

## Registering for Referring Portal

New referring providers will receive login credentials to the Referring Provider Portal from the imaging center marketing team or another specified individual from the facility.

## Log In to Referring Provider Portal

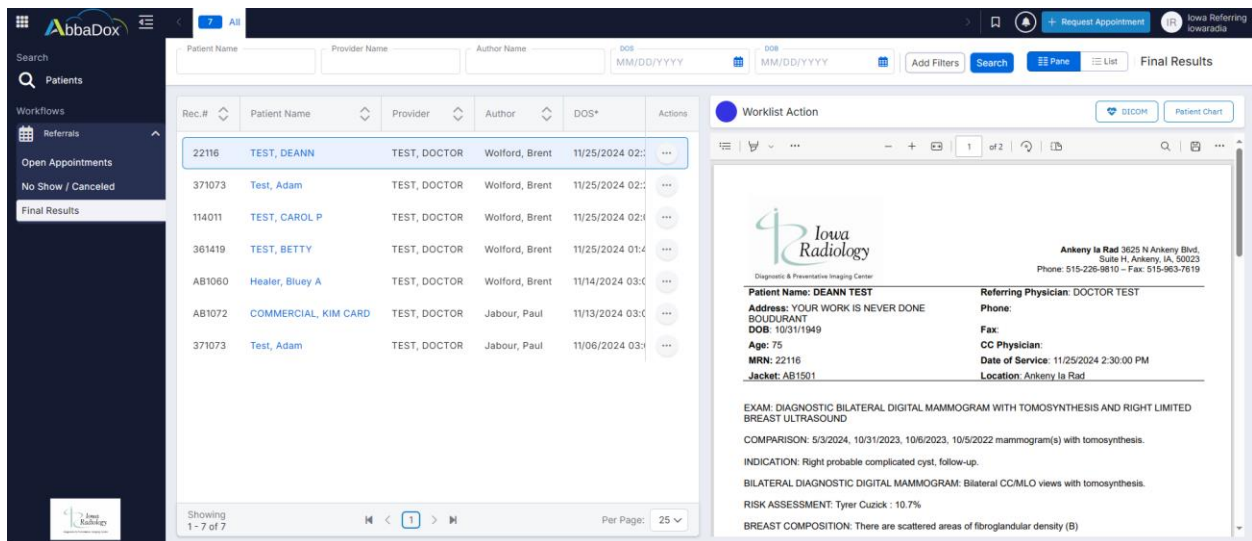
1. Go to [AbbaDoxCareFlow.com](https://AbbaDoxCareFlow.com) and enter **User Name** and **Password**.
2. Click **Login**.
  1. If this is your first time logging in you will be prompted to change your password and accept a HIPAA statement.

## Navigating Referring Provider Portal

The Referring Provider Portal is used by referring providers to submit referrals, request appointments, and view results for their patients.

### Final Results Worklist

After logging in, the default view for most users will be the Final Results worklist. This list displays completed imaging procedures and allows users to read finalized reports.



The screenshot displays the AbbaDox Referring Provider Portal interface. On the left is a navigation sidebar with options like Patients, Referrals, Open Appointments, and Final Results. The main area shows a table of patient records with columns for Rec.#, Patient Name, Provider, Author, and DOS\*. A patient record for 'TEST, DEANN' is selected, and a detailed report is displayed on the right. The report includes patient information, exam details, and clinical findings.

Rec.#	Patient Name	Provider	Author	DOS*	Actions
22116	TEST, DEANN	TEST, DOCTOR	Wolford, Brent	11/25/2024 02:00	...
371073	Test, Adam	TEST, DOCTOR	Wolford, Brent	11/25/2024 02:00	...
114011	TEST, CAROL P	TEST, DOCTOR	Wolford, Brent	11/25/2024 02:04	...
361419	TEST, BETTY	TEST, DOCTOR	Wolford, Brent	11/25/2024 01:04	...
AB1060	Healer, Bluey A	TEST, DOCTOR	Wolford, Brent	11/14/2024 03:00	...
AB1072	COMMERCIAL, KIM CARD	TEST, DOCTOR	Jabour, Paul	11/13/2024 03:00	...
371073	Test, Adam	TEST, DOCTOR	Jabour, Paul	11/06/2024 03:00	...

