

Telehealth Guide for Patients

In this document, you will learn how to access and utilize the modmed Telehealth™ phone application.



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Get Started with the modmed Telehealth App

Download app on iOS and Android devices

Enter the App Store (for iOS device) or Google Play Store (for Android device), and search for modmed Telehealth. Then download the Telehealth application onto your device.

Manage push notifications

After downloading the app, you have the ability to set your *push notifications* preference, which allows you to receive Telehealth notifications anytime the status of your e-Visit changes, even when you do not have the app open.

If you elect NOT to receive push notifications, the only way to see what is happening with your e-Visit is to open the Telehealth app and view your messages.

Log in to the Telehealth App

To log in to the Modernizing Medicine Telehealth app, open the app, enter your login credentials, and select Sign In.

URL and Username

The URL is specific to your physician's practice, and the Username is unique to each patient; the medical office personnel will provide these to you.

Password

If the practice allows you to set up your own password, a link will be sent to you via email. Follow this link to set up your password.

The doctor's office may have already set up a password for you. In this case, please contact the practice.



Dashboard Overview

From the dashboard , each e-Visit will display:

- the *date* the e-Visit was submitted
- the type of complaint for that e-Visit
- your preferred Telehealth provider
- and the *status* of the e-Visit

View Open and Closed Visits

The **Open** tab displays all open e-Visits you have submitted that are still being addressed by your provider.



The Closed tab displays all e-Visits you submitted that have been completed.



Tap on the hyperlinked complaint to display the detailed activity of that e-Visit

- a. Messages: View any messages sent from your provider.
- b. Details: Displays the specific information that was submitted on this e-Visit by you, the patient
- c. Photos: Displays the photos that were submitted for this e-Visit.





Document Your e-Visit

To begin a new e-Visit, select **New e-Visit** in the top-right corner.



Prescreening

The prescreening question helps determine if a patient should be seen via the Telehealth App. Select the answer that best applies to your situation.

Prescreening Cancel
Please review the questions and select all that apply
Do you have any of the following?
Fever above 101°F or shaking chills
Feeling ill or fatigued
Vomiting or Nausea
Weight loss (Unintended)
Severe headache
Currently pregnant
None of the above
Next

If you answer the prescreening question and a warning displays advising you to seek emergent medical care, you will not be allowed to add a new e-Visit.

If none of the symptoms listed apply to you, select **None of the Above** and proceed to the **Next** screen.



Provider

Choose your preferred physician from the list provided, or search for another provider using the search field at the top.



Note: If the provider you select is not available, another provider will be assigned to your e-Visit .

Consent

Read the consent statement regarding Telehealth medical services, and then select Agree or Disagree.



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Past In-Office Visits

The **Past Visits** screen will show any recent procedures and in-office visits you may have had. If the Telehealth e-Visit you are submitting is related to one of these items listed, select **Yes** at the bottom of the screen; select **No** if your e-Visit is unrelated.

Consent	Past Visits	Cancel
Is your new cas	se related to any of these	procedures?
May 23, 2016	6	
Excision		
Acne Surgery		
No	Y	es

The following screen will display your visit costs.

Financial Waiver or ABN Form

If your Primary Insurance is Medicare, you will be presented with an ABN **Waiver** to sign. Select **Sign**, and sign the form with your finger or a stylus.

