



Patient Portal User Guide

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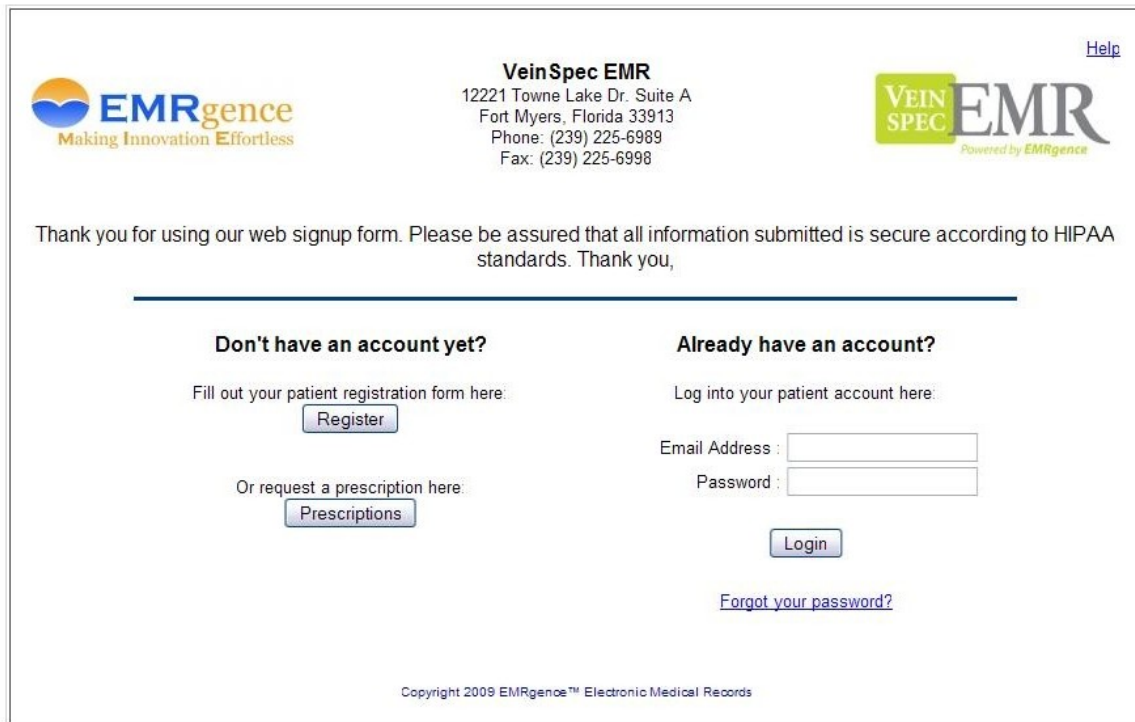
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The Log-in Page

When you visit the Patient Portal, the log-in page is the first screen you will see. [Figure 1](#) is an example of what this page might look like. At this point you have three options:

1. You can register as a new patient if you have never been to the site before and you have not received an email from the doctor's office with a user name and password. This step will present you with a couple of forms to complete that will give the doctor's office a background of yourself. See [New Patient Registration](#) for more details about this step.
2. You can request a prescription or prescription refill, again, if you do not have a patient account in the system yet. See [Requesting a Prescription Without an Account](#) for more details about this step. If you wish to request a prescription and you DO have an account already, please login and use the form provided to you. See [Logging Into Your Existing Account](#) for more details about this step. By using the form inside your account, you will save both yourself and the doctor's office time because the prescription request will already be tied to your patient account. This means that you are not required to provide any identifying information about yourself and the doctor's office will not have to search for your patient file.
3. You can log into your existing account that you've either created yourself or the doctor's office has created for you (in which case you would have received an email with your log-in information). Inside your account you may complete additional forms that your doctor requires prior to your first office visit. Filling in the forms ahead of time will minimize the time it takes to complete administrative tasks during your scheduled appointment. For more details about this step, see [Logging Into Your Existing Account](#).

