

Email and/or Text Document Requests

Document Requests may be sent to patients with a scheduled appointment. We will now have the ability to request a **Driver's License**, **Insurance Cards** (front and back), **Consent Form**, and **Demographics Form**. The patient will receive an Email and/or Text message with a link to a secure conversation.

Example Email:

HELLO GRACE

Hi GRACE. Please click the secure link below to see an important message from your health care provider.

[https://link.edgepilot.com/s/9bd884a8/vqOIkSiq_0Gy2WRuAZO_YQ?
u=https://webprod.qliqsoft.com/short/r6DY5z0yF?t=cl%26r=5551783](https://link.edgepilot.com/s/9bd884a8/vqOIkSiq_0Gy2WRuAZO_YQ?u=https://webprod.qliqsoft.com/short/r6DY5z0yF?t=cl%26r=5551783)



For questions regarding this message contact support@qliqsoft.com

[Unsubscribe](#)

?? 2022 QliqSOFT, Inc. All rights reserved.



Submitting Documents

Once you receive the document request email or text, you will select the link to be directed to a conversation similar to the one below. The requested document type will be in the conversation. You will select **Fill in the Form** at the bottom of the screen to continue.



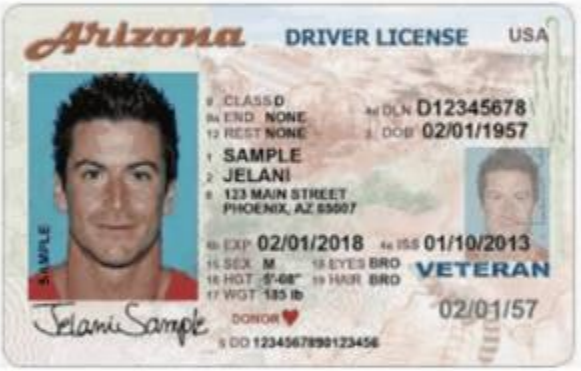
Driver's License/I.D. Card

If a Driver's License/I.D. Card was requested, the following screen will appear once the Fill in the Form is selected. You will take a picture of the front of your Driver's License/I.D. Card by selecting the **Camera Icon**.


<  Fill In Form 


Drivers License

Please provide us a picture of your drivers license.

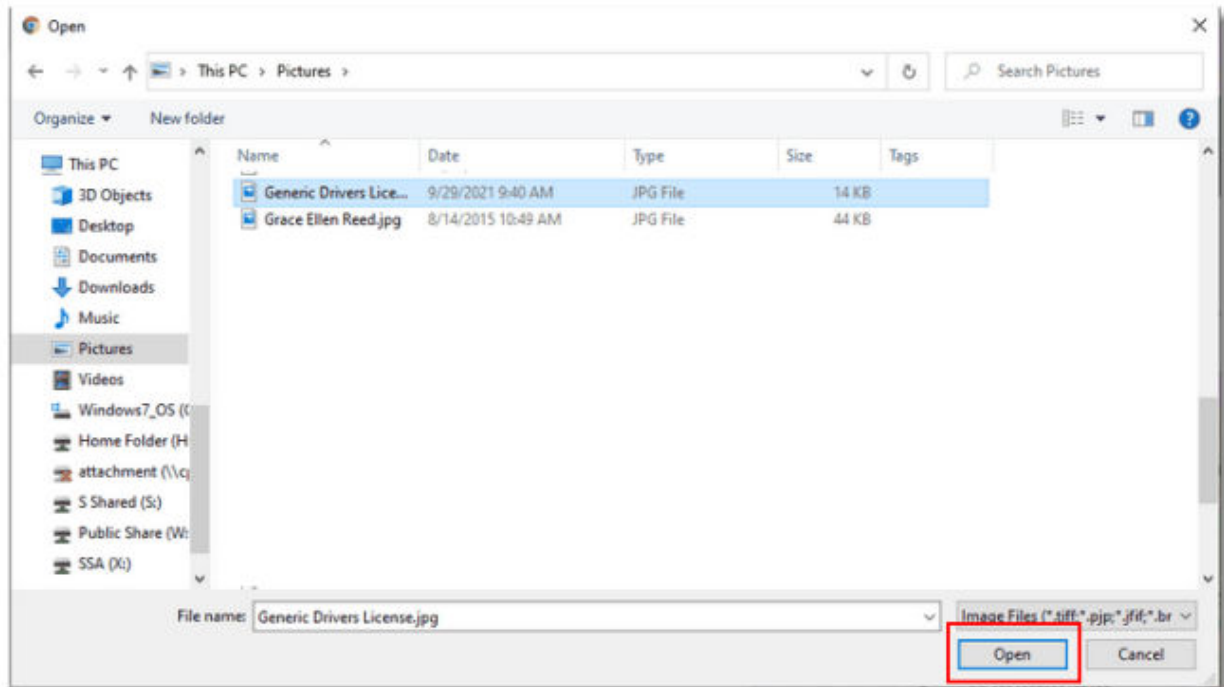


Please take a picture of the front of your Drivers License:





If this is being done from a laptop or PC, the file browser will open to search for and select the appropriate file. If being done from a smart phone, a picture may be taken straight from the phone.



