#### PATIENT MANAGEMENT PROGRAM PUTTING EXPERIENCE INTO PRACTICE

# PMP Version 8010 Download & Installation Instructions with Update Changes



This update requires validation of your PMP license renewal and is therefore only available for download through the PMP Utilities icon on your desktop. In our effort to go green and consider the environment, CD's or USB drives are available upon request only.

# Download

e Double click the PMPs Utilities icon on your desktop. **PMPs** Utilities Click Download Program Update. Enter your 4 Digit PMPw Serial number in the first line. Tab to the next line. Enter the Primary DC's Surname. Click OK. In the Login and Password screen type your User / Serial 4 digit PMPw Serial Number Number. Type the Primary DC's Surname and click OK. Primary DC's Surname APlease Note X The Programme Update has been successully downloaded. To run the update you must 1. Quit out of the Utilities Program. On your Desktop you should find an Icon or Shortcut Labeled "Install PMP". You will see bars move across the bottom of the screen. Once the download is complete, you will see a Please Note screen with 3. Double Click on the ShortCut "Install PMP". instructions. After reading, click OK. 4. When you have finished installing the Update, you may delete the ShortCut by dragging it into the Recycle Bin OK

## Installation

#### Note: Close PMP and do a daily backup.

On your desktop locate and double click the icon InstallPMP.exe or InstallPMP.

Click Next on the Previous Version Uninstallation screen, Next, then Finish.

Close all remaining open windows. Enter PMP as you would normally.

# **Networked Offices**

This update must be installed on all computers running PMP.

#### **Updating Additional Computers**

When PMP is running on more than one computer in your office you will need to install the update on all computers.

You have two options for updating additional computers:

- Download the update on all computers using the desktop PMP Utilities icon. For this option follow the instructions above on all computers running PMP
- Copy the update after downloading to a USB key and run on all computers. For this option download the update as per the previous instruction.
  - 1. Plug a USB key into the server or main computer.
  - Click Start, Computer or My Computer. Locate and double click the C:\ drive. Double click PMPw, Data, and Download. Right click InstallPMP.exe and select Send to: from the menu. Choose your USB key from the list. When complete remove the USB key.
  - Move to another computer in your office and plug the key in. Click Start, Computer or My Computer. Locate your USB key from the list. Double click InstallPMP.exe. Click Next on the Previous Version Uninstallation screen, Next, then Finish. Close all remaining open windows and remove the USB.
  - 4. Follow step 3 above on all remaining computers.



## 8010 Update Changes

This update contains the following features:

- Electronic Submission of Form 8 direct to WSIB
- Regulatory Changes for HCAI
- A search feature for email address

# Electronic Submission of Form 8 to WSIB

PMP allows for the direct submission of WSIB Forms to the TELUS HEALTH (TH) portal. This procedure is completed without the need to access the TH portal.

Here are the benefits for using the PMP for WSIB form submission.

- Patient information transfers from the patient file to WSIB forms
- Forms are made and stored locally on your computer
- Forms are included in PMP backups
- Forms are created without access to the internet. An internet connection is required only to send completed forms.

To facilitate electronic submission of PMP's WSIB forms electronically users are required to:

- Be registered with TH and have a username and password (if you have previously registered your current username and password are valid)
- Have a WSIB Provider ID.

### Setup PMP

From the **Setup** menu, go to **Doctor Defaults**. Choose the practitioner and select **Edit this Doctors Defaults**.

Click the WSIB tab on the left.

Type your *UserName* provided by TH.

Type in your WSIB *Provider ID*. This is either a 9 or 12 digit number. **Note:** this field may already be populated with information pulled from one of your previously completed WSIB forms.

Checkmark Enable WSIB Electronic Form Submission.

Click Accept.

