See What's New from PayDC!

Here's what's in this Release (October 12, 2021)

Improvements:

Initial Exam Narrative Improvements

SUBJECTIVE

HISTORY OF PRESENT ILLNESS

She reports that she has experienced this condition before. She states: "test data."
Accident occurred on 10/7/2021 at approximately 3:40 PM.
Symptoms reported: None.

REVIEW OF SYSTEMS

ALLERGIC-IMMUNOLOGIC: Hay fever
CARDIOVASCULAR: Murmur

PROGNOSIS

Excellent - Full symptomatic and functional recovery expected within 2-4 weeks.

LONG-TERM GOALS

- Restoring functional independence.

2. Added line break after "additional notes"

REVIEW OF SYSTEMS

ALLERGIC-IMMUNOLOGIC: Hay fever
CARDIOVASCULAR: Murmur

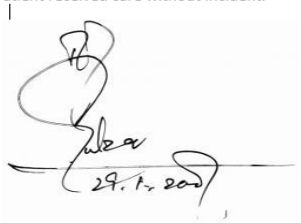
Patient was the driver of a motor vehicle was struck on the passenger side front

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 1-2 Regions (98940) consisting of Thompson technique was provided specifically to C6; T8, to relieve pain.
- New Patient evaluation and management service, 99204, was provided today.

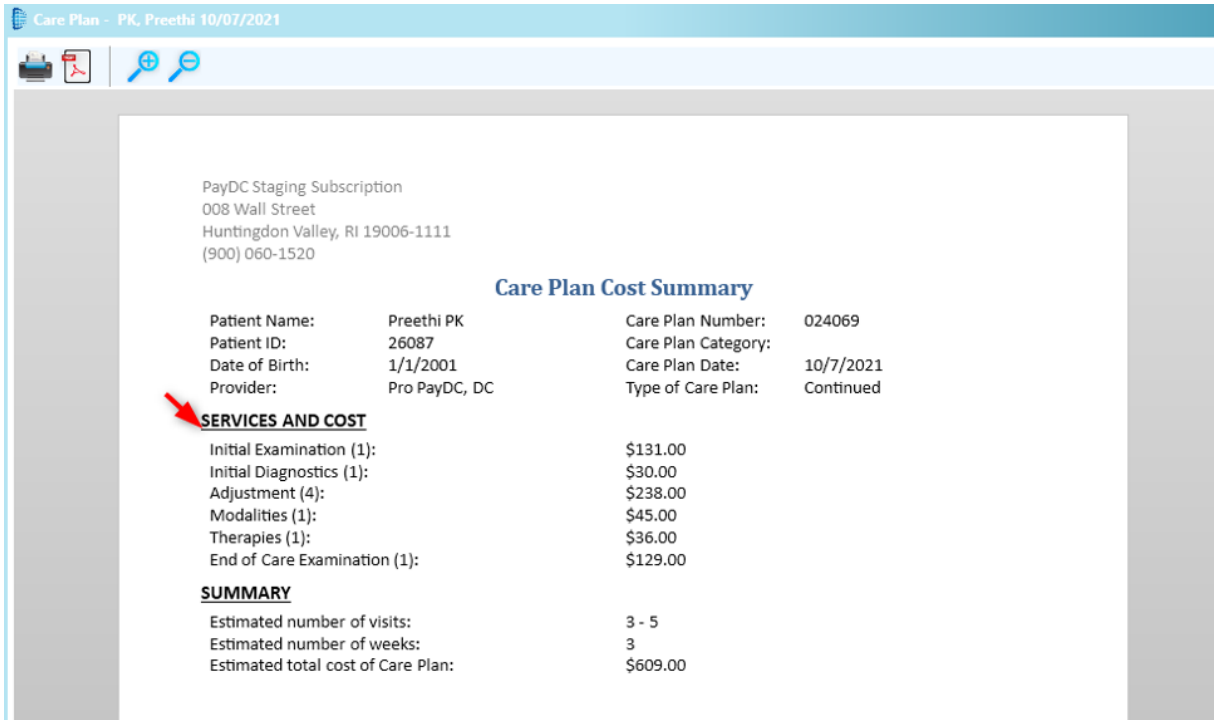
Patient received care without incident.