Consent	Waiver	Cancel
Please review	and sign before continuin	g
A. Notifier: Angels Pushe, ER. B. Patient Name: Johnson, Thomas	C. Identification Number: ⁴⁴	645
Advance Benefic <u>NOTE:</u> If Medicare doesn't pay for D Medicare does not pay for everything, a good reason to think you need. We exp	ary Notice of Noncoverage (<u>Teleheath</u> below, you may have to even some care that you or your health o ent Medicare may not pay for the 0. ^{18to}	ABN) pay. are provider have heath below.
D. Procedure	E. Reason Medicare May Not Pay:	F. Estimated
Telehealth	Not a covered service	\$35.00
WHAT YOU NEED TO DO NOW: • Read this notice, so you can m • Ask us any questions that you • Choose an option below about Note: If you choose Option 1 that you might have, but	ake an informed decision about your can may have after you finish reading, whether to receive the D . Textheath or 2, we may help you to use any other in Medicare cannot require us to do this.	e. listed above. isurance
G. OPTIONS: Check only one bo	x. We cannot choose a box for you.	
Summary Notice (MSN): I understan payment, but I can appeal to Medica does pay, you will refund any payment SOPTION 2. I want the D. Teletess ask to be paid now as I am responsib OPTION 3. I don't want the D. Teletess and not responsible for payment, and	I that if Medicare doesn't pay, I am resp re by following the directions on the MSI tis I made to you, less co-pays or deduct the listed above, but do not bill Medi le for payment. I cannot appeal if Medic heath listed above. I understand w I cannot appeal to see if Medicare wo	Insible for 4. If Medicare bles. icare. You may are is not billed. th this choice I uld pay.
A resonance of Medicane Lating, call 140 This notice of Medicane Lating, call 140 Englishment of Medicane Lating, call 140 Englishment Lating and the Medicane Lating and the Medicane Lating and the Medicane Lating and the Medicane Lating and the Medicane Lating and the Medicane Lating and the	efficial Medicare decision. If you have been concerned to a second seco	e other questions on 177-456-2045). So receive a copy. Intervent of MMM sense to the sense to the sense of MMM sense to the sense ? Intervent of the sense ?
Ì	Sign	

For all other insurance types, a financial **Waiver** will be presented for you to sign. Select **Sign**, and sign the form with your finger or a stylus.

Please sign the area below with your finger.	ast Visits	Waiver	Cancel		/ Waiver		
<form> Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger. Please sign the area below with your finger.</form>	Please review	v and sign before cont	inuing		Walver		
 a. Provide Table Tabl	Construction Constended Constended Construction Construction Const	The second secon	And using the second se		Please sign	the area belo	w with your finger.
Sign Clear Signature Done Signing Waiver Please sign the area below with your finger. Thomas Lefference agrees to the terms and conditions that were autilized in the waiver.	And Algebra and which the definition and the definition of the definition and the definition a	ung Madara ung yang Produktiry Madir Bang Andra Minister Mangalan Mangalan Karakan Mangalan M	we will deform all years of a high definition and years on a high through a high pain of the through a high pain and the pain of a high pain and the pain a high pain and the pain and the pain a high pain and the pain and the pain a high pain and the pain a set the pain a high pain and the pain a set the pain a high pain and the pain a set the pain a high pain and the pain a set the pain a high pain and the pain a set the pain a high pain a set to pain a set to pain a high pain a set to pain a set to pain a set to pain a high pain a set to pain a set to pain a set to pain a high pain a set to pain a set to pain a set to pain a high pain a set topain a set to pain a set to pain a set to pa		X <u> </u>	fferson agree	s to the terms and
Waiver Please sign the area below with your finger. Themese lefferces agrees to the terms and conditions that uses outlined in the univer.	h	Sian			conditions Clear Signat	that were out	lined in the waiver. Done Signing
Please sign the area below with your finger.	Waiver						
Thomas Seriel son agrees to the terms and conditions that were outlined in the walver.	Thomas Jefferso	n agrees to the term	area below with your r	vere outlined in the	waiver.		

When you're finished, select *Done Signing*.



Complaint

Choose your medical complaint from the list provided, or enter your complaint into the search field at the top.

K Fees	Complaint	Cancel		
Please se	elect your complaint for this ca	se		
	Q, ex: Rash			
Acne				
Birthmark				
Bleeding Lesio	n			
Blisters				
Changing Mole	Changing Mole			
Cyst				
Discoloration				
Eczema				
Hair Loss				
Laceration				
Rash				
Scar				

Location

Select the location of the complaint on the body atlas. You will then be prompted to take two photos with your device's camera: a close-up and a long shot. To zoom in, place your thumb and forefinger on the screen and move them apart; to zoom out, pinch your thumb and forefinger together.

