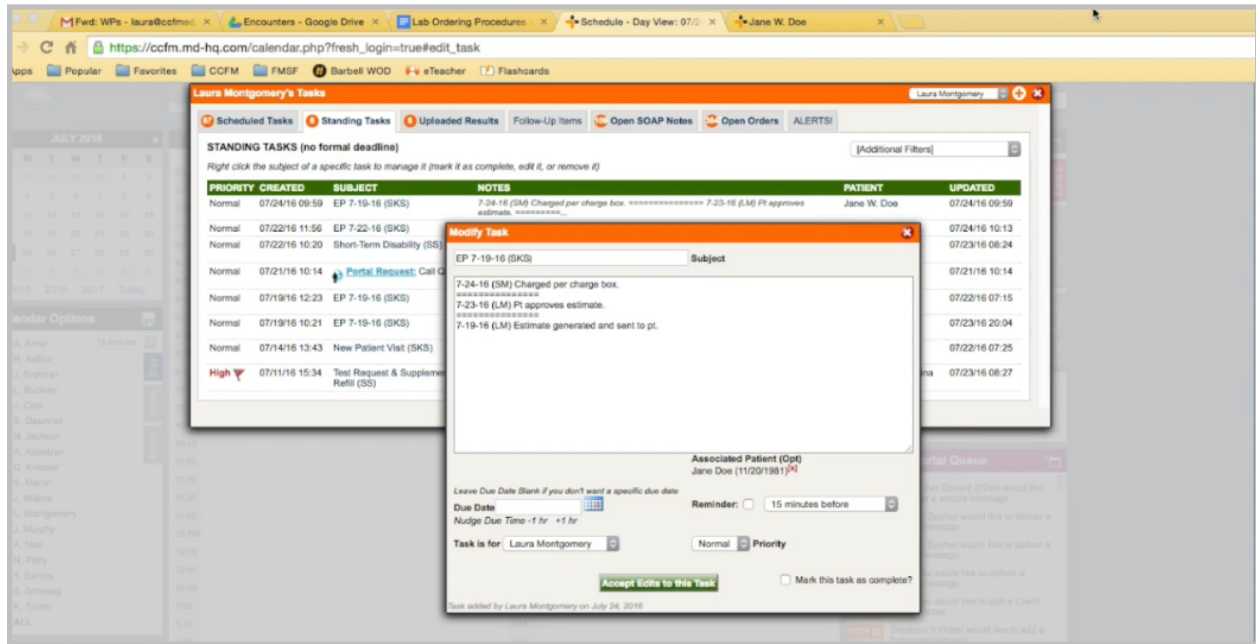
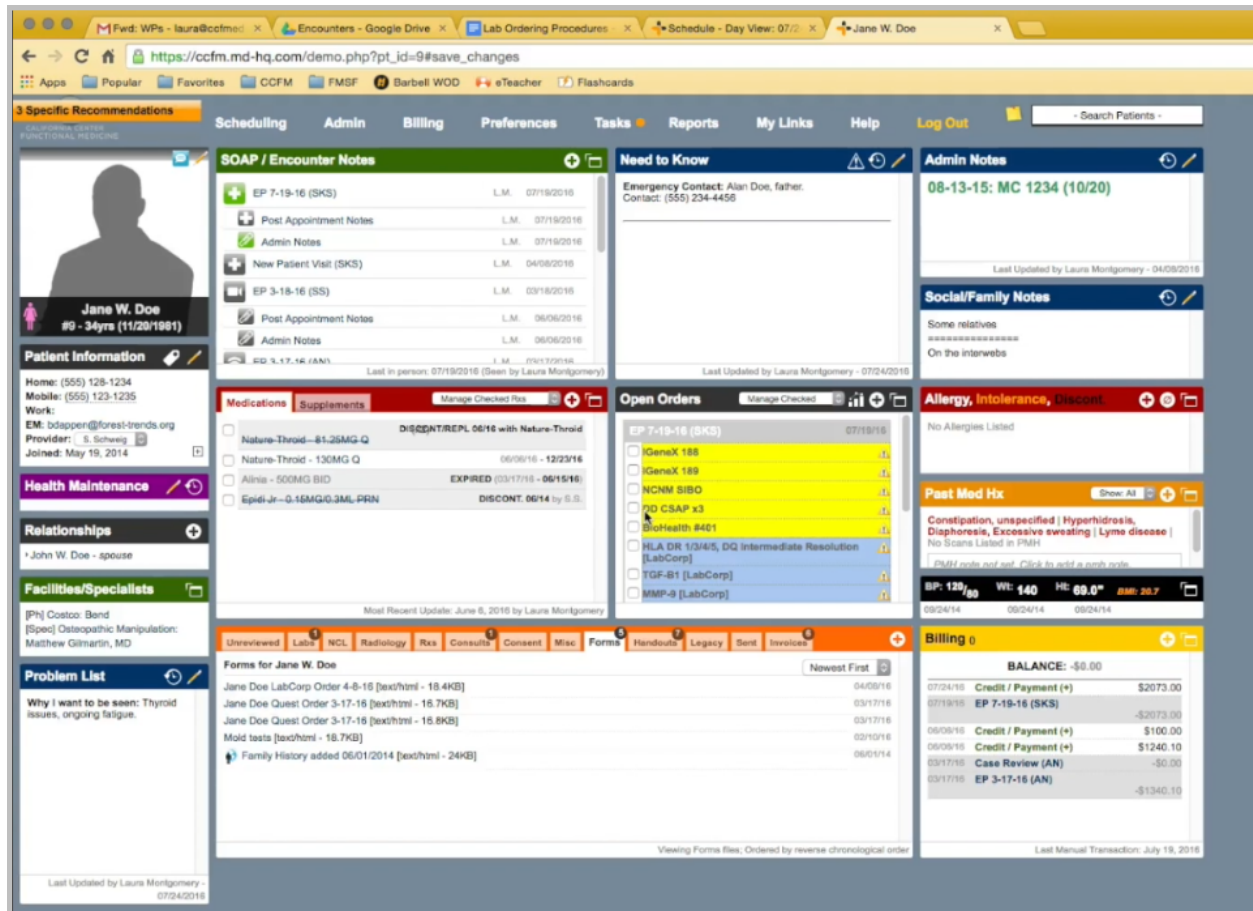


Back-end Systems: Using the EHR: Part Nine - Process Lab Orders



This is to document some of the lab ordering procedures for when you process encounters that have Plan items. Once admin staff receives the task back from Billing letting us know it has been charged, you click to open the patient's chart.



The screenshot displays the Kresser Institute patient portal for Jane W. Doe. The interface is organized into several sections:

- SOAP / Encounter Notes:** Lists various notes including EP 7-19-16 (SKS), Post Appointment Notes, Admin Notes, New Patient Visit (SKS), EP 3-18-16 (SS), Post Appointment Notes, and Admin Notes.
- Medications:** Lists medications such as Nature-Throid, Alinia, and Epidol.
- Open Orders:** A section for managing test orders, including iGeneX 185, iGeneX 189, NCNM SIBO, PD CSAP v3, BioHealth 84C1, HLA DR 1/3/4/5, DQ Intermediate Resolution, TGF-B1, and MMP-9.
- Billing:** Shows a balance of -\$0.00 and a list of payments, including EP 7-19-16 (SKS) for -\$2073.00 and EP 3-17-16 (AN) for -\$1340.19.

It's a good idea to review the admin notes one more time just to make sure that the patient did approve all the testing that is listed in the Open Orders Box. In this case, she did, so there is nothing that I need to worry about. If there was a test that had been declined, I would want to make sure that I am not ordering that test.

There are several different test ordering procedures that will be followed. After the appointment, she was already given a Quest requisition. If you'd like, you can click on Forms just to double-check that the Quest order from 07/19 is there.

https://ccfm.md-hq.com/demo.php?pt_id=9#save_changes

Apps Popular Favorites CCFM FMSF Barbell WOD eTeacher Flashboards

Specific Recommendations **Scheduling** **Admin** **Billing**

SOAP / Encounter Notes

EP 7-19-16 (SKS)

Post Appointment Notes

Admin Notes

New Patient Visit (SKS)

EP 3-18-16 (SS)

Post Appointment Notes

Admin Notes

ED, S, L, T, M, J, ANS Last in person: 07/19/2016

Medications **Supplements** **Manage On**

☐ Nature-Throid - 81.25MG Q

☐ Nature-Throid - 130MG Q

☐ Amino - 500MG BID

☐ Epidol Jr. - 0.15MG/0.3ML PRN

Discontinue/Repl

Forms for Jane W. Doe

Quest Order 7-19-16 [text/html - 19.5KB]

Jane Doe LabCorp Order 4-8-16 [text/html - 18.4KB]

Jane Doe Quest Order 3-17-16 [text/html - 16.7KB]

Jane Doe Quest Order 3-17-16 [text/html - 16.8KB]

Mold tests [text/html - 16.7KB]

Family History added 06/01/2014 [text/html - 24KB]

Office Consult on July 19, 2016

ASSESSMENT DIAGNOSIS

Pin: Allergy to other foods (Z91.018 - ICD10)

Constipation, unspecified (K59.00 - ICD10)

Intestinal parasitem, unspecified (B62.9 - ICD10)

PLAN RX ORDERS/VACCINES

ORD iGeneX 188

ORD iGeneX 189

ORD NCNM SIBO

ORD DD CSAP x3

ORD BioHealth #401

ORD HLA DR 1/3/4/5, DQ Intermediate Resolution [LabCorp]

ORD TGF-β1 [LabCorp]

ORD MMP-9 [LabCorp]

ORD ACA (IgA, IgG, IgM), Quant [LabCorp]

ORD ADH and Osmolality [LabCorp]

ORD MSH [LabCorp]

ORD Vascular Endothelial Growth Factor [Quest]

ORD C4a [Quest - Nat'l Jewish Labs]

ORD ACTH [Quest]

ORD Cortisol, AM [Quest]

ORD MARCoHS Nasal Swab

CHARGES / PAYMENTS

FIU 45 Minutes (Office-SS)	\$295.00
iGeneX 188	\$155.00
iGeneX 189	\$155.00
NCNM SIBO	\$230.00
DD CSAP x3	\$345.00
BioHealth #401	\$222.00
HLA DR 1/3/4/5, DQ Intermediate Resolution [LabCorp]	\$1195.00
TGF-β1 [LabCorp]	\$99.00
MMP-9 [LabCorp]	\$59.00
ACA (IgA, IgG, IgM), Quant [LabCorp]	\$149.00
ADH and Osmolality [LabCorp]	\$79.00
MSH [LabCorp]	\$79.00
Venipuncture	\$7.00
Credit / Payment (+)	-\$2073.00
BALANCE:	-\$5.00

Significant updates since your last appointment:

Moving into month 4 of Buhner Protocol. Overall still feeling the same: low energy, lethargy, headaches, poor sleep, brain fog, histamine issues, gut issues. After about 2 and 1/2 months on protocol, I felt like I was feeling slightly better. The night sweats stopped. I was sleeping a bit better. My gut seemed less problematic. Maybe less brain fog. But in beginning of July, I started feeling crappy again. I'm noticing that I feel the worst on days 20-30 of my menstrual cycle. Very poor sleep and agitated. Feels like histamine stuff, but who knows? Maybe driven by estrogen??? I also started taking the Bolouke Lumbrokinase in the beginning of July so not sure if that has made me feel worse.

Overall, I am feeling discouraged about my health. I'm tired all of the time and don't feel like doing much many days. I work so hard to get healthy. All of the pills. The healthy diet. Avoiding histamine foods. Avoiding FODMAP foods. I do coffee enemas. I avoid overdoing it. But I'm still feeling crappy. It's disheartening. I just want my life back.

Quest 6-17-16
7/6/2016 (LAC)
MYCOPLASMA PNEUMONIAE ANTIBODY (IGG) 1.41 H
MYCOPLASMA PNEUMONIAE ANTIBODY (IGM) 337
PARATHYROID HORMONE, INTACT 82 H
CALCIUM 8.8
B. henselae IgG Abs <1.64
B. henselae IgM Abs <1.20
B. quintana IgG Abs <1.64
B. quintana IgM Abs <1.20
VITAMIN D, 25-OH, TOTAL, IA 26 L
VITAMIN D, 1,25 (OH)₂ TOTAL 61 1
VITAMIN D3, 1,25 (OH)₂ 61
VITAMIN D2, 1,25 (OH)₂ <8

A:

Lyme

Suspected Babesia, sweats

SIBO

Histamine intolerance

Elevated PTH, low Vit D, Ni Ca2+

P:

Given the elevated parathyroid hormone, I suggest that you start taking higher dose vitamin D, 10,000 per day for the next six weeks. Also, start taking a food-based calcium supplement, 500-750 mg daily.

In about six weeks, let's recheck the parathyroid hormone, calcium levels, metabolic panel, as well as a 24-hour urine calcium.

If these levels are still abnormal, I would like you to see an endocrinologist for additional evaluation. Furthermore, at the point we should consider doing a bone mineral density tests.

Relationships

John W. Doe - spouse

Facilities/Specialists

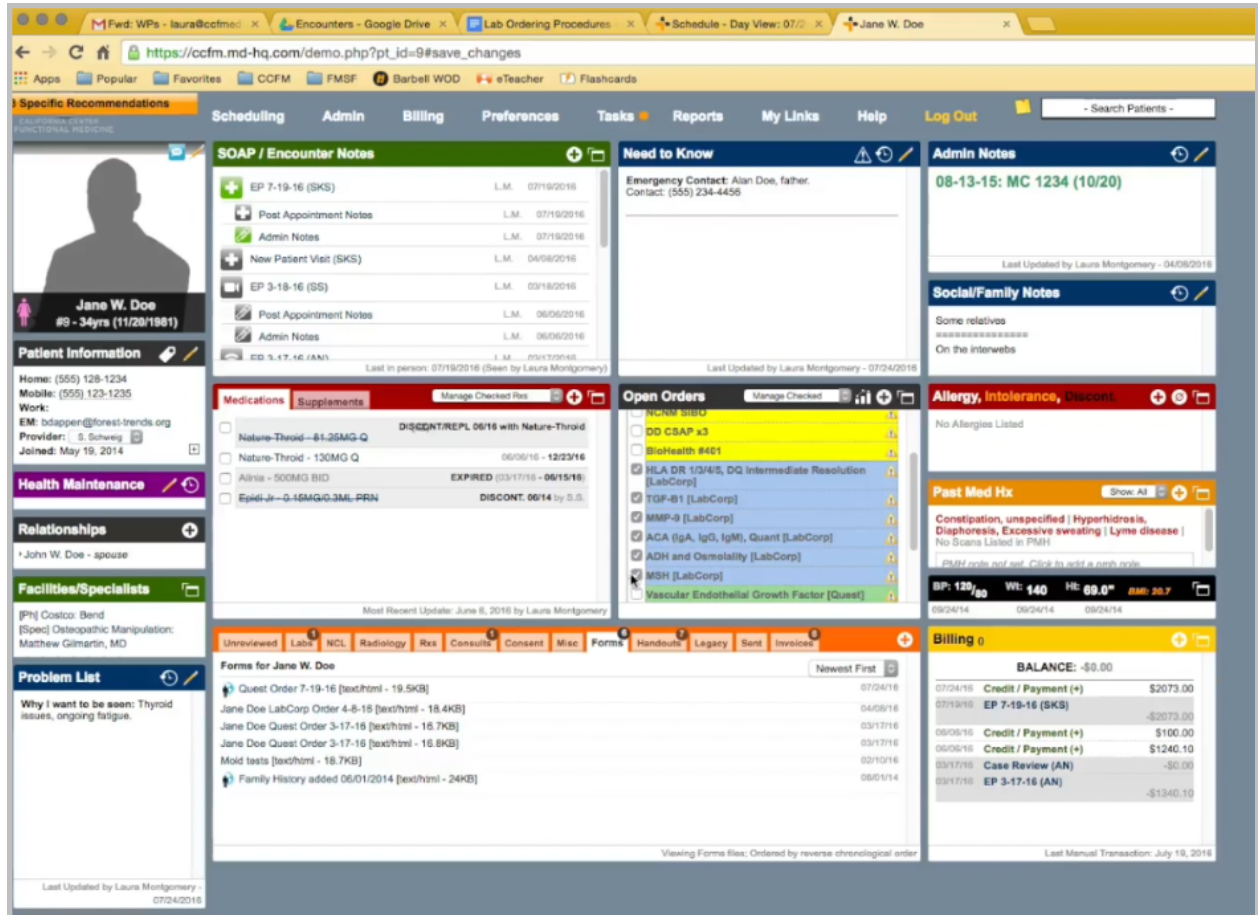
[Ph] Costello, Bend
[Spec] Osteopathic Manipulation:
Matthew Gilmarin, MD

Problem List

Why I want to be seen: Thyroid issues, ongoing fatigue.

