

INTRODUCING

**patientlink<sup>®</sup> 360**

# EXPLORE

Please review and update Emergency Contact information

Language: English

Aaa Aaa Aaa

\*First Name Bob

MI E

\*Last Name Smith

\*Date of Birth 01/01/1960

Mailing Address 1111 Road

Apt/Unit # 13

City Oklahoma City

State

Zip Co

Home Phone 666-666-6666

How would you like to pay?

Prior Balance: \$0.00

Today's visit fee: \$25.00

Total Due: \$25.00

Amount You Want to Pay: 25.00

Enter Your Billing Information

Card Number

Expiration Month: Jan [1]

Expiration Year: 2019

Billing Zip

What is this? CVV

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Privacy Policy

## Appointment Registration

**IMPORTANT:** Once you begin the registration process, you must complete all pages. The average time to complete forms is approximately 15 minutes.

To begin, enter your date of birth and appointment date below.

Patient Date of Birth

mm/dd/yyyy

Appointment Date

mm/dd/yyyy

Begin

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## Review Of Systems

Please mark only the symptoms you are CURRENTLY experiencing.  
Mark all that apply. If no symptoms, please mark "NONE."

General

Fever

Weight loss

Persistent cough

Fatigue

Weight gain

Shortness of breath

NONE

General aches

NONE

Difficulty breathing on exertion

NONE

Wheezing

Please review and update your personal information.

First Name: William

Last Name: Williams

DOB: 01/01/1960

Phone: 666-666-6666

Address: 1111 Road

City: Oklahoma City

State: OK

Zip: 73101

Home Phone: 666-666-6666

Cell Phone: 666-666-6666

Language: English

Consent: I have read and agree to the terms and conditions of the PatientLink 360 Check-In program.

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## ABOUT PATIENTLINK

At PatientLink, we understand that you need to collect the discrete data that is most beneficial to how you practice medicine and not all practices are alike!

That is why we are not a one size fits all solution company. We have a library of intake forms to choose from, or we will work with you to customize your health intake forms to fit your specific needs.

All patient data is sent to the Practice Management and Electronic Health Record as discrete, structured data, eliminating the burden of manual data entry. PatientLink helps save time, reduce data entry costs, generate income, and give you the ability to focus on the most important thing: the patient!

## ABOUT PATIENTLINK 360

PatientLink 360 allows patients to conveniently and securely self-check-in from their location of care, or from their own device prior to their appointment. Patients can check in from any web enabled device: computer, tablet, kiosk, or smartphone!

Patients can review and update their demographic information, make payments towards their copay or balance (with no processing fees), electronically sign forms, and complete customized health intake and assessment forms.

Location: All Locations

Appointment Date: 3/18/2019

Refresh Dashboard

Hide	Patient	Appointment	Forms	Forms Only	Status	Owed	Request Payment Amount	Paid
	<b>Robert Smith</b> Male, 62 yrs 08/13/1956 7350	1:00 PM New Patient Red Alert HOSPITAL EMERGENCY ROOM			03/17/2019 Guarantor	\$	10.00	
	<b>Christopher Brooks</b> Male, 44 yrs 04/16/1974 7380	1:00 PM Follow Up Visit Hunter Adams West Family Practice			03/15/2019 Online Complete	\$	10.00	
	<b>Christopher Brooks</b> Male, 44 yrs 04/16/1974 7380	4:30 PM New Patient Hunter Adams West Family Practice			Online Complete	\$	10.00	
	<b>John Duvall</b> 51 yrs 1967	1:00 PM Follow Up Visit Corey Heart East Medical Associates			03/17/2019 Complete	\$	10.00	

