Instructions for Outreach Orders

Live Website: https://outreach2.psychesystems.com/netoutreachpdl/

Log in with your User Name and Password

To obtain a new user name and password or password reset please email

support@pdlpath.com

Please mention OUTREACH in your email.

ISI Pathologists	Diagnostic Laboratory, PA
User Name	test1
Password	•••••
Log In	
Reset password	1 on login 🗆
www.pdlpath.co.	<u>m</u>

For <u>Training Purposes</u> Test Website: <u>https://outreach2.psychesystems.com/netoutreachpdltest/login.aspx</u> The user ID in test: test1 The user Password is: 123456 Select the **Orders** tab at the bottom of the page

Result Retriev	l [test1] Day: back	; ;;	7 Search criteria:	All Fields					New: 🗆 🚺	Run
PENDIN	Name	<u>Case</u>	Collection Date	ReceivedDate	Patient#	DOB	<u>SSN</u>	<u>SignOut Date</u>	Submi	itter
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Batch All	Batch		Use Groups	Pathologists Diag	nostic Laboratory,	PA		✓ (Orde	rs L	og Out

The Orders page will pop up, select the **New Order** tab at the bottom left of the page.

Orders [test1	1] Day	s back to s	earch:	7	Search criteria: Al	l Fields 🗸		Sta	itus: [All]	`	Run
	Req Num	Name	<u>SSN</u>	DOB	Order Date	Order Time	<u>Status</u>		Physician	Group	Patient#
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New Ord	ler								Re	sults	Log Out

If you wish to display orders previously placed select the **Run** tab at the top right of the page.

rder Entry NEED SUBMITTER]	Set Submitter [Ord	ering location] V Sea	arch Patients Pathology V Orders
ame:		SSN:	Address:
ex:		Med Rec: To Be Assigned	City:
DOB:		Req #:	State\Zip:
			Phone:
		Status: NEW	Edit Patient
Guarantor:			ICD History - none found
nsurance 1:			
nsurance 2:			
nsurance 3:			Edit Billing
Collection Date: 2018-03	-21 Or	der Priority:	Order Type:
Source	Procedure	Spec	imen Clinical Information
Order Comments			Edit Order
Count:0			
Now Order	Place Order Cancol Or	rder F	Reprint Results Log Out

Enter Search Criteria and Choose a Physician by clicking on the Select tab to left of the Doctor's Name

nter s	Search Crit	Doctor, Goo	d				R	lun)
Search	In	All Columns	~						
	Code	Name	Street	City	State	UPIN	NPI	GROUP	
Select	01	# Doctor, Good	7149-GROUP- UNDOCUMENTED FACILITY					false	
Select :	100883	Out Of Town Doctors,						false	
Select 9	900225	Hubbard, Stephen A	Mobile Doctor	Tobaccoville	NC	E78741	1114994142	false	
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Select	DOCTOR	Doctor, Consult						false	
Select I	MCGMAR	MCGUIRE, MARIA B	106 DOCTORS PARK	GALAX	VA		1295830842	false	
Select	MOBDR	Mobile Doctor	Mobile Doctor	Tobaccoville	NC			false	
Select	MOBDR- Group	Mobile Doctor	Mobile Doctor	Tobaccoville	NC			true	
Select	PFCC	PEDIATRIC FAMILY	106 DOCTORS PARK	GALAX	VA		1679790570		~
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[# Doctor, Good] Name: SSN: Sex: Med Rec: To Be Assigned DOB: Req #: DOB: Req #: Status: NEW Edit Patient Guarantor: Insurance 1: Insurance 2: Insurance 2: Insurance 3: Edit Billing Collection Date: 2018-03-21 Order Priority: Order Type: Source Procedure Specimen Clinical Information Image: Source Procedure Specimen Clinical Information Order Comments Edit Order Count:0 Under Comments Edit Order	er Entry	Set Submitter	7149 WENDOVER	Search Patients	Pathology 🗸 Orders				
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For Existing Patients click on Search Patient for New Patients click on Edit Patient

For New Patients (Edit Patient)

Name: Last, First-SSN include dashes-DOB: year-month-day (1958-03-05) Chart # is required, Click OK at the bottom of the page

Name*	Duck, Donald
PatientID	To Be Assigned
SSN	123-456-7890
DOB*	1958-03-05 +
Sex*	M
Street	3000 Disney Lane
Street2	Suite 403
City	Orlando
State	FL 🗸
Zip	34567
Phone	888-999-1010
Chart #*	4321
Parent Name if under 18	
Previous Pathology #	ОК

Order Entry [# Doctor, Good]	Set Submitter	7149 WENDOVER	 Search Patients 	Pathology V Orders
Name: Duck, Donald		SSN: 123-45-7890	Address	: 3000 Disney Lane
Sex: M		Med Rec: To Be Assigned	City: Orl	ando
DOB: 1958-03-05		Req #:	State\Zi	p: FL\34567
			Phone: 8	88-999-1010
		Status: NEW	Edit Pa	atient
Guarantor:			ICD Histo	rv - none found
insurance 1:				
Insurance 2:				
Insurance 3:			Edit B	illing
Collection Date: 2018-03	-21	Order Priority:	Order Typ	pe:
Source	Procedure		Specimen Clinical Inform	ation
Orden Commonte			- Eliz	
Gruer Comments			Edit C	rder
New Order	Place Order Ca	ncel Order	Reprint	Results Log Out
Order Terrendetel				

To Add Billing Information click on **Edit Billing** in the center of the page.

Guarantor Information is listed on the left side of the page.

Insurance (Carrier Code) information is listed on the right side of the page.

