

COVERCO



COLORADO
Department of Health Care
Policy & Financing



INTAKEQ

USED FOR REQUIRED
PRE-APPOINTMENT FORMS



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IntakeQ Features

- HIPAA Compliant
- Supports e-signature
- Create your own Forms or have IntakeQ do it for you at \$9 per form (Word/Excel/PDF)
- Flexible question formats
- No limit to the number of Forms
- Mobile-Friendly
- \$49.90 monthly cost



Sending Form/s to clients

The screenshot displays the IntakeQ web application interface. At the top, there is a blue navigation bar with the IntakeQ logo on the left and search, notification (with a red '2'), and menu items (MY FORMS, BOOKINGS, LISTS, MORE) on the right. Below the navigation bar, a breadcrumb trail reads 'Home > My Forms > Connect for Health Colorado Customer Authorization'. On the left side, a vertical sidebar contains several action buttons: 'Saved', 'Send to Client', 'Preview', 'Open PDF', 'Add to Intake', 'Get URL', 'Duplicate', and 'Delete'. The main content area is titled 'Consent/Agreement Form' and includes a 'Form Name' field with the text 'Connect for Health Colorado Customer Authorization'. Below this are three checkboxes: 'Enable e-Signature', 'Enable Provider e-Signature', and 'Enable Assistant e-Signature (Witness)'. Further down are 'Make Signature Optional' and 'Disable Form Header' checkboxes. A 'Form Content' section features a rich text editor toolbar with icons for undo, redo, bold, italic, underline, link, unlink, list, indent, outdent, and font color. Below the toolbar, the form content is displayed, starting with the title 'Connect for Health Colorado Customer Authorization' and a red warning: '****Please note the two signatures on this form.***'. The main text of the form reads: 'I agree to receive assistance from a Certified Health Coverage Guide or a Certified Application Counselor (both referred to in this document as Certified Assisters). This assistance is provided according to the guidelines of the Connect for Health Colorado.'



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Sending Form/s to clients

intakeQ MY FORMS BOOKINGS

Home > My Forms > Co

✉ Send Consent Form to Client

Name

Email

Did you know you can send multiple forms at once? [Learn more.](#)

Save Send to Client Preview Open PDF Enable e-Signature Enable Provider e- Enable A



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Status of Form/s sent to clients

intakeQ



MY FORMS

BOOKINGS

LISTS ▾

MORE ▾

Intakes > John V. Cacace (Connect for Health Colorado Customer Authorization)

Pending

John V. Cacace has not submitted this questionnaire yet.

Rectangular Snip

Print Intake

Print Package

Download

More ▾

Consent Form

Connect for Health Colorado Customer Authorization

View

Sent to

jcacace@doctorscare.org

[See email](#)

Sent on

Oct 01, 2020 at 2:31 PM

Last access

Not opened yet

Client Id

0057

Client Tags



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Client Retrieves Form/s



Doctors Care <healthguides@doctorscare.org>

John Cacace

Doctors Care Paperwork (2)

 If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

— pictures. To help protect your privacy, Outlook prevented automatic download of this picture from the Internet.

Hi John,

It looks like we need a piece of paperwork from you. This paperwork helps us to follow federal HIPAA laws or rules for grants that fund our free services.

To complete the paperwork we need:

- Click the **green** "Open Form" button below.
- This will open a new window.
- In that window, type in the **red** password below.
- Complete the form and submit your signature.
- If you have any questions call us at 720-458-6185.

Password: **zrynkt**

OPEN FORM



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Client Completes Form/s



720-458-6185
www.DoctorsCare.org

Rectangular Snip

Please enter the password received in your email inbox.



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Client Completes Form/s

Connect for Health Colorado Customer Authorization

****Please note the two signatures on this form****

I agree to receive assistance from a Certified Health Coverage Guide or a Certified Application Counselor (both referred to in this document as Certified Assistants). This assistance is provided according to the guidelines of the Connect for Health Colorado.

