PHYSICIAN REFERRAL

ACOM Health
2455 Meadowbrook Pkwy NW, Duluth, GA 30096
Tel: (866) 286-5315 Fax: (770) 814-7011
eMail: rapidsupport@acom.com web: www.acomhealth.com

Welcome! We are pleased you have entrusted ACOM Health by choosing to add ACOM Health's Physician Referral Program to increase your local physician referrals.

ACOM Health's Physician Referral Program is a complete step by step program to help Chiropractors generate new referrals from local primary care providers in their local market.

What is included in the program?

- Two educational videos explaining the program and providing a step by step guide on how to implement and execute every step.
- Printed Program manual with clear step by step instructions.
- Letter and Report templates to provide a starting point for all MD and Patient communications.
- One on One Consultation with one of ACOM's consultants to review any questions about the program and help the practice apply the key principles within their own practice.
- Free online access to all program materials.

Please use the following link and Log In Information:

http://www.acomhealth.com/prp.html

Username: aprp
Password: aprp

What ACOM has is a wide range of experience that we have developed over the years talking with hundreds of Chiropractors through our consulting group. This type of experience helped us test and perfect every element of the program to reach the optimum level of effectiveness that automatically integrates with the ACOM RAPID documentation software to provide complete automation. Once it is implemented, there are no extra steps required from you or your staff.

Thank you for trusting in ACOM Health to provide you with a means to increase your referrals and ultimately your bottom line.

If you have any questions, please contact technical support at 866.286.5315 ext. 600 or rapidsupport@acom.com.

Sincerely,
ACOM Health - Professional Services Team

PHYSICIAN REFERRAL PROGRAM

ACOM Health
2455 Meadowbrook Parkway
Duluth, GA 30096
Phone 866-286-5315
Fax 678-638-7699
www.acomhealth.com

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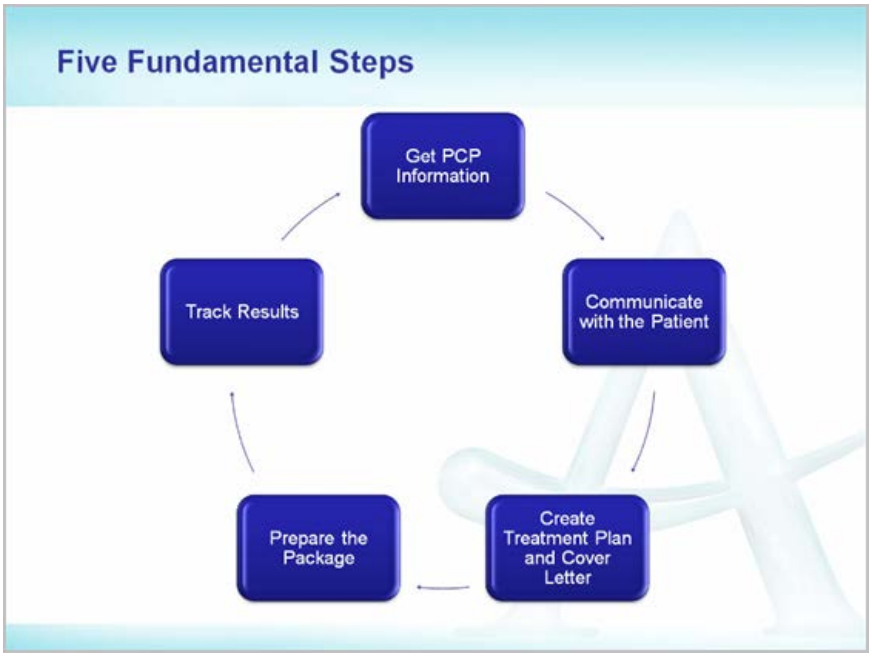
INTRODUCTION

Primary care providers in your community can have a profound effect on your success. Just two new referred patients each week can generate over $50,000 annually in new claims for your clinic, assuming an average new patient is worth $500 in billings.

The *ACOM Physician Referral Program* shows you how to use the tools available in *Rapid Practice Management* and *Rapid Documentation* to gain the respect and professional recognition required to boost the presence of your practice in the community and significantly increase your revenues.

This guide documents the five simple steps that you can use to reach out to the doctors in your community in a professional manner to build a solid referral base:

- Gathering primary care provider information,
- Communicating with your patients,
- Generating a cover letter and treatment information for the primary care provider,
- Preparing a package for the primary care provider and
- Tracking results.



The Physician Referral Program can start increasing your patient population from the very first day and these patients will likely be among your most compliant since they come to you recommended by the doctor they trust.

STEP ❶:
GATHER PRIMARY CARE PROVIDER INFORMATION

Most of your patients have a primary care provider that they see when they are sick or hurt. Asking your new patients for the name of their family doctor is the first step in building your referral base.

Request for Legal Authorization to Release Medical Information

The first intake document that a new patient completes in the Kiosk should be a confidential patient information form that includes a legal authorization to release medical information if necessary. This form must be signed by the patient and should include a paragraph authorizing the release of information to other healthcare providers, including the patient's primary care provider.

Example:

I hereby authorize the provider to release all medical information necessary to process this claim. I hereby authorize any plan administrator or fiduciary, insurer and my attorney to release to such provider and clinic any and all plan documents, insurance policy and/or settlement information upon written request from such provider and clinic in order to claim such medical benefits, reimbursement or any applicable remedies. I hereby authorize the provider to release any and all medical information to other healthcare providers involved in my care including but not limited to my primary care physician. I authorize the use of this signature on all my insurance and/or employee health benefits claim submissions.

General Patient Information Form

The second intake form should be a general information form that includes:**

- a space for the name of the patient's family doctor,
- a place where the patient can authorize you to communicate with that doctor regarding their care and
- a place for the patient's signature.

Request the name of their *family doctor* rather than the name of their *primary care provider*. Family doctor is a little friendlier and more likely to elicit a response.

If you live in a larger city you might also wish to ask for a little more information to help identify the doctor: practice name, group or general location. It is not advisable to request an address or phone number. This information might not be readily available to the patient and, being unable to provide complete information, the patient might opt to skip the question entirely.

**See the sample General Patient Information form in Appendix C of this document.

Authorization to communicate with the patient's family doctor is a simple paragraph explaining your intent to communicate with their doctor and a check box authorizing you to do so.