If the Guarantor and the Patient are the same, you may enter the patient name in the **Guarantor Name** box, click on **Copy to Guarantor** at the bottom of the page, click **Copy to Insurance** and information will populate on both sides. Otherwise the Guarantor information will need to be manually added. Click on the

Carrier Code and Choose the insurance from the drop down box . Select the insurance and click **OK**.

Select Duck, Donald Select		CarrierCode		arrier		Subscr	iberName	e		Policy	
Select CarrierCode* GuarantorName* Duck, Donald CarrierCode* Onicy Group SubscriberName Duck, Donald Enter Search Citera Run Search In All Columns V Code Name Duck, Donald Code Name Duck, Donald Enter Search Citera Run Search In All Columns V Code Name Duck, Donald Code Name Duck, Donald Code Name Street City State Zip Code Name Street City State Zip Code Name Street City State Zip Code Name Po Box 1527 Duncan OK Zip Code Name Po Box 1527 Duncan OK Zip Code Name Po Box 935 Unitan Zip Zip Code Name Po Box 935 Unitan Zip Zip Celect Diodo <th>Select</th> <th></th> <th></th> <th></th> <th>Duck, D</th> <th>onald</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Select				Duck, D	onald					
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			Group		
			SubscriberName	Duck, Donald	~
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		Commission C			OK
Add Insur	Remove Insural	nce Copy to Guar	antor Copy to Ins	urance	OK

Add the next insurance or click **OK** at the bottom of the page, returns to Orders screen.

Order Entry	Set Submitter	7149 WENDOVER	 Search Patients 	Pathology V Orders
[# Doctor, Good]				
Name: Duck, Donald		SSN: 123-45-6789	Addres	ss: 3000 Disney Lane
Sex: M		Med Rec: To Be Assigne	ed City: O	rlando
DOB: 1958-03-05		Req #:	State\	Zip: FL\34567
			Phone	: 888-999-1010
		Status: NEW	Edit	Patient
Guarantor: Duck, Donald			ICD His	tory - none found
nsurance 1: BCBSNC - D	uck, Donald			
nsurance 2:				
insurance 3:				
			Edit	Billing
Collection Date: 2018-03	-21	Order Priority:	Order 1	Гуре:
Source	Procedure		Specimen Clinical Info	mation
				$\overline{}$
Order Comments			Edi	Order
Count:0				
New Order	Place Order Can	cel Order	Reprint	Results Log Out
Order Transvelstal				

To Place the Order, Click on Edit Order

Order Type-choose from the drop down menu, enter the Collection date, Order Prioity, Clinical History,
 Diagnosis or ICD10, Phone number if Urgent. If you wish a copy of the report to go to another Physician please enter the Physician's name in the Copy to Doctor box and fax number in the If Copy to Doctor
 Fax #. Choose the Source (mandatory), Procedure, Specimen Clinical Information and Anatomic Site. If there are more specimens please click Add Specimen .

Order Type*			~		Num	Source	Proc	edure
CollectionDate	2018-03-21	+		Select	1			
Order Priority	*Routine		\checkmark	- Select				
Clinical History / Diagnosis / ICD9			^	Source*				\sim
			~	Procedure				\sim
				Specimen Clini	cal Information			~
If Urgent, Phone / Page to:								
Copy to Doctor(s)	-			-				Ť.
If Copy to Doctor, Fax #				Anatomic Site				~
								\sim
Edit ICDs					AddSor	reimon Derrer	vo Sposimon	OK
Edit ICDs ICDs:					Add Spe	Remo	ve specimen	UK

If there are no more specimens click **OK**

Order Type*	Cutaneous Pathology		\sim		Num	Source	Procedure
CollectionDate	2018-03-21	+		Select	1	Skin	biopsy.
Order Priority	*Routine		\checkmark	Select Select			
Clinical History / Diagnosis / ICD9	mole left foot	~		Source*		Skin	~
		\sim		Procedure		biopsy.	~
				Specimen Clinical	Information	R/O BCC	_
If Urgent, Phone / Page to:	835-423-5968		1				
Copy to Doctor(s)	Minnie Mouse MD						
If Copy to Doctor, Fax #	835-321-4567			Anatomic Site		Left Foot	~
							\sim
				1			
Edit ICDs ICDs:					Add Spe	cimen Remov	ve Specimen OK

Order Entry	Set Submitter 714	9 WENDOVER	✓ Search Patients	Pathology V Orders			
[# Doctor, Good]							
Name: Duck, Donald Sex: M DOB: 1958-03-05		SSN: 123-45-6789 Med Rec: To Be Assigned Req #: Status: NFW	A C S P	uddress: 3000 Disney Lane vity: Orlando itate\Zip: FL\34567 vhone: 888-999-1010 Edit Patient			
Guarantor: Duck, Donal Insurance 1: BCBSNC - Insurance 2: Insurance 3:	d Duck, Donald		IC	CD History - none found			
induction of				Edit Billing			
Collection Date: 2018-0	3-21 0	rder Priority: *Routine	0	order Type: Cutaneous Pathology			
Source	Procedure	R/O RCC	Specimen Clinical	Information			
SKIN	biopsy.	R/O BCC					
Order Comments Count:1	\frown			Edit Order			
New Order	Place Order Cancel O	rder	Reprint	Results Log Out			
The Dialog box will pop up Print label for the specimen bottle, Print Req to send with the specimen. Then click OK.							
Print Webpage Dialog A print Webpage Dialog A print Webpage Dialog							
	Order Saved. Print label	(s) Print Req					
At this point	you can place a New (Order,	g	o to the Results page or Log Out			

If your order is complete click on **Place Order**