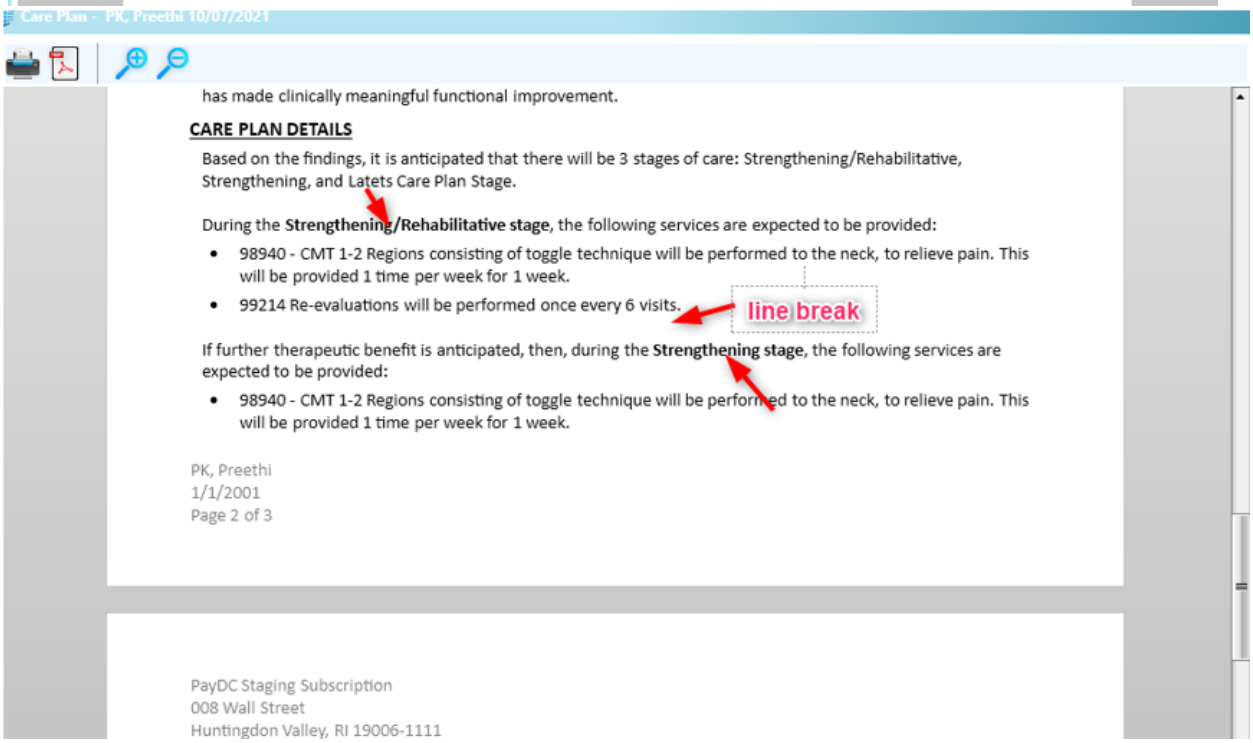


(Electronic Signature)
Provider Name: Pro T. PayDC, DC
Date: 10/07/2021 04:02 PM

Care Plan Narrative Improvements

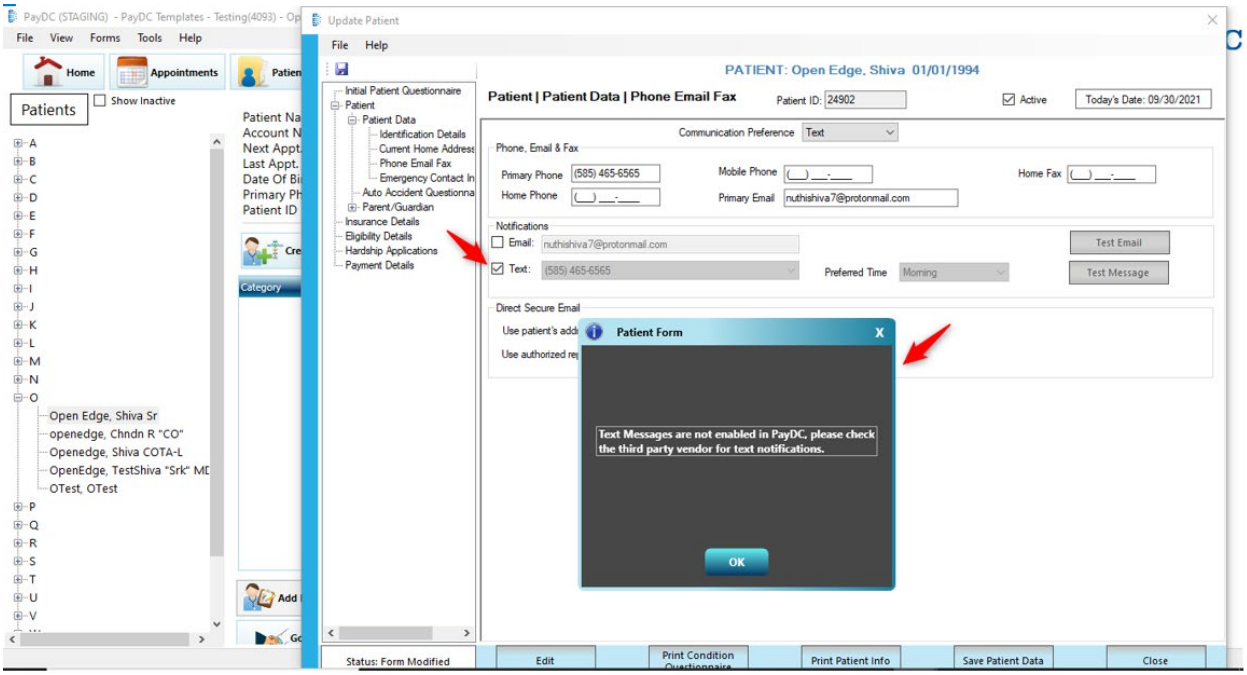
1. In SUMMARY OF SERVICES AND COST Removed "SUMMARY OF" wording, it now states "SERVICES AND COST".
2. During the Acute stage, the following services are expected to be provided – made acute stage label **bold** and added a line break after.