I understand and agree that:

- The Connect for Health Colorado Assistance Network is a customer resource to provide information about insurance affordability programs (the Marketplace, CHP+, and Medicaid) and to assist applicants.
- Services provided by Certified Assistants are not legal or tax advice.
- Certified Assistant services provide impartial information to assist applicants in making informed decisions about available plans.
- Certified Assistants do not represent, sell, recommend, solicit on behalf of or endorse any specific insurance product, agency, or company, nor may they be actively affiliated with an insurance company as a health insurance or stop loss agent or broker.
- Certified Assistants are required to provide unbiased assistance and will disclose any potential conflicts of interest to me.
Disclosures (Direction to Certified Assistants, Write NONE if there are no disclosures to be made).
- Certified Assistants will seek only the information necessary to provide comprehensive assistance. I acknowledge that

I hereby authorize Connect for Health Colorado, the Connect for Health Colorado Assistance Network and/or the below named individual, to receive and transmit information as necessary for facilitating my, and my household's, eligibility determination, as applicable, for health coverage and financial assistance. Unless restricted below, this authorization shall remain valid for two years from the date of signature.

Customer e-signature

Customer full name:

Print your name Draw instead

By signing this form electronically, and clicking on "Submit Signature", you are agreeing to the terms stated herein.

I hereby affirm that I have presented this document and explained its contents and any conflict of interest



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Client Completes Form/s

- Certified Assistors are required to provide unbiased assistance and will disclose any potential conflicts of interest to me.

Disclosures (Direction to Certified Assistors: Write NONE if there are no disclosures to be made).

None



- Certified Assistors will seek only the information necessary to provide comprehensive assistance. I acknowledge that the information and assistance provided by a Certified Assistor



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Client Completes Form/s

I hereby authorize Connect for Health Colorado, the Connect for Health Colorado Assistance Network and/or the below named individual, to receive and transmit information as necessary for facilitating my, and my household's, eligibility determination, as applicable, for health coverage and financial assistance. Unless restricted below, this authorization shall remain valid for two years from the date of signature.

Customer e-signature

Customer full name:
John V. Cacace *

Print your name [Draw instead](#)

John V. Cacace

John V. Cacace

[Submit Signature](#)

By signing this form electronically, and clicking on "Submit Signature", you are agreeing to the terms stated herein.

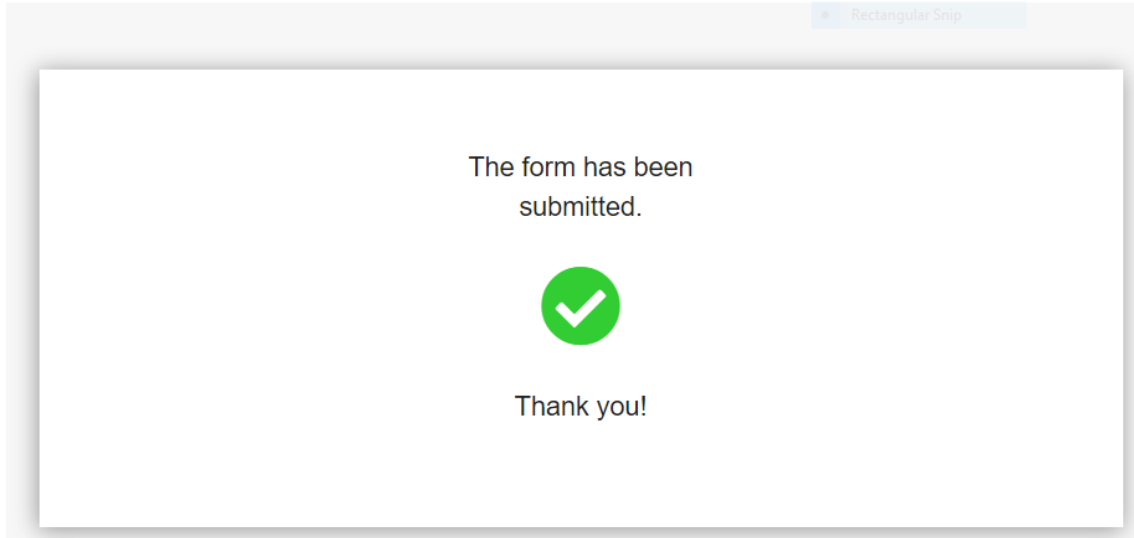


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Client Completes Form/s



720-458-6185
www.DoctorsCare.org



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IntakeQ Receives the Completed Form/s and You Download Form/s