Personal Info	WSIB Details		
Appointment 3ook	UserName	s2sBCuat1F8	
Patient Defaults	Provider ID	123456789012	
Statements			
ChiroWrite			
Activity	Electronic Forms Sul	omission	
Receipts	Enable WSIB Elec	tronic Form Submission	
WSIB			

## Creating & Sending WSIB Form 8's in PMP

#### Accidents

The Accidents section lists all accidents related to this patient. Buttons in this section are:

- New Accident will create a new accident details will be populated after creating a form
- Edit Comments allows you to add a comment to the accident
- Delete will delete an accident if there were no forms created using this accident

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Info 1 Inf	02 P0	o Ups H	lealth (	Comments	s Bill To	iodaA	ntments	Acco	ount / Acti	vitv	WSIB WSI	Bforms	Тенс	MVA
Accidente	S							_		,			L	
Accident	ID Date		Claim Nu	Imber		Comment	ts							
•	129 1-J	ul-2013	849729	949										
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		P	P7	New Acci	dent	F	dit Com	ments	Delete					
Farm Dat	l			1101171001	dom			monto	Delete					
Form Dat	a													
FAF	Form 8	Treatm	ent Ext.(	0148)	Physio T	E(0153A	) UE	Init. As	s.(2864)	UEC	Care/Out.(28	65)	LB Init. As	s.(3238)
LB Car	re/Out(3	239)	LE Init	. Ass.(209	98)	LE Care	e/Out.(20	99)	MTBI I	nit. As	s.(3240)	MTB	I Care/Ou	t.(3241)
Shoulder	Ass. (2	522) Sh	oulder O	ut (2524)	Progre	ss Repor	t (26)							
Accident	Form	Form	WSIB SI	tatus	WSIB	ation		C	Comments		Date	Draft/ Einal	Invoice	
▶ 129	9 112	Form8	Submit	tted	10003	5620201	3082211	0021			22-Aug-201	Final	1012	
129	9 110	Form8	Submit	tted	10003	5620201	3082210	4229			22-Aug-201	Final	1010	
	<	r	r: E	dit Comm	ents E	dit Vie	ew / Prin	t De	lete 'Draft'		Submit For	m8 to \	NSIB	Print Log
Send this Next	patient f Previou	to CW S Save	Cance		New Patie	ent		Sear Last	ch for a F name	Patien1 Numbe	t <b>by</b> First nar	me (	Other	Continu
ess F2 to ac	dd an ap	pointment	t, or pre	ess F10 to	process a	n activity								

#### Form Data

All forms required by WSIB are created by clicking the appropriate button. The table below the report buttons are forms created for this patient. Below your forms are buttons that offer additional functions for your forms:

- Edit Comment allows you to add comments to a form
- Edit allows a *Draft* form to be edited
- View / Print will open the Ace Viewer and display your form
- Delete 'Draft' allows you to delete Drafts. Note: Final forms cannot be edited or deleted.
- Submit Form8 to WSIB will electronically send your Finalized form to TH
- Print Log offers a report detailing the status of electronically submitted Form 8's.

#### Completing the Form 8

Click onto the **New Accident** button if you do not have an existing accident for the patient or if your patient has had a new accident. Read the message boxes; click **Yes**, then **OK**.

Click the Form 8 button.

SIB Health Professional's	Report (Form 8)							
✓ Section A	B-C1 🗸 C2	✓ C3-C4	× D1-D3	<b>√</b> E	✓ F1-F2	√ F3-	F4	
Claim Number								
Claim Number 84972949	Date of Birth 11/07/1965	• Date 01/07	of Accident 2013	¥ So	cial Ins. No.			
A. Patient Inform	nation							
Last Name					Initial	First N	ame	
Love					С	Amy		
Address						L	anguage	Other Language
1001 Bay St, #2	214					E	nglish -	
City		Province			Postal Cod	e Te	elephone Number	Gender
Thornhill	_	Ontario		•	L4K 7J8		(905) 967-1238	Female 👻
Employer/Com	pany Name					Jol	o Title/Occupation	
Go Transit						tec	hnician	
Test Form			Ca	ncel	Save as	'Draft'	Save for WSIB su	ubmission (unalterable)

The form will open with the sections in tabs across the top. Click on any tab to go to the specific part of the form. Many fields will be populated with information pulled from the patient file.