Last Updated by Laura Montgomery - 07/24/2016

In this case, the patient paid us for LabCorp testing so that it could be ordered at a discount through Professional Co-op, so now I also need to create a LabCorp requisition.



The screenshot displays the Kresser Institute patient portal for Jane W. Doe. The interface is organized into several sections:

- SOAP / Encounter Notes:** Lists recent encounters and notes, including EP 7-19-16 (SKS), Post Appointment Notes, Admin Notes, and New Patient Visit (SKS).
- Need to Know:** Displays emergency contact information for Alan Doe, father, with contact number (555) 234-4456.
- Admin Notes:** Shows administrative notes, including MC 1234 (10/20).
- Patient Information:** Provides basic patient details, including home and mobile phone numbers, work email, and provider information.
- Medications:** Lists current medications, including Nature-Throid, Atrialia, and EpiPen, with their respective dosages and expiration dates.
- Open Orders:** A section for pending lab orders, featuring a list of tests with checkboxes for selection. The tests include:
 - NCNM SIBO
 - DD CSAP s3
 - BioHealth #401
 - HLA DR 1/2/4/5, DQ Intermediate Resolution [LabCorp]
 - TGF-β1 [LabCorp]
 - MMP-9 [LabCorp]
 - ACA (IgA, IgG, IgM), Quant [LabCorp]
 - ADH and Osmolality [LabCorp]
 - MSH [LabCorp]
 - Vascular Endothelial Growth Factor [Quest]
- Allergy, Intolerance, Disorders:** Lists allergies and disorders, including Constipation, unspecified; Hyperhidrosis; Diaphoresis, Excessive sweating; and Lyme disease.
- Health Maintenance:** Displays health maintenance tasks, including expired and discontinued medications.
- Relationships:** Shows the patient's relationship with John W. Doe as a spouse.
- Facilities/Specialists:** Lists the patient's current facilities and specialists, including [PH] Costco, Bend; [Spec] Osteopathic Manipulation; and Matthew Gilman, MD.
- Past Med Hx:** Provides a history of past medical conditions, including Constipation, unspecified; Hyperhidrosis; Diaphoresis, Excessive sweating; and Lyme disease.
- Problem List:** Lists the patient's current problems, including Why I want to be seen: Thyroid issues, ongoing fatigue.
- Billing:** Displays the patient's current balance and a list of recent billing transactions, including credit and payment entries.

To do that, I just checkmark every LabCorp marker, and click Faxeable Form.

Drive x Lab Ordering Procedures x Schedule - Day View: 07/24 x Jane W. Doe x Imaging/Procedure Order x

s/pt_order_tests.php?&order_ids=27314%7C27315%7C27316%7C27318%7C27321%7C27322%7C&msg=0&&provider_id=89

Barbell WOD eTeacher Flashcards

ORDERS (CPT) Order Date: 07/24/2016

TO:	FROM:
	California Center for Functional Medicine Sunjya Schweig M.D. (NPI:1114113883) 2414 Ashby Ave Ste 201 Berkeley, 94705 CA Tel: (510) 849-6500 Fax: (510) 849-6501

E-Sign'd: 07/24/16 (#0008606-4898)

Patient Info	Patient Address	Insurance & Payment
Name: Jane W. Doe DOB: November 20, 1981 Sex: F Phone: (555) 123-1235	5222 West Elm Everett, WA 98203	Group #: ID #: Insurance Phone:

Notes

Patient: This is a FASTING lab. No food for 12-14 hours prior to the draw, but drink plenty of water.

LabCorp account number for all clinicians: 04353985.
LabCorp account number to be billed through Professional Co-Op: 09149190.
Quest account number for Amy Nett: 60276641.
Quest account number for Chris Kresser: 60276733.
Quest account number for Sunjya Schweig: 60276641.

Procedure(s) Requested

- **HLA DR 1/3/4/5, DQ Intermediate Resolution [LabCorp] CPT: 81375** >
LabCorp test number 167120
- **TGF-B1 [LabCorp] CPT: 83520** > LabCorp test number 905036
Note to patient: Please have your blood drawn Monday-Friday for this test.
- **MMP-9 [LabCorp] CPT: 83520** > LabCorp test number 500124
Note to patient: Please have your blood drawn Monday-Friday for this test.
- **ACA (IgA, IgG, IgM), Quant [LabCorp] CPT: 86147 x3** > LabCorp test number 161950
- **ADH and Osmolality [LabCorp] CPT: 83930, 84588** > LabCorp test number 046557
- **MSH [LabCorp] CPT: 83519** > LabCorp test number 010421
Note to patient: This test requires a special kit that not all LabCorps stock on hand. It's recommended to call your local draw station to confirm they have this kit before you go in for your blood draw.

Reason for Procedures (Dx Codes)

Z91.018: Allergy to other foods (ICD10), K59.00: Constipation, unspecified (ICD10), B82.9: Intestinal parasitism, unspecified (ICD10).

The PHI (Personal Health Information) contained in this message is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of law and will be reported as such. If you have received this message in error, please contact our office immediately, thank you.

Make sure the clinician of record for the appointment is selected. I'm just going to review this for a little bit of information. If I see an "F" listed at the end of any test name, that means the test is fasting, so I need to make sure to leave this note on there for the patient. None of these are fasting, so I'll remove that.

These pink notes here that are notes to patient need to stay on there so the patient can follow those instructions for the tests.

Google Drive x Lab Ordering Procedures x Schedule - Day View: 07/2 x Jane W. Doe x Imaging/Procedure Order x

forms/pt_order_tests.php?&order_ids=27314%7C27315%7C27316%7C27318%7C27321%7C27322%7C&msg=0&&provider_id=89

Barbell WOD eTeacher Flashcards

ORDERS (CPT) Order Date: 07/24/2016

TO	FROM:	
	California Center for Functional Medicine Suniya Schweig M.D. (NPI: 1114113883) 2414 Ashby Ave Ste 201 Berkeley, 94705 CA Tel: (510) 849-6500 Fax: (510) 849-6501	
E-Sign'd: 07/24/16 (#0008606-4898)		

Patient Info	Patient Address	Insurance & Payment
Name: Jane W. Doe DOB: November 20, 1981 Sex: F Phone: (555) 123-1235	5222 West Elm Everett, WA 98203	Group #: ID #: Insurance Phone:

Notes

Patient: This is a FASTING lab. No food for 12-14 hours prior to the draw, but drink plenty of water.
 LabCorp account number for all clinicians: 04353985.
 LabCorp account number to be billed through Professional Co-Op: 09149190.
 Quest account number for Amy Nett: 60276641.
 Quest account number for Chris Kresser: 60276733.
 Quest account number for Suniya Schweig: 60276641

Apply Cancel

- **TGF-B1 [LabCorp] CPT: 83520** > LabCorp test number 905036
Note to patient: Please have your blood drawn Monday-Friday for this test.
- **MMP-9 [LabCorp] CPT: 83520** > LabCorp test number 500124
Note to patient: Please have your blood drawn Monday-Friday for this test.
- **ACA (IgA, IgG, IgM), Quant [LabCorp] CPT: 86147 x3** > LabCorp test number 161950
- **ADH and Osmolality [LabCorp] CPT: 83930, 84588** > LabCorp test number 046557
- **MSH [LabCorp] CPT: 83519** > LabCorp test number 010421
Note to patient: This test requires a special kit that not all LabCorps stock on hand. It's recommended to call your local draw station to confirm they have this kit before you go in for your blood draw.

Reason for Procedures (Dx Codes)

Z91.018: Allergy to other foods (ICD10), K59.00: Constipation, unspecified (ICD10), B82.9: Intestinal parasitism, unspecified (ICD10).

The PHI (Personal Health Information) contained in this message is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of law and will be reported as such. If you have received this message in error, please contact our office immediately, thank you.

Then, I just need to make sure to remove the account numbers that do not apply. In this case, the patient doesn't fast, and I'll remove that. It's a LabCorp test going to Professional Co-op.

Lab Ordering Procedures | Schedule - Day View: 07/2 | Jane W. Doe | Imaging/Procedure Order

der_tests.php?&order_ids=27314%7C27315%7C27316%7C27318%7C27321%7C27322%7C&msg=0&&provider_id=89

MOD | eTeacher | Flashboards

FUNCTIONAL MEDICINE
www.ccfmed.com


Order Date: 07/24/2016

ORDERS (CPT)

TO

FROM:

California Center for Functional Medicine
 Suniya Schweig M.D. (NPI: 1114113863)
 2414 Ashby Ave Ste 201
 Berkeley, 94705 CA
 Tel: (510) 849-6500
 Fax: (510) 849-6501



E-Sign'd: 07.24.16 (#0008606-4898)

Patient Info

Patient Address

Insurance & Payment

Name: Jane W. Doe
DOB: November 20, 1981
Sex: F
Phone: (555) 123-1235

5222 West Elm
 Everett, WA 98203

Notes

LabCorp account number to be billed through Professional Co-Op: 09149190

Apply
Cancel

Procedure(s) Requested

- HLA DR 1/3/4/5, DQ Intermediate Resolution [LabCorp] CPT: 81375** > LabCorp test number 167120
- TGF-B1 [LabCorp] CPT: 83520** > LabCorp test number 905036
Note to patient: Please have your blood drawn Monday-Friday for this test.
- MMP-9 [LabCorp] CPT: 83520** > LabCorp test number 500124
Note to patient: Please have your blood drawn Monday-Friday for this test.
- ACA (IgA, IgG, IgM), Quant [LabCorp] CPT: 86147 x3** > LabCorp test number 161950
- ADH and Osmolality [LabCorp] CPT: 83930, 84588** > LabCorp test number 046557
- MSH [LabCorp] CPT: 83519** > LabCorp test number 010421
Note to patient: This test requires a special kit that not all LabCorps stock on hand. It's recommended to call your local draw station to confirm they have this kit before you go in for your blood draw.

Reason for Procedures (Dx Codes)

Z91.018: Allergy to other foods (ICD10), K59.00: Constipation, unspecified (ICD10), B82.9: Intestinal parasitism, unspecified (ICD10).

The PHI (Personal Health Information) contained in this message is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of law and will be reported as such. If you have received this message in error, please contact our office immediately, thank you.

We do try to make this a little bit bigger just to make that stand out to LabCorp. I also like to put it up here in this Insurance and Payment Box. They tend to miss it sometimes.

Drive x Lab Ordering Procedures x Schedule - Day View: 07/24 x Jane W. Doe x Imaging/Procedure Order x

s/pt_order_tests.php?&order_ids=27314%7C27315%7C27316%7C27318%7C27321%7C27322%7C&msg=0&&provider_id=89#save_form

Barbell WOD eTeacher Flashcards

At least one of the patient's preferred facilities (it may have been deleted)
One of the patient's preferred facilities (specialists: Matthew Gilmartin, MD) has no valid fax number and so it is not automatically listed as a fax location

PRINT FORM SEND AS FAX SAVE FORM Suniya Schweig


Document Save Options

Note: If you send this message via fax it will also be saved under the "Sent Faxes" tab under the patient's documents, so there is no need to save an additional copy.

Title*: LabCorp Order 7-19-16 Tab to save to*: Forms Attach to Note: Do not attach Allow Pt to view in portal? ☒ (yes)

Save to Pt Chart

Fax will be sent to: Select a Laboratory (Must be in the US and cannot include country code)




CALIFORNIA CENTER FOR
FUNCTIONAL MEDICINE
www.ccfmed.com

California Center for Functional Medicine
2414 Ashby Ave Ste 201
Berkeley, CA 94705
Tel: (510) 849-6500
Fax: (510) 849-6501

Order Date: 07/24/2016

ORDERS (CPT)

TO	FROM:
	<p>California Center for Functional Medicine Suniya Schweig M.D. (NPI:1114113883) 2414 Ashby Ave Ste 201 Berkeley, 94705 CA Tel: (510) 849-6500 Fax: (510) 849-6501</p> <p></p> <p>E-Sign'd: 07/24/16 (#0008606-4898)</p>

Patient Info	Patient Address	Insurance & Payment
<p>Name: Jane W. Doe DOB: November 20, 1981 Sex: F Phone: (555) 123-1235</p>	<p>5222 West Elm Everett, WA 98203</p>	<p>To be billed through Professional Co-Op: 09149190</p>

Notes

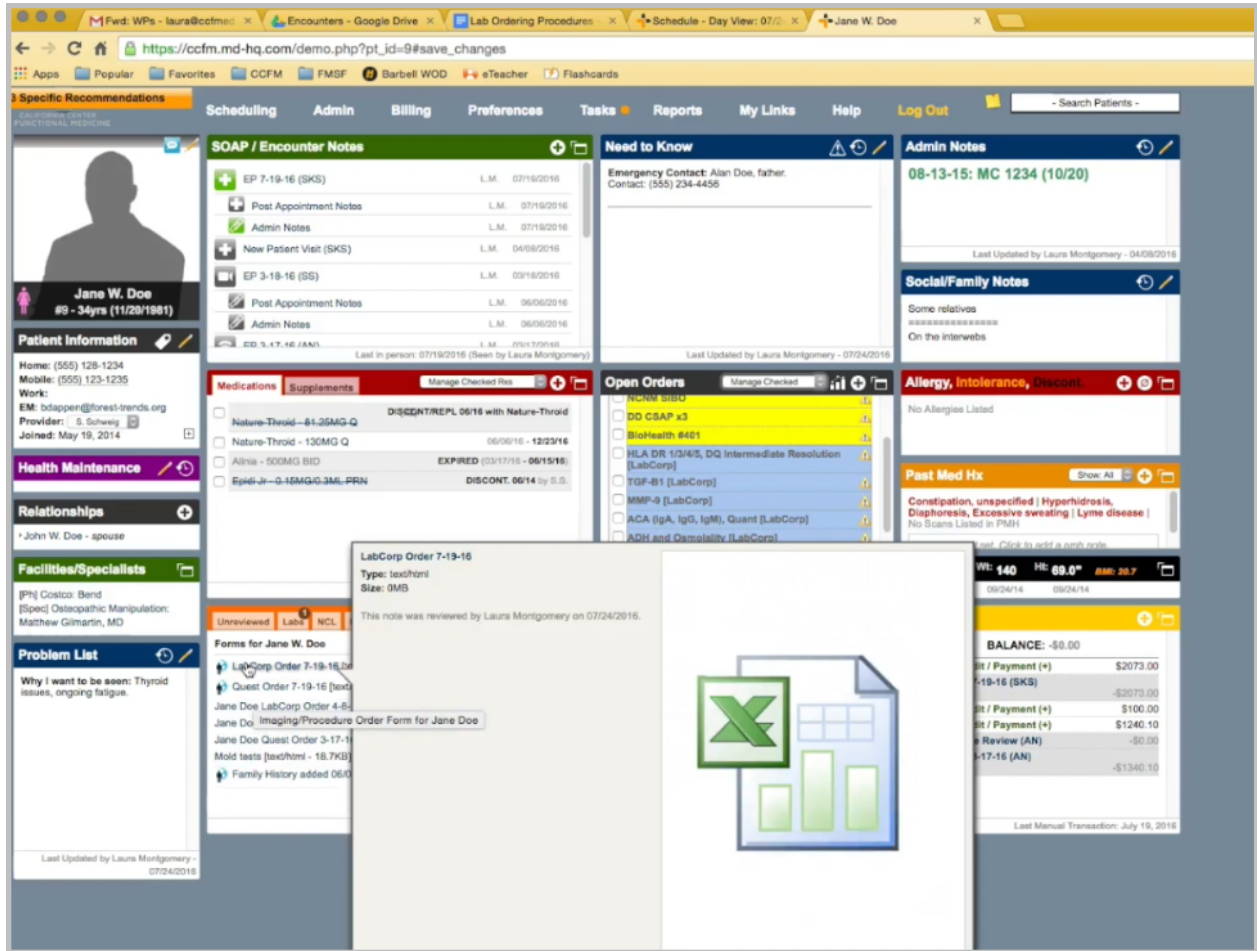
LabCorp account number to be billed through Professional Co-Op: 09149190.

