

Scanning Basics:

1. Diagnostic Tests – ex/ lab work, x-rays, OAE, UA etc.

Type of Item: Diagnostic Test

Category: TYPE IN what kind of test it is

Ex/ CBC, CMP, Lead, EBV, OAE, UA, Urine Culture, etc.

2. Patient Chart

Type of Item: New Patient

Category:

- Patient Registration

Billing Insurance Form

Ivy Pediatrics
Infant, Child, & Adolescent Medicine

First, print out this form. Fill it out. Sign it. Bring it to our office.

Patient Information

Patient's First Name _____ Social Security # _____ Day (609) _____
 Address _____ City _____ State _____ Zip _____
 Cell/Work/Home # Area _____

How did you hear about us?

Parent (Guardian) Information

Mother's First Name _____ Last Name _____ Cell Phone (____) _____ DOB _____
 Occupation _____ Employer Name _____ Work Phone (____) _____ Ext _____
 Employer Address _____
 Father's First Name _____ Last Name _____ Cell Phone (____) _____ DOB _____
 Occupation _____ Employer Name _____ Work Phone (____) _____ Ext _____
 Employer Address _____
 Parent's Medical Status _____ Child resides with (check): _____ both parents _____ mother _____ father _____

To receive our services indicate please enter your email address _____
 Insurance Carrier _____

Primary Insurance (Person who holds insurance)

Insurance Carrier _____

- New Patient Questionnaire

Medical History Form

Ivy Pediatrics
Infant, Child, & Adolescent Medicine

New Patient Questionnaire

First, print out this form. Fill it out. Bring it with you to our office.

Patient Name _____ DOB _____
 City/Country of birth _____

Pregnancy & Birth

Mother's age at child's birth _____ If "yes", list _____
 Maternal illness during pregnancy or birth (list) _____ If "yes", list _____
 Did the baby experience other than vaginal _____ If "yes", list _____
 What do the baby from 137 to 414 like gestation? _____ If "yes", the baby was born at _____ weeks
 What was the birth weight? _____
 What type of delivery (check) _____ Vaginal _____ cesarean _____ vacuum _____ forceps _____
 Did the baby have trouble while in the hospital? _____ If "yes", list _____
 (including, neonatal, including difficulties, NICU)

Past Medical History (refers to child)

Any allergic reactions to medications, foods, _____ If "yes", which ones? _____
 insect bites, or environmental? _____

- HIPAA Privacy Statement

Receipt of Notice of Privacy Practices

Ivy Pediatrics
Infant, Child, & Adolescent Medicine

220 Bridge Plaza Drive, Manalapan, NJ 07728 | 17th North Broadway, South Jersey, NJ 08079 | 7 Brunwick Woods Drive, East Brunswick, NJ 08816
 www.IvyPediatrics.com

First, print out this form. Fill it out. Sign it. Bring it to our office.

Receipt of Notice of Privacy Practices
Written Acknowledgement Form

- Release of Medical Record

Release of Medical Record to Ivy Pediatrics

Ivy Pediatrics
Infant, Child, & Adolescent Medicine

220 Bridge Plaza Drive, Manalapan, NJ 07728 | 17th North Broadway, South Jersey, NJ 08079 | 7 Brunwick Woods Drive, East Brunswick, NJ 08816
 Tel: (732) 972-9825 | Tel: (732) 952-8818 | Tel: (732) 452-7037

Release From:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____

Type of Item: Insurance

Category:

- Financial Policy

Financial Policy

Ivy Pediatrics
Infant, Child, & Adolescent Medicine

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Financial & Office Policy - Effective 12/1/2012

Dear Families,

In the interest of good healthcare practice, it is desirable to establish a financial policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good health and we wish to spend our time and energy toward that goal. Insurance reimbursement is a contract between you, your employer, and the insurance carrier. YOU are responsible for payment of your account. YOU are responsible to be aware of your benefits and to contact your carrier directly when issues arise regarding timely payment of claims or denials. Insurance(s) are gladly billed as a courtesy to our patients when current check(s) are provided to us. We cannot accept responsibility for following up on your claims or for negotiating a disputed claim, but our staff will assist you if needed.

The following policies must be agreed upon:

1. All co-pays are due at the time of service. A \$25 charge will be added to your account if

- Easy Pay Consent Form

Easy Pay Consent Form

Ivy Pediatrics, PA
PEDEMERGE
220 Bridge Plaza Drive, Manalapan, NJ 07728
732-972-9825

I authorize Ivy Pediatrics, PA PEDEMERGE to charge my credit or Debit card listed below for the following:

- The balance of unpaid charges
- Co-pay and/or co-insurance
- Deductibles
- Services not covered under my insurance plan

I understand that this form is valid until the expiration date of the listed card unless I cancel the authorization by written request.

Cardholder's Signature _____ Date _____
 Patient Name(s) _____
 Cardholder Name _____
 Cardholder Address _____

3. Insurance Cards

Type of Item: Insurance

Category: ID Card

4. Photo ID

Type of Item: Patient Misc.

