

OP Notify: Review or Modify the Billing Reminder Consent Form

Last Modified on 05/04/2023 1:50 pm EDT



Important: Review and confirm the Practice has completed the requirements in the How to Implement Bill Pay section of the **Bill Pay Overview** article. It is important to review, and if necessary, make changes to the Page Templates used to communicate with parents/guardians and/or patients.

Overview

Prior to enabling events for new or outstanding billing reminders, consent must be obtained from the parent. Below are the steps to follow to modify the form supplied by OP, *Billing Reminders Consent (default from OP)*, to obtain parental consent.

Review or Modify the Billing Consent Form Submission Frequency

1. Navigate to Forms Management: **Navigation Panel > Portal Management > Patient Interface > Forms Management**
2. Locate Billing Reminders Consent (default from OP), click the **Settings** button in the Actions section.

MANAGE FORMS						
<div> Create New Form Upload Static Form Import Form Add Enterprise Forms </div>						
<div> <input type="text" value="Search Forms"/> All Forms <input type="text" value="Select Delivery Events"/> <input type="button" value="Search"/> </div>						
NAME	TITLE	DATE EDITED	PUBLISHED	FORM PACKET	SUBMISSIONS	ACTIONS
Billing Reminders Consent (default from OP)	Billing Reminders Consent for XYZ Pediatrics	11/24/2020 5:39:00 pm	Yes	No	No Submissions	

3. Review or modify the below information.

- a. **Name:** Enter the name of the form. This name is used internally only.
- b. **Title:** Enter the title of the form. This name will be visible on the Patient Portal.
- c. **Description:** Enter a description of the form. The description is used internal only.
- d. **Submission Frequency:** Click the drop-down and select from the list.

- **Annual:** When selecting this option, select the radio button appropriate for annual consent.

Submission Frequency ⓘ

Annual

☒ One year from last form submitted
☐ One time per calendar year

- **One time only:** The consent will only need to be signed once. This will be the default setting of the Consent Form from OP
- **Custom:** Select the number of days, weeks or months the consent would need to be signed.

Submission Frequency ⓘ

Custom

1

Day(s)

Select...
Day(s)
Month(s)
Week(s)

Create New Form

- **Everytime:** The consent would need to be signed every time the patient had a scheduled appointment and every time the parent logged into the Patient Portal.

4. Click the **Save Form Settings** button.

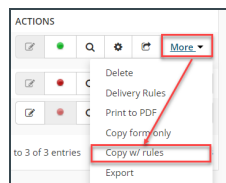
Review or Modify the Billing Reminder Consent Form Delivery Rules


1. Click the **More** drop-down, in the Actions section, and select **Delivery Rules**.
 2. Click the **Edit** button to review each rule in the list. Below you will find each Delivery Rule and the default settings.
- **On Login to Patient Portal Delivery Rule** The Billing Reminder Consent Form will be sent when a parent/guardian/patient logs in to the Patient Portal
 - **Appointment Delivery Rule:** The Billing Reminder Consent Form will be sent when an appointment is received from OP to the Patient Portal.
 - **Live Scheduled Appointment Delivery Rule:** The Billing Reminder Consent Form will be sent when a parent/guardian/patient schedules/requests and appointment from the Patient Portal.

Review or Modify the Billing Reminder Consent Form Details

Note: If the practice chooses to modify the form or leave the original form untouched, it is recommended that you copy the form prior to modifying it.

- Click the **More** drop-down in the Actions section and select **Copy w/ rules**.


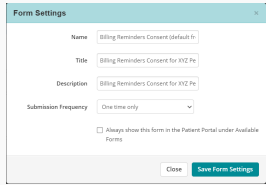
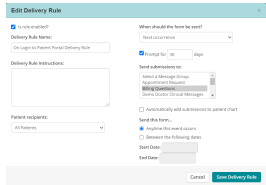
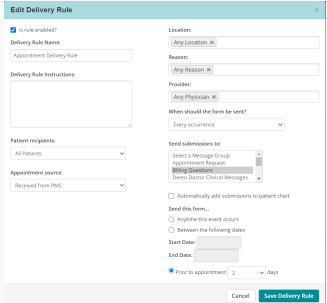
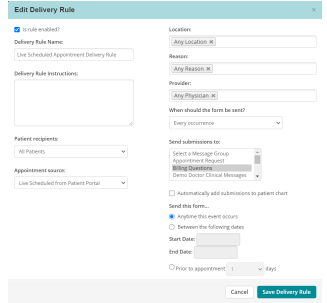



1. Click the **Edit** button  in the Actions section, the Billing Reminders Consent form displays.
2. Click into a section of the form to place it in edit mode. Each section of the form is described below.

- **Header and Layout**
 - a. Click the Header and Layout section of the form. The Form Layout Options window displays.
 - b. The default Field Layout of the form is set to Horizontal, to change, click the drop-down and select vertical.
 - c. Click into the text field of the Title and change the title of the form. The Title of the form is seen on the Patient Portal.
 - d. To use form instructions, confirm the Use Form Instructions in the header is checked. Enter the instruction in the text field below. It is recommended that Form Instructions be added to the header section
 - e. Click the **Close** button.
- **Billing Communication Consent:**
 - a. Click the Billing Communication Consent* section of the form.
 - b. Click the **Edit Options** button.
 - c. Review or modify the Label and Consent Statement fields. Optionally, you may enter text in the Hover Text field for instruction or further explanation.
 - d. Click the **I'm Done** button.
- **Signature:**
 - a. Click the Signature* section of the form.
 - b. Click the Edit Options button.
 - c. Review or modify the Label, Prompt, Sub Label, or Hover Text fields.
 - d. Click the **I'm Done** button.

Default Delivered with Bill Pay: Billing Consent Form

Form Action	Default Settings (To expand an image, click on the image)
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Form Action	Default Settings (To expand an image, click on the image)
 Settings	
More > Delivery Rules > On Login to Patient Portal Delivery Rule	
More > Delivery Rules > Appointment Delivery Rule	
More > Delivery Rules > Live Scheduled Appointment Delivery Rule	
 Edit	