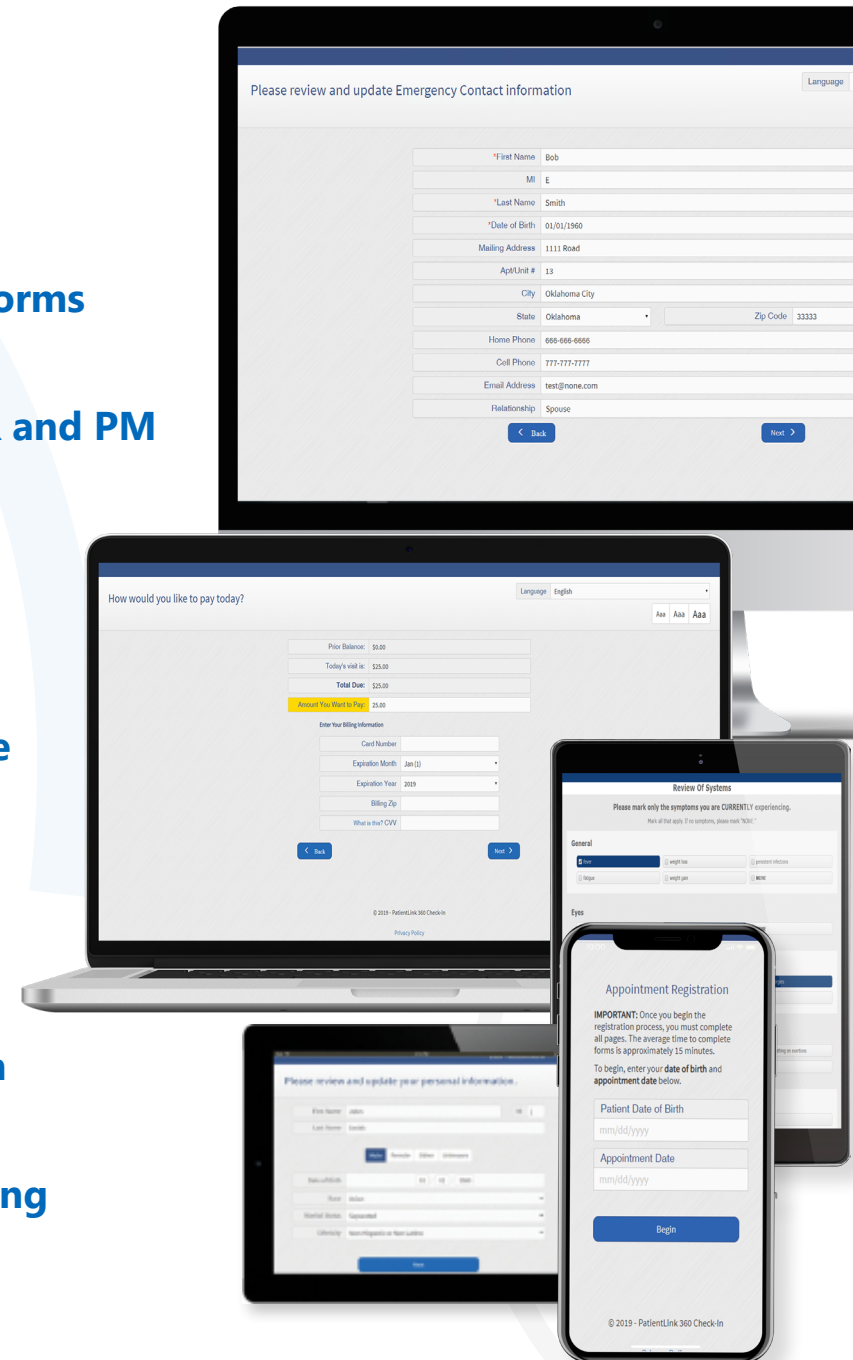
# FEATURES





## FEATURES OVERVIEW:

- PatientLink **Video Visits**
- Provider specific **Virtual Waiting Rooms**
- Patients complete **customized health intake and assessment forms**
- Forms completed **at home or in the office**
- All patient responses are sent as **structured data into your EHR and PM**
- Digital forms are **compatible with any web-enabled device**
- Collect patient **e-signatures**
- Collect patient **co-pays** or payments on previous balances
- **Fully integrated** with your EHR and PM
- Send automated **appointment reminders via Email/SMS/Voice**
- Send **broadcast messages** with customized templates
- Digital forms are **automated based on appointment type**
- Patients are able to review and **update their demographic info**
- Capture **insurance cards, photo ID, or any other image**
- Data can also be sent to **research databases, or to any location**
- Data can be sent simultaneously to **multiple locations**
- Collect information from patient **satisfaction surveys or reporting**
- Integrates with your chosen **merchant service provider**
- **No additional processing fees!**
- **Patient data can be reviewed** prior to being accepted into your EHR/PM
- Patient experience is **fully customized to meet your workflow!**



# CLINIC EXPERIENCE

Welcome to the **Clinic Check-In Dashboard!** You can easily monitor and manage each patient's profile and intake process.

## Clinic Check-In Dashboard

### Review Of Systems

Please mark only the symptoms you are CURRENTLY experiencing.  
Mark all that apply. If no symptoms, please mark "NONE."

**General**

fever  weight loss  persistent infections

fatigue  weight gain  NONE

**Eyes**

visual disturbances  glasses/contacts  NONE

**Ear, Nose, and Throat**

hearing loss  sinus pain  seasonal allergies

oral ulcers  NONE

**Cardiovascular**

chest pain  palpitations  difficulty breathing on exertions

shortness of breath  swelling hands/feet  NONE

**Respiratory**

difficulty breathing  chronic cough  wheezing

coughing blood  NONE

## Clinic Form Customization

### Demographics Info

You can edit the fields or click the icon to revert to its original value.