Example:

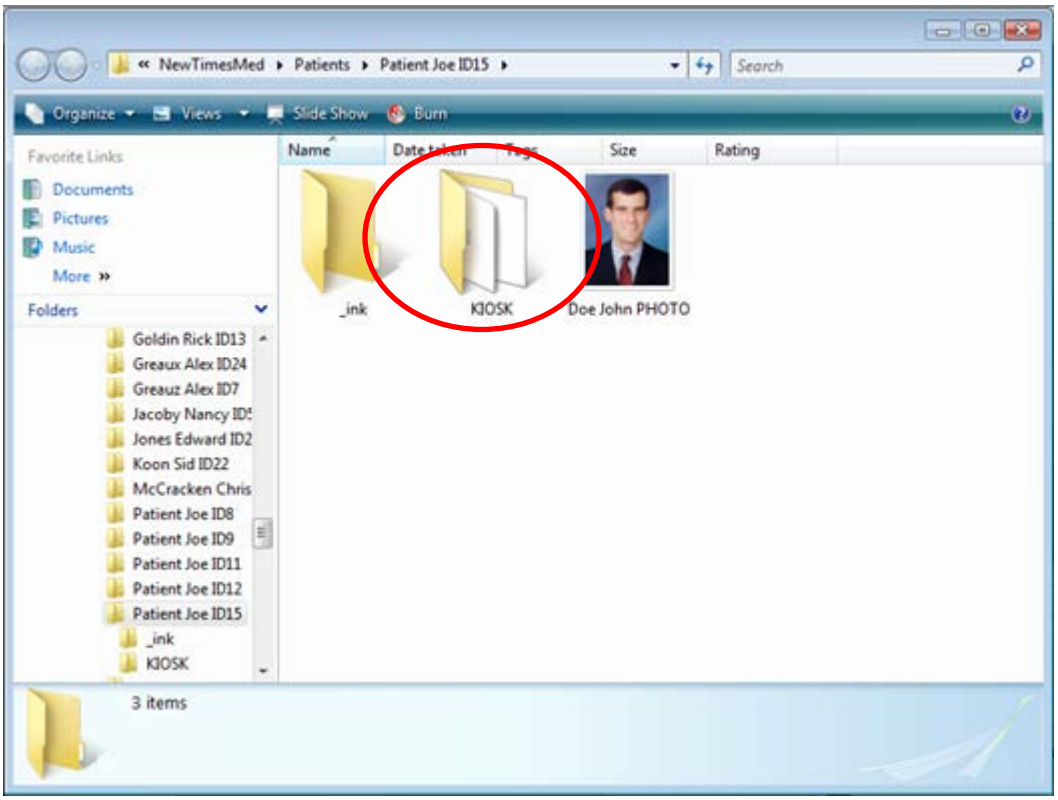
It is our intention to communicate with your family doctor (primary care provider) to coordinate the care provided in this office. This is an effort to maintain the highest quality of care for you and your family. Please check one of the boxes below to indicate your preference.

☐ *You are welcome to communicate with my primary care provider.*

☐ *I would prefer that you do not communicate with my primary care provider unless medically necessary.*

Completed Forms

When the patient exits the Kiosk, the completed forms are stored in the patient's folder in a sub-folder named **Kiosk**.

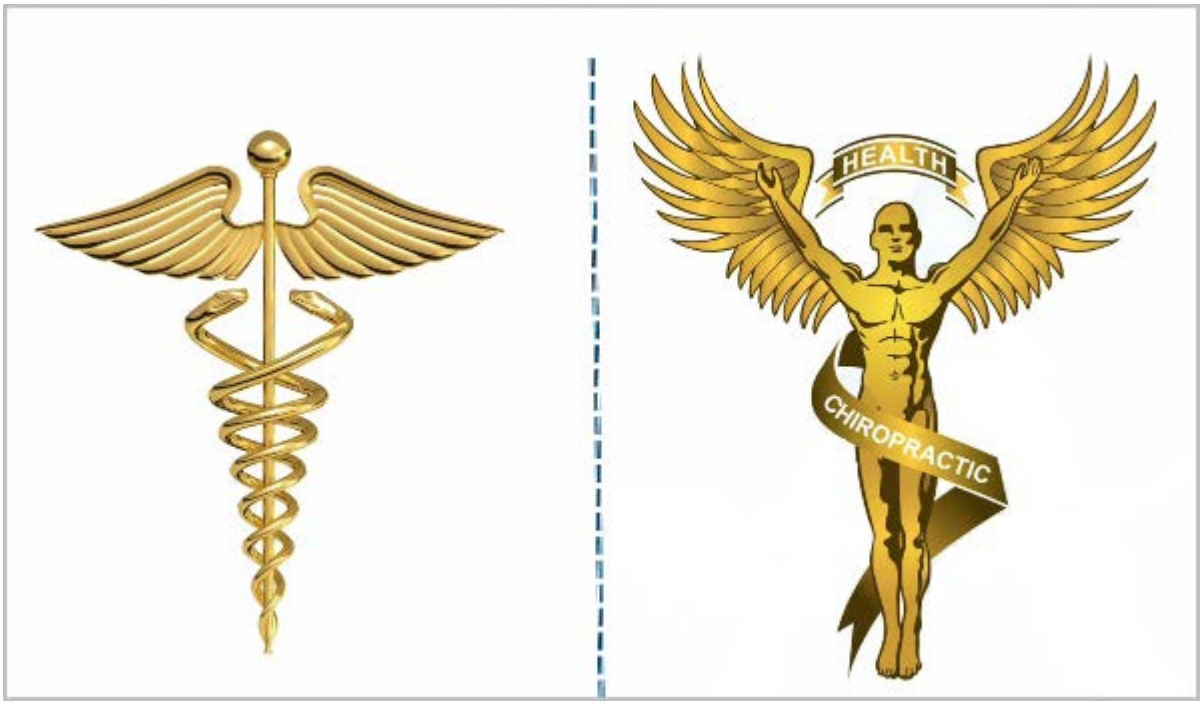


STEP ❷:
COMMUNICATE WITH THE PATIENT

Some patients may be reluctant to have you communicate with their primary care provider. They may feel that their doctor would not approve of chiropractic care or would be upset that they were seeking care from another provider.

Explain the benefits of coordinating the patient's treatment with treatment provided by his or her family doctor. Most patients will authorize communication when the benefits are explained.

If a patient still prefers that you do not communicate with their primary care provider, don't pursue it.



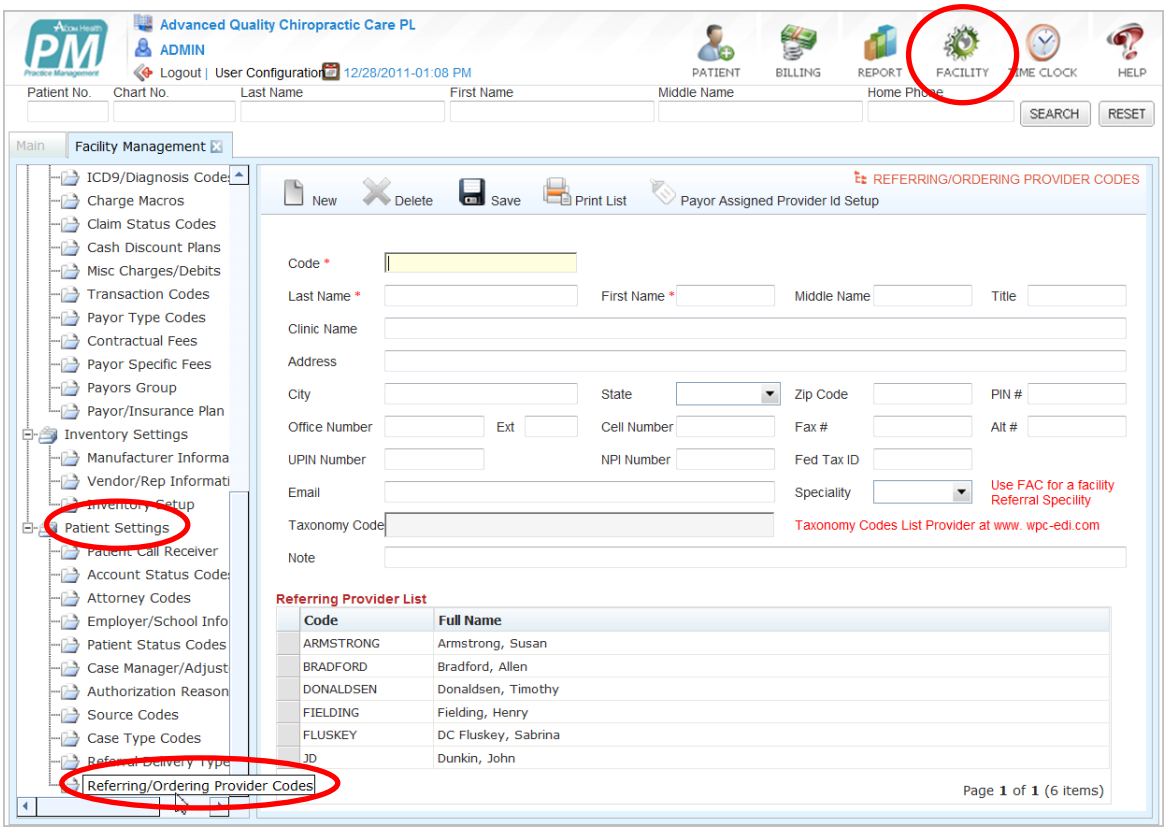
STEP ❸:

CREATE DOCUMENTS FOR THE PRIMARY CARE PROVIDER

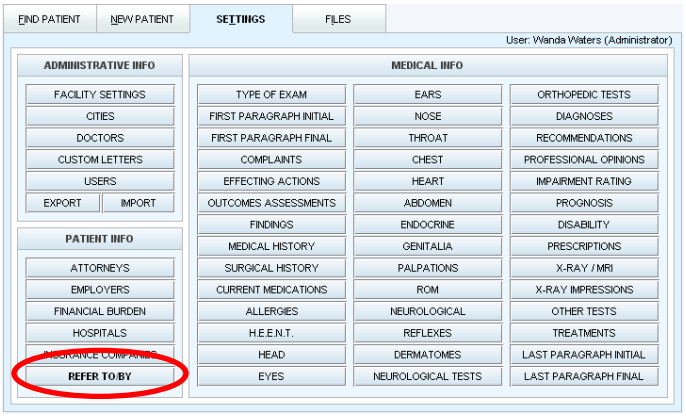
When the patient's initial visit is complete you can create the cover letter and initial report to send to the primary care provider.

The primary care provider's information must be added to the *Rapid* database in before the documents are created. Your office staff can use the doctor's name provided by the patient to look up provider's information.

If you have the *Rapid Practice Management* software, go to **Facility**, and in the **Patient Settings** section click on **Referring/Ordering Provider Codes**. Enter the referring provider's information on the **Referring/Ordering Provider Codes** page.

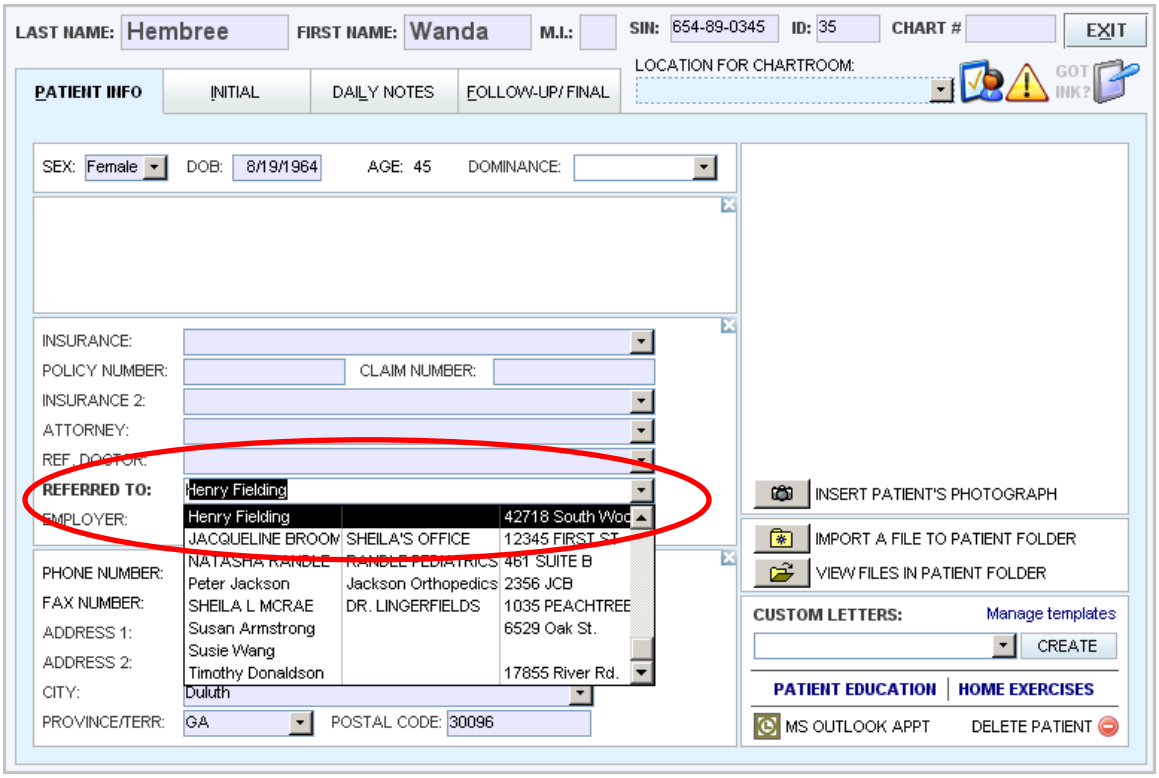


If you do not use *Rapid Practice Management*, go to the **Settings** tab in *Rapid Documentation* and click on **Refer To/By** in the **Patient Info** section to enter the referring primary care provider information.



