

One commitment

iPad Examiner App Overview

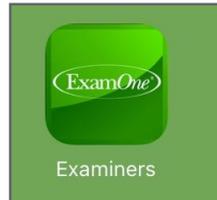


A Quest Diagnostics Company

Presented to:

December 2018

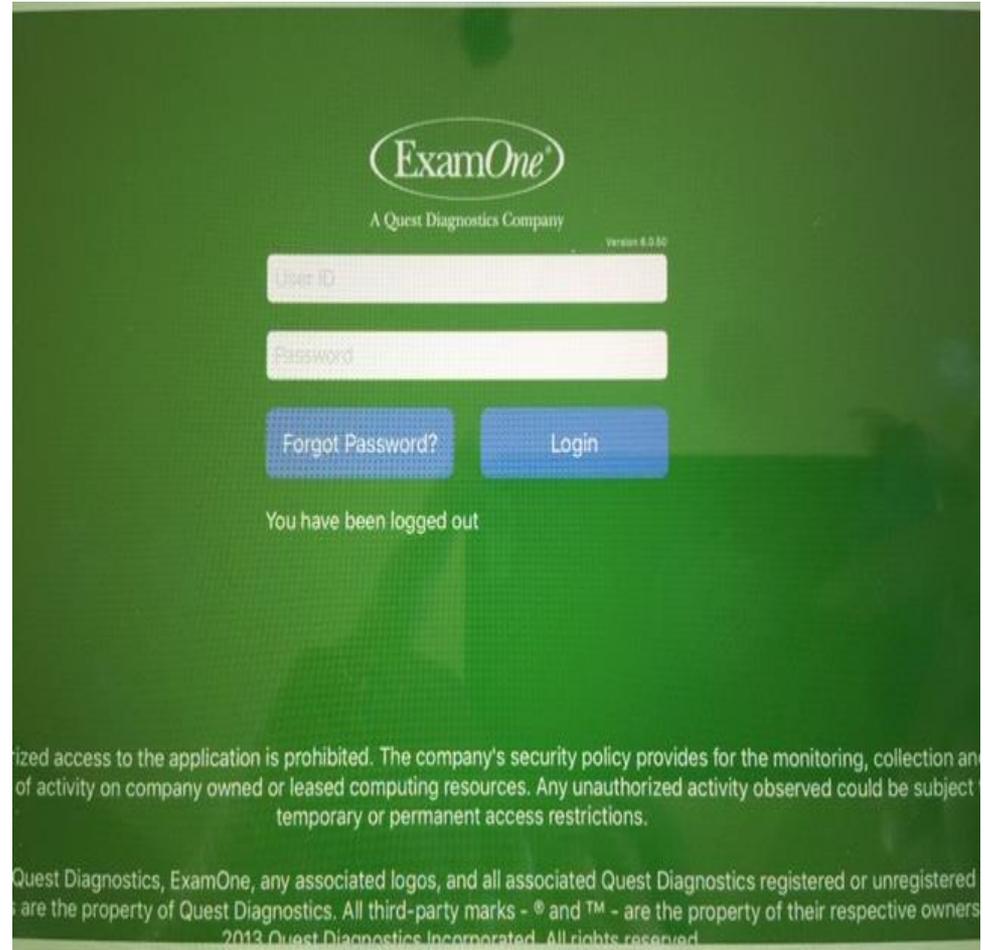
Examiners App



Login Screen

- Login into Examiners App
- Forgot password
- Forgot Username

Note: "Logout" of Examiners App when entire appointment is completed



Examiners App-Welcome

Welcome Screen

- View appointments for future dates
 - Search for ipad orders that are assigned to examiner
 - Use “Enter Global ID” at top right corner of page
 - Blank Lab Slips
 - Upload History
 - Part 2 Search
 - Reset Password
 - Logout
 - Sync
 - About

Verizon LTE 1:52 PM 53%

ExamOne
A Quest Diagnostics Company

Sagar QA V Veeramalla

- Appointments
- Blank Lab Slips
- Upload History
- Part 2 Search
- Reset Password
- Logout
- About

Sync
Less than a minute ago

Today 4 appointment(s)

Varsha NYL
Today at 5:00 AM # 18642196
Carrier: New York Life Insurance Company/APS
Services: Para Exam, EKG
eDoc Status: No eDocs Details

Jay Tafttwentyfive
Today at 4:00 PM # 18642151 LAB1
Carrier: Agency Works/Allstate Life NY
Services: Resting ECG Tracing
eDoc Status: Not Started Details

Varsha Banner
Today at 5:45 PM # 18642357 CRL
Carrier: Intelligence/Banner Life Ins Company/TAKE PACKET
Services: Para Exam, EKG
eDoc Status: Not Started Details

Varsha Primerica

Electronic Lab Slips

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- Appointments
- Blank Lab Slips
- Upload History

Sync
Less than a minute ago

Electronic Laboratory ID Slip

- Default
- Riversource
- State Farm
- Northwestern Mutual
- Primerica
- Minnesota Life Group
- Medicheck

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eDoc Status: Not Started [Details](#)

Varsha Primerica

eLab Slip

Account Specific Companies

- **Default** - generic/blank eLab slip.**
- **Your local office will be able to provide a list of participating companies.**
- **use a Default eLab slip for the following scenario:
 - Applicant order not found on the Examiner App appointments page
 - Company is not listed in Blank Forms tab
 - Work order states a LabOne kit is to be used
 - Follow account specific instructions from work order when completing default eLab slip (i.e. do not enter driver's license #, do not ask medical questions, do not enter applicant email address, etc.)

Electronic Lab Slips

Upload History
Part 2 Search
Reset Password
Logout
About

eDoc Status: No eDocs [Details](#)

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Today at 4:00 PM # 18642151 LAB1

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eDoc Status: Not Started [Details](#)



Verizon LTE 1:52 PM 52%

< 18642358 - Varsha Primerica

Para Exam, EKG
Oct 23, 2018 5:45 PM

CONTACT DETAILS

Cell: N/A
Home: 2154857458
Work: N/A
Address: 10101 Renner Blvd Lenexa KS 66219

[Directions](#)

INSURANCE

Carrier: EBIX/Primerica Life Insurance Company
Lab Code: BYA

ACTIONS

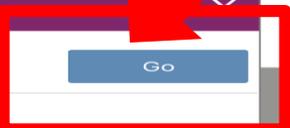
[Enter Status](#) [eDocuments](#)

INSTRUCTIONS

eDocuments

Lab Slip
Reflexive lab slip performed on the device.

[Go](#)



eLab slip – Applicant Verification / Insurance Co. Customization

Example: **Default** – eLab slip

In this image we see the **DL Number** question is **displayed** (account specific instructions).

Reminders:

• **Verification Section** - Once applicant is verified – cannot go back to change info unless you hit “cancel” in top left corner of page and start over

• **Customized eLab slips** – reduces errors!! (i.e. State Farm)

- Fields in the customized eLab slips will be
- automatically omitted, such as:
 - **SS#**
 - **DL#**
 - **Medical questions**
 - **additional test requests**

Note: Pre-populated info **can** be changed/edited. Ensure all information is correct on eLab slip

Cancel Electronic ID Slip - Default

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Complete

Verification

* Global ID	*****	* Photo ID Type	Driver's License
	12345678	* DL State	Kansas
* Specimen Barcode	*****	* Driver's License Number	K01-23-4567
Barcode Scan	1234567890	* Date of Birth	01/01/1999
* First Name	Field	* Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
* Last Name	Support		Picture ID Verified
Middle Initial	M.I.		Picture ID Not Verified

Cancel

Electronic ID Slip - Default



Verification

* Global ID	*****	* Photo ID Type	Driver's License
	12345678	State	Kansas
* Specimen Barcode	*****	Driver's License Number	K01-23-4567
Barcode Scan	12345678	Date of Birth	01/01/1999
* First Name	Field	Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
* Last Name	Support		<input type="button" value="Picture ID Verified"/>
Middle Initial	M.I.		<input type="button" value="Picture ID Not Verified"/>



ID Verified

If you are unable to verify a Picture ID, the paramedical exam session cannot proceed. Are you sure that you would like to end this exam? To go back to the Verification section press "Back". To cancel the exam press "Cancel Exam"

Cancel

Electronic ID Slip - Default



Notice and Consent for Proposed Insured/Legal Guardian

HIV Testing May Be Performed On Your Specimen(s)

Please read this notice and consent agreement carefully before proceeding.

