



See What's New from PayDC!

Here's what's in this Release (July 29th, 2022)

We've added a new option of "Unsure" to Damage Amount Estimate in Auto Accident Questionnaires in Patient Demographics and the Patient Portal. This "Unsure" option will be the default selection.

Update Patient File Help

PATIENT: Ross, Taylor 02/03/1999

Patient | Auto Accident Questionnaire Patient ID: 24449 Today's Date: 07/07/2022

Describe how the Accident took place

Describe your condition or symptoms caused by the Accident

Auto Accident Information

Were you the: ☒ Driver ☐ Passenger ☐ Pedestrian ☐ Bicyclist

Automobile you were in: Year Make Model

Damage to your car: ☐ Front ☐ Rear ☐ Driver Side ☐ Passenger Side ☐ Bumper ☐ Fender

Damage Amount Estimate: \$ ☐ Minor ☐ Major ☐ Totaled ☐ Moderate ☒ Unsure

Other Automobile: ☒ N/A Year Make Model

Damage to other car: ☐ Front ☐ Rear ☐ Driver Side ☐ Passenger Side ☐ Bumper ☐ Fender ☐ Minor ☐ Major ☐ Totaled ☐ Moderate ☒ Unsure

Where did the accident happen? Street Names: City: State:

Was it? ☒ Controlled Intersection ☐ Uncontrolled ☐ Not Intersection

Was there a traffic light: ☒ None ☐ Green ☐ Red ☐ Turn Arrow ☐ Stop Sign

Were you: ☒ Slowly Moving ☐ Moving ☐ Stopped

Status: Patient Data Saved Edit Print Condition Questionnaire Print Patient Info Save Patient Data Close



We also added this new option of “Unsure” to **Damage to other Car** for Auto Accident Questionnaires in the Patient Demographics and the Patient Portal. This “Unsure” option will be the default selection.

Update Patient (Close)

File Help

Patient | Auto Accident Questionnaire Patient ID: 24449 Today's Date: 07/07/2022

Describe how the Accident took place

Describe your condition or symptoms caused by the Accident

Auto Accident Information

Were you the: ☒ Driver ☐ Passenger ☐ Pedestrian ☐ Bicyclist

Automobile you were in: Year: Make: Model:

Damage to your car: ☐ Front ☐ Rear ☐ Driver Side ☐ Passenger Side ☐ Bumper ☐ Fender

Damage Amount Estimate: \$0 ☐ Minor ☐ Major ☐ Totaled ☐ Moderate ☒ Unsure

Other Automobile: ☒ N/A Year: Make: Model:

Damage to other car: ☐ Front ☐ Rear ☐ Driver Side ☐ Passenger Side ☐ Bumper ☐ Fender ☐ Minor ☐ Major ☐ Totaled ☐ Moderate ☒ Unsure

Where did the accident happen? Street Names: City: State: Select

Was it? ☒ Controlled Intersection ☐ Uncontrolled ☐ Not Intersection

Was there a traffic light: ☒ None ☐ Green ☐ Red ☐ Turn Arrow ☐ Stop Sign

Were you: ☒ Slowly Moving ☐ Moving ☐ Stopped

Status: Patient Data Saved Edit Print Condition Print Patient Info Save Patient Data Close

The “Unsure” option is also available in the SOAP Notes History in the Collision Details tab for these Damage Estimate statements. When “Unsure” is selected, these statements will not appear in the Narrative.

SOAP Notes - Ross, Taylor - New SOAP-Note (Close)

Patient: Ross, Taylor DOB: 02/03/1999 Date of Onset: 7/7/2022 Date of Service: 7/7/2022 Add Note Delete Note

Wellness Evaluation Subjective History ROS Objective Assessment ICD-10 Plan

SOAP Notes - Patient History (Close)

Collision Collision Details Additional HPI Patient Health History Family Health History

☒ Automobile details: Year: Make: Model:

☒ Vehicle damage: ☐ Front ☐ Rear ☐ Driver Side ☐ Passenger Side ☐ Bumper ☐ Fender

☒ Damage estimate: Amount: 0 Condition: Unsure

☐ Other automobile details: ☒ N/A Year: Make: Model:

☐ Other vehicle damage: ☐ Front ☐ Rear ☐ Driver Side ☐ Passenger Side ☐ Bumper ☐ Fender

☒ Damage estimate: Condition: Unsure

☒ Where did the collision happen: Street names: City: State: Select_State

☒ Type of intersection: Controlled Traffic light: None Was the patient: Slowly Moving

☒ Time Of the Day: None Weather conditions: ☐ Clear ☐ Cloudy ☐ Rainy ☐ Sunny

☒ Street surface: Dry

☒ Type of impact: Rear End Brakes on impact: Locked How far did the car move: Did Not Move

Additional Notes:

Import from Questionnaires Preview Narrative OK Cancel

Other Functions Preview Narrative All Narratives Save and Sign Save without Sign Close



We added a Line break after Symptoms reported in Narrative.