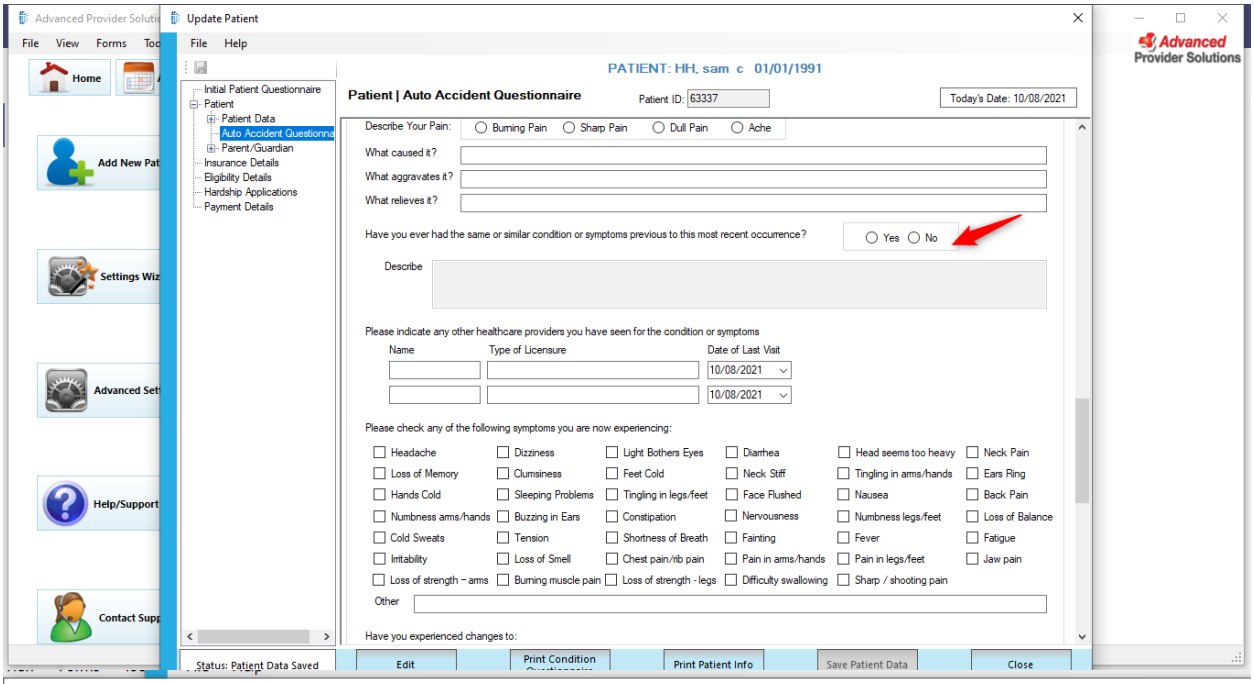
Review Wave Integration improvements

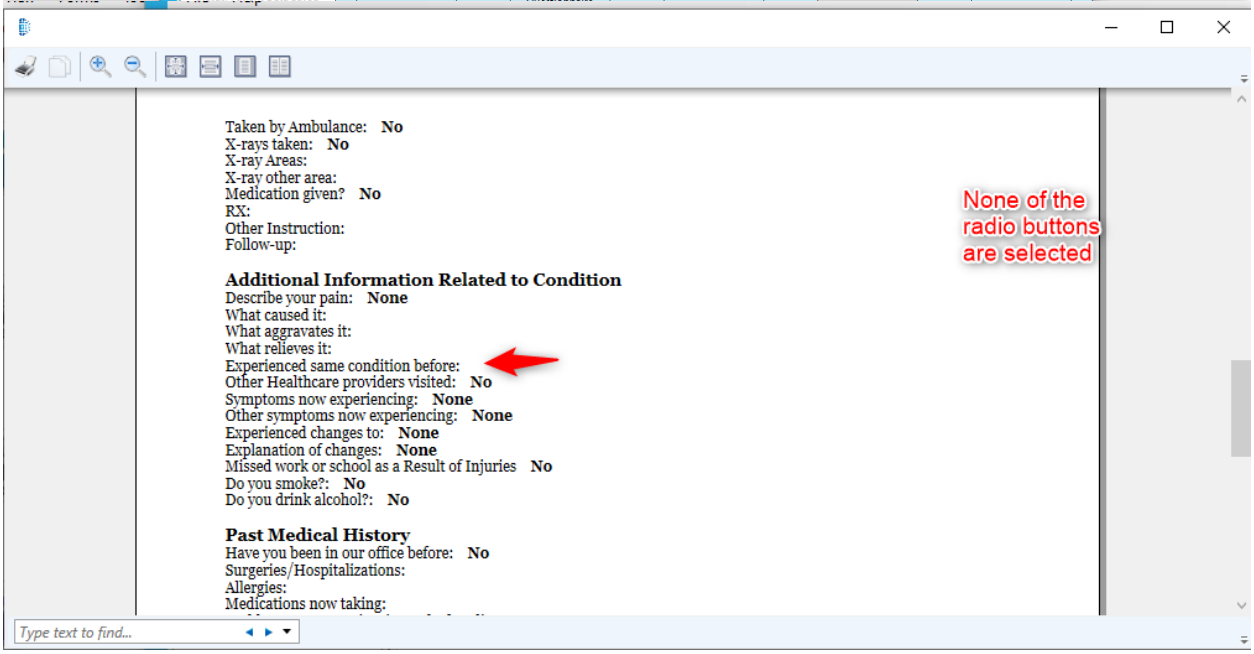
1. If an office has Review Wave initiated and enabled, the user should be able to save the Opt-in/out option for text notifications.
2. We are displaying an info dialog, “Text Messages are not enabled in PayDC, please check the third-party vendor for text notifications.”



