

## Change Healthcare: New Clinic Intake Form

- Once receiving a "New Clinic Launch" ticket in the Tech Op Jira Board, create a new intake form using the [Clinic Intake Form Template](#)
- In the **"Clients"** Tab, enter the following:
  - Channel Partner = **Kindbody KBI Services, Inc.**
  - Client Name = **Kindbody (Location Name)**
  - Clinic address
  - Clinic Phone and Fax #'s
  - Contact Name & Email = **Whoever is submitting the intake form can be the point of contact**
  - Rx Site? = **Y or N**

Clinical Exchange Enrollment Practice/Site Information Required fields are highlighted in red.													
Channel Partner	Client Name	Address	Address2	City	State	Zip	Phone	Fax (Required for Rx)	Tax ID	Contact Name	Contact Phone	Contact Email	Rx Site?
Kindbody KBI Services, Inc.	Kindbody Silicon Valley	4754 El Camino Real		Los Altos	CA	94022	650.481.8726	650.486.4227	833015428	Soloungue Bowen		soloungue.bowen@kindbody.com	Y

Refer to [Sign in to access Google Drive Spreadsheet](#) for overall information on current and future clinics

- In the **"Providers"** Tab, enter the following
  - Providers Last & First Name
  - Provider's NPI and Email Address
  - Clinician User = **Y or N**

Provider Information Required fields are highlighted in red. *Userid field should be completed for existing Clinician usernames that need access to the practice. Prescriber's legal name must be used for EPCS. It is recommended to register multiple devices to retrieve the One Time Password that will be required for 2 factor authentication. Approved devices would be smart phones, tablets and hard tokens. Please Note: The DEA regulations require the physical device used for authentication be a different device than is used to ePrescribe. In other words, the device which generates the One Time Password is separate from the computer on which the practitioner is writing prescriptions.													
Last Name	First Name	MI	Suffix	User ID	Gender	DOB (MM / DD / YYYY)	NPI	DEA	Clinician User Y or N	Email Address	Set up for EPCS?	License #	License Description
Westphal	Lynn						1134269723		Y	lynn.westphal@kindbody.com	-		
Jackman	Janelle						1386027837		Y	janelle.jackman@kindbody.com	-		

Refer to [Sign in to access Google Drive Spreadsheet](#) to find which providers will be for this clinic's location







- In the **"Users"** Tab, enter the following
  - Last Name and First Name
  - Permission
    - Use [Sign in to access Google Drive Spreadsheet](#) for reference on setting up user's permissions

User Information Required fields are highlighted in red. *Userid field should be completed for existing Clinician usernames that need access to the practice.									
Permission									
PUT/PUT_ORDER No rx functions; used for Lab Only									
PUT_MD Can do all Rx functions, including writing for controlled substances **									
PUT_MD_LTD Can do all Rx functions, with the exception of writing controlled substances **									
PUT_AUTHHOLD Combines functionality of all permissions listed below									
PUT_RXAUTH Can only authorize refills and manage inbox									
PUT_RXCHARTON Can order reported meds, view history and view reports									
PUT_RXHOLD Can write new prescriptions to hold									
PUT_RXVIEW Can view inbox, but cannot authorize									
** for PUT_MD and PUT_MD_LTD the permissions are based on the provider's DEA number									
Last Name	First Name	Userid	Mother's Maiden Name (for security purposes)	Permission	For PUT_MD and PUT_MD_LTD, does user have permission for all providers? Y or N	If you answered N in the previous column, please list the DEA numbers the user should have permissions for, separated by a comma	Site Admin?	EPCS Admin?	
Support	Nurse	Nurse_TechSupport_Location		PUT_MD_LTD	-	-	-	-	-
Billing	FD	FD_Billing_Lab_Location		PUT_AUTHHOLD	-	-	-	-	-
Location	MA	MA_Location		PUT_RXHOLD	-	-	-	-	-

- In the **"Lab Information Tab"**, enter the following
  - Lab Name and it's Account #

Lab Information - only required if there is a request for lab order/results	
Lab Name	Lab Account Number(s) - Please list all pertinent account numbers for each lab
Quest	94022016 - add to existing lab accounts

- If the account number for the vendor is not found in the [Sign in to access Google Drive Spreadsheet](#), hold off on submitting the Intake Form until further notice from the vendor
- If a Provider for the new clinic cannot be found in the [Sign in to access Google Drive Spreadsheet](#), hold off on submitting the Intake Form until further notice
- Add a new tab to your intake form and use the [Sign in to access Google Drive Spreadsheet](#) as a generic list of payers. Simply change the name of the state and submit.

-  [Sign in to access Google Drive Spreadsheet](#) -Clinic Intake Form Template
-  [Sign in to access Google Drive Spreadsheet](#) - contains Provider information for Clinics
-  [Sign in to access Google Drive Spreadsheet](#) - contains vendor's account #'s for all Kindbody clinics
-  [Sign in to access Google Drive Spreadsheet](#) -contains permission info for specific users
-  [Sign in to access Google Drive Spreadsheet](#) - Payer file used for every location
-  [Sign in to access Google Drive Spreadsheet](#) - all KB & KBV locations and future clinic openings

 [Change Healthcare: Creating a Project for Clinic Launch](#) ARCHIVED