



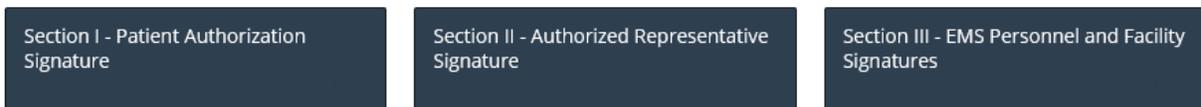
Signatures



Signatures can be obtained both on the mobile and web applications assuming each has touch screen capability or an attached mouse.

Billing Authorization

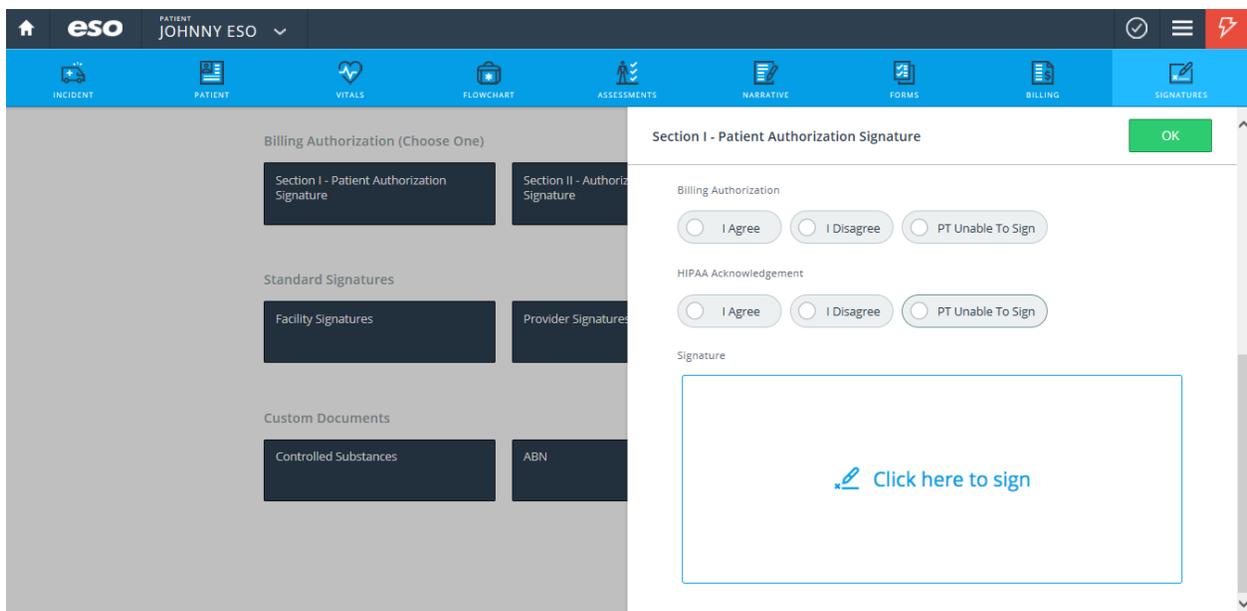
Billing Authorization (Choose One)



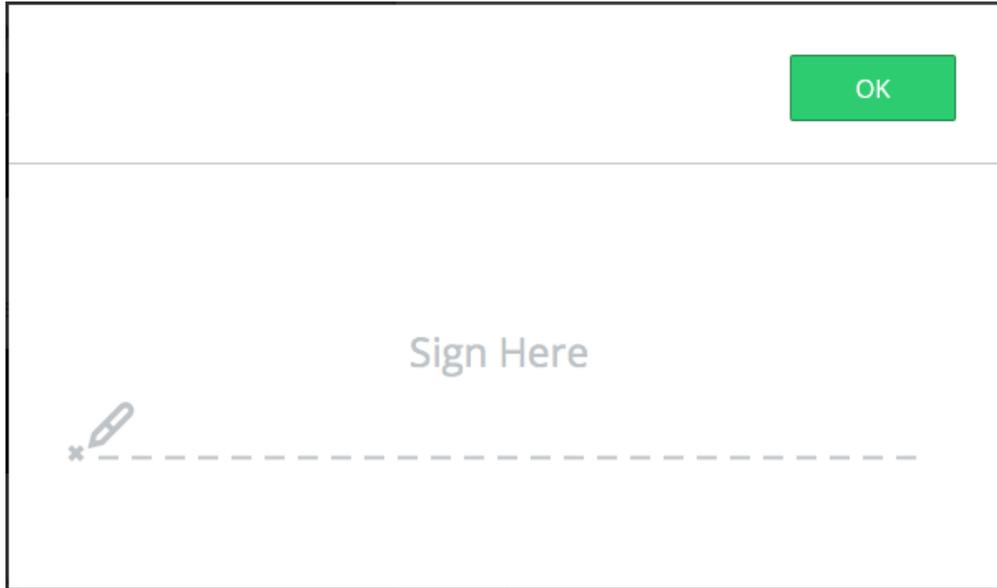
The billing authorization section is used for patients who have been transported. It is broken up into 3 sections. If the patient cannot sign in Section 1, then the user should go to Section II and look for an Authorized Representative. If none is available, then Section III should be completed and witnessed.