Patient information fields can be edited and the changes will be reflected in the patient information field containing the original information. For example, if you change the telephone number in Section A the change will reflect on the Patient Information Info 1 tab.

The fields contained in WSIB forms will require the use of calendars, drop down selections, check boxes, and typing. The printed forms will replicate WSIB produced forms.

WSIB and TH have specific rules that must been followed when completing forms for electronic submission. These rules have been incorporated into PMP forms to avoid rejection.

#### **Additional Buttons**

The bottom portion of the form contains the following buttons:



- **Test Form** when pressed will mark a red 'X' on the tabs signifying incomplete parts of the form and highlight required fields in yellow.
- **Cancel** closes the form without saving and brings the user back to the WSIB forms tab.
- Save as Draft will save all information input so far allowing you to edit or complete the form at a later time
- Save for WSIB (unalterable) saves the form in an unchangeable format. Use this button only when you are sure all the information is complete and correct.

Click **Test Form** to locate required areas of the form that are incomplete. Tabs where validation rules fail will be marked with a red 'X'. Fields will be highlighted in yellow. Move your mouse over yellow fields to produce a hint. Once a yellow field has been completed the colour will return to normal by clicking **Test Form** again. Check all parts of the form to make sure that pre-populated fields are correct for your patient.

If you are unable to complete the form click **Save as Draft.** The form will be saved as a Draft on the main WSIB forms tab.

Click **Edit Comments.** Type a comment about the status of the form or missing information on the form. Click **OK**. The comment will now be added to the form description.

To add additional information to a form click the draft form in the list followed by **Edit**. When the form is complete click **Save as WSIB Submission (unalterable).** 

*Final* and *Submitted* forms cannot be edited or deleted; we recommend printing draft forms and double checking for accuracy before finalizing.

#### Submitting the Form 8

Once the form has been *Finalized* the **Submit Form8 to WSIB** button will become active. Make sure that the form for submission is highlighted by selecting the line. Click **Submit Form8 to WSIB**.

Form Data	2									
FAF	orm 8	Treatm	ent Ext.(0148)	Physio TE(01	53A) UE Init	Ass.(2864)	UE Care/Out.(2	2865) LE	3 Init. Ass	.(3238)
LB Care	e/Out(32	239)	LE Init. Ass.(20	98) LE	Care/Out.(2099	) MTBI In	nit. Ass.(3240)	MTBI	Care/Out.	(3241)
Shoulder A	Ass. (25	522) Sh	oulder Out (2524)	Progress R	eport (26)					
Accident ID	Form ID	Form Type	WSIB Status	WSIB confirmation		Comments	Date	Draft/ Final	Invoice Number	<b>^</b>
• 130	111	Form8	Ready to Submi				22-Aug	-201Final	1011	
										E
r<	<		Edit Comm	nents Edit	View / Print	Delete 'Draft'	Submit F	orm8 to W	SIB Pi	rint Log

A pop up will appear requesting your password. Input the required information.



*Be patient.* A communication screen will appear with details from TELUS HEALTH regarding the submission. **Read the screen**.

The screen below contains confirmation the form was submitted successfully.

0 WSIB submision test application v0.3
Log
2:16:44 pm - pmpWSIB intializing to send form 113 from Pat.# 54 2:16:44 pm - Created XML version of the form 8. 2:16:44 pm - Submitting form to WSIB 2:17:01 pm - Received response from WSIB 2:17:01 pm - Parsing response from WSIB 2:17:01 pm - Submit successful. Received Confirmation from WSIB
10003562020130823021542
2:17:01 pm - Writing to log and updating PMP

This screen contains information that 1 error was found. The form must be corrected and resubmitted.

O WSIB submision test application v0.3	
Log	
2:25:17 pm - pmpWSIB intializing to send form 111 from Pat.# 75 2:25:17 pm - Created XML version of the form 8. 2:25:17 pm - Submitting form to WSIB 2:25:18 pm - Received response from WSIB 2:25:18 pm - Parsing response from WSIB 2:25:18 pm - Submission contains 1 errors	
2:25:18 pm - Writing to log and updating PMP	

The WSIB submission screen will disappear after a few moments.