To assist in determining your insurability, the Insurance Company (the Insurer) has requested that you provide a blood, urine and/or oral fluid specimen(s) for testing by a licensed laboratory.

HIV testing (which may include but may not be limited to tests for HIV antibodies) may be performed on your specimen(s). You will be given an Important Applicant Information Brochure which contains information regarding HIV/AIDS prior to the collection of your specimen(s), should HIV testing be performed on your specimen(s). You should read the brochure and discuss any questions you may have with the Examiner who is overseeing the collection of your specimen(s) before choosing to have HIV testing performed on your specimen(s).

Additional tests to be performed on your specimen(s) may include, but are not limited to, determinations of blood cholesterol and related lipids (fats), screening for liver or kidney disorders, diabetes, hepatitis, immune disorders, Prostate Specific Antigen testing (a test for disorders of the prostate including prostate cancer), the presence of nicotine (or cotinine), certain prescription medications, and drugs of abuse. Other tests may be performed on your specimen(s) as directed by the Insurer.

All test results will be treated confidentially. They will be reported by the laboratory to the Insurer. When necessary for business reasons in connection with the insurance you have applied for with the Insurer, the Insurer may disclose some or all test results and other information to others such as affiliates, reinsurers, employees or contractors. If the Insurer is a member of the Medical Information Bureau, Inc. (MIB), and if the HIV test results are other than negative, the Insurer may report to the MIB a generic code which specifies only a non-specific abnormality. Other test results and information may be reported to the MIB in a more specific manner. The laboratory and other organizations described in this paragraph may maintain the test results and other information in a file or data bank and may use the data for statistical analysis or research purposes. Testing will be performed and test results will be disclosed pursuant to the Occupational Safety and Health Administration regulations in case of an occupational exposure to your specimen(s). Positive HIV and hepatitis antibody/antigen tests will be reported to your State Department of Health if the laboratory or the Insurer is required and permitted to do so by law. There will be no other use or disclosure of test results except as may be required or permitted by law or as authorized by you. The insurer may contact you if there are abnormal test results which, in the Insurer's opinion, are significant.

The Insurer may ask you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may wish to discuss the results.

Cancel

Electronic ID Slip - Default



Complete

information about me (including but not limited to medical information). If HIV testing is requested by the insurer, I authorize HIV testing on my specimen(s). If a blood specimen(s) was drawn, I did voluntarily consent to the withdrawal of blood from me by needle or lancet. I further acknowledge receipt of the Important Applicant Information brochure.

I agree that by clicking on the box marked "Not Sign and Disagree" I choose not to sign the terms set above, and I agree to discontinue this paramedical examination by the examiner. I understand the insurance company to whom I applied will be contacted.

[Not Sign and Disagree](#)

I confirm that I have read the terms set forth above under the headings Notice and Consent for Proposed Insured/Legal Guardian, and I further confirm that I have received a paper copy of the Important Applicant Information brochure. I agree that by signing inside the signature box I am legally bound to the terms in those sections in the same manner as if I was writing my actual signature.

*

[Clear Signature](#)

X

Field Support

[Sign and Agree](#)

Cancel



Complete



More Information

Proposed Insured Information

* Street Address	10101 Renner Blvd
* City	Lenexa
* State	Kansas
* Zip Code	66219
Social Security Number	Social Security Number
Email Address	dshfndlc@gmail.com

12:34 PM Fri Dec 21

LTE 83%

Cancel

Electronic ID Slip - Default



Complete

Insurance Company Information

Lab Code	Enter Lab Code
* Insurance Company Full Name	Enter Full Name
Home Office City	Enter City
State	Select Value
Reference/Policy/Member Number	Reference Number
Plan Type	<input type="radio"/> Individual <input type="radio"/> Group
Policy Type	Select Value
Amount of Insurance Applied For	Amount applied for
Agent Last Name	Enter Name
Agent First Name	Enter Name
Agency Name	Agency
Agent Code	Enter Code
Agent Phone Number	Enter Phone Number
State	Select Value
Zip Code	Zip Code
Agent Email Address	Email Address

Cancel

Electronic ID Slip - Default



Complete

Insurance Company Information

Lab Code	Enter Lab Code
* Insurance Company Full Name	Enter Full Name
Home Office City	Enter City
State	Select Value
Reference/Policy/Member Number	Reference Number
Plan Type	<input type="radio"/> Individual <input type="radio"/> Group
Policy Type	Select Value
Amount of Insurance Applied For	Amount applied for
Agent Last Name	Enter Name
Agent First Name	Enter Name
Agency Name	Agency
Agent Code	Enter Code
Agent Phone Number	Enter Phone Number
State	Select Value
Zip Code	Zip Code
Agent Email Address	Email Address

Cancel



Complete



More Information

Health Information

* How many hours since you last ate/drank?	8
* Urine Temperature (°F)	94
Height	
* Feet	5
* Inches	5
* Weight (Pounds)	165
Blood Pressure	
1st Blood Pressure	
* Systolic	94
* Diastolic	95
2nd Blood Pressure	
* Systolic	96
* Diastolic	97
3rd Blood Pressure	
* Systolic	98
* Diastolic	99

Cancel



Complete



More Information

* Diastolic	99
Pulse Information	
* Pulse	88
Irregularity	4
History of	
High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Test Requests	
Select Value	
Do you use tobacco in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently using any type of nicotine delivery system (gum, patch, nasal spray, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Use	
Are you currently taking ANY prescription drugs, vitamins or over-the-counter medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past 5 years have you had a moving violation or has your drivers license been restricted, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Examining Company

* Examining Company

First Name

* Phone Number

First Name

Cancel



* Diastolic 99

Pulse Information

* Pulse 88

Irregularity 4

History of

High Blood	A1C	CBC	Yes	No
Diabetes	CDT	Full Drug	Yes	No
Heart Disea	Hepatitis	Microalbumin	Yes	No
Do you use tobacco in	PSA	Other	Yes	No

* If yes, what type of pro

Are you currently using system (gum, patch, na

Medication Use

Are you currently taking ANY prescription drugs, vitamins or over-the-counter medications?

In the past 5 years have you had a moving violation or has your drivers license been restricted, suspended, or revoked?

Examining Company

NOTE:
Test Request-
Is only to be selected
When a special test
has been ordered by
the underwriter.
Refer to the notes
section of the Work
Order !

.....

.....

..... system (gum, patch, nasal spray, etc.)?

Medication Use

Are you currently taking ANY prescription drugs, vitamins or over-the-counter medications?

In the past 5 years have you had a moving violation or your drivers license been restricted, suspended or revoked?

Listing Medications

12:14 PM

Electronic ID Slip - Default

Are you currently taking ANY prescription drugs, vitamins or over-the-counter medications?

* List any prescription drugs, vitamins, or over-the-counter medications that the proposed insured is currently taking.

Prozac

Tylenol |

Enter a Medication

In the past 5 years have you had a moving violation or your drivers license been restricted, suspended, or revoked?

Enter a Medication

Done

Examining Company

* Examining Company	ExamOne	Branch Number	1276
* Examiner Name	Amanda Elias	* Phone Number	913-555-1234
		* State	Kansas

Examiner Comments

Prescription meds continued: drug 10, drug 11, drug 12

- Listing medications – up to 9 max.
 - One medication per line
 - After a medication has been listed press “*Enter*” on keyboard to move to the next line
 - Additional meds can be listed in the comments section

Cancel

Electronic ID Slip - Default

In the past 5 years have you had a moving violation or has your drivers license been restricted, suspended, or revoked?

