SALES TEAM & PROVIDER TRAINING

EMA Ordering Guide

Phothera Home Phototherapy

Desktop (PC) • iPad • Created March 2026

Phothera Fax: 216-765-0271
Phothera NPI: 1326105842

QUICK REFERENCE INDEX

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Add Phothera as a Fax Contact

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Virtual Exam Room • Visit Overview

4 **Pulling a Report**
EMA Analytics walkthrough

5 **Key Details**
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6 **Troubleshooting**
Common Situations

SECTION 1

First-Time Fax Number Setup

Add Phothera as a Fax Contact

One-time step — required before sending your first order

1 First-Time Setup: Add Phothera as a Fax Contact

One-time step — complete before your first order

1 Log in to EMA on your PC application. Click "**Document Mgmt**", then click on “Manage Referral Contacts."

1 First-Time Setup: Add Phothera as a Fax Contact (continued)

One-time step — complete before your first order

#	Action	Screen Reference
2	Click "**Add Institution**".	
3	Enter: Name = Phothera | NPI = 1326105842 | Status = Active | Fax = 216-765-0271. Scroll down and click **Save**.	
4	Phothera will now appear in your fax contacts list.	

NOTE: This setup is done on the Desktop/PC. Complete it once and Phothera will be available in all fax contact lookups going forward.

SECTION 2

Desktop / Web (PC)

Ordering Phothera Devices in EMA

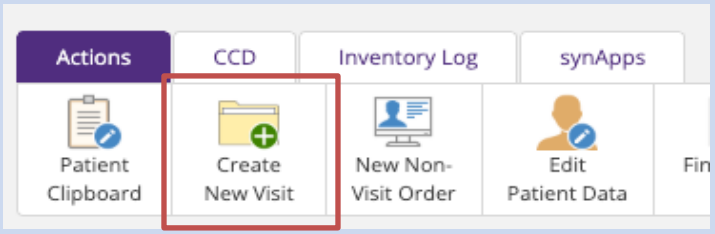
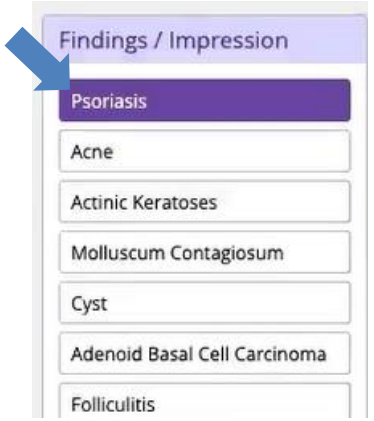
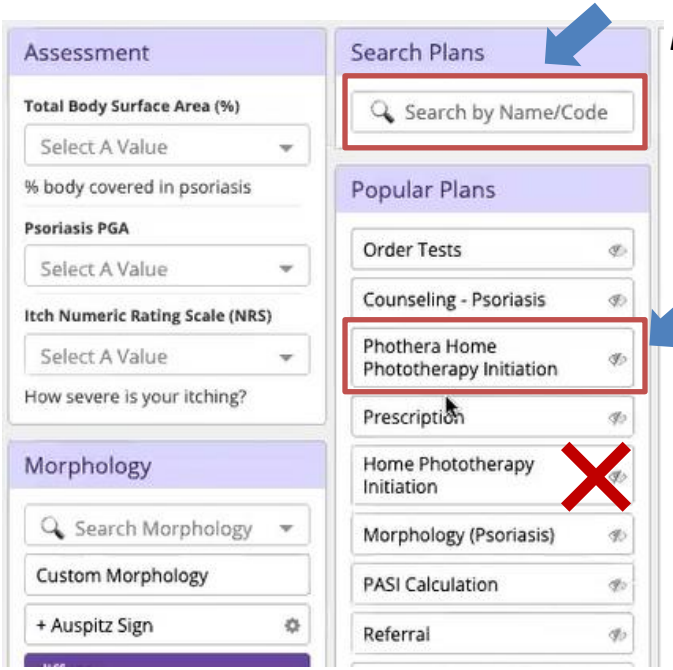
Two entry points:
Option A — Virtual Exam Room
Option B — Visit Overview

SECTION 2

Desktop / Web (PC) – Virtual Exam Room

Ordering Phothera Devices in EMA

2 Desktop / Web — Option A: Virtual Exam Room

#	Action	Screen Reference
1	Log in and open the patient's chart. Select **Create New Visit** and proceed as customary to your practice to capture patient's information. Click on the Virtual Exam Room.	
2	Select a diagnosis (e.g., Psoriasis) in the **Findings/Impression** or you can **search for** it in the **Find Dx** area at the bottom of the Findings/impression section. Once the Main diagnosis is selected, the details and **Treatment Plans** section will appear. Fill out the Assessment and Morphology sections as it is customary in your practice. Select the "**Phothera Home Phototherapy Initiation**" plan. The first time you may need to search for it. For subsequent orders, it should appear in your popular plans. IMPORTANT: **DO NOT select** the "**Home Phototherapy Initiation**", if you see more than 3 Phothera devices you are in the incorrect plan.	**1. Select Dx** (e.g., Psoriasis)   2. Search for ***Phothera or Phototherapy*** 3. SELECT ***Phothera Home Phototherapy Initiation***

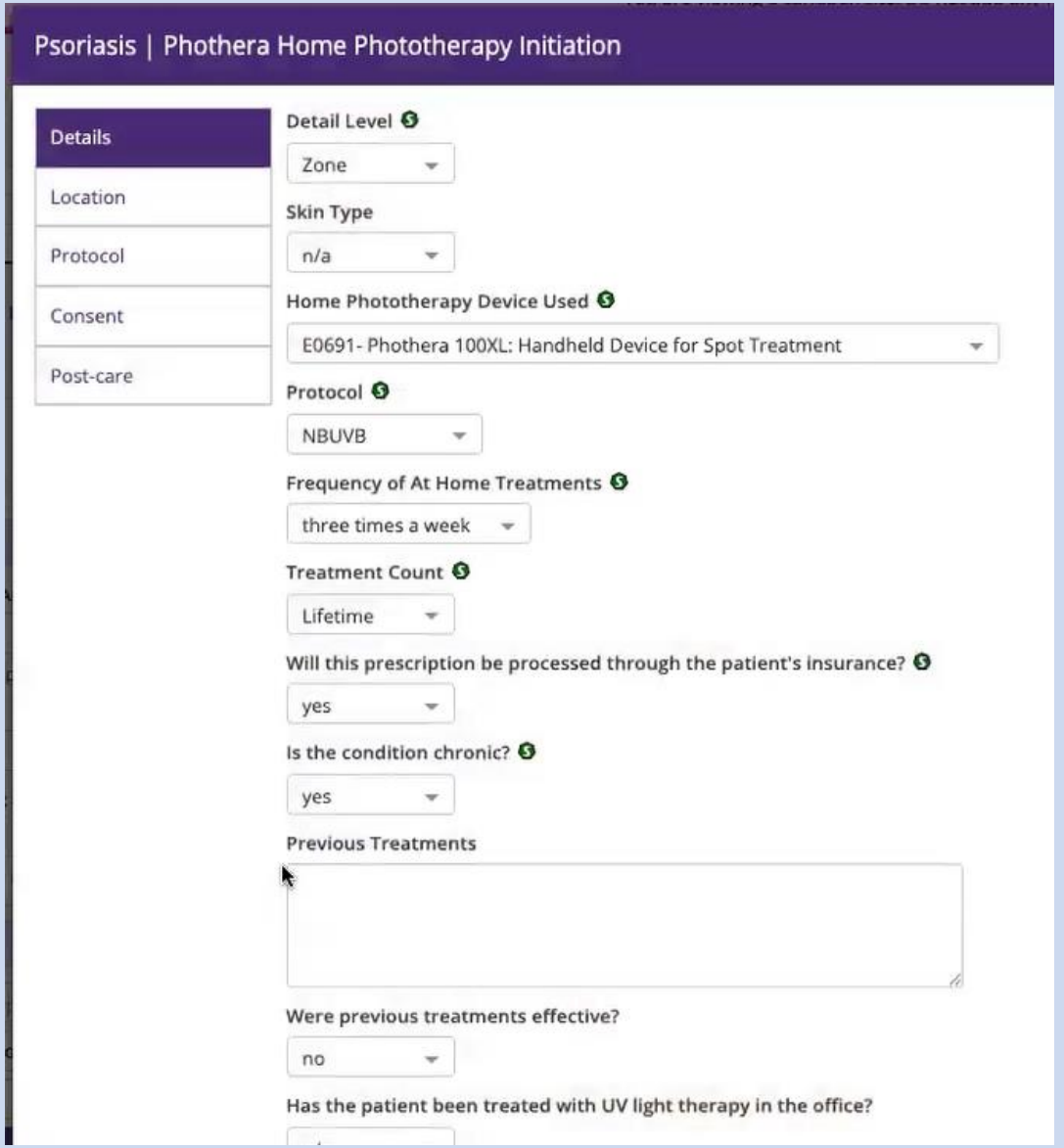
2 Desktop / Web — Option A: Virtual Exam Room (continued)