First Name: Penny  Middle Initial: P  Last Name: Perkins

Language: Select Language  Date of Birth: 03/03/1980

SSN: 333331111  Gender: Female

Street Address: 123 Penn Avenue  Marital Status: Single

Apt. Suite, Bldg.  Floor: Select Race

City: Scranton  Ethnicity: Select Ethnicity

State: PA  Email: lauren@mypatientlink.com

Zip: 18503  Usual Provider: Quinn, Michaela

Phone: 5555553333  Employment Status: Full Time

Cell Phone: 2222222222  Student Status: Not a Student

Work Phone

Work Phone Ext

**Additional Information**

Illness: Yes

Friends name

Spouse Name

Sexual Orientation

## Clinic Review Screen

patientlink 360

Update Dashboard | Process Queue | Required Fields | Users | Locations | Forms | Broadcast Messages | Reports

Location: All Locations

Appointment Date: 8/4/2020

Refresh Dashboard

Hide	Patient	Appointment	Forms	Skip PM	Status	Owed	Request Payment Amount	Paid
<input type="checkbox"/>	Christopher Brooks Male, 29 yrs 07/11/1991 7380	9:00 AM Follow Up Adult Hunter Adams West Family Practice	<input type="checkbox"/>	<input type="checkbox"/>	Acknowledge	\$ 0.00	<input type="text"/>	
<input type="checkbox"/>	ROBERT SMITH Male, 64 yrs 08/13/1956 7350	1:00 PM New Patient Red Alert HOSPITAL EMERGENCY ROOM	<input type="checkbox"/>	<input type="checkbox"/>	08/03/2020 Acknowledge	\$ 10.00	<input type="text"/>	
<input type="checkbox"/>	Susan Smith Female, 29 yrs 10/23/1990 7360	1:00 PM Evaluation Michaela Quinn West Family Practice	<input type="checkbox"/>	<input type="checkbox"/>	Acknowledge	\$ 0.00	<input type="text"/>	
<input type="checkbox"/>	John Duvall Male, 52 yrs 12/25/1967 7390	1:00 PM Follow Up Adult Corey Heart East Medical Associates	<input type="checkbox"/>	<input type="checkbox"/>	Acknowledge	\$ 0.00	<input type="text"/>	
<input type="checkbox"/>	Christopher Brooks Male, 29 yrs 07/11/1991 7380	1:00 PM Office Visit Hunter Adams West Family Practice	<input type="checkbox"/>	<input type="checkbox"/>	Acknowledge	\$ 0.00	<input type="text"/>	
<input type="checkbox"/>	Tyrone Johnson Male, 46 yrs 01/06/1974	1:00 PM New Patient David Bones	<input type="checkbox"/>	<input type="checkbox"/>	Acknowledge	\$ 0.00	<input type="text"/>	

