

# NEW PA GUIDE – PA CREATOR ROLE

**CSA Orthopedics**

To start a New Patient Agreement from the main dashboard select:  
 + drop down in upper right nav bar and click + Patient Agreement  
 OR  
 Click New Patient Agreement button

CLINICAL

- + Patient Agreement
- + Patient
- + Provider

New Patient Agreement

Required fields are marked with an asterisk (\*)

Selecting New Patient Agreements will open this page

Validate the Account selected

Sidebar will indicate the status of required fields

Clinic Location \*

CSA Orthopedics (Main) OfficeCare

Set the Clinic location depending on where the product is dispensed. If not defaulted, click the drop down to the right to change Clinic

To change account, use the drop down to search and select account

Provider

Type in Provider Name and select  
 This is not a mandatory field and can be selected on the Patient

Patient \*

To search for a patient, type in patient's name or MRN and click the Search button.

A list of patient's will appear, select the correct patient from the list.

Create New Patient

test

Search

Select a patient from the results below:

- Remy Test  
1994-03-04 (30 years old) -
- Steve Test  
2022-03-04 (2 years old) -

Patient \*

Steve Test  
1982-02-02 (42 years old) - MRN 2345678

Create New Patient

Remove

**Warning: Patient Agreement Already Exists**  
 Found 1 recently created Patient Agreement for Steve Test.

View Patient View Existing

To create a PA for this patient, click the Create Patient Agreement

Create Patient Agreement

## NEW PA GUIDE – PA CREATOR ROLE

**Create New Patient**

Required fields are marked with an asterisk (\*)

First name \* Middle initial Last name \*

First Name Initial Last Name

Gender Birthdate \*

Select Gender Month Day Year

MRN Email

Medical Record Number Email

You will be able to add additional patient information at a later time.

Close **Create Patient**

If the patient cannot be located searching by name or MRN, click **Create New Patient** button

A modal will open to add patient information. All asterisk fields are required

Click **Create Patient** button to save and create the new patient record

**Create New Patient**

← Patient Agreements MOTIONMD Clinical - CSA Orthopedics Help

**Steve Test**  
ID 116145  
CSA Orthopedics (Mai)

Actions

Missing 5 Requirements

- ICD-10 Codes 0
- Products 0
- Signatures (0/2)

These icons will tally the number of Attachments and Notes added to the PA

Remaining requirements needed to complete the PA show in the grey sidebar. Hover over the 'i' to show missing requirements

- Doctor has not been chosen
- ICD-10 Diagnosis has not been chosen
- No payment methods have been added
- All products must have a billing channel set
- No products have been added
- All products must be valid

After clicking Create Patient Agreement, the Patient Agreement page will open

Products

Add Product - Name, SKU, Category, Body Area, Barcode or HCPCS code

Signature

Add Provider Signature

Scan Barcode

The Patient Demographics and Medical Information sections appear at the right

Click the Edit button and a modal will open to update any information

Patient Demographics

Name Steve Test  
Gender Male  
Birthdate 1982-02-02 (43)  
MRN 2345678  
Address 5919 Sea Otter Place, Carlsbad, CA 92010

Medical Information

Provider Sarah Bone  
NPI 1942332160  
Order Date -  
Product Dispense Date -  
Injury Date -  
Surgery Date -  
Length of Need -

Diagnoses

Add Diagnoses - S93.41

- S93.41 Sprain of calcaneofibular ligament
- S93.411 Sprain of calcaneofibular ligament of right ankle
- S93.411A Sprain of calcaneofibular ligament of right ankle, init
- S93.411D Sprain of calcaneofibular ligament of right ankle, subs

Products

Add Product - Name, SKU, Category, Body Area, Barcode or HCPCS code

Scan Barcode

To add Diagnosis Code(s), start typing the ICD-10 into the field and select the correct option

## NEW PA GUIDE – PA CREATOR ROLE

Products Scan Barcode

To add a Product, start typing the Name or SKU into the search box and click Search

Add Product - 01ef Search

Displaying results that match "01ef" [Clear Search](#)

In Stock (1) Custom Products

Select the Product by clicking anywhere in the product section

Global  
**AirSelect Standard**  
DJO - Aircast • Ankle • DME

Add AirSelect Standard

All required fields are marked with an asterisk

Global  
**AirSelect Standard**  
DJO - Aircast • Ankle • DME

Inventory Items 1 Selected Add Selected Item(s)

Select Options Required fields are marked with an asterisk \*

To remove this item click the 'X'

01EF-S Qty 1 Add Item(s)

01EF-M Qty 1 Add Item(s)