3

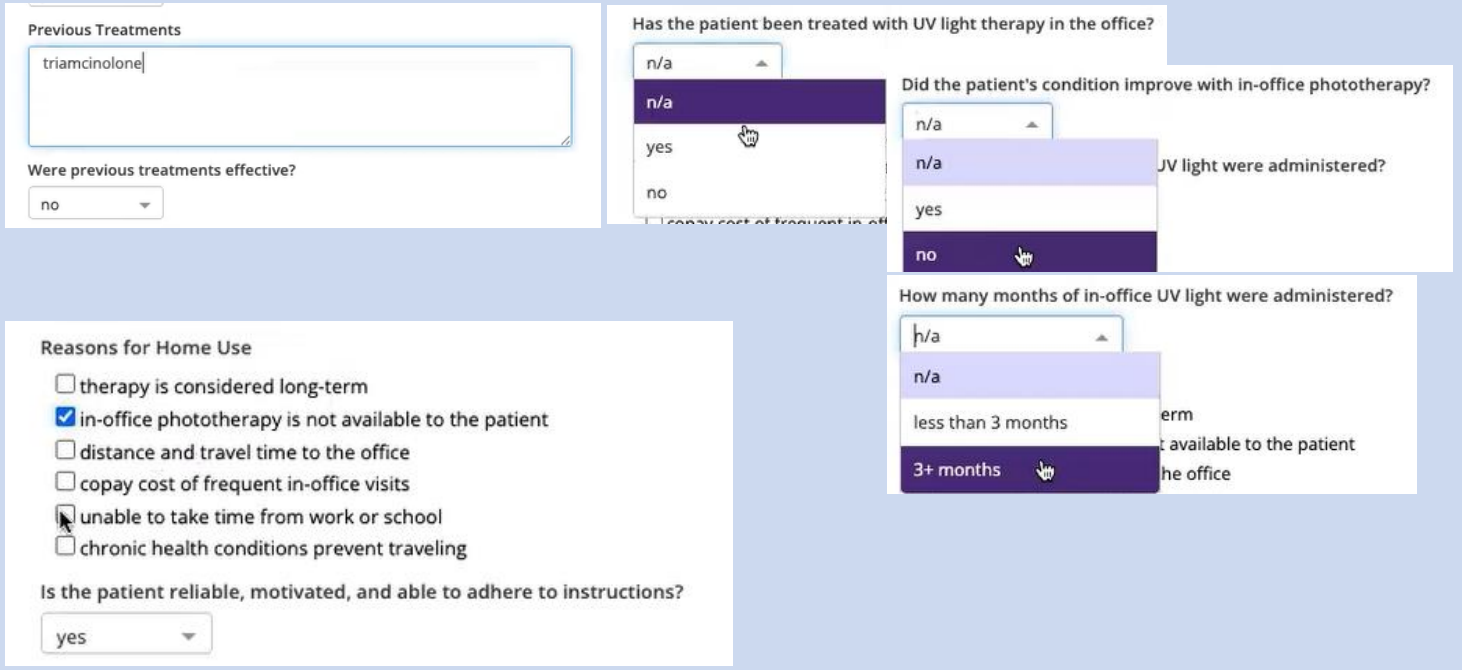
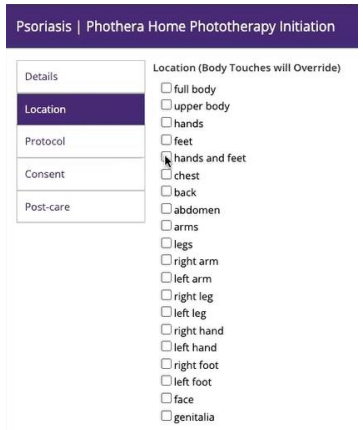
Details Tab:
Select Zone (practice standard) and Skin Type (default = Type I).

Select the Phothera device.
Keep default protocol as **NBUVB**.

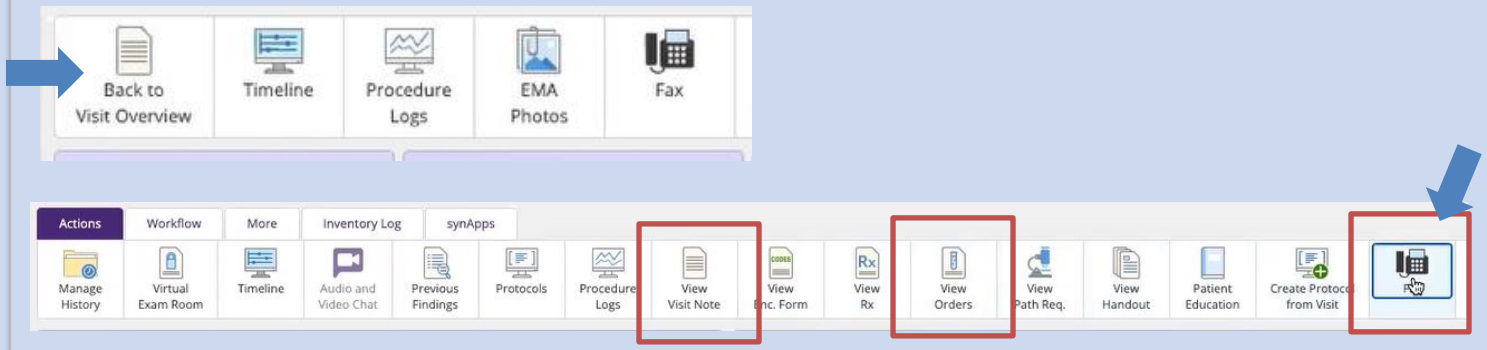
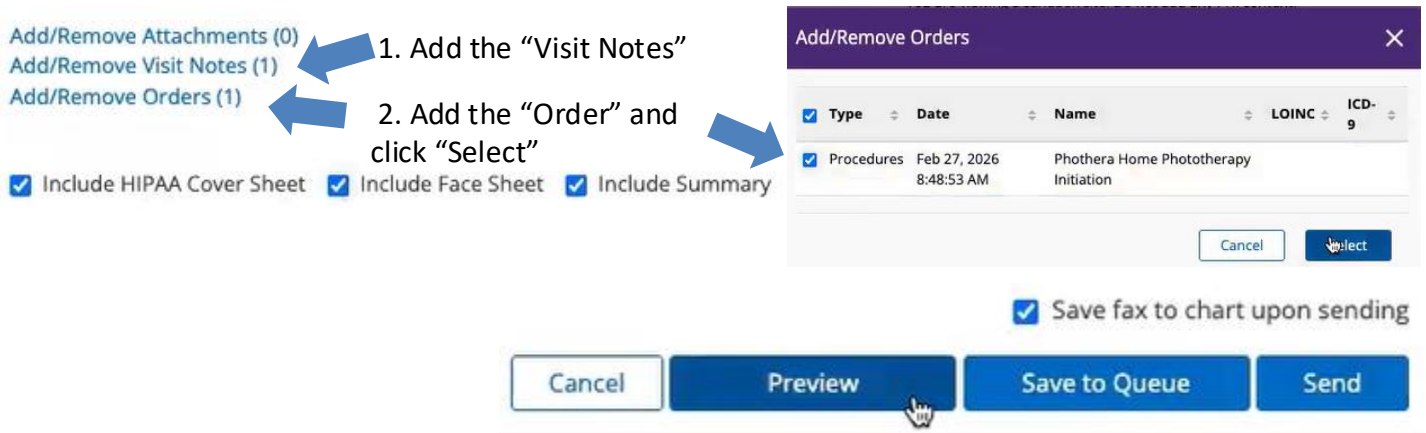
Select default frequency (**3x/week**) and **Lifetime** for Treatment count.



2 Desktop / Web — Option A: Virtual Exam Room (continued)

#	Action	Screen Reference
4	Enter all previous treatments and whether they were effective. Be detailed — required for insurance and prior authorization. Include in-office phototherapy history and duration. Select **all applicable reasons the patient is recommended for home phototherapy**.	
5	Location Tab: Select treatment locations. No changes needed on Protocol, Consent, or Post-Care tabs. Click **DONE** to save.	

2 Desktop / Web — Option A: Virtual Exam Room (continued)

#	Action	Screen Reference
6	Once you click “Done,” the Plan is saved, and you return to the Virtual Exam Room. To **Fax** the prescription **return to the Visit Overview** to preview all the generated documents. Then click on the **“Fax”** icon **inside the Visit Note (NOT the patient chart).** **IMPORTANT:** The order has to be faxed from within the Visit Note, NOT the Patient chart	**Virtual Exam Room** 
7	To fax the order to Phothera, **select Phothera as a contact** (Fax #: 216-765-0271). Select **“Template” Attachments**. ⚠️ Order of attachments matters: Add **Visit Notes** first, then add the **Order**. The sequence is important. The link to Add/Removes Orders appears only when the correct visit is attached. **Check**: Include HIPAA Cover Sheet + Include Face Sheet + Include Summary + Save fax to chart upon sending. Click Send.	

2 Desktop / Web — Option A: Virtual Exam Room (continued)

#	Action	Screen Reference

8 The Fax will have all information associated as shown below.

HIPAA cover sheet You are viewing a sandbox site. Do not add any PHI content.

This fax is intended only for the use of the person or office to whom it is addressed, and contains privileged or confidential information protected by law. All recipients are hereby notified that inadvertent or unauthorized receipt does not waive such privilege, and that unauthorized dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please destroy the attached document(s) and notify the sender of the error at the contact information below.

Attachments Template Page

Test, Phothera

PMS ID:	Sex:	DOB:	Phone:	MRN:
112646PAT000000137	Male	01/01/1990	(123) 456-7890	MM0000000127

February 27, 2026

Phothera
Fax: (999) 999-9999

Dear Phothera,

Please find the attached documents.

Regards,

Visit Notes

Test, Phothera

Visit Note - February 27, 2026

PMS ID:	Sex:	DOB:	Phone:	MRN:
112646PAT000000137	Male	01/01/1990	(123) 456-7890	MM0000000127

Medical History

Social History
Smoking status - Unspecified

Impression/Plan:
1. **Psoriasis**
(L40.0)
Diffuse hyperpigmentation on sunexposed skin and psoriasiform plaques with micaceous scale

Plan: Phothera Home Phototherapy Initiation.
Device: E0691- Phothera 200: Panel Device for Hands/Feet
Protocol To Use: NBUVB
Location: hands and feet
Skin Type: II

Will this prescription be processed through the patient's insurance? yes
Is the condition chronic? yes

Previous treatments:
triamcinolone
Previous treatments were ineffective.