Yes	No
-----	----



Examining Company

* Examining Company	ExamOne
* Examiner Name	Examiner's Name
Branch Number	Branch Number

* Phone Number	Branch Phone Number
* State	Select Value

Examiner Comments

Proposed Insured Review

Override Messages for required fields (*) left blank

eLab slip – Helpful Tips

- Missing required fields (*) – eLab slip **can** be submitted

- Select “Override Reason” from scroll menu

Example 1: Applicant not fasting

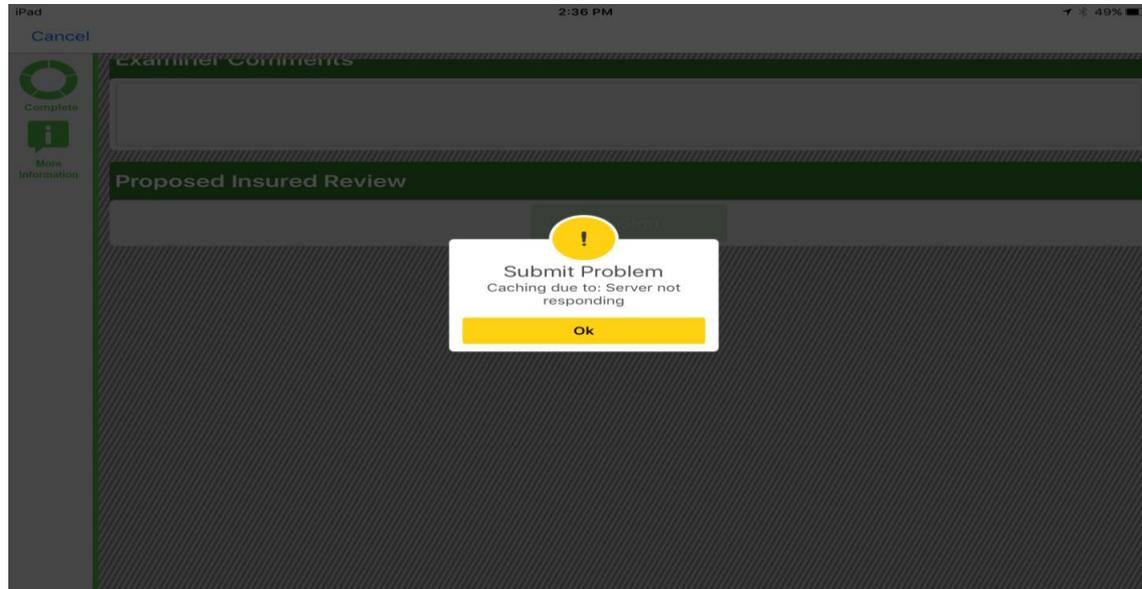
- 1) "how many hours since last ate/drank?"
- 2) Leave blank – “0” not valid answer
- 3) select override reason - “Did not fast”

Example 2: No Urine Specimen collected

- 1) Leave urine temperature question blank
- 2) select override reason - “Unable to provide urine sample”

The screenshot shows a mobile application interface for selecting an override reason. At the top, it says "Select Override Reason:". Below this, there is a scrollable list of options: "Refused to give blood", "Refused to be weighed", "Refused to give urine", "Unable to provide urine sample", "Unable to collect blood sample", and "Other (please provide description)". The option "Unable to provide urine sample" is currently selected and highlighted. Below the list, there is a text input field labeled "Description Required for 'Other'". At the bottom of the screen, there are two green buttons: "Cancel" and "Submit".

Completing eLab slips - Once an eLab slip is submitted info *cannot* be edited/viewed

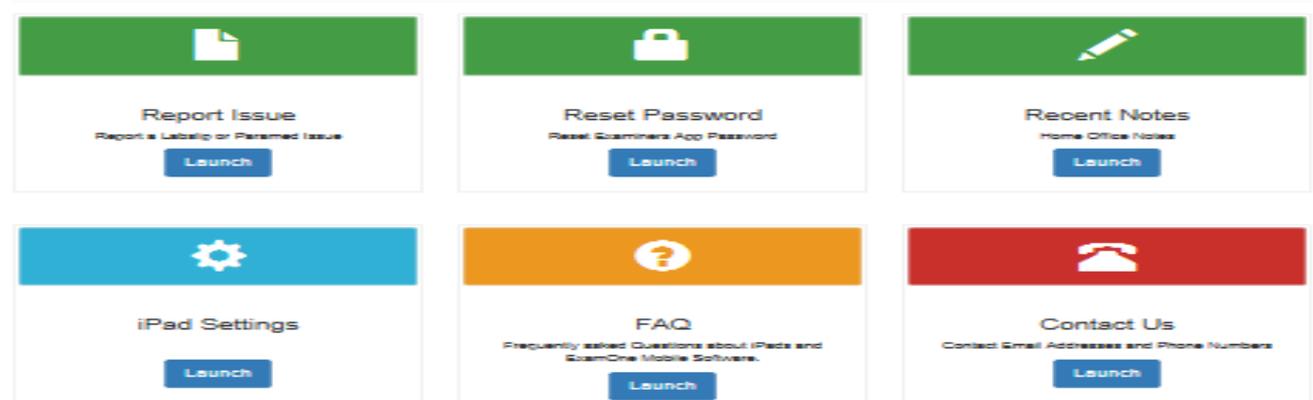
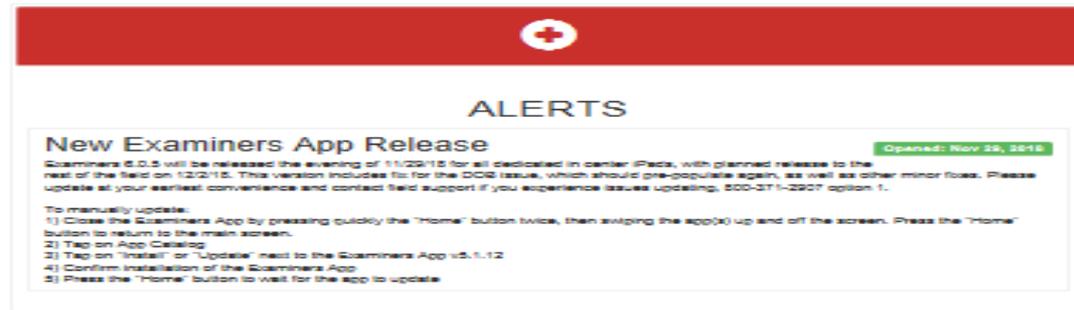


- **If error(s) submitted**
 - 1) contact ExamOne Field Support immediately so that the lab can be notified
 - Phone: **1-800-371-2907(option 1)**
 - Email: **EOFSmobile@examone.com**
 - Help Button App: **see next slide for info**
 - 2) **MUST** complete and send paper lab slip with specimens in lab kit to the lab.

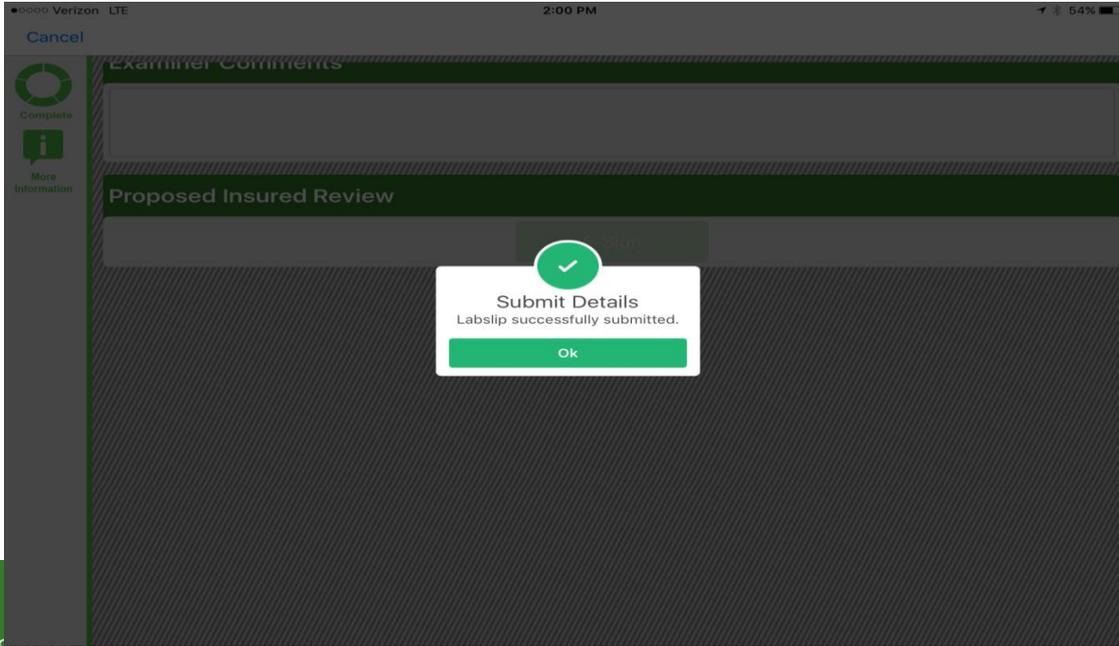
Submitting an Error Report

● Help Button

- Report Issues
- Reset Password
- Recent Notes
- Ipad Settings
- FAQ
- Contact Us