Procedure(s) Requested

- HLA DR 1/3/4/5, DQ Intermediate Resolution [LabCorp] CPT: 81375 >

LabCorp test number 167120

Now, I'll just save the form: LabCorp order, the date of the encounter, Save to Forms, and visible to the portal.

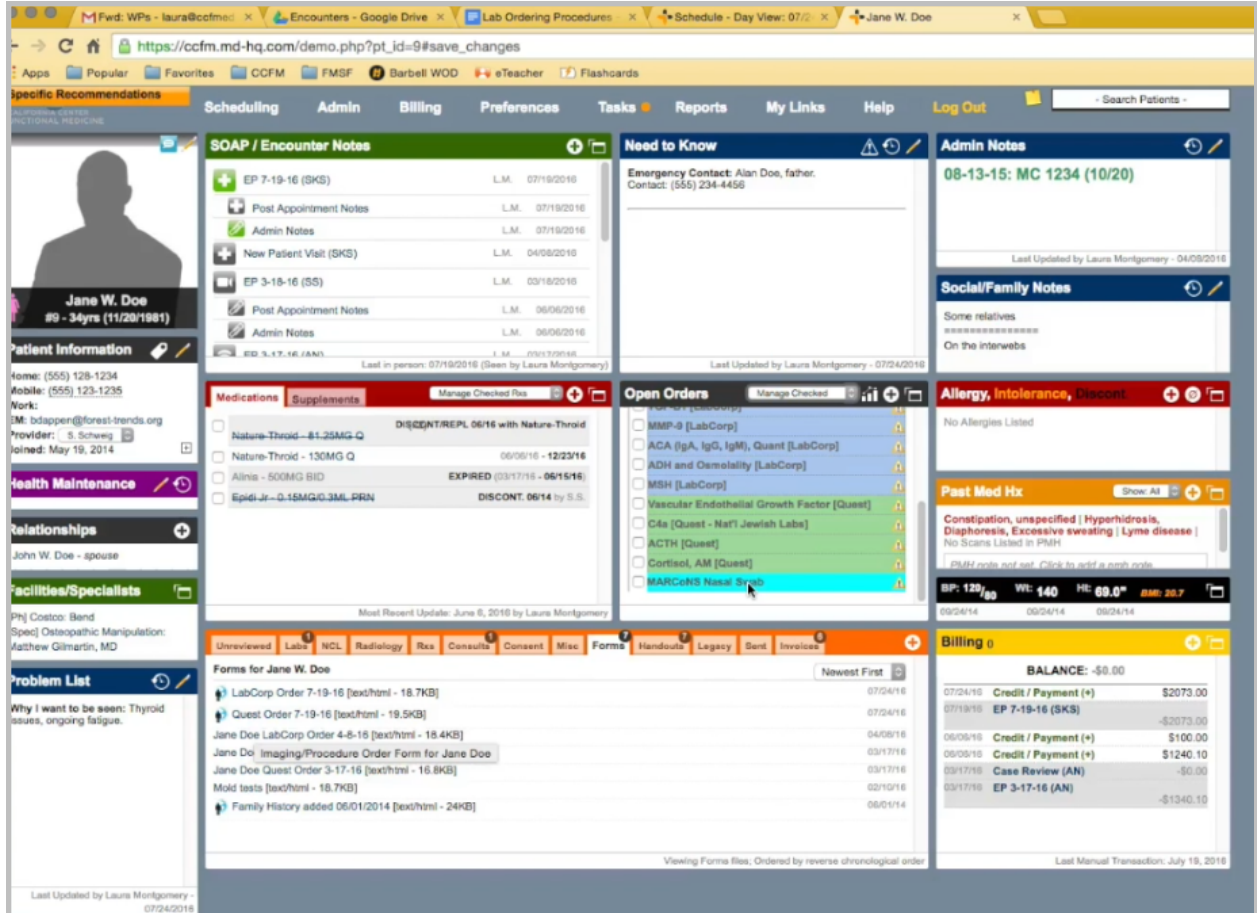


The screenshot displays a medical software interface for a patient named Jane W. Doe. The interface is divided into several sections:

- Left Sidebar:** Contains patient information (Jane W. Doe, #9 - 34yrs (11/29/1981)), health maintenance, relationships, facilities/specialists, and a problem list.
- Top Navigation:** Includes tabs for Specific Recommendations, Scheduling, Admin, Billing, Preferences, Tasks, Reports, My Links, Help, and Log Out.
- Main Content Area:**
 - SOAP / Encounter Notes:** Lists various notes and appointments.
 - Medications:** Shows a list of medications with checkboxes for status.
 - Open Orders:** Displays a list of lab orders, including a 'LabCorp Order 7-19-16' which is highlighted.
 - Need to Know:** Contains emergency contact information.
 - Admin Notes:** Shows administrative notes and updates.
 - Social/Family Notes:** Contains social and family history notes.
 - Allergy, Intolerance, Discomfort:** Lists allergies and intolerances.
 - Past Med Hx:** Shows a list of past medical history.

A modal window is open in the center, displaying a 'LabCorp Order 7-19-16' form. The form includes a green 'X' icon and a list of items to be ordered. The background interface shows that the patient has a Quest requisition and a LabCorp requisition.

Okay, so now she has a Quest requisition and a LabCorp requisition.



The screenshot shows a patient's medical record for Jane W. Doe. The interface includes a sidebar with patient information, a main content area with various medical notes and orders, and a right sidebar with administrative and billing information.

Patient Information:
 Name: Jane W. Doe
 DOB: 11/29/1981
 Home: (555) 123-1234
 Mobile: (555) 123-1235
 Work: bdappen@forest-trends.org
 Provider: S. Schweg
 Joined: May 19, 2014

SOAP / Encounter Notes:
 EP 7-19-16 (SKS) L.M. 07/19/2016
 Post Appointment Notes L.M. 07/19/2016
 Admin Notes L.M. 07/19/2016
 New Patient Visit (SKS) L.M. 04/08/2016
 EP 3-18-16 (SS) L.M. 03/18/2016
 Post Appointment Notes L.M. 06/06/2016
 Admin Notes L.M. 06/06/2016

Medications:
 Discontinuation of Nature-Throid 6/16 with Nature-Throid
 Nature-Throid - 130MG Q
 Alinia - 500MG BID EXPIRED 03/17/16 - 06/15/16
 EpiDol Jr. - 0.15MG Q 3ML PRN DISCONT. 06/14 by S.S.

Open Orders:
 MMP-9 [LabCorp]
 ACA [IgA, IgG, IgM], Quant [LabCorp]
 ADH and Osmolality [LabCorp]
 MSH [LabCorp]
 Vascular Endothelial Growth Factor [Quest]
 C4a [Quest - Nat'l Jewish Labs]
 ACTH [Quest]
 Cortisol, AM [Quest]
 MARcONS Nasal Swab

Admin Notes:
 08-13-15: MC 1234 (10/20)
 Last Updated by Laura Montgomery - 04/09/2016

Social/Family Notes:
 Some relatives
 On the internet

Allergy, Intolerance, Discomfort:
 No Allergies Listed

Past Med Hx:
 Constipation, unspecified | Hyperhidrosis, Diaphoresis, Excessive sweating | Lyme disease
 No Scans Listed in PMH

Billing:
 BALANCE: -\$0.00
 07/24/16 Credit / Payment (+) \$2073.00
 07/19/16 EP 7-19-16 (SKS) -\$2073.00
 06/06/16 Credit / Payment (+) \$100.00
 06/06/16 Credit / Payment (+) \$1240.10
 03/17/16 Case Review (AN) -\$0.00
 03/17/16 EP 3-17-16 (AN) -\$1340.10

For the other testing, the MARcONS is blue like this because it is a test that we order for the patient, but the patient will pay when they get it.

ie Drive x Lab Ordering Procedures x Schedule - Day View: 07/2 x Jane W. Doe x Imaging/Procedure Order F x


ns/pt_order_tests.php?&order_ids=28899%7C&msg=0&&provider_id=89

Barbell WOD eTeacher Flashboards

At least one of the patient's preferred facilities (it may have been deleted)
One of the patient's preferred facilities (specialists: Matthew Gilmartin, MD) has no valid fax number and so it is not automatically listed as a fax location

PRINT FORM SEND AS FAX SAVE FORM Suniya Schweig


Fax will be sent to: Select a Laboratory (Must be in the US and cannot include country code)



**CALIFORNIA CENTER for
FUNCTIONAL MEDICINE**
www.ccfmed.com

California Center for Functional Medicine
2414 Ashby Ave Ste 201
Berkeley, CA 94705
Tel: (510) 849-6500
Fax: (510) 849-6501

ORDERS (CPT) Order Date: 07/24/2016

TO	FROM:
	<p>California Center for Functional Medicine Suniya Schweig M.D. (NPI: 1114113883) 2414 Ashby Ave Ste 201 Berkeley, 94705 CA Tel: (510) 849-6500 Fax: (510) 849-6501</p> <div style="text-align: right;">  E-Sign'd: 07.24.16 (#0008608-D964) </div>

Patient Info	Patient Address	Insurance & Payment
Name: Jane W. Doe DOB: November 20, 1981 Sex: F Phone: (555) 123-1235	5222 West Elm Everett, WA 98203	Group #: ID #: Insurance Phone:

Notes

Patient: This is a FASTING lab. No food for 12-14 hours prior to the draw, but drink plenty of water.

LabCorp account number for all clinicians: 04353985.
LabCorp account number to be billed through Professional Co-Op: 09149190.
Quest account number for Amy Nett: 60276641.
Quest account number for Chris Kresser: 60276733.
Quest account number for Suniya Schweig: 60276641.

Procedure(s) Requested

- **MARCoNS Nasal Swab CPT: 87070, 87181 >**
Please drop-ship one test kit to the patient noted above.

Reason for Procedures (Dx Codes)

Z91.018: Allergy to other foods (ICD10), K59.00: Constipation, unspecified (ICD10), B82.9: Intestinal parasitism, unspecified (ICD10).


The PHI (Personal Health Information) contained in this message is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of law and will be reported as such. If you have received this message in error, please contact our office immediately, thank you.

In this case, we just need to send the order in to the lab. Again, I pick the ordering clinician.

Lab Ordering Procedures x Schedule - Day View: 07/24/2016 x Jane W. Doe x Imaging/Procedure Order x

er_tests.php?&order_ids=28899%7C&msg=0&&provider_id=89

D eTeacher Flashcards




**CALIFORNIA CENTER for
FUNCTIONAL MEDICINE**
www.ccfmed.com

California Center for Functional Medicine
2414 Ashby Ave Ste 201
Berkeley, CA 94705
Tel: (510) 849-6500
Fax: (510) 849-6501

ORDERS (CPT)

Order Date: 07/24/2016

TO	FROM:
	<p>California Center for Functional Medicine Sunjya Schweig M.D. (NPI:1114113883) 2414 Ashby Ave Ste 201 Berkeley, 94705 CA Tel: (510) 849-6500 Fax: (510) 849-6501</p> <div style="text-align: right;">  E-Sign'd: 07.24.16 (#0008608-D964) </div>

Patient Info	Patient Address	Insurance & Payment
Name: Jane W. Doe DOB: November 20, 1981 Sex: F Phone: (555) 123-1235	5222 West Elm Everett, WA 98203	Group #: ID #: Insurance Phone:

Notes

Patient: This is a FASTING lab. No food for 12-14 hours prior to the draw, but drink plenty of water.

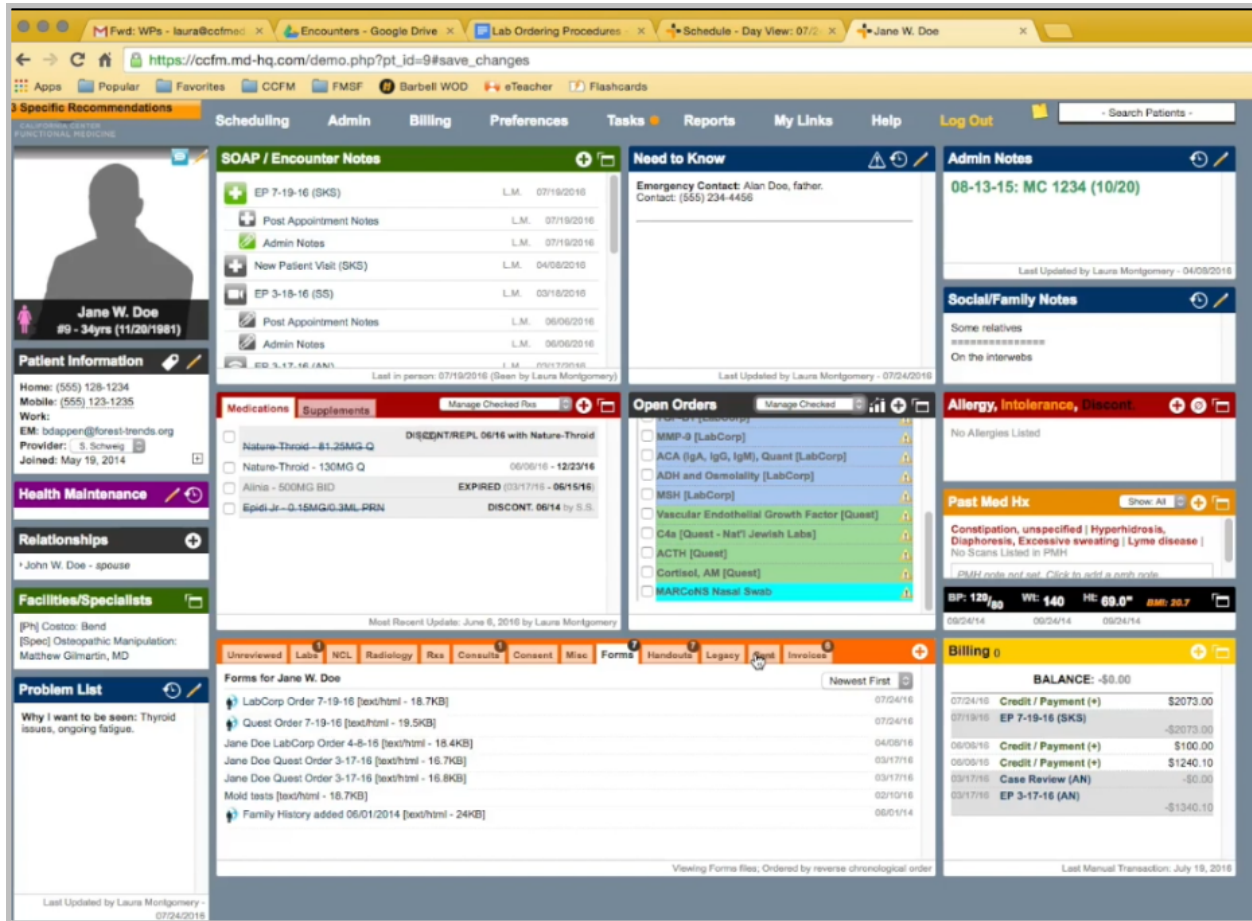
LabCorp account number for all clinicians: 04353985.
LabCorp account number to be billed through Professional Co-Op: 09149190.
Quest account number for Amy Nett: 60276641.
Quest account number for Chris Kresser: 60276733.
Quest account number for Sunjya Schweig: 60276641.

Reason for Procedures (Dx Codes)

Z91.018: Allergy to other foods (ICD10), K59.00: Constipation, unspecified (ICD10), B82.9: Intestinal parasitism, unspecified (ICD10).

The PHI (Personal Health Information) contained in this message is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of law and will be reported as such. If you have received this message in error, please contact our office immediately, thank you.

I'm going to remove all the notes here. This just asks the lab to dropship a kit to the patient. In this case, I don't need to save the form because the patient doesn't need this for any reason. I'll just click here to send as a fax. Type in their fax number, and click Send as Fax. As soon as a I do that, all I do is close the form.

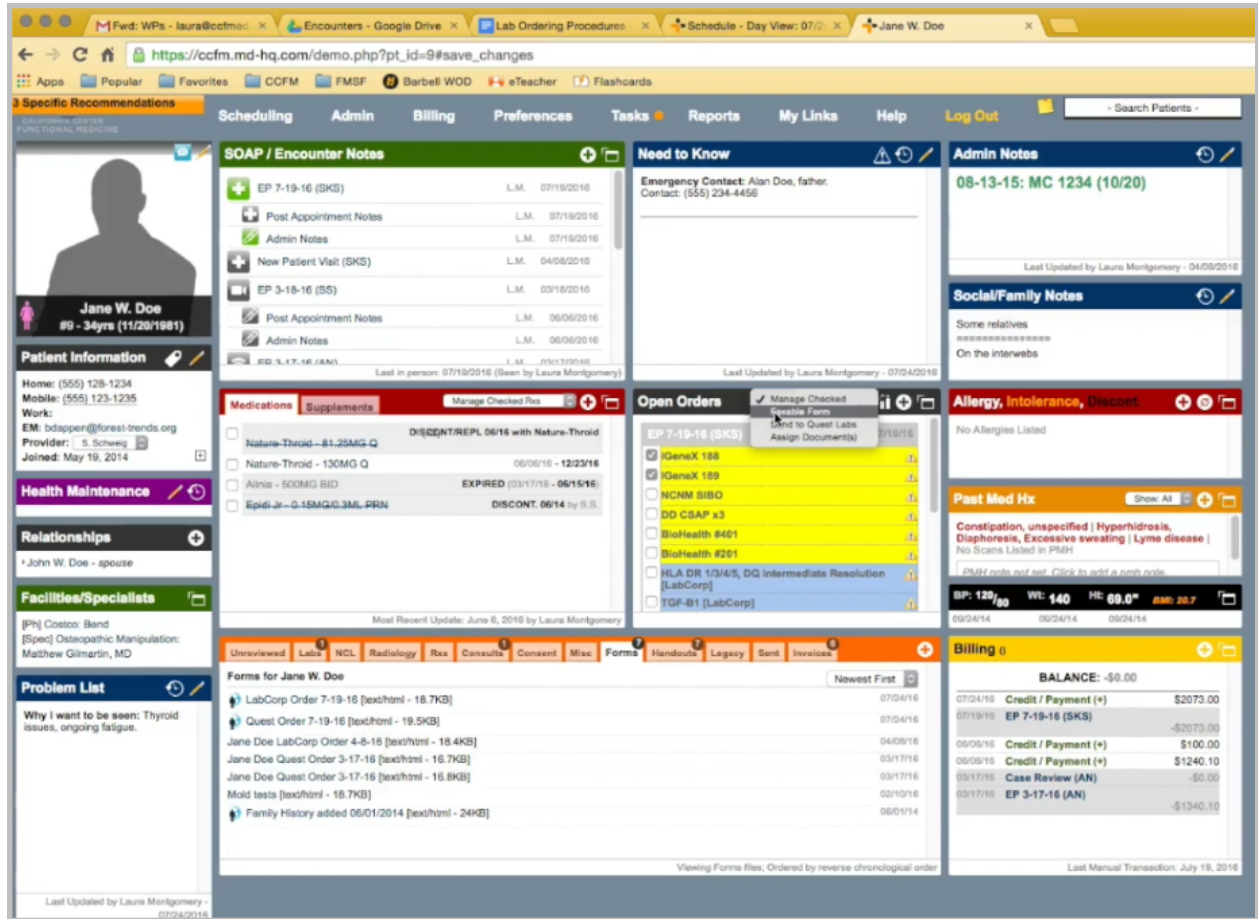


The screenshot displays the CCFM web application for patient Jane W. Doe. The interface includes a top navigation bar with tabs for Scheduling, Admin, Billing, Preferences, Tasks, Reports, My Links, Help, and Log Out. The main content area is divided into several sections:

- Patient Information:** Jane W. Doe, #9 - 34yrs (11/28/1981), Home: (555) 128-1234, Mobile: (555) 123-1235, Work: bdappen@forest-trends.org, Provider: S. Schweg, Joined: May 19, 2014.
- SOAP / Encounter Notes:** A list of notes including EP 7-19-16 (SKS), Post Appointment Notes, Admin Notes, New Patient Visit (SKS), EP 3-19-16 (SS), Post Appointment Notes, Admin Notes, and a note from Dr. S. Schweg dated 07/19/2016.
- Medications:** A list of medications including Nature-Throid - \$1.25MG Q, Nature-Throid - 130MG Q, Alinia - 500MG BID, and Epidol Jr - Q.15MG/Q.3ML PRN.
- Open Orders:** A list of lab orders including MMP-9 [LabCorp], ACA [IgA, IgG, IgM], Quant [LabCorp], ADH and Osmolality [LabCorp], MSH [LabCorp], Vascular Endothelial Growth Factor [Quest], C4a [Quest - Nat'l Jewish Labs], ACTH [Quest], Cortisol, AM [Quest], and MARCoNS Nasal Swab.
- Admin Notes:** A note dated 08-13-15: MC 1234 (10/20), last updated by Laura Montgomery on 04/09/2016.
- Social/Family Notes:** A note about relatives and internet use.
- Allergy, Intolerance, Discomfort:** No allergies listed.
- Past Med Hx:** Constipation, unspecified; Hyperhidrosis, Diaphoresis, Excessive sweating; Lyme disease; No scars listed in PMH.
- Billing:** A table showing transactions including credit payments and case reviews, with a balance of -\$0.00.
- Problem List:** Why I want to be seen: Thyroid issues, ongoing fatigue.

A copy of it will remain in the Sent tab here in case we need to confirm later if the order was actually placed or not.

For the remaining tests, there are a variety of orders that have to be done. For Igenex, we need to provide the patient with a requisition, which can be done through MD HQ, and we need to send something to Igenex so that they will send a test kit to the patient.



The screenshot displays a web-based patient portal for Jane W. Doe. The interface is organized into several sections:

- Left Sidebar:** Contains patient information (Jane W. Doe, 34 years old, born 11/28/1981), contact details (Home: (555) 128-1234, Mobile: (555) 123-1235), work email (EM: bdappen@forest-trends.org), provider (S. Schweng), and joined date (May 19, 2014). It also lists health maintenance, relationships (John W. Doe - spouse), facilities/specialists (JPH Costoro: Band, [Spec] Osteopathic Manipulation: Matthew Gilmartin, MD), and a problem list (Why I want to be seen: Thyroid issues, ongoing fatigue).
- Main Content Area:**
 - SOAP / Encounter Notes:** Lists several notes, including EP 7-19-16 (SKS), Post Appointment Notes, Admin Notes, and Now Patient Visit (SKS).
 - Medications:** Shows a list of medications, including Nature-Throid, Alinea, and Epidol, with their respective dosages and expiration dates.
 - Open Orders:** Displays a list of lab orders, including iGenex 188, iGenex 189, NCHM SIBO, DD CSAP x3, BioHealth #401, BioHealth #201, HLA DR 1/3/4/5, DQ Intermediate Resolution, and TGF-B1 (LabCorp).
 - Forms for Jane W. Doe:** Lists various forms, including LabCorp Order 7-19-16, Quest Order 7-19-16, Jane Doe LabCorp Order 4-8-16, Jane Doe Quest Order 3-17-16, Jane Doe Quest Order 3-17-16, Mold tests, and Family History added.
- Right Sidebar:**
 - Need to Know:** Emergency Contact: Alan Doe, father. Contact: (555) 234-4456.
 - Admin Notes:** 08-13-15: MC 1234 (10/20). Last Updated by Laura Montgomery - 04/09/2016.
 - Social/Family Notes:** Some relatives on the interwebs.
 - Allergy, Intolerance, Discont:** No Allergies Listed.
 - Past Med Hx:** Constipation, unspecified | Hyperhidrosis, Diaphoresis, Excessive sweating | Lyme disease | No Scans Listed in PMH.
 - Billing:** Shows a balance of -\$0.00 and a list of transactions, including credit payments and case reviews.

I'm going to check all the Igenex testing, create a faxable form. Again, choose the clinician of record. I want to delete the notes here.

Lab Ordering Procedures x Schedule - Day View: 07/22 x Jane W. Doe x Imaging/Procedure Order x


r_tests.php?&order_ids=28894%7C28895%7C&msg=0&&provider_id=89

Teacher Flashcards

FUNCTIONAL MEDICINE
www.ccfmed.com

ORDERS (CPT) Order Date: 07/24/2016

TO	FROM:
	California Center for Functional Medicine Sunjya Schweg M.D. (NPI:1114113883) 2414 Ashby Ave Ste 201 Berkeley, 94705 CA Tel: (510) 849-6500 Fax: (510) 849-6501


E-Sign'd: 07.24.16 (#0008610-C1D1)

Patient Info	Patient Address	Insurance & Payment
Name: Jane W. Doe DOB: November 20, 1981 Sex: F Phone: (555) 123-1235	5222 West Elm Everett, WA 98203	Group #: ID #: Insurance Phone:

Notes

Procedure(s) Requested

- **IGeneX 188 CPT: 86617 > Please drop-ship one test kit directly to the patient noted above. Please e-mail results to labresults@ccfmed.com.**
- **IGeneX 189 CPT: 86617 > Please drop-ship one test kit directly to the patient noted above. Please e-mail results to labresults@ccfmed.com.**

Reason for Procedures (Dx Codes)

Z91.018: Allergy to other foods (ICD10), K59.00: Constipation, unspecified (ICD10), B82.9: Intestinal parasitism, unspecified (ICD10).

The PHI (Personal Health Information) contained in this message is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of law and will be reported as such. If you have received this message in error, please contact our office immediately, thank you.

Both of these test orders are on here, so I'll just type in the Igenex fax number, and click Send as Fax.

For the remaining orders, there are a variety of ordering methods that have to be done here. NCNM SIBO has to be ordered from their website. We don't have to provide the patient with a requisition.

Lab Ordering Procedures - x Schedule - Day View: 07/2 x Jane W. Doe x

av7wxixapNYQI4ID77NqlZDHTxJVfQyW6A_SaUI4/edit

WOD eTeacher Flashcards

Help Last edit was 11 days ago

14 B I U A

6. Review the "Insurance & Payment" box and click to delete any information that populates there. It should always be blank/empty.
7. Review the "Notes" box and click to delete any information that populates there. It should always be blank/empty.
8. Review the tests listed in the "Procedures" box.
9. Click "send as fax" at the top.
10. Fax to (732) 658-5185.
11. Click "send as fax."
12. Close form (no need to provide to the patient's portal.) A copy of the order will remain in the Sent faxes tab.

NCNM Clinic:
(OK to ship to/from NY.)

1. Go to <http://sibocenter.com/product/payment/>
2. Click "add to cart" then "proceed to checkout."
3. Click "no, I will not bill my insurance."

4. Fill in clinic address in Billing Details and patient information in Shipping Details and Patient Information.
 -This lab uses USPS to ship out kits. Keep this in mind for patients with PO Box addresses.
 -They can expedite shipping, but they use Priority Mail to send tests, so most kits are rcvd in 2-3 business days on the West Coast.
5. Insert CC info.
6. Click Place order.
7. You will see an order confirmation page, which is our receipt. Select print to save this as a PDF. Title it with the date, NCNM (pt's last name) (amount charged to CC) clinician
 EXAMPLE: 08-10-15 NCNM (Smith) (180.00) SS
8. Save the PDF receipt into the Dropbox: CCFM Team Folder > QBO Data > Cap One (7520)

NeuroQuant MRI Analysis:

1. Checkmark the MRI and NeuroQuant orders in the Open Order box in the patient's chart and create a faxable form.
2. Use aText to enter the following onto the requisition:
 Physician Order for NeuroQuant Compatible, Abbreviated Non-Contrast MRI of the Brain

 This is an order for the following imaging protocol:

What you would do in that case is just go to the lab ordering procedures document. Find NCNM.

The screenshot shows a web browser window with multiple tabs open: 'ie Drive', 'Lab Ordering Procedures', 'SIBO Kit | SIBO Center', 'Schedule - Day View: 07/2', and 'Jane W. Doe'. The page header includes links for 'Barbell WOD', 'eTeacher', and 'Flashcards'. Below the header is a navigation bar with links: 'Home', 'Are you a Patient?', 'Are you a Physician?', 'Nutrition & Wellness', 'FAQs', 'Symposium Recordings', and 'Contact'. The main content area is titled 'SIBO Kit' and shows a price of '\$180.00'. It contains a welcome message, a note about shipping within the U.S., and two payment options. Option 1 is for insurance carriers, with a button for the 'INSURANCE CHECKOUT FORM'. Option 2 is for credit card or check payment, with an 'Add to cart' button.

ie Drive x Lab Ordering Procedures x SIBO Kit | SIBO Center x Schedule - Day View: 07/2 x Jane W. Doe x

Barbell WOD eTeacher Flashcards

Home Are you a Patient? Are you a Physician? Nutrition & Wellness FAQs Symposium Recordings Contact

SIBO Kit

\$180.00

Welcome to the secure NUNM SIBO Center payment portal. Your provider has ordered a SIBO test for you. Please complete the following information and your kit will be shipped via USPS within the next three business days.

Please note, we only ship within the United States. If you are outside of the U.S. please contact us to discuss your options.

Payment Options

Option 1: SIBO Center Contracted Insurance Carriers

If your primary OR secondary insurance carrier is **Care Oregon, LifeWise of Oregon, Medicaid OpenCard, or Oregon Health Co-op Broad Network**, click the button below and fill out the insurance checkout form:

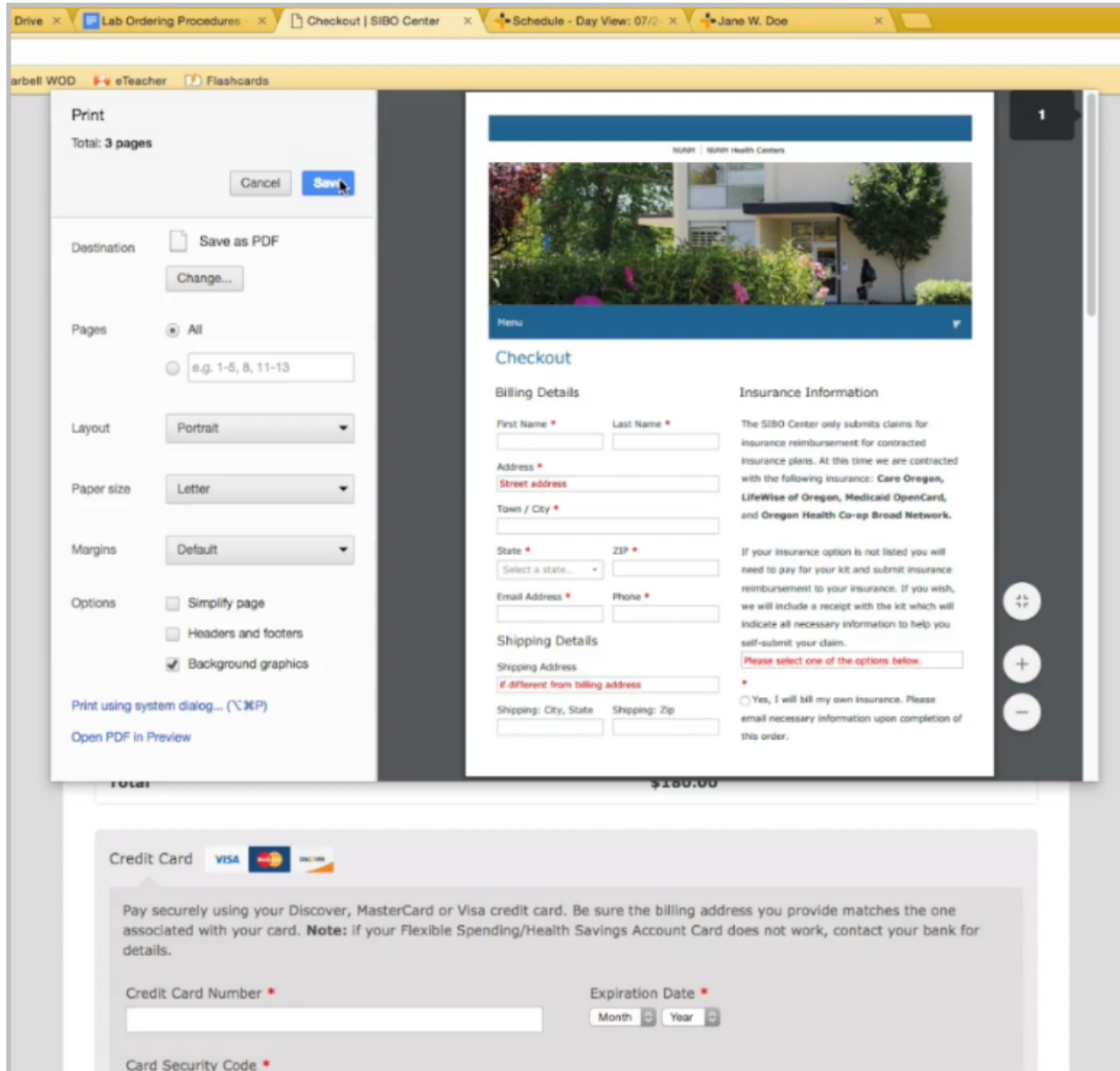
[INSURANCE CHECKOUT FORM](#)

Option 2: Credit Card, Check

If you are NOT covered by one of the contracted insurance carriers, and would like to pay with a credit card use the link below to pay for your kit. If you would like to pay with a check, please [contact the SIBO Lab](#) for details.

[Add to cart](#)

Click on the web link, and fill out all the information here.



Drive x Lab Ordering Procedures x Checkout | SIBO Center x Schedule - Day View: 07/20 x Jane W. Doe x

arbell WOD eTeacher Flashcards

Print
Total: 3 pages

Cancel Save

Destination Save as PDF
Change...

Pages ☒ All
☐ e.g. 1-5, 8, 11-13

Layout Portrait

Paper size Letter


Margins Default

Options ☐ Simplify page
☐ Headers and footers
☒ Background graphics

Print using system dialog... (⌘P)
Open PDF in Preview

1

NUHM | NUHM Health Centers



Menu

Checkout

Billing Details

First Name * Last Name *

Address *
Street address

Town / City *

State * ZIP *

Select a state... *

Email Address * Phone *

Insurance Information

The SIBO Center only submits claims for insurance reimbursement for contracted insurance plans. At this time we are contracted with the following insurance: **Care Oregon, LifeWise of Oregon, Medicaid OpenCard, and Oregon Health Co-op Broad Network.**

If your insurance option is not listed you will need to pay for your kit and submit insurance reimbursement to your insurance. If you wish, we will include a receipt with the kit which will indicate all necessary information to help you self-submit your claim.
Please select one of the options below.




☐ Yes, I will bill my own insurance. Please email necessary information upon completion of this order.

Shipping Details

Shipping Address
if different from billing address

Shipping: City, State Shipping: Zip

Total \$180.00

Credit Card   

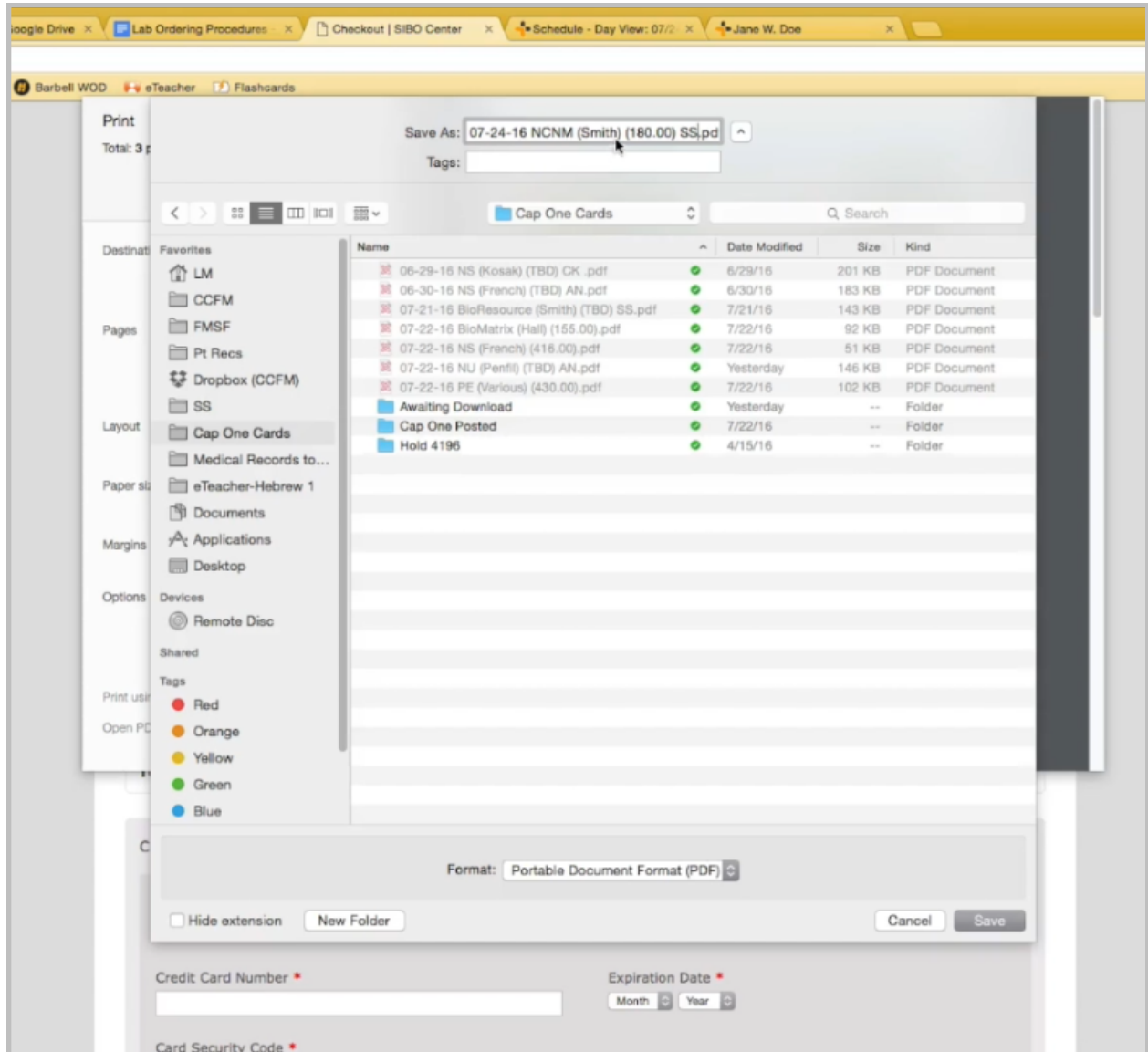
Pay securely using your Discover, MasterCard or Visa credit card. Be sure the billing address you provide matches the one associated with your card. **Note:** If your Flexible Spending/Health Savings Account Card does not work, contact your bank for details.

Credit Card Number * Expiration Date *

Month Year

Card Security Code *

After you add to the cart and fill out the patient's information, because we're using our company credit card to pay for this test, we do need to have a receipt on file.



Once the order has been placed, you would simply print the confirmation page and save it into our Receipts file with the patient's last name, the date of the order, the lab, the amount, and the clinician.

Lab Ordering Procedures - x Schedule - Day View: 07/2 x Jane W. Doe x Imaging/Procedure Order F x


_tests.php?&order_ids=28897%7C&msg=0&&provider_id=89

eTeacher Flashboards

At least one of the patient's preferred facilities (it may have been deleted)
One of the patient's preferred facilities (specialists: Matthew Gilmartin, MD) has no valid fax number and so it is not automatically listed as a fax location

PRINT FORM SEND AS FAX SAVE FORM Suniya Schweig

Fax will be sent to: Select a Laboratory (Must be in the US and cannot include country code)



CALIFORNIA CENTER for FUNCTIONAL MEDICINE
www.ccfmed.com

California Center for Functional Medicine
2414 Ashby Ave Ste 201
Berkeley, CA 94705
Tel: (510) 849-6500
Fax: (510) 849-6501

ORDERS (CPT) Order Date: 07/24/2016

TO	FROM:
	<p>California Center for Functional Medicine Suniya Schweig M.D. (NPI:1114113883) 2414 Ashby Ave Ste 201 Berkeley, 94705 CA Tel: (510) 849-6500 Fax: (510) 849-6501</p> <p><i>SSP</i></p> <p>E-Sign'd: 07.24.16 (#0008612-DSF1)</p>

Patient Info	Patient Address	Insurance & Payment
<p>Name: Jane W. Doe DOB: November 20, 1981 Sex: F Phone: (555) 123-1235</p>	<p>5222 West Elm Everett, WA 98203</p>	<p>Please bill to clinician account ID 40637.</p> <p>Apply Cancel</p>

Notes

Patient: This is a FASTING lab. No food for 12-14 hours prior to the dr

LabCorp account number for all clinicians: 04353985.
LabCorp account number to be billed through Professional Co-Op: 09149190.
Quest account number for Amy Nett: 60276641.
Quest account number for Chris Kresser: 60276733.
Quest account number for Suniya Schweig: 60276641.

Procedure(s) Requested

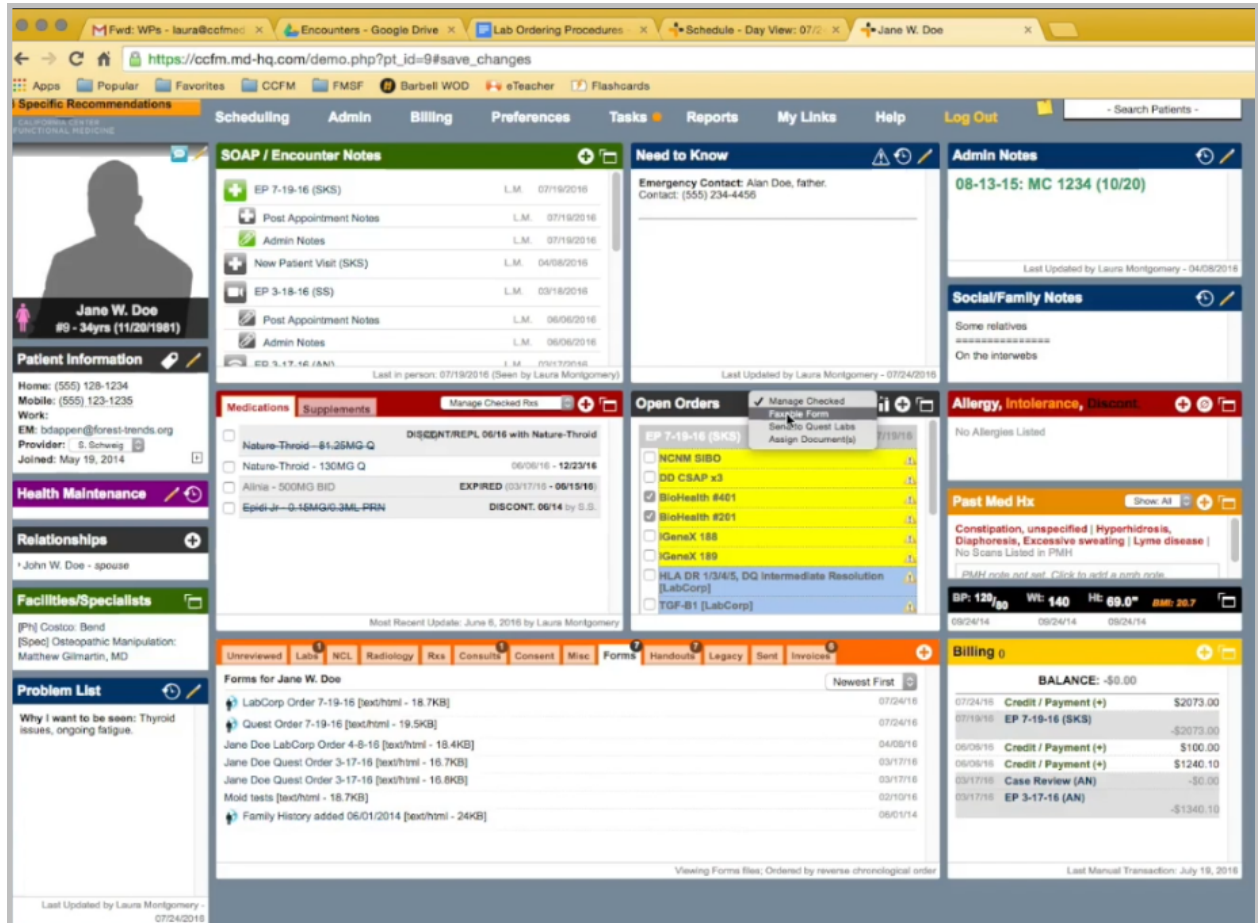
• DD CSAP x3 CPT: 82542 x4, 87046, 87045, 83993, 87328, 87209 x3, 82656, 89125, 87329, 83631, 85549, 89160 x2, 82272, 87177, 87102, 83986, 83516 >

Please drop-ship one test kit to the patient noted above.