Has the patient been treated with UV light therapy in the office? yes
Did the patient's condition improve with in-office phototherapy? no
How many months of in-office UV light were administered? 3+ months

Phothera's Order

Test, Phothera
EMA ID: 1694635

Orders - February 27, 2026

PMS ID:	Sex:	DOB:	Phone:	MRN:
112646PAT000000137	Male	01/01/1990	(123) 456-7890	MM0000000127

PATIENT INFORMATION

LAST NAME	FIRST NAME	M.I.
Test	Phothera	

SSN	DATE OF BIRTH	SEX	MRN
	01/01/1990	Male	MM0000000127

STREET ADDRESS	STREET ADDRESS CONTD
123 Main Street	

CITY	STATE	ZIP CODE
Boca Raton	FL	01234

HOME PHONE	CELL PHONE	EMPLOYER NAME
1234567890		

EMAIL
test@gmail.com

GUARANTOR INFORMATION

LAST NAME	FIRST NAME	M.I.
Test	Phothera	

RELATIONSHIP TO PATIENT
Self

STREET ADDRESS	STREET ADDRESS CONTD
123 Main Street	

CITY	STATE	ZIP CODE
Boca Raton	FL	01234

HOME PHONE	WORK PHONE
1234567890	

EMAIL
test@gmail.com

PRIMARY BILLING / INSURANCE INFORMATION

SUBSCRIBER NAME	RELATIONSHIP	SUB. DOB	COMPANY NAME	GRP/CONTRACT #	MEMBER ID #
Phothera Test	Self		Aetna Health Plans		1234567

STREET ADDRESS	STREET ADDRESS CONTD
PO Box 8395	

CITY	STATE	ZIP CODE	EMPLOYER NAME
San Francisco	CA	940468395	

DIAGNOSES

Diagnosis	ICD Code	Description
1	L40.0	Psoriasis vulgaris

Phothera Home Phototherapy Initiation

Device: E0691- Phothera 200: Panel Device for Hands/Feet
Protocol To Use: NBUVB
Location: hands and feet
Skin Type: II

Will this prescription be processed through the patient's insurance? yes
Is the condition chronic? yes

Previous treatments:
triamcinolone
Previous treatments were ineffective.

Has the patient been treated with UV light therapy in the office? yes
Did the patient's condition improve with in-office phototherapy? no
How many months of in-office UV light were administered? 3+ months

Reasons for Home Phototherapy: in-office phototherapy is not available to the patient and unable to take time from work or school
Is the patient reliable, motivated, and able to adhere to instructions? yes

The risks of home phototherapy were reviewed with the patient including but not limited to: burn, pigmentary changes, pain, blistering, scabbing, redness, increased risk of skin cancers, and the remote possibility of scarring. I certify that I am the physician identified on this form. I have reviewed this Physician's Written Order. Any statement on my letterhead hereto has also been reviewed and signed by me. I certify that this patient and/or caregiver is capable and will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation substantiating the utilization and medical necessity of the listed product, and the physician's notes and other supporting documentation

SECTION 2

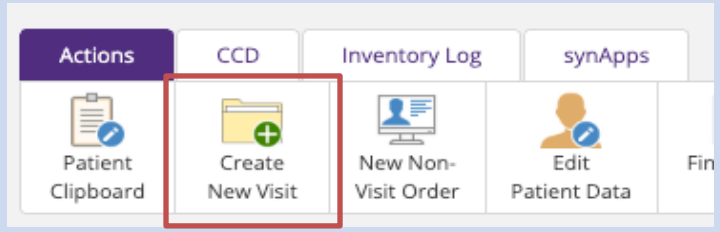
Desktop / Web (PC) – Visit Overview

Ordering Phothera Devices in EMA

2 Desktop / Web — Option B: Visit Overview

1 Log in and open the patient's chart.

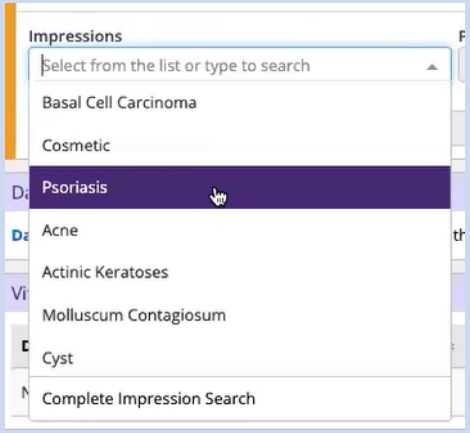
Select **Create New Visit** and scroll to "**Impression and Plans**."



Select a diagnosis (e.g., Psoriasis) in the **Impressions.**

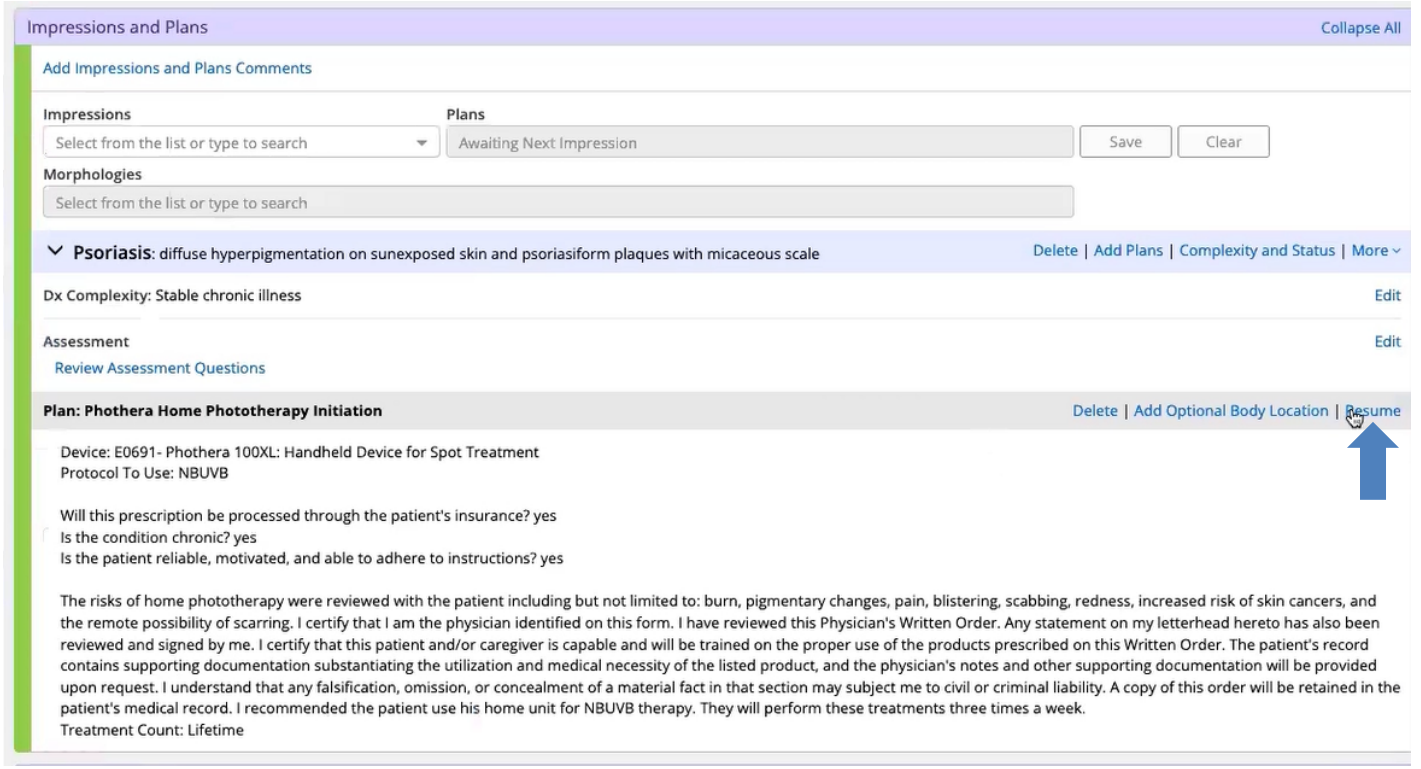
Select "**Phothera Home Phototherapy Initiation**" in the Plans.
The first time, you may need to type in Phothera.

Click "**Save**".



IMPORTANT: **DO NOT select** the "**Home Phototherapy Initiation**", if you see more than 3 Phothera devices you are in the incorrect plan.

2 Desktop / Web — Option B: Visit Overview (continued)

#	Action	Screen Reference
2	The “**Phothera Home Phototherapy Initiation**” plan will load. Click “Resume” to open and edit it.	

