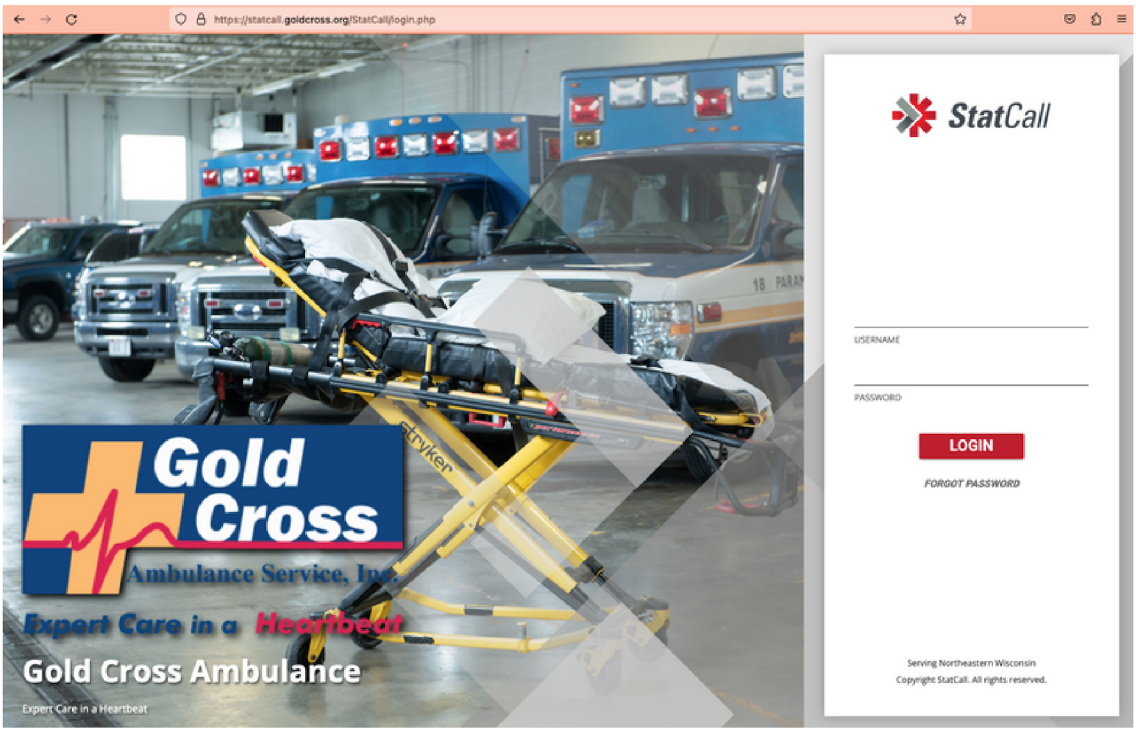
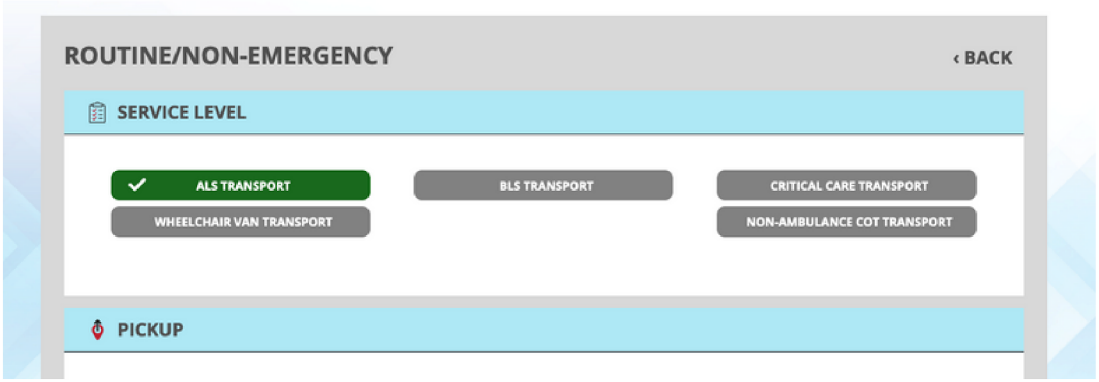
LOG IN TO STATCALL

