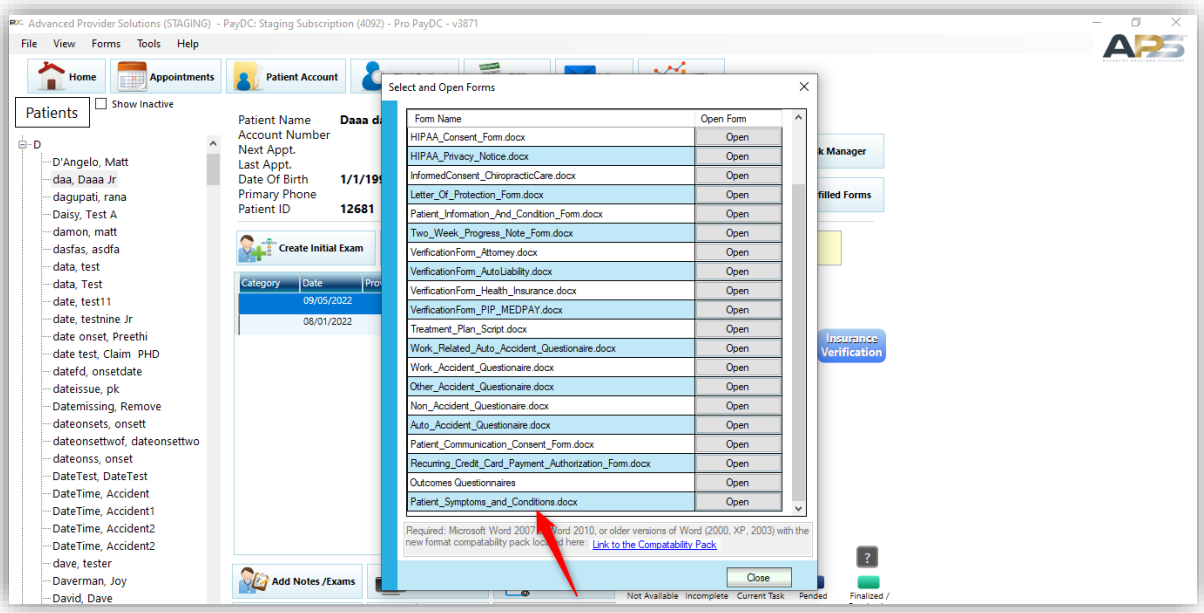
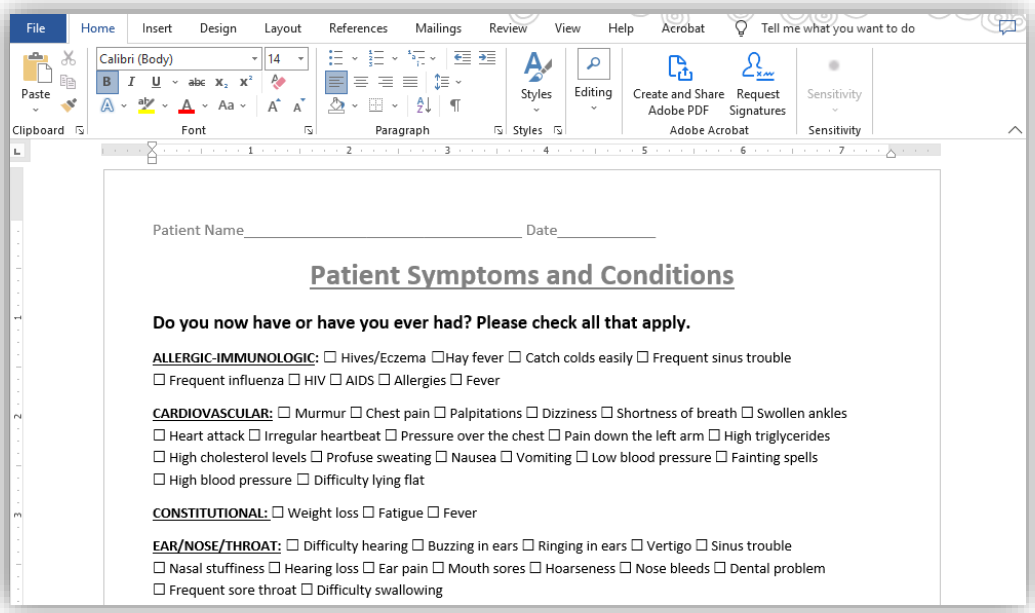
See What's New from PayDC!