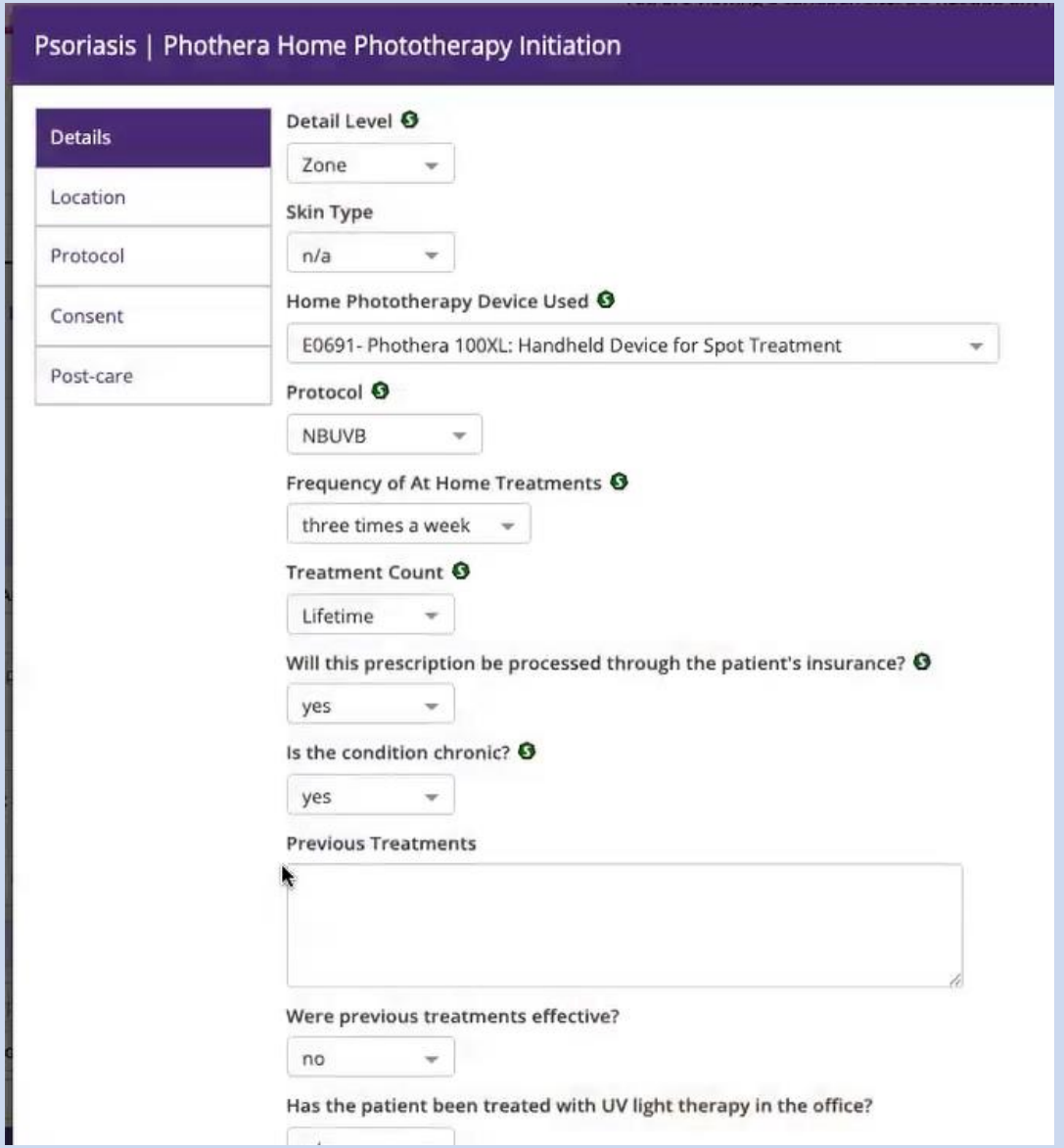
2 Desktop / Web — Option B: Visit Overview (continued)

3

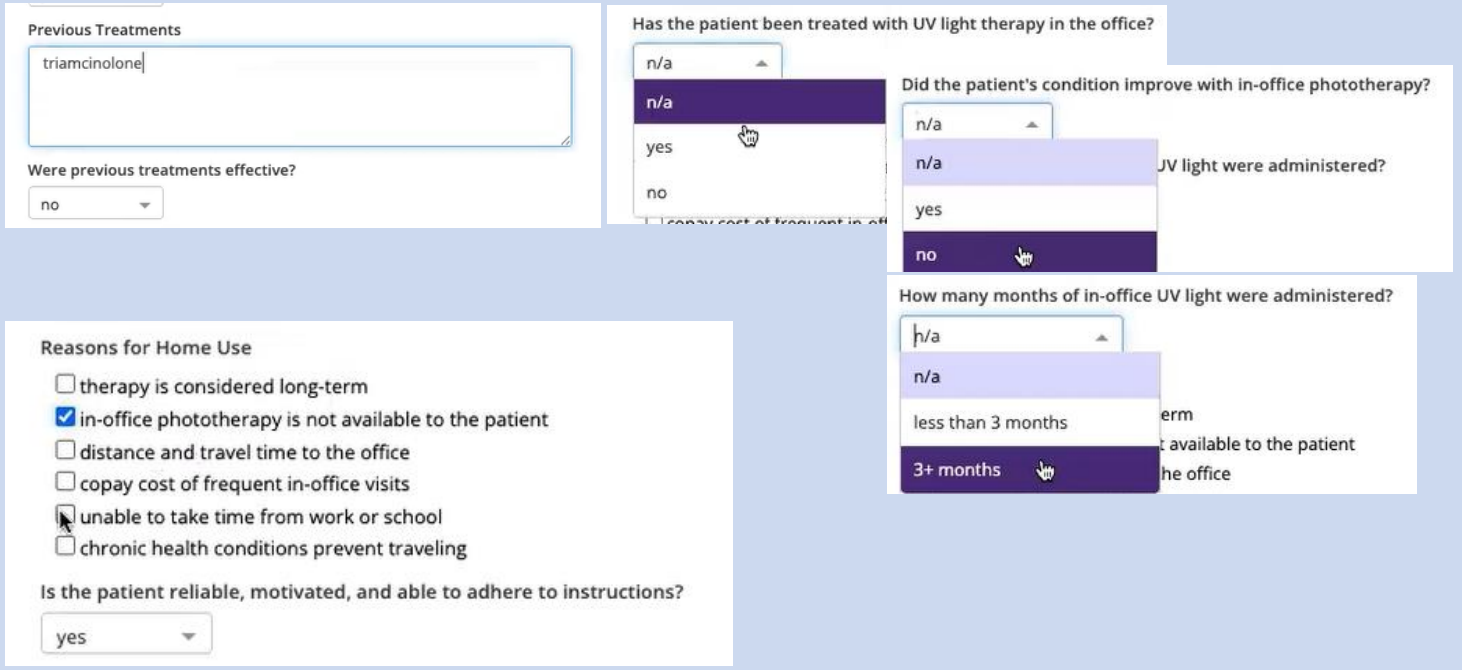
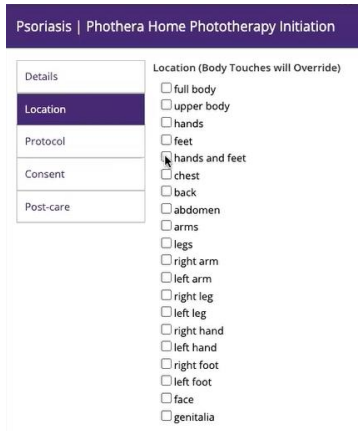
Details Tab:
Select Zone (practice standard) and Skin Type (default = Type I).

Select the Phothera device.
Keep default protocol as **NBUVB**.

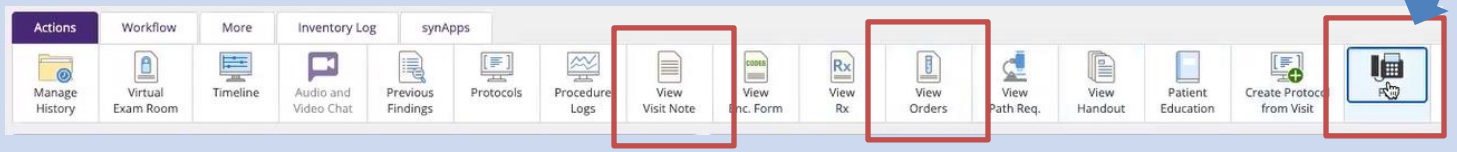
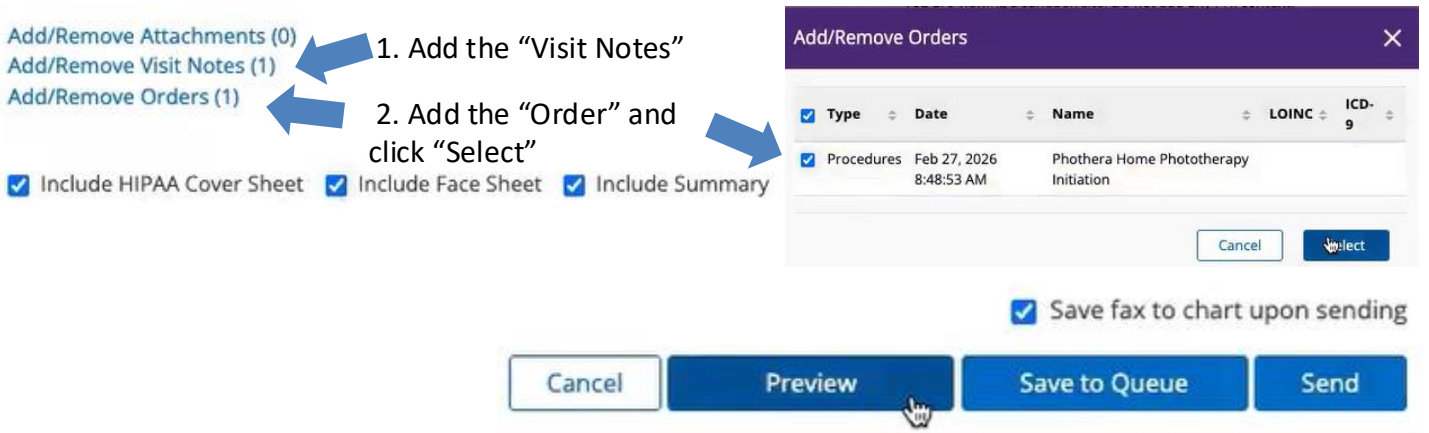
Select default frequency (**3x/week**) and **Lifetime** for Treatment count.



2 Desktop / Web — Option B: Visit Overview (continued)

#	Action	Screen Reference
4	Enter all previous treatments and whether they were effective. Be detailed — required for insurance and prior authorization. Include in-office phototherapy history and duration. Select **all applicable reasons the patient is recommended for home phototherapy**.	
5	Location Tab: Select treatment locations. No changes needed on Protocol, Consent, or Post-Care tabs. Click **DONE** to save.	

2 Desktop / Web — Option B: Visit Overview (continued)

#	Action	Screen Reference
6	Once you click “Done,” the Plan is saved, and you return to the Virtual Exam Room. To **Fax** the prescription **return to the Visit Overview** to preview all the generated documents. Then click on the **“Fax”** icon **inside the Visit Note (NOT the patient chart).** **IMPORTANT:** The order has to be faxed from within the Visit Note, NOT the Patient chart	**Virtual Exam Room**  
7	To fax the order to Phothera, **select Phothera as a contact** (Fax #: 216-765-0271). Select **“Template” Attachments**. ⚠️ Order of attachments matters: Add **Visit Notes** first, then add the **Order**. The sequence is important. The link to Add/Removes Orders appears only when the correct visit is attached. **Check**: Include HIPAA Cover Sheet + Include Face Sheet + Include Summary + Save fax to chart upon sending. Click Send.	

