

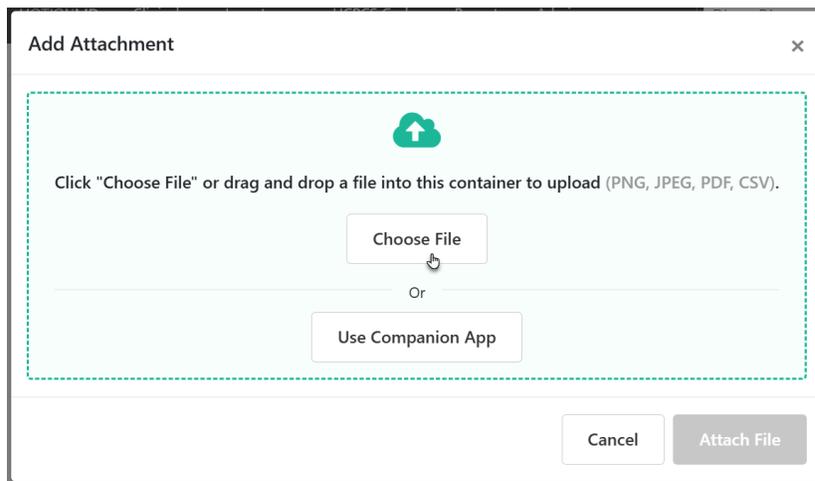
ADDING ATTACHMENTS TO PATIENT RECEIPT IN MOTIONMD®

A feature has been built to allow customers to select specific Attachments uploaded to a Patient Agreement to be appended to the Patient Receipt package that is emailed to the Patient. Attachments selected to be sent to the Patient will still be attached to the Billing Document package, no change has been made to that functionality. To use this feature, it needs to be enabled on the Account settings page. If interested, submit a Help Ticket asking for the functionality to be turned on.

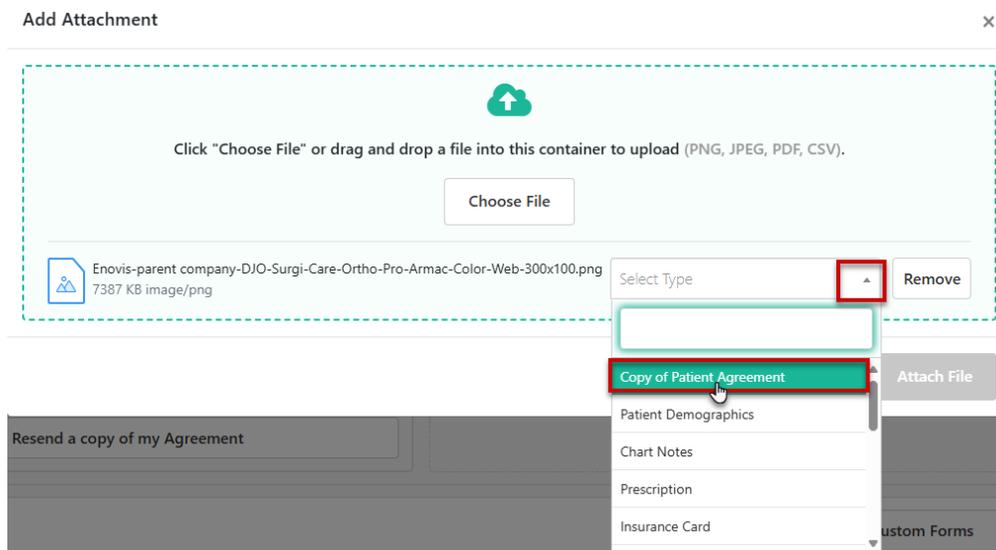
The Attachment process starts out the same by clicking the Add button for Attachments.



A popup module will appear. Upload attachments utilizing the current upload options.