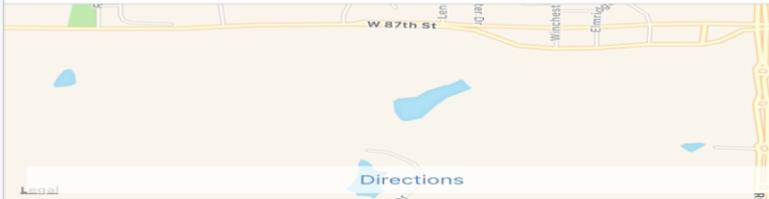


A Quest Diagnostics Company



CONTACT DETAILS

Cell: N/A
Home: 4445556666
Work: N/A
Address: 10 Test Ave Lenexa KS 66219



INSURANCE

Carrier: RiverSource Life Insurance Co/NY Only,
Lab Code: GFGR

ACTIONS

- Enter Status
- eDocuments

INSTRUCTIONS

Home Notes:

eDocuments [X]

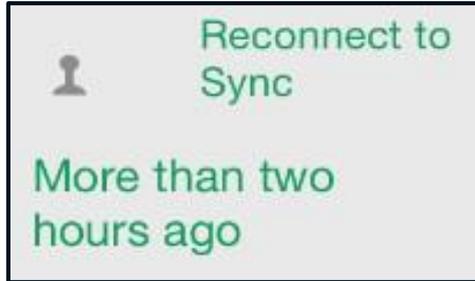
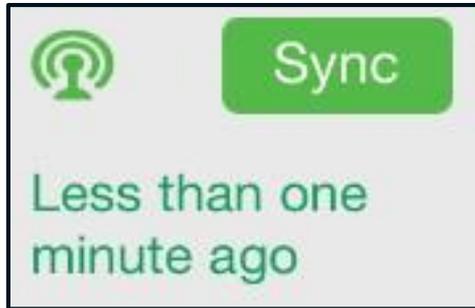
Lab Slip [Checkmark] Completed

Reflexive lab slip performed on the device.

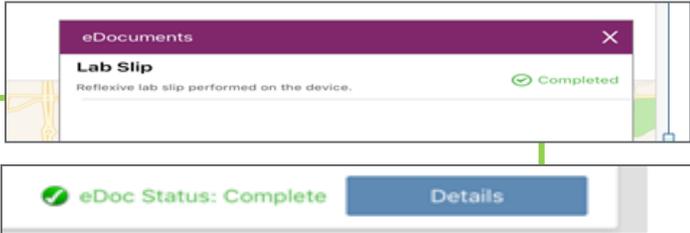
Examiners App – Connectivity/Sync Button

Sync Button in Real Time

Ensure “Sync” button is frequently updating



Connected



-eLab slips **and** eDocuents are submitted successfully

Disconnected



-eLab slips **can** be completed → later submitted
-eDocuments **CANNOT** be done

IMPORTANT: All examiners must bring paper forms to all exams, in the event of a technical iPad issue.

Paramedical

Completing the paramedical exam electronically

eDoc

Completing an eDoc

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A Quest Diagnostics Company

Sagar QA V Veeramalla

- Appointments
- Blank Lab Slips
- Upload History
- Part 2 Search**
- Reset Password
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eDoc Status: Not Started [Details](#)

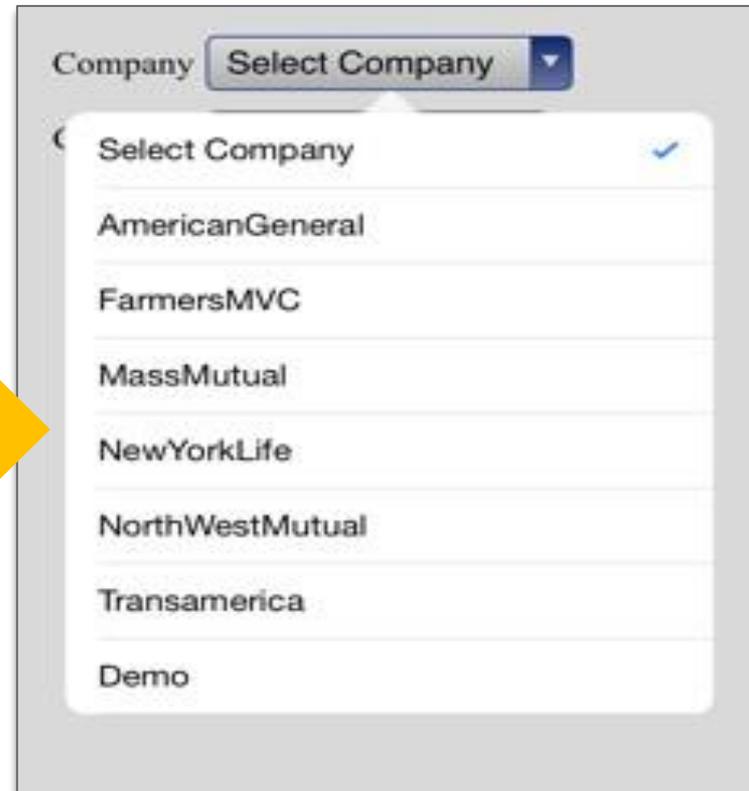
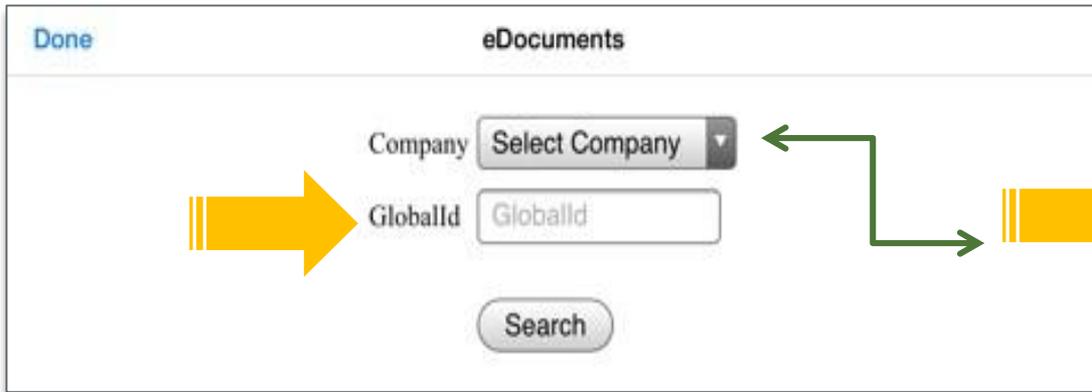
Examiners App – eDocuments Search

If an eDocument is not on iPad appointments page the applicant’s part II can be searched for by using the “eDocuments Search” found on the Examiners App main page

- 1) Tap on “eDocuments Search”
- 2) Select the correct insurance company and enter the GID/Order #

Note: if part II is not found – revert to paper

IMPORTANT: Do Not use “Demo” option from the drop down menu for applicant orders.



eDocument (Part II)

IMPORTANT: iPad must be in a connective state with Verizon LTE. eDocument **cannot** be completed if iPad is in 3G state of connectivity.