2 Desktop / Web — Option B: Visit Overview (continued)

#	Action	Screen Reference
8	The Fax will have all information associated as shown below.	

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Attachments Template Page

Test, Phothera

PMS ID: 112646PAT000000137 Sex: Male DOB: 01/01/1990 Phone: (123) 456-7890 MRN: MM0000000127

February 27, 2026

Phothera
Fax: (999) 999-9999

Dear Phothera,

Please find the attached documents.

Regards,

Visit Notes

Test, Phothera

Visit Note - February 27, 2026

PMS ID: 112646PAT000000137 Sex: Male DOB: 01/01/1990 Phone: (123) 456-7890 MRN: MM0000000127

Medical History

Social History
Smoking status - Unspecified

Impression/Plan:
1. Psoriasis (L40.0)
Diffuse hyperpigmentation on sunexposed skin and psoriasiform plaques with micaceous scale

Plan: Phothera Home Phototherapy Initiation.
Device: E0691- Phothera 200: Panel Device for Hands/Feet
Protocol To Use: NBUVB
Location: hands and feet
Skin Type: II

Will this prescription be processed through the patient's insurance? yes
Is the condition chronic? yes

Previous treatments:
triamcinolone
Previous treatments were ineffective.

Has the patient been treated with UV light therapy in the office? yes
Did the patient's condition improve with in-office phototherapy? no
How many months of in-office UV light were administered? 3+ months

Phothera's Order

Test, Phothera
EMA ID: 1694635

Orders - February 27, 2026

PMS ID: 112646PAT000000137 Sex: Male DOB: 01/01/1990 Phone: (123) 456-7890 MRN: MM0000000127

PATIENT INFORMATION

LAST NAME	FIRST NAME	M.I.
Test	Phothera	

SSN	DATE OF BIRTH	SEX	MRN
	01/01/1990	Male	MM0000000127

STREET ADDRESS	STREET ADDRESS CONT'D
123 Main Street	

CITY	STATE	ZIP CODE
Boca Raton	FL	01234

HOME PHONE	CELL PHONE	EMPLOYER NAME
1234567890		

EMAIL: test@gmail.com

GUARANTOR INFORMATION

LAST NAME	FIRST NAME	M.I.
Test	Phothera	

RELATIONSHIP TO PATIENT: Self

STREET ADDRESS	STREET ADDRESS CONT'D
123 Main Street	

CITY	STATE	ZIP CODE
Boca Raton	FL	01234

HOME PHONE	WORK PHONE
1234567890	

EMAIL: test@gmail.com

PRIMARY BILLING / INSURANCE INFORMATION

SUBSCRIBER NAME	RELATIONSHIP	SUB. DOB	COMPANY NAME	GRP/CONTRACT #	MEMBER ID #
Phothera Test	Self		Aetna Health Plans		1234567

STREET ADDRESS	STREET ADDRESS CONT'D
PO Box 8395	

CITY	STATE	ZIP CODE	EMPLOYER NAME
San Francisco	CA	940468395	

DIAGNOSES

Diagnosis	ICD Code	Description
1	L40.0	Psoriasis vulgaris

Phothera Home Phototherapy Initiation

Device: E0691- Phothera 200: Panel Device for Hands/Feet
Protocol To Use: NBUVB
Location: hands and feet
Skin Type: II

Will this prescription be processed through the patient's insurance? yes
Is the condition chronic? yes

Previous treatments:
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Has the patient been treated with UV light therapy in the office? yes
Did the patient's condition improve with in-office phototherapy? no
How many months of in-office UV light were administered? 3+ months

Reasons for Home Phototherapy: in-office phototherapy is not available to the patient and unable to take time from work or school
Is the patient reliable, motivated, and able to adhere to instructions? yes

The risks of home phototherapy were reviewed with the patient including but not limited to: burn, pigmentary changes, pain, blistering, scabbing, redness, increased risk of skin cancers, and the remote possibility of scarring. I certify that I am the physician identified on this form. I have reviewed this Physician's Written Order. Any statement on my letterhead hereto has also been reviewed and signed by me. I certify that this patient and/or caregiver is capable and will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation substantiating the utilization and medical necessity of the listed product, and the physician's notes and other supporting documentation

SECTION 3

iPad (EMA Mobile)

Ordering Phothera Devices in EMA

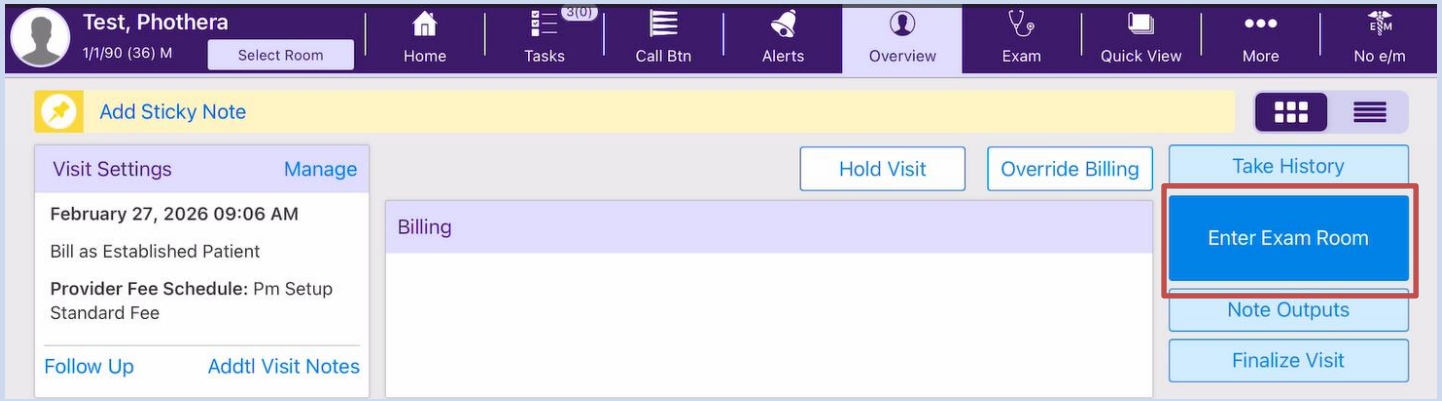
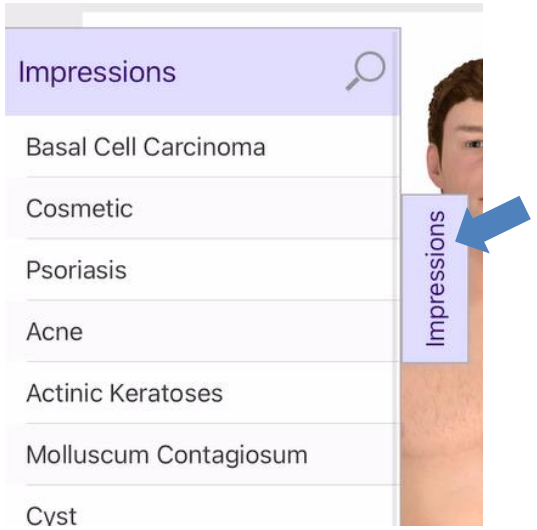
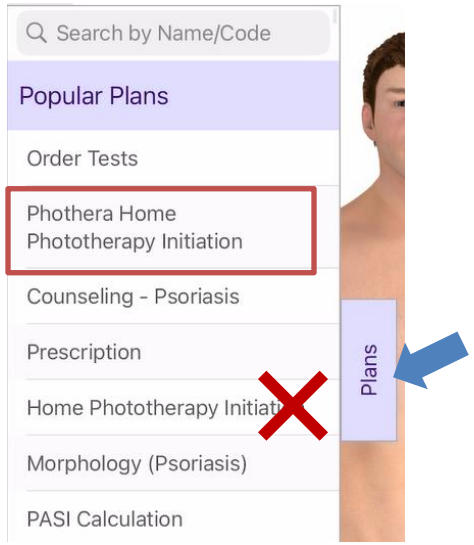
Two entry points:
Option A — Virtual Exam Room •
Option B — Visit Overview

SECTION 3

iPad (EMA Mobile) – Virtual Exam Room

Ordering Phothera Devices in EMA

3 iPad — Option A: Virtual Exam Room

#	Action	Screen Reference
1	Log in and open the patient's chart. Select **Create New Visit** and proceed to the **Virtual Exam Room**.	
2	Tap **Impressions** and select a diagnosis (e.g., Psoriasis). Tap **Plans** and select the "**Phothera Home Phototherapy Initiation**" plan. The first time you may need to search for it. For subsequent orders, it should appear in your popular plans. IMPORTANT: **DO NOT select** the "**Home Phototherapy Initiation**", if you see more than 3 Phothera devices you are in the incorrect plan.	 