Questionnaire Improvements

1. Changed this “Experienced this condition before “checkbox functionality to “Yes” and “No” Radio buttons.
2. By default, none of the “Yes”, “No” checkboxes should be checked.
3. When none of these checkboxes are checked, this statement should not show in narrative.
4. When one of the checkboxes is checked, the following statement is included in the narrative.
    - Yes - He/She has experienced this condition before.
    - No- He/She has never experienced this condition before.
5. If none of the options Yes/No are selected, disable the description text box - applies to both patient demographics, Notes>Additional HPI, and Patient Portal.
6. For a new patient - in Patient Account by default none of the radio buttons are selected, click on Print Condition Questionnaire button and in print info the 'Experienced same condition before' should be empty





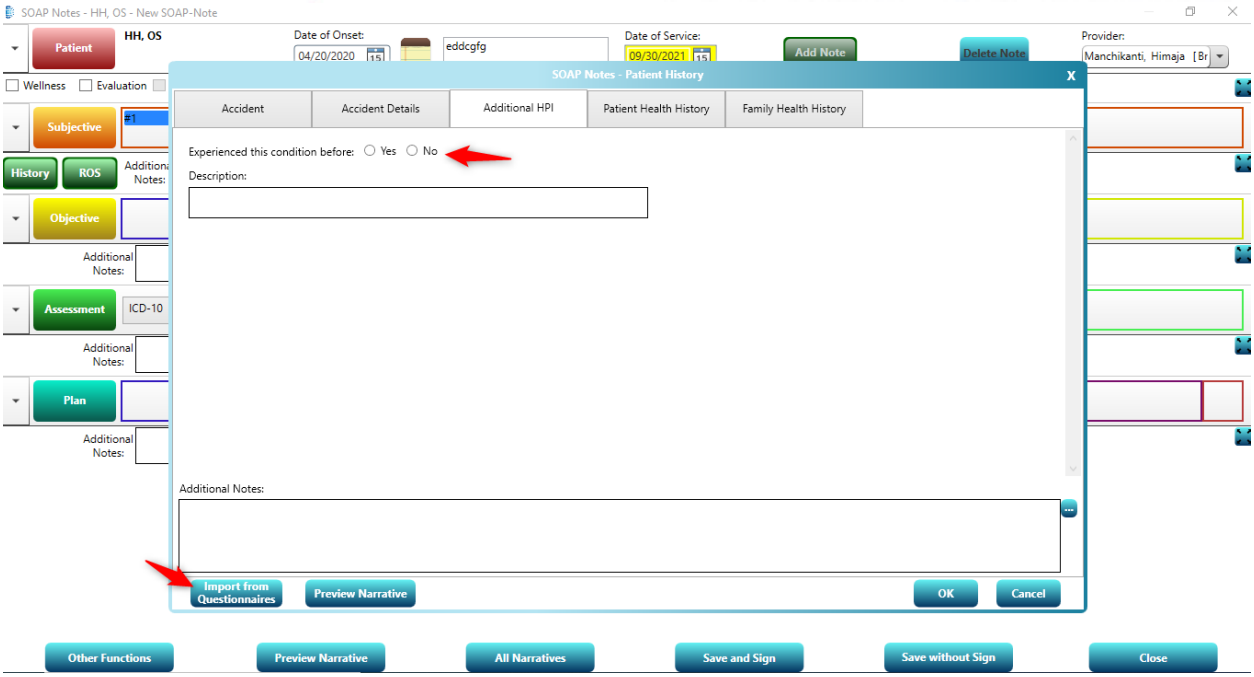
Taken by Ambulance: **No**
X-rays taken: **No**
X-ray Areas:
X-ray other area:
Medication given? **No**
RX:
Other Instruction:
Follow-up:

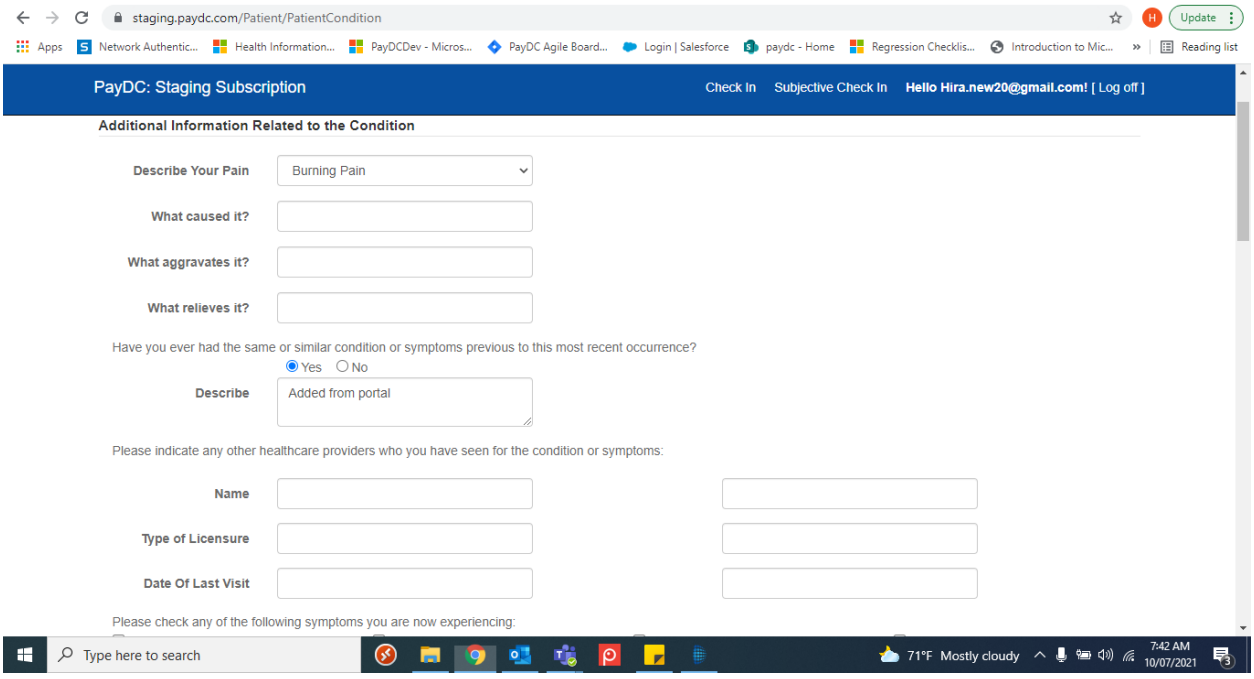
None of the radio buttons are selected

Additional Information Related to Condition
Describe your pain: **None**
What caused it:
What aggravates it:
What relieves it:
Experienced same condition before:
Other Healthcare providers visited: **No**
Symptoms now experiencing: **None**
Other symptoms now experiencing: **None**
Experienced changes to: **None**
Explanation of changes: **None**
Missed work or school as a Result of Injuries **No**
Do you smoke?: **No**
Do you drink alcohol?: **No**

Past Medical History
Have you been in our office before: **No**
Surgeries/Hospitalizations:
Allergies:
Medications now taking:

Type text to find...


SOAP Notes - HH, OS - New SOAP-Note
Patient
HH, OS
Date of Onset:
04/20/2020
eddcgfg
Date of Service:
09/30/2021
Add Note
Delete Note
Provider:
Manchikanti, Himaja [Br
Wellness
Evaluation
Subjective
History
ROS
Objective
Assessment
ICD-10
Plan
Additional Notes:
SOAP Notes - Patient History
Accident
Accident Details
Additional HPI
Patient Health History
Family Health History
Experienced this condition before: Yes No
Description:
Additional Notes:
Import from Questionnaires
Preview Narrative
OK
Cancel
Other Functions
Preview Narrative
All Narratives
Save and Sign
Save without Sign
Close


