A Day in the Life of a Wired Internist

New Tools for the Wired Office

Daniel Litoff  M.D.
Harbor Medical Group
Chicago, IL
Web Tools

- Palm Applications
- Patient Communication
- Links to Payers
Palm Applications

- Prescription Writing
- Drug Information
- Charge Capture
Ephysician Data Flow

Medic PMS

Wireless

DSL

Internet Server

Fax

DSL

Rx

Print
The password for this demo is 1234.
Federal and state regulations require a hand-written signature on all transmitted prescriptions.

Please enter your signature:
<table>
<thead>
<tr>
<th>Patient Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carroll, Gabrielle B.</td>
</tr>
<tr>
<td>Chan, Danielle</td>
</tr>
<tr>
<td>Chan, Quana</td>
</tr>
<tr>
<td>Lyon, Gabrielle S., Jr.</td>
</tr>
<tr>
<td>Mummert, Mary</td>
</tr>
<tr>
<td>Pell, Mitchell</td>
</tr>
<tr>
<td>Reizes, Ben</td>
</tr>
<tr>
<td>Reizes, Mitchell J.</td>
</tr>
</tbody>
</table>

Look up:
Name: Mary Mummert
RX: Rx... Favorites...
#: Sig: Refills:
Pharmacy: Best Service Pharmacy
Summary
Done
<table>
<thead>
<tr>
<th>Select Rx:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ortho-Novum 7/7/7</td>
<td>out</td>
</tr>
<tr>
<td>OxyContin</td>
<td>on</td>
</tr>
<tr>
<td>Pepcid</td>
<td>out</td>
</tr>
<tr>
<td>Plavix</td>
<td>on</td>
</tr>
<tr>
<td>Prevacid</td>
<td>out</td>
</tr>
<tr>
<td>Seroquel</td>
<td>on</td>
</tr>
</tbody>
</table>

- Back | Clear | F & C | Next |
Rx: Plavix 75 mg tab po

Select Sig:
- take 1 tab po qd

Use as directed
Custom Sig:
- take [ ] _______ tab po ▼ qd
Name: Mary Mummmert
Rx: Plavix 75 mg tab po

#: 30 tabs
Sig: take 1 tab po qd
Refills: 3

Do not substitute
Add to favorites

Pharmacy: Best Service Pharmacy

Back  Clear  Cancel  Save
**To:** Matthei Pharmacy  
111 N Wabash Ave Rm 912  
Chicago, IL 60602-1905  
Phone #: (312) 263-7194  
Fax #: (312) 263-7636

**From:** Thomas A. Carlson, MD  
111 N. Wabash Suite 800  
Chicago, IL 60602  
Phone #: (312) 641-2921  
Fax #: (312) 641-6184  
Licenses: DEA Lic#  
IL Lic# 036051202

**Written On:** 12/5/2000 5:30:40 PM  
**Transmitted At:** 12/5/2000 3:25:30 PM  
**Control #:** 90759

**Patient Name:** Dan N. Bell  
Chicago, IL 60618  
(773) -  
**D.O.B.:** 05/17/1957

**Rx:** Zantac 150 tab po  
**#:** 60 tabs  
**SIG:** take 1 tab po bid  
**Rx Notes:**

**Refills:** 6

---

(Signature)

[X] May Substitute  [ ] May Not Substitute

---

ePhysician

If you have questions or comments, please call (888) 566-5250, or visit [www.ephysician.com](http://www.ephysician.com).
### Date of Report: 1/28/2001 12:14 PM