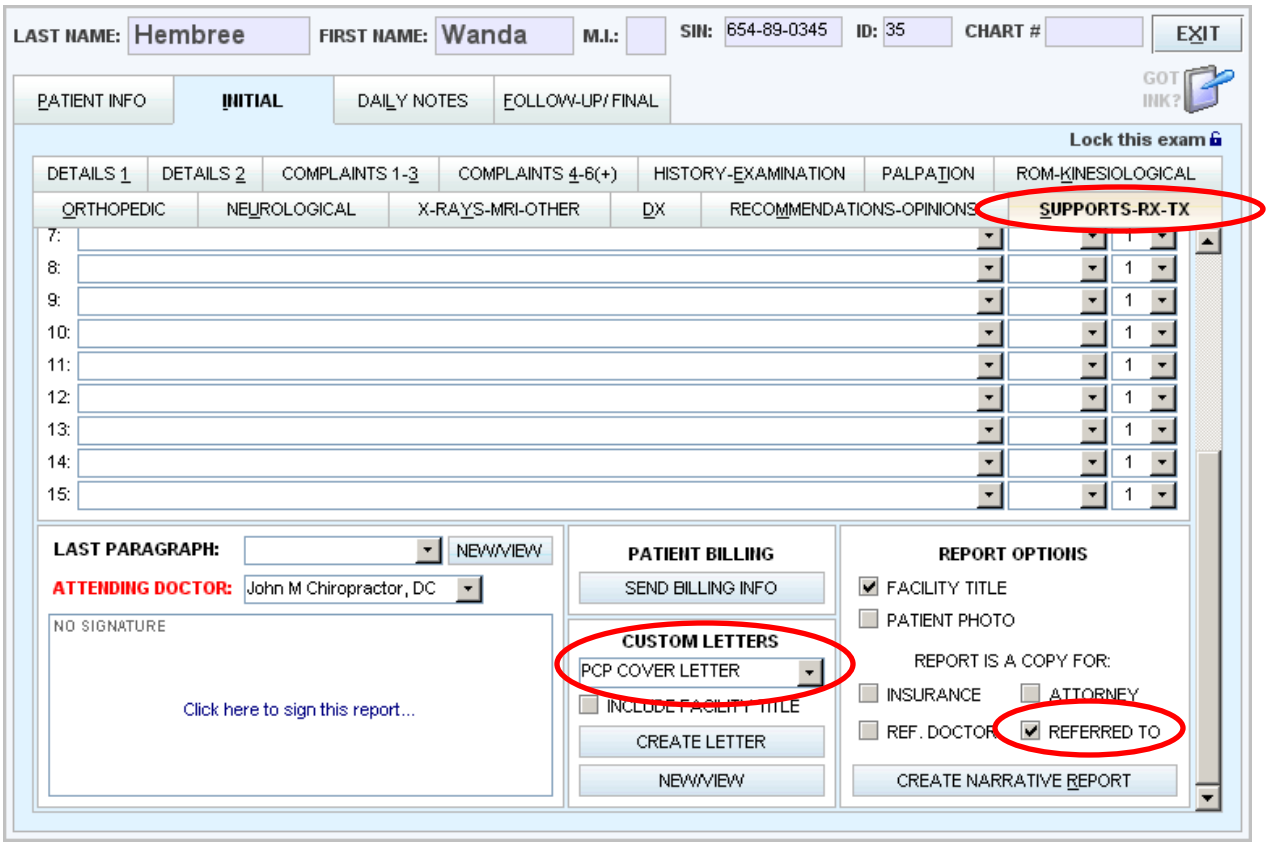
Set Up Referred To Information

Go to *Rapid Documentation* and open the patient's file. Enter the primary care provider in the **Referred To** field on the **Patient Info** tab. This allows the provider's information to be included in the cover letter and the patient report.



Create Documents

Go to the **Supports RX-TX** tab on the **Initial** section of the patient's file in *Rapid Documentation* to generate documents to send to the primary care provider.



Select **PCP Cover Letter** in the **Custom Letters** field to create a letter introducing you to the primary care provider and click on CREATE LETTER to create the letter as a Microsoft Word document. Save and print the cover letter.

Select **Referred To** in the **Report Options** section to include the primary care provider's information at the top of the narrative report. Click on CREATE NARRATIVE REPORT to create the report as a Microsoft Word document. Save and print the report.

Important: Generate a cover letter and a narrative report for the primary care provider after each follow-up visit and after the patient's final visit. Do not use the initial visit cover letter for the follow-up and final visit packets.

See Appendix A in this document for information about creating custom letters.

STEP ❹:
PREPARE THE PACKAGE

To prepare the package:

- Place the cover letter and report *unfolded* in a large envelope.
- Stamp *Confidential Patient Information* on the front of the envelope.
- Address the envelope to the *primary care provider*, not to the group or the office.

Send a package to the primary care provider after the initial visit and after each follow-up visit and after the patient's final visit.

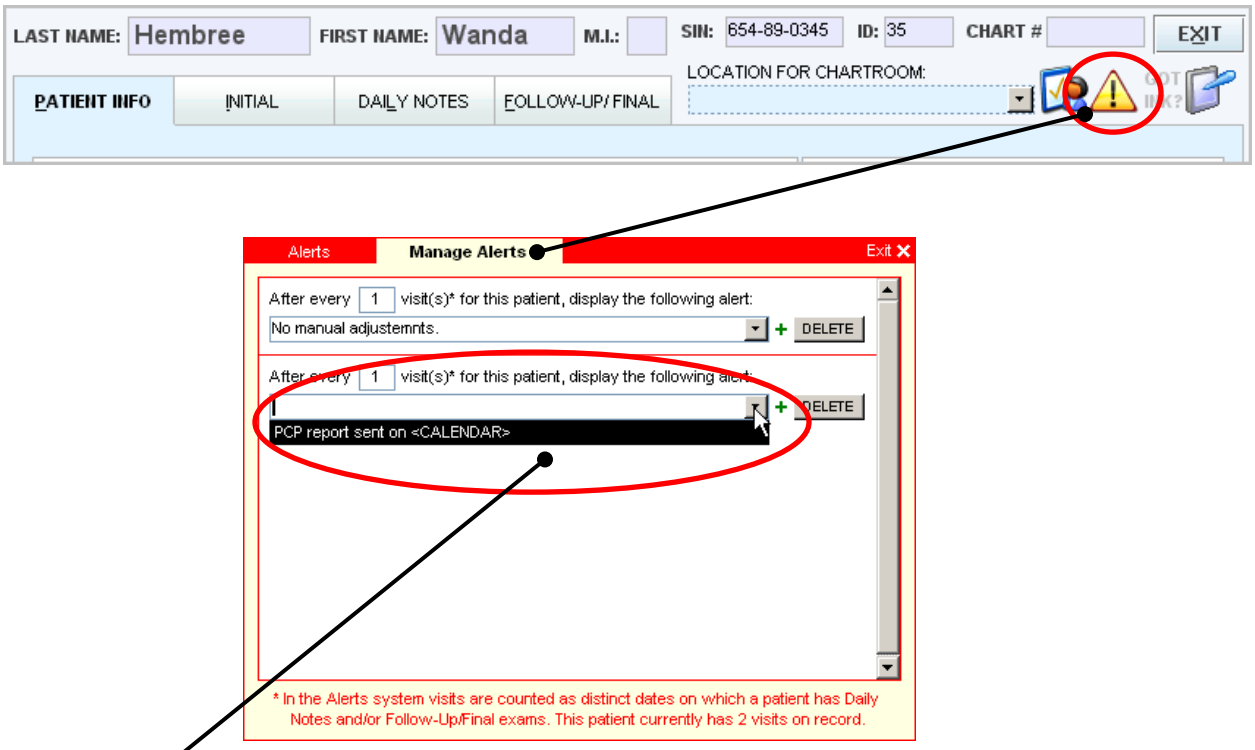
See the sample cover letter in Appendix D of this document.

See a sample of the first page of a Referring Provider Initial Report in Appendix E of this document.