3 iPad — Option A: Virtual Exam Room (continued)

3

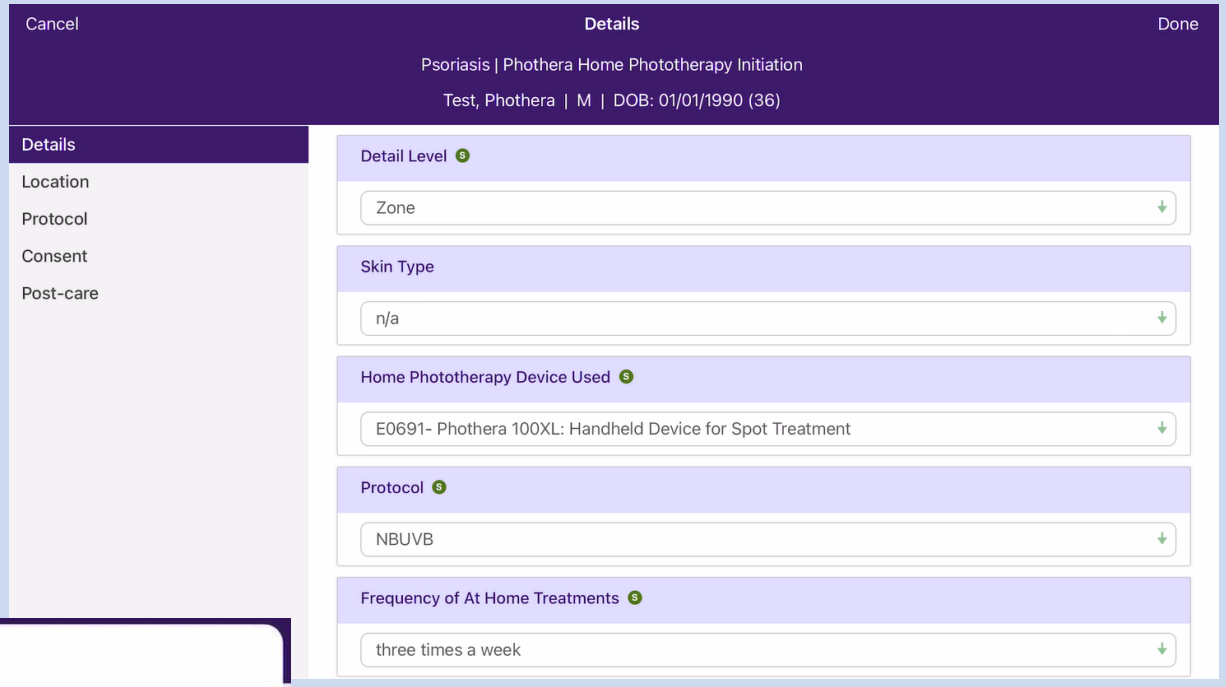
Details Tab:
Select **“Zone”** based on your standard practice for the individual patient’s situation.

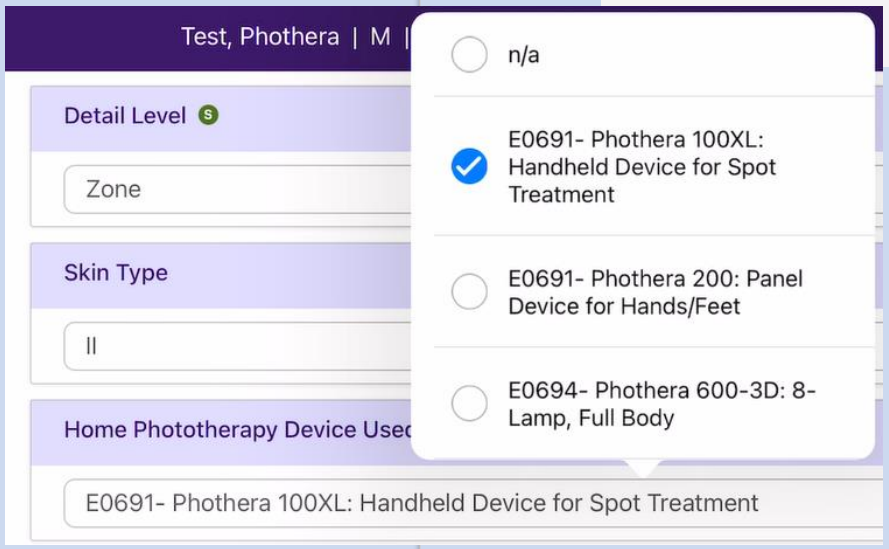
Select **“Skin Type”** based on the individual patient’s situation (**Type I can be used as default**.

Select a **Phothera Home Phototherapy Device.**

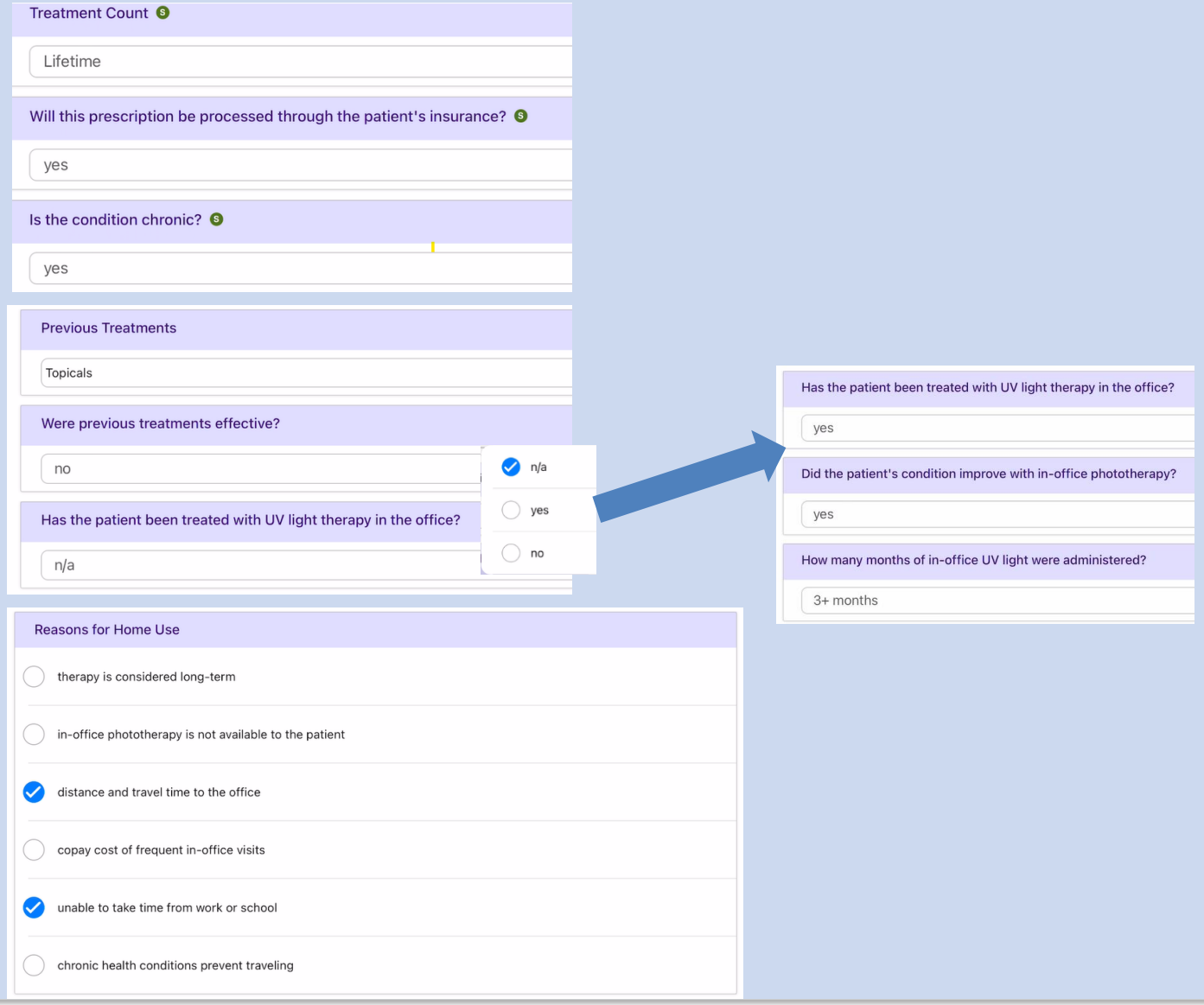
Keep default protocol as **NBUVB**.

Select default frequency (**3x/week**) and **Lifetime** for Treatment count.

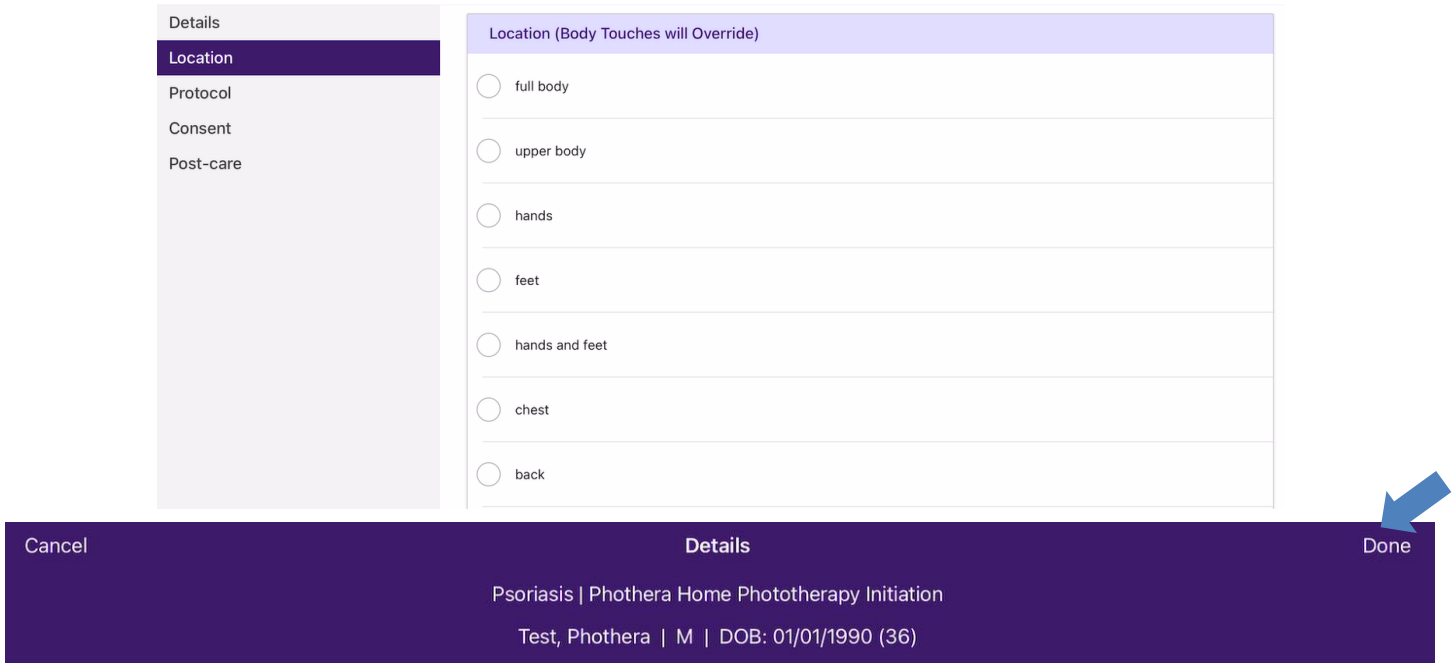
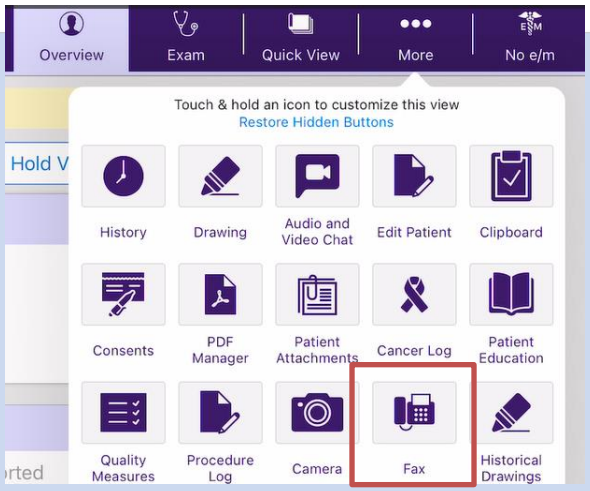