There is also a password reset option if you have forgotten your password. Click the link titled "Forgot your password?" and type in your email address on the form provided. See [Figure 2](#) for an example of what this form might look like. An email will be sent to you containing a link that you must follow in order to reset your password. The link, which contains a unique verification code, will take you to the second step in your password reset process. See [Figure 3](#) for an example of what this form might look like. Enter your email address again and choose a password to reset your account to. Re-enter your password to confirm and click "Reset Password". The system will match the verification code to the email address provided and reset your password accordingly. Follow the link back to the main log-in page and log into your account using your new password.



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 Fort Myers, Florida 33913
 Phone: (239) 225-6989
 Fax: (239) 225-6998

[Help](#)

Thank you for using our web signup form. Please be assured that all information submitted is secure according to HIPAA standards. Thank you,

Don't have an account yet?

Fill out your patient registration form here:

Or request a prescription here:

Already have an account?

Log into your patient account here:

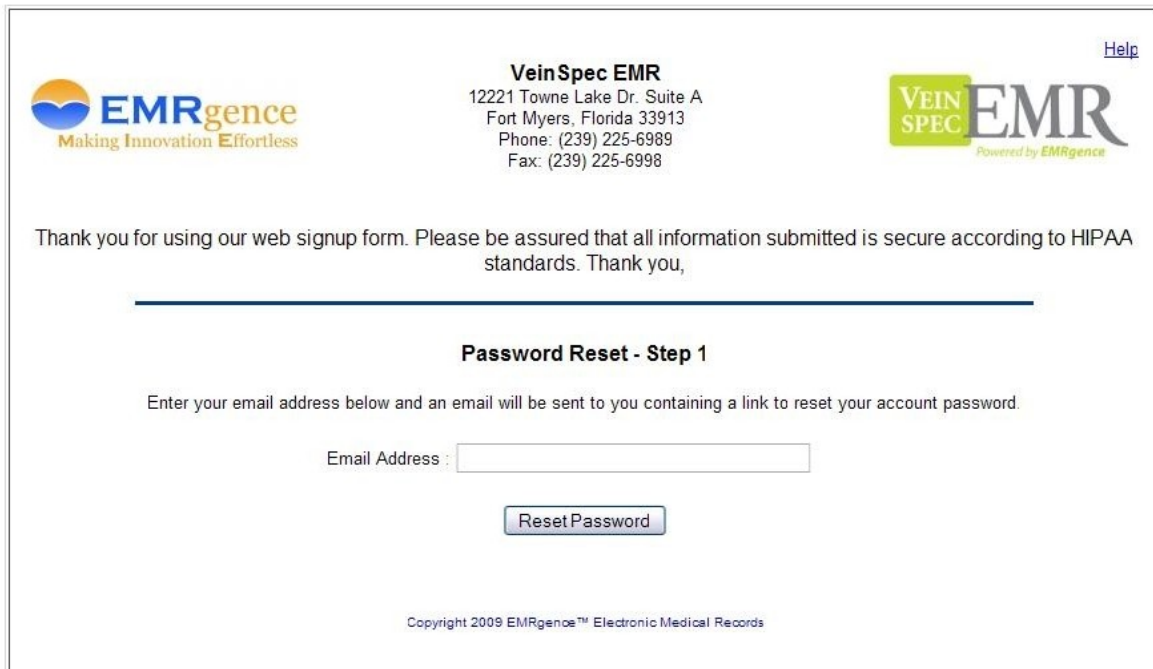
Email Address :



Password :

[Forgot your password?](#)

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Figure 1.
Main Log-in Page



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Password Reset - Step 1

Enter your email address below and an email will be sent to you containing a link to reset your account password.

Email Address :

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Figure 2.
Password Reset Form – Step 1.



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Password Reset - Step 2

Enter your email address and a new password in the form below.

Email Address :
New Password :
Re-Enter New Password :

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Figure 3.
Password Reset Form – Step 2. Accessed by the link provided in the email.

New Patient Registration

If you have not received an email with your log-in information from the doctor's office already, you may create your own patient account that the office will review. Once you've submitted your forms, the office will contact you to schedule an appointment time.

The first form contains general information about yourself and your employer, how you heard about the doctor's office, what appointment times work best for you, and how you would prefer to be contacted. The fields marked with a red asterisk * are required and must be completed. See [Figure 4](#) for an example of what this form looks like. Please fill this form out to the best of your ability. The more information you can provide here, the less time is spent during your appointment for administrative tasks.