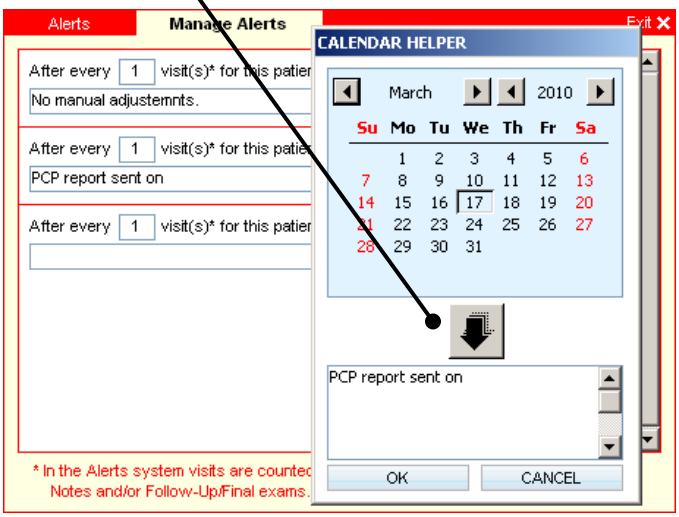
STEP ❺:
TRACK RESULTS

Add an Alert

To keep track of information sent to the primary care provider, add an **Alert** to the patient's file showing the date each time a package is sent.



Select the alert and add the date.

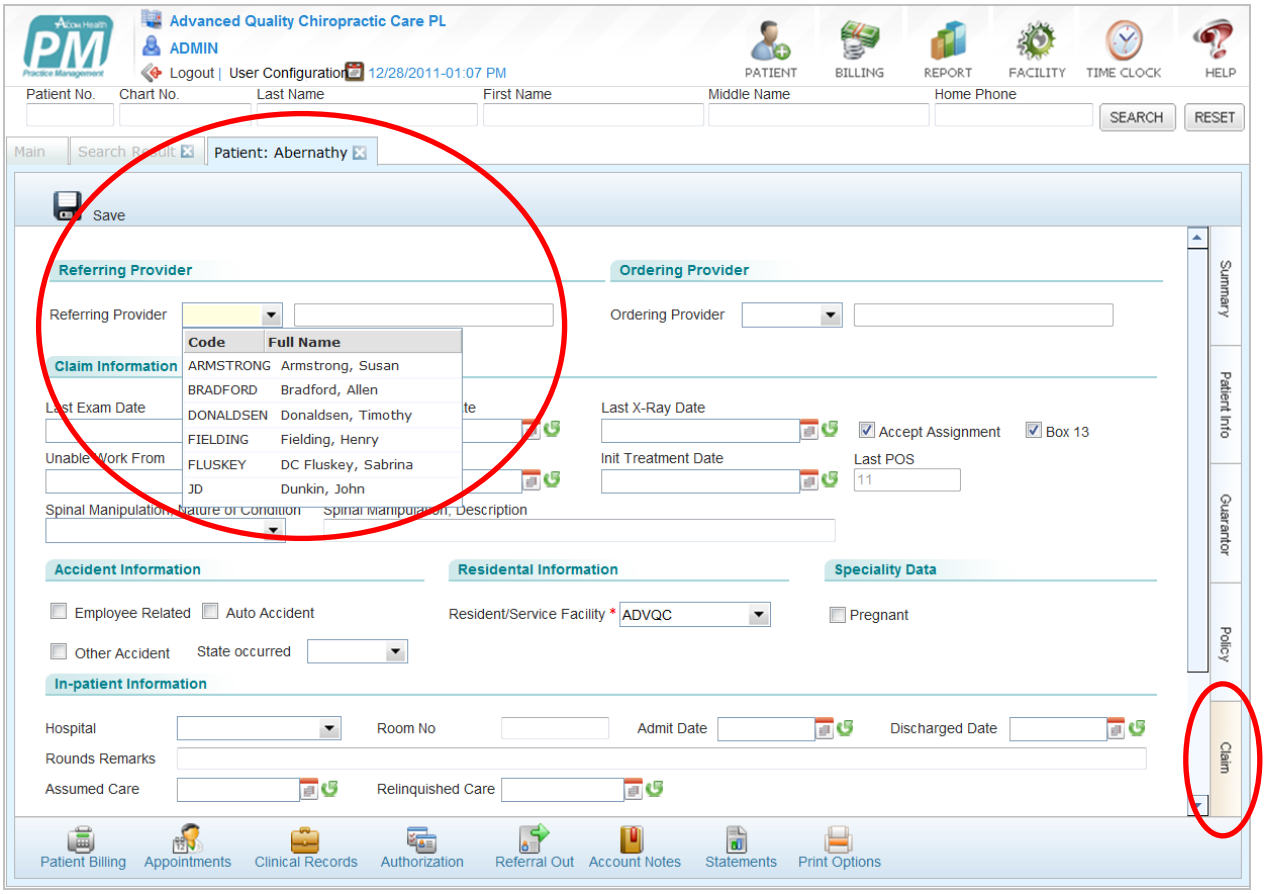


See Appendix B in this document for information about creating a new alert.

Add Referring Provider

When a primary care provider sends a referral, go to *Rapid Practice Management* and add the provider as a **Referring Provider** to the **Claim** tab in the referred patient's file.

This must be done or the referring provider and the patient won't be included in the Referring Provider report.

