



OneView

TIP GUIDE : FORMS

FORMS

The Forms tab gives you access to our digital forms center, where you can create and store forms like facility applications, payor contracts, and more. When your form is added to OneView, you can send it to other people on your team for them to fill out and electronically sign. Forms can automatically be pre-filled with details from your providers' profiles to save time.

Status	Form Name	Form Type	Tag	Last Updated	Actions
In Process	Peer Review	Other		06/22/2017	[Edit] [X] [Download]
In Process	Peer Review 2.0	Correspondence	Peer Review	06/29/2017	[Edit] [X]
Available	MO - Missouri CAQH Credentialing Applicati...	Payor Contracts		08/07/2017	[Send] [Edit] [X] [Download]
Available	NFM-HPL-PHL-02 Physician Application	Facility Applications	NMH	06/29/2017	[Send] [Edit] [X] [Download]

HOW DO YOU ADD A FORM:

Request a new form by contacting the Modio team. We create a custom mapping between the fields in your form and the fields in OneView, so that each time you use the form, your providers' data gets seamlessly pulled in.

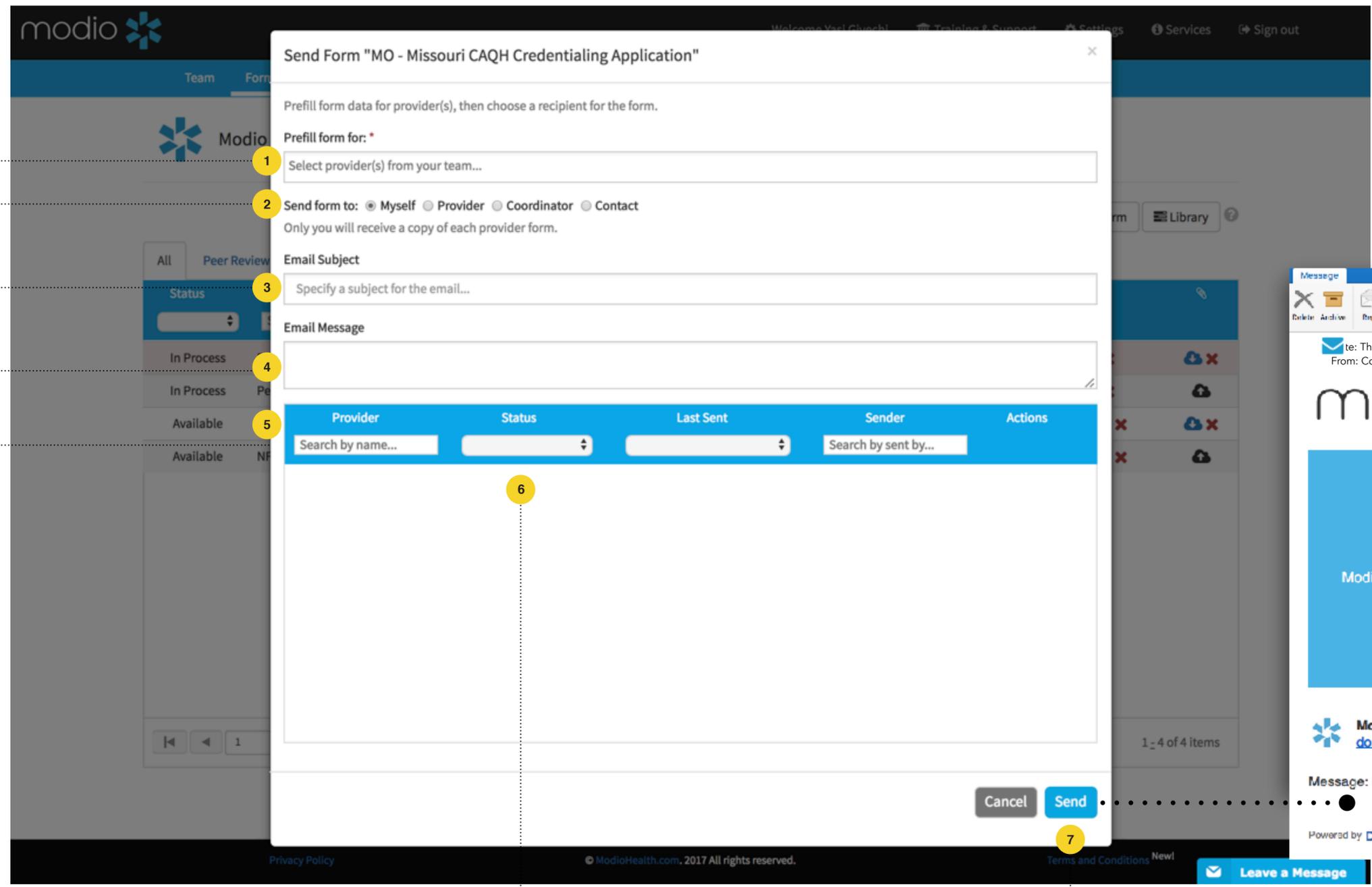
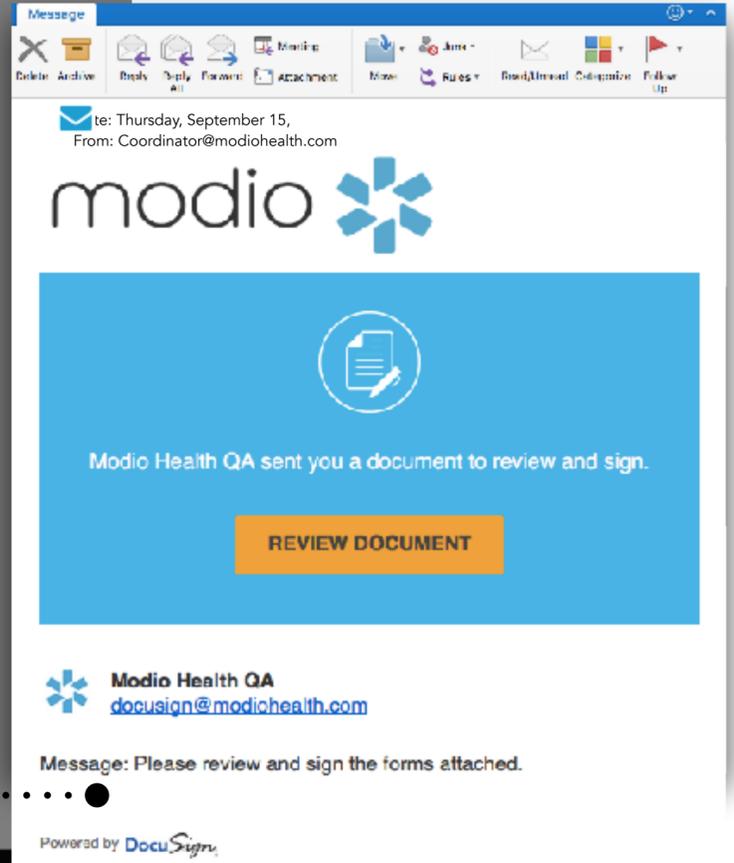
5 Status: Forms can be filtered by status: New, In Process, Available, Rejected, or Voided.

