

CLINIC ISSUES - INFORMATION NEEDED

Clinic Name _____

Clinic Address _____ City _____ State _____ Zip _____

Clinic Phone# _____ Clinic Fax# _____

Office Manager _____ Office Manager Email _____

1. Fax Issue

We receive some results via fax but not all

We are not receiving any results via fax

We are receiving unwanted results via fax

2. Interface Issue

We have an interface setup but never receive results

We have an interface setup but do not always receive results

We have an interface setup but are receiving unwanted results

3. Accessing Records/EMR

Staff have access but cannot get connected remotely to view records

Staff have access but have a difficult time finding our patients in your EMR

Additional staff members need access

No staff members have access

4. Education

Need education about how to navigate EMR, complete deficiencies, etc.

YES to any items under #1—Fill out sections A, B, & C

YES to any items under #2—Fill out sections B, & C

YES to any items under #3—Fill out sections B & D

YES to #4—Give contact info to PSS to reach out

*****FAX COMPLETED PAGES TO 866-506-1004*****

SECTION A

We can check to see if results are being faxed to your clinic using your fax number & affiliated providers.

PLEASE LIST ANY ADDITIONAL FAX NUMBERS BELOW

**Not all fax machines/servers have compatible settings, we may have success trying another fax#*

SECTION B

We can check to ensure all of your providers are correctly linked with your clinic/staff in our system and remove any providers that are incorrectly linked.

PLEASE LIST ALL PROVIDERS ASSOCIATED WITH YOUR CLINIC BELOW

**If providers are correctly listed on your website type the URL above instead*

SECTION C

We can check our systems for to ensure information is being routed to your clinic correctly.

IN THE FIELD BELOW PLEASE ENTER ANY INFORMATION RELEVANT TO YOUR COMPLAINT

**Please include examples with patient name, date of birth, facility, date of service and result type*

SECTION D

We can check the accounts for your staff to ensure they are all active, then work with them to ensure they can access our systems and find the patient records they need.

PLEASE LIST ALL STAFF (FIRST AND LAST NAMES) THAT SHOULD HAVE ACCESS BELOW

**Staff that have not requested access, or have not accessed our systems within the last six months will need to fill out and submit a Security Access Form*

*****PLEASE INCLUDE ANY ADDITIONAL PAGES AS NEEDED*****