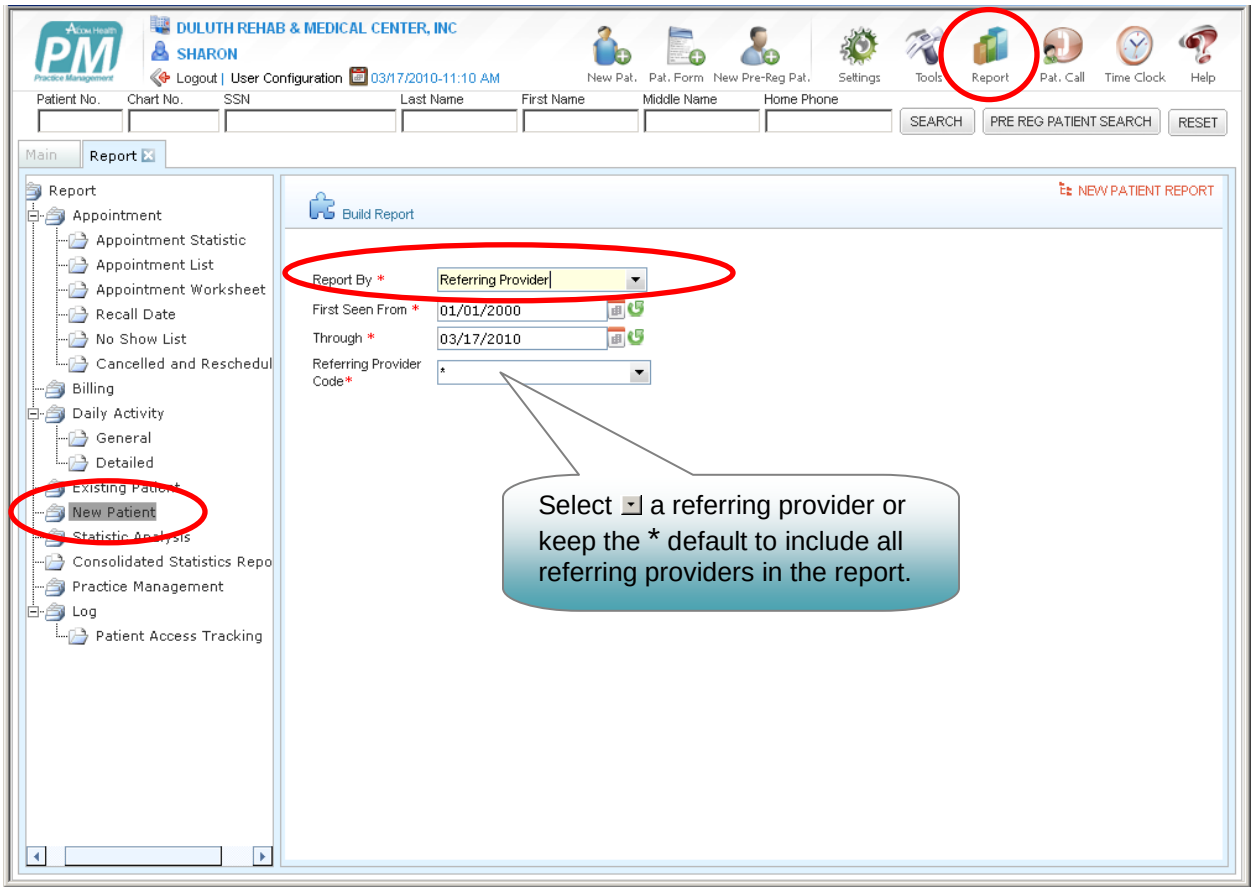


Create a Referring Provider Report

Create a Referring Provider report in *Rapid Practice Management*.

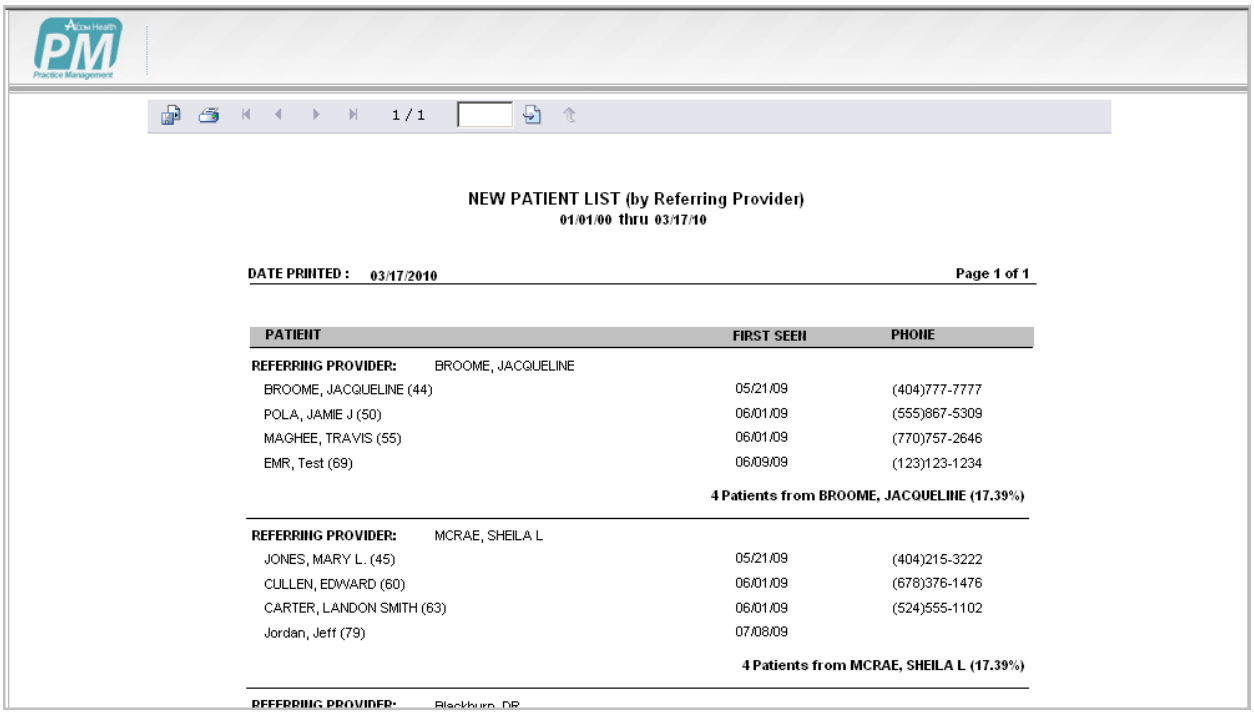
Go to **Report** and select **New Patient**. Select **Referring Provider** in the **Report By** field.

Click on Build Report to create the report.



Note: This report can only be produced in *Rapid Practice Management*.

See the next page for a report sample.



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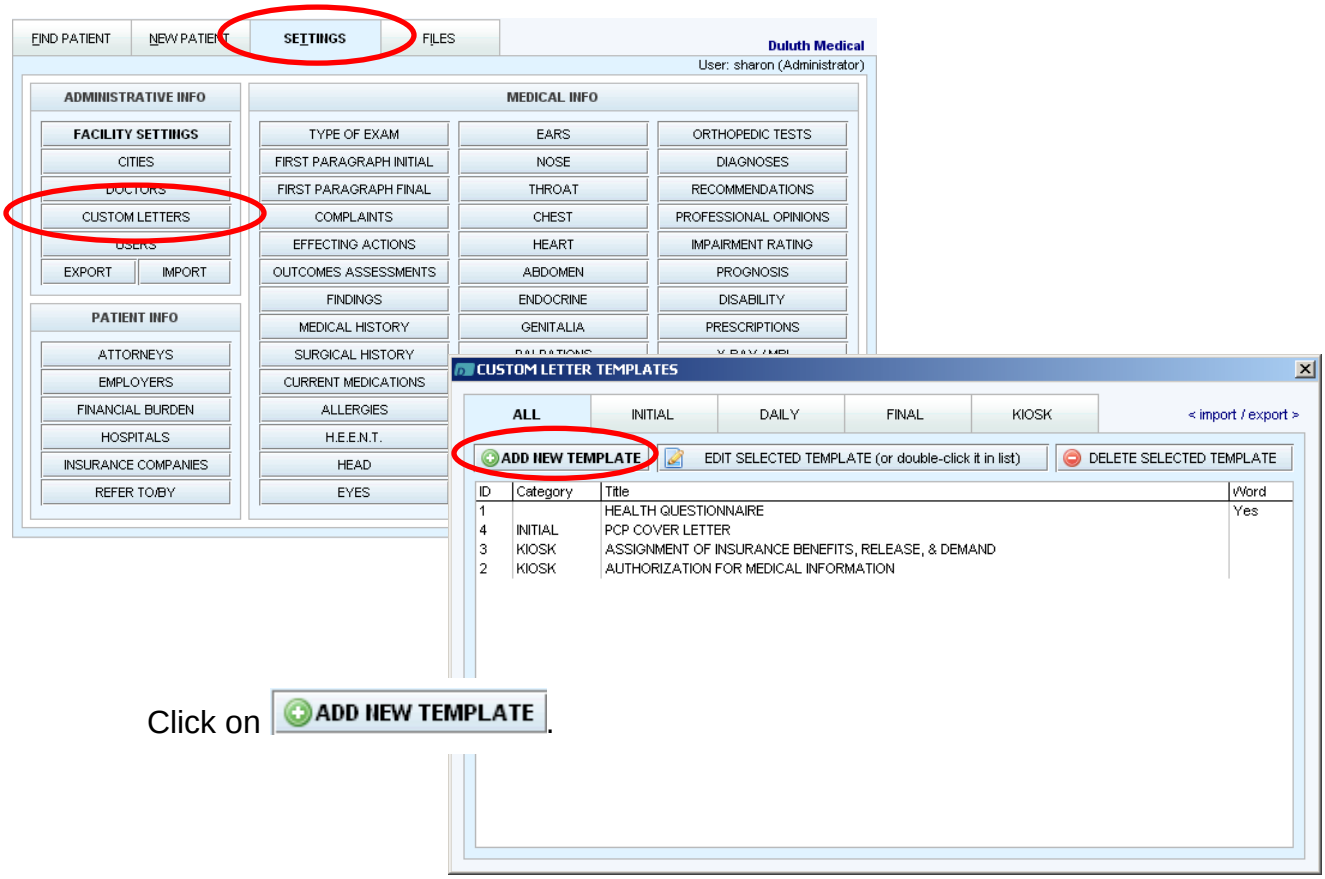
NEW PATIENT LIST (by Referring Provider)
01/01/00 thru 03/17/10