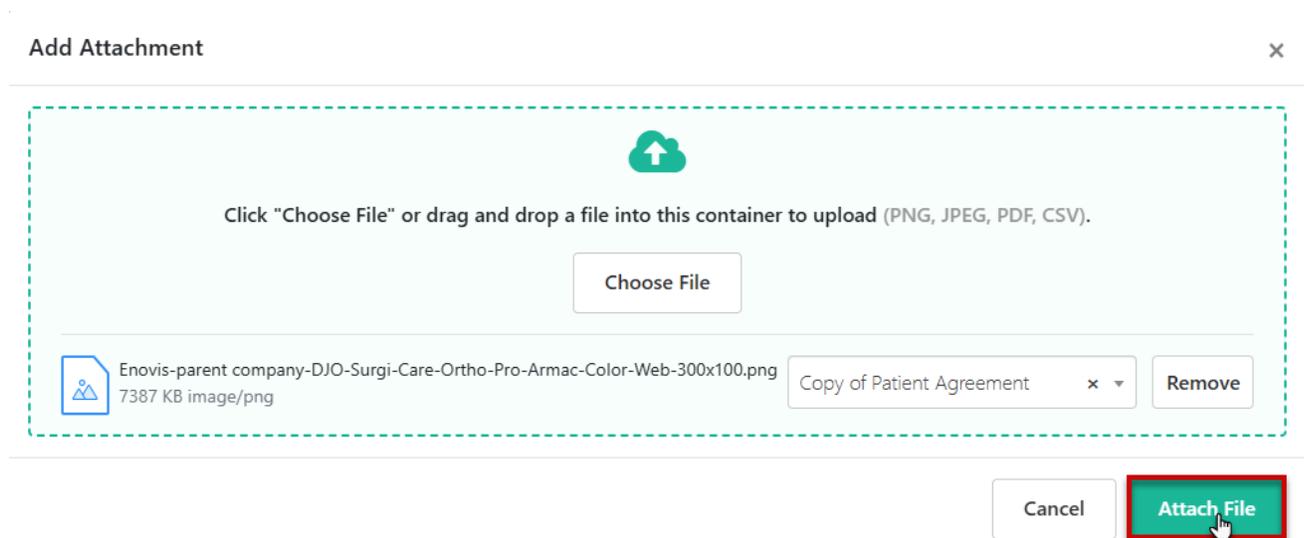


From the Add Attachment list, select the Type of document being uploaded.

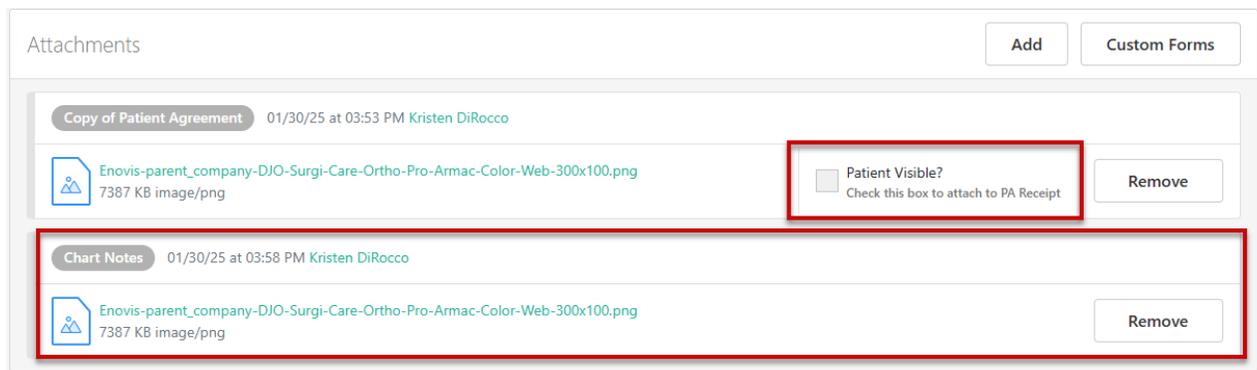


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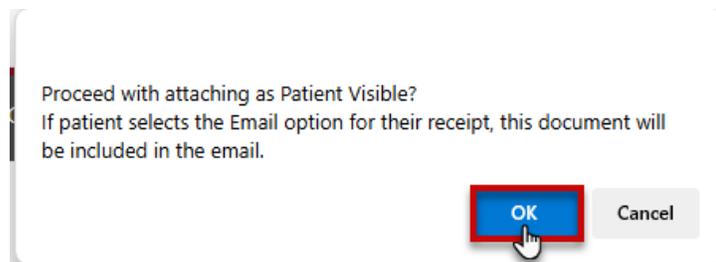
Select Attach File to upload document to the PA.



After documents have been uploaded, a new section on the Attachment line will appear called 'Patient Visible?' The checkbox allows you to choose which of the Attachments need to be sent to the patient
Note: The Attachment Types Chart Notes and Progress/Clinical Notes are not included as options to email patients.