**Worklist Action**

**Iowa Radiology**  
Ankeny Ia Rad 3625 N Ankeny Blvd, Suite H, Ankeny, IA, 50023  
Phone: 515-226-8810 - Fax: 515-963-7619

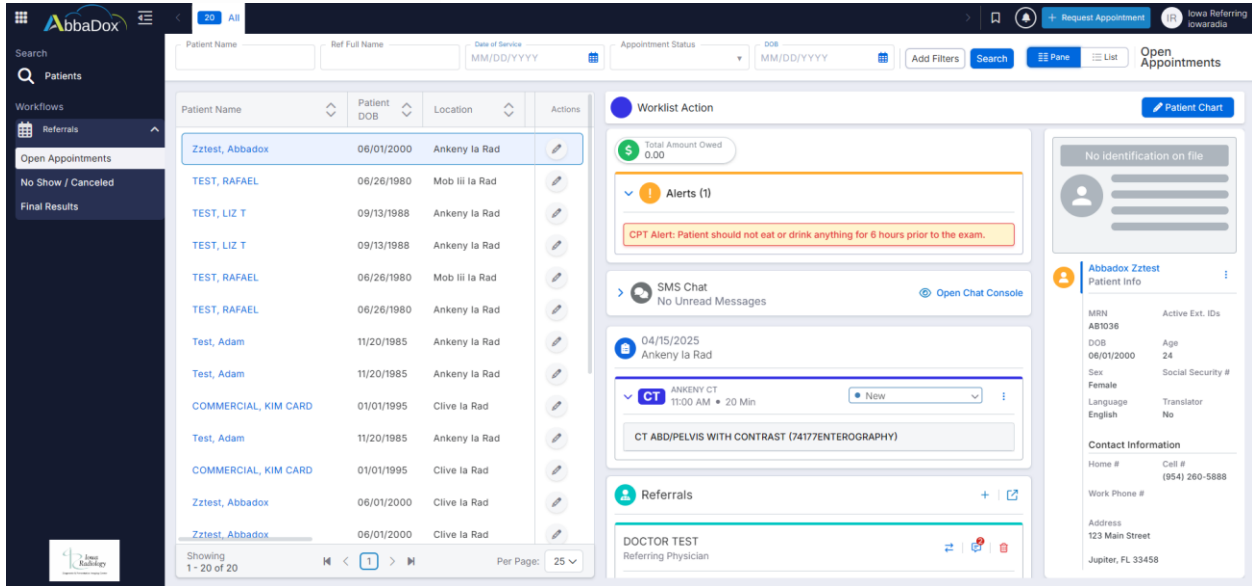
**Patient Name:** DEANN TEST  
**Address:** YOUR WORK IS NEVER DONE  
**DOB:** 10/31/1949  
**Age:** 75  
**MRN:** 22116  
**Jacket:** AB1501

**Referring Physician:** DOCTOR TEST  
**Phone:**  
**Fax:**  
**CC Physician:**  
**Date of Service:** 11/25/2024 2:30:00 PM  
**Location:** Ankeny Ia Rad

**EXAM:** DIAGNOSTIC BILATERAL DIGITAL MAMMOGRAM WITH TOMOSYNTHESIS AND RIGHT LIMITED BREAST ULTRASOUND  
**COMPARISON:** 5/3/2024, 10/31/2023, 10/6/2023, 10/5/2022 mammogram(s) with tomosynthesis.  
**INDICATION:** Right probable complicated cyst, follow-up.  
**BILATERAL DIAGNOSTIC DIGITAL MAMMOGRAM:** Bilateral CC/MLO views with tomosynthesis.  
**RISK ASSESSMENT:** Tyler Cuzick : 10.7%  
**BREAST COMPOSITION:** There are scattered areas of fibroglandular density (B)

