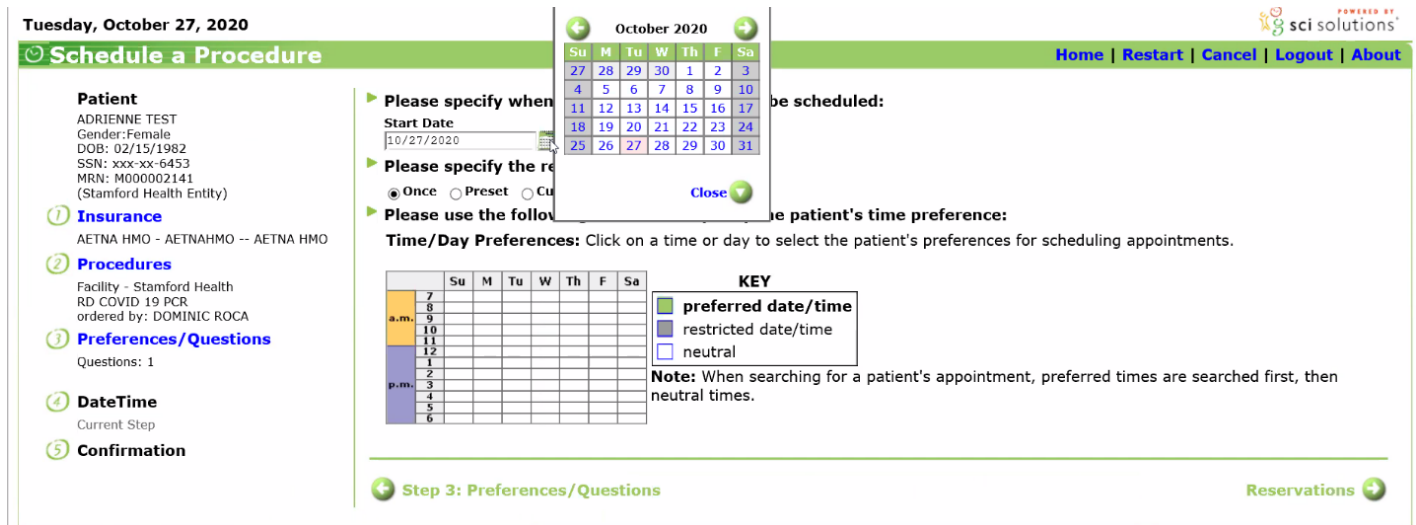
First Available: If the 1st available appointment is preferred, simply select **Reservations** in the bottom right hand corner without making any edits to the screen.

Exact Date/Time: Enter the exact date and time be requested. Keep in mind, this date/time may not be available.

► **Please specify when this appointment should be scheduled:**

Start Date  Start Time

Custom Search: By selecting the calendar button located next to the start date you can choose the desired date being searched. By selecting a date, it will search for any date from that day forward.



Tuesday, October 27, 2020 sci solutions^{POWERED BY}

Schedule a Procedure Home | Restart | Cancel | Logout | About

Patient
 ADRIENNE TEST
 Gender: Female
 DOB: 02/15/1982
 SSN: xxx-xx-6453
 MRN: M000002141
 (Stamford Health Entity)


① **Insurance**
 AETNA HMO - AETNAHMO -- AETNA HMO

② **Procedures**
 Facility - Stamford Health
 RD COVID 19 PCR
 ordered by: DOMINIC ROCA

③ **Preferences/Questions**
 Questions: 1

④ **DateTime**
 Current Step

⑤ **Confirmation**

► **Please specify when this appointment should be scheduled:**
 Start Date 

► **Please specify the re...**
 Once Preset Cu...

► **Please use the following...** **Time/Day Preferences:** Click on a time or day to select the patient's preferences for scheduling appointments.

	Su	M	Tu	W	Th	F	Sa
7							
8							
a.m. 9							
10							
11							
12							
1							
2							
p.m. 3							
4							
5							
6							

KEY
 preferred date/time
 restricted date/time
 neutral

Note: When searching for a patient's appointment, preferred times are searched first, then neutral times.

Step 3: Preferences/Questions Reservations

The time/day preferences can be set using the key listed to the right.

► **Please use the following calendar to specify the patient's time preference:**

Time/Day Preferences: Click on a time or day to select the patient's preferences for scheduling appointments.

	Su	M	Tu	W	Th	F	Sa
7							
8							
a.m. 9							
10							
11							
12							
1							
2							
p.m. 3							
4							
5							
6							

KEY
 preferred date/time
 restricted date/time
 neutral

Note: When searching for a patient's appointment, preferred times are searched first, then neutral times.

Favorable days/times – using the cursor, click in the box with desired day & time to display a **green** box.

Restrict a day/time - using the cursor, double click in the box with undesired day & time to display a **grey** box.

If no day/time is preferred- leave the box white. To change a day/time to neutral, click in the box 1-2 times to turn the box white.

Once the desired date has been selected, proceed to **Reservations** at the bottom right-hand corner of the screen.

