## Intermountain Provider Portal-Orders training

Login using instructions same instructions found on Result Look up training page URL To access CareEvolve Login Page: <u>https://intermountainhealth.careevolve.com/</u>

## 1. Find patient:

 Type in the patient information, the more info provided, the more your search will be narrowed down to the right patient

<mark>Intermountain</mark> Health RESULTS ✔ 0	DRDERS 🗸 PATIENTS 🗸			Q 300
Search or Add Patients				
Last Name	First Name: First Name	Sex: Select	V DOB: MM/DD/YYY	nced Search Add Patient
Browse by Last Name : A B C	D E F G H I J I	K L M N O P Q F	R S T U V W X Y Z Clear Filter	

Select the letter that corresponds to the patients last name, search the list to find the patient.
 Remember: there can be multiple pages of patients, change pages with filter at the bottom of the list.

Intermountain Health RESULTS V ORDERS V PATIENTS V					
Search or Add Patients					
Last Name: Last Name First Name: First Name		Sex: Select	V DOB: MM/D	Advanced Search Add Patient	
Browse by Last Name : A B C D E F G H	J K L	M N O P Q R S	τυν	W X Y Z Clear Filter	
Name	Lab ID	Office Id	Sex	DOB	SSN
Test, Patientone		CE000000016	F	08/02/2001	
Tester, ELLKAY		CE000000002	F	07/02/2000	
TESTING, AVALON		CE000000006	м	05/15/1989	
Testing, EMRMode		CE000000009	F	06/15/1986	
Testing, LKCareEvolve		CE000000008	F	10/25/1974	
Testing, November		CE000000012	м	11/12/1989	

If patient is found on the list click on the patient

Health RESULTS V ORDERS V PATIENTS V												
Name: Testing, LKCareEvolve	Office Id: CE0000000	008	DOB: 10/25/1974			Sex: F	Primary Insurance:					
Order/Result List Demographics	Cumulative Reporting Patient Portal	Patient Portal										
View All Reports V Create New Order												
Order Date	Order #	Template #	Status		Report Date	Requisition	Status	Flag	Viewed	Reviewed	Printed	
02/19/2025 09:26:00	527 (LKCE000000527)	-	Complete	Ð	-	-	-	-				
12/18/2024 11:31:00	139 (LKCE000000139)	-	Complete			-	-	-	-		-	
12/16/2024 06:26:00	108 (LKCE0000000108)	-	Complete			-	-	-				
12/16/2024 06:26:00	107 (LKCE0000000107)	-	Complete			-	-	-	-	-		
10/25/2024 08:48:00	35 (LKCE000000035)	-	Complete			-	-	-	-			

- On this page shows what is currently been ordered or resulted on the patient.
  - (a) The filter above order date allows the search for ALL, Finals & orders
  - (b) Create an order
- If no patient found on this, create one.

inter Healt	mountain th	RESULTS	<b>v</b> 0	ORDERS 🗸	PATIENTS 🗸						
Search o	or Add Pa	tients									
Last Name:	Last Name			First Name	First Name	Sex	G Select	✓ DOB:	MM/DD/YYYY	2 Advanced Search	Add Patient
Browse by	y Last Name :	A	вс	D E F	G H I J	K L M	N O P	Q R S T U	V W X Y	Z Clear Filter	

## 2) Creating a new order

Health RESULTS V	ORDERS V PATIENTS V					
Name: Testing, LKCareEvolve		Office Id: CE000000008	DOB: 10/25/1974	Sex: F	Primary Insurance: -	
New Order			Order Type: Draw Now 👻	Bill Type: Third Party 👻		Save Draft Cancel Order
		Patient	Tests Diagnosis Rev	riew Complete		
lease confirm the following required	I information is correct.					
Drder Information 🥝						
Drdering Provider: Scott, George	Fasting: No Ves					
Patient Demographics 🥑						Ed:
Last Name:	Testing	First	Name: LKCareEvolve			
Date of Birth:	10/25/1974		Sex: Female			
Street 1:	1345 Testing Lane					
City:	ELMWOOD PARK					
Zip/Postal Code:	07407	State/Province/	legion: Nj			
Home Phone:	502-365-6565					
Race:	American Indian or Alaska Native					
Guarantor 🥑						Edit
Last Name:	Testing	First	Name: Spouse			
Date of Birth:	09/12/1984		Sex Male			
Street 1:	1345 Testing Lane					
City:	ELMWOOD PARK					
Zip/Postal Code:	07407	State/Province/	Region: NJ			
Home Phone:	502-365-6565					
Insurance - 1 😑						Edit
Insurance:	9/8>	•				
Relation:	<select one=""></select>	~				
Last Name:		First	Name:			
Date of Birth:	MM/DD/YYYY	6	Sex: <select one=""></select>	v		
Street 1:	MMIDUITIT					
City:						
Zip/Postal Code:		State/Province/	tegion: <select one=""></select>	¥		