- **If the “revert to paper” message appears after opening eDocument**

- 1) attempt to reconnect to Verizon LTE and sync the Examiner App **before** reverting to paper part II
- 2) revert to paper process for Part II portion of exam if Verizon LTE unavailable
 - A Bug Report can be submitted, but part II must be done on paper. ExamOne Field Support cannot make any corrections “on-the-fly” that will allow the user to complete the exam electronically

Work Flow Reminders

- Spouse Appointments - complete 1 applicant at a time using the iPad
- If eLab slip is completed on iPad - DO NOT send paper lab slip in the kit – *this will be counted as an error*
- If the eDocument/Part II is done on the IPAD – DO NOT send paper copy in the lab kit
- ***MUST*** follow paperwork destination instructions on work order - may have account specific info regarding paperwork destinations for specific or all forms collected during exam
- Send the following items to the lab – *unless instructions from work order notes state otherwise*
 - *Work order*
 - *HIV consent (hardcopies)* – paper HIV consent must be sent with lab kit if required/stated on work order
 - *HIPAA*
 - *Packet*
 - *Any other attending paperwork that was **NOT** completed on the iPad*
- 2 companies/1 applicant - If there are 2 different iPad eligible company orders for 1 applicant
 - **Both companies *must* be LabOne orders**
 - Complete 1st company order using the paper lab slip
 - Complete 2nd company order on the iPad eLab slip – documenting barcode from the paper lab slip of 1st company
 - Collect/send 1 set of specimens in lab kit – with barcode labels from paper lab slip
 - ****1 barcode used for specimens, paper lab slip and eLab slip (iPad)****

Getting started with the edoc/paramed

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- Appointments
- Blank Lab Slips
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Today Global ID

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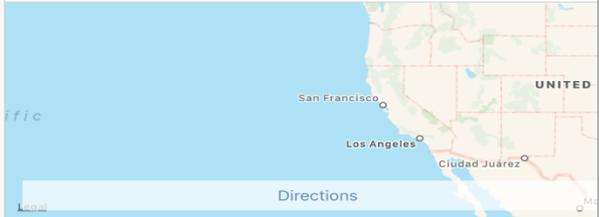
eDoc Status: Not Started [Details](#)

18642364 - Varsha Banner

Para Exam, EKG
Oct 24, 2018 10:00 AM

CONTACT DETAILS

Cell: N/A
Home: 2514589538
Work: N/A
Address:



INSURANCE

Carrier: Intelliquote/Banner Life Ins Company/TA
Lab Code:

ACTIONS

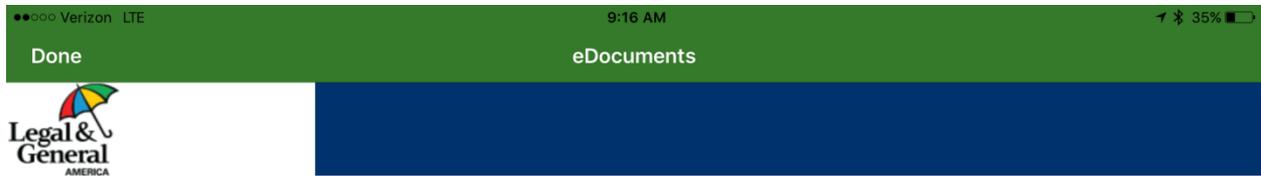
Enter Status
eDocuments

INSTRUCTIONS

eDocuments X

Digital Paramed Part 2 Go

Web client access via Applicant.



Attention Examiner

Please be sure to ask the applicant if they are willing to eSign the exam. Explain to the applicant that the Electronic Paramed is the fastest method as their completed exam will be at the insurance company within approximately 30 minutes.

If they are not willing, revert to the paper application process and alert the field office to change the requirements back to a regular Paramed.

Is the proposed willing to eSign?

Done

eDocuments



This exam is being completed for

City, State and Zip where application is being signed:

City

State

Zip -

Last 4 digits of Examiner ID Number:

Please enter the correct last 4 digits of your Examiner ID

Check here if you have validated the identity of the applicant by viewing photo identification.

Form of Picture ID:

Picture ID Number:

OK

Have you ever consulted a member of the medical profession regarding or have you been diagnosed or treated for:

- 7. High blood pressure, high cholesterol, abnormal electrocardiogram, chest pain, irregular heart rhythm, palpitations, heart murmur, heart attack, angina, phlebitis, peripheral vascular disease, or any other disease or disorder of the heart or blood vessels? * Yes No
- 8. Hepatitis, ulcer, internal bleeding, colitis, acid reflux, GERD, or any other disease or disorder of the stomach, gall bladder, esophagus, liver, pancreas, spleen, intestines, colon, or rectum? * Yes No
- 9. A disorder of your blood or immune system including anemia, blood clots, bleeding, immune deficiency, leukemia, or lymphoma (excluding HIV)? * Yes No
- 10. Cancer, tumor, melanoma, or any other malignant disorder? * Yes No
- 11. Diabetes or high blood sugar or any other disease or disorder of the pituitary, thyroid, or endocrine glands? * Yes No
- 12. Albumin, protein, blood or sugar in the urine or any other disease or disorder of the kidney or bladder? * Yes No
- 13. Cyst, polyp, lump, or other growth, or any disease or disorder of the skin or lymph nodes? * Yes No
- 14. Any disease or disorder of the uterus, cervix, ovaries, or breasts? * Yes No



Done eDocuments

20. Depression, anxiety, psychosis, suicidal thoughts or attempts of suicide, anorexia or bulimia, obsessive compulsive disorder, bipolar disorder, or other mental, nervous or emotional disorder? * Yes No

21. Arthritis or disorder of the bones, skin or muscles? * Yes No

21.a. Arthritis * Yes No Add Another Condition

21.b. Bone Disorder * Yes No

21.c. Broken Bone * Yes No

21.d. Muscle Disorder * Yes No

21.e. Psoriatic Arthritis * Yes No Add Another Condition

21.f. Rheumatoid Arthritis * Yes No

21.g. Skin Disorder * Yes No

22. Any disease or disorder of the eyes, ears, nose or throat? * Yes No

For 7 - 22 questions

Condition Details	Treatment	Medications	Doctor/Facility	What tests were performed?	What was the result(s) of the test(s) performed?	
21.a. Arthritis	UNKNOWN	None	None	UNKNOWN	UNKNOWN	Delete
21.e. Psoriatic Arthritis	UNKNOWN	Unknown	Unknown	NONE	NONE	Delete

[Privacy Policy](#)
Go to Page ...
Print Preview
<<< Prev
Save & Exit
Next >>>



Verizon LTE 9:19 AM 35%

Done eDocuments

system including chronic headaches, convulsions or loss of consciousness, seizures, tremors, paralysis,

21.a. Arthritis

21.a. Arthritis

Condition Details * 21.A. ARTHRITIS

What was the date of onset of this condition, impairment, illness, injury or test? *

Year
 Month/Year
 Month/Day/Year
 Unknown

Details * TEST

What are the frequency, #, and/or date of the last attack?

Frequency

Number

Date of the last attack *

Year
 Month/Year
 Month/Day/Year
 Unknown

Add Another Add and Close Close

"Test" Testing Test2



eDocument (Part II) – Physician Lookup

“Physician Lookup” now accessible within YES reflexive questions

Tap on “Physician Lookup” link found at the bottom of the physician questionnaire

- 1) Enter as many fields as possible to limit the number of records displayed on the search result screen
- 2) “Select” physician record
- 3) Physician info automatically loaded into question

Note: all other YES questions will allow examiner to choose same physician record from dropdown menu **or** search/enter different physician

	First Name	Last Name	Specialty	Address 1	Address 2	City	State	Zip	Phone
Select	John	Smith	Therapy - Physical	8437 State Ave	Ste B	Kansas City	KS	66112-1851	9132999616
Select	John	Smith	Optometry	11927 Plaza Dr		Murrells Inlet	SC	29576-9356	8436514200
Select	John	Smith	Family Practice	150 Gilbreath Dr		Oneonta	AL	35121-2827	2052748198
Select	John	Smith	Endodontics	1011 N Craycroft Rd	Ste 107	Tucson	AZ	85711-7310	5203220800
Select	John	Smith	Endodontics	7493 N Oracle Rd	Ste 217	Tucson	AZ	85704-6366	5203220800
Select	John	Smith	Endodontics	512 E Whitehouse Canyon Rd	Ste 120	Green Valley	AZ	85614-0551	5203220800
Select	John	Smith	Counseling	2141 Office Park Dr	Ste 1	San Angelo	TX	76904-6836	3259421381
Select	John	Smith	Internal Medicine	532 Webb Blvd		Havelock	NC	28532-2042	2524477088
Select	John	Smith	Internal Medicine	2604 Dr M L King Jr Blvd		New Bern	NC	28562-4238	2526384023
Select	John	Smith	Internal Medicine	137 Medical Ln		Pollocksville	NC	28573-8200	2526331010

eDocument (Part II) – Helpful Tips

- **Physical Measurements** – automatically transfer from eLab slip to eDocument (Part II)
- Use upper **and** lowercase letters appropriately
- **YES answers** - are reflexive – ***must*** answer 5D's
 - **D**ate of diagnosis
 - **D**iagnosis
 - **D**octor (name, address, phone)
 - **D**rugs prescribed
 - **D**uration

eDocument (Part II)

- **Family History – siblings**

- 1) Enter # of siblings still living
- 2) Must “Add Sibling” to enter each sibling’s age and health status
- 3) Siblings list generated

Family History - Siblings

How many siblings do you have that are still living?