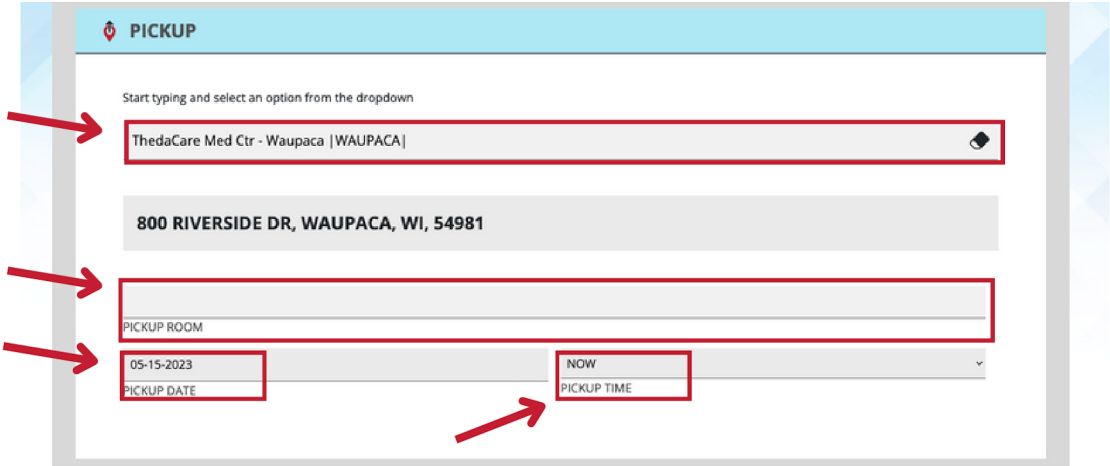


SELECT URGENCY

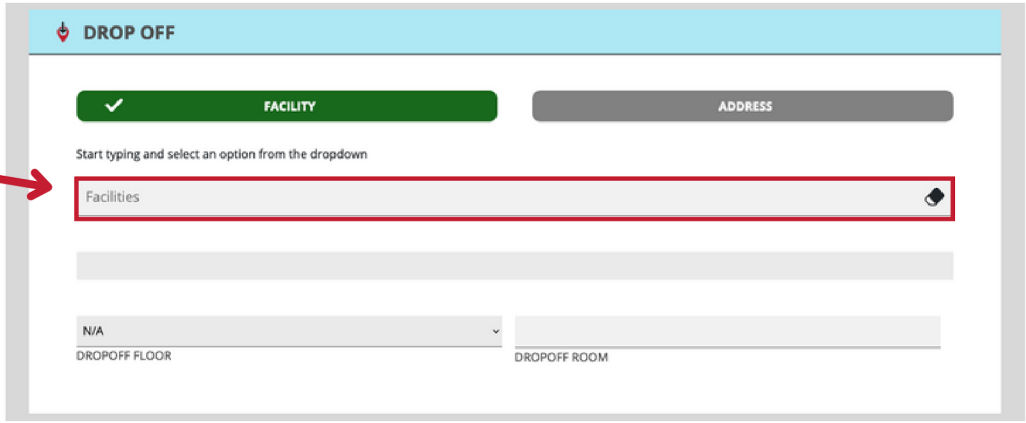
SELECT SERVICE LEVEL



SET PICKUP LOCATION, NOTE ROOM NUMBER, DATE, AND TIME

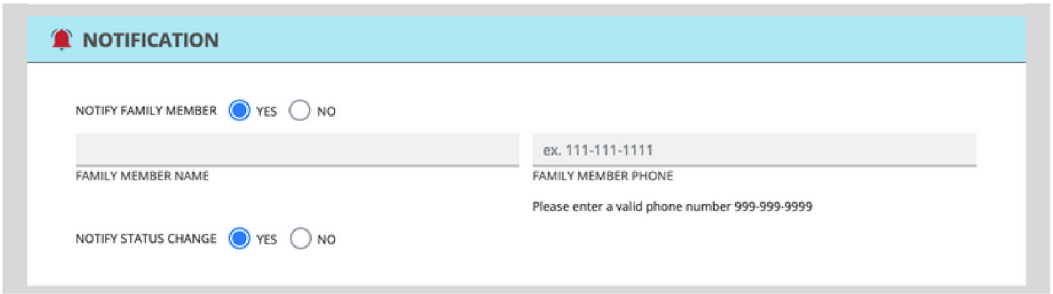


SET DROP OFF LOCATION



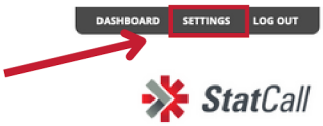
SET NOTIFICATION PREFERENCES

1. To send a PHI free text to a patient's family member, select "yes" beside "Notify Family Member" then enter a name and a mobile phone number.