3 iPad — Option A: Virtual Exam Room (continued)

#	Action	Screen Reference
4	Keep default of **Lifetime** for Treatment count. If needed, adjust whether the device will be processed through patient insurance and chronic nature of the condition (defaults = yes) . Enter all **previous treatments** and whether they were effective. Be detailed — required for insurance and prior authorization. Include in-office phototherapy history and duration. Select **all applicable reasons the patient is recommended for home phototherapy**.	

3 iPad — Option A: Virtual Exam Room (continued)

#	Action	Screen Reference
5	Location Tab: Select treatment locations. No changes needed on Protocol, Consent, or Post-Care tabs. Click **DONE** to save the plan and return to the Virtual Exam Room. Click "**Save Visit Note**".	
6	To **Fax** the prescription **return to the Visit Overview**. Then click on the **"More" and the "Fax" icon.** **IMPORTANT:** The order has to be faxed from within the Visit Note, NOT the Patient chart	

3 iPad — Option A: Virtual Exam Room (continued)

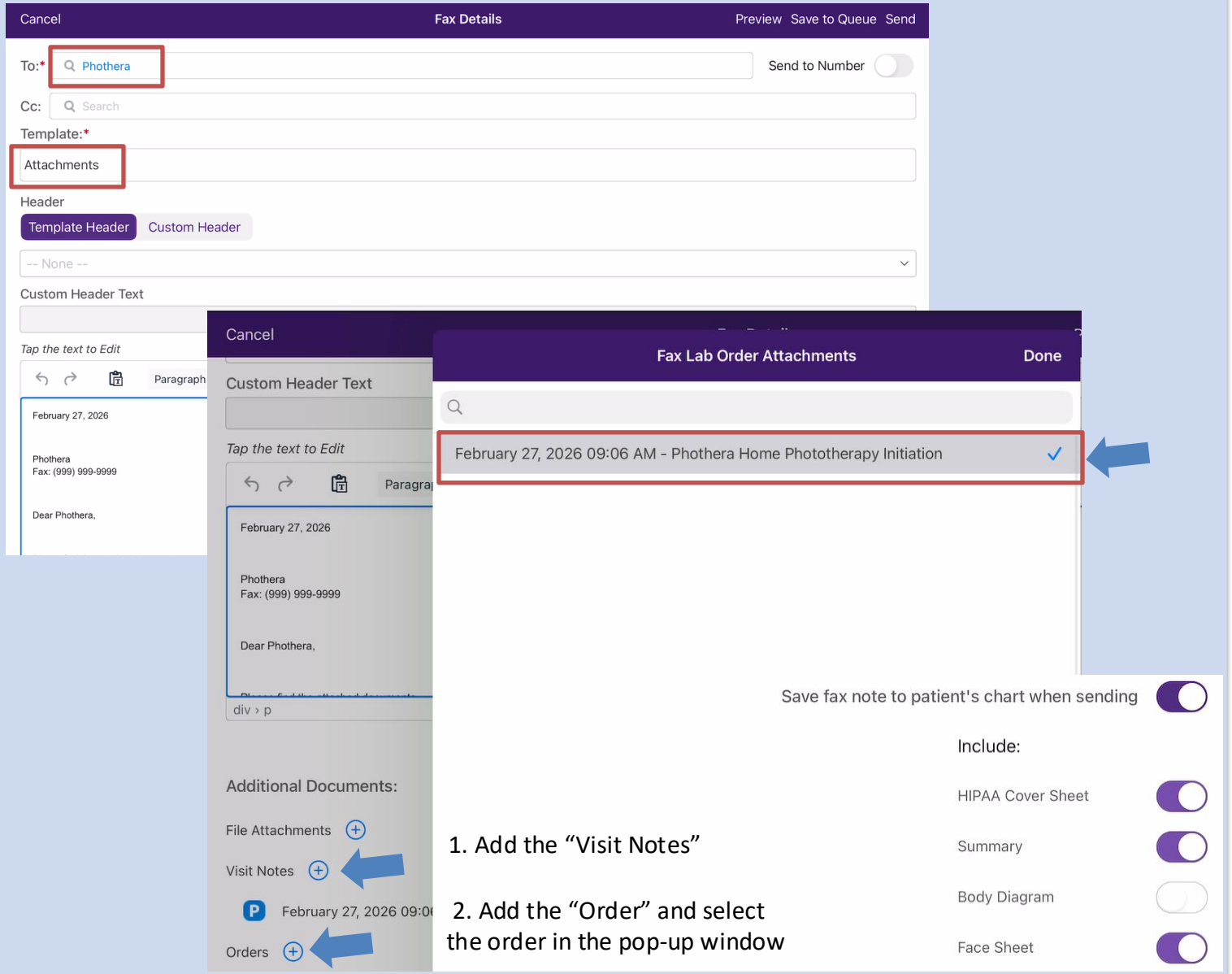
7

To fax the order to Phothera, **select Phothera as a contact** (Fax #: 216-765-0271).
Select **“Template” Attachments**.

⚠️ Order of attachments matters: Add **Visit Notes** first, then add the **Order**.
The sequence is important. The link to Add/Removes Orders appears only when the correct visit is attached.

Toggle Include: HIPAA Cover Sheet + Face Sheet + Summary + Save fax to chart upon sending.

Click “**Done**” and “**Send**”.



2 iPad — Option A: Virtual Exam Room (continued)

#	Action	Screen Reference

8 The Fax will have all information associated as shown below.

HIPAA cover sheet You are viewing a sandbox site. Do not add any PHI content.

This fax is intended only for the use of the person or office to whom it is addressed, and contains privileged or confidential information protected by law. All recipients are hereby notified that inadvertent or unauthorized receipt does not waive such privilege, and that unauthorized dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please destroy the attached document(s) and notify the sender of the error at the contact information below.

Attachments Template Page

Test, Phothera

PMS ID:	Sex:	DOB:	Phone:	MRN:
112646PAT000000137	Male	01/01/1990	(123) 456-7890	MM0000000127

February 27, 2026

Phothera
Fax: (999) 999-9999

Dear Phothera,

Please find the attached documents.

Regards,

Visit Notes

Test, Phothera

Visit Note - February 27, 2026

PMS ID:	Sex:	DOB:	Phone:	MRN:
112646PAT000000137	Male	01/01/1990	(123) 456-7890	MM0000000127

Medical History

Social History
Smoking status - Unspecified

Impression/Plan:
1. Psoriasis (L40.0)
Diffuse hyperpigmentation on sunexposed skin and psoriasiform plaques with micaceous scale

Plan: Phothera Home Phototherapy Initiation.
Device: E0691- Phothera 200: Panel Device for Hands/Feet
Protocol To Use: NBUVB
Location: hands and feet
Skin Type: II

Will this prescription be processed through the patient's insurance? yes
Is the condition chronic? yes

Previous treatments:
triamcinolone
Previous treatments were ineffective.

Has the patient been treated with UV light therapy in the office? yes
Did the patient's condition improve with in-office phototherapy? no
How many months of in-office UV light were administered? 3+ months

Phothera's Order

Test, Phothera
EMA ID: 1694635

Orders - February 27, 2026

PMS ID:	Sex:	DOB:	Phone:	MRN:
112646PAT000000137	Male	01/01/1990	(123) 456-7890	MM0000000127

PATIENT INFORMATION

LAST NAME	FIRST NAME	M.I.
Test	Phothera	

SSN	DATE OF BIRTH	SEX	MRN
	01/01/1990	Male	MM0000000127

STREET ADDRESS	STREET ADDRESS CONTD
123 Main Street	

CITY	STATE	ZIP CODE
Boca Raton	FL	01234

HOME PHONE	CELL PHONE	EMPLOYER NAME
1234567890		

EMAIL
test@gmail.com

GUARANTOR INFORMATION

LAST NAME	FIRST NAME	M.I.
Test	Phothera	

RELATIONSHIP TO PATIENT
Self

STREET ADDRESS	STREET ADDRESS CONTD
123 Main Street	

CITY	STATE	ZIP CODE
Boca Raton	FL	01234

HOME PHONE	WORK PHONE
1234567890	

EMAIL
test@gmail.com

PRIMARY BILLING / INSURANCE INFORMATION

SUBSCRIBER NAME	RELATIONSHIP	SUB. DOB	COMPANY NAME	GRP/CONTRACT #	MEMBER ID #
Phothera Test	Self		Aetna Health Plans		1234567

STREET ADDRESS	STREET ADDRESS CONTD
PO Box 8395	

CITY	STATE	ZIP CODE	EMPLOYER NAME
San Francisco	CA	940468395	

DIAGNOSES

Diagnosis	ICD Code	Description
1	L40.0	Psoriasis vulgaris

Phothera Home Phototherapy Initiation

Device: E0691- Phothera 200: Panel Device for Hands/Feet
Protocol To Use: NBUVB
Location: hands and feet
Skin Type: II

Will this prescription be processed through the patient's insurance? yes
Is the condition chronic? yes

Previous treatments:
triamcinolone
Previous treatments were ineffective.