←

Age	Health status	<input type="button" value="Add"/>
43	Good	<input type="button" value="Delete"/>
39	Good	<input type="button" value="Delete"/>

How many siblings have you had that

Completing the eDocument (Part II)

Reminder: iPad will notify examiner at the end of eDocument (Part II) if required fields are missing and will allow examiner to go back to missed questions

To go into different sections of eDocument:

- 1) Tap on "Go to page" button in the lower left corner of page
- 2) Pop-up box will display a list of all the sections of the eDocument
- 3) Verify **ALL** sections of Part II have a **green check mark**.
-- tap on sections that are incomplete and finish the exam **prior** to leaving applicant's home

Verizon LTE 9:27 AM 35%

Done eDocuments

Legal & General AMERICA

Client Name : VARSHA BANNER
Policy Number : 18642364

Life Application for KS
BannerLife Application - Examiner

Examiner
First Name * SAGAR QA
Middle Initial *
Last Name * VEERAMALLA

Examiner's Address
Street *
*
* --SELECT--
*
*
*
* Proposed Insured's Residence
* Proposed Insured's Business
* Examiner's Office
* Other

Personal Information
Family History
Second Blood Pressure Reading
Personal Health History (Part I)
Personal Health History (Part II)
HIV Testing and Consent
Examiner's Report
Examiner
Summary Page
eSignature Page

Privacy Policy Go to Page ... Print Preview <<< Prev Save & Exit Next >>>

eDoc- Consent Forms

Verizon LTE 9:24 AM 35%

Done eDocuments

 Client Name : **VARSHA BANNER** Life Application for KS
Policy Number : **18642364** BannerLife Application - HIV Testing and Consent

NOTICE AND CONSENT FOR BLOOD TESTING WHICH MAY INCLUDE AIDS VIRUS (HIV) ANTIBODY/ANTIGEN TESTING

To determine your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood for testing and analysis. All tests will be performed by a licensed laboratory.

Unless precluded by law, tests may be performed to determine the presence of antibodies or antigens to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. The HIV antibody test that we perform is actually a series of tests done by a medically accepted procedure. The HIV antigen test directly identifies AIDS viral particles. These tests are extremely reliable. Other tests which may be performed include determinations of blood cholesterol and related lipids (fats) and screening for liver or kidney disorders, diabetes, and immune disorders.

All tests results will be treated confidentially. They will be reported by the laboratory to the Insurer. When necessary for business reasons in connection with insurance you have or have applied for with the Insurer, the Insurer may disclose test results to others involved solely in the underwriting process such as its affiliates, reinsurers, employees, or contractors. If the Insurer is a member of the Medical Information Bureau (MIB, Inc.), and if the test results for HIV antibodies/antigens are other than normal, the Insurer will report to the MIB, Inc. a generic code which signifies only a non-specific blood test abnormality. If your HIV test is normal, no report will be made about it to the MIB, Inc. Other test results may be reported to the MIB, Inc. in a more specific manner. The organizations described in this paragraph may maintain the test results in a file or data bank. There will be no other disclosure of test results or even that the tests have been done except as may be

[Privacy Policy](#)

eDocument (Part II) – Applicant Verification / Insurance Co Customizations

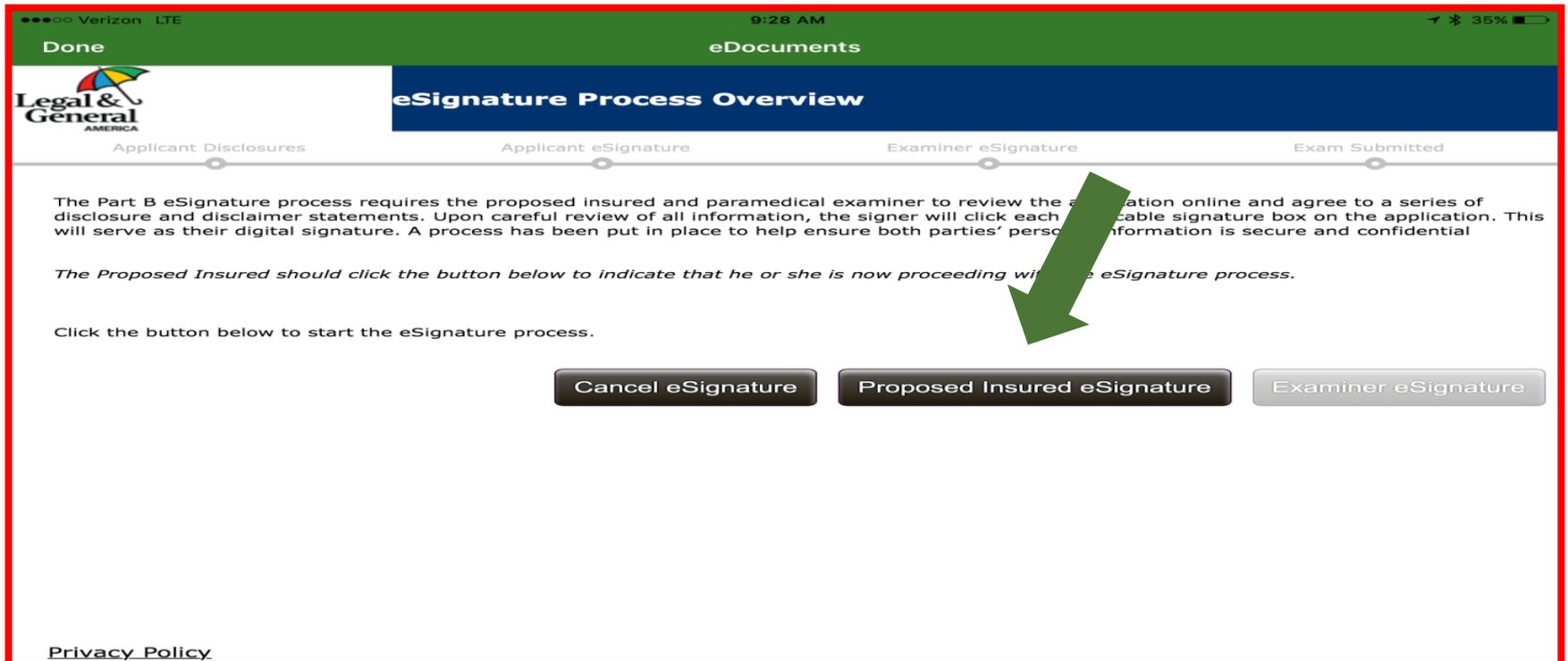
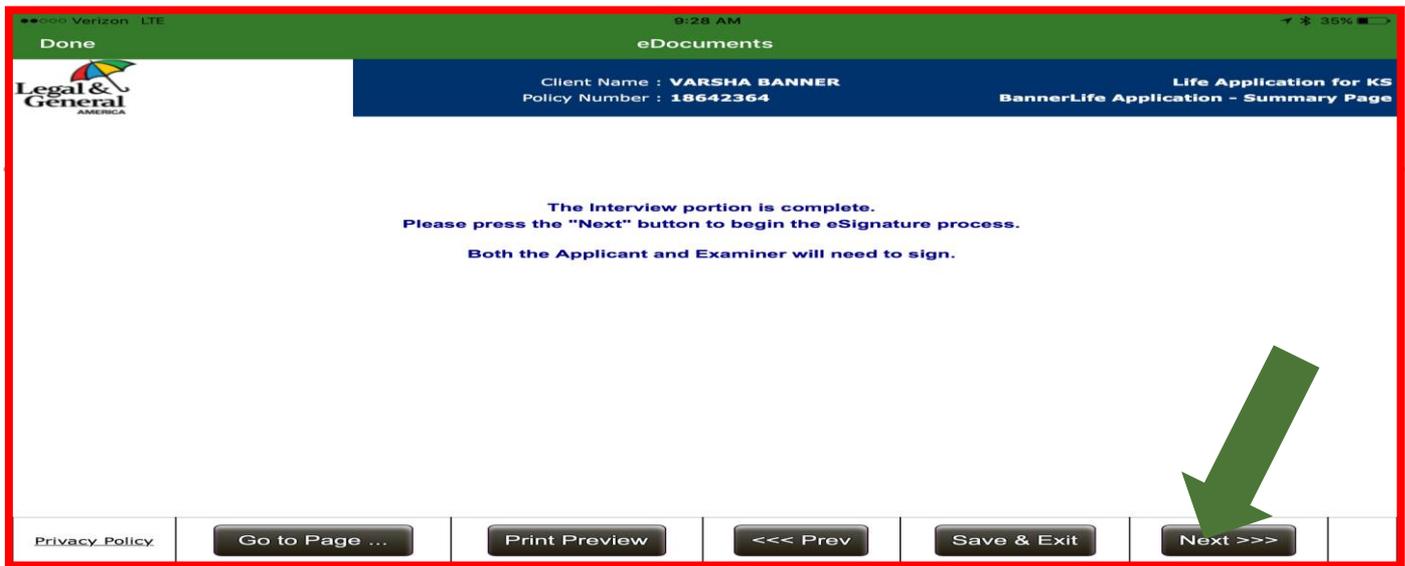
IMPORTANT