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Schedule a Procedure Home | Restart | Cancel | Logout | About

Patient
 ADRIENNE TEST
 Gender: Female
 DOB: 02/15/1982
 SSN: xxx-xx-6453
 MRN: M000002141
 (Stamford Health Entity)

1 **Insurance**
 AETNA HMO - AETNAHMO -- AETNA HMO

2 **Procedures**
 Facility - Stamford Health
 RD COVID 19 PCR
 ordered by: DOMINIC ROCA

3 **Preferences/Questions**
 Questions: 1

4 **DateTime**
 Current Step

5 **Confirmation**

Please specify when you would like to be scheduled:
 Start Date: 10/27/2020

Please specify the recurrence:
 Once Preset Custom

Please use the following grid to select the patient's time preference:
Time/Day Preferences: Click on a time or day to select the patient's preferences for scheduling appointments.

	Su	M	Tu	W	Th	F	Sa
7							
8							
a.m.							
9							
10							
11							
12							
1							
2							
p.m.							
3							
4							
5							
6							

KEY
 preferred date/time
 restricted date/time
 neutral

Note: When searching for a patient's appointment, preferred times are searched first, then neutral times.

Step 3: Preferences/Questions Reservations

A list of appointment times display; one for each facility. Choose the preferable appointment or select search again for more available times. Use Search Advanced to filter by a specific date or location. **Users do not have the option to overbook.**

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Schedule a Procedure Home | Restart | Cancel | Logout | About

Patient
 ADRIENNE TEST
 Gender: Female
 DOB: 02/15/1982
 SSN: xxx-xx-6453
 MRN: M000002141
 (Stamford Health Entity)

1 **Insurance**
 AETNA HMO - AETNAHMO -- AETNA HMO

2 **Procedures**
 Facility - Stamford Health
 RD COVID 19 PCR
 ordered by: DOMINIC ROCA

3 **Preferences/Questions**
 Questions: 1

4 **DateTime**
 Current Step

5 **Confirmation**

Please select one of the following appointment times

Date	Time	Minutes	Procedure	Location	Department	Provider
<input checked="" type="radio"/> Friday 10/30/2020	8:10 am	5	RD COVID 19 PCR	Stamford Hospital	Respiratory Depot (Stamford)	
<input type="radio"/> Friday 10/30/2020	7:10 am	7	RD COVID 19 PCR	Tully Health Center	Respiratory Depot (Tully)	

Step 4: DateTime Search Again
Search Advanced
Step 5: Confirmation

Search Again – provides additional available times on the screen.

Search Advanced – allows entering more specific search parameters. There is also the option to select a preferred location from this search window.

After selecting the desired appointment, click the **Step 5: Confirmation** at the bottom right-hand corner of the screen.

Step 5: Confirmation

After selecting your desired appointment, you are provided a review of all information. Verify the information is correct.

Make edits by selecting the headings highlighted in **blue**. You can also add any additional notes for the hospital staff in the in the **"Additional Notes"** free text box provided (ex. patient deaf, needs interpreter, etc).

If the information on the screen is correct continue by selecting **Confirm** at the bottom right-hand corner of your screen. **The appointment will not be booked until you click Confirm.**

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Schedule a Procedure [Home](#) | [Restart](#) | [Cancel](#) | [Logout](#) | [About](#)

▶ **Please review the following information. To change any of it click on the step name:**

Patient	Insurance	Procedures	Preferences/Questions	DateTime
ADRIENNE TEST Gender: Female DOB: 02/15/1982 SSN: xxx-xx-6453 MRN: M000002141 (Stamford Health Entity)	AETNA HMO - AETNAHMO -- AETNA HMO	Facility - Stamford Health RD COVID 19 PCR ordered by: DOMINIC ROCA	Questions: 1	1st available after 10/27/2020 No Time Preference

▶ **This appointment is not yet scheduled. To schedule this reservation please click "Confirm".**

Date	Time	Minutes	Procedure	Location	Department	Provider
Friday 10/30/2020	8:15 am	5	RD COVID 19 PCR	Stamford Hospital	Respiratory Depot (Stamford)	

▶ **Please enter any additional notes for this scheduling request:**

[Confirm](#)

Once confirmed, the appointment information displays including patient demographics, prep notes/instructions, etc.

Tuesday, October 27, 2020 sci solutions

Schedule a Procedure [Home](#) | [Print](#) | [Print Patient Copy](#) | [Logout](#) | [About](#)

▶ **The following appointment has been booked:**

Patient	Insurance	Procedures	Preferences/Questions	DateTime
ADRIENNE TEST Gender: Female DOB: 02/15/1982 SSN: xxx-xx-6453 MRN: M000002141 (Stamford Health Entity)	AETNA HMO - AETNAHMO -- AETNA HMO	Facility - Stamford Health RD COVID 19 PCR ordered by: DOMINIC ROCA	Questions: 1	1st available after 10/27/2020 No Time Preference

Date	Time	Minutes	Procedure	Location	Department	Provider
Friday 10/30/2020	8:15 am	5	RD COVID 19 PCR	Stamford Hospital	Respiratory Depot (Stamford)	

Appointment Note

Appointment Submitted by practice: Stamford Portal Practice
Scheduled by user: Stamford User
Contact person : Test User
Phone : (316) 123-1234

Appointment Number: UARB-4056-10

[Schedule Another Appointment](#) [Home](#) | [Order Facilitator](#)

If a confirmation copy for the patient chart is needed, select **Print** at the top of the screen to display the screen shown below which includes the scheduled user and practice.