- 1 Edit:** Click here to edit details about your form.
- 2 Removing a Form:** If you click X before a provider has completed a sent form, they can still finish filling it out and sign it, but you won't be able to send anyone else the form after removing it.
- 3 Download:** Download the original file used to create the electronic form.
- 4 Sent Forms:** Click here to send your forms anyone in your team.

FORMS: SENDING FORMS

Send available forms to your team.

- 1 **Prefill form for:**
Select the provider(s) whose data should be autofilled.
- 2 **Send Form(s):**
Choose a recipient for the form.
- 3 **Email Subject:**
Give your email a title.
- 4 **Email Message:**
Enter notes and instructions for your provider(s) here.
- 5 **Form History:**
View and search for the status of sent forms here. Once the provider fills and signs the form, you will receive a completed copy in your inbox.

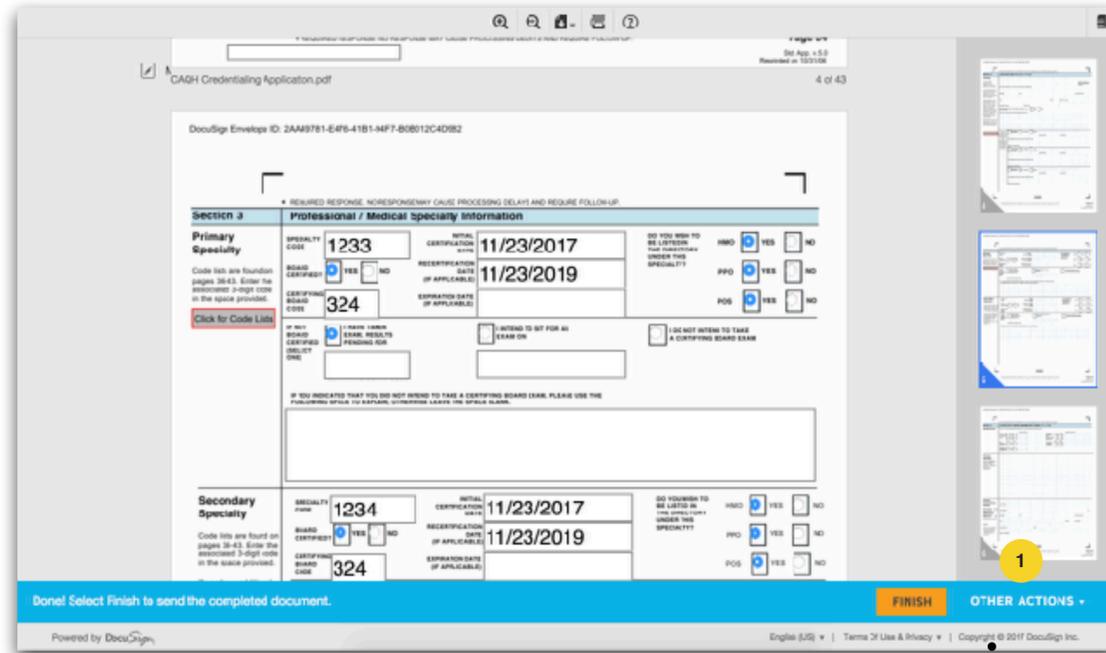
6 **Status:**
Track the status of your sent forms here. Options are Sent, Delivered, Completed, Voided, and Declined.

7 **Send:**
After you click Send, the form will be sent via DocuSign (see above) and the provider(s) will be able to review and sign it.

FORMS: FORM COPIES

Getting a Form Copy - If you prefer to print and sign the pre-filled form, click **“Review Document”** from your inbox.

1 Select **“Other Actions”** in the DocuSign Tab.



DocuSign Envelope ID: 2AA48781-E476-41B1-84F7-B0B012C4D982

Section 3 Professional / Medical Specialty Information

Primary Specialty

SPECIALTY CODE	1233	INITIAL CERTIFICATION DATE	11/23/2017	DO YOU INTEND TO BE LISTED IN THE DIRECTORY UNDER THIS SPECIALTY?	YES	NO
BOARD CERTIFIED	<input checked="" type="checkbox"/>	RE-CERTIFICATION DATE (IF APPLICABLE)	11/23/2019	PHD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CERTIFYING BOARD CODE	324	EXPIRATION DATE (IF APPLICABLE)		POS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

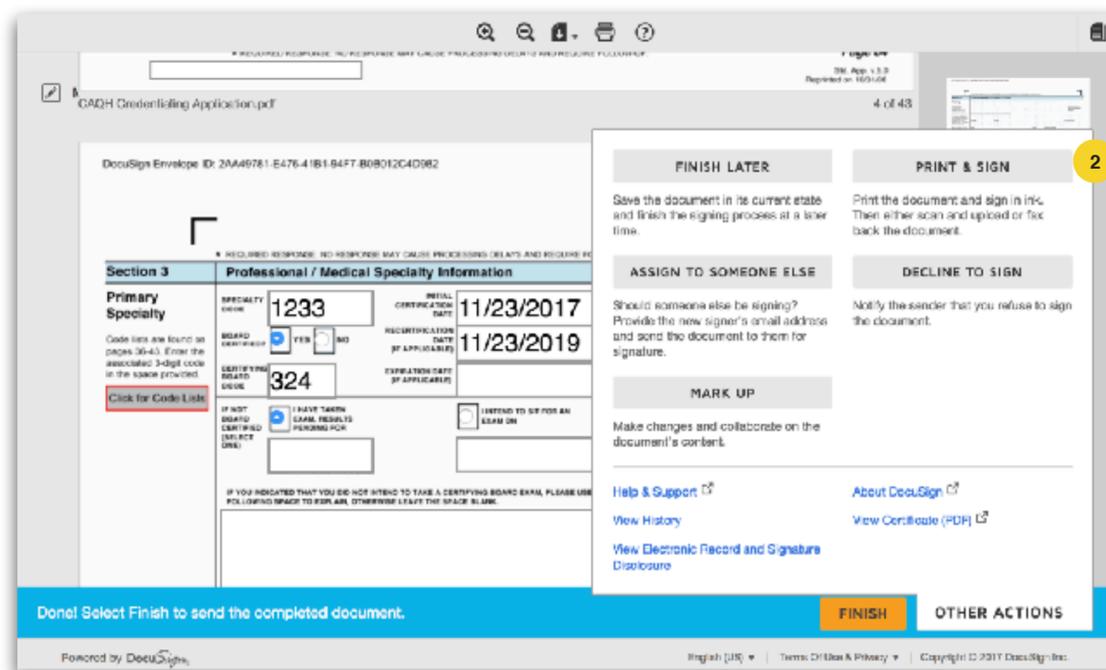
Secondary Specialty

SPECIALTY CODE	1234	INITIAL CERTIFICATION DATE	11/23/2017	DO YOU INTEND TO BE LISTED IN THE DIRECTORY UNDER THIS SPECIALTY?	YES	NO
BOARD CERTIFIED	<input checked="" type="checkbox"/>	RE-CERTIFICATION DATE (IF APPLICABLE)	11/23/2019	PHD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CERTIFYING BOARD CODE	324	EXPIRATION DATE (IF APPLICABLE)		POS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Done! Select Finish to send the completed document.

FINISH **OTHER ACTIONS**

2 Click **“Print & Sign.”**



DocuSign Envelope ID: 2AA48781-E476-41B1-84F7-B0B012C4D982

Section 3 Professional / Medical Specialty Information

Primary Specialty

SPECIALTY CODE	1233	INITIAL CERTIFICATION DATE	11/23/2017	DO YOU INTEND TO BE LISTED IN THE DIRECTORY UNDER THIS SPECIALTY?	YES	NO
BOARD CERTIFIED	<input checked="" type="checkbox"/>	RE-CERTIFICATION DATE (IF APPLICABLE)	11/23/2019	PHD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CERTIFYING BOARD CODE	324	EXPIRATION DATE (IF APPLICABLE)		POS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Secondary Specialty

SPECIALTY CODE	1234	INITIAL CERTIFICATION DATE	11/23/2017	DO YOU INTEND TO BE LISTED IN THE DIRECTORY UNDER THIS SPECIALTY?	YES	NO
BOARD CERTIFIED	<input checked="" type="checkbox"/>	RE-CERTIFICATION DATE (IF APPLICABLE)	11/23/2019	PHD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CERTIFYING BOARD CODE	324	EXPIRATION DATE (IF APPLICABLE)		POS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FINISH LATER PRINT & SIGN

ASSIGN TO SOMEONE ELSE DECLINE TO SIGN

MARK UP

Help & Support About DocuSign

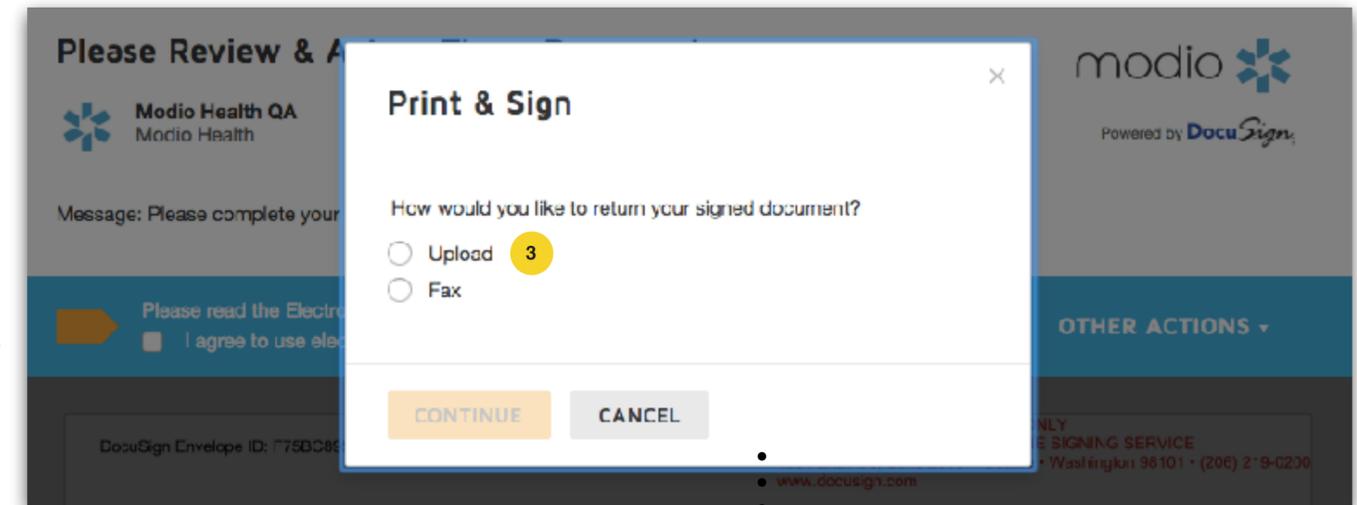
View History View Certificate (PDF)