2. To request status change notifications be sent to the call placing user either by text or email, select "YES" beside "Notify Status Change"

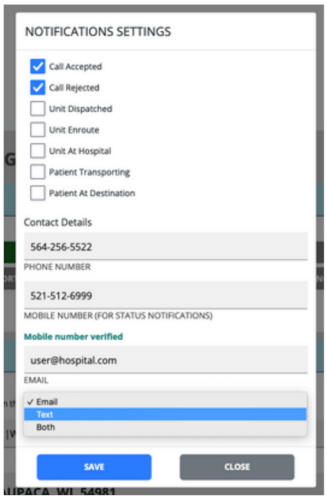


TO CHANGE NOTIFICATION PREFERENCES

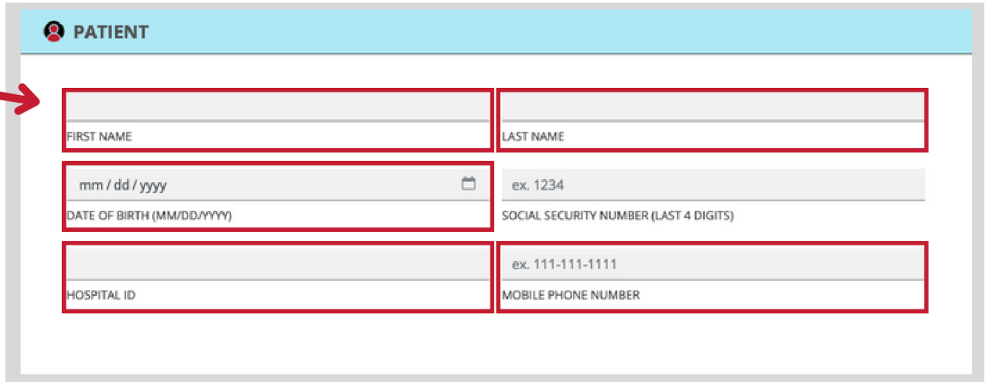
1. Scroll to the top of the Order Form and navigate to "Settings" in the menu bar.



