



CARELINK DATA INTEGRATION GUIDE

This guide will be used to direct your organization in compiling the data required to get your practice's instance of CareLink set-up. You may provide the data in any electronic format you wish or use the data configuration Excel file.

The configuration file can be found at: <http://mymobilepracticemanager.com/documents.php>

The following data tables are required. All data of each table is required unless marked otherwise.

0. Company Name

- Name
- Address
- City
- State
- ZIP
- Phone
- Fax
- Website

1. Providers* (Please include a signature using the CareLink Provider Signature Form, Required if Collaboration Module is Purchased)

- Name
- User Name
- Email Address
- Phone
- Credentials
- NPI Number (Optional)

2. Office and Medical Staff

- Name
- User Name
- Email Address
- Profile Type (Allowed: System Administrator, Office Staff, Medical Assistant, Marketing)

The following data tables are optional. All data of each table is required unless marked otherwise.

3. Patient Information*

First name
Middle Name (Optional)
Last Name
Birthdate
Gender
Address
Address Line 2 (Optional)
City
State
Zip Code
Home Phone
Email address (optional)
Facility (Optional)
Practitioner (Optional)
Patient Notes (Optional)
Last Visit (Optional)

* Patient information may generally be provided in any format and we can create the data file for you

4. Facilities * (Only Required if Collaboration Module is Purchased)

Facility Name
Address
City
State
ZIP
Phone
Fax
Email
Facility Username
Facility Initial Logon Password

5. Practice Insurances Accepted * (Only Required if Collaboration Module is Purchased)

Insurance Carrier
Prior Authorization Required (Allowed: Yes, No)

6. List of Referring Specialists* (Only Required if Collaboration Module is Purchased)

Name

Address

City

State

ZIP

Fax

Email

User Name

Type (Allowed: Home Health, Hospice, Primary Care, Psychologist, Social Services, Wound Care, Cardiologist, Neurologist, Urologist, Gastroenterologist, Nephrologist, Endocrinologist, Pulmonologist, Durable Medical Equipment (DME), Other, Hematologist, Oncologist, Dermatologist, Rheumatologist, Orthopedic, Podiatrist, Vascular, Eye, Dentist, ENT, General Surgeon, SNF's, Hospital admission, Hospital Medical Records, Insurance, Pain, Physical Therapy, Pharmacy, Radiology, OB GYN)

7. Collaborating Physician* (Only Required if Home Health Module is Purchased)

Name

User Name

Credential

Phone

Fax

Email

8. Marketing List of Companies* (Only Required if Marketing Module is Enabled)

name

address

city

state

zip

phone

number of beds (Optional)

fax

notes

website

type (Allowed: Assisted Living Home, Skilled Nursing / Rehab, Hospital, Insurance Company, Retirement Home, Other, Hospice, Medical Provider, Home Health)

