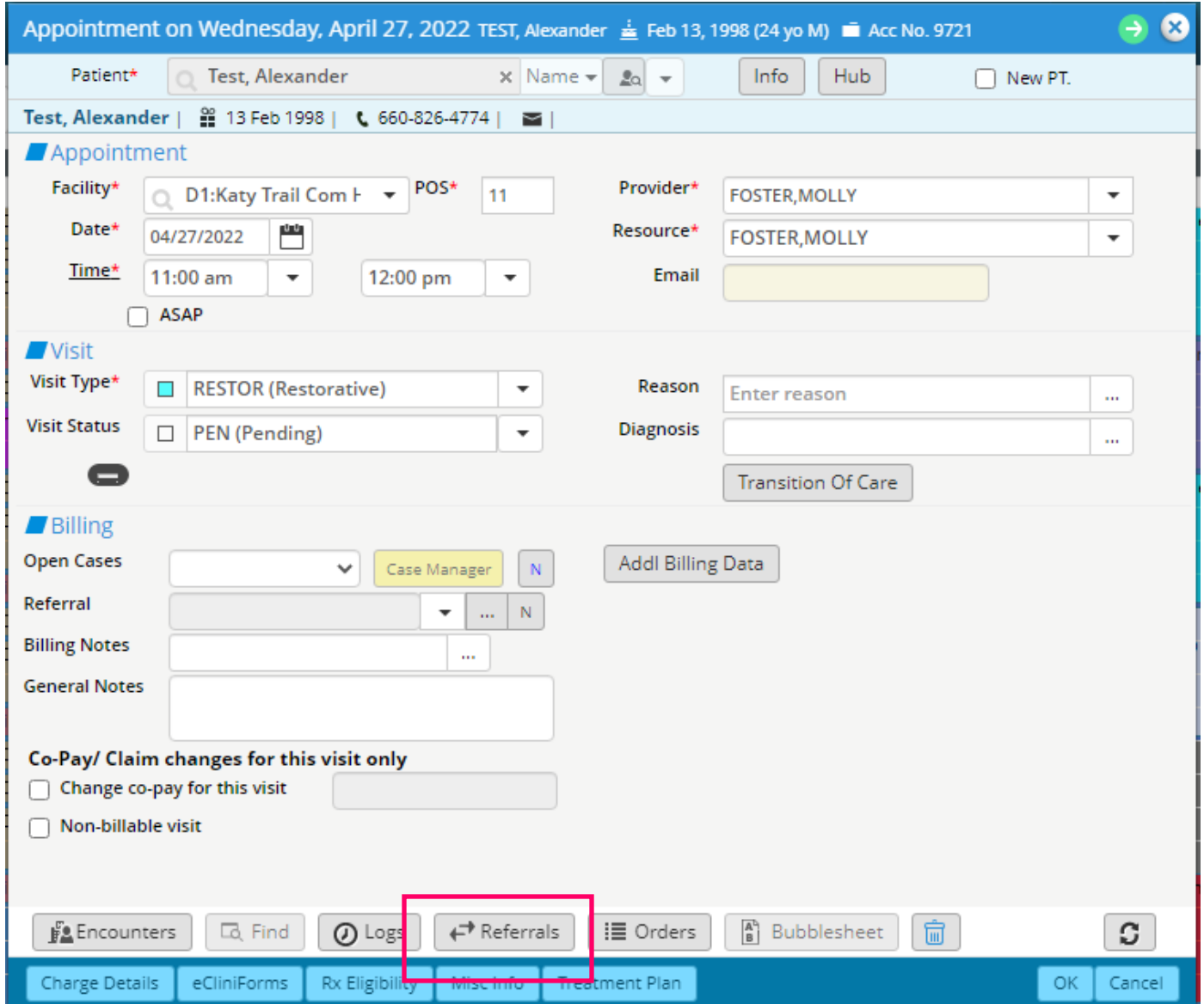


Refer to SFS Coordinator

1) Open the encounter and click on referrals at the bottom of the pop-up:



Appointment on Wednesday, April 27, 2022 TEST, Alexander Feb 13, 1998 (24 yo M) Acc No. 9721

Patient* Test, Alexander Name Info Hub New PT.

