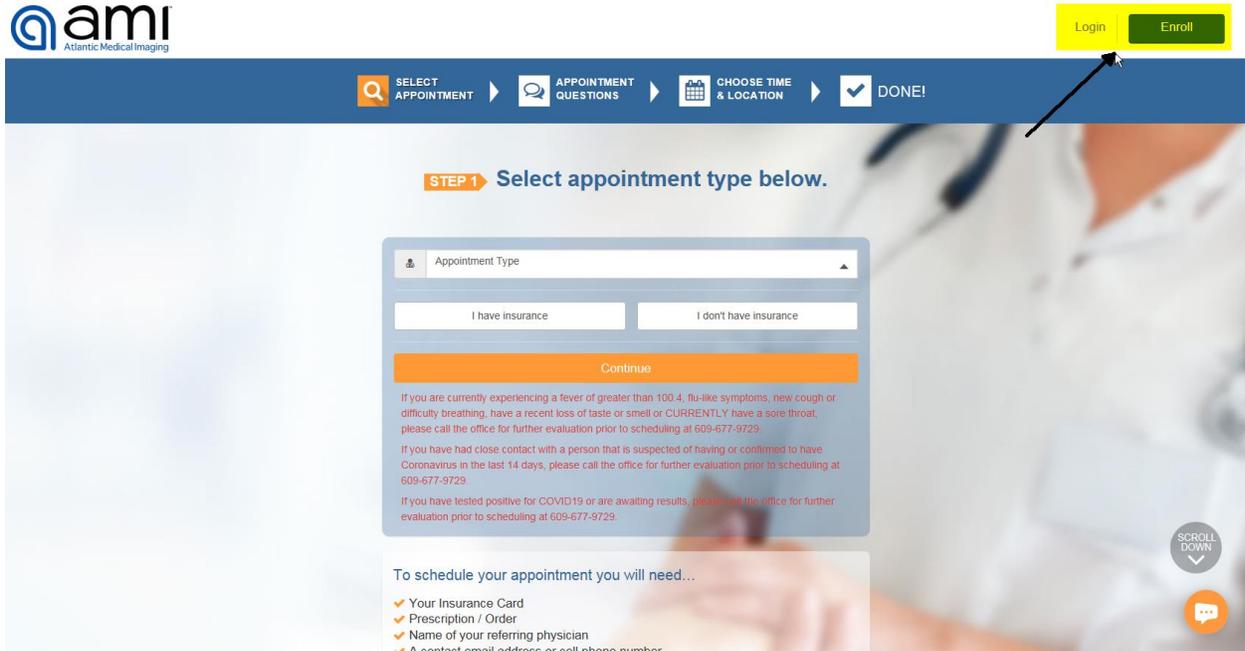


Scheduling an appointment using OpenDR

1. Log into your account or enroll if you don't yet have an account with us.



1a. Enroll Prompt (You will only have to enroll once, subsequent access of the system will require the use of the Login Prompt which is shown on the following page.)