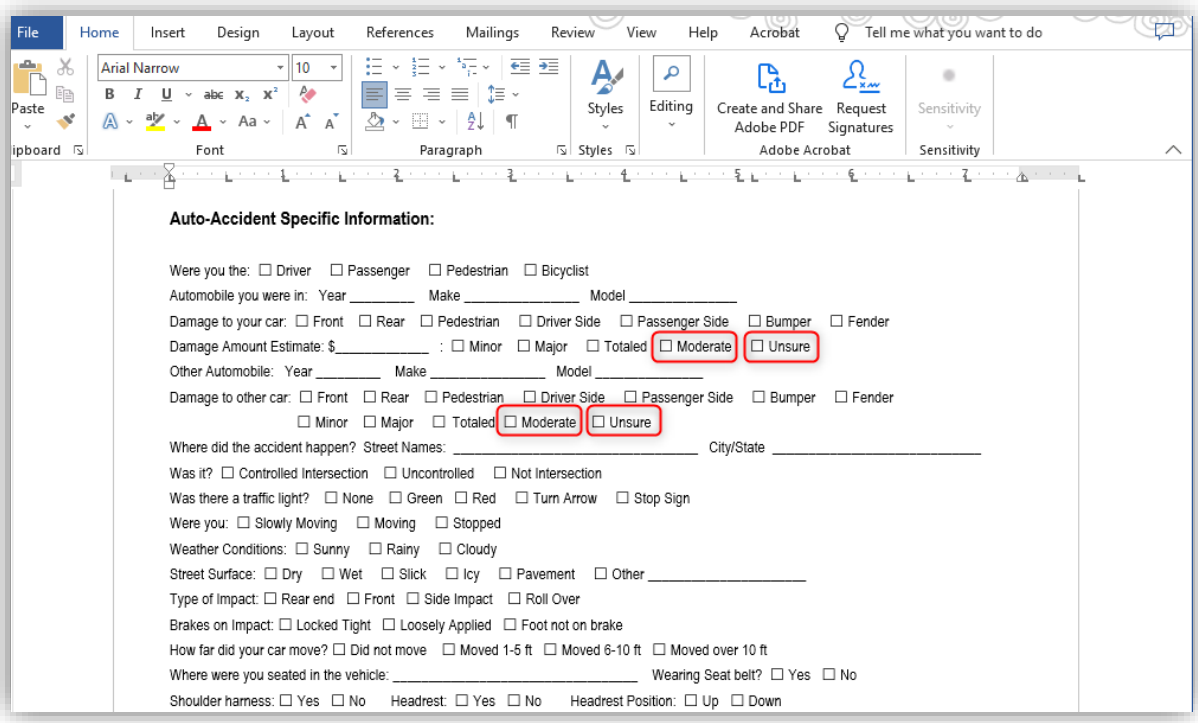
Here's what's in this Release (September 16, 2022)

All questions regarding patient symptoms have been omitted from Condition Questionnaires and are now part of the **NEW** form named "Patient Symptoms and Conditions" in the Empty Forms list. This form is aligned with the Review of Systems (ROS) sections in both the patient demographics and SOAP notes screens.





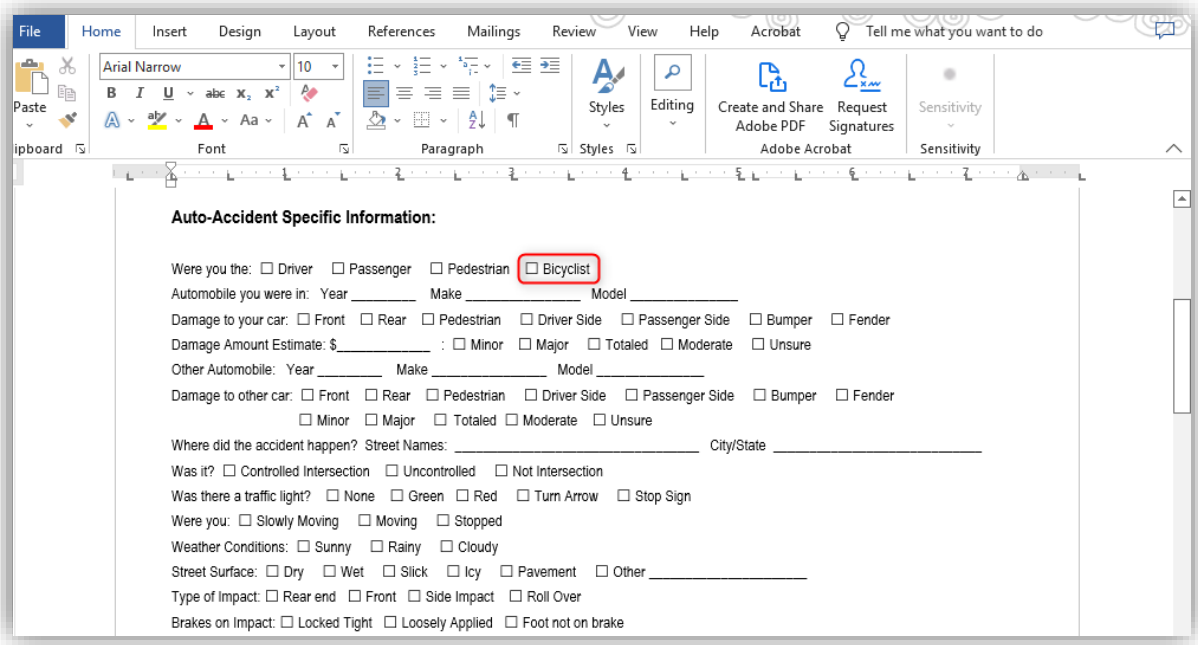
Added “Unsure” and “Moderate” options to Accident Questionnaires.