✓ Latest intake forms received

Client	When	Form		
John V. Cacace	2 minutes ago	Connect for Health ...	Unread	View ▾
			Unread	View ▾

- Print Intake
- Print Package
- Download
- Open in Timeline



Sign Form/s and Save

John V. Cacace - Connect for Health Colorado Customer Authorization.pdf - Adobe Acrobat Pro

File Edit View Window Help

Open Create [Icons] Customize

2 / 3 [Navigation Icons] 86.7% [Tools] Fill & Sign Comment

Customer Signature Oct 01, 2020

John V. Cacace

Signed by John V. Cacace on Oct 01, 2020 at 02:37 PM from IP 65.158.239.***

I Hereby affirm that I have presented this document and explained its contents and any conflict of interest disclosures to the customer.

Assistance Site / CAC Designated Organization: Doctors Care

Certified Assister Name: John V. Cacace

Certified Assister Signature: *John V. Cacace* Date: 10/01/2020

Optional Customer Service Center Representative Authorization:

For purposes of facilitating communication to the Connect for Health Colorado Customer Service Center, I agree to receive communication assistance from a Certified Assister. I understand and agree that:

- This assistance does not allow the Certified Assistors to make decisions or act on my behalf
- This assistance is solely for the purpose of communication with the Marketplace about my account, application, and/or enrollment including verification documents and enrollment
- Certified Assistors will seek only the information necessary to provide comprehensive assistance. I acknowledge that the information and assistance provided by the Certified Assister is based upon the accuracy and completeness of the information I provide. Certified Assistors cannot add or change



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The Virtual Appointment

As a Medical Clinic Doctors Care Uses

DOXY.ME



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The Virtual Appointment

Important Features

- Accessible from anywhere – Desktop, Tablet & smartphone
- There are personal rooms and a waiting room
- Screen sharing, video, audio
- File transfers
- HIPAA Compliant



The Virtual Appointment Easy to Use

The screenshot shows a user interface for a virtual appointment system. On the left is a sidebar with the logo 'DoctorsCare Accessible Care for the Underserved'. Below the logo are two sections: 'PATIENT QUEUE' with the text 'No one has checked in yet', and 'ACCOUNT' with a list of menu items: 'Your Dashboard', 'Account Settings', 'Meeting History', 'Help Center', and 'Logout'. The main content area displays a 'Welcome, John!' message and a link to share: 'https://DoctorsCare.doxy.me/dcjc'. There are 'Copy' and 'Invite via' buttons next to the link. Below the link are three large buttons: 'Account Settings', 'User Community', and 'Telehealth Shop', each with a corresponding icon.

DoctorsCare
Accessible Care for the Underserved

PATIENT QUEUE
No one has checked in yet

ACCOUNT

- Your Dashboard
- Account Settings
- Meeting History
- Help Center
- Logout

Welcome, John!

To invite someone to your waiting room, share this link:

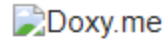
<https://DoctorsCare.doxy.me/dcjc> **Copy** Invite via

Account Settings User Community Telehealth Shop



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The Virtual Appointment



Hello, John has invited you to join a secure video call:

<https://DoctorsCare.doxy.me/dcjc>

Make sure you are using a device with good internet connection and access to camera/audio. If you need any assistance please check out the [Doxy.me Help Center](#) or contact your provider directly.



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The Virtual Appointment

Welcome!

Please check in below to let John know
you are here

Check In



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The Virtual Appointment



PATIENT QUEUE

 **John** /dcjc 7m 

ACCOUNT

 Your Dashboard

 Account Settings

 Meeting History

 Help Center

 Logout

Welcome, John!

To invite someone to your waiting room, share this link:

<https://DoctorsCare.doxy.me/hat>



Copy

Invite via 



Account Settings



User Community



Telehealth Shop



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The Virtual Appointment

IN CALL WITH



John
0 min 22 sec



 Photo Capture

 Group Call

 Screenshare

 Teleconsent

 File Transfer

 Payment



#COVERCO

Thank You

John V. Cacace

Connection to Coverage
Manager

jcacace@doctorscare.org

720 – 458 - 6194

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RESOURCES.
CONNECTIONS.
SUPPORT.