✕

Please fill-out the information below

Patient Name

Date of Birth

Gender

Address

City

State



Zip code

Email

Password

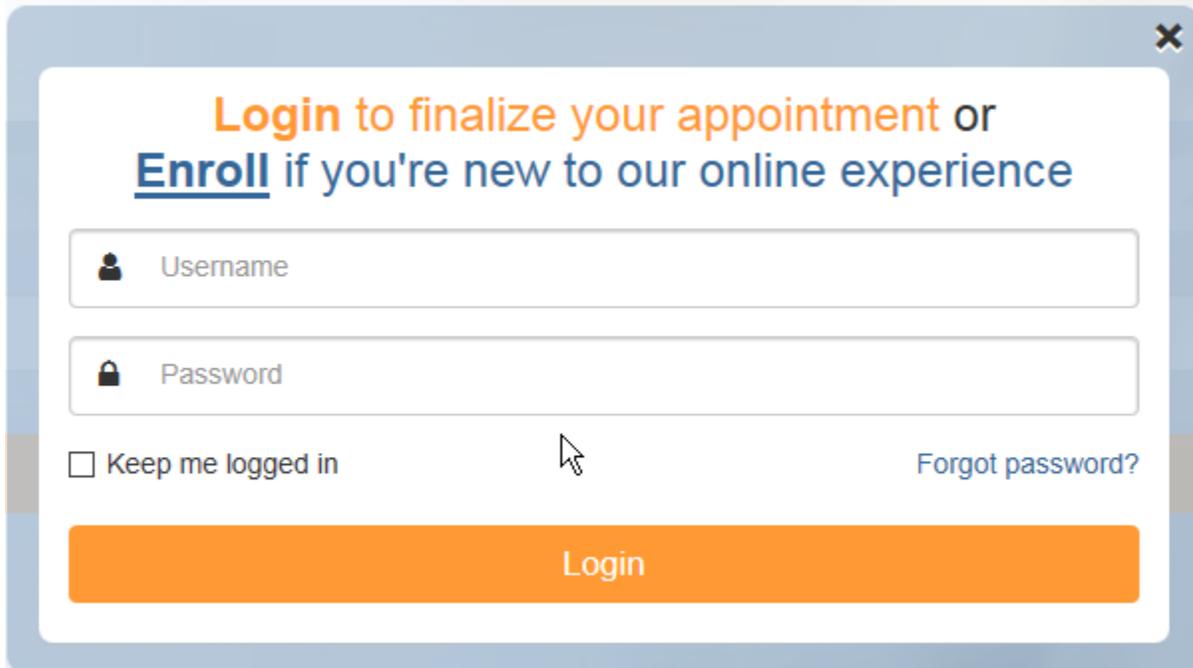
Phone Number

We will send you a one-time activation code to the number entered above to complete your enrollment. How do you want the code delivered?

Text message Voice call

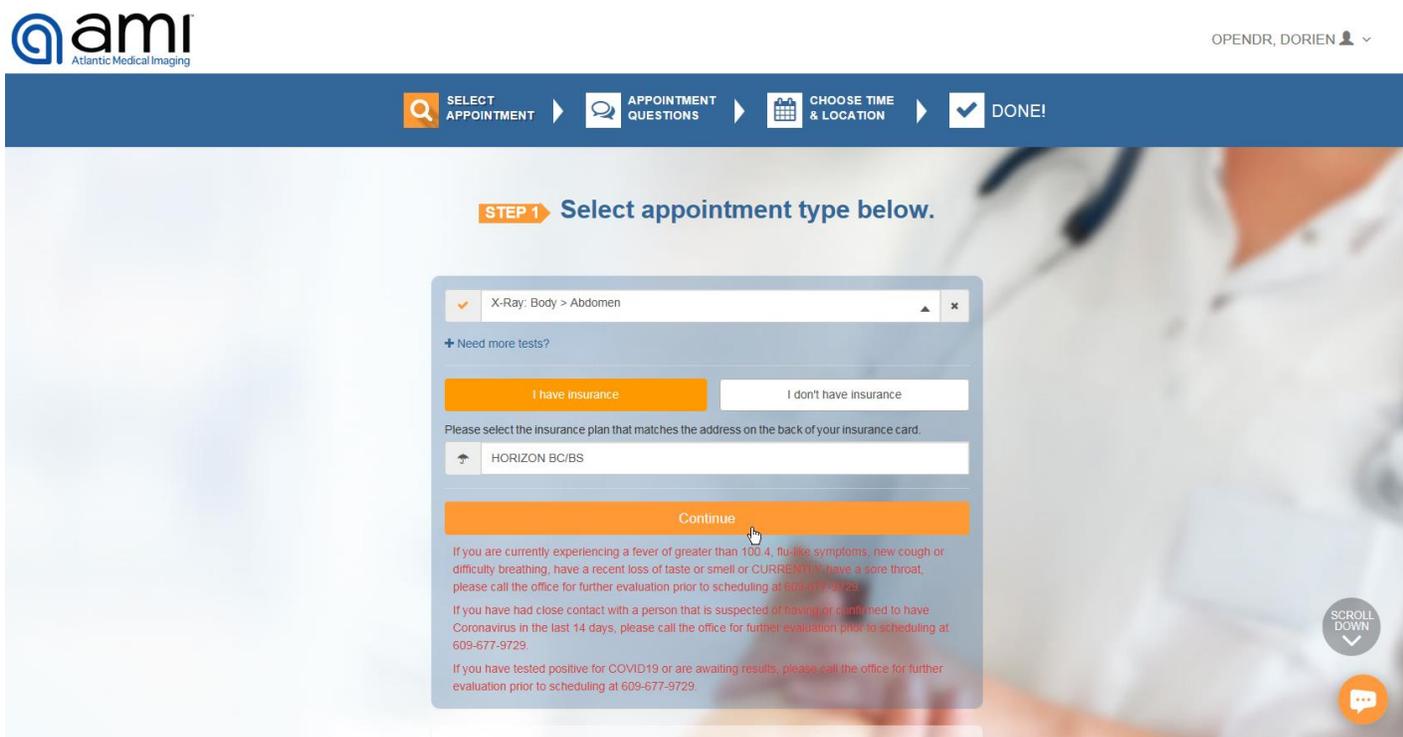
I have read and accept [openDoctor Terms of Service](#)