The second form contains information for up to three insurance policies that you have available to you. This information is optional as not everyone has medical insurance. You may skip this form if it does not apply to you. See [Figure 5](#) for an example of this form. Getting insurance policies set up and verifying policy and group numbers is a time consuming process that can be reduced by providing as much information on this form as possible.


Note that when you select "self" from the *Relationship* drop-down menu, your information from the previous form is auto-populated into the subscriber address, employer information, date of birth, SSN, gender, and telephone number fields.

You may come back to these forms and edit your information at anytime before the office imports your data into their EMR (Electronic Medical Records) system. See [Logging Into Your Existing Account](#) for more details about this step. Once your information has been imported and you have a patient file created at the office, you will no longer have access to edit these forms. However, if you have a change of address, employer, insurance, etc. and your records have already been imported, you may choose the option "My Information Has Changed" from your main account page which will provide you with a new set of forms to complete. This option is explained in more detail in the [Logging Into Your Existing Account](#) section.

After these two forms have been completed, you will see a confirmation page that contains a link to your main account page. See [Figure 6](#) for an example of the confirmation page. More details about your main account page are explained in [Logging Into Your Existing Account](#).

Thank you for using our web signup form. Please be assured that all information submitted is secure according to HIPAA standards. Thank you,

PATIENT SIGNUP INFORMATION - STEP 1 of 2

Email Address *	<input type="text"/>	Password *	<input type="password"/>	
		Re-Type Password *	<input type="password"/>	

First Name *	<input type="text"/>	Last Name *	<input type="text"/>
Middle Name	<input type="text"/>	Suffix	<input type="text"/>
Title	Ms. <input type="text"/>	Gender	Male <input type="text"/>
Date of Birth *	<input type="text"/> <input type="text"/> <input type="text"/>	Social Security Number *	<input type="text"/> <input type="text"/> <input type="text"/>
	(mm dd yyyy)		(111 22 3333)
Address	<input type="text"/>		
Apartment / Unit #	<input type="text"/>	Home Phone	<input type="text"/>
Address Line 2	<input type="text"/>	Mobile Phone	<input type="text"/>
City	<input type="text"/>	Work Phone	<input type="text"/>
State	Florida <input type="text"/>	Driver's License/ID Number	<input type="text"/>
Postal/Zip Code	<input type="text"/>	Emergency Contact	<input type="text"/>
Country	United States <input type="text"/>	Emergency Phone	<input type="text"/>
Marital Status	Married <input type="text"/>	Primary Care MD	<input type="text"/>
		Referring Physician	<input type="text"/>

Occupation	<input type="text"/>	Employer	<input type="text"/>
Employer Address	<input type="text"/>	City	<input type="text"/>
State	Florida <input type="text"/>	Postal/Zip Code	<input type="text"/>
		Country	United States <input type="text"/>

Language	English <input type="text"/>	Family Size	Small <input type="text"/>
Race / Ethnicity	Caucasian <input type="text"/>	Interpreter Needed	No <input type="text"/>
		Seasonal Resident	No <input type="text"/>

How did you hear about us? :

Desired Appointment :

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Preferred Contact Method :

Email Home Phone Work Phone Mobile Phone Text Message

Figure 4.
 New Patient Registration Form – General Information – Step 1 of 2.

Please enter your insurance information in the forms provided below

PATIENT SIGNUP INFORMATION - STEP 2 of 2

PRIMARY INSURANCE PROVIDER

Insurer:	<input type="text"/>	Insured Name:	<input type="text"/>
Plan Name:	<input type="text"/>	<i>(If self - Do not complete the following lines)</i>	
Policy Number:	<input type="text"/>	Relationship:	<input type="text"/>
Effective Date:	<input type="text"/>	Date of Birth:	<input type="text"/>
	<i>(mm dd yyyy)</i>		<i>(mm dd yyyy)</i>
Group Number:	<input type="text"/>	Subscriber SSN:	<input type="text"/>
Co Pay:	<input type="text"/>	Subscriber Sex:	<input type="text"/>
Subscriber Employer:	<input type="text"/>	Subscriber Address:	<input type="text"/>
Employer Address:	<input type="text"/>	Subscriber City:	<input type="text"/>
Employer City:	<input type="text"/>	Subscriber State:	<input type="text"/>
Employer State:	<input type="text"/>	Subscriber Zip Code:	<input type="text"/>
Employer Zip Code:	<input type="text"/>	Subscriber Country:	<input type="text"/>
Employer Country:	<input type="text"/>	Subscriber Telephone:	<input type="text"/>