*If a Part II needs to be completed for a different state, Part II **must** be completed on **paper**. IPAD cannot diagnose a special state request.*

- **Reminders:**

- **eSign** – Applicant must agree to sign electronically at the beginning of the eDocument process-Examiners Nor the office can complete applicant /examiner signatures after exam is completed
- **Verification Section** – validate the identity of the applicant using a photo ID
- **Required questions** - clearly marked with red asterisks (*) - **must be answered.**
 - Cannot leave any questions blank

Note: Pre-populated Info can be changed/edited



eDocument (Part II) – eSignature Process for *Applicant*

1) Applicant **must** tap on "Terms of Use"

--Pop-Up window appears to review "Terms of Use"

2) Instruct applicant to check "I have read Terms of Use"

3) Instruct applicant to tap on "I Agree"

The screenshot shows a mobile application interface for eDocuments. At the top, there is a status bar with "Verizon LTE", "9:29 AM", and "35%" battery. Below the status bar is a green header with "Done" on the left and "eDocuments" on the right. The main content area is white and contains the following text:

Welcome, **VARSHA BANNER**

To begin the eSignature process, please read the **Terms of Use** and **Electronic Signature Disclosure** by clicking on each of the buttons below. You may print and retain a copy of these documents for future reference.

After reading both documents, please check the box indicating you have read them and then select either "I Agree" or "Cancel eSignature".

There are two buttons: "Terms of Use" and "I have read Terms of Use" (which has a checked checkbox). Below these is a scrollable area containing a disclosure and consent section:

disclosure, or obtain a paper copy of the Records after submitting your application, you may do so by contacting your insurance agent. There will be no charge for receiving paper copies of any information that you request.

In order to electronically review and sign your application and to review all Records, you will need to satisfy certain device hardware and software requirements. If you do not have the required software and/or hardware, you may ask your agent for assistance. These minimum operating system requirements are:

Hardware: *Electronic Paramed* works best with a Processor operating at 2.4 GHz or higher with at least 512 kb of memory

Software: *Electronic Paramed* works with Internet Explorer 6.0 (higher versions of Internet Explorer and Microsoft Vista are currently not supported), Adobe Reader 6 or higher is required to view forms; however Adobe 8 is recommended and can be downloaded free at: <http://www.adobe.com/products/acrobat/readstep2.html>

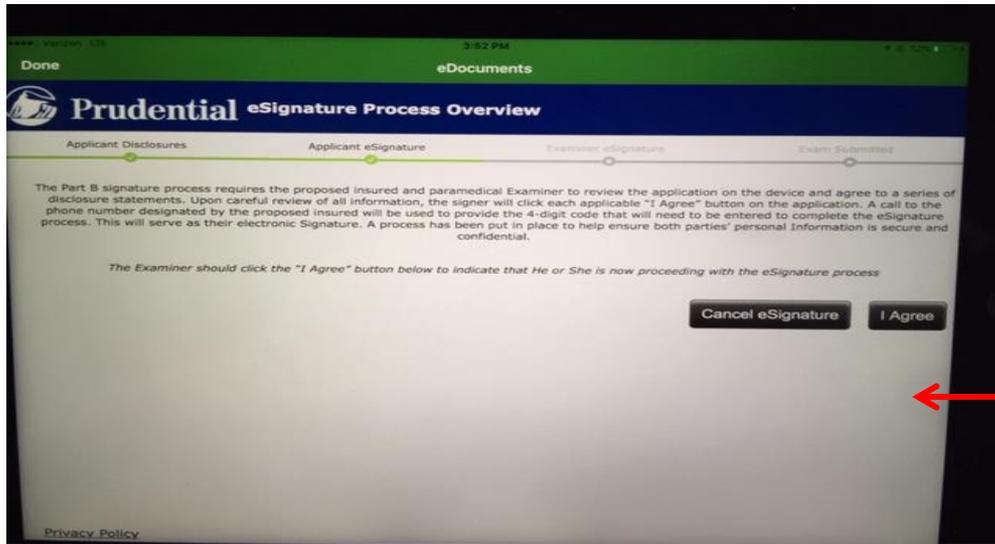
Statement of Consent

I have read the information above and I agree and consent to use an electronic process to send and receive the Records connected with my insurance application. I have been able to view this notice using a device. I have an account with an internet service provider and I am able to send and receive emails that have hyperlinks and attached files. I also consent to use an electronic signature where required on the records in place of handwritten signatures.

At the bottom of the scrollable area are two buttons: "Cancel E-Signature/I Decline" and "I Agree".

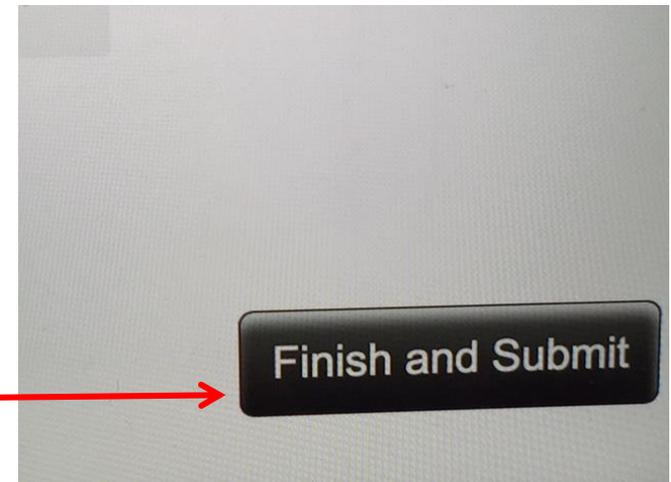
At the very bottom of the screen is a link for "Privacy Policy".

