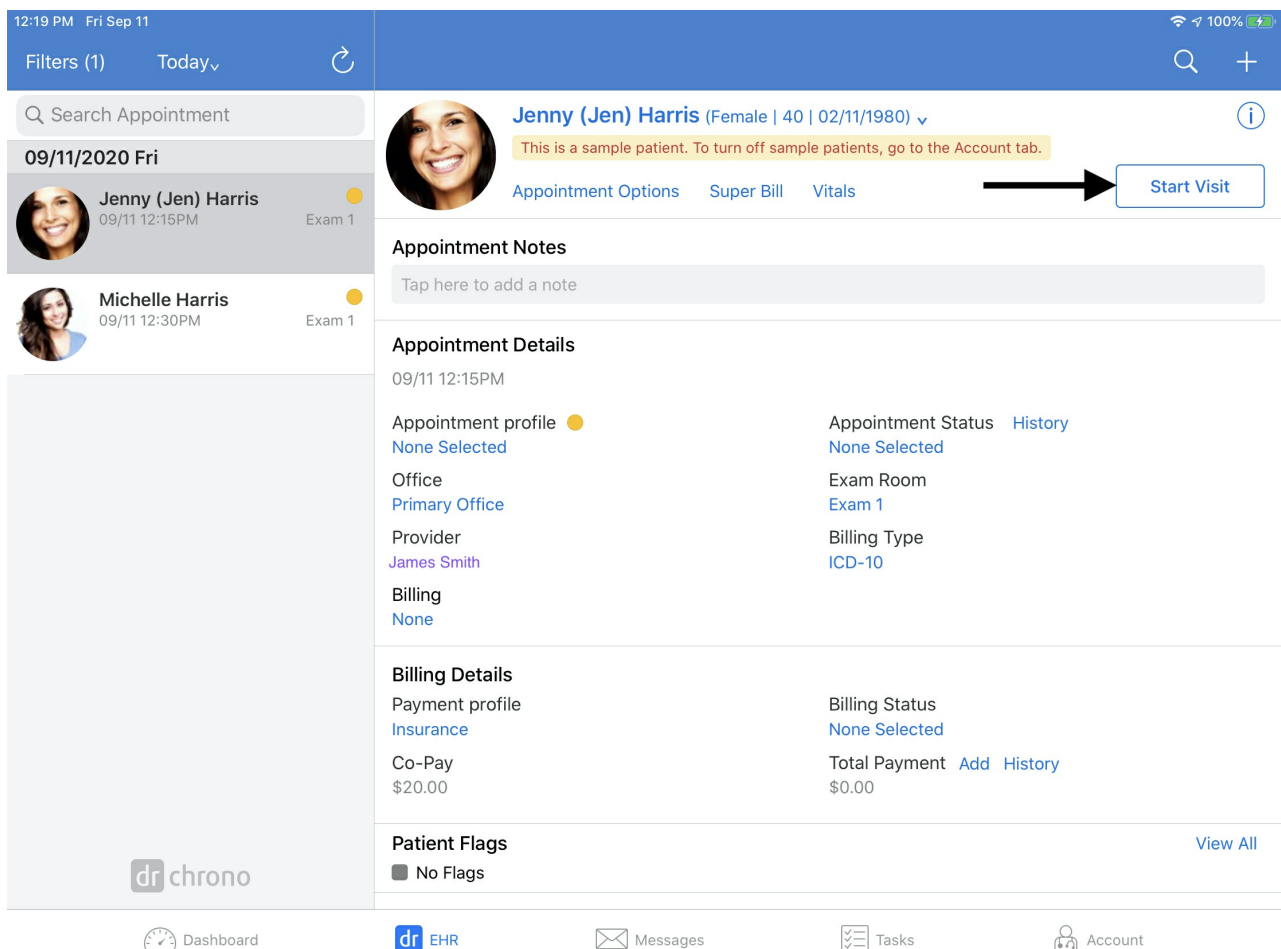


# Using the Save Section Feature to Add Signatures to Forms on the iPad EHR App

07/24/2024 10:16 pm EDT

You can use the **Save Section** feature to add signatures to forms on DrChrono's EHR iPad app.

1. To begin, tap on **Start Visit** to navigate to the clinical note for the visit.



2. Select the form you would like to add the signature(s) to navigate to the Menu (



) and select **Save Section**.

Close    Include in Note     Copy Other Note    🔍    +

Visit    Patient    History

David (Demo) Bishop ( Male | 47 | 06/24/1973 )  
 CC Chief complaint

Lab Order Health Gorilla

Commercial insurance agreement

**NOTICE OF INSURANCE COVERAGE AND FINANCIAL RESPONSIBILITY**

Notification date (today)     Patient name

Insurance carrier (from PT chart)     Insurance carrier

Policy/Subscriber #: (from PT Chart)     Policy / subscriber #

Date we verified coverage     Provider reference

**BELOW IS THE INFORMATION THAT WAS QUOTED TO US BY YOUR CARRIER, ANY QUESTIONS REGARDING THE ACCURACY OF THIS INFORMATION YOU SHOULD CONTACT INSURANCE CARRIER PHONE NUMBER LOCATED ON THE BACK OF YOUR INSURANCE CARD. PLEASE READ THE INFORMATION BELOW CAREFULLY.**

TYPE OF COVERAGE     Type of coverage (freetext)

Benefits for (choose one)

Inline Workflow     This will change all single and multiple selects into inline selection items.

Cache Billing Code Search     When you search for billing codes, it will cache the results for your next search.

3. Select **Sign** in the top right of the screen.

11:55 AM Thu Nov 12    100%

Close    Save Section    Save to PT History

Commercial insurance agreement    ✕    **Sign**

**DrChrono**

**Patient:** David (Demo) Bishop    **DOB:** 06/24/1973    **Sex:** M  
**Provider:** James Smith    **Visit:** 11/12/2020 4:45PM    **Chart:** BIDA000001  
**Office:** Primary Office (HQ)    **Address:** 10475 Little Patuxent Pkwy, Columbia, MD, 21044

**Commercial insurance agreement :**

**NOTICE OF INSURANCE COVERAGE AND FINANCIAL RESPONSIBILITY**

**Date of Notification:** 11/12/2020  
**Patient name:** David (Demo) Bishop  
**Insurance carrier:** FL BCBS  
**Policy/Subscriber #:** FAKEID2511  
**Date we verified coverage:** 11-11-20

**BELOW IS THE INFORMATION THAT WAS QUOTED TO US BY YOUR CARRIER, ANY QUESTIONS REGARDING THE ACCURACY OF THIS INFORMATION YOU SHOULD CONTACT INSURANCE CARRIER PHONE NUMBER LOCATED ON THE BACK OF YOUR INSURANCE CARD. PLEASE READ THE INFORMATION BELOW CAREFULLY.**

3. Tap on the (



) icon and select **Other Signatures**.

11:55 AM Thu Nov 12 100%

Close Move Draw Save

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**DrChrono**

	<b>Patient:</b> David (Demo) Bishop	<b>DOB:</b> 06/24/1973	<b>Sex:</b> M
	<b>Provider:</b> James Smith	<b>Visit:</b> 11/12/2020 4:45PM	<b>Chart:</b> BIDA000001
	<b>Office:</b> Primary Office (HQ)	<b>Address:</b> 10475 Little Patuxent Pkwy, Columbia, MD, 21044	

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**Commercial insurance agreement :**

**NOTICE OF INSURANCE COVERAGE AND FINANCIAL RESPONSIBILITY**

**Date of Notification:** 11/12/2020  
 Patient name: David (Demo) Bishop  
**Insurance carrier:** FL BCBS  
**Policy/Subscriber #:** FAKEID2511  
**Date we verified coverage:** 11-11-20

**BELOW IS THE INFORMATION THAT WAS QUOTED TO US BY YOUR CARRIER, ANY QUESTIONS REGARDING THE ACCURACY OF THIS INFORMATION YOU SHOULD CONTACT INSURANCE CARRIER PHONE NUMBER LOCATED ON THE BACK OF YOUR INSURANCE CARD. PLEASE READ THE INFORMATION BELOW CAREFULLY.**

