



## Order Facilitator Physician Office Information



### Physician Order Processing Just Got Much More Web-savvy...and a Whole Lot Easier!

*Beebe Healthcare* has taken the pain out of order processing with a strong dose of convenience... Order Facilitator - a tool to create and submit electronic orders. Order Facilitator is healthcare's web solution for automating outpatient orders between hospital services and community physicians. It provides an electronic bridge between the hospital and your referring providers for outpatient order submittal, receipt, and tracking.

**Provider Portal** – Ability to schedule patients for testing at Beebe facilities. Web based program, no hardware or software equipment needed. Call to schedule a demo today. You can schedule appointments for your patients before they leave your office.

#### What is in it for the physician office?

**Efficiency:** Order Facilitator's Outpatient Order Entry System enables physician offices to send orders for outpatient services in less than 90 seconds with no risk of the order being lost, forgetting required information, or the patient misplacing their order. No More Lost Orders!!!

**Integrated Medical Necessity Checking and Electronic Physician Signature:** Provides Medical Necessity verification, authorization details and an electronic signature feature.

**Physician-to-Physician Referral System:** Facilitates communication with other physician offices regarding patient referrals and consults. Similar to the outpatient order entry, physician offices can securely communicate with other offices and eliminate relying on the fax and phone to process referrals.

**Document Imaging integration:** to Siemens for permanent order storage

#### What we need from you to get started:

- Office Name
- Ordering Doctor Name(s)
- Current staff that will need access to Order Facilitator (first and last name)
- Doctor Signature – will be used for electronic signature (see form below, complete one for each Ordering Doctor)

Return to: **Andrea Newberry**  
**Project Analyst – Patient Access**

Phone: 302-645-3100 Ext 75252

Cell : 302-841-1252

Fax: 302-644-7016



**Order Facilitator  
Physician Office Information**

Email: anewberry@beebehealthcare.org

**OFFICE INFORMATION**

<b>Office Name:</b>	
Address:	
City/State	
Zip:	
Phone:	
Fax:	
<b>Contact Person:</b>	
Phone:	
Fax:	
Email:	

**ORDERING DOCTORS**

	Last Name	First Name	Specialty	UPIN/NPI
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				

**USER INFORMATION**

Name (Last, First)	User Name (To be Assigned)	Email	Phone Number	User Access*
				<input type="checkbox"/> V/P <input type="checkbox"/> Office <input type="checkbox"/> Group
				<input type="checkbox"/> V/P <input type="checkbox"/> Office <input type="checkbox"/> Group
				<input type="checkbox"/> V/P <input type="checkbox"/> Office <input type="checkbox"/> Group
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				<input type="checkbox"/> V/P <input type="checkbox"/> Office <input type="checkbox"/> Group



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\* **V/P access** gives the user rights to view, print and search for an order, **Office access** has rights to V/P and gives the user the ability to schedule an order, **Group access** has rights to V/P, Office and administrative functions like changing passwords, activating and deactivating users. Contact *Andrea Newberry* 362-8856 for more details.

**Signature Form**

In an electronic environment, the same legal weight associated with an original signature on a paper document can be associated with an electronic signature. Physicians are not required to be employees of the participating hospitals and thus agree to allow the use of his/her signature only for the purpose of ordering procedures at the hospitals and sending referrals to other medical providers.

I certify that the identifiers assigned to me for the purpose of this attestation process will be kept confidential, will not be disclosed to others and will be used appropriately.

I also understand that I am ultimately responsible for any orders transmitted using Order Facilitator on my behalf by my office staff.

Furthermore, I understand that the privilege to use the Order Facilitator system may be revoked if it is not used appropriately.

Please make a copy for each doctor in your office and have him or her write their signature in the center of the box below as clearly as possible and return to Andrea Newberry, Manager Pre Arrival Services.

1. **Printed Name:** \_\_\_\_\_

2. **UPIN or NPI:** \_\_\_\_\_

**Signature** (please sign within the box above)

Date: \_\_\_\_\_