Reason for Procedures (Dx Codes)

Z91.018: Allergy to other foods (ICD10), K59.00: Constipation, unspecified (ICD10), B82.9: Intestinal parasitism, unspecified (ICD10).

For Doctor's Data, you're just going to checkmark all the Doctor's Data tests, create a faxable form, choose the clinician on file. In this case, we need to put our account number. Delete the note here, and I would send the fax to Doctor's Data. I don't need to save the form because the patient doesn't need this for any reason.



Patient Information
Jane W. Doe
#9 - 34yrs (11/29/1981)
Home: (555) 128-1234
Mobile: (555) 123-1235
Work: bdapp@forest-trends.org
Provider: S. Schweng
Joined: May 19, 2014

SOAP / Encounter Notes
EP 7-19-16 (SKS) L.M. 07/19/2016
Post Appointment Notes L.M. 07/19/2016
Admin Notes L.M. 07/19/2016
New Patient Visit (SKS) L.M. 04/08/2016
EP 3-18-16 (SS) L.M. 03/18/2016
Post Appointment Notes L.M. 06/06/2016
Admin Notes L.M. 06/06/2016
EP 3-17-16 (AN) L.M. 07/17/2016
Last in person: 07/19/2016 (Seen by Laura Montgomery)

Medications
Nature-Throid - \$1.25MG-Q DISCONT/REPL 06/16 with Nature-Throid
Nature-Throid - 130MG Q 06/06/16 - 12/23/16
Ainia - 500MG BID EXPIRED 03/17/15 - 06/15/16
Epid-Jr - Q-15MG/Q-3ML-PRN DISCONT. 06/14 by S.B.

Open Orders
EP 7-19-16 (SKS) 7/19/16
NCNM SIBO
DD CSAP x3
BioHealth #401
BioHealth #201
iGenex 188
iGenex 189
HLA DR 1/3/4/5, DQ Intermediate Resolution [LabCorp]
TGF-B1 [LabCorp]

Admin Notes
08-13-15: MC 1234 (10/20)
Last Updated by Laura Montgomery - 04/08/2016

Social/Family Notes
Some relatives

On the interwebs

Past Med Hx
Constipation, unspecified | Hyperhidrosis, Diaphoresis, Excessive sweating | Lyme disease |
No Scans Listed in PMH
PMH data not set. Click to edit a birth date.
BP: 120/80 WT: 140 HT: 69.0" PBM: 20.7
08/24/14 08/24/14 08/24/14

Billing
BALANCE: -\$0.00
07/24/16 Credit / Payment (+) \$2073.00
07/19/16 EP 7-19-16 (SKS) -\$2073.00
06/06/16 Credit / Payment (+) \$100.00
06/06/16 Credit / Payment (+) \$1240.10
03/17/16 Case Review (AN) -\$0.00
03/17/16 EP 3-17-16 (AN) -\$1340.10
Last Manual Transaction: July 19, 2016


Forms for Jane W. Doe
LabCorp Order 7-19-16 [text/html - 18.7KB] 07/24/16
Quest Order 7-19-16 [text/html - 19.5KB] 07/24/16
Jane Doe LabCorp Order 4-6-16 [text/html - 18.4KB] 04/08/16
Jane Doe Quest Order 3-17-16 [text/html - 16.7KB] 03/17/16
Jane Doe Quest Order 3-17-16 [text/html - 16.6KB] 03/17/16
Mold tests [text/html - 18.7KB] 02/10/16
Family History added 06/01/2014 [text/html - 24KB] 06/01/14
Viewing Forms files, Ordered by reverse chronological order

For Biohealth, I'm going to checkmark all of the Biohealth tests, create a faxable form, and choose the clinician of record.

Lab Ordering Procedures - X Schedule - Day View: 07/2 - X Jane W. Doe - X Imaging/Procedure Order - X

sts.php?&order_ids=28898%7C28900%7C&msg=0&&provider_id=89

eTeacher Flashcards




**CALIFORNIA CENTER for
FUNCTIONAL MEDICINE**
www.ccfmed.com

California Center for Functional Medicine
2414 Ashby Ave Ste 201
Berkeley, CA 94705
Tel: (510) 849-6500
Fax: (510) 849-6501

ORDERS (CPT)

Order Date: 07/24/2016

TO	FROM:
	<p>California Center for Functional Medicine Sunjya Schweig M.D. (NPI: 1114113883) 2414 Ashby Ave Ste 201 Berkeley, 94705 CA Tel: (510) 849-6500 Fax: (510) 849-6501</p>



E-Sign'd: 07.24.16 (#0008614-5838)

Patient Info	Patient Address	Insurance & Payment
<p>Name: Jane W. Doe DOB: November 20, 1981 Sex: F Phone: (555) 123-1235</p>	<p>5222 West Elm Everett, WA 98203</p>	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div>

Notes

Patient: This is a FASTING lab. No food for 12-14 hours prior to the dr

LabCorp account number for all clinicians: 04353985.
 LabCorp account number to be billed through Professional Co-Op: 09149190.
 Quest account number for Amy Nett: 60276641.
 Quest account number for Chris Kresser: 60276733.
 Quest account number for Sunjya Schweig: 60276641.

Procedure(s) Requested

- BioHealth #201 CPT: 82530 x2, 82627 x2 > Please drop-ship one test kit to the patient noted above. Please e-mail results to labresults@ccfmed.com.**
- BioHealth #401 CPT: 82274, 87081, 87106, 87101, 82270, 87177 x4, 87337, 87329, 87328, 87324 > Please drop-ship one test kit to the patient noted above. Please e-mail results to labresults@ccfmed.com.**

Reason for Procedures (Dx Codes)

Z91.018: Allergy to other foods (ICD10), K59.00: Constipation, unspecified (ICD10), B82.9: Intestinal parasitism, unspecified (ICD10).


The PHI (Personal Health Information) contained in this message is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of law and will be reported as such. If you have received this message in error, please contact our office immediately.

Get rid of this information so it doesn't look like we want them to bill insurance.

Lab Ordering Procedures - x Schedule - Day View: 07/2 - x Jane W. Doe x Imaging/Procedure Order | x

ests.php?&order_ids=28898%7C28900%7C&msg=0&&provider_id=89

eTeacher Flashcards



CALIFORNIA CENTER for
FUNCTIONAL MEDICINE
www.ccfmed.com

California Center for Functional Medicine
2414 Ashby Ave Ste 201
Berkeley, CA 94705
Tel: (510) 849-6500
Fax: (510) 849-6501

ORDERS (CPT) Order Date: 07/24/2016

TO	FROM:
	<p>California Center for Functional Medicine Sunjya Schweig M.D. (NPI:1114113883) 2414 Ashby Ave Ste 201 Berkeley, 94705 CA Tel: (510) 849-6500 Fax: (510) 849-6501</p> <p><i>SSP MS</i></p> <p>E-Sign'd: 07.24.16 (#0008614-5838)</p>

Patient Info	Patient Address	Insurance & Payment
<p>Name: Jane W. Doe DOB: November 20, 1981 Sex: F Phone: (555) 123-1235</p>	<p>5222 West Elm Everett, WA 98203</p>	

Notes

B I U A A [Rich Text Editor Icons]

[Empty Text Area]

Apply Cancel

labresults@ccfmed.com.

- BioHealth #401 CPT: 82274, 87081, 87106, 87101, 82270, 87177 x4, 87337, 87329, 87328, 87324 >

Please drop-ship one test kit to the patient noted above. Please e-mail results to labresults@ccfmed.com.

Reason for Procedures (Dx Codes)

Z91.018: Allergy to other foods (ICD10), K59.00: Constipation, unspecified (ICD10), B82.9: Intestinal parasitism, unspecified (ICD10).

The PHI (Personal Health Information) contained in this message is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of law and will be reported as such. If you have received this message in error, please contact our office immediately, thank you.

Also get rid of this information. Then, I have the two tests listed here.

Lab Ordering Procedures - x Schedule - Day View: 07/22 - x Jane W. Doe - x Imaging/Procedure Order - x

tests.php?&order_ids=28898%7C28900%7C&msg=0&&provider_id=89#save_form

eTeacher Flashcards

At least one of the patient's preferred facilities (it may have been deleted)
One of the patient's preferred facilities (specialists: Matthew Gilmartin, MD) has no valid fax number and so it is not automatically listed as a fax location

PRINT FORM SEND AS FAX SAVE FORM Suniya Schweig


Document Save Options

Note: If you send this message via fax it will also be saved under the "Sent Faxes" tab under the patient's documents, so there is no need to save an additional copy.

Title: BH Order 7- Tab to save to: Labs Attach to Note: Do not attach Allow Pt to view in portal? ☐ (yes)

Save to Pt Chart


Fax will be sent to: Select a Laboratory (Must be in the US and cannot include country code)



**CALIFORNIA CENTER for
FUNCTIONAL MEDICINE**
www.ccfmed.com

California Center for Functional Medicine
2414 Ashby Ave Ste 201
Berkeley, CA 94705
Tel: (510) 849-6500
Fax: (510) 849-6501

ORDERS (CPT) Order Date: 07/24/2016

TO	FROM:
	<p>California Center for Functional Medicine Suniya Schweig M.D. (NPI: 1114113883) 2414 Ashby Ave Ste 201 Berkeley, 94705 CA Tel: (510) 849-6500 Fax: (510) 849-6501</p> <div style="text-align: right;">  E-Sign'd: 07.24.16 (#0008614-5838) </div>

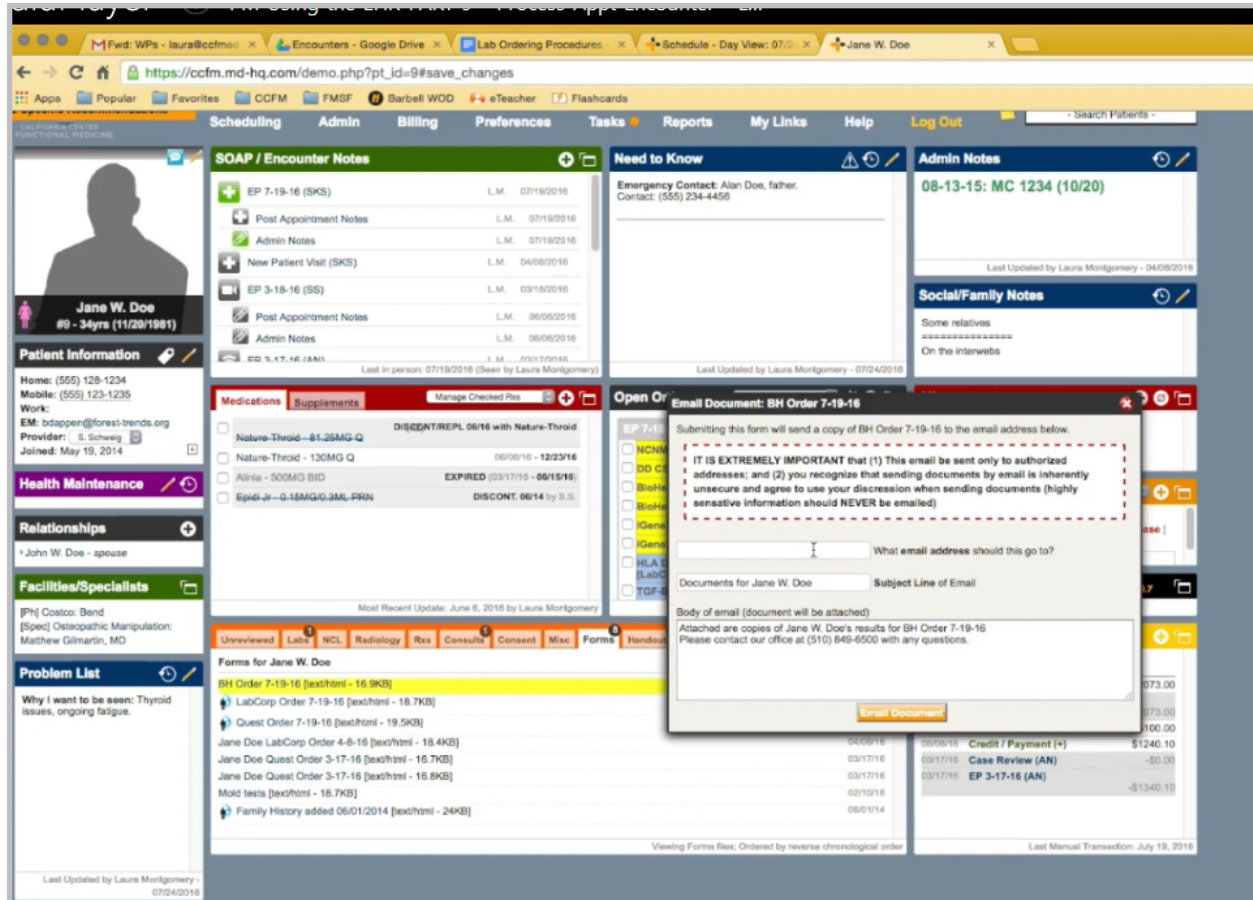
Patient Info	Patient Address	Insurance & Payment
Name: Jane W. Doe DOB: November 20, 1981 Sex: F Phone: (555) 123-1235	5222 West Elm Everett, WA 98203	

Notes

Procedure(s) Requested

- BioHealth #201 CPT: 82530 x2, 82627 x2 > Please drop-ship one test kit to the patient noted above. Please e-mail results to labresults@ccfmed.com.
- BioHealth #401 CPT: 82274, 87081, 87106, 87101, 82270, 87177 x4,

In this case, I need to save the form. Again, BH order, the date of the encounter. It goes to Forms. The patient doesn't need this. I only need it because I need to email it to the lab in order to order the test kit, so I do not make it visible, and Save to the Chart.