Once back on the WSIBForms tab your Form 8 will show either Submitted or Submit Errors.

Accident ID	Form ID	Form Type	WSIB Status	WSIB confirmation	Comments	Date	Draft/ Final	Invoice Number
121	109	Form8	Submitted	10003562020130823112340		23-Aug-20	<b>Final</b>	1009

	Accident ID	Form ID	Form Type	WSIB Status	WSIB confirmation	Comments	Date	Draft/ Final	Invoice Number
•	130	111	Form8	Submit Errors			22-Aug-201	Draft	1011

## Log Report

Beside the Submit Form8 to WSIB button you will see a Print Log button.

ļ	Filter by this Patient only		(V)	Filter by Date		
	Love, Amy	•		Date From	Today	
				24-Jul-2013	•	
					Date To	
				23-Aug-2013	•	
	Filter by Cubminsion Cussons	Post suday		1		
	Filter by Submission Success	Sort order				
	All Submissions	order by Patient Name				
	Failed Submissions	order by Patient Numb	er			
	Successful Submissions	Date Ascending				

The report offers filter options to assist in locating the information required.

Note: This log is also available under the WSIB menu from the main appointment book.

To determine the reason for a Submit Error choose to filter the response by *Failed Submissions*.

Fri, 23 Filtere	Aug 20 ed by Pa	13 tient; Date; Fail	ed Submission	WSIB Sub	mission	Log	Date From: Date To:	14-Aug-2013 23-Aug-2013	Page No. 1
Sent	Error	Date	Time	Form ID	Pat. No.	Patient Name		WSIB Username	Confirmation
√	~	Aug 14, 2013	1:53:12 PM	107	18	Llovd, Bradlev		s2sBCuat1F8	
203	Occupat	ion on CLINICA	L is not allowed	to contain	character(s	) '&' . Please rem	ove the character(	s).	
$\checkmark$	~	Aug 14, 2013	1:38:04 PM	106	18	Lloyd, Bradley		s2sBCuat1F8	
302	The clair	m number 1234	5678 is not valid	ł					
√	~	Aug 14, 2013	1:19:00 PM	105	18	Lloyd, Bradley		s2sBCuat1F9	
301	Login au	thorization faile	d						

Read the highlighted line to determine the reason for the rejections.

Close the log and select the Edit button to return to the form. Correct the cause for the rejection.

Resubmit the form.



## **HCAI Regulated Changes**

Effective November 4, 2013, Acupuncturists, Kinesiologists and Traditional Chinese Medicine Practitioners (TCMPs) will be recognized as Regulated Health Professionals in the HCAI system

These practitioners will be able to sign part 5 of the OCF 18 as of the effective date. Facilities that include these types of practitioners must update the practitioner information in HCAI to show the new regulated professions for existing providers.

#### Updating a Providers Profession

Access the HCAI website from your internet browser at www.hcai.ca and login.



Click the Manage tab at the top of the screen and click Facility Management on the lower tabs.