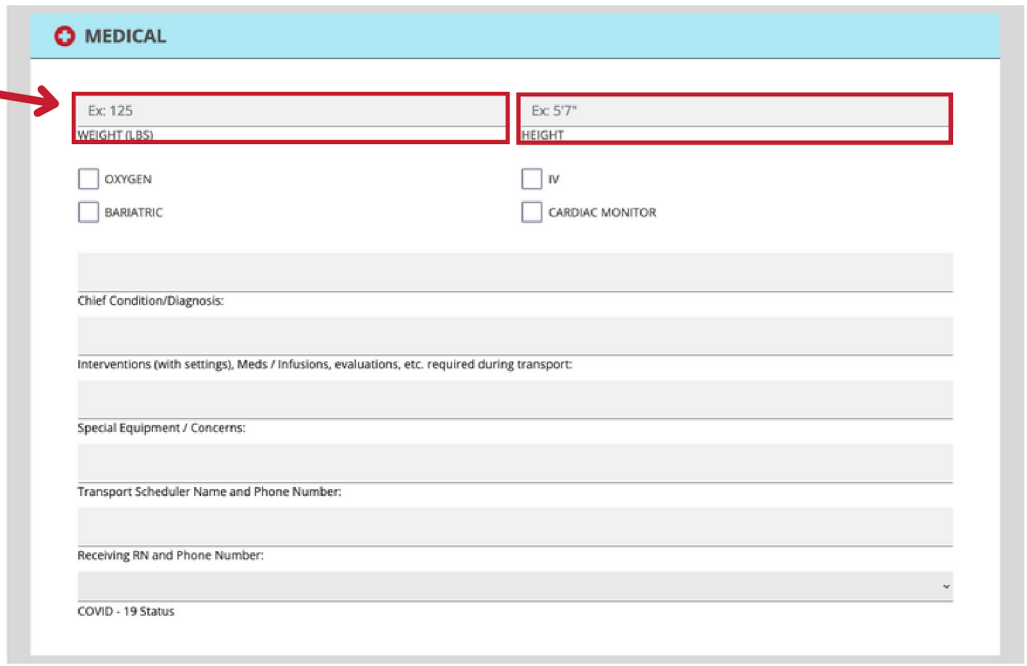
USER NOTIFICATION SETTINGS



FILL IN PATIENT INFORMATION



FILL IN MEDICAL INFORMATION & ANSWER RELEVANT QUESTIONS



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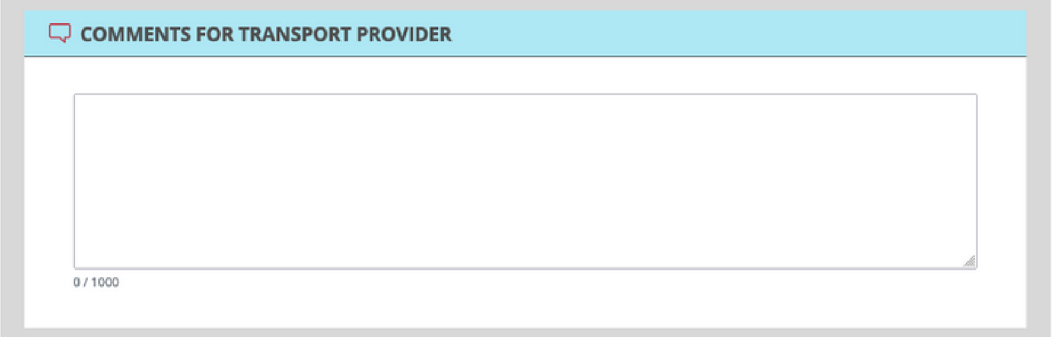
ADD A COMMENT FOR TRANSPORT CREW