A preview of the picture will display. If the picture is not legible or the wrong picture was uploaded, you may select **Remove File** to then go back to take another picture or upload a new one. If the picture is correct, you will then select **Submit**.





The screen will then return to the conversation. If there are other documents needing to be submitted, the conversation will continue asking for the additional documents. If nothing else needs to be submitted, the conversation will end.

Insurance Card

If an Insurance Card was requested, a conversation similar to the one shown below will display. You will select **Fill In The Form** to continue.




The following screen will appear once Fill In The Form is selected. You will first take a picture off the **Front** of their **Insurance Card** by selecting the **Camera Icon**.

<  **Fill In Form** 


Insurance Card

We would like to capture an updated photo of your insurance card.
Please take a picture of the **FRONT** of your insurance card.




HealthPartners
ID: 99999999 Group: 0001 Renewal Mo: January
Name: JANE K DOE
Care Type: HealthPartners Open Access
Office Visit: \$0.00
Urgent Care: \$0.00
Convenience Care: \$0.00
Address: 103000 AVONDALE 24002
healthpartners.com

Take a picture of the **FRONT** of your insurance card:





Please take a picture of the **BACK** of your insurance card.





BACK
www.horizonblue.com
Member Services: 1-800-333-1343
Behavioral Health Services: 1-800-333-2712
Pharmacy Member Services: 1-800-333-2888
Dental Services: 1-800-333-2888
Vision Services: 1-800-333-2888
Primary Care: 1-800-333-2888
Advanced Behavioral Health: 1-877-688-6278
Pharmacy Benefits: 1-877-688-6278
© 2017 by Horizon Healthcare and not to be used.

Please take a picture of the **BACK** of your insurance card:






Repeat the same process for the **Back** of the **Insurance Card**.

<  **Fill In Form** 


Insurance Card

We would like to capture an updated photo of your insurance card.
Please take a picture of the **FRONT** of your insurance card.




HealthPartners
ID: 99999999 Group: 0001 Renewal Mo: January
Name: JANE K DOE
Care Type: HealthPartners Open Access
Office Visit: \$40.00
Urgent Care: \$40.00
Convenience Care: \$40.00
Address: 8000000000000000
headpartners.com
GAP Open Access Copay Plan

Take a picture of the **FRONT** of your insurance card:
[Remove file](#)




Please take a picture of the **BACK** of your insurance card.



