

Makana Health

Enrollment Form

Please fill out the highlighted fields and sign where appropriate.

Primary Insurance Phone #:

1: Patient Information 4: Why fax should go away. Prospect needs Unified, End-to-End Document and Data Automation for their Patient Services Department Social Security #: ICD-10/Diagnosis: Gender: Male Female Current or Prior Workflows: First Name: Last Name: Yes (Check all that apply and time wasted) 30 min 55 min Address: Inefficient 1.5 hr 2.5 hr 3.5 hr 20 min 45 min 70 min Labor No Automation 40 min 80 min 120 mir No Integration 20 min 50 min 80 min City: State: Zip: Better than OCR 100% 100% Commercial Template Treatments: Document and Data Solutions that Connect, Adapt, and Empower. Email: Phone #: Mobile # Replace fax using a digital stamp solution to exchange documents and data through secure email and direct messaging, resulting in faster, more reliable communications and reduced transmission costs Sprkz Caregiver Name: Caregiver #: Use Web 3.0 and FHIR capabilities to give patients more transparency, accessibility, and control over their healthcare data and documents within a secure, centralized mobile experien zDocument360 2: Prescriber Information Manage large amounts of healthcare documents and data between multiple channels with a multi-channel, document journey automation platform for Salesforce Prescriber First Name: Prescriber Last Name zPaper:Transport Receive, generate, and send fax documents within an easy to use solution for Salesforce and ServiceNow. Get your faxes directly into Health Cloud automatically. Prescriber NPI #: Prescriber State License #: Please list all other Medications: (Prescriber please fill out) Primary Contact Fax #: Primary Contact Phone #: Please list all other health conditions: (Prescriber please fill out) Primary Contact Name: Primary Contact Email: Facility Name: Number of refills: every 12 months 5: zProject Plan Facility Address #: Replace fax using a digital stamp solution to exchange documents and data through secure email and direct messaging, resulting in faster, more reliable communications and reduced transmission costs all ecrypted with block chain technologies provided & hosted by zPaper. Citv: State: Zip: Yes, I authorize one or more my team to move forward with implementing zPaper while going through the MSSA and security review. I authorize zPaper to assist our organization optimize our Facility Phone #: Preferred Fax #: Patient Services department with backwards compatible end to end document management experts. No. I do not authorize. Our team does not want to have Unified. End-to-End Document and Data Automation. Oh yeah, and we like age old unreadable faxes. 3: Insurance Information **Patient** Authorization Please complete the information below attach your supporting documents to this packet I authorize zPaper as my designated agent, to provide Document & Content Automation for Salesforce to install zPaper in our Salesforce (a copy of the front and back of the insurance card and pharmacy benefit card) ORG. I understand that by doing this my Patient Services department will benefit from greater efficiency and patients staying on program. Please sign and return so we can start accelerating your business process. Carson referred me to you. Medical Coverage: No Insurance Primary Insurance: Χ Primary Policy #: **Prescriber** Authorization I authorize zPaper as my designated agent, to provide Document & Content Automation for Salesforce to install zPaper in our Salesforce ORG. I understand that by doing this my Patient Services department will benefit from greater efficiency and patients staying on program. Please sign and return so we can start accelerating your business process. Carson referred me to you. Primary Group #: Policy Holder Name: Χ Policy Holder Date of Birth: **Patient Signature**

For Unified, End-to-End Document and Data Automation

When complete, please **SUBMIT** in the upper right corner.

Platform for Salesforce call 1-844-zMakana