# CLINIC EXPERIENCE

no-reply@patientlink360.com  
appointment check-in

To: Lance Ayers

Hello Tyrone Johnson,

Thank you for scheduling an appointment with us. Please find the details of the appointment below. If for any reason you need to cancel this appointment, please do so 24 hours prior to the scheduled time.

**Appointment Information**  
 Provider: David Bones  
 Date: 7/22/2020  
 Time: 1:00 PM  
 Phone: 405-432-5656 X 9843

Please complete the [online check-in process](#) at least 24-hours prior to your appointment.

Please be sure to bring with you:

- An updated list of your current medications
- Your insurance card
- Your state issued identification card

Template Name: holiday closure

Email Subject: Holiday closure for {location}

Appointment Type: All

Attending Abbreviation: All

Email Body

Hello {patientfname},

We will be closed on July 4, 2020.

If you need to contact us please do so directly at {phone}.

Thank you,

{location}

Send Test Email

## Reminders: Email, SMS Text, Voice

## Customize Messages

patientlink 360  
PatientLink 360 Reports

Report Name	Description
Accept Rejects per Day	Report to track # of "Accepts/Rejects" done each day by each separate user by date range grouped by location.
Check-in Summary	Report to track # of Emails Sent, Email check-in, SMS Sent, SMS check-in, clinic check-in done and overall total check-in for the day by date range grouped by location.
Check-in Summary - Graph	Report to track # of Email check-in, SMS check-in and clinic check-in done for the day by date range grouped by location represented in graph.

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Appointment Date: 07/29/2020

Location: All Locations (8)

Email Template: holiday closure

Reset Get Email List

Name	Email	Location	Appointment Type	Attending Abbreviation
Christopher Brooks	debi@mypatientlink.com	West Family Practice	OV	PATCH
Christopher Brooks	debi@mypatientlink.com	West Family Practice	F/UADULT	PATCH
CONNIE COMMERCIAL	karic@mypatientlink.com	West Family Practice	BHE	MEDWOMAN
John Duvall	RAVIR@MYPATIENTLINK.COM	East Medical Associates	F/UADULT	Heart
Jon Snow	lgoedecke1@gmail.com	HOSPITAL EMERGENCY ROOM	BHE	RALERT
Leslie O'Conner	laureng@mypatientlink.com	West Family Practice	NEWPAT	MEDWOMAN
MARCY MEDICAID	karic@mypatientlink.com	East Medical Associates	OV	BONES
ROBERT SMITH	ANGLAW@MYPATIENTLINK.COM	HOSPITAL EMERGENCY ROOM	NEWPAT	RALERT
Susan Smith	LAURENG@MYPATIENTLINK.COM	West Family Practice	BHE	MEDWOMAN