Each signature section allows for direct signatures to be captures.

Section I – Patient Authorization Signature

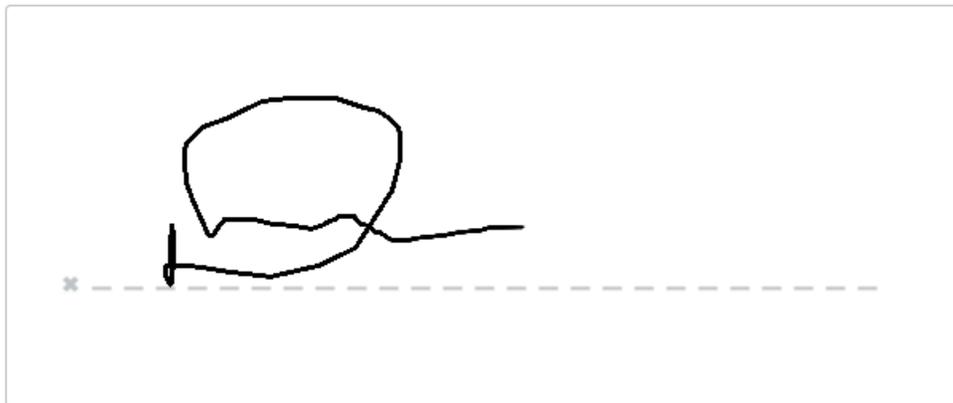


Click in the box to open up a larger signature box where the signature can be captured.



Have the patient Sign and Select "OK."

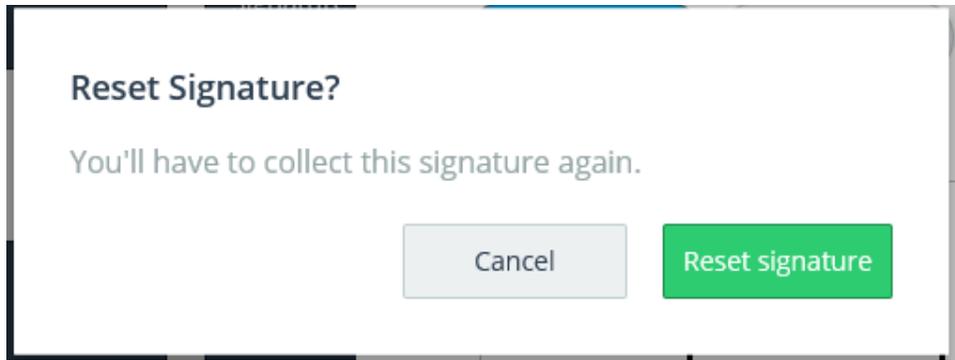
Signature



RESET

You can reset the signature by selecting Reset. You will be prompted to confirm.





Select “Reset Signature” to clear it out or Cancel to continue and leave the signature as is.



If a signature has been captured in a section, it will be noted with a green triangle in the upper right corner.



Section II – Authorized Representative Signature

Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past, (or in the future, where permitted). By signing below, I acknowledge that I am one of the authorized signers listed below.

My signature is not an acceptance of financial responsibility for the services rendered.

Authorized Representative [Select](#)

Reason Unable to Sign

Printed Name

Signature

[Click here to sign](#)

This section allows the user to choose who the authorized representative is, the reason the patient is unable to sign and to obtain the representatives signature. If the mandatory validation for Authorized signature is turned on, then the authorized representative must sign, the printed name must be included as well as the reason unable to sign in order to meet the validation requirement.

Signatures can be captured as shown in Section I.



Section III – EMS Personnel and Facility Signatures

HOME eso PATIENT JOHNNY ESO

INCIDENT PATIENT VITALS FLOWCHART ASSESSMENTS NARRATIVE FORMS BILLING SIGNATURES

Billing Authorization (Choose One)

- Section I - Patient Authorization Signature
- Section II - Authorized Representative Signature

Standard Signatures

- Facility Signatures
- Provider Signatures

Custom Documents

- Controlled Substances
- ABN

Section III - EMS Personnel and Facility Signatures OK

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (Section II) was available or willing to sign on behalf of the patient at the time of the service.