To change the quantity, click into the Qty box and adjust the number

Click the Add Item(s) button next to the correct Size to open the section on the right

Select the involved side

Involved Side \* Self Pay/TOS \*

Left Right N/A No Yes

Fulfill From Stock

\* Inventory Location 3 CSA Orthopedics (Main) Value in pill shows the quantity on-hand of that SKU

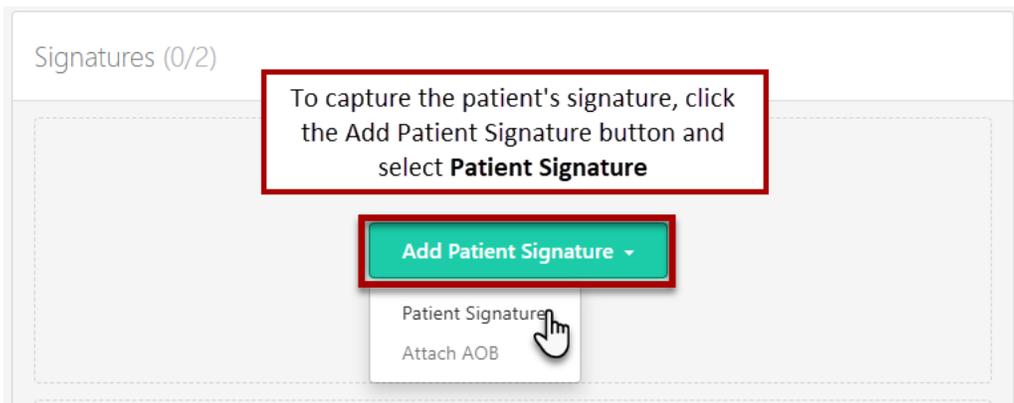
\* Billing Channel OfficeCare

Serial # Not Required

Click Add Selected Item(s) at top or bottom of modal to add the item to the PA

Cancel Add Selected Item(s)

## NEW PA GUIDE – PA CREATOR ROLE



**Acceptance of Terms**

**PATIENT ACKNOWLEDGEMENTS AND AUTHORIZATIONS:** By signing below, I authorize DJO, LLC, Surgi-Care, Inc., Ortho Pros Ex subsidiaries of Enovis Corporation (collectively known as "Enovis"), or the Contract Supplier (for Medicare beneficiaries only), to submit benefits payable by my insurer for such product(s) and services to Enovis or to the Contract Suppliers. It is my responsibility to notify coverages I have, as well as the order in which my insurer(s) should be billed. I authorize Enovis, or the Contract Supplier, to release the claim. I understand there is no guarantee of payment by my insurer. If my insurer fails to pay Enovis or the Contract Supplier in full, solely my responsibility to contact my insurer if I have any questions about my financial obligations for the product(s) and services provided to me by Enovis, its representatives, or the Contract Supplier is an ESTIMATE only. If litigation is instituted, including reasonable attorney's fees, incurred by Enovis or the Contract Supplier. I also hereby grant permission to Enovis, its contract message, mobile phone, or phone to discuss my outstanding balance or to obtain additional information needed to submit a claim, after 8:00 a.m. and before 9:00 p.m. my local time, unless I indicate another time span in which to be contacted. If I wish Enovis, its communications with me via email, text message, mobile phone, or phone about my outstanding balance/debt, I understand I must Lake Vista Drive, Suite 200, Lewisville, TX 75067.

I also acknowledge and understand that Enovis or the Contract Supplier are the provider of the product(s) prescribed by my physician for the proper care, use, handling, safety, storage, and disposal of the product(s) that I have received. I understand I must contact my physician if I have been provided with access to and understand the Patient Bill of Rights and Responsibilities, the CMS Medicare Supplier Standard given the patient manual, product warranty, package insert, return and exchange information about my product(s), as well as instructions.

In the Acceptance of Terms modal, if the person signing the PA is not the patient, have them choose their Relationship to the patient and type their name into the Guarantor name field

If the patient is signing, have them select Self and their name will auto-populate as Guarantor

Patient can select the method of delivery of their copy of the PA

Patient will click I Accept these terms button to open signature canvas

Patient Name: Steve Test

Language

Relationship to Patient (Required)

Guarantor name (Required)

Send a copy of the Agreement? (Required)

Signature

After the Patient accepts terms, this box will appear to capture Patient's signature.

If needed, the patient may use reset signature to clear signature if a mistake is made.

Once Signature is captured, select Save Signature

X \_\_\_\_\_  
 Test C. Patient(Self)

## NEW PA GUIDE – PA CREATOR ROLE