Total items found: 27

<table>
<thead>
<tr>
<th>Date (MM/DD/YYYY HH:MM:SS PM)</th>
<th>Provider</th>
<th>Patient</th>
<th>Ordered By</th>
<th>Control #</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/26/2001 5:31:03 PM</td>
<td>D. H. L.</td>
<td>JULIUS</td>
<td>D. H. L.</td>
<td>123690</td>
<td>Fax sent ok</td>
</tr>
<tr>
<td>1/26/2001 5:04:43 PM</td>
<td>D. H. L.</td>
<td>BRIAN</td>
<td>D. H. L.</td>
<td>123512</td>
<td>Fax sent ok</td>
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<tr>
<td>1/26/2001 4:32:47 PM</td>
<td>D. H. L.</td>
<td>RUSSELL C.</td>
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<td>123484</td>
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<td>1/26/2001 4:14:12 PM</td>
<td>D. H. L.</td>
<td>SHIRLEY</td>
<td>D. H. L.</td>
<td>123463</td>
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<tr>
<td>1/26/2001 4:13:54 PM</td>
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<td>SHIRLEY</td>
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<td>123462</td>
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<td>1/26/2001 2:54:08 PM</td>
<td>D. H. L.</td>
<td>CHRIS</td>
<td>D. H. L.</td>
<td>123342</td>
<td>Sent to printer</td>
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<tr>
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<td>EDNA</td>
<td>D. H. L.</td>
<td>123215</td>
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<td>1/26/2001 1:16:47 PM</td>
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<td>EDNA</td>
<td>D. H. L.</td>
<td>123213</td>
<td>Fax sent ok</td>
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<tr>
<td>1/26/2001 1:15:55 PM</td>
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<td>EDNA</td>
<td>D. H. L.</td>
<td>123212</td>
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</tr>
<tr>
<td>1/26/2001 1:15:11 PM</td>
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<td>EDNA</td>
<td>D. H. L.</td>
<td>123211</td>
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</tr>
<tr>
<td>1/26/2001 12:06:04 PM</td>
<td>D. H. L.</td>
<td>RONALD S.</td>
<td>D. H. L.</td>
<td>123094</td>
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</tr>
<tr>
<td>1/25/2001 2:25:33 PM</td>
<td>D. H. L.</td>
<td>JOYCE</td>
<td>D. H. L.</td>
<td>122928</td>
<td>Fax sent ok</td>
</tr>
<tr>
<td>1/25/2001 2:05:18 PM</td>
<td>D. H. L.</td>
<td>JOYCE</td>
<td>D. H. L.</td>
<td>122827</td>
<td>Fax sent ok</td>
</tr>
</tbody>
</table>
List prescription orders by entering your search options below, then click Show.

- **Patient's Name:** L, Dan
- **Show records for:** Entire History

**Date of Report:** 1/28/2001 12:18 PM
**Patient Name:** Dan
**Records from:** Entire History
**Total items found:** 15

<table>
<thead>
<tr>
<th>Date</th>
<th>Provider</th>
<th>Type</th>
<th>Item Ordered</th>
<th>Ordered By</th>
<th>Status</th>
<th>Control #</th>
<th>Reorders</th>
<th>Print</th>
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</thead>
<tbody>
<tr>
<td>12/05/2000</td>
<td>T. A. C.</td>
<td>Rx</td>
<td>Zantac 150 tab po</td>
<td>T. A. C.</td>
<td>Sent</td>
<td>90759</td>
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<tr>
<td>10/17/2000</td>
<td>T. A. C.</td>
<td>Rx</td>
<td>Accupril 10 mg tab po</td>
<td>T. A. C.</td>
<td>Sent</td>
<td>68695</td>
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<td></td>
</tr>
<tr>
<td>09/29/2000</td>
<td>T. A. C.</td>
<td>Rx</td>
<td>Accupril 5 mg tab po</td>
<td>T. A. C.</td>
<td>Sent</td>
<td>62022</td>
<td></td>
<td></td>
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<tr>
<td>09/27/2000</td>
<td>T. A. C.</td>
<td>Rx</td>
<td>Zoloft 50 mg tab po</td>
<td>T. A. C.</td>
<td>Sent</td>
<td>61119</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/27/2000</td>
<td>T. A. C.</td>
<td>Rx</td>
<td>Accupril 5 mg tab po</td>
<td>T. A. C.</td>
<td>Sent</td>
<td>61032</td>
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<td></td>
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<tr>
<td>09/18/2000</td>
<td>A. M.</td>
<td>Rx</td>
<td>Zantac 150 tab po</td>
<td>A. M.</td>
<td>Sent</td>
<td>57831</td>
<td></td>
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</tr>
<tr>
<td>08/28/2000</td>
<td>T. A. C.</td>
<td>Rx</td>
<td>Amoxil 500 mg cap po</td>
<td>T. A. C.</td>
<td>Sent</td>
<td>50030</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/03/2000</td>
<td>D. H. L.</td>
<td>Rx</td>
<td>Accupril 5 mg tab po</td>
<td>D. H. L.</td>
<td>Sent</td>
<td>41679</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Results