Selecting the checkbox will open a pop up asking to confirm if this Attachment should be sent to the Patient. Click 'OK' to proceed. Clicking 'Cancel' will uncheck the Patient Visible checkbox for that Attachment.



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The Patient Visible checkbox for that Attachment will show as checked and green.

Attachments Add Custom Forms

Copy of Patient Agreement 01/30/25 at 03:53 PM Kristen DiRocco


Enovis-parent_company-DJO-Surgi-Care-Ortho-Pro-Armac-Color-Web-300x100.png
7387 KB image/png

Patient Visible?
Check this box to attach to PA Receipt

Remove

Chart Notes 01/30/25 at 03:58 PM Kristen DiRocco


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Remove

When a patient selects to have the Patient Agreement Receipt emailed on the Patient Signature section, any 'Patient Visible' checked Attachments will be included in the Patient Receipt package sent.

Acceptance of Terms

I permit a copy of this authorization to be as valid as the original. I agree to use all product(s) only in the manner for which they were intended and not to attempt to make any modifications or changes of any kind to the product(s). Some product(s) prescribed by your health care provider are prescription only. All product(s) are to be utilized only as directed by your health care provider. I agree that DJO is not responsible for defects in or damages caused by non-DJO product(s).

CONSENT FOR TREATMENT, PROOF OF DELIVERY, AUTHORIZATION TO RELEASE INFORMATION AND PERMIT PAYMENT OF INSURANCE BENEFITS TO HEALTH CARE PROVIDERS, DJO OR ITS BUSINESS PARTNERS

I acknowledge and authorize DJO or its Business Partners to deliver, teach, administer or perform as necessary, the product(s) and services prescribed by my health care provider, and I acknowledge that I have received the product(s) and such services. I authorize DJO or its Business Partners to submit a claim for such product(s) to my insurer on my behalf, and I assign the benefits payable by my insurer for such product(s) to DJO or its Business Partners. I authorize my health care provider and DJO, or its Business Partners to release any of my medical information required for treatment and health care operations for my insurer to process the claim. I understand that any patient responsibility amount provided to me by DJO or its representatives is an ESTIMATE only. I understand that there is no guarantee of payment by my insurance company. I further understand that it is solely my responsibility to contact my insurance company if I have any questions about my potential financial obligations for the product. I understand that DJO does not waive patient balances. I understand that I am responsible for, and I agree to pay, any portion of the amount due for such product not paid by my insurer, whether resulting from deductibles, co-pays, or otherwise. If litigation is instituted to collect any unpaid balance, I agree to pay all costs, including reasonable attorney's fees, incurred by DJO. I acknowledge that I have received and understand my Patient Rights and Responsibilities, Notice of DMEPOS Supplier Standards, DJO Notice of Privacy Practices (HIPAA), the product warranty information, package insert instructions and instructions on how to reach DJO, if I have any questions or problems. I also authorize DJO and/or its agent to contact me directly through my mobile phone using an automated dialer or broadcast messaging for additional information that may be needed to process my claim and/or collect a past due balance on my account. If paying by check, I authorize DJO, to process the check electronically.

For Medicare Patients Only: I acknowledge that I have not received the same or similar product while covered by Medicare. I acknowledge that my primary usage of this product(s) will be my zip code on file with Medicare, otherwise, I have provided my primary use zip code here.

My signature on this form indicates that I received the prescribed product(s) undamaged or I agree to have the product(s) shipped to my home address. DJO OR THE CONTRACT SUPPLIER ACCEPTS RETURNS ONLY WITHIN 14 DAYS FROM THE DATE OF SERVICE. For returns, please call Customer Service at 888-225-4398. MEDICARE PATIENTS may also visit <https://www.djoglobal.com/MedicareSupplierInfo> for information about Contract Supplier, products, or for billing questions.

Patient Name: Test Patient ✕

Relationship to Patient (Required)

Self ✕ ▾

Guarantor name (Required)

Test Patient

Send a copy of the Agreement? (Required)

Yes, email it.

No, print it.

No, thanks.

Cancel

I accept these terms

After the Patient Agreement has been Submitted to Billing the Patient Visible attachments will be marked with grey checkbox.

Copy of Patient Agreement 01/30/25 at 01:52 PM Kristen DiRocco


Enovis-parent_company-DJO-Surgi-Care-Ortho-Pro-Armac-Color-Web-300x100.png
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Patient Visible?
Check this box to attach to PA Receipt

Remove