



CalvertHealth™ Medical Center

Physician Order Processing Just Got Much More Web-savvy...and a Whole Lot Easier!

CalvertHealth Medical Center has taken the pain out of order processing with a strong dose of convenience...Provider Network Manager (PNM) - a tool to create and submit electronic orders. PNM is healthcare's web solution for automating outpatient orders between hospital services and community physicians. It provides an electronic bridge between the hospital referring providers for outpatient order submittal, receipt, and tracking.

What is in it for the physician office?

Efficiency: PNM's Outpatient Order Entry System enables physician offices to send orders for outpatient services in less than 90 seconds with no risk of the order being lost, forgetting required information, or the patient misplacing their order. **No More Lost Orders!!!**

Integrated Medical Necessity Checking and Electronic Physician Signature: Provides Medical Necessity verification, authorization details, and an electronic signature feature.

What we need from you to get started:

- Office Name
- Ordering Provider Name(s) & NPI Number(s)
- Current staff that will need access to Provider Network Manager (first and last name)
- Provider Signature – will be used for electronic signature (see form on page 3, complete one for each Ordering Provider)

Return to: Nicole Kreamer, PASC Physician Liaison

Phone: 410-535-8347

Fax: 410-535-8795

Email: nicole.kreamer@calverthealthmed.org

OFFICE INFORMATION

Office Name:	
Address:	
City/State	
Zip:	
Phone:	
Fax:	
Contact Person/Title:	
Phone:	



Fax:	
Email:	

ORDERING DOCTORS

	Last Name	First Name	Specialty	NPI
1				
2				
3				
4				
5				

USER INFORMATION

Name (Last, First)	User Name (To be Assigned)	Email	Phone Number	User Access*
				<input type="checkbox"/> View only <input type="checkbox"/> Sending User
				<input type="checkbox"/> View only <input type="checkbox"/> Sending User
				<input type="checkbox"/> View only <input type="checkbox"/> Sending User
				<input type="checkbox"/> View only <input type="checkbox"/> Sending User
				<input type="checkbox"/> View only <input type="checkbox"/> Sending User
				<input type="checkbox"/> View only <input type="checkbox"/> Sending user

* **View only access** gives the user rights to view, print and search for an order, Sending user **access** has rights to view or print and gives the user the ability to enter an order into the system, read correspondence on the order, follow up, view appointment date/time, etc. Contact (410)-535-8347 for more details.



Signature Form

In an electronic environment, the same legal weight associated with an original signature on a paper document can be associated with an electronic signature. Physicians are not required to be employees of the participating hospitals and thus agree to allow the use of his/her signature only for the purpose of ordering procedures at the hospitals and sending referrals to other medical providers.

I certify that the identifiers assigned to me for the purpose of this attestation process will be kept confidential, will not be disclosed to others and will be used appropriately.

I also understand that I am ultimately responsible for any orders transmitted using Provider Network Manager/Order Facilitator on my behalf.

Furthermore, I understand that the privilege to use the Provider Network Manager/Order Facilitator system may be revoked if it is not used appropriately.

Please make a copy for each doctor in your office and have him or her write their signature **in the center of the box** below as clearly as possible and **return to:**

Return to: Nicole Kreamer, PASC Physician Liaison

Phone: 410-535-8347

Fax: 410-535-8795

Email: nicole.kreamer@calverthealthmed.org

1. **Printed Name (Please include credentials, i.e. MD, NP, etc.):**

2. **NPI:** _____

3. **Practice/Office Name:** _____ **Fax number:** _____

Signature (please sign within the box above)

Date: _____