[amiodarone/Coumadin]

decr. warfarin dose, monitor INR; combo may incr. INR, risk of bleeding (hepatic metab. inhibited)
Name: Mary Mummert
DOS: Jan 9, 2001
POS: Main Office

CPT: 99213 OutPt Est Interm

ICD: 413.9 Angina NOS

Follow up  Link  Cancel  Save
### Patient Information

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>LENISE</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>CHICAGO, IL 60649</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>-</td>
</tr>
<tr>
<td>DOB: 05/22/1954</td>
<td>Gender: F</td>
</tr>
<tr>
<td>SSN:</td>
<td>Account #: 1531</td>
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<table>
<thead>
<tr>
<th>Insurance Carrier Name:</th>
<th>AETNA US HEALTHCARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Plan Name:</td>
<td>AETNA US HEALTHCARE</td>
</tr>
<tr>
<td>Insurance Plan Type:</td>
<td>Other</td>
</tr>
<tr>
<td>Member ID:</td>
<td>KXVRN0</td>
</tr>
<tr>
<td>Policy Group #:</td>
<td></td>
</tr>
<tr>
<td>Insured's Name:</td>
<td>LENISE</td>
</tr>
<tr>
<td>Relation to Insured:</td>
<td></td>
</tr>
</tbody>
</table>

### Referring Physician:
Referring Physician UPIN:  

| Prior Authorization #: | |

### Diagnosis Codes

1. 250.00 - Diabetes mellitus, uncomplicated, type II, NOS
2. 401.1 - Hypertension, essential, benign

### Procedures

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Place of Service</th>
<th>Procedures</th>
<th>CPT/HCPCS Codes</th>
<th>Modifier</th>
<th>Diagnosis Codes</th>
<th>Charges</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/29/2000</td>
<td>11</td>
<td>Preventive visit, est, 40-64</td>
<td>99396</td>
<td></td>
<td>250.00, 401.1</td>
<td>$140.00</td>
<td>1</td>
</tr>
<tr>
<td>12/29/2000</td>
<td>11</td>
<td>Urinalysis, nonauto, w/scope</td>
<td>81000</td>
<td></td>
<td>250.00, 401.1</td>
<td>$25.00</td>
<td>1</td>
</tr>
<tr>
<td>12/29/2000</td>
<td>11</td>
<td>Reagent strip/blood glucose</td>
<td>82948</td>
<td></td>
<td>250.00, 401.1</td>
<td>$20.00</td>
<td>1</td>
</tr>
</tbody>
</table>

### Return Visit:

Return Visit:

Follow-up Notes:

Total Charges: $185.00

Copay Paid:

Other Paid:

Total Paid: $0.00

Balance Due: $185.00
Patient Communication

- Appointments
- Managed Care Referrals
- Prescription Refills
- Patient Email
HARBOR MEDICAL GROUP - QUALITY CARE AND YOU

Harbor Medical Group provides comprehensive medical care for adults. Our professional staff consists of three experienced board certified physicians. Giving our patients the quality they deserve, we believe in addressing each patient's individual needs. For your convenience we offer a variety of specialized services on-site to help meet your total health care needs.

- Routine exams and physicals
- Corporate and executive physicals
- EKG's
- Blood Testing
- Flexible sigmoidoscopy
- Preventative medicine programs and education

Use this site to communicate with our office:
- Make an appointment
- Request a managed care referral
- Refill a prescription
- Ask a question
Make An Appointment

Requests for appointments will be processed within 3 business days. For urgent appointments or emergencies call the office at (312) 641-2921.