			2 - User Manual	
PLANS INVOICES SE	ARCH MANAGE			
Search for Patient L	ast Name	in All Forms 👻 🗹 Exact Match	30	LOGOU
		ACCHIENT	Welco	me Lauren to HC
	FACILITY MAN	AGEMENT		0012/10/0
				2013/10/2
s your facility (practice/clinic) go	bing to change its name?			
your facility plans to legally change	e its name vou must complete	the steps below. All previously submittee	forms will remain on th	e system and will
e viewable under the previous nam	e, draft forms and newly sul	bmitted forms will have the new facility na	ime,	
. Go to www.hcalinfo.ca, click on "	"Health Care Providers" and t	hen click on "Forms". Download and comp	plete the Name Change	Form.
Fax the completed form to HCAI.				
. The person who has been assign	ed the role of Facility Adminis	strator should log-in and change the Facili	ty Name in the Facility M	lanagement Tab.
I. The person who has been assign iny information edited and not saved	ed the role of Facility Adminis I will be lost if navigating to a	strator should log-in and change the Facili mother page.	ty Name in the Facility M	anagement Tab.
<ol> <li>The person who has been assign iny information edited and not saved IOTE: All fields with an asterisk (*) and</li> </ol>	ed the role of Facility Adminis I will be lost if navigating to a e required.	strator should log-in and change the Facili mother page.	ty Name in the Facility M	anagement Tab.
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. Ine person who has been assign my information edited and not assee OTE: All fields with an asteriak (*) an ovider successfully updated acility Details Facility Number * Facility Number * Facility Number * Corporation Number * Address Line 1:	ed the role of Facility Adminis will be lost if navigating to a required. 42657 PMP Department 20 Victoria St	strator should log-in and change the Facili nother page. * Facility Start Date: Facility End Date: AISI Facility Number: * Telephone: Fax:	2010/05/14 21123 (410) 860-4162 (410) 860-9857	anagement Tab.
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I. The person who has been assign wy information addited and not save ADTE: All fields with an asterisk (*) an rovider successfully updated Status; Facility Details Facility Number; * Facility Name; Corporation Number; * Address Line 1: Address Line 2: * Cty;	ed the role of Facility Administ I will be lost if navigating to a energy/roled 42067 [PMP Department 20 Victoria St [Intrainsauga	strator should log-in and change the Facilit nother page. * Facility Start Date: Facility End Date: AISI Facility Number: * Telephone: Fac: Default Per-km Rate (S/km):	2010/05/14 2010/05/14 123 (416) 860-4162 (416) 860-0857	anagement Tab.
5. Ine person who has been assign wy information edited and not save NOTE: All fields with an asterisk (*) an rovider successfully updated Facility Details Status: Facility Name: * Facility Name: * Corporation Number: * Address Line 1: Address Line 2: * City: * Province:	ed the role of Facility Administ I will be lost if navigating to a er required. 42067 PMP Department 20 Victoria St Mitsissauga ON - Ontario	* Facility Start Date: * Facility Start Date: Facility End Date: AISI Facility Number: * Telephone: Default Per-km Rate (Skm):	2010/05/14 21123 (418) 800-4182 (418) 800-0857	anagement Tab.

Scroll to the bottom of the screen. Locate and click the provider.

**Note:** Practitioners who hold dual designations (e.g. a provider who is a Chiropractor and Regulated Acupuncturist) should have their name listed twice in the Provider Name list. Make sure to locate the correct provider profile from the list. Clicking the name will list the profession.

				(2 - Une Man	
PLANS INVOICES SEARCH	MANAGE			( - User manu	<b>.</b>
Search for Patient Last Na	me	in All Forms 💌	Exact Match	GO Advanced	Loc
USER MANAGEMENT REPORTS	FACILITY	MANAGEMENT			Welcome, Lauren, to
					2013/1
					2010/1
acility Registration > <u>PMP Department</u> > P	rovider Registrati	on			
Provider Details					
Fill in the fields to add or edit a provider in	HCAI. Once a pro	ovider is added, the First N	ame and Last Name	e fields will not be	editable.
NOTE: All fields with an asterisk (*) are requ	Jired.				
	Status: Approve	ed			
* Fir	st Name: Elizabe	th			
*La	st Name: Hurley				
Default Hourly Ra	te (S/hr):				
* Sf	art Date: 2010/1	1/19	×		
E	ind Date:				
Profession Details					
Select the provider's profession and enter	the provider's regi	stration number. Once add	led the Profession	and Registration	ber fields will not be
editable.	nie providers regi	and the manufact of the add	101231011	and registration	
					ADD PROFESSION
P	rofession	Registration Nur	nber		
		122558			
N	aturopath				

Select ADD PROFESSION.

Click the drop-down arrow beside Please Select a Profession and select the newly regulated profession from the list. Type the registration number into the applicable field.