### Open Appointments Worklist

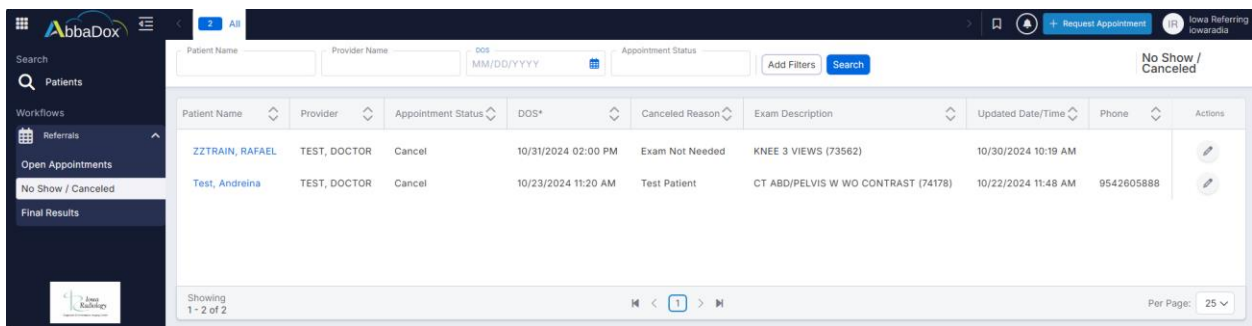
The Open Appointments list displays all patient appointments and their current status in the imaging workflow.



The screenshot shows the AbbaDox Referring Provider Portal interface. On the left is a navigation sidebar with options like Patients, Workflows, Referrals, Open Appointments, No Show / Canceled, and Final Results. The main area displays a table of patients with columns for Patient Name, Patient DOB, Location, and Actions. Below the table is a 'Worklist Action' panel for the selected patient, Zztest, Abbadox. This panel includes a 'Total Amount Owed' of 0.00, an alert for a CPT alert (Patient should not eat or drink anything for 6 hours prior to the exam.), an SMS chat section with no unread messages, and a list of appointments, including one for ANKENY CT on 04/15/2025. A patient information sidebar on the right shows details for Abbadox Zztest, including MRN, DOB, Sex, Language, and Contact Information.

## No Show/Canceled Worklist

The No Show/Canceled Worklist displays patients who have either “no showed” to their appointment or their appointment was cancelled for some other reason.



The screenshot shows the 'No Show / Canceled' view in the AbbaDox Referring Provider Portal. The table lists patients whose appointments were canceled. The columns include Patient Name, Provider, Appointment Status, DOS\*, Canceled Reason, Exam Description, Updated Date/Time, Phone, and Actions.

Patient Name	Provider	Appointment Status	DOS*	Canceled Reason	Exam Description	Updated Date/Time	Phone	Actions
ZZTRAIN, RAFAEL	TEST, DOCTOR	Cancel	10/31/2024 02:00 PM	Exam Not Needed	KNEE 3 VIEWS (73562)	10/30/2024 10:19 AM		
Test, Andreina	TEST, DOCTOR	Cancel	10/23/2024 11:20 AM	Test Patient	CT ABD/PELVIS W WO CONTRAST (74178)	10/22/2024 11:48 AM	9542605888	

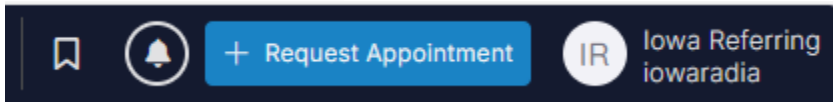
## Request Appointment Workflow

Referring providers can request appointments for patients using the **Request Appointments** button in the portal.