Check Office Hours

"*" Denotes required field

Appointment Information:

* Are you a new patient? □ No (returning) □ Yes
* Doctor: □ Dr. Carlson □ Dr. Litoff □ Dr. Munteanu

*What type of Appointment is this?□ Complete Physical □ Follow Up Exam □ Lab Only □ Allergy Shot □ Other

Reason For Appointment:

* Date/Time Requested: □ January □ 1 □ 2001 □ AM □ PM

Keep in mind your Doctor’s Office Hours when requesting an appointment Date and Time.

* Location: □ Loop Office 111 N. Wabash □ Lakeview Office 3000 N. Halsted

Patient Information:

* Patient Name: Last, First
* Email Address:
* Telephone: □ (xxx) xxx-xxxx
Address1: 
Address2: 
City, State, Zip: 
*Date of Birth: □ dd/mm/yyyy
SS#: □ xxx-xx-xxxx
Request A Managed Care Referral

Requests for referrals will be processed within 3 business days. For urgent appointments or emergencies call the office at (312) 641-2921.

"*" Denotes required field

* Are you a new patient?  ○ No (returning) ○ Yes
* Doctor: ○ Dr. Carlson ○ Dr. Litoff ○ Dr. Munteanu

Specialist Information
*Doctor: ____________________________
*S specialty: _________________________

* Date Requested By: January 1 2001

Reason For Referral:

Patient Information:
* Patient Name: Last, First
* Email Address: ________________________
* Telephone: (___) ___-____
Address1: ______________________________
Address2: ______________________________
City, State, Zip: _________________________
*Date of Birth: __/__/____
Request A Prescription Refill

Requests for prescription refills will be processed within 3 business days. For urgent requests or emergencies call the office at (312) 641-2921.

"*" Denotes required field

* Are you a new patient? ○ No (returning) ○ Yes
* Doctor: ○ Dr. Carlson ○ Dr. Litoff ○ Dr. Munteanu

Prescription Information:
* Drug Name:                
* Drug Dosage:               
* How is medication taken?:  
* Pharmacy Name:             
* Pharmacy Address:          
* Pharmacy Phone: (xxx) xxx-xxxx

* Date Requestd By: [Calendar]

Patient Information:
* Patient Name: Last, First
* Email Address:               
* Telephone: (xxx) xxx-xxxx
Address1:                          
Address2:                          
City, State, Zip:                  
* Date of Birth: dd/mm/yyyy
SS#: xxx-xx-xxxx
Contact Us

Requests will be processed within 3 business days. For urgent requests or emergencies call the office at (312) 641-2921.

"*" Denotes required field

* Are you a new patient? ○ No (returning) ○ Yes
* Doctor: ○ Dr. Carlson ○ Dr. Litoff ○ Dr. Munteanu

Patient Information:
* Patient Name: Last, First
* Email Address: 
* Telephone: (xxx) xxx-xxxx
Address1: 
Address2: 
City, State, Zip: 
*Date of Birth: dd/mm/yyyy
SS#: xxx-xx-xxxx

Question:

Requests will be processed within 3 business days. For urgent requests or emergencies call the office at (312) 641-2921.
Links to Payers

• Eligibility
• Managed Care Authorizations
• Specialist and Network Information
• Claim Status
## Humana Eligibility Results

Medicare # entered: 0439A

<table>
<thead>
<tr>
<th>Patient</th>
<th>Member ID</th>
<th>Date of Birth</th>
<th>Relationship to Insured</th>
<th>Effective Date</th>
<th>End Date</th>
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<tbody>
<tr>
<td>LUCY</td>
<td></td>
<td>08/03/1928</td>
<td>SUBSCRIBER</td>
<td>01/01/1999</td>
<td>None</td>
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<table>
<thead>
<tr>
<th>Insured Info</th>
<th>Subscriber ID</th>
<th>Maximum Dependant Age</th>
<th>Maximum Student Age</th>
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<tbody>
<tr>
<td>LUCY</td>
<td>76226109</td>
<td>19</td>
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<tr>
<td>MER</td>
<td>002007</td>
<td>HUMANA HEALTH PLAN CHICAGO</td>
<td>MER RISK GATE CAP EXC</td>
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</table>
The Future
Automating the Last 10 Feet

• Wireless LAN vs WAP
• Posting of Charges
• Lab Ordering
• Integration with an electronic chart