## Create Reports

## Send Broadcast Messages

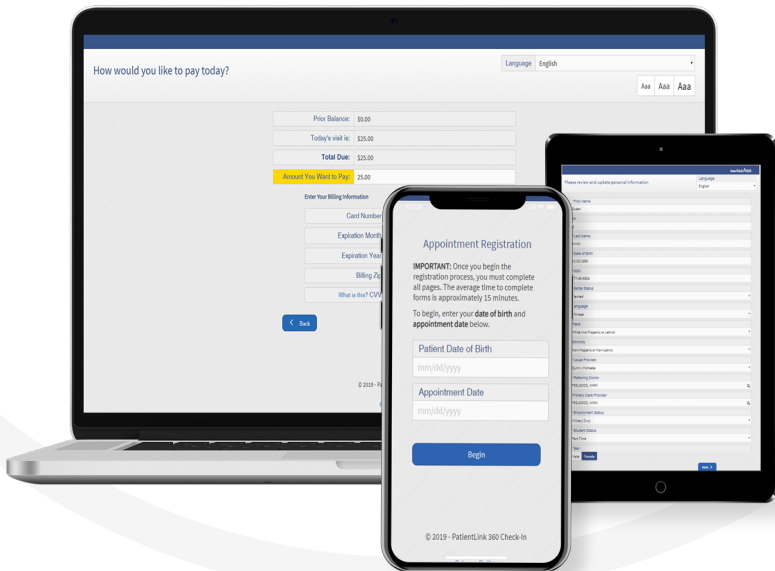
# PATIENT EXPERIENCE

PatientLink 360 offers patients two convenient ways to check in for an appointment, saving both the patient and clinic valuable time!

## With PatientLink 360 a Patient Can:

Securely and privately review and update their demographics, pay bills, electronically sign forms, submit their health history, and complete risk assessment forms from any web enabled device.