staging.paydc.com/Patient/PatientCondition
PayDC: Staging Subscription
Check In
Subjective Check In
Hello Hira.new20@gmail.com! [Log off]
Additional Information Related to the Condition
Describe Your Pain
Burning Pain
What caused it?
What aggravates it?
What relieves it?
Have you ever had the same or similar condition or symptoms previous to this most recent occurrence?
Yes No
Describe
Added from portal
Please indicate any other healthcare providers who you have seen for the condition or symptoms:
Name
Type of Licensure
Date Of Last Visit
Please check any of the following symptoms you are now experiencing:
Type here to search
71°F Mostly cloudy
7:42 AM
10/07/2021

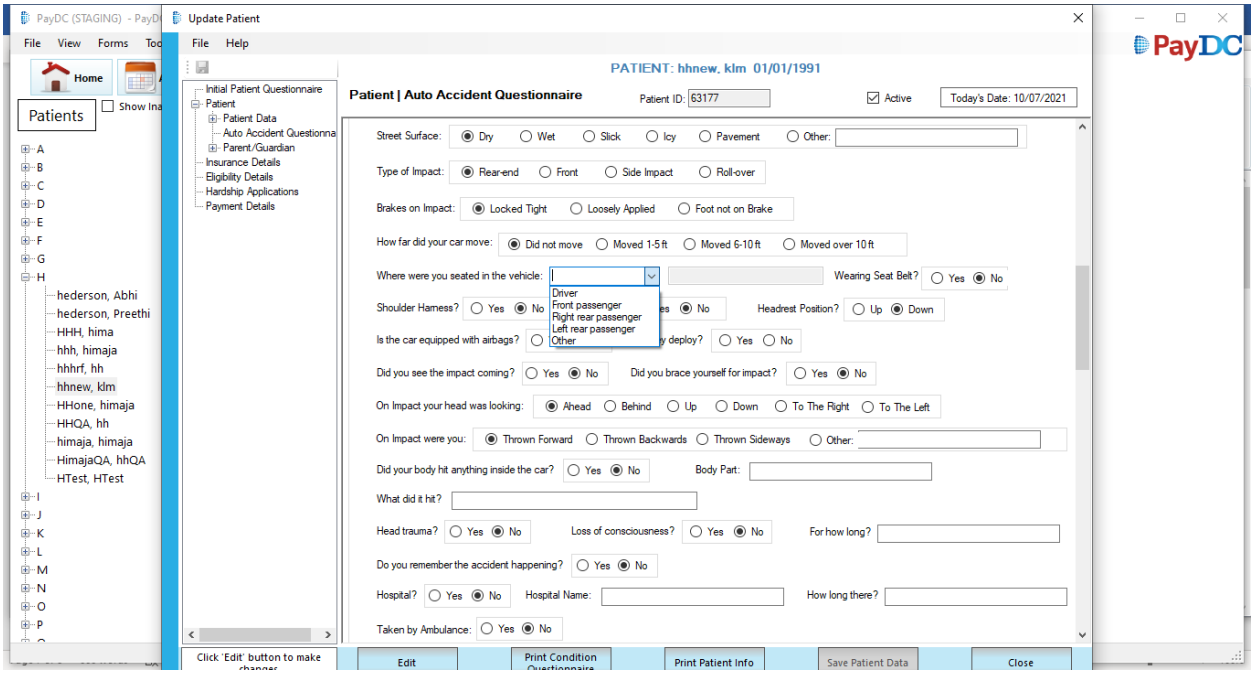
7. The following will be added as selections in the drop-down menu to the auto accident question "Where were you seated in the vehicle":

    a. *1.Driver 2. Front passenger 3. Right rear passenger 4. Left rear passenger and 5. Other*