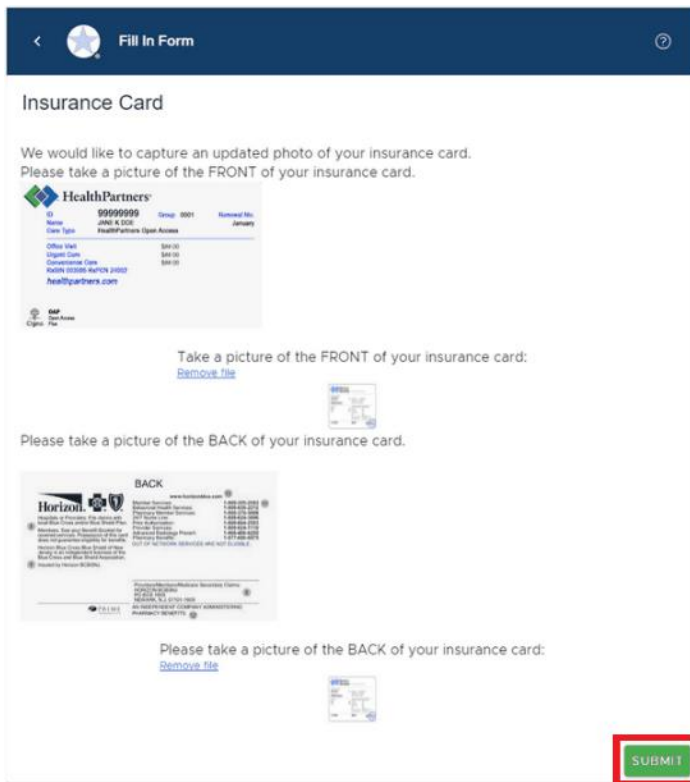
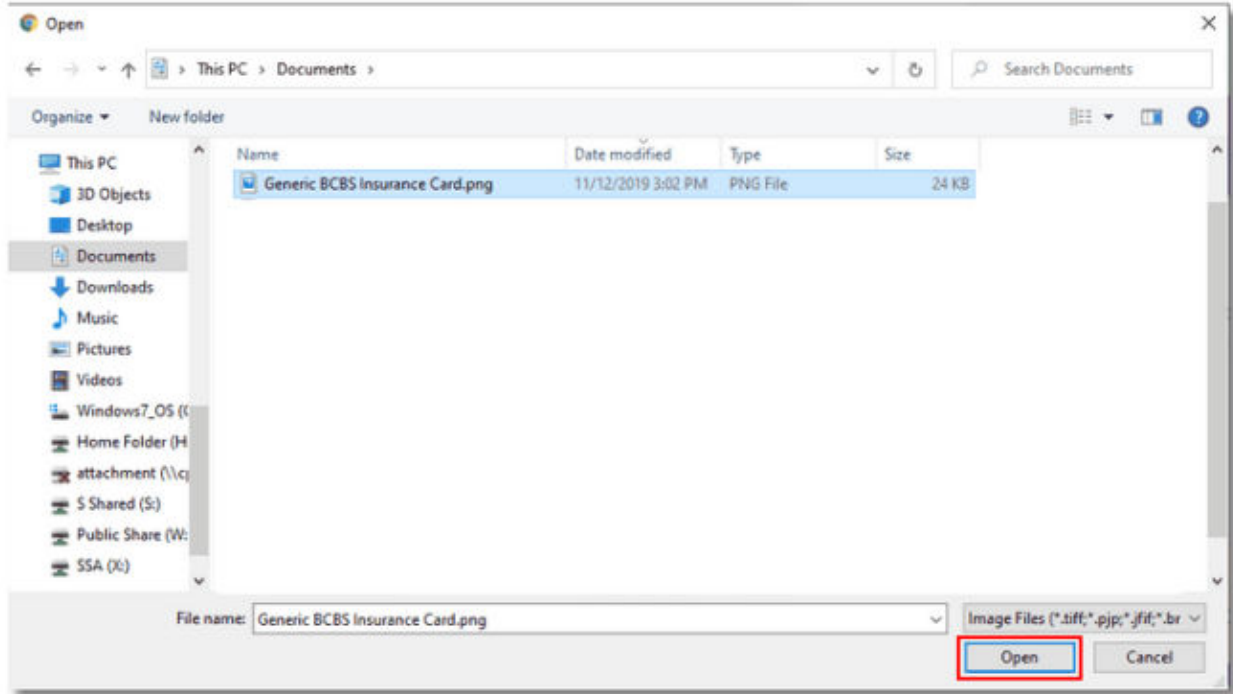
BACK
Horizon
Horizon of Providers, the plans with
level Blue Cross and Blue Shield Plans
Member: See your Benefit Booklet for
coverages, exclusions, limitations of the plan
and all pertinent eligibility for benefits.
Member who uses Blue Shield of New
Jersey is not eligible for benefits of the
Blue Cross and Blue Shield Association.
Issued by Horizon BCBSNJ
www.horizonblue.com
Member Services: 1-800-800-0000
Behavioral Health Services: 1-800-426-2272
Customer Support Services: 1-800-476-0000
24/7 Care Line: 1-800-426-0000
Plan Information: 1-800-426-1111
Member Education: 1-800-426-1111
Behavioral Health Support: 1-877-686-6876
PHYSICIAN SERVICES AND NOT TO SCALE
Horizon Medical/Pediatric Secondary Center
6000 Parkside Drive
Middletown, NJ 07940
401-938-6000 ext. 3333
Member ID: 8000000000000000

Please take a picture of the **BACK** of your insurance card:



SUBMIT

If this is being done from a Laptop or PC, the file browser will open to search for and select the appropriate file. If being done from a smart phone, a picture may be taken straight from the phone.



Once both images have been captured, select **Submit**.

The screen will then return to the conversation. If there are other documents needing to be submitted, the conversation will continue asking for the additional documents. If nothing else needs to be submitted, the conversation will end.

Consent/Demographics Forms

If a form was requested to be filled out, along with a signature, a conversation similar to the one shown below will display. You will select **Fill In The Form** to continue.



Once **Fill In The Form** is selected, you will read through and fill in the form. To sign the forms using a **laptop** or **PC**, you will use your **cursor** to input your signature in the **Patient Signature** field. If you are using a **smart phone**, you will use your **finger** to sign in the field.

Fill In Form

Patient Consent Form

This is consent form

Patient Signature: CLEAR

Grace Reed

Type your name:
Grace Reed

Date/Time: 9/29/2021 Time 01:44 PM

Relationship to the patient:

Patient
 Parent/Guardian
 Other

SUBMIT

If the signature is not captured correctly, **Clear** may be selected to start over. Additional information may be asked at the bottom of the screen and will need to be filled out according to who is filling out the form. Once all information has been entered, you will select **Submit**.

The screen will then return to the conversation. If there are other documents needing to be submitted, the conversation will continue asking for the additional documents. If nothing else needs to be submitted, the conversation will end.