

Webview

Appointment Check-in

1. Log in to Webview at <https://webview.pmsi.com/foxmillfp>
2. Enter login and password information.

3. From the main screen, click on APPOINTMENTS

The screenshot shows the Practice Partner interface. At the top left is a 'Logout' button. The Practice Partner logo and tagline 'A better way to practice.™' are at the top center. 'Patient Chart' is at the top right. A navigation menu on the left includes: Messaging (Inbox, New Message, Sent), Appointments (Appointments, Appointment Request), Chart (Major Problems, Allergies, Vital Signs, Hospitalizations), Prescriptions (Rx - Current), and Notes (Letters, X-Ray, Pathology, Special Studies). The 'Appointments' menu item is highlighted with a green arrow. The main content area shows patient information: Public, John; ID: 38394; Age: 48; Sex: M.

4. You will see a list of appointments. The upcoming appointment has a button CHECK-IN (green arrow). Click on that button to check in. You may check in 48 hours prior to your appointment.

The screenshot shows the Practice Partner interface with the 'Appointments' section active. The patient information is the same: Public, John; ID: 38394; Age: 48; Sex: M. A table lists appointments with columns for Date, Time, Length, Provider, Practice, and a 'Check-In' button. The first appointment (10/28/2008, 5:00 PM, 15 min, ALLEN HOWE) has a 'Check-In' button highlighted with a green arrow. Other appointments are marked as 'Check-In Completed'.

Date	Time	Length	Provider	Practice	Check-In
10/28/2008	5:00 PM	15	ALLEN HOWE		Check-In
10/02/2008	5:00 PM	15	ALLEN HOWE		Check-In Completed
10/01/2008	12:00 PM	15	ALLEN HOWE		Check-In
08/26/2008	5:00 PM	15	ALLEN HOWE		Check-In Completed
08/22/2008	8:30 AM	15	ALLEN HOWE		Check-In
08/22/2008	8:15 AM	15	ALLEN HOWE		Check-In
08/22/2008	8:00 AM	15	ALLEN HOWE		Check-In
08/15/2008	8:00 AM	15	ALLEN HOWE		Check-In

- The next screen shows demographic information. If correct, click on CONFIRM AND PROCEED. (green arrow) If some information is incorrect, click on CHANGE INFORMATION (red arrow)

Logout

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Check-In, Demographics

Public, John ID: 38394 Age: 48 Sex: M

Personal Information

First Name: John
 Middle Initial: Q
 Last Name: Public
 Suffix:
 Address: 123 Main Street
 City: Reston
 State: Virginia
 Zip: 20191 -
 Country: USA
 County: Fairfax

Sex: Male
 Marital Status: Married
 Date Of Birth: January 1 1960
 Social Security #: 222 - 33 - 9999
 Email Address: ahowe1@cox.net
 Occupation: Sycophant
 Employer: Self
 School:
 Home: (703) 123 - 4567
 Work: (703) 987 - 6543 Ext:
 Cell: () -
 Pager: () -
 Fax: () -

Confirm and Proceed Change Information Cancel

- If you need to correct information, click on CHANGE INFORMATION, edit the appropriate fields and then click on CONFIRM AND PROCEED.
- The next screen shows billing and insurance information. You cannot edit these fields, but if they are incorrect click on the box (red arrow) that the information has changed. Then click NEXT. If you check the changed information box the office will get an email indicating that you need to

change the information.

Logout



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Check-In, Insurance

- Messaging
- Inbox
- New Message
- Sent
- Appointments
- Appointment Request
- Chart
- Major Problems
- Allergies
- Vital Signs
- Hospitalizations
- Prescriptions
- Rx - Current
- Notes
- Letters
- X-Ray
- Pathology
- Special Studies

Public, John ID: 38394 Age: 48 Sex: M

Guarantor Information

Patient Relationship To Guarantor: N/A

First Name: John

Middle Initial: Q

Last Name: Public

Suffix:

Address: 123 Main Street

City: Reston

State: Virginia

Zip: 20191

Country: USA

Alternate Billing Information:

First Name:

Middle Initial:

Last Name:

Address:

City:

State:

Zip:

Country: USA

Email Address: ahowe1@cox.net

Home: (703) 123 - 4567

Work: (703) 987 - 6543 Ext:

Cell: -

Pager: -

Fax: -

Insurance Plans

Carrier Name: AARP1

Plan:

Insured Name: Public, John Q

Relation To Insured: SELF

Date Of Birth: 01/01/1960

Sex: M

Social Security #: 222-33-0000

Co-Pay: 0.00

Insurance ID: 0000 00 12345

Group Number: 123 45 6789

Override ID:

Employer:

Address:

City:

State:

Zip:

Country:

Phone Number: -

Check here to indicate that some of this information has changed.

Next

Cancel

8. The next screen shows a few questions for your check in. Please answer the questions and then click NEXT. (Please be patient, these screens are a little slow.)

Logout

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Check-In Questionnaire

Public, John ID: 38394 Age: 48 Sex: M

Skip Questionnaire

Check-In

1. Has there been any change in your health insurance since your last visit? Please bring a copy of your insurance card with you to the visit. Yes No Don't Know
If so, please enter changes

2. What is your concern for this visit?

3. Are there any changes to your medications since last time? Yes No Don't Know
Please list:

Next Cancel

9. When complete:

