**E-Prescribing**

Our electronic system now allows our office to e-prescribe medications directly to a pharmacy who also accepts electronic prescriptions. If you would like us to e-prescribe please fill out the information below:

Name of Pharmacy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

Phone Number (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

**Prescription Benefits Manager (PBMs)**

PrimeSuite E-Prescribe has been certified to retrieve medication history through SureScripts Network. This service allows open communication between providers, pharmacies and insurance companies to share medication claim histories. This will also allow providers to run eligibility status for certain medications and insurance plans to verify coverage. If you consent to allowing Springboro Pediatrics to run the PBMs on your child please sign below.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ohio Impact SIIS**

Ohio Impact Statewide Immunization Information System allows our office to submit all vaccine records to the Ohio Department of Health. This can benefit our patients by allowing them access to their immunization records along with other providers and specialists. This also helps Ohio Department of Health track vaccine demands. If you consent for Springboro Pediatrics to submit your child’s immunization records to Ohio Impact SIIS, please sign below.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prime Patient Portal**

We are pleased to offer our patients 24 hour access to their medical records on our Patient Portal. There you can pay bills, access chart documents, request appointments, and communicate securely to our nurses and administrative staff. We will also post educational materials on popular topics for our families. If you would like access to your child’s chart on our patient portal please complete the information below:

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE CIRCLE BELOW HOW YOU WOULD LIKE TO RECEIVE YOUR BILLING STATEMENTS:

TEXT MAIL EMAIL