TYPE OF COVERAGE: Commercial  
**Benefits for:** Physical Therapy

**Policy Limitations**

Create Signature

Other Signatures

Clear Document

4. Next select the signature: provider, patient, or witness.

Close

Move

Draw

Save

### DrChrono



**Patient:** David (Demo) Bishop  
**Provider:** James Smith  
**Office:** Primary Office (HQ)

**DOB:** 06/24/1973  
**Visit:** 11/12/2020 4:45PM  
**Address:** 10475 Little Patuxent Pkwy, Columbia, MD,  
**Sex:** M  
**Chart:** BIDA000001

### Comments

### NOTICE

### Date of N

Patient na

### Insurance

Policy/Su

Date we v

### BELOW I

REGARD

PHONE NUMBER LOCATED ON THE BACK OF YOUR INSURANCE CARD. PLEASE READ THE INFORMATION BELOW CAREFULLY.

TYPE OF COVERAGE: Commercial

Benefits for: Physical Therapy

### Policy Limitations

Close Signature Save

Provider Signature

James Smith

Provider Signature

Patient Signature

Witness Signature

Clear

CTIONS  
E CARRIER



Clear Document

5. Once the person is selected, the signature can be added. Tap **Save** when finished.

Close

Move

Draw

Save

DrChrono



Patient: David (Demo) Bishop  
Provider: James Smith  
Office: Primary Office (HQ)

DOB: 06/24/1973  
Visit: 11/12/2020 4:45PM  
Address: 10475 Little Patuxent Pkwy, Columbia, MD,

Sex: M  
Chart: BIDA000001

Close Signature Save

Comments

Patient Signature David Bishop

NOTICE

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BELOW I  
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PHONE NUMBER LOCATED ON THE BACK OF YOUR INSURANCE CARD. PLEASE READ THE INFORMATION BELOW CAREFULLY.

TYPE OF COVERAGE: Commercial  
Benefits for: Physical Therapy

Policy Limitations



Clear Document

6. The signature can be moved and resized within the current page. Select **Save** when finished.

Close

Move


Draw

Save

- Your CC may be charged after contacting you by phone/ email if payment is not made 60 days from treatment time.
- Statements are sent after notification from carrier that claim(s) have processed and occur once a month.
- Monthly payment plans are available upon request.
- Present credit card to staff member, for your security once your card is entered the full account number won't be displayed or accessible.
- CO-PAYMENTS are charged at time of service unless you instruct our staff, any outstanding copayments will be charged at the end of month

TO HAVE YOUR CC CHARGED AT TIME OF STATEMENT PLEASE CHECK THIS BOX: Yes

*By my signature below, I certify that I have read, understand, and fully agree to each of the statements in this document and sign below freely and voluntarily*



David Bishop  
11/12/2020 11:56 AM



Clear Document

**Note:** When adding a signature to a multipage form, be sure to navigate to the desired page first. The signature may not be moved to another page.

7. Select **Save to PT History** to save to the patient's chart. To view the document on the iPad tap on the History tab. Navigate to the Documents section of the patient's chart on the web to view it.

**CREDIT CARD AUTHORIZATION:**

A valid credit card (CC) is REQUIRED for all benefits that require a patient payment in or out of network.

- Your CC may be charged after contacting you by phone/ email if payment is not made 60 days from treatment time.
- Statements are sent after notification from carrier that claim(s) have processed and occur once a month.
- Monthly payment plans are available upon request.
- Present credit card to staff member, for your security once your card is entered the full account number won't be displayed or accessible.
- CO-PAYMENTS are charged at time of service unless you instruct our staff, any outstanding copayments will be charged at the end of month

TO HAVE YOUR CC CHARGED AT TIME OF STATEMENT PLEASE CHECK THIS BOX: Yes

*By my signature below, I certify that I have read, understand, and fully agree to each of the statements in this document and sign below freely and voluntarily*



David Bishop  
11/12/2020 11:56 AM