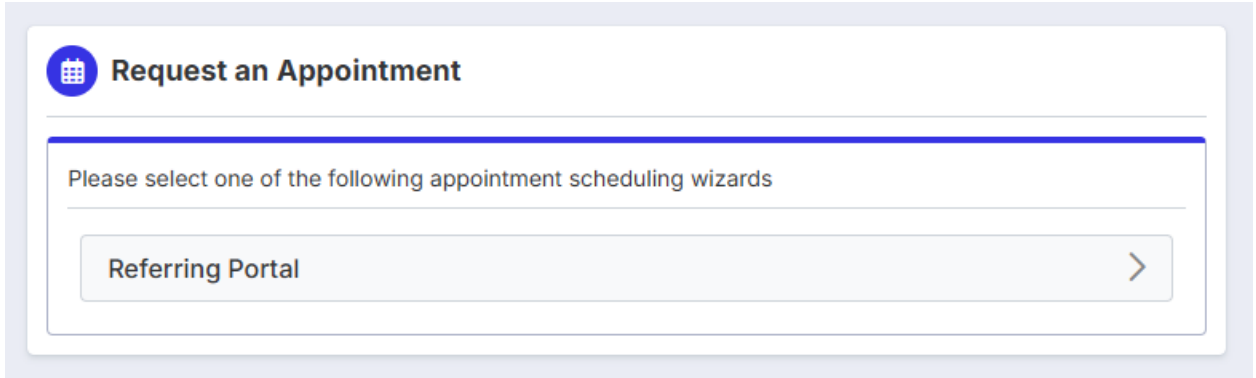
### Request Appointment Button

To request an appointment:

1. Click **Request Appointment** to launch the Scheduling Wizard in a new window.



- In the Scheduling Wizard window, select the type of appointment to be scheduled. This list of templates is customizable by client, so the options may vary from the screenshot below. For the purpose of explaining, the Request Appointment option will be used.




## Request Appointment Steps

After clicking **Referring Portal**, the scheduling template will open.

Request Appointment

- 1 Patient Information
- 2 About You
- 3 Procedures
- 4 Confirmation



⦿

**Patient Information**

Enter your information in the fields below.

Date of Birth*	First Name*	Last Name*	M.I.	
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="Mid"/>	<input type="button" value="Find Patient"/>

Cell Phone #*	Home Phone #*	Address 1
<input type="text" value="(999) 999-9999"/>	<input type="text" value="(999) 999-9999"/>	<input type="text"/>
Email Address		Address 2
<input type="text" value="Enter Email Address"/>		<input type="text"/>
Sex*	City	State
<input type="button" value="Male"/> <input type="button" value="Female"/> <input type="button" value="Unknown"/>	<input type="text"/>	<input type="button" value="Select"/> <input type="button" value="v"/>
		Zip Code
		<input type="text"/>

📄

**Insurance Information**

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**No Insurance found.**

Enter your insurance below.

Do you have insurance?

## Step 1 - Patient Info

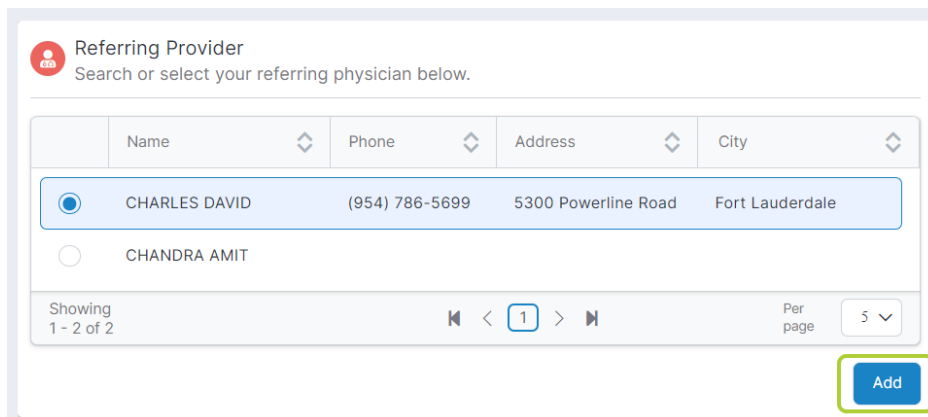
Fill out the Patient Information as necessary.

1. Clicking **Find Patient** will search for all patients that have been previously referred by the provider logged in and auto-fill patient details. If no results are found, continue entering patient details.
2. If a prescription or document needs to be uploaded, click **Browse Files** and select the file to upload with the appointment request.
3. Click **Next**.

## Step 2 - About You

After entering patient information, select the referring provider and add any prescription comments or comments to the imaging center.

1. Select the Referring Provider then click **Add**.



Name	Phone	Address	City
<input checked="" type="radio"/> CHARLES DAVID	(954) 786-5699	5300 Powerline Road	Fort Lauderdale
<input type="radio"/> CHANDRA AMIT			

Showing 1 - 2 of 2      Per page 5

**Add**

## Step 3 - Appointment Details

After entering patient details, complete the appointment details, which include: Services/Procedures, Location, and Diagnosis.