Note: Each tap on the body will require two photos.

- **Photos:** Shows you the close-up and long shot photos taken. You may retake your photos or add up to two additional photos per selected location.
- **Reset:** This will delete all photos taken, as well as remove the body location selected.
- **Undo Touch:** Removes the last location you selected on the body atlas along with photos takes of that location.
- Next: Takes you to the next screen where you will be prompted to take a photo.



Photo Wizard

Follow the steps below when taking the close-up and long shot photos of your complaint.

1. Select **Take Picture** to begin.



2. After you have taken the photo, select **Retake** to re-take the picture, or tap **Use Photo** if you're satisfied with the image you've taken.





3. Select Next or Done to move to the next screen.



Select **Next** at the bottom of the screen once done documenting locations and photos. You will see a pop up asking you to add any additional locations and photographs of the chief complaint. Select the appropriate answer and proceed with the e-Visit.

Complain	t	Locatio	on	Cancel
	Flease	Select a localic	on on the body	
Pho	tos	Reset	Undo To	uch
Where	e is yo	our Ras	sh?	
ic ic	Do you ccations? ccation. E scalp, fa back, bu rm, left a finger No	Rash have a rash if yes, take - ixample loca ce, neck, ch trocks, groin rm, right leg nails, feet, a	in additional a photo for eac tions can be th est, abdomen, right , left leg, hands ind toenails. Yes	h e s,
		Next		

Quality

Choose the appropriate description of your condition; select all that apply. Then, select **Next**, or swipe to the left to proceed to the next screen.

	Questions	Cancel		
	Please answer the following questions			
Wh (Ch	What best describes your rash? (Check all that apply)			
\bigcirc	blistering			
\bigcirc	burning			
\bigcirc	flaking			
	itchy			
\bigcirc	no symptoms			
0	painful			
	red			
	•••••			
	Previous Next			

Severity

Choose the severity of your condition. Select **Next**, or swipe to the left to proceed to the next screen.

	Questions	Cancel
	Please answer the following questions	
Но	w severe is your rash?	
\bigcirc	mild	
0	moderate	
\bigcirc	severe	
	Previous Next	



Duration

Choose the appropriate duration of your condition by selecting the field that corresponds with the time metric, and entering the number.

	Questions	Cancel
	Please answer the following questions	
How lon	g have you had the ras	sh?
0	Days	
1	Weeks	
0	Months	
0	Years	
		_
	Draviaus	
	Previous Next	

Positive and Negatives

Choose the symptoms that DO or DO NOT relate to your condition; select all that apply.

Questions Cancel	Questions Cancel
Please answer the following questions	Please answer the following questions
Please CHECK ALL of the symptoms that you have currently.	Please CHECK ALL of the symptoms that you do NOT have.
abdominal pain	on abdominal pain
anxiety	on anxiety
blurry vision	on blurry vision
chills	o chills
cough	🧭 no cough
depressed mood	on depressed mood
diarrhea	🧭 no diarrhea
fever	on fever
headache	🧭 no headache
	• • • • • • • • •
Previous Next	Previous Next

Medications

Review the medication options listed and select all that apply to you.



Status

Select the status of your chief complaint.

	Questions Cancel
	Please answer the following questions
Sin	ce your previous visit, your rash is:
\bigcirc	better
\bigcirc	improved
\bigcirc	resolved
\bigcirc	stable
\bigcirc	spreading
\bigcirc	unchanged
\bigcirc	worse
	recurring
\bigcirc	n/a
\bigcirc	other
	• • • • • • • • • •
	Previous Next



Additional Comments

If there is any additional information about your condition that was not covered in the previous questions, enter that information into the open field.

Questions Cancel
Please answer the following questions
Additional Comments (use complete sentences)
Is this contagious?
• • • • • • • • •
Previous

Clipboard

Review the information listed in your clipboard, and verify that the medication(s) and allergy(ies) listed are still current by selecting **Yes** at the top of the screen.