Test, Alexander 13 Feb 1998 660-826-4774

Appointment

Facility* D1:Katy Trail Com H POS* 11 Provider* FOSTER,MOLLY

Date* 04/27/2022 Resource* FOSTER,MOLLY

Time* 11:00 am 12:00 pm Email

ASAP

Visit

Visit Type* RESTOR (Restorative) Reason Enter reason

Visit Status PEN (Pending) Diagnosis

Transition Of Care

Billing

Open Cases Case Manager Add Billing Data

Referral

Billing Notes

General Notes

Co-Pay/ Claim changes for this visit only

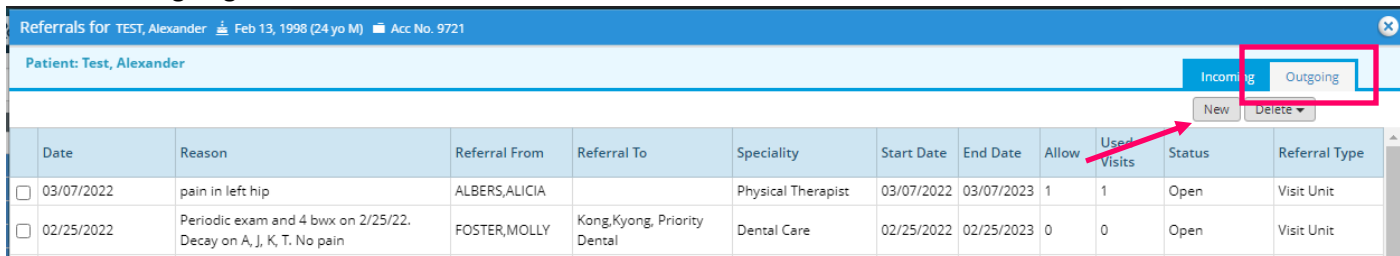
Change co-pay for this visit

Non-billable visit

Encounters Find Logs **Referrals** Orders Bubblesheet

Charge Details eCliniForms Rx Eligibility Misc Info Treatment Plan OK Cancel

2) Select the outgoing tab and click on new:



Referrals for TEST, Alexander Feb 13, 1998 (24 yo M) Acc No. 9721

Patient: Test, Alexander

Incoming **Outgoing**

New Delete

Date	Reason	Referral From	Referral To	Speciality	Start Date	End Date	Allow	Used Visits	Status	Referral Type
<input type="checkbox"/> 03/07/2022	pain in left hip	ALBERS,ALICIA		Physical Therapist	03/07/2022	03/07/2023	1	1	Open	Visit Unit
<input type="checkbox"/> 02/25/2022	Periodic exam and 4 bwx on 2/25/22. Decay on A, J, K, T. No pain	FOSTER,MOLLY	Kong,Kyong, Priority Dental	Dental Care	02/25/2022	02/25/2023	0	0	Open	Visit Unit

Refer to SFS Coordinator

- 3) Enter in the specialty, type any pertinent information in the reason box, and select ICD-10 code Z59.7. After all documentation is complete, confirm you have the assigned to field set to Ryan Willoughby, and click OK:

New Referral (Outgoing) TEST, Alexander Feb 13, 1998 (24 yo M) Acc No. 9721

Patient * Test, Alexander

From
 Provider FOSTER, MOLLY
 Facility Katy Trail Com Health S

To
 Provider
 Specialty * SFS Coordinator
 Facility

Insurance ANTHEM BLUE Pt Ins
 Auth Type
 Auth Code Authorization Code
 Open Cases
 Unit Type V (VISIT)
 Priority Routine

POS 11
 Start Date 04/27/2022
 End Date 04/27/2023
 Received Date
 Referral Date 04/27/2022
 Appt Date
 Sub Status

Status Open Consult Pending Addressed

Diagnosis / Reason Visit Details Notes Structured Data

Reason *
 Description
 Upcoming appointment on 05/08/22. Will need Spanish interpretation

Diagnosis *
 Add

Code	Name
Z59.7	Insufficient social insurance and welfare support

Procedures
 Add E&M Add

Scan Attachment (2) Logs OK Cancel Send Referral