1b. Login Prompt



A login prompt modal with a blue border and a close button (X) in the top right corner. The main heading reads "Login to finalize your appointment or **Enroll** if you're new to our online experience". Below the heading are two input fields: "Username" with a person icon and "Password" with a lock icon. There is a checkbox labeled "Keep me logged in" and a link "Forgot password?". At the bottom is a large orange "Login" button.

2. Select your appointment type and if you have insurance, then click continue.



The screenshot shows the "ami" (Atlantic Medical Imaging) website interface. The top navigation bar includes the logo and the text "OPENDR, DORIE" with a dropdown arrow. Below the navigation bar is a blue progress bar with four steps: "SELECT APPOINTMENT", "APPOINTMENT QUESTIONS", "CHOOSE TIME & LOCATION", and "DONE!". The main content area is titled "STEP 1 Select appointment type below." and features a dropdown menu set to "X-Ray: Body > Abdomen". Below the dropdown are two buttons: "I have insurance" (orange) and "I don't have insurance" (white). A text prompt asks the user to "Please select the insurance plan that matches the address on the back of your insurance card." A dropdown menu shows "HORIZON BC/BS". Below this is a large orange "Continue" button. At the bottom, there are three lines of red text providing COVID-19 related instructions. On the right side, there is a "SCROLL DOWN" button and a chat icon.

3. Fill out the patient questionnaire. Depending on what you select you will receive pop-up notices or additional questions. In the following example, by selecting the patient requires “special assistance” two additional questions (6.1) and (6.2) appear to delve further into what the special assistance is and what is required.

STEP 2 Please answer the questions below. This will allow us to offer you the best times and locations tailored to your needs.

1. Is the patient currently pregnant, or is there a possibility the patient may be pregnant?
2. Is the patient from a group home or nursing home?
3. How much does the patient weigh? lbs
4. What is the reason the exam is being ordered?
5. Has the patient had any outside imaging to the body part being scheduled today?

6. Does the patient need any special assistance?

Yes

No

6.1. What type of special assistance does the patient have?

Wheelchair

Requires assistance walking

Hearing Impaired

Vision Impaired

Language Barrier

Intellectually Disabled

Patient will be coming from a nursing home

6.2. Does the patient's special needs require a specific type of assistance from Atlantic Medical Imaging?

Assistance with ambulation

Translation assistance

Other

7. Are you currently experiencing a fever of greater than 100.4, flu-like symptoms, new cough or difficulty breathing?

Yes

No

8. Have you been advised in the last 14 days to self-quarantine as a result of prolonged close contact with a confirmed positive COVID-19 person or travel to an area deemed "high impact" by the state of New Jersey?

Yes

No

9. Have you tested positive for COVID-19 in the last four weeks or are you pending COVID-19 results?

Yes

No

10. Have you had a recent loss of taste or smell?

Yes

No

11. Do you currently have a sore throat or unexplained nausea, vomiting or diarrhea?

Yes

No

Back

Continue

4. Depending on the study chosen there will be final clarification of the exam type you want to book.

Select the study you want to book

X-Ray

CR Abdomen 1 View (KUB)

CR Abdomen 2 Views

Submit

5. Select the location date and time you would like for your appointment and click on it.

OPENDR, DORIEN

SELECT APPOINTMENT | APPOINTMENT QUESTIONS | CHOOSE TIME & LOCATION | DONE!