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MP Department			-	HCAO
PLANS INVOICES SEARCH M	ANAGE		? - User Manua	
Search for Patient Last Name	in All F	orms 💌 🗹 Exact Match	GO Advanced	LOGOUT
USER MANAGEMENT REPORTS FA	CILITY MANAGEMENT			Welcome, Lauren, to HCA
				2013/10/2
Facility Registration > PMP Department > Provider R	legistration			
Provider Details				
Fill in the fields to add or edit a provider in HCAI. Or	nce a provider is added, th	e First Name and Last Nam	e fields will not be e	ditable.
NOTE: All fields with an asterisk (*) are required. Status:	Approved			
* First Name:	Elizabeth			
*Last Name:	Hurley			
Default Hourty Bata (S/hr):				
Solution in the carrier of the carri	0040/44/40			
- Start Date:	2010/11/19			
End Date:				
Profession Details				
Profession Details				
Select the provider's profession and enter the provider	Jer's registration number.	Once added, the Professio	and Registration Nu	mber fields will not be
editable.				ADD PROFESSION
Drofoss	0.0	Registratio	n Number	
Protess	ion ath	Constratio	n wumper	
DELETE Accurate	sui	000037	-	
DELETE	unst (Regulated)	9998877		
	CANCEL	SAVE		
	0.00		-	
	⊜ 20	13 Health Claims for Auto Ir	surance Processing	Privacy   Change Passwo

Click Save.

Close all windows.

On your desktop locate and open PMPHCAI.



Select the Other menu and click Get Facility Info. This will connect your PMP to HCAI and update your provider information in PMP. Make sure to close and reopen PMP so that your changes are reflected.

n PMP HCAI	electronic data interchange, v8.0.0.0	- • • × •
File Reports	Othes Loop Get Facility Info Assign Provider ID's to PMP doctors Get Activity List	
Previ	iew Submission Connect to HCAI	ОК



## **Email Search Feature**

A search feature has been added that allows you to locate a patient by their email address. This is effective when an email has been rejected and you are unable to determine who the patient is by their address.

The feature is part of the Search for Patient by options available in the Patient Information screen.

Select Other.

Pat No. Doctor of Record T Daniel David Palmer, DC #1234 Preferred Location Clear				Ph • ®	Phone Numbers • Priority • Home (905) 731-0702		Patient Type Cash Patient Categ	Patient Type Cash  Patient Category	
First Name	Last Nam	e			Work -		MVA	•	
Adrienne	Linton	•		0	(416) 622 2000	Ext	Payment Type	,	
					(410) 033-3000		Cash	•	
Address Street & Apartment or Unit #				Ð	test -	Ext	Default Code		
1 Hook Avenue	it of office					LAC		• Clear	
							Payment Type Cash Default Code Flags 2 Active A/R Type MVA		
City	Provi	nce	_	Ð	•	Ext	2		
morninii							Active	V	
Postal Code	Country								
L4J 5K9									
Referrals					×				
Referral Method	Referred By	Patient		Ma	iden Name		A/R Type		
	<ul> <li>Dr. Mary Sm</li> </ul>	ith					MVA	•	
Date of Birth	A.c.e.	Cav			Related I	Patients	Send Statement	s To	
06-08-1974	✓ 39	Female	-		L		Patient	•	
and this nationt to CIA							1		
benu uns patient to CVV					Search for a Pat	ient by			

Click the radio button to the left of eMail. Type the email, or part of the email address into the search field.

PMP will list all files containing the typed information. Double click the patient name to access their file.

© SI	SIN O Postal Code		© EHC 2 @ eMail				
O Bi	II To / Employer none Number	<ul> <li>WSIB Claim #</li> <li>EHC 1</li> </ul>	MVA Health Insures	ance			
eric			Se	arch Now			
Pat #	Name	Address		City	Home Phone	Email	
5	White, Eric	819 Nest	itt Drive	Mississauga	9055677567	ericwhite@yahoo.ca	
	Mastan Frie	657 Eator	Way	North York	4165900053	eric@gmail.com	