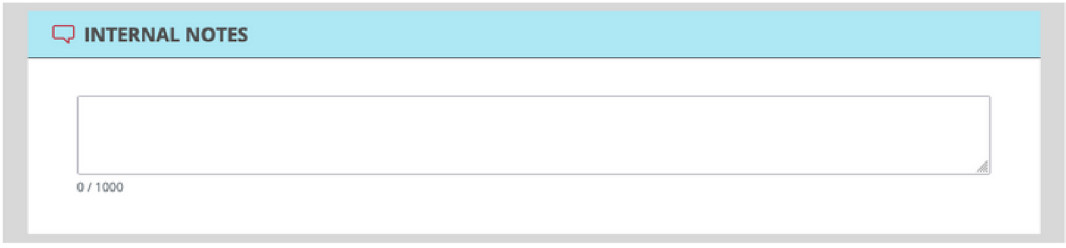


SHARE A NOTE WITH INTERDISCIPLINARY TEAM OR DISPATCHER

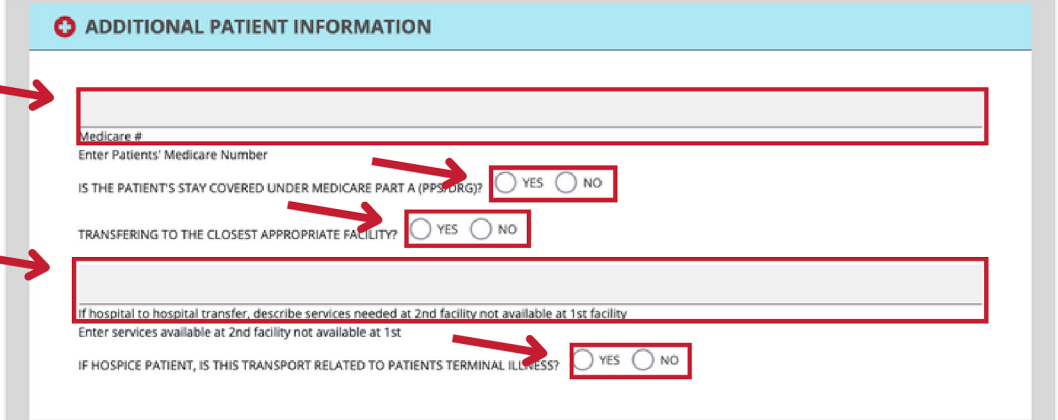
Suggested workflow using Internal Notes:

1. Social Worker starts filling out the order and enters a note to let the nurse know what is needed next and stashes the trip for later.
2. Nurse fills out relevant information and either signs the form and submits the trip OR adds a note to let users know what is still needed and stashes the trip again.
3. If the physician needs to sign the form, they would sign and submit the trip.
4. During review of the trip, if a dispatcher notes changes needed, they will be entered here.

*Note - To avoid complications of too many users editing a trip at the same time, you may find it useful to quickly note "In Progress" in this section to communicate to users that you are working on the trip request.