eDocument (Part II) – eSignature Process for *Examiner*

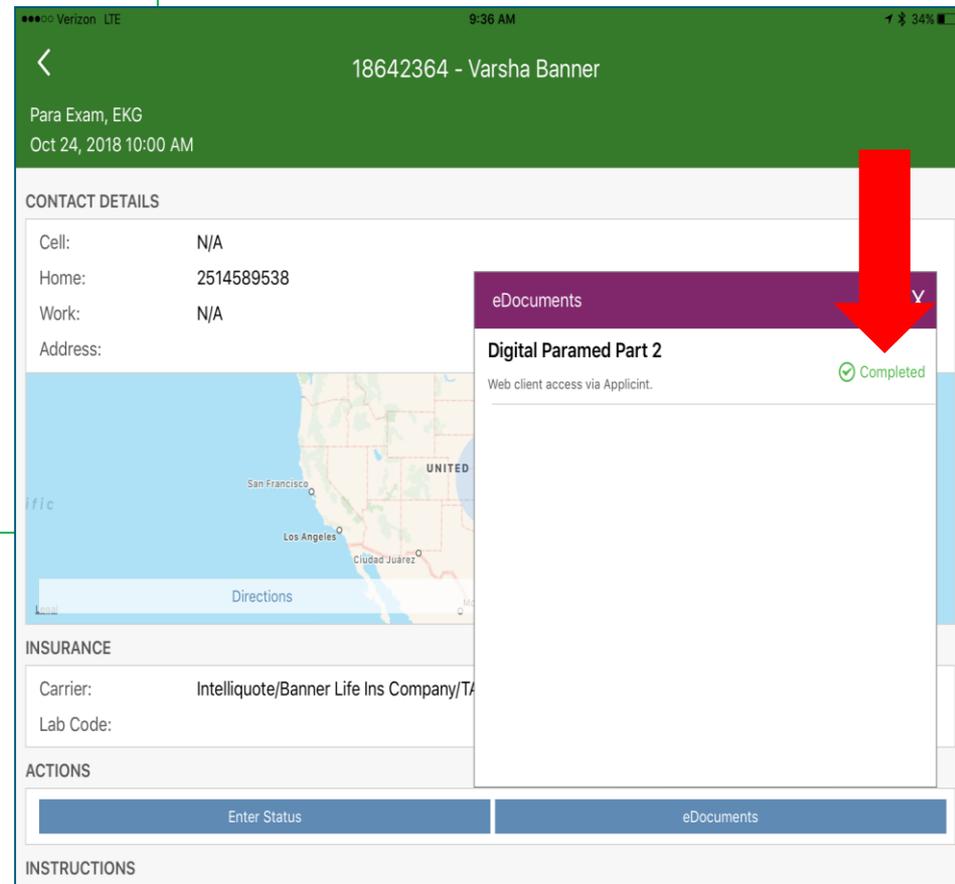
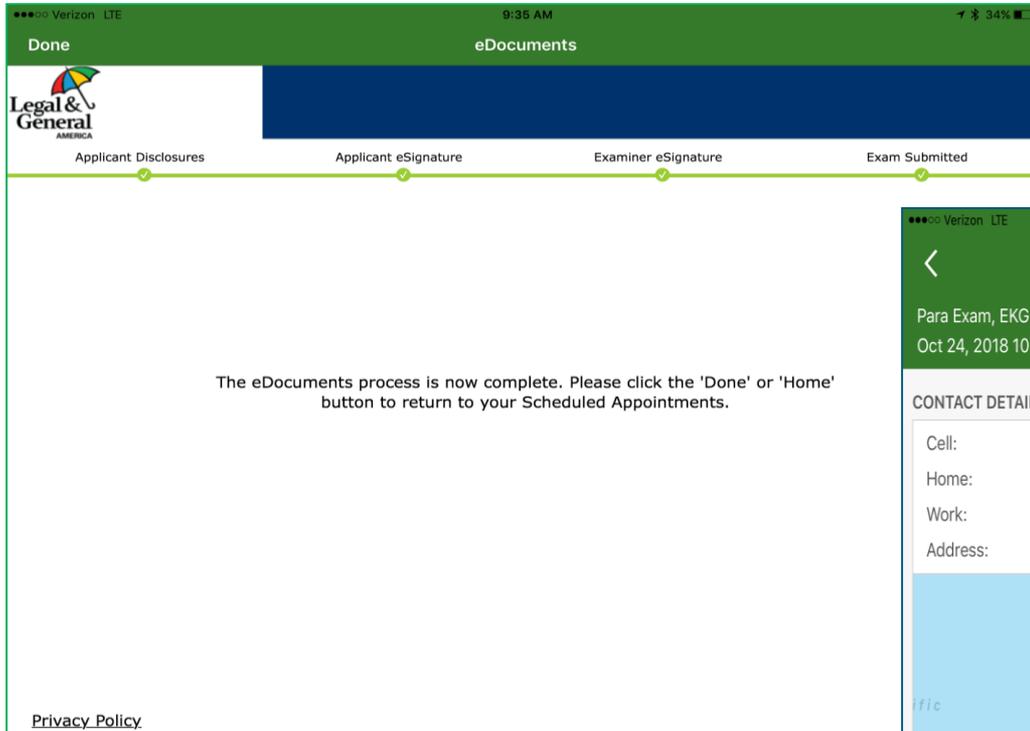


Once the applicant has finished their eSignature you will click on "I agree" to complete your eSignature.

Examiner will need to follow the prompts in completing the eSignature process and then click on "Finish and Submit"



eDocument Completed



eDocument Completed – Verification

The screenshot displays the ExamOne mobile application interface. On the left is a green sidebar with the ExamOne logo and a list of navigation options: Appointments, Blank Lab Slips, Upload History, Part 2 Search, Reset Password, Logout, and About. At the bottom of the sidebar is a 'Sync' button and the text 'Less than a minute ago'. The main content area shows three patient records for 'Varsha Banner' and 'Varsha NWM'. The first record, for Varsha Banner, is dated 'Today at 10:00 AM' with ID '# 18642364' and carrier 'Intelliquote/Banner Life Ins Company/TAKE PACKET'. Its services are 'Para Exam, EKG' and its 'eDoc Status' is 'Complete', highlighted by a large red arrow. The other two records, for Varsha NWM, are dated 'Today at 8:00 PM' and 'Today at 8:45 PM' with IDs '# 18642159' and '# 18642190' respectively, and their 'eDoc Status' is 'Not Started'. Each record includes a 'Details' button.

Patient Name	Date/Time	ID	Carrier	Services	eDoc Status
Varsha Banner	Today at 10:00 AM	# 18642364	Intelliquote/Banner Life Ins Company/TAKE PACKET	Para Exam, EKG	Complete
Varsha NWM	Today at 8:00 PM	# 18642159	Northwestern Mutual Life Insurance Company	Para Exam, EKG, Ipad Part II Company	Not Started
Varsha NWM	Today at 8:45 PM	# 18642190	Agency Works/Northwestern Mutual Life Insurance Co	Para Exam, EKG, Ipad Part II Company	Not Started

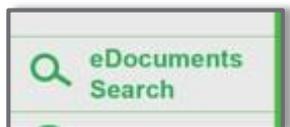
eDocuments – Not Viewable in Portal

SCENARIO: office unable to see completed part II documents in Portal - verify if a part II was completed and submitted after appointment date

To ensure eDoc completion/submission:

- 1) Tap “eDocuments Search” button
- 2) Choose the correct insurance company and enter the GID/Order #
 - **If eDoc successfully completed/submitted:** screen will display “**Read Only**” in the bottom right hand corner of the page
 - **If eDoc unsuccessfully completed/submitted:**
 - 1) iPad will prompt if applicant will agree to eSign
 - 2) examiner must enter last 4 digits of examiner ID
 - 3) examiner will be taken to the eDoc section most recently worked on
 - 4) Examiner can use the “Go to Page” button to complete sections that do not have a green checkmark

Note: “GID Search” feature (top right corner of welcome screen) will not work if eLab slip has already been successfully submitted - **Must use the eDocuments Search Button**



Done eDocuments

ExamOne
A Quest Diagnostics Company

Client Name : IWANNA RING ExamOne Application for KS
Policy Number : Personal Information

1. Proposed Insured Name

First Name * IWANNA

Middle Initial

Last Name * RING

Suffix

Birth Date * 04/05/1987

SSN * Known

111-22-2333

Troubleshooting Tip: If the eDocument image is NOT viewable in Portal at least 1 hour after submission-

Notify ExamOne Field Support → use Help Button App **OR** send an email to **EOFSmobile@examone.com**

Privacy Policy Go to Page ... Print Preview Next >>> **Read Only**



iPad Use Questions and Support

- ExamOne Field Support (EOFS) - [1-800-371-2907\(option 1\)](tel:1-800-371-2907)
- **For all technical questions**



For basic iPad use-
dgxlenexamonefieldspecialists@questdiagnostics.com