STEP 3 Select your appointment time. These are the most updated times available for the practice.

Refine your search:

10 Locations available for your appointment

CR Abdomen 2 Views

	Fri AUG 21	Sat AUG 22	Sun AUG 23	Mon AUG 24	Tue AUG 25	Wed AUG 26	Thu AUG 27
 Black Horse Pike 6529 Black Horse Pike Egg Harbor Township, NJ 08234 map				8:40 am	8:55 am	8:15 am	8:15 am
					10:05 am	8:35 am	8:35 am
						12:30 pm	8:55 am
						12:50 pm	9:15 am
							9:50 am
						1:55 pm	9:35 am
							10:10 am
							View additional appointment times
 Brick 455 Jack Martin Blvd Brick, NJ 08724 map				10:20 am	8:35 am	10:50 am	10:15 am
				10:40 am	8:55 am	11:00 am	10:35 am
				10:50 am	9:35 am	11:10 am	10:55 am

SCROLL DOWN

6. Enter your referring doctor's name, insurance information and photos of insurance cards if you have them.



OPENDR, DORIEN

SELECT APPOINTMENT | APPOINTMENT QUESTIONS | CHOOSE TIME & LOCATION | DONE!

STEP 4 Select your insurance and referring provider, then click schedule.

Appointment Summary:
Date: Wednesday, Aug 26, 2020, 08:55 AM
Location: Black Horse Pike, 6529 Black Horse Pike, Egg Harbor Township, NJ 08234
Procedure: CR Abdomen 2 Views

Patient Name: OPENDR, Dorien

Your Referring Physician: Not on list

How are you paying?

Insurance: HORIZON BC/BS (Primary | ID)

Send message:

SCROLL DOWN

7. Clicking edit will allow take you to the following pop-up to add insurance information. Click save and close when done.

Add Insurance ✕

Insurance Carrier	HORIZON BC/BS	Primary	▼
Member ID	Type your member ID	Group No.	Type your group number
Relationship of Guarantor	Self ▼		
Guarantor's Name	DORIEN	Middle Name	OPENDR
Guarantor's Date of Birth	 11/15/1987	Gender	<input checked="" type="radio"/>  <input type="radio"/> 
Insured Employer's Name	Type Employer Name	<input checked="" type="checkbox"/> Not Applicable	

8. With everything completed click the schedule button, and you will be shown the prep instructions for your exam. A copy is also sent to the email you used in setting up your OpenDr account.

Preparation for Appointment ✕

CR Abdomen 2 Views

Dear DORIEN OPENDR,

We look forward to seeing you for your CR Abdomen 2 Views appointment on Wed, 08/26/20 at 08:55 AM.

In order to minimize your time in the office, please fill out your forms before arriving to the office. Please [Click here](#) to complete your paperwork.

The following preparation is required for this exam:

- ✓ Please arrive 15 minutes prior to your appointment time.
- ✓ Please remove all jewelry, piercing, or any metals from your body. We recommend these items be left at home for safe keeping.
- ✓ If you wear a FreeStyle Libre Flash Glucose Monitoring system it must be removed prior to your exam. The exposure may damage the Sensor and may impact proper function of the device which could cause incorrect readings.

Please bring the following with you on the day of your exam:

- ✓ Any prior test results that were **not** performed at Atlantic Medical Imaging relevant to the exam being performed (report & images)
- ✓ Insurance card
- ✓ Photo ID
- ✓ The prescription from your physician for the exam you are having done
- ✓ Co-pay or deductible

Most insurance companies do not require pre-authorization for Xray exams, however we recommend that you confirm this with your insurance company prior to your appointment.

Should you have any questions, do not hesitate to contact us at 609-677-9729.

The physicians and staff thank you for choosing Atlantic Medical Imaging.

We emailed you this information for future reference.