ADDITIONAL PATIENT INFORMATION



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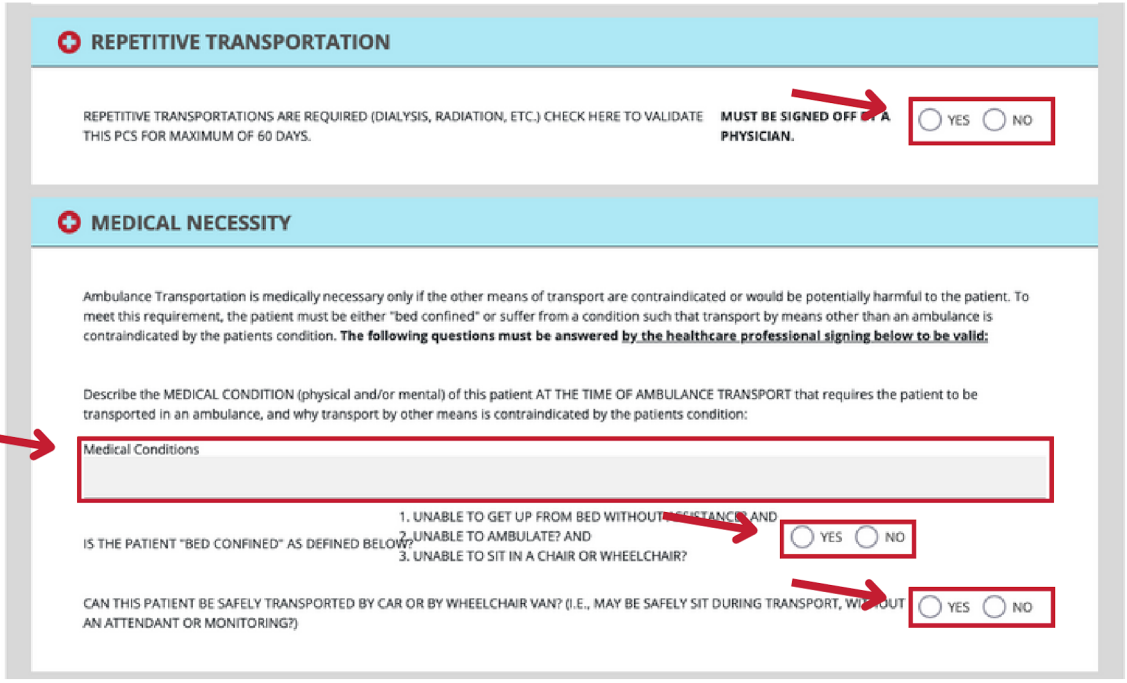
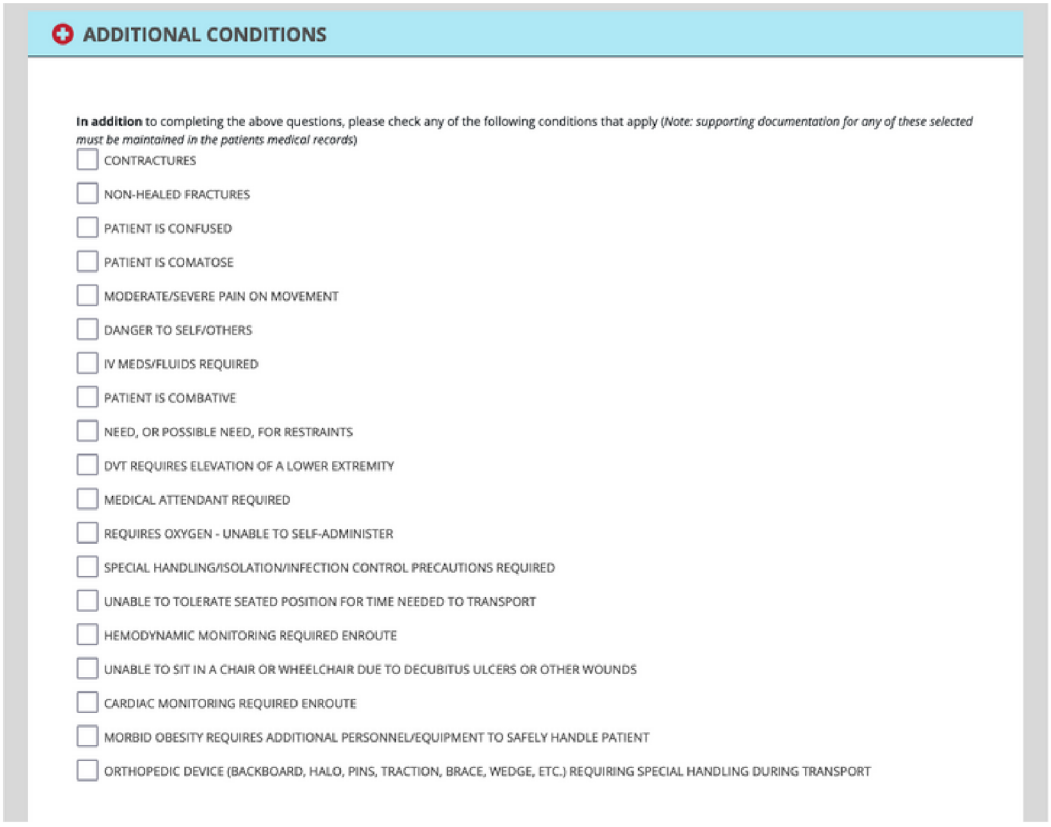
FILL OUT MEDICAL NECESSITY INFORMATION

Please Note: The Medical Conditions field should include very specific information regarding the MEDICAL CONDITION (physical and/or mental) of this patient AT THE TIME OF AMBULANCE TRANSPORT that requires the patient to be transported in an ambulance, and why transport by other means is contraindicated by the patients condition.