- Order Type: Draw Now, Draw Later, Standing Select one from drop down
- Bill Type: Select one from drop down
  - (a) Client- (Bill the patients sending facility)
  - (b) Patient-(Self Pay or no insurance)
  - (c) 3<sup>rd</sup> Party\_ (Patients insurance
- Ordering provider- select from drop down
- Fasting: Select button
- Review patient demographics- Change as needed using Edit button on right hand side of page
- Insurance- Fill out all red required fields if ordering 3<sup>rd</sup> party billing
- Update -all information is correct, update to move to test orders

esting, LKCareEvolve	Office Id: CE000000008	DOB: 10/25/1974	Sex: F	Primary Insurance: =	
r Order 545 - Draw Now - Client					Save Draft Cancel C
	Patient	Tests Clinica	l Review Complete		
lected Tests		Search Tests			
UAMYM Amylase, Urine					
-					
sts ( Z All Recent )					
UAMYM Amylase, Urine					
520078 1p19q, RSH	ALS Albumin		UAMIYM Amylase, Urine		BMEP Basic Metabolic Panel
BFCUL Body Ruid Culture with Gram Stain	BMCUL Bone Marrow Culture		ABC CBC without Differential		CTNG Chlamydia trachomatis and Neisseria gonorrhoeae by Molecu
516779 Chiamydia trachomatis, Neisseria gonorrhoeae, Trichomonas	<ul> <li>UCRTB Creatinine, 24 Hr Urine</li> </ul>		CCPIGG Cyclic Citrullinated Peptide (CCP), IgG		520073 Cytology, Gynecologic with HPV
vaninalis by Molacular Assay	<ul> <li>580765 Cytology, Gynecologic with Reflex to HPV</li> </ul>		INS00 Fasting Insulin Level		GLUC Glucose
regions of more company			STICU Stool Culture		HIST Surgical Pathology

- **Order tests** Either search for the test(s) or click corresponding box next to each test as needed.
- Next- once all needed test(s) are ordered click on next.

 Ask at order questions- Complete all questions required in red fields that may be associated a test(s)

Name: Testing, LKCareEvolve	Office Id: CE000000008	DOB: 10/25/1974	Sex: F	Primary insurance: -	
iew Order 545 - Draw Now - Client					Seve Draft Cancel C
		Patient Tests Clinical 6	eview Complete		_
UAMYM (Amylase, Urine)					
Amylane, write - Hours Collected (* required)					
Ender volume of urine collected (mil) (* required)					

 Review- review information, go back as needed, save draft for potential changes, Cancel order if needed.

Health RESULTS V ORDERS V PAT	IENTS 🗸				
Name: Testing, LKCareEvolve	Office Id: CE000000008	DO8: 10/25/1974	Sex: F	Primary Insurance:	
New Order 545 - Draw Naw - Client					Save Draft Cancel Order
	1	Patient 🔪 Tests 🔪 Clinical 🔪	Review Complete		
General Information					
*Order Date: 02/24/2025 12:54		*Coll. Date: 02/24/2025 13:09	G	*Coll. by:	
Ordering: Scott, George		Insurance: -		Fasting: No	
Report Comments:		Lab Comments:		*Priority: Routine	v .
Copy ta: < none > Referring: < none >	Add Add				
UAMYM (Amylase, Urine)					✓ Edit
Amylase, urine - Hours Collected 10 Enter volume of urine collected (mL) 3400					
Test Specific Information					
UAMYM Amylase, Urine					
		Back Comp	lete		

- Add any comments if needed
- Add additional providers as needed
- **Priority** pick from drop down
- **Complete order-** Print requisition, Labels will print if a unique label printer is available.



• Close out print job- it allows you to place another order by selecting need below.



## 3. Creating a new patient

Click on add patient

Intermountain Health	RESULTS 🗸 OF	DERS 🗸	PATIENTS 🗸				
Search or Add P	atients						
Last Name: Last Name	2	First Name:	First Name	Sex:	Select 🗸 🗸	DOB:	MM/DD/YYYY
Browse by Last Name	e: A B C	D E F	G H I J K L	м	N O P Q R S	r U	V W X Y Z Clear Filter

• Complete information as needed. Red is required. Click the button on right side if only required info should show.

Health RESULTS	♥ ORDERS ♥ PATIENTS ♥				
Add Patient					Required Only
Demographics					
Last Name:		First Name:		Middle Name:	
Date of Birth:	MM/DD/YYYY 🛱	Sex	<select one=""> v</select>	Email:	
	MM/DD/YYYY				
000-14		Sexual Orientation:	<select one=""> Y</select>	Birth Sex:	<select one=""></select>
Ornoe ka:		MINC			
Street 2:					
City:					
Zip/Postal Code:		State/Province/Region:	<select one=""> Y</select>		
Home Phone:					
Mobile Phone:					
				Race:	<select one=""> v</select>
				Ethnic Group:	<select one=""></select>
Guarantor					
Relation:	Self				
Last Name:		First Name:		Middle Name:	
Date of Birth:	MM/DD/YYYY	Sex	<select one=""> 🗸</select>		
Same Address As Patient:					
Street 1:					
Street 2:					
City:					
Zip/Postal Code:		State/Province/Region:	<select one=""> V</select>		
Home Phone:					
		Employer Name:			
Insurance - 1					
Insurance:	<n a=""></n>				
Group ID:		Group Name:			
Policy ID:					
Relation:	Self v		Copy Guarantor		
Last Name:		HISE Name:	(Salart Ona).	Middle Name:	
Sector Birth,	MM/DD/YYYY	-			
Street 1:					
Street 2:					
City:			d day free		
zip/Postal Code:		state/Province/Region:	speed 0869 V		
Insurance - 2					
Insurance:	<n p=""></n>				
Group ID:		Group Name:			
Policy ID:	Self		Copy Guarantor		
Last Name:		First Name:		Middle Name:	
Date of Birth:	MM/DD/YYYY	Sex	<select one=""> v</select>		
	MM/DD/YYYY				
Street 1:					
Street 2:					
City:		State Province Real	(Select Dres)		
Ziprrostal Code:		statemovincentegion:	vanue v		

- Once all red fields are filled out click the action needed.
  - (a) Save-patients chart is created and will show in list for future use
  - (b) Save & Place Order- patients chart is created and allows you to lace orders on the patient.
  - (c) **Cancel-** don't want the new patient created.