SECONDARY INSURANCE PROVIDER

Insurer:	<input type="text"/>	Insured Name:	<input type="text"/>
Plan Name:	<input type="text"/>	<i>(If self - Do not complete the following lines)</i>	
Policy Number:	<input type="text"/>	Relationship:	<input type="text"/>
Effective Date:	<input type="text"/>	Date of Birth:	<input type="text"/>
	<i>(mm dd yyyy)</i>		<i>(mm dd yyyy)</i>
Group Number:	<input type="text"/>	Subscriber SSN:	<input type="text"/>
Co Pay:	<input type="text"/>	Subscriber Sex:	<input type="text"/>
Subscriber Employer:	<input type="text"/>	Subscriber Address:	<input type="text"/>
Employer Address:	<input type="text"/>	Subscriber City:	<input type="text"/>
Employer City:	<input type="text"/>	Subscriber State:	<input type="text"/>
Employer State:	<input type="text"/>	Subscriber Zip Code:	<input type="text"/>
Employer Zip Code:	<input type="text"/>	Subscriber Country:	<input type="text"/>
Employer Country:	<input type="text"/>	Subscriber Telephone:	<input type="text"/>

TERTIARY INSURANCE PROVIDER

Insurer:	<input type="text"/>	Insured Name:	<input type="text"/>
Plan Name:	<input type="text"/>	<i>(If self - Do not complete the following lines)</i>	
Policy Number:	<input type="text"/>	Relationship:	<input type="text"/>
Effective Date:	<input type="text"/>	Date of Birth:	<input type="text"/>
	<i>(mm dd yyyy)</i>		<i>(mm dd yyyy)</i>
Group Number:	<input type="text"/>	Subscriber SSN:	<input type="text"/>
Co Pay:	<input type="text"/>	Subscriber Sex:	<input type="text"/>
Subscriber Employer:	<input type="text"/>	Subscriber Address:	<input type="text"/>
Employer Address:	<input type="text"/>	Subscriber City:	<input type="text"/>
Employer City:	<input type="text"/>	Subscriber State:	<input type="text"/>
Employer State:	<input type="text"/>	Subscriber Zip Code:	<input type="text"/>
Employer Zip Code:	<input type="text"/>	Subscriber Country:	<input type="text"/>
Employer Country:	<input type="text"/>	Subscriber Telephone:	<input type="text"/>

Figure 5.
 New Patient Registration Form – Insurance Information – Step 2 of 2.



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[Help](#)



Thank you for using our online registration system!

You will be contacted soon to schedule your appointment

[Click here](#) to see other forms your doctor may require you to complete prior to your first visit.

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Figure 6.
New Patient Registration Form – Confirmation Page.

Requesting a Prescription Without an Account

To request a prescription or a prescription refill without creating an account in the Patient Portal, you can click on the "Prescriptions" button from [The Log-in Page](#).

Note: Keep in mind that even if you have a patient file with the doctor's office it does not mean that you will have an account in the Patient Portal. You must have a user name and password to access your account in the Patient Portal.


Clicking the "Prescriptions" button will take you to a simple form that asks for the prescription information, what pharmacy you'd like to pick it up at, and your identification information. All of these fields are required in order for your request to be submitted. See [Figure 7](#) for an example of this form.

Your prescription request will immediately be sent to the doctor's office for review, so please make sure you have provided correct and complete information. For the Prescription Name, enter the medical name of the drug and the dosage if available. For the Pharmacy Location provide, at very least, the name and intersecting streets of the pharmacy. If you know the address and/or phone number of the pharmacy please include that information as well.