NOTE ANY ADDITIONAL CONDITIONS THAT APPLY



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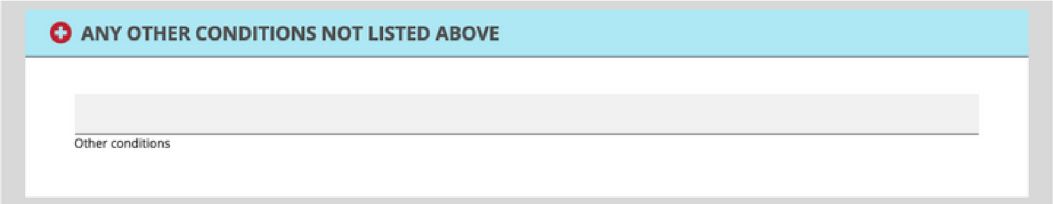
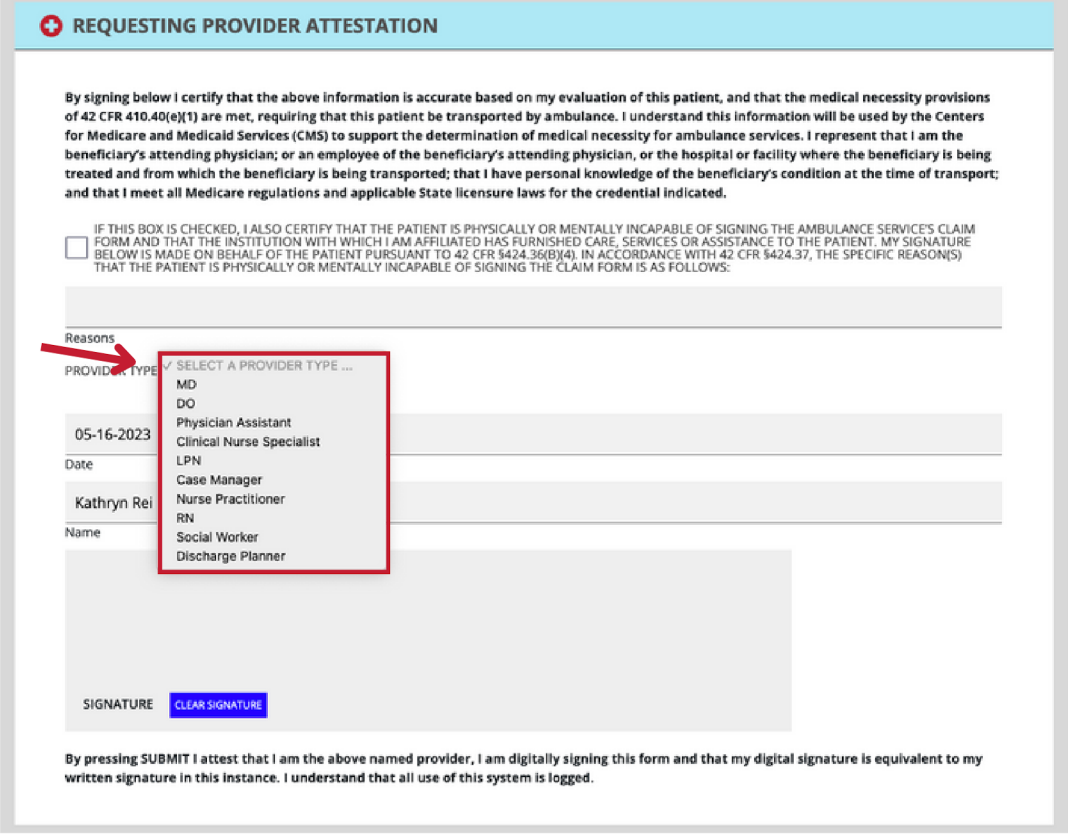
LIST ANY OTHER CONDITIONS NOT LISTED ABOVE