Category: Parent ID

5. Parental Consent Form

Type of Item: New Patient

Category: Parental Consent

The screenshot shows a Microsoft Word window with the following content:

Ivy Pediatrics
Infant, Child, & Adolescent Medicine

Parental Consent Form

I, _____, give consent for my child, _____
date of birth, _____ to receive medical care by the physicians, nurses,
and staff of Ivy Pediatrics on (date) _____

The person(s) authorized to bring my child is (are) _____

The following are the concerns that I have about my child that I would like to be
addressed at today's visit:

6. Referral Authorizations

Type of Item: Patient Misc.

Category: Insurance Authoriz

7. Letters from Patient Allowing another Person to Bring Patient

Type of Item: Patient Misc.

Category: Consent to Bring PT

8. Developmental Questionnaires

Type of Item: Chart

Category: TYPE IN name of questionnaire

Ex/ ASQ- 30 Month, Postnatal Depression Scale, KADS-6

9. Letters from other Doctors

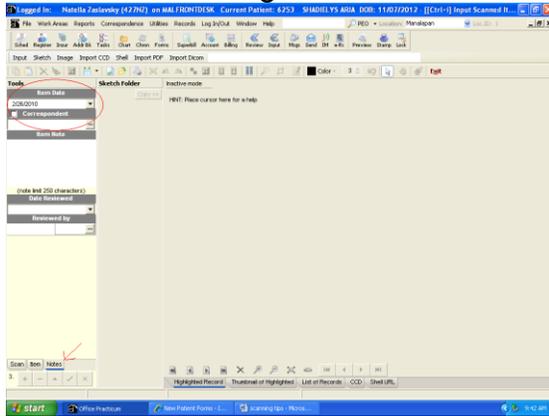
Type of Item: Referral Letter

Category: TYPE IN what kind of doctor the letter is from

Ex/ ENT, Ophthalmology, Orthopedic, Urology, etc.

10. Charts from other Practices

- Organize the chart by separating diagnostic tests, referral letters, chart notes, growth charts, and immunization records.
- Scan the diagnostic tests like you usually would BUT change the date!
- To change the date, click the notes tab on the bottom. At the top you will see "Item Date". Change the date to reflect when the test was performed.



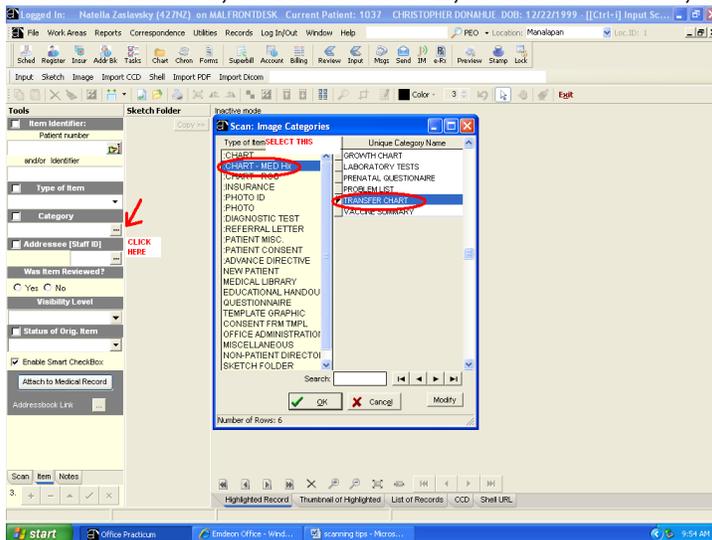
- Scan the referral letters like you usually would BUT change the date!
- For the chart notes:

Type of Item: Chart

Category: Transfer Chart

* Click the three dots after category. On the left hand side menu select CHART-MED Hx. On the right hand side select Transfer Chart.

* Do NOT put too many pages in the transfer chart. If there is a lot of papers create multiple "transfer charts". Input about 10 pages at a time and label each transfer chart 1, transfer chart 2, transfer chart 3, etc.



- For the growth charts:

Type of Item: Chart

Category: Growth Charts

* Follow the directions on how to input a transfer chart but instead select growth charts.

* It is ok to put all the growth charts together.

- For the immunization records:

Type of Item: Chart

Category: Vaccine Summary

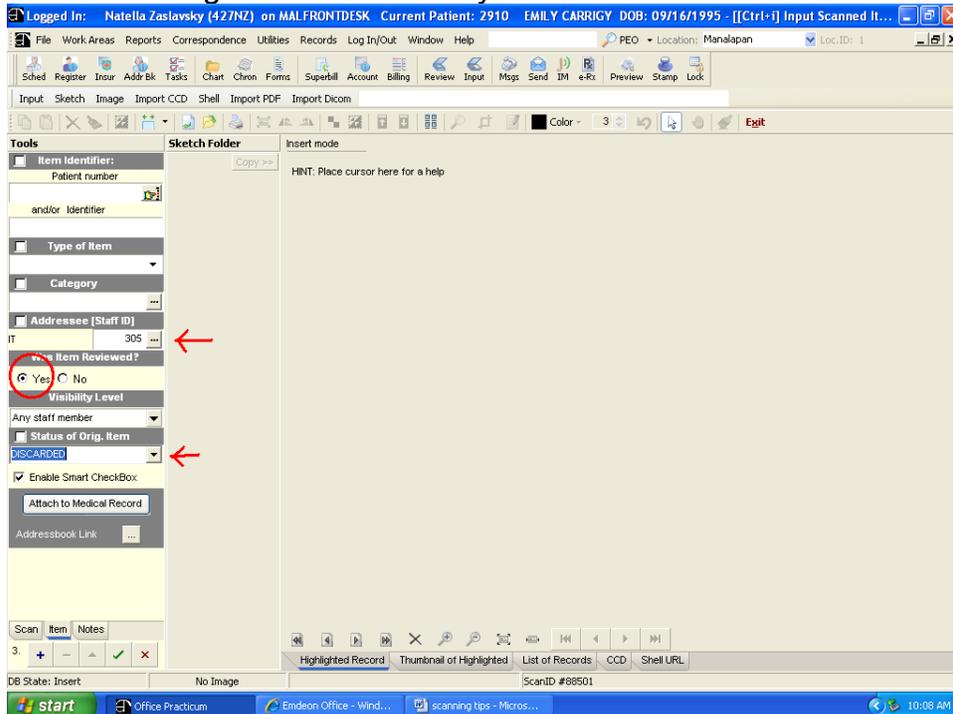
* Follow the directions on how to input a transfer chart but instead select vaccine summary.

Extra Tips:

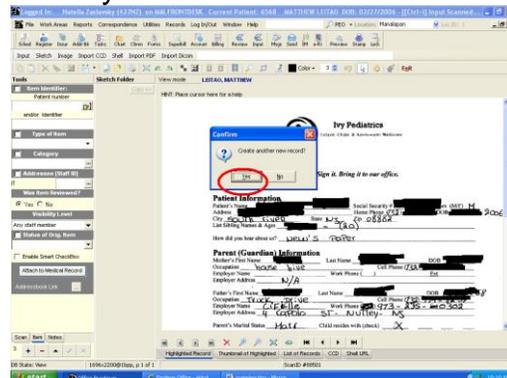
- Addressee should always be selected as Dr. Trogan.

- Make sure to click “YES” under item is reviewed.

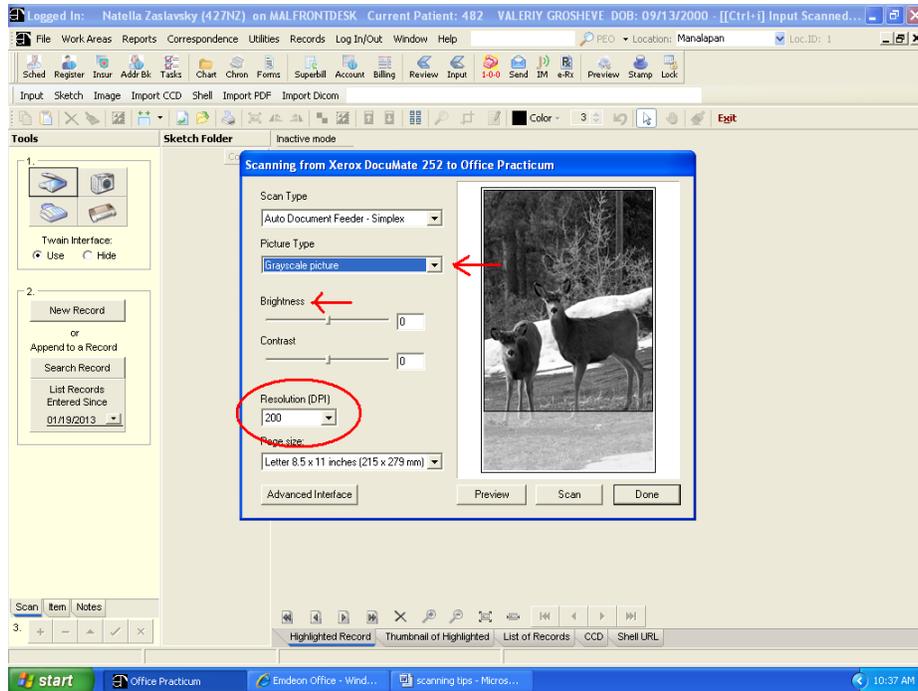
- Status of Orig. Item should always be selected as “DISCARDED”.



- When the system asks if you want to create a new item – hit yes!



- Change the brightness when scanning colored paper.
- When scanning credit cards, photo IDs, etc change to grayscale picture.
- Make sure resolution is always selected as 150 dpi or higher.



BEFORE SHREDDING SCANNED DOCUMENTS, ANOTHER MA NEEDS TO VERIFY THAT THE SCANNED DOCUMENTS WERE SCANNED IN THE RIGHT CHART, UNDER THE RIGHT SECTION AND THAT IT IS READABLE. ONCE YOU SHRED THE DOCUMENTS OR MISFILE THEM UNDER A WRONG PATIENT, THEY ARE GONE FOREVER!