

# Submitting a Missed visit



1. Log in to Point of Care.
2. Select the visit you are trying to submit as a missed visit.

https://secure.goodlookingcompany/healthtrustsoftware/application/menu.php

File Messages Patients PPS Orders Auths Charges Schedule Compliance Billing Ledger Payroll HR Reports Reference Administration Help

0 new message(s) Log Out

### Schedule

Display: [Today's Visits](#) [Past Due Visits](#) [All Visits](#) ([Show confirmed visits](#)) Group By: [Date](#) [Patient](#) [Task](#)

07/10/19

Patient: TEST TEST (TEST123) Service: PEDIATRIC SPEECH THERAPY ROUTINE VISIT (change) DOS: 07/10/19 Status: PENDING

Print [Map of All Visits](#) [Patient List](#)

3. Click the green "Start Visit" button.

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### Schedule

Display: [Today's Visits](#) [Past Due Visits](#) [All Visits](#) ([Show confirmed visits](#)) Group By: [Date](#) [Patient](#) [Task](#)

07/10/19

Patient: TEST TEST (TEST123) Service: PEDIATRIC SPEECH THERAPY ROUTINE VISIT (change) DOS: 07/10/19 Status: PENDING

**START VISIT**

CONTACT INFORMATION

4. On the visit information screen, enter a start date and time.
  - Click the magnifying glass.
  - Select date.
  - Select time.

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### VISIT INFORMATION

(view medical record)

TEST TEST  
PEDIATRIC SPEECH THERAPY ROUTINE VISIT  
07/10/19

(quick jump to category)

Mileage

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start Odometer		1	2	3	4	5	6
End Odometer	7	8	9	10	11	12	13
Mileage	14	15	16	17	18	19	20
Travel Time	21	22	23	24	25	26	27
Personal Vehicle?	28	29	30	31			

Time: 14 : 32

Select date

Start Date and Time\*

Type of Visit

Routine

8. Select "Missed Visit". \*\*

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**VISIT INFORMATION**  
(view medical record)

Mileage

Start Odometer  
End Odometer  
Mileage  
Travel Time  
Personal Vehicle?

Start Date and Time\*  
07/11/2019 09:37

Type of Visit  
Routine

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**VISIT INFORMATION**  
(view medical record)

Mileage

Start Odometer  
End Odometer  
Mileage

Routine  
Supervisory  
Post-hospital  
Interim Re-evaluation  
Discharge  
Missed Visit  
Routine

\*\*NOTE: The type of visit will automatically default to the type of visit that was originally scheduled. Therefore, you have to manually change it to "missed visit."

9. A new section titled "If this is a missed visit..." will appear.

10. Please answer the questions and fill in the blanks accordingly.

- Was the visit attempted? YES or NO
- Select appropriate reason for missing the visit.
- Description: If there is additional information that you would like the office to be aware of, or if there is a future date that you would like the visit rescheduled to, please enter here.
- Does the visit need to be rescheduled within this care week? Select Appropriate Response.
- Contacted scheduler to reschedule visit? If a future "re-visit" date was listed in the description box, select "yes." If not, select "no."
- Contacted Physician regarding missed visit? Select Appropriate Response

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Filter New Tab Info Tasks Messages E-Records Alerts

Type of Visit  
Missed Visit

If this is a missed visit...  
Complete this section and the Clinician Signature section before validating.

Was the visit attempted?  Yes  No

Reason missed: No one home

Description (if required):  
Patient was not home. Please reschedule for 7/21. Will attempt make-up visit.

Does the visit need to be rescheduled within this care week?  Yes  No

Contacted scheduler to reschedule visit?  Yes  No  N/A

Contacted Physician regarding missed visit?  Yes  No  N/A

11. Scroll to top of page.

12. On the right side of the screen, click "quick jump to category" drop-down menu.

13. Select "clinician signature."

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Filter New Tab Info Tasks Messages E-Records Alerts

TEST TEST  
PEDIATRIC SPEECH THERAPY  
07/10/19

**VISIT INFORMATION**  
(view medical record)

Mileage

Start Odometer  
End Odometer  
Mileage  
Travel Time  
Personal Vehicle?

Start Date and Time\*

Type of Visit  
Missed Visit

If this is a missed visit...  
Complete this section and the Clinician Signature section before validating.

Was the visit attempted?  Yes  No

(quick jump to category)  
(quick jump to category)  
VISIT INFORMATION  
SPEECH ASSESSMENT  
OTHER  
DISCHARGE PLANNING  
ADDITIONAL DOCUMENTS  
CARE COORDINATION  
SUPERVISION  
PATIENT SIGNATURE  
CLINICIAN SIGNATURE

14. Enter time out.

15. Click "alternate signature options for tablets"

CLINICIAN SIGNATURE  
(view medical record)

TEST TEST  
PEDIATRIC SPEECH THERAPY ROUTINE VISIT  
07/10/19

End Date and Time\*

Total Time: 0 minutes

Clinician Signature\*

Other Signature Options

Alternate Signature Option for Tablets

16. Sign on line provided, and click "submit."

17. Click green check mark.

CLINICIAN SIGNATURE  
(view medical record)

End Date and Time\*

Clinician Signature\*  
Jane Doe

Other Signature Options

Alternate Signature Options

Submit

18. Correct any errors that may display, then click "Submit."

VALIDATING DATA

TO IGNORE THE WARNINGS, CLICK SUBMIT, ELSE CLICK CLOSE

WARNING THIS WAS A MISSED VISIT. PLEASE VERIFY THE START AND END TIMES.

WARNING YOUR START DATE IS DIFFERENT THAN THE SCHEDULED DATE OF SERVICE.

WARNING YOU DID NOT ENTER YOUR MILEAGE.

SUBMIT CLOSE

Premier Pediatric Therapy



That's All, Folks!