〈 Questions Clipboard Cancel					
Please review your history and add any missing information					
Is this information up-to-date? Yes No					
MEDICATIONS					
Minocin 100 mg					
Xanax 0.25 mg					
ALLERGIES					
Sulfa (Sulfonamide Antibiotics)					
PROBLEM LIST					
Actinic keratosis					
Acne vulgaris					
Other seborrheic keratosis					
Other skin changes due to chronic exposure to onionizing radiation					
Next					

If the information is incorrect, select **No** and enter the correct medications and allergies into the open field.

〈 Questions	Clipboard	Cancel				
Please review you	r history and add any missi	ng information				
Is this information up-to-date? Yes No						
Please enter in your updates below:						
MEDICATIONS						
Minocin 100 mg	1					
Xanax 0.25 mg						
ALLERGIES						
Sulfa (Sulfonam	ide Antibiotics)					
PROBLEM LIST						
Actinic keratosi	S					
Acne vulgaris						
Next						

When you're done, tap Next.

Review e-Visit

On the **Review Visit** screen, verify the information that you have selected to ensure accuracy.

- **Details:** Review the answers to your questions
- **Photos:** Review the photos taken to ensure they are adequate.



Note: At any time, you may return to the previous screen by tapping the back arrow in the upper-left corner.

When you're done, select Submit.



Payment

Your e-Visit will not be submitted to the provider until you fill out your payment information. After selecting *Submit*, you will be prompted to enter the credit card number, expiration date, CVV, zip code, and cardholder's name.

< Review Visi	t Payment Inform	nation Cancel			
Please enter credit card information					
Subtotal charge: \$45.00					
1235	08/17	959			
George Wash	ington				
VISA Constraints of the second	mit you agree that you amount listed above. F ransaction please cont	ur credit card may For any questions act your practice			

You will then be asked to confirm this transaction. Select *Submit* to approve and submit your e-Visit to your provider.

An email from Modernizing Medicine containing your Telehealth receipt will be sent to the email address your provider has on file.



Communicate With Your Provider

Your provider may send you a message if more information or additional photos are needed. The way in which you'll be notified depends on the *push notification* settings you enabled.

- 1. Select the appropriate e-Visit under the *Open* or *Closed* tabs.
- 2. Select the Messages tab to view any communication between you and your provider.
- 3. To send a message, enter your text into the **New Message** field at the bottom of the screen, and then select **Send**.

Visits	Visit Details					
	Messages	Details	Photos			
Notificati	June 06 2016 03:15 PM Notification					
Case I Doe N	Case has been assigned to Jane Doe MD					
June 06 2016 03:15 PM Jane Doe MD						
What OTC prescription have you been using?						
	June (06 2016 03:1	I5 PM George Washington			
Cortisone cream						
Jane Doe	June (06 2016 03:*	16 PM			
Have you noticed any improvement with the Cortisone cream?						
	June (06 2016 03: ⁻	I6 PM George Washington			
Yes a little bit when I stop using it the eczema comes back again						
	June (06 2016 03: [,]	16 PM			
Nev Nev	v Message		Send			

4. To send additional photos, tap on the Camera icon to the left of the New Message field.





Settings

The **Options** tab allows you to **Log Out** and access some helpful resources.



- **Logout:** Signs the user out of the Telehealth app.
- *Helpful Resources:* Allows you to access:
 - **o** Frequently Asked Questions
 - **Call Technical Support** Connect with our Technical Support Team. For all clinical questions, please contact your Provider directly.
 - **Terms of Service & Privacy Policy** Review the Terms of Service and Privacy Policy that you agreed to when you signed into the app for the first time.
 - **Telehealth Consent of Use** Review this Telehealth Consent of Use that you agree to each time you submit a Telehealth e-Visit.
 - **Camera Settings** Adjust the camera resolution for your front and rear cameras.

Cancel Options
GENERAL
Frequently Asked Questions
Call Technical Support
ABOUT
Terms of Service & Privacy Policy
Telehealth Consent to Use
SETTINGS
Camera Settings
Logout

Your provider may provide you with additional educational materials to assist in the submission of Telehealth e-Visits.