DATE PRINTED : 03/17/2010 **Page 1 of 1**

PATIENT	FIRST SEEN	PHONE
REFERRING PROVIDER: BROOME, JACQUELINE		
BROOME, JACQUELINE (44)	05/21/09	(404)777-7777
POLA, JAMIE J (50)	06/01/09	(555)867-5309
MAGHEE, TRAVIS (55)	06/01/09	(770)757-2646
EMR, Test (69)	06/09/09	(123)123-1234
	4 Patients from BROOME, JACQUELINE (17.39%)	
REFERRING PROVIDER: MCRAE, SHEILA L		
JONES, MARY L. (45)	05/21/09	(404)215-3222
CULLEN, EDWARD (60)	06/01/09	(678)376-1476
CARTER, LANDON SMITH (63)	06/01/09	(524)555-1102
Jordan, Jeff (79)	07/08/09	
	4 Patients from MCRAE, SHEILA L (17.39%)	
REFERRING PROVIDER: Blackburn, DR		

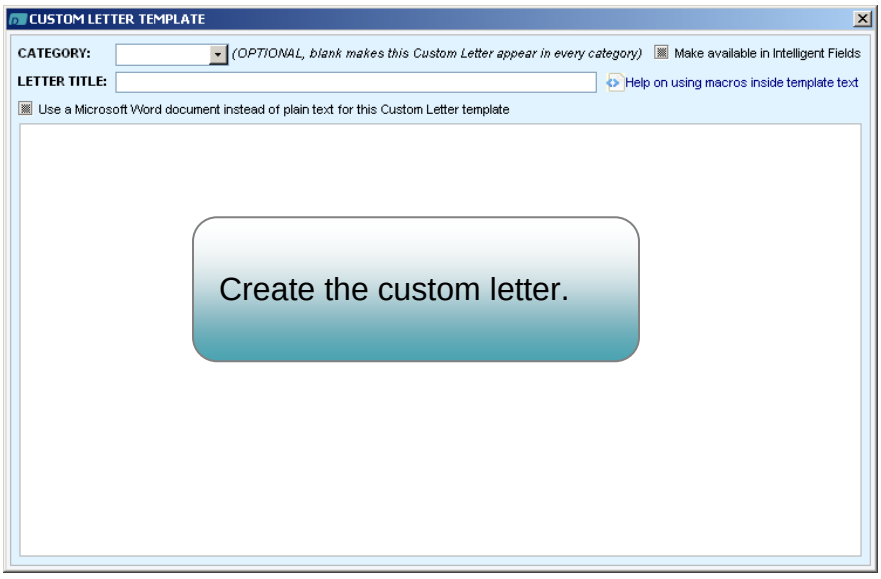
APPENDIX A
CREATE CUSTOM LETTERS

To create your own custom letters, go to the **Settings** tab in *Rapid Documentation* and click on **Custom Letters**.



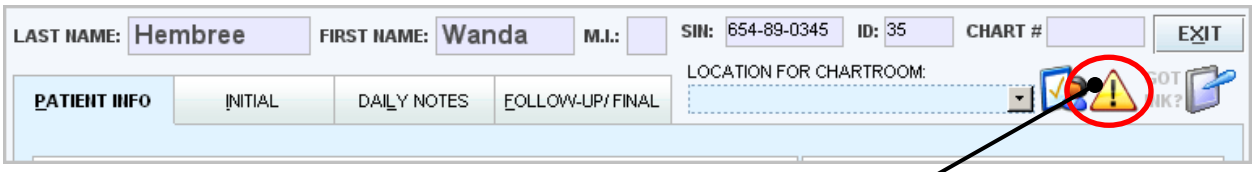
Click on

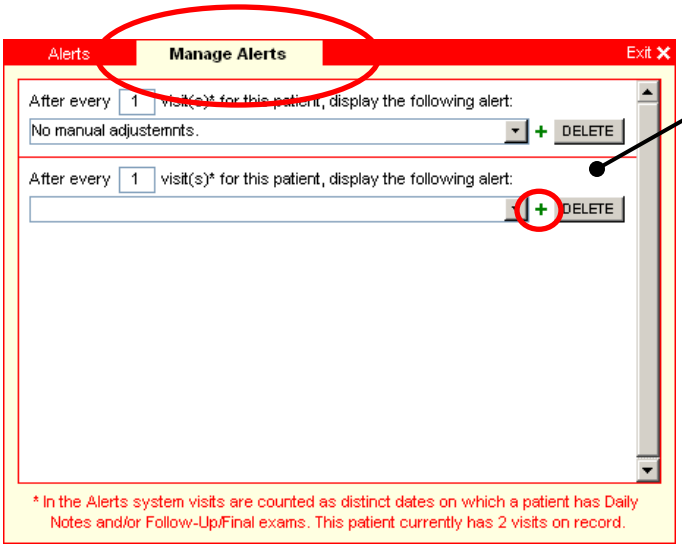
.