SOAP Notes - A, Krishna T "Krish" LCA - Modify SOAP-Note

Patient: A, Krishna T "Krish" LCA
DOB: 01/25/1980
Date of Onset: 3/25/2021
test sticky notes
Date of Service: 7/20/2022
Add Note
Delete Note
Provider: PayDC, Pro DC [Branch 2]

Care Plan Type: Acute
Re-Eval Date due on: None
Next Base line on: 8/10/2022
Select the Note to view: Wed, Jul 20, 2022 un-signed
Visit #: 1/0
Primary Ins: 1111
Note Created On: 7/20/2022 3:47 AM
Care Plan Category: None
Secondary Ins: Not Set
Progress Graph
File Cabinet
Most recent imaging file: 1/27/2022

Patients On Deck: Refresh
Chndn, Orchid 06:15 AM ACK Newpatient
Chndn, Orchid 09:00 AM ACK New Patier

SECOND COMPLAINT
Right leg
• Getting out of bed: 5/10
Collision occurred on 7/20/2022 at approximately 1:16 PM.
collision took at the office place
Symptoms reported: hit to the left knee
Mr. A was the driver of the vehicle, at the time of the collision. Street surface was dry. The impact on the vehicle was at the rear end. Upon impact, the brakes were locked, and the car did not move. Mr. A was seated in the vehicle. Mr. A didn't see the impact coming. Upon impact, his head was looking ahead and he was thrown forward. Mr. A does not remember the collision happening.
HISTORY OF PRESENT ILLNESS
He reports that he has experienced this condition before. He states: "additional note for auto."
PAST, FAMILY, SOCIAL HISTORY
Surgeries/Hospitalizations: None reported
Allergies: None reported
Medications: None reported

Other Functions Edit Note All Narratives Save and Sign Save without Sign Close

If there is an Additional Note for collision details, the line break will show after Additional Note.

SOAP Notes - A, Krishna T "Krish" LCA - Modify SOAP-Note

Patient: A, Krishna T "Krish" LCA
DOB: 01/25/1980
Date of Onset: 3/25/2021
test sticky notes
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Patients On Deck: Refresh
Chndn, Orchid 06:15 AM ACK Newpatient
Chndn, Orchid 09:00 AM ACK New Patier

Collision occurred on 7/20/2022 at approximately 1:16 PM.
collision took at the office place
Symptoms reported: hit to the left knee
Additional text entered by Mike for testing purpose.
Mr. A was the driver of the vehicle, at the time of the collision. Street surface was dry. The impact on the vehicle was at the rear end. Upon impact, the brakes were locked, and the car did not move. Mr. A was seated in the vehicle. Mr. A didn't see the impact coming. Upon impact, his head was looking ahead and he was thrown forward. Mr. A does not remember the collision happening.
HISTORY OF PRESENT ILLNESS
He reports that he has experienced this condition before. He states: "additional note for auto."
PAST, FAMILY, SOCIAL HISTORY
Surgeries/Hospitalizations: None reported
Allergies: None reported
Medications: None reported
Prior conditions: None
Son: Asthma

Other Functions Edit Note All Narratives Save and Sign Save without Sign Close



For ease of use for your patients, we've removed the previously required Date Calendars from Patient Health History > List of Previous Injuries in the Patient Demographics and Patient Portal.

PATIENT: A. Krishna T. "Krish" 01/25/1980 (007)

Patient ID: 19556 Active Today's Date: 07/27/2022

Patient | Auto Accident Questionnaire

Do you smoke? ☐ Yes ☒ No Number of packs:

Do you drink alcohol? ☒ Yes ☐ No Number of drinks:

Notes:

Past Medical History

Have you been in our office before: ☐ Yes ☒ No

List any previous injuries (automobile, on the job injuries, slips, falls, sports, etc.) and provide the injury date:

1)

2)

3)

Surgeries/Hospitalizations:

Allergies (please list all):

List all medications you are now taking and why:

Do you now or have you ever had:

☐ Heart Disease ☐ Diabetes ☐ Cancer ☐ Stroke ☐ High Blood Pressure ☐ Thyroid Problem

☐ Tuberculosis ☐ Prostate Disorder ☐ Kidney Problems ☐ Asthma ☐ Ulcer ☐ Seizure Disorder

Other:

Click 'Edit' button to make changes

Edit Print Condition Questionnaire Print Patient Info Save Patient Data Close

Thank you for trusting us as your software vendor!

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.