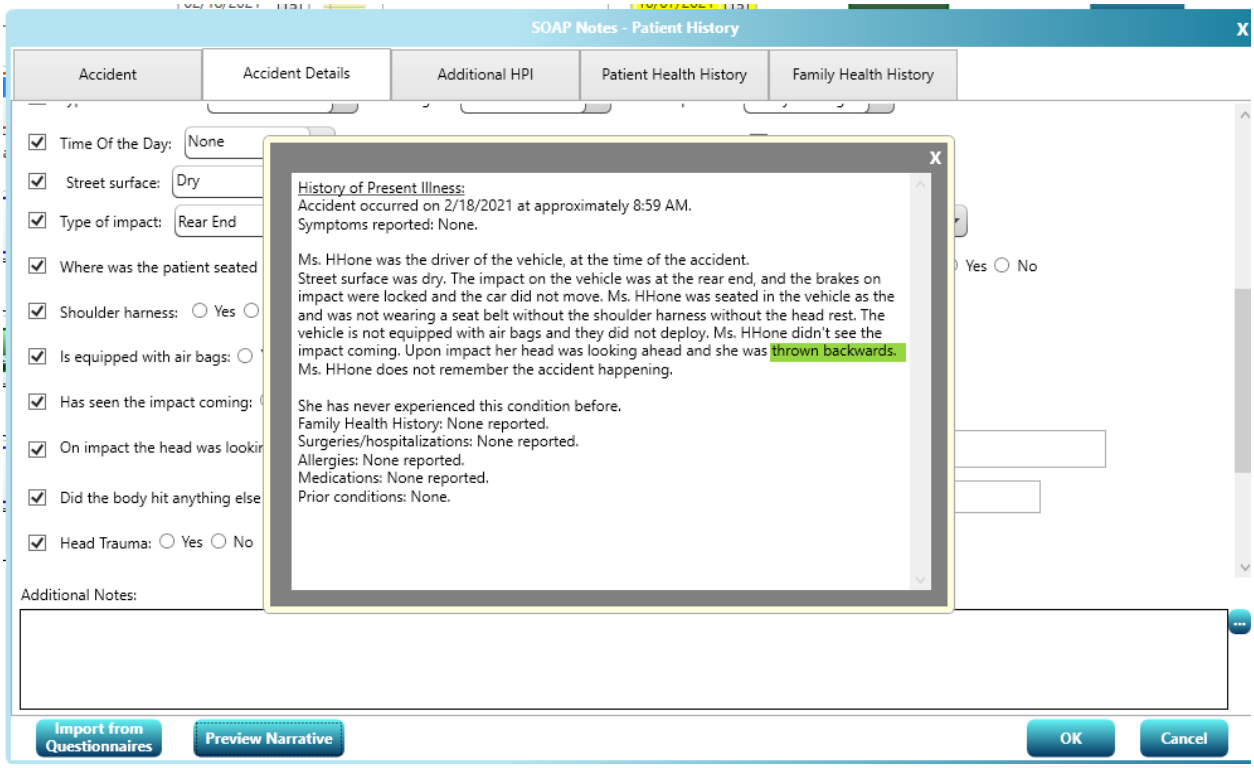
8. For New patient Auto Accident Questionnaire or for New Soap note History window, the selected item will be empty in the drop-down menu.

9. For Unsigned notes or existing patients Questionnaire, the "Other" option in the drop-down will be selected and whatever text you've previously entered will be displayed in the textbox.

10. If "Other" option is selected in the drop-down, only then will the Textbox be enabled.



11. In Questionnaire/Narrative: Added "thrown" to Questionnaire and Change sideway to "sideways" in narrative.



File Cabinet Improvements

Special characters like “<”, “>”, “|” are not allowed in the filename in accordance with Windows file naming standards, this will eliminate errors when viewing the files when opened from the File cabinet.

Thank you for trusting us as your software vendor!

Your PayDC/APS Development Team

Questions? You can always ask our Service Desk.

- If you are a PayDC customer, the phone number is **(888) 306-1257**; please choose option 4 for Service Desk.
- If you are an Advanced Provider Solutions customer, the phone number is **(855) 283-4940**; please choose option 4 for Service Desk.
- If you would like to contact the Service Desk via **e-mail**, please use the Contact Us form on our website. Please note: The Contact Us form is now secure, so you can include PHI in your description.