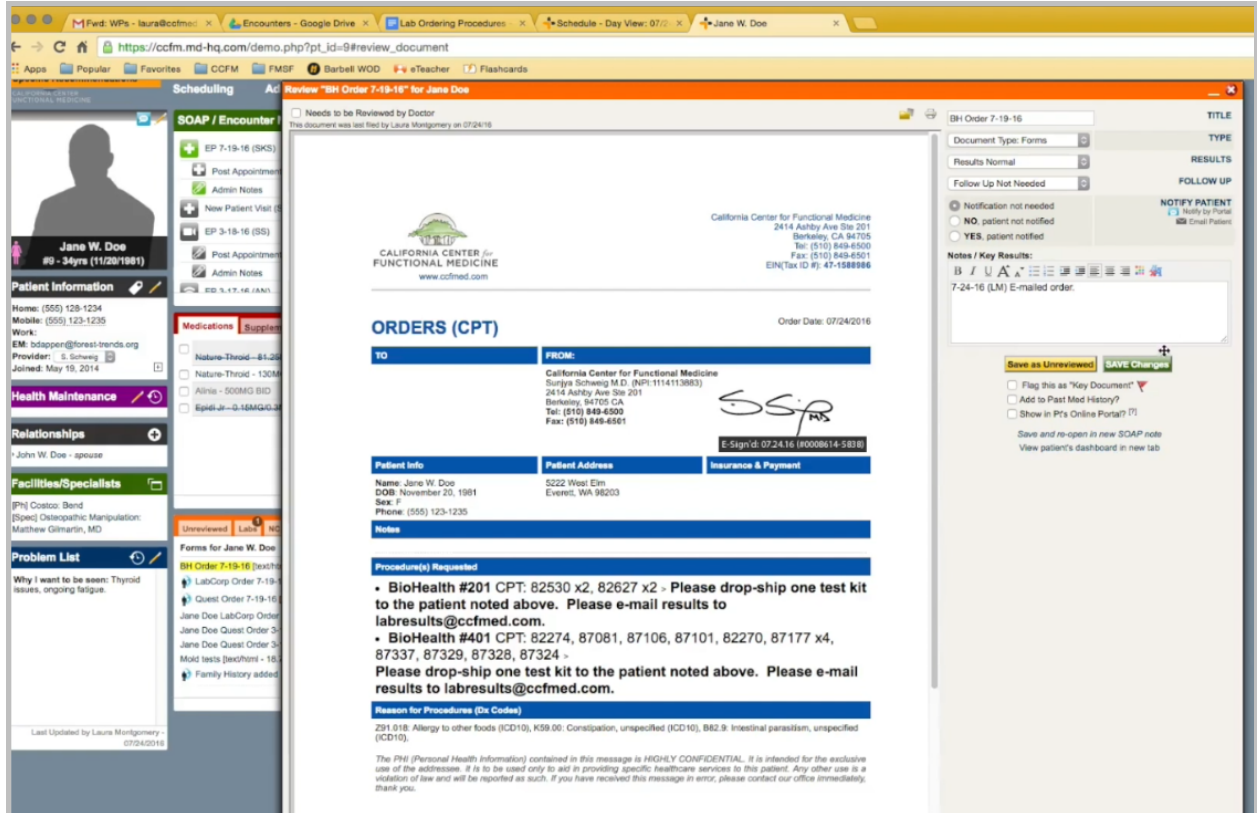


The screenshot shows a web application for patient management. The top navigation bar includes links for Scheduling, Admin, Billing, Preferences, Tasks, Reports, My Links, Help, and Log Out. The main content area is divided into several sections:

- Patient Information:** Displays the patient's name (Jane W. Doe), age (34 years), and contact information (Home: (555) 123-1234, Mobile: (555) 123-1235, Work: (555) 123-1236, Email: bdapper@forest-trends.org, Provider: S. Schweig, Joined: May 19, 2014).
- SOAP / Encounter Notes:** A list of medical encounters with dates and times, including notes like "EP 7-19-16 (SKS)", "Post Appointment Notes", "Admin Notes", and "New Patient Visit (SKS)".
- Medications:** A list of medications with checkboxes for status (e.g., "Natura-Throid - 81.25MG Q", "Natura-Throid - 120MG Q", "Alivia - 500MG BID", "Epidol - 0.15MG Q3M PRN").
- Forms:** A list of forms for Jane W. Doe, including "BH Order 7-19-16", "LabCorp Order 7-19-16", "Quest Order 7-19-16", "Jane Doe LabCorp Order 4-8-16", "Jane Doe Quest Order 3-17-16", "Jane Doe Quest Order 3-17-16", "Mold tests", and "Family History added 06/01/2014".
- Need to Know:** A section for emergency contact information (Alan Doe, father, Contact: (555) 234-4456).
- Admin Notes:** A section for administrative notes, including "08-13-15: MC 1234 (10/20)".
- Social/Family Notes:** A section for social and family notes, including "Some relatives" and "On the interwebs".

A modal window titled "Email Document: BH Order 7-19-16" is open, showing a form to submit a document. The form includes a warning: "IT IS EXTREMELY IMPORTANT that (1) This email be sent only to authorized addresses; and (2) you recognize that sending documents by email is inherently unsecure and agree to use your discretion when sending documents (highly sensitive information should NEVER be emailed)". The form also includes fields for "What email address should this go to?", "Documents for Jane W. Doe", "Subject Line of Email", and "Body of email (document will be attached)". The body of the email contains the text: "Attached are copies of Jane W. Doe's results for BH Order 7-19-16. Please contact our office at (510) 849-6500 with any questions." The form is submitted by clicking the "Email Document" button.

Then, I come here and right-click Email Document. Send it to Biohealth. Put my subject. This will be the body of the email, and then it will attach my order form, and I would click Email.



The screenshot displays a medical software interface for a patient named Jane W. Doe. The interface includes a sidebar with patient information, a main area for lab orders, and a right-hand panel for order details and follow-up actions.

Patient Information:

- Name: Jane W. Doe
- DOB: 11/28/1981
- Home: (555) 123-1234
- Mobile: (555) 123-1235
- Work: (555) 123-1236
- EM: sdapper@forest-hills.org
- Provider: S. Schweg
- Joined: May 19, 2014

Health Maintenance:

- Relationships: John W. Doe - spouse
- Facilities/Specialists: [PH] Costco, Blend; [Spec] Osteopathic Manipulation; Matthew Gilmartin, MD
- Problem List: Why I want to be seen: Thyroid issues, ongoing fatigue.

Lab Order Form (CPT):

Order Date: 07/24/2016

FROM: California Center for Functional Medicine, Surgeon Schwab M.D. (NPI: 1114113883), 2414 Ashby Ave Ste 201, Berkeley, CA 94705, Tel: (510) 849-6500, Fax: (510) 849-6561

Patient Info: Name: Jane W. Doe, DOB: November 20, 1981, Sex: F, Phone: (555) 123-1235

Patient Address: 5222 West Elm, Everett, WA 98203

Insurance & Payment:

Procedures Requested:

- BioHealth #201 CPT: 82530 x2, 82627 x2 - Please drop-ship one test kit to the patient noted above. Please e-mail results to labresults@ccfmed.com.
- BioHealth #401 CPT: 82274, 87081, 87106, 87101, 82270, 87177 x4, 87337, 87329, 87328, 87324 - Please drop-ship one test kit to the patient noted above. Please e-mail results to labresults@ccfmed.com.

Reason for Procedures (Di Codes):

Z91.018: Allergy to other foods (ICD-10), K59.00: Constipation, unspecified (ICD-10), 862.9: Intestinal parasitism, unspecified (ICD-10).

Notes / Key Results:

7-24-16 (LM) E-mailed order.

Follow Up:

- Notification not needed
- NO: patient not notified
- YES: patient notified

Save as Unreviewed **SAVE Changes**

☐ Flag this as "Key Document"

☐ Add to Past Med History?

☐ Show in Pt's Online Portal? (Y)

Save and re-open in new SOAP note

View patient's dashboard in new tab

In this case, there is no record in the chart of the email going out, so in the order, I'm also going to make a note here that I did, in fact, email it.

Lab Ordering Procedures - x Schedule - Day View: 07/2 x Jane W. Doe x Imaging/Procedure Order x


_tests.php?&order_ids=28901%7C28902%7C&msg=0&&provider_id=89

eTeacher Flashcards

At least one of the patient's preferred facilities (it may have been deleted)
One of the patient's preferred facilities (specialists: Matthew Gikmartin, MD) has no valid fax number and so it is not automatically listed as a fax location

PRINT FORM SEND AS FAX SAVE FORM Sunja Schweig

Fax will be sent to: (Must be in the US and cannot include country code)



CALIFORNIA CENTER for FUNCTIONAL MEDICINE
www.ccfmed.com

California Center for Functional Medicine
2414 Ashby Ave Ste 201
Berkeley, CA 94705
Tel: (510) 849-6500
Fax: (510) 849-6501

ORDERS (CPT) Order Date: 07/24/2016

TO	FROM:
	<p>California Center for Functional Medicine Sunja Schweig M.D. (NP:1114113883) 2414 Ashby Ave Ste 201 Berkeley, 94705 CA Tel: (510) 849-6500 Fax: (510) 849-6501</p> <p><i>SSP MS</i></p> <p>E-Sign'd: 07.24.16 (#0008616-F585)</p>

Patient Info	Patient Address	Insurance & Payment
<p>Name: Jane W. Doe DOB: November 20, 1981 Sex: F Phone: (555) 123-1235</p>	<p>5222 West Elm Everett, WA 98203</p>	<p>BILL TO: Physician</p>

Notes

Procedure(s) Requested

- IGenex 188 CPT: 86617 > Please drop-ship one test kit directly to the patient noted above. Please e-mail results to labresults@ccfmed.com.
- IGenex 189 CPT: 86617 > Please drop-ship one test kit directly to the patient noted above. Please e-mail results to labresults@ccfmed.com.

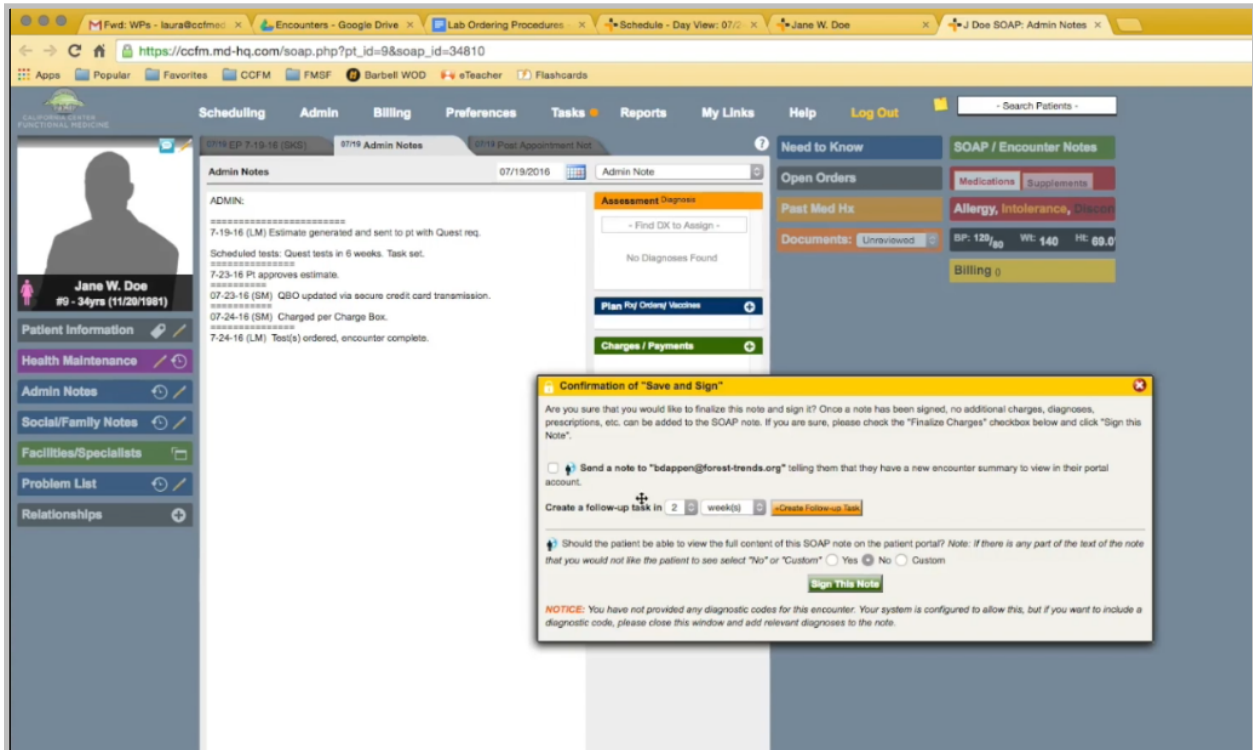
Reason for Procedures (Dx Codes)

Z91.018: Allergy to other foods (ICD10), K59.00: Constipation, unspecified (ICD10), B82.9: Intestinal parasitism, unspecified (ICD10).

The PHI (Personal Health Information) contained in this message is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of law and will be reported as such. If you have received this message in error, please contact our office immediately, thank you.

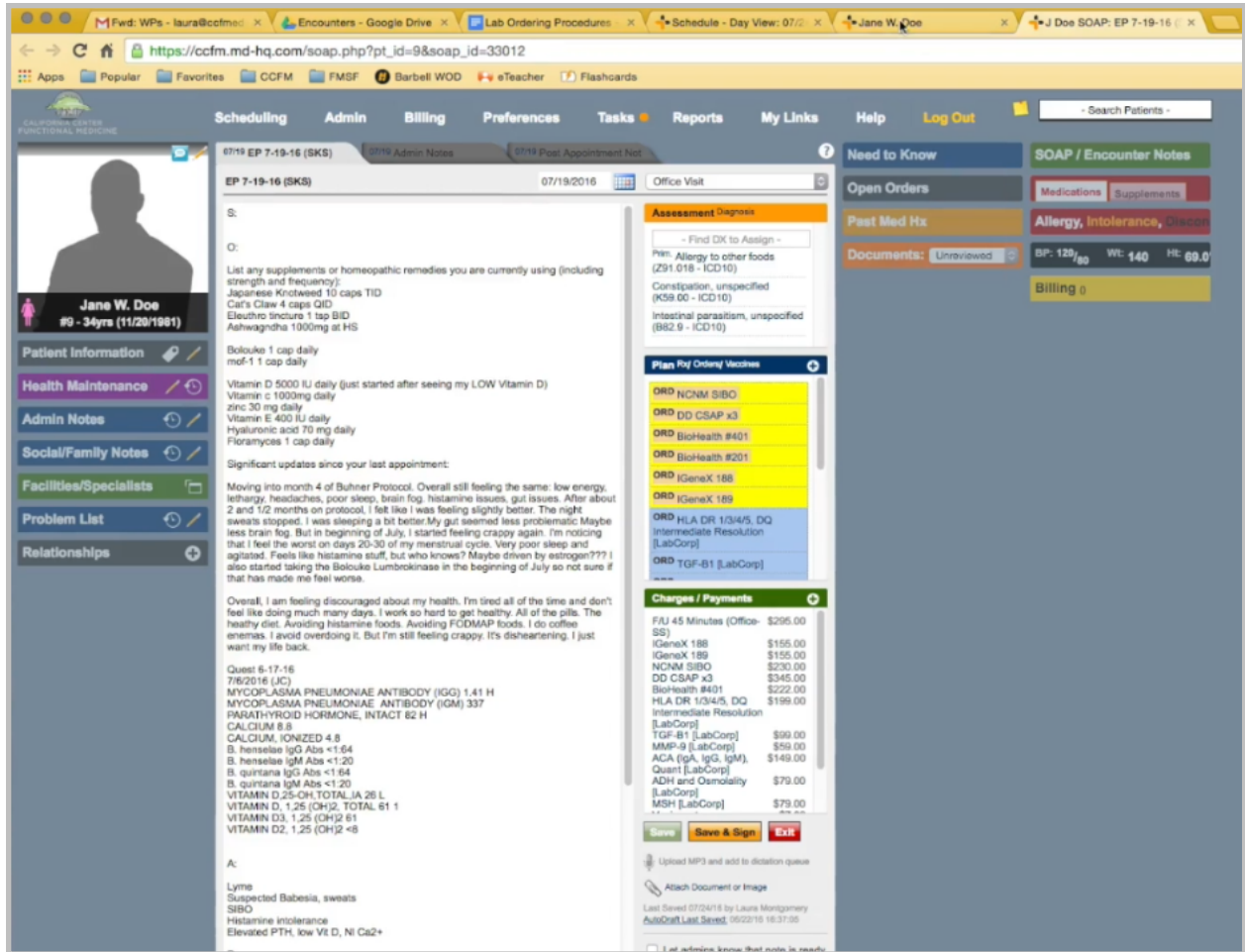
For Igenex, I'll mark both the tests, create a faxable form, and choose the clinician on file. It's marked to bill the physician, so I want to get rid of the patient's insurance information there. I also want to remove this information. In this case, I need to fax it to Igenex so they will send out a test kit, and I need to provide a copy to the patient to use as their requisition. I'll save the form, Igenex order, date of the encounter to Forms. I will make it visible to the patient and save. Then, I also need to fax in the order so that a test kit is sent out, and I would Send as Fax. Then, you can just close it.