Auto-Accident Specific Information:

Were you the: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Bicyclist
Automobile you were in: Year _____ Make _____ Model _____
Damage to your car: ☐ Front ☐ Rear ☐ Pedestrian ☐ Driver Side ☐ Passenger Side ☐ Bumper ☐ Fender
Damage Amount Estimate: $_____ : ☐ Minor ☐ Major ☐ Totaled ☐ Moderate ☐ Unsure
Other Automobile: Year _____ Make _____ Model _____
Damage to other car: ☐ Front ☐ Rear ☐ Pedestrian ☐ 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
Weather Conditions: ☐ Sunny ☐ Rainy ☐ Cloudy
Street Surface: ☐ Dry ☐ Wet ☐ Slick ☐ Icy ☐ Pavement ☐ Other _____
Type of Impact: ☐ Rear end ☐ Front ☐ Side Impact ☐ Roll Over
Brakes on Impact: ☐ Locked Tight ☐ Loosely Applied ☐ Foot not on brake
How far did your car move? ☐ Did not move ☐ Moved 1-5 ft ☐ Moved 6-10 ft ☐ Moved over 10 ft
Where were you seated in the vehicle: _____ Wearing Seat belt? ☐ Yes ☐ No
Shoulder harness: ☐ Yes ☐ No Headrest: ☐ Yes ☐ No Headrest Position: ☐ Up ☐ Down

Added “Bicyclist” option to Auto Accident Questionnaires.



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Were you the: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Bicyclist
Automobile you were in: Year _____ Make _____ Model _____
Damage to your car: ☐ Front ☐ Rear ☐ Pedestrian ☐ Driver Side ☐ Passenger Side ☐ Bumper ☐ Fender
Damage Amount Estimate: $_____ : ☐ Minor ☐ Major ☐ Totaled ☐ Moderate ☐ Unsure
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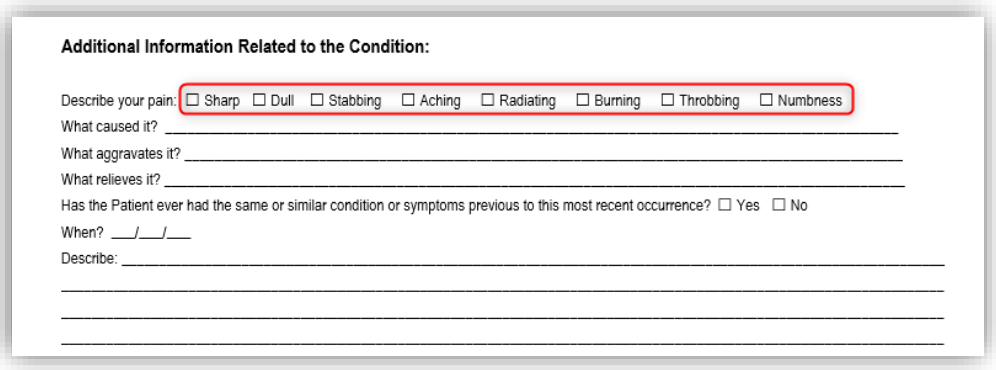
Type of Impact: ☐ Rear end ☐ Front ☐ Side Impact ☐ Roll Over
Brakes on Impact: ☐ Locked Tight ☐ Loosely Applied ☐ Foot not on brake

Added Radiating, Throbbing, Numbness, Stabbing pain types in all questionnaires.



Additional Information Related to the Condition:

Describe your pain: ☐ Sharp ☐ Dull ☐ Stabbing ☐ Aching ☐ Radiating ☐ Burning ☐ Throbbing ☐ Numbness

What caused it? _____

What aggravates it? _____

What relieves it? _____

Has the Patient ever had the same or similar condition or symptoms previous to this most recent occurrence? ☐ Yes ☐ No

When? ___/___/___

Describe: _____

_____

_____

_____

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.