EMS Personnel Signature

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service.

My signature is not an acceptance of financial responsibility for the services rendered.

Reason Unable to Sign

Printed Name

Signature

[Click here to sign](#)

Facility Representative Signature

The patient named on this form was received by this facility on the date and at t... time indicated above and this facility furnished care, services or assistance to the patient. I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service.

My signature is not an acceptance of financial responsibility for the services rendered.

Title of Representative

Printed Name

Signature

[Click here to sign](#)



If Authorized Signature is set as a Mandatory Validation and Section I and II are not applicable then all parts of Section III must be completed in order to meet the validation requirement.

Signatures can be captured as shown in Section I.



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Standard Signatures

Standard Signatures



Standard Signatures are signatures routinely obtained.

Facility Signatures

This provides a location to get signatures from hospitals or other destinations where you have transported your patient. Capturing signatures in this section is completed using the same process as shown in Section 1.

Provider Signatures

This section is for personnel on the crew to sign the EHR if required to do so. If this is set as mandatory, then the printed name and signature must be complete in order to meet the validation rule.

Refusal

Refusal forms can be uploaded as part of the application by an administrator using the Admin console. Up to 3 languages can be uploaded. Patients can sign directly on the form. Use the arrows on the right or the scroll bar to view the form.



eso PATIENT UNNAMED PATIENT Got some feedback? Take our survey.

English French Spanish OK

PAGE, WOLFBERG & WIRTH, LLC
SAMPLE EMS "INFORMED DECISION-MAKING" FORM - Version 1.4

PATIENT ASSESSMENT

Patient Name: _____ Date: _____

(A) LEGAL CAPACITY

NOTE: If answer to at least one of the questions in this section is "YES," the patient may sign this form in most states. If "NO" to all, signature of legally authorized decisionmaker required. Check your state law for other exceptions.

Patient over 18? Yes___ No___ If minor, is patient married? Yes___ No___ If minor, is patient pregnant? Yes___ No___

Comments/Quotes/Observations: _____

(B) MENTAL CAPACITY

To clear the form and start over, select "Reset" at the bottom of the page.



OTHER SPECIFIC INSTRUCTIONS TO PATIENT: _____

Signature of: Patient Parent Legal Guardian _____ Date _____

Witness Signature

IF PATIENT REFUSES TO SIGN: I attest that the patient has refused care and/or transportation by the emergency medical services providers. The patient was informed of the risks of this refusal and refused to sign this form when asked by the EMS providers.

Witness Signature _____ **Print Name** _____

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Controlled Substances Advance Beneficiary Notice of Noncoverage (ABN) Physician Certification Statement (PCS)

RESET DOCUMENT

When complete, select “OK.”

Custom Documents

Custom Documents

Controlled Substances	Advance Beneficiary Notice of Noncoverage (ABN)	Physician Certification Statement (PCS)
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Controlled Substances

Controlled Substances form allows a user to document the waste of a medication (generally a narcotic) that only partially has been administered to a patient.



The screenshot shows the ESO patient portal interface for patient JOHNNY ESO. The top navigation bar includes icons for INCIDENT, PATIENT, VITALS, FLOWCHART, ASSESSMENTS, NARRATIVE, FORMS, BILLING, and SIGNATURES. The main content area is divided into two sections. The left section, titled 'Billing Authorization (Choose One)', contains three categories of forms: 'Standard Signatures' (with 'Section I - Patient Authorization Signature' and 'Section II - Authorized Representative Signature' buttons), 'Standard Signatures' (with 'Facility Signatures' and 'Provider Signatures' buttons), and 'Custom Documents' (with 'Controlled Substances' and 'ABN' buttons). The right section, titled 'Controlled Substances', has a green 'OK' button. Below this is the 'Witness to Waste Signature' form, which includes input fields for 'Medication' (with a 'Select' dropdown), 'Amount', 'Witness Name', and 'Signature'. A large blue box with a pen icon and the text 'Click here to sign' is positioned below the signature field.

Enter the Medication, Amount, Witness Name and Signature. Up to 3 Witness to Waste Signatures can be obtained. Scroll down to add others.

Custom Forms

Other Custom Forms can be added by your administrator. These forms will behave like the Refusal form described above. Write directly on the forms and select "OK" to have these forms be part of your EHR.

