

## MediLogix Tips to Save You Time & Money

Due to our limited access to your facilities, we're currently unable to routinely verify the location of rented equipment (also referred to as a "sweep"). The good news is that our MediLogix Customer Portal makes it easy for you to track all your rentals. Here are a few tips that will save you time & money:

- 1. You can help streamline your billing information by letting us know when equipment is moved from patient to patient. Just complete a simple online form (see below) or call Customer Care at 855-633-4564.
  - From the home page, select Orders.
  - Select Request Transfer.
  - Click Select On-Rent Equipment and select the items to transfer between residents.
  - Complete the Transfer-From and Transfer-To fields.
  - Click Submit Request.
  - You will receive an email order confirmation.

Facility Name:    Acme Health and Rehab of Stratton (C21634)      Transfer-From:    Mary Jones    Mary Jones      Patient Name:    Mary Jones      Patient Name:    112      Transfer-To:    Patient Name:      Patient Name:    John Smith      Patient Name:    John Smith      Patient Room No:    134      Requestor Name:    Susan Williams      Susan Williams    Susan Williams      Requestor Phone No:    7204599500      Requestor Email.    Swilliams@sith con      Date Requestor    5/4/2020	Select On-Ren		
Patient Name  Mary Jones    Patient Name  Mary Jones    Patient Room No  112    Transfer-To:  Patient Name    Patient Name  John Smith    Patient Room No  134    Requestor Name  Susan Williams    Requestor Phone No  7204599500    Requestor Email  swillams@jsnf.com			
Patient Room No.  • 112    Transfer-To:	Patient Name Equip No. Description		1
Patient Room No  112    Transfer-To:	CT005658 6442042 MATT-BAR-48 X	6	1
Patient Name    John Smith    Acme Heatth    2068    CT095658.    FA30584    PULIP-BAR-    X      Patient Name    I 34    Ball Article    Sustain    Salt Article    X      Requestor Name    Susan Williams    Susan Williams    Ball Article    Ball Article    Ball Article      Requestor Phone No    7204596800    Y204596800    Please provide the name of the patient transferring from and to along with the equipment of the selection of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transferring from and to along with the equipment of the patient transf			
Patient Name  John Smith    Patient Name  John Smith    Patient Room No.  134    Requestor Name  Susan Williams    Requestor Name  Susan Williams    Requestor Phone No.  7204596800    Requestor Email  swilliamsigsnf com	CTODARSA RASOSAA PLANP.BAR- X	6	
Patient Room No.    • 134      Requestor Name    • Susan Williams      Requestor Phone No.    • 7204599800      • swillams@jsnf.com    • swillams@jsnf.com	Pacent APM		
Requestor Name  • Susan Williams    Requestor Phone No  • 7204599500    Requestor Phone No  • 7204599500    Please provide the name of the patient transferring from and to along with the equipm    Requestor Email  • swilliams@sinf.com		anima	and heles
Requestor Phone No		1. C. M. C. M. M.	
	전에 가지 않는 것 같아요. 이 것 같은 것 같은 것 같은 것 같은 것 같아요. 가지 않는 것 같이 많은 것에 가지 않는 것 같아.		
Date Regured: • 5/4/2020			
Aftio should we contact about this order?			

- 2. To keep track of items reported as missing and avoid paying daily rental for equipment that is not being used schedule a missing equipment report to be emailed directly to you (see below). Of course it also helps you avoid paying the replacement cost if the item is not found after 30 days.
  - From the home page, select Reports.
  - Select Reports Scheduler.
  - Select New.
  - From the Report Name dropdown list, select Missing Request.
  - From the Frequency dropdown list, select your preferred frequency.
  - Click Save.

Report Name:	Missing Rental Equipment +
Start Date:	5/4/2020 7.49 AM
Frequency:	Weekly •
Recipient	jpeters2@medilogixtlc.com
Additional Recipients:	
	To peparate the entents use a permission ( ) or a constra ( , ).
Contraction of the second	
Save	Cancel
Save	

- 3. View the Active Rental Report to identify your MediLogix rental items.
  - From the home page, select Reports.
  - Select Standard Reports, then Active Rentals.
  - Click OK to accept 0 days of history.

This MediLogix tag, along with the report, will help you keep track of all your rentals.

PROPERTY OF	
MediLogix - 720-459-980	212
FA61120	

**IMPORTANT:** MediLogix rental equipment must stay at your facility; equipment cannot go to the hospital or to a resident's home. This includes CPAPs, BiPAPs, NPWT devices, and wheelchairs.