We ordered NCNM on the website, Doctor's Data by fax, Biohealth by email—here's my confirmation—Igenex by fax. Here is the LabCorp and the Quest, and MARcONS was by fax.



The screenshot shows a web browser window with multiple tabs open. The active tab is a patient portal for Jane W. Doe. The left sidebar contains navigation links: Patient Information, Health Maintenance, Admin Notes, Social/Family Notes, Facilities/Specialists, Problem List, and Relationships. The main content area displays 'Admin Notes' for 07/19/2016. The notes include: '7-19-16 (LM) Estimate generated and sent to pt with Quest req.', 'Scheduled tests: Quest tests in 6 weeks. Task set.', '7-23-16 PT approves estimate.', '07-23-16 (SM) QBO updated via secure credit card transmission.', '07-24-16 (SM) Charged per Charge Box.', and '7-24-16 (LM) Test(s) ordered, encounter complete.' A 'Confirmation of "Save and Sign"' dialog box is open in the foreground. It asks for confirmation to finalize the note and sign it. It includes a checkbox for 'Send a note to "bdappen@forest-trends.org" telling them that they have a new encounter summary to view in their portal', a 'Create a follow-up task' section with a dropdown for '2' weeks, and a question about whether the patient should be able to view the full content of the SOAP note. The 'Sign This Note' button is highlighted.

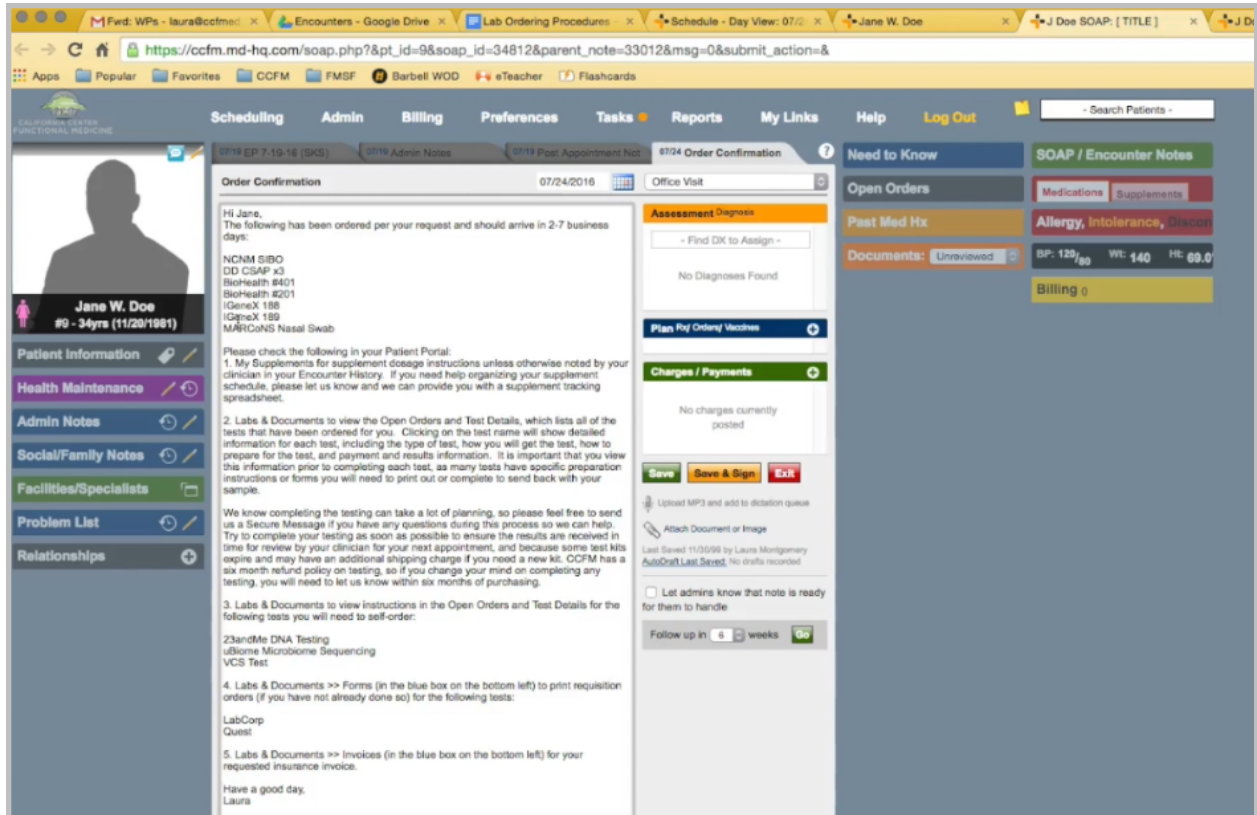
The next step would just be to document everything as completed. Save and sign the admin note. Do not send it or make it visible.



The screenshot shows a web-based medical record interface for a patient named Jane W. Doe. The interface is divided into several sections:

- Header:** Includes browser tabs, address bar (https://ccfm.md-hq.com/soap.php?pt_id=9&soap_id=33012), and navigation links (Apps, Popular, Favorites, CCFM, FMSF, Barbell WOD, eTeacher, Flashcards).
- Navigation Bar:** Contains tabs for Scheduling, Admin, Billing, Preferences, Tasks, Reports, My Links, Help, and Log Out. A search bar for patients is also present.
- Patient Information:** Displays the patient's name (Jane W. Doe), age (34 yrs), and date of birth (11/20/1981). It also includes links for Patient Information, Health Maintenance, Admin Notes, Social/Family Notes, Facilities/Specialists, Problem List, and Relationships.
- SOAP/Encounter Notes:**
 - S:** Subjective notes describing the patient's symptoms and history.
 - O:** Objective notes, including a list of supplements and homeopathic remedies currently being used.
 - A:** Assessment and Plan section, detailing the patient's current health status and the recommended treatment plan.
- Assessment/Plan:** A section on the right side of the SOAP notes, providing a summary of the patient's condition and the recommended treatment plan.
- Charges / Payments:** A table on the right side of the SOAP notes, listing various services and their associated costs.

Then, I would go back here to my encounter. I want to highlight all of these tests and send an order confirmation to the patient, also kind of a final summary of where everything is found.

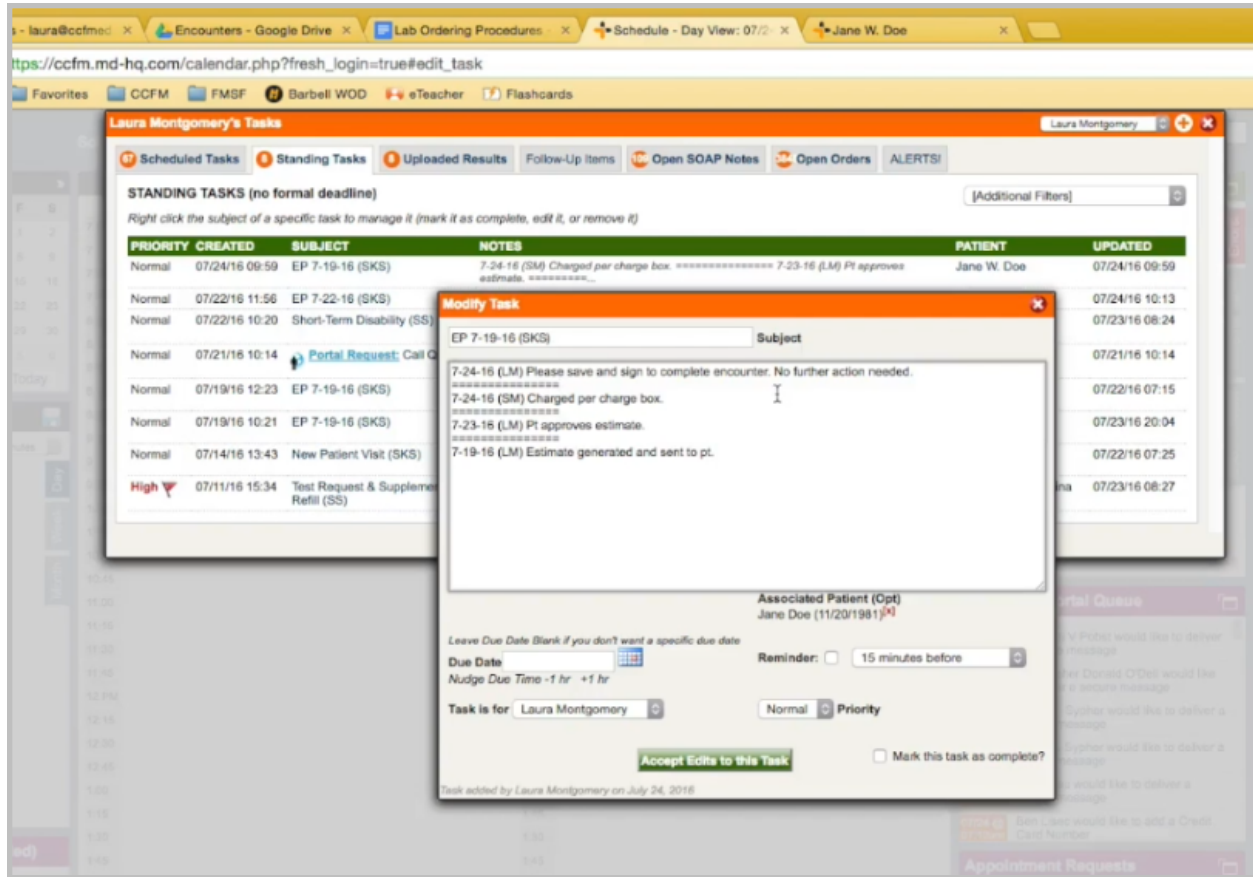


The screenshot shows a web browser window with the URL https://ccfm.md-hq.com/soap.php?&pt_id=9&soap_id=34812&parent_note=33012&msg=0&submit_action=&. The page is titled "Order Confirmation" and is for patient Jane W. Doe, #9 - 34yrs (11/20/1981). The form includes sections for "Patient Information", "Health Maintenance", "Admin Notes", "Social/Family Notes", "Facilities/Specialists", "Problem List", and "Relationships". The "Order Confirmation" section lists the following tests: NCM SIBO, DD CSAP X3, BioHealth #401, iGeneX 188, iGeneX 189, and MARCONS Nasal Swab. It also includes instructions for the patient to check the following in their Patient Portal: 1. My Supplements for supplement dosage instructions unless otherwise noted by your clinician in your Encounter History. 2. Labs & Documents to view the Open Orders and Test Details, which lists all of the tests that have been ordered for you. 3. Labs & Documents to view Instructions in the Open Orders and Test Details for the following tests you will need to self-order: 23andMe DNA Testing, uBiome Microbiome Sequencing, VCS Test. 4. Labs & Documents >> Forms (in the blue box on the bottom left) to print requisition orders (if you have not already done so) for the following tests: LabCorp Quest. 5. Labs & Documents >> Invoices (in the blue box on the bottom left) for your requested insurance invoice. The form also includes a "Charges / Payments" section with a "Save" button and a "Follow up in 8 weeks" section with a "90" button.

This should be an order confirmation. This should match the type of appointment they had, so in this case, it was an office visit. I'm going to paste here all the tests that we just ordered. Now, I also can't forget that there is a MARCONS test. No supplements were ordered, so I'm going to take that piece out. The patient does need to go to Labs and Documents. There are no self-order tests, so I can remove that piece. They do need to print a requisition for LabCorp, Quest, as well as Igenex.

I'm not going to list both tests here because there is only one requisition for both, so I'll just put Igenex, and their receipt should be in Invoices. Now, I would Save and Sign. Send a note to the patient. Make sure it's visible.

The final piece here is for the clinician to sign the note.



The screenshot shows a web application interface for Laura Montgomery's tasks. The main window displays a table of standing tasks with columns for Priority, Created, Subject, Notes, Patient, and Updated. A 'Modify Task' dialog box is open, showing details for a task with subject 'EP 7-19-16 (SKS)'. The dialog includes fields for Due Date, Reminder, and Task is for, along with buttons for 'Accept Edits to this Task' and 'Mark this task as complete?'.

PRIORITY	CREATED	SUBJECT	NOTES	PATIENT	UPDATED
Normal	07/24/16 09:59	EP 7-19-16 (SKS)	7-24-16 (SM) Charged per charge box. 7-23-16 (LM) Pt approves estimate.	Jane W. Doe	07/24/16 09:59
Normal	07/22/16 11:56	EP 7-22-16 (SKS)			07/24/16 10:13
Normal	07/22/16 10:20	Short-Term Disability (SS)			07/23/16 08:24
Normal	07/21/16 10:14	Portal Request: Call C			07/21/16 10:14
Normal	07/19/16 12:23	EP 7-19-16 (SKS)			07/22/16 07:15
Normal	07/19/16 10:21	EP 7-19-16 (SKS)			07/23/16 20:04
Normal	07/14/16 13:43	New Patient Visit (SKS)			07/22/16 07:25
High	07/11/16 15:34	Test Request & Supplies Refill (SS)			07/23/16 08:27

Now, I will send this back to the clinician. I do mark it as a low priority because there is nothing else that needs to be done with this encounter, so if the clinician, for example, has a busy day and can't get to all their tasks, this helps prioritize that. Technically, this encounter could be signed any time, and it doesn't have an effect on anything else, so it's a low priority. Save, and everything is complete.