### Services/Procedures

1. Select the **Procedure Type** and **Procedure**.
2. Click **Add**.

**Request Appointment**

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**1. Services/Procedures**  
Select the procedure type and use the procedure lookup field to add your appointment.

Type CT	Procedure CT PELVIS W/WO (72194) <input style="width: 90%;" type="text"/>	<input type="button" value="+ Add"/>
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- For procedures requiring a laterality, click **Add Body Position** and search/select Left or Right.

**Selected Procedures**  
Default Text: "Specify a body position to the selected procedures."

MRI FOOT WO CONTRAST [Add Body Position](#)

(L) Left

left

## Location

- Select the preferred **Location**.
- When selecting a location, a **Questionnaire** may appear depending on client configuration or modality selected. Click **Submit Questionnaire** once all questions have been answered.

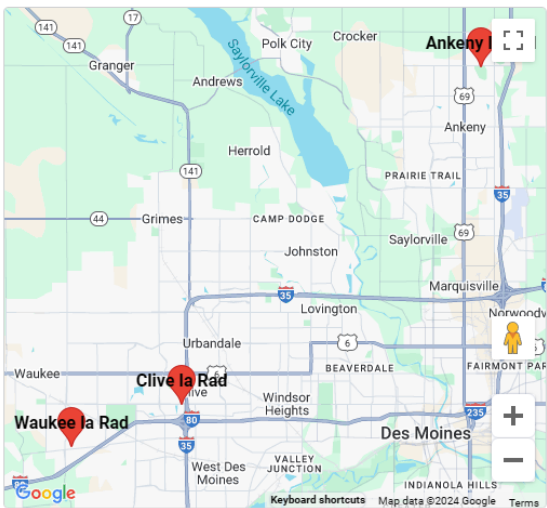
**2. Locations**  
Search or select a location below.

Location

**Clive Ia Rad**  
12368 Stratford Drive  
Clive, IA 50325

**Ankeny Ia Rad**  
3625 N Ankeny Blvd  
Ankeny, IA 50023

**Waukee Ia Rad**  
2515 Grand Prairie Pkwy  
Waukee, IA 50263

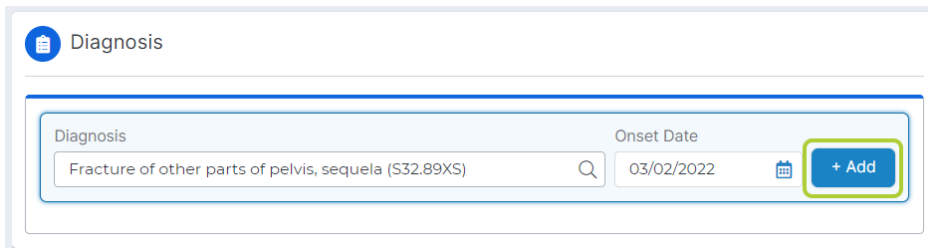


## Schedule

1. This field is not in use. The request will go to a queue for the facility staff to contact your patient for scheduling.