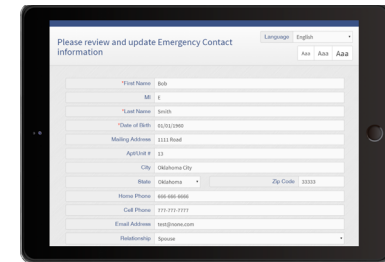
## 1 Self Check-In



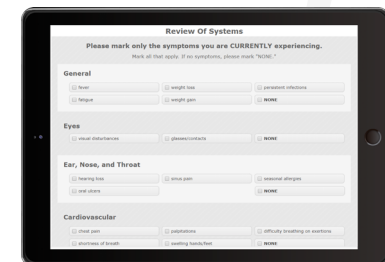
## 2 In-Office Check-In



Patient will enter their name and DOB on given device



Verify and/or update their demographic information

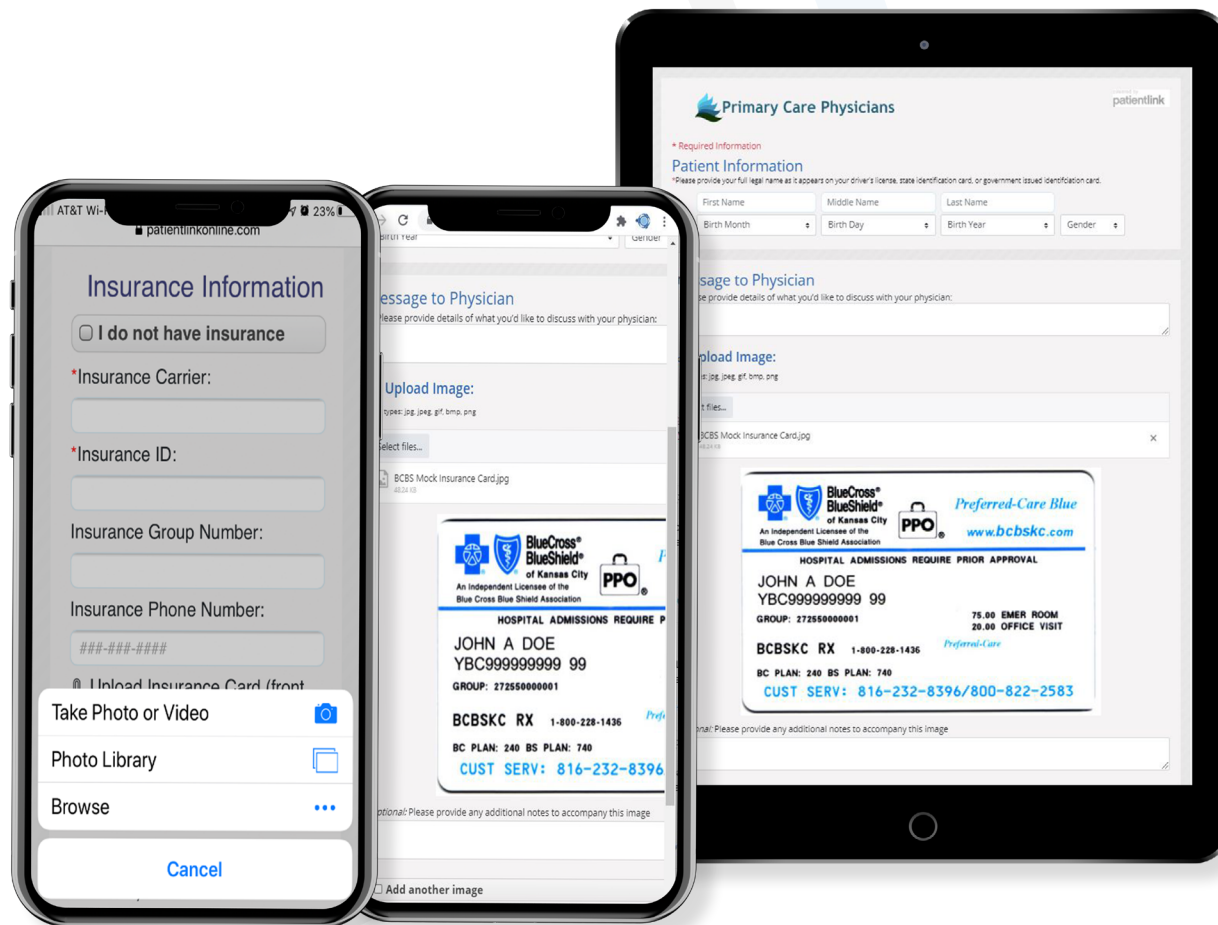


Complete clinical intake forms for their appointment (if prompted). Once completed, they're checked in!

# PATIENT EXPERIENCE

## With Self Check-In a Patient can:

Upload insurance cards, photo ID, or **any other image** during their check-in. The image is then sent as a chart attachment directly into your EHR.





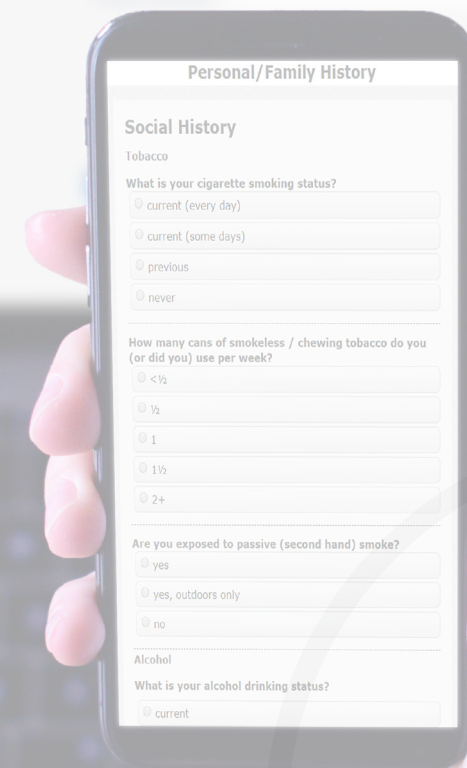
## BENEFITS OF PATIENTLINK:

- Improved coordination of care
- Better patient engagement
- More complete and accurate data
- Elimination of manual entry
- **In-house development and support team**
- Fully customizable intake forms
- Per LOC licensing model

## COMING SOON

- 2-Way SMS Messaging

For more information visit [www.MyPatientLink.com](http://www.MyPatientLink.com)  
or contact [Learnmore@MyPatientLink.com](mailto:Learnmore@MyPatientLink.com)



Personal/Family History

**Social History**

Tobacco

What is your cigarette smoking status?

current (every day)

current (some days)

previous

never

How many cans of smokeless / chewing tobacco do you (or did you) use per week?

<1/2

1/2

1

1 1/2

2+

Are you exposed to passive (second hand) smoke?

yes

yes, outdoors only

no

Alcohol

What is your alcohol drinking status?

current