The screenshot shows a web browser window with the VeinSpec EMR interface. At the top left is the EMRgence logo with the tagline "Making Innovation Effortless". In the center is the VeinSpec EMR contact information: "12221 Towne Lake Dr. Suite A, Fort Myers, Florida 33913, Phone: (239) 225-6989, Fax: (239) 225-6998". At the top right is a "Help" link and the VeinSpec EMR logo with "Powered by EMRgence" below it. The main content area contains a thank-you message: "Thank you for using our web signup form. Please be assured that all information submitted is secure according to HIPAA standards. Thank you," followed by a horizontal line. Below the line is the instruction: "Complete the following form and your prescription request will be sent to the doctor's office automatically." The form is titled "Prescription Request Form" and contains the following fields: "Prescription Name" (text input), "Pharmacy Location" (text input), "First & Last Name" (text input), "Contact Phone Number" (text input), and "Social Security Number" (three separate text input boxes). Below the Social Security Number fields is the placeholder "(111 22 3333)". A "Submit" button is located below the form fields. At the bottom of the page is the copyright notice: "Copyright 2009 EMRgence™ Electronic Medical Records".

Figure 7.
Prescription Request Form. Used by patients without an account in the Patient Portal.

Logging Into Your Existing Account

Once you've logged into your account you will see a page similar to the one in [Figure 8](#) if your information has not yet been imported into the office's EMR (Electronic Medical Records) system. This page will contain a list of forms that your doctor requires you to complete prior to your first office visit. A green check mark will appear next to the forms that you have already completed  to indicate that you've given them the necessary attention. You may still click on the form name to edit your information even if it has a check mark beside it.

If your information has already been imported into the doctor's office system, your main account page will look similar to the one in [Figure 9](#). You will still be able to access the PDF forms, however, your data collection forms will no longer be editable to avoid the conflict of overriding data the doctor may have added to your account after your records were imported. If your information has changed (such as address, employer, insurance, etc.), simply click the "My Information Has Changed" button and a new set of forms will be available for you to complete again.

There will also be a form embedded directly on your main account page to request a prescription or a prescription refill. This form has fewer fields required than the form for patients without an account because your basic identification information can be found in the [New Patient Registration](#) form that you've already completed.

If your information has not yet been imported by the doctor's office, any prescription requests you have submitted will remain in pending status until your complete patient file has been reviewed and approved by the doctor's office. If your information has already been imported by the doctor's office, your prescription requests will be immediately sent to the office and attached to your existing patient file.

Please make sure to click the "Logout" link, next to the "Help" link where you located this document, in the top right corner of the page once you are finished using the Patient Portal. This will prevent anyone else using your computer from accessing your sensitive information. We also recommend you opt not to let your browser save your password for this site when prompted if the computer you are using is public or shared by other users.

Note: All information transmitted through the Patient Portal is encrypted to ensure the safety of your identification. The Patient Portal is compliant with all HIPPA regulations.



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[Help](#) | [Logout](#)



Thank you for using our web signup form. Please be assured that all information submitted is secure according to HIPAA standards. Thank you,

The following are forms your doctor would like you to fill out prior to your first office visit. If you do not see a checkmark beside a form below, click on the form name to complete it. You may also request a prescription using the form below.

- [New Patient Registration Form](#)
- [New Patient Insurance Form](#)
- [Medical History Form](#)
- [Medical Records Release Form](#)

Prescription Request Form

Prescription Name:

Pharmacy Location:

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Figure 8.
Patient's Main Account Page before patient information is imported by the doctor's office into their EMR (Electronic Medical Records) system.



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[Help](#) | [Logout](#)



Thank you for using our web signup form. Please be assured that all information submitted is secure according to HIPAA standards. Thank you,

Your forms have been imported by the doctor's office. If your address or insurance information has changed, please click the button below. You may also download and print the additional forms listed. To request a prescription, use the form that is provided.

[My Information Has Changed](#)

- [Medical Records Release Form](#)

Prescription Request Form

Prescription Name:

Pharmacy Location:

[Submit](#)

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Figure 9.
Patient's Main Account Page after patient information is imported by the doctor's office into their EMR (Electronic Medical Records) system. Limited Forms are available.