11/17/2020

Provider Portal : Schedule a Procedure



► **The following appointment has been booked:**

ADRIENNE TEST
 DOB: 02/15/1982
 Gender: Female
 SSN: xxx-xx-6453
 MRN: M000002141(Stamford Health Entity)

Home Address
 1 HOSPITAL PLAZA
 ATLANTA, GA 30341

Phones
 Home: (770)337-3594
 Work: none

Emails
 Home: ACAMPBELL@SCISOLUTIONS.COM
 Work: none

Date	Time	Minutes	Procedure	Location	Department	Provider
Tuesday 11/24/2020	1:00 pm	10	RD Flu A/B, COVID19, RSV Quad	Stamford Hospital	Respiratory Depot (Stamford)	

Appointment Note

Appointment Submitted by practice: Stamford Portal Practice
 Scheduled by user: Stamford User
 Contact person : Test User
 Phone : (316) 123-1234

Appointment Number: UBHG-3958-2R

If a copy for the patient is needed to include all necessary information such as location, date/time, type of procedure, and any prep you may do so by selecting **“Print Patient Copy”** at the top of the screen to display the confirmation page shown below.

11/17/2020

Provider Portal : Schedule a Procedure



► **The following appointment has been booked:**

ADRIENNE TEST
 DOB: 02/15/1982
 Gender: Female
 SSN: xxx-xx-6453
 MRN: M000002141(Stamford Health Entity)

Home Address
 1 HOSPITAL PLAZA
 ATLANTA, GA 30341

Phones
 Home: (770)337-3594
 Work: none

Emails
 Home: ACAMPBELL@SCISOLUTIONS.COM
 Work: none

Date	Time	Minutes	Procedure	Location	Department	Provider
Tuesday 11/24/2020	1:00 pm	10	RD Flu A/B, COVID19, RSV Quad	Stamford Hospital	Respiratory Depot (Stamford)	

Appointment Number: UBHG-3958-2R

The patient's appointment is now scheduled. To access Order Facilitator, close Provider Portal window using X at the top of your screen. This will bring you back to the Original Order with the appointment details included (after refreshing).

Order ID: 62010181
Patient's Name: DANIEL ZZTEST SSN: 01011978

Order Information Market: Connecticut - Bridgeport/Stamford/Norwalk From Group: Stamford Health Medical Group - EMR From Doctor: Rodrigo Acosta To Facility: Stamford All Locations (SHS) Priority: ROUTINE Scheduling: Patient Scheduled Preferred Loc.: Current Status: SCHEDULED EMR Order ID: 5991493	Procedure Information Specialty: Respiratory Depot (Scheduled) Department: Respiratory Depot Orders (All SHS) ICD-10 Codes: R42 - DIZZINESS AND GIDDINESS (Primary) Applicable ICD-10 Codes: Procedure: RD COVID 19 PCR RD COVID 19 PCR CPT Code: U0002 Phone: External Questions Requested Schedule Date on or After: 01/13/2021
Diagnosis Information ICD-10 Codes: Reason for Visit: Dizziness	
Patient Information Name: DANIEL ZZTEST DOB: 01/01/1978 SSN: Sex: Male MRN: M000001016 ecw ID: 801298132 Address: 2 TECHNOLOGY DR, WESTBOROUGH, MA 01581 Home Phone: Height: Work Phone: Weight: Mobile Phone: (555)121-2121 Date: E-mail Address: SSINGH@SHIPMDS.ORG BMI: Allergies: Medications: Patient Notes: Additional Information [...]	Insurance Information Authorization Status: Not Updatable Payor/Plan: UNKNOWN CARRIER OR PLAN - UNKNOWN CARRIER OR PLAN Policy #: UNKNOWN CARRIER OR PLAN - UNKNOWN CARRIER OR PLAN Group #: UNKNOWN CARRIER OR PLAN - UNKNOWN CARRIER OR PLAN Subscriber Name: Policy Notes:
Appointment Information SCHEDULED - Patient Scheduled Date: 01/18/2021 Time: 08:05 AM Loc. Detail: Stamford Hospital Procedure: RD COVID 19 PCR Notes: Submitted by practice: Stamford Health Medical Group - EMR Scheduled by user: Shaun2 Moore Contact p [...]	Correspondence Message: <input type="text"/> Save Cancel

Close Order by selecting the close button at bottom of page. This will return you to the Order Facilitator Dashboard.

Schedule Register Accept Reject Cancel Order Provider Portal Print **Close**

If you have any questions, please contact your Super User or Practice Manager.