## Diagnosis

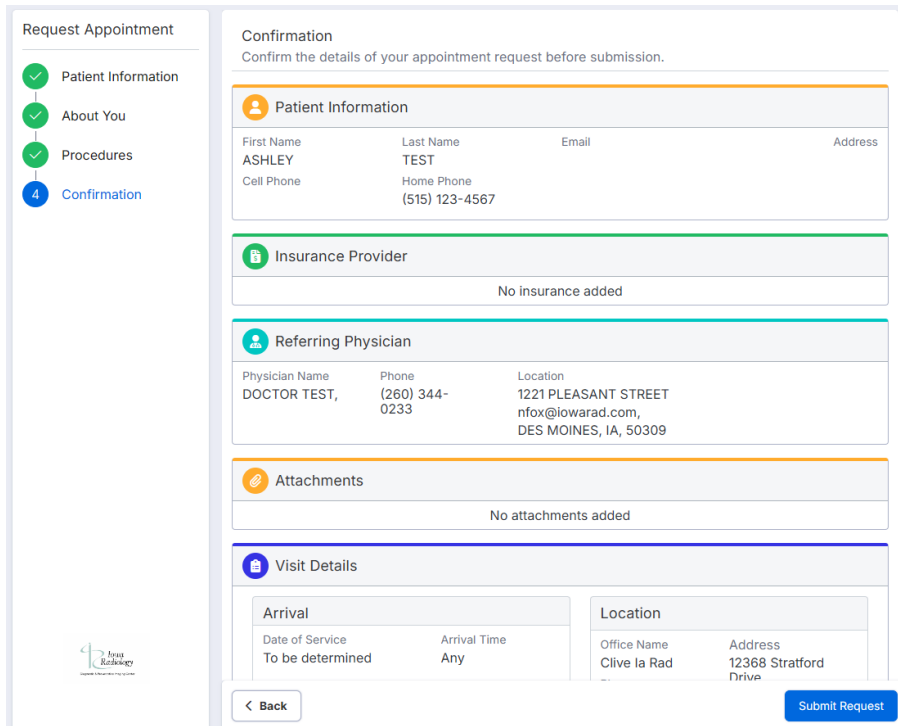
1. Search for a **diagnosis** to associate to the appointment.
2. Enter an **onset date**.
3. Click **Add**.



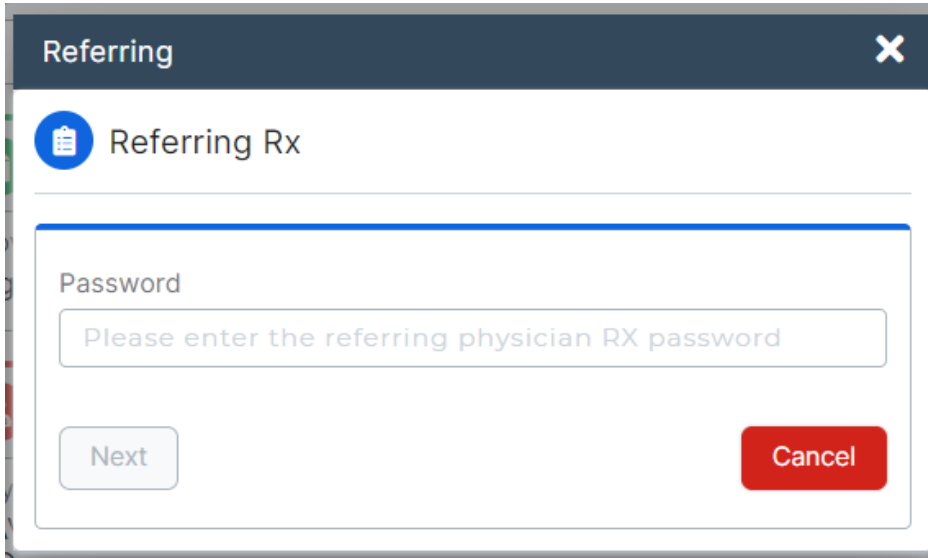
4. Click **Next** to move to the Summary page.

## Step 4 - Summary

After entering appointment details, the Summary page displays all details before sending the appointment request.



1. Use the **Back** button to go to previous pages and make edits.
2. Once the request is ready to send to the facility, click **Submit Request**.
3. Enter your login password in the Referring Rx password field that appears and click **Next**.



4. A prescription page will open displaying the prescription details and location of the exam.
  1. An electronic copy of this prescription will automatically be included in the worklist of the imaging center staff who will contact the patient to schedule an appointment.

NPI: 444444	DOCTOR TEST	<b>Rx</b>
1221 PLEASANT STREET, DES MOINES, IA, 50309 TEL: (260) 344-0233 FAX: (260) 555-5555		
PATIENT NAME: ASHLEY TEST		DOB: 09/19/1992
HOME PHONE #: (515) 123-4567		DATE: 12/6/2024
MOBILE PHONE #:		
74177 - CT ABD/PELVIS W CONTRAST (74177)		
THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY		
DOCTOR TEST		

Location Information		[ ]
Organization:	Iowa Radiology	
Name:	Mob Ili Ia Rad	
Address:	1221 Pleasant, Des Moines, IA	
Phone:	515-226-9810	