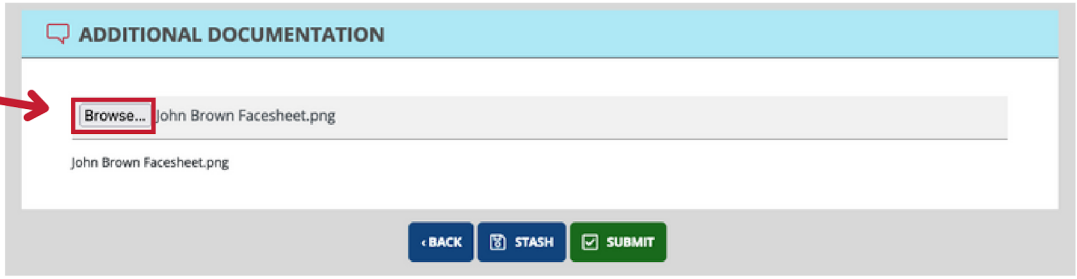
FILL IN THE REQUESTING PROVIDER ATTESTATION



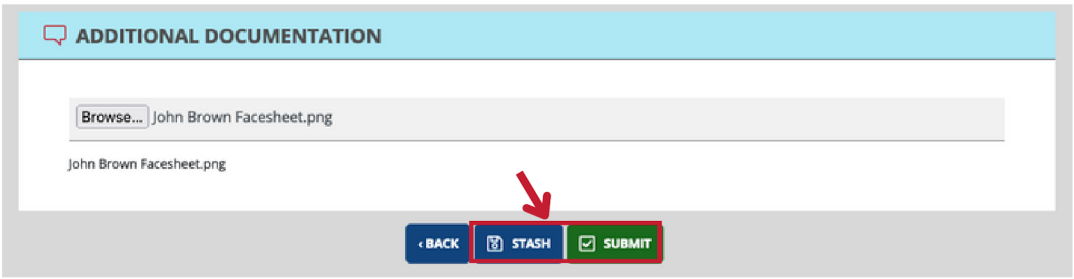
SIGN THE FORM LEGIBLY WITH YOUR MOUSE

ATTACH THE PATIENT'S FACESHEET

To facilitate Gold Cross handling the pre-authorization call to Veyo, please be sure to attach the patient's facesheet prior to submitting the trip request.

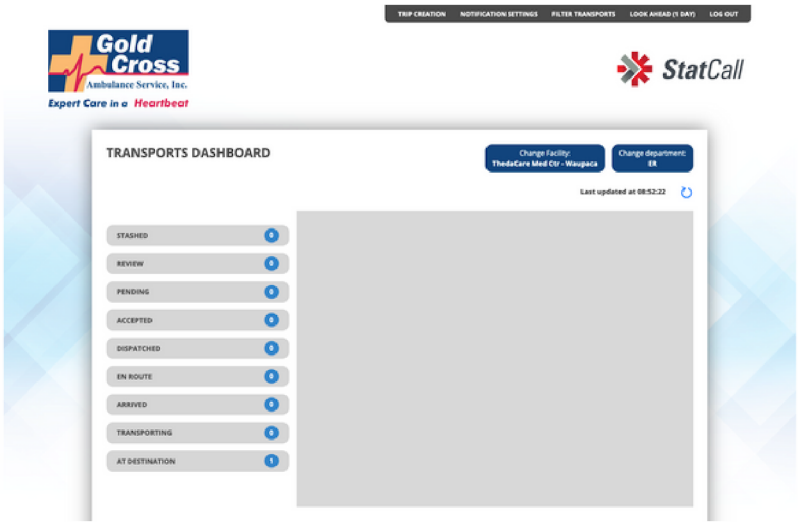


STASH THE TRIP FOR LATER OR SUBMIT TRIP FOR REVIEW BY A DISPATCHER



ACCESS STASHED TRIPS OR MONITOR TRIP STATUS

Navigate to Dashboard in the top menu bar.



SUPPORT

Submit a support ticket to jlangnese@goldcross.org