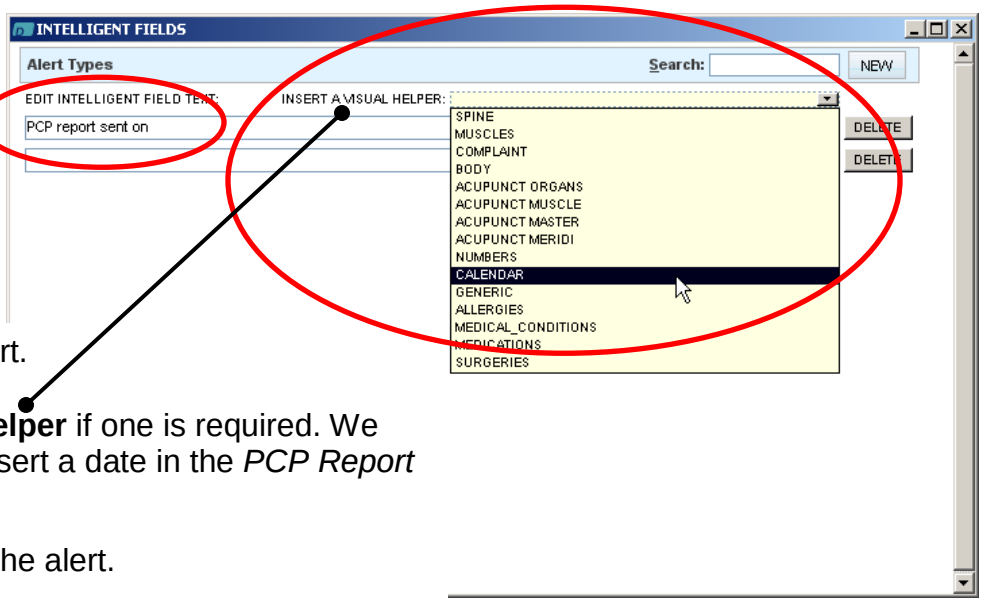
APPENDIX B
CREATE A PATIENT ALERT

To create a patient alert go to any patient file in *Rapid Documentation* and click on .





When the **Alerts** window opens go to the **Manage Alerts** tab and click on **+** in a blank alert field.



Enter text for the alert.

Select a **visual helper** if one is required. We used **Calendar** to insert a date in the *PCP Report* alert.

Click on to save the alert.

Click on Exit to close the **Alert** window.

The new alert will be available for selection in any patient file in *Rapid Documentation*.

APPENDIX C
SAMPLE GENERAL PATIENT INFORMATION FORM

Dr. Richard Siegler
Chiropractic Physician

333 S. Main Street
Suite 101
Anywhere, Florida 33333
Phone (954)777-7777 Fax (954)999-9999

03/17/2010

Patient Name: Joe Patient

Terms of Acceptance

The goal of our office is to enable patients to gain control of their health. To attain this we believe communication is the key. There are often topics that are hard to understand and we hope this document will clarify those issues for you.

Please read the below and if you have any questions please feel free to ask one of our staff members.

Informed Consent:

A patient, in coming to the chiropractic doctor, gives the doctor permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis, and analysis. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. The doctor, of course, will not give any treatment or care if he/she is aware that such care may be contra-indicated. Again, it is the responsibility of the patient to make it known, or to learn through healthcare procedures what he/she is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the chiropractic physician. The chiropractic doctor provides a specialized, non-duplicating health care service. Your doctor of chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regimen. I understand that if I am accepted as a patient by a physician at Applewood Chiropractic, I am authorizing them to proceed with any treatment that they deem necessary. Furthermore, any risk involved, regarding chiropractic treatment, will be explained to me upon my request.

Missed Appointments:

There is a possible $20 fee charged for all appointments that are not canceled prior to scheduled visit.

Women Only:

To the best of my knowledge: (Check those that apply)

[ ] I am pregnant
[ ] I am NOT pregnant

[ ] I give permission to x-ray me for diagnostic interpretation
[ ] I do NOT give permission to x-ray me

Consent to Evaluate and Treat a Minor:

I, _____ being the parent or legal guardian of _____, have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

Communications:

In the event that we would need to communicate your healthcare information, to whom may we do so?

Spouse: _____

Children: _____

Others: _____

May we leave messages regarding your personal healthcare information on any answering device, i.e. home answering machines or voicemails? Yes [ ] No [ ]

Please list the name of your family doctor: _____

It is our intention to communicate with your primary care physician to coordinate the care being provided in this office. This is an effort to maintain the highest quality of care for you and your family. Should you not want us to communicate with them please indicate by checking the appropriate box below.

[ ] You are welcome to communicate with my PCP.

[ ] I would prefer you not communicate with my PCP unless medically necessary.

I, Joe Patient have read and fully understand the above statements.

Signature:_____03/17/2010

APPENDIX D
SAMPLE PCP COVER LETTER

Dr. Richard Siegler

113 S. Main St Suite 101
Anywhere, FL 33333
Phone: (999) 999-9999 Fax: (888) 888-8888

03/17/2010

Dr. Henry Smith
111 Back Street
Miami, FL 33332

RE: Mutual Patient: Mr. Joe Patient

Dear Doctor,

I trust you are doing well.

As a professional courtesy I wanted to give you some information on a mutual patient of ours. Mr. Joe Patient came into my office on the 03/17/2010 for evaluation and treatment. I performed a thorough evaluation and have taken him on as a patient.

I believe very strongly in the value of diagnostic data, therefore I have included with this letter a copy of my evaluation report. I measure all of my patients on an outcome assessed basis through the use of Healthcare Oriented Questionnaires. This allows me to see how their condition is affecting their whole body function and activities of daily living. If you have any question about this please feel free to contact me.

Again, this is just a professional courtesy so your files are up to date with the care that is being provided to Mr. Patient. I will be sending you these reports as they are performed.

I wish you the best and if I may be of any further assistance to you do not hesitate to give me a call at (999) 999-9999. Just let my staff know who you are and they will put you through.

Sincerely,

Dr. Rick Siegler
Chiropractic Physician

APPENDIX E
SAMPLE INITIAL REPORT (FIRST PAGE ONLY)

Dr. Richard Siegler

113 S. Main St Suite 101
Anywhere, FL 33333
Phone: (999) 999-9999 Fax: (888) 888-8888

INITIAL EVALUATION

~~3/17/2010~~

DR. PRIMAY CARE
PHYSICIAN'S OFFICE
12345 FIRST ST
NORCROSS, GA 30028

Re: JOE PATIENT
7778 MERCER CT.
DULUTH, GA 30096
(770)555-2646

Mr. Joe Patient is being treated in this office for injuries sustained in a vehicular collision on 1/25/2010. He presented to this office for consultation, evaluation, and treatment. Mr. Patient was involved in an automobile collision that occurred on 1/25/2010.

DETAILS OF COLLISION AND PATIENT HISTORY

Mr. Patient provided the following information regarding the particulars of the incident. The weather was snowy, and the visibility on the road was poor. Mr. Patient reports being a fully seatbelt-restrained (seatbelt and shoulder harness) front passenger of a vehicle at a complete stop. The impact was in the rear of his vehicle. The airbag in the patient's vehicle did not deploy, even though the vehicle was equipped with one. The other vehicle was traveling at approximately 45 mph. He did not see the collision coming. He was completely unprepared for the impact with his head facing straight forward. The patient struck the side door with his left elbow, left hip, left knee, and left shoulder. His car was equipped with headrests that were positioned even with top of the head. He reports that his vehicle sustained extensive damage in the collision. Immediately following the collision, Mr. Patient experienced headaches. He reports being dazed. Following the collision, he was taken to Memorial Hospital East by ambulance. The following tests were done at the hospital: X-Rays and CT-Scan. Mr. Patient did not see any other Doctor for treatment of injuries sustained in this collision prior to entering this office. The patient reports an increase in symptoms. Mr. Patient reports losing time from work as a result of this collision. He reports not being able to perform normal work activities at this time because of pain. Since the collision the patient has had problems with eating, squatting, bending, twisting, lifting, pulling, sitting, driving, and exercising.