EPSDT Online Portal Quick Guide - PROVIDER



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OUTS - TROVIDER STATEM		
By signing below, I confirm that a hi surveillance, and anticipatory guida record.	itory (initial or interval), a physical exam, age-appropriate see were performed and documented in the patient's media	al
Provider		5
Provider Name *	Provider Email *	
Billing Provider NPI *	Rendering Provider NPI *	

To add your digital signature to an online 8015/8016, you will navigate to the **Provider Statement & Sign panel**. You will need to complete the Provider information if it is not completed.

Once done, click Submit.

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	Awaiting Sigr	nature Sig	ned Subm	Submitted Rev		proved	Withdrawn	All Lookup
SELECT ALL	Exam ID	Patient Name	Screen Date	Birthdate	Screen Age	Form	Health Plan	Last Modified On
	302	wait Esit	05/20/2022	02/02/2022	4m	8015	AlohaCare	11/04/2024 12:39
	14311	michelle test	07/01/2023	01/12/2005	18y	8015	Kaiser Permanente	11/04/2024 12:41
Batch Sign Are you sure you would like to bulk sign? By clicking "Submit Selected Records", you are confirming that a history (initial or interval), a physical exam, age-appropriate surveillance, and anticipatory guidance were performed and documented in the patient's medical record. Number of Records Selected to Sign: 3 Cancel Submit All								

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