View Electronic Record and Signature Disclosure

Done! Select Finish to send the completed document.

FINISH **OTHER ACTIONS**

3 Click **Upload.**



Modio Health QA
Modio Health

Message: Please complete your document.

Please read the Electronic Record and Signature Disclosure. I agree to use electronic signatures.

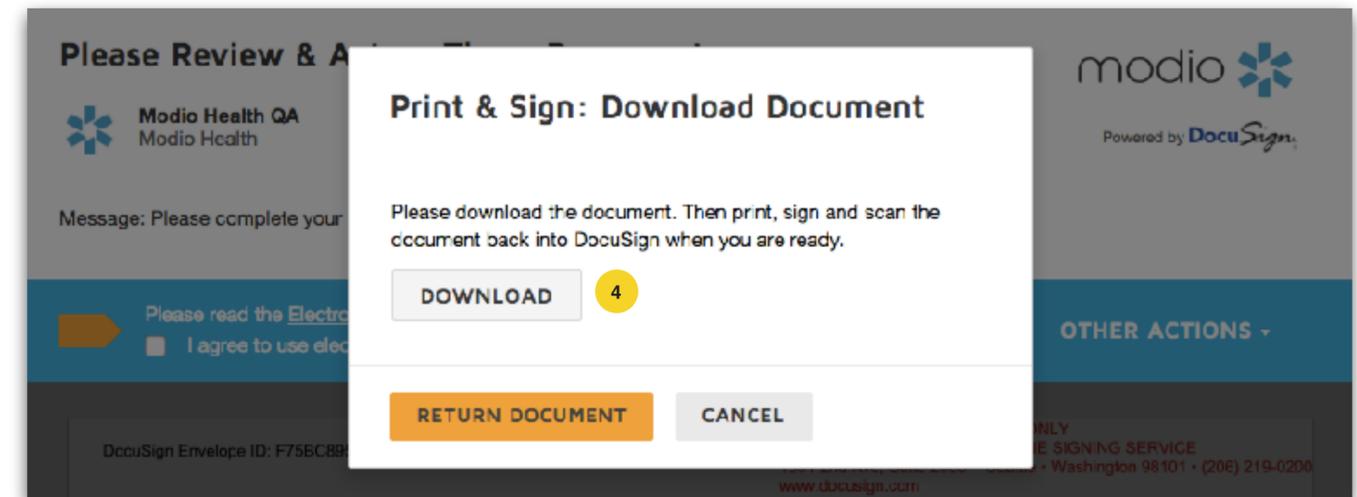
How would you like to return your signed document?

Upload **3**

Fax

CONTINUE **CANCEL**

4 Click **Download.** You will now have a copy of the pre-filled form on your desktop to print and send to your providers.



Modio Health QA
Modio Health

Message: Please complete your document.

Please read the Electronic Record and Signature Disclosure. I agree to use electronic signatures.

Please download the document. Then print, sign and scan the document back into DocuSign when you are ready.

DOWNLOAD **4**

RETURN DOCUMENT **CANCEL**

Please call us if you have comments or feedback.

Online: chat live

Call us: 844.696.6346

Email us: support@modiohealth.com