

How to Verify a Teletherapy Visit

UPON COMPLETION OF VISIT:

I. In a web browser, search https://www.premierpediatrictherapy.com/TeleVerify. Note: You can find this link, and many more Teletherapy resources on our website at https://www.premierpediatrictherapy.com/teletherapy-resources/

	Premier, Dediatric, Therapy		
	Send invite link for Therapy Session Verification 2.0.		
	Fill out the information below to get started.		
	Rename Document Therapy Session Verification 2.0		
	Signing Step 1		
2. Type in your email address.	Clinician AwesomeTherapist@gmail.com		
	Show Custom Email Message Settings		
3. Type in the caregiver's email address.	Signing Step 2 Caregiver Patient.Mom@gmail.com		
	Show Custom Email Message Settings		
4. Click "Send Invite."	* Required Fields Send Invite	+	

5. Go to your email.

6. In your inbox, you will see an email that looks like this:

team (at premierped. 2
 team@premierpediatrictherapy.com Needs Your Signature - Open Document team@premierpediatrictherapy.com invited you to ...
 PremierPediatricTherapy.com
 Info@PremierPediatricTherapy.com
 832-539-1632
 /PremierPediatricTherapy

7. Open the email and click "Open Document."



- 8. A web browser will open up with the SignNow Therapy Sesssion Verification Form.
- 9. Click "Get Started."
- IO. Fill in the Date, Start Time, End Time, Patient Name, and Therapist Name (your name).
- II. Click "Done."



12. Once you click "done," the caregiver will then recieve an email at the email address you entered for them in step 3.



13. Once they open the email, they will need to click "OPEN DOCUMENT."



- I4. Click "Get Started."
- 15. Type in their name and their relationship to the patient.
- 16. Insert a signature.
- I7. Click "DONE."

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	Ther	apy Session V	erification	
	Ve	rificación de la Sesió	n de Terapia	
	04/02/2020	1:00	1:40	
	Date: (Fecha)	(Hora de inicio)	End Time: (Hora de finalización)	
	Jane Doe Patient Name: (Nombre del paciente) Best Th Therapist Name:	ierapist Ever		
NEXT	(Nombre del terapeuta) Caregiver Name: (Nombre del cuidador)	CARE	CAREGIVER NAME *	
	Relationship to Patier	nt:	IONSHIP TO PATIENT	
Caregiver Signature: (Firma del cuidador)		S	• ignature Field	

NOTE: Once the caregiver clicks "done," you will receive a confirmation email including a PDF version of the completed form, which you can save for your own records. You do not need to take any further steps. Our office staff will automatically receive the completed/signed document. Make sure to submit the visit in HealthTrust by the end of that day, so our office staff can attach the form to that visit.