

NEW PA GUIDE – PA CREATOR ROLE

CSA Orthopedics

Patient Agreements

Search All Patient Agreements...

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

CSA Orthopedics Help + -

CLINICAL

- + Patient Agreement
- + Patient
- + Provider

New Patient Agreement

PA List

← Patient Agreements

OfficeCare

New Patient Agreement for CSA Orthopedics

Missing 1 Requirement

✓ Clinic

✓ Patient

Validate the Account selected

Sidebar will indicate the status of required fields

Selecting New Patient Agreements will open this page

Required fields are marked with an asterisk (*)

Clinic Location *

CSA Orthopedics (Main) OfficeCare

PA will be created for this location.

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

Provider

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

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

Patient *

Create New Patient

test

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.

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 *

Create New Patient

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

Remove

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

If a PA exists for this patient from the last 90 days, an alert will appear.
Click **View Patient** to go to the patient record page or View Existing to see the PAs and products dispensed

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

Steve Test
ID 116145
CSA Orthopedics (Main)

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

As the Patient Agreement sections are completed the section list in the sidebar will show a green check and a tally

This list is interactive, click on the section name and you will be quickly taken to that section of the PA

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

Patient Demographics

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

Edit

Medical Information

Provider: Sarah Bone
NPI: 1942232160
Order Date: -
Product Dispense Date: -
Injury Date: -
Surgery Date: -
Length of Need: -

Edit

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, initial

S93.411D Sprain of calcaneofibular ligament of right ankle, subsequent

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

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Products

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

Scan Barcode

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 * Left Right N/A

Self Pay/TOS * 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)

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Signatures (0/2)

To capture the patient's signature, click the Add Patient Signature button and select **Patient Signature**

Add Patient Signature ▾

Patient Signature
Attach AOB

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 against Enovis, its subsidiaries, or the Contract Supplier, I also hereby grant permission to Enovis, its subsidiaries, or the Contract Supplier, to contact my insurer, 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 subsidiaries, or the Contract Supplier, to contact me via email, text message, mobile phone, or phone about my outstanding balance/debt, I understand I must contact 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, or the patient manual, product warranty, package insert, return and exchange information about my product(s), as well as instructions for use.

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
English Español

Relationship to Patient (Required)
Choose Relationship ▾

Guarantor name (Required)
Guarantor name

Send a copy of the Agreement? (Required)
Yes, email it. No, print it. No, thanks.

Cancel I accept these terms

Signature Reset Signature Cancel Save 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