Has the patient been treated with UV light therapy in the office? yes
Did the patient's condition improve with in-office phototherapy? no
How many months of in-office UV light were administered? 3+ months

Reasons for Home Phototherapy: in-office phototherapy is not available to the patient and unable to take time from work or school
Is the patient reliable, motivated, and able to adhere to instructions? yes

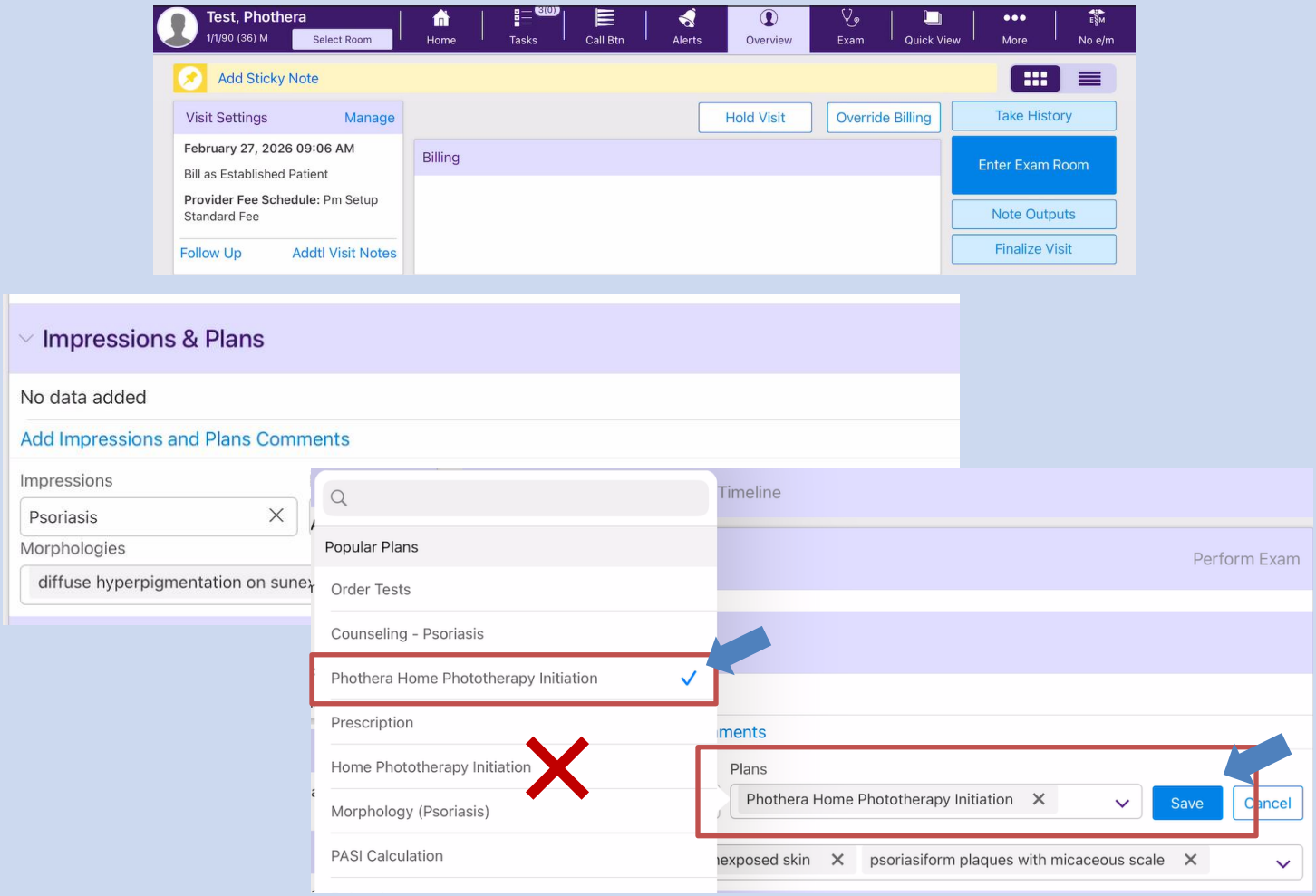
The risks of home phototherapy were reviewed with the patient including but not limited to: burn, pigmentary changes, pain, blistering, scabbing, redness, increased risk of skin cancers, and the remote possibility of scarring. I certify that I am the physician identified on this form. I have reviewed this Physician's Written Order. Any statement on my letterhead hereto has also been reviewed and signed by me. I certify that this patient and/or caregiver is capable and will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation substantiating the utilization and medical necessity of the listed product, and the physician's notes and other supporting documentation

SECTION 3

iPad (EMA Mobile) – Visit Overview

Ordering Phothera Devices in EMA

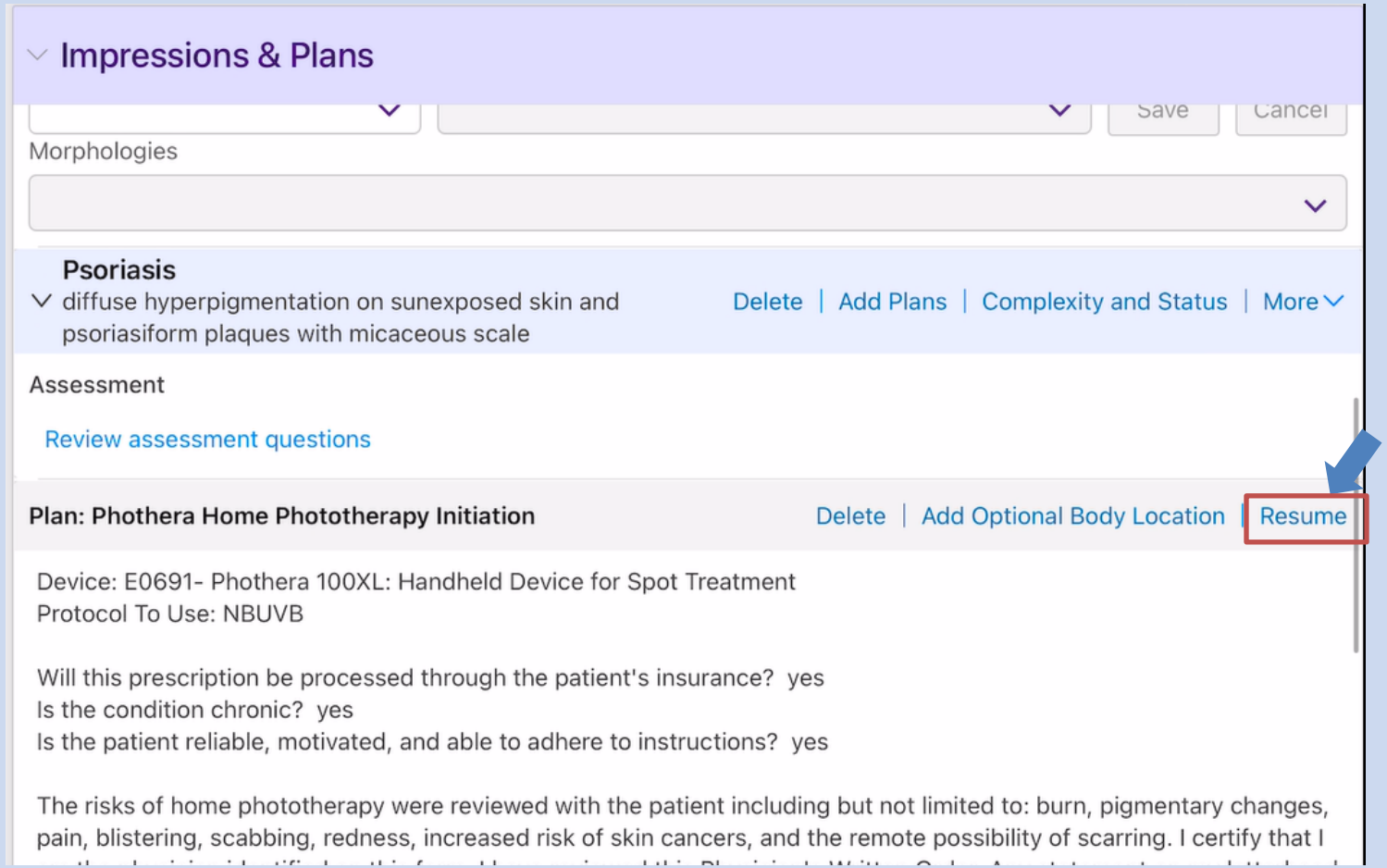
3 iPad — Option B: Visit Overview

#	Action	Screen Reference
1	Log in and open the patient's chart. Select **Create New Visit** and scroll to **Impressions and Plans**. Click on "**Impressions**" and select a diagnosis (e.g., Psoriasis) Click on **Plans** and select the "**Phothera Home Phototherapy Initiation**" plan. IMPORTANT: **DO NOT select** the "**Home Phototherapy Initiation**", if you see more than 3 Phothera devices you are in the incorrect plan. Click "**Save**."	

3 iPad — Option B: Visit Overview (continued)

2 The "**Phothera Home Phototherapy Initiation**" plan will load.

Click "**Resume**" to open and edit it.



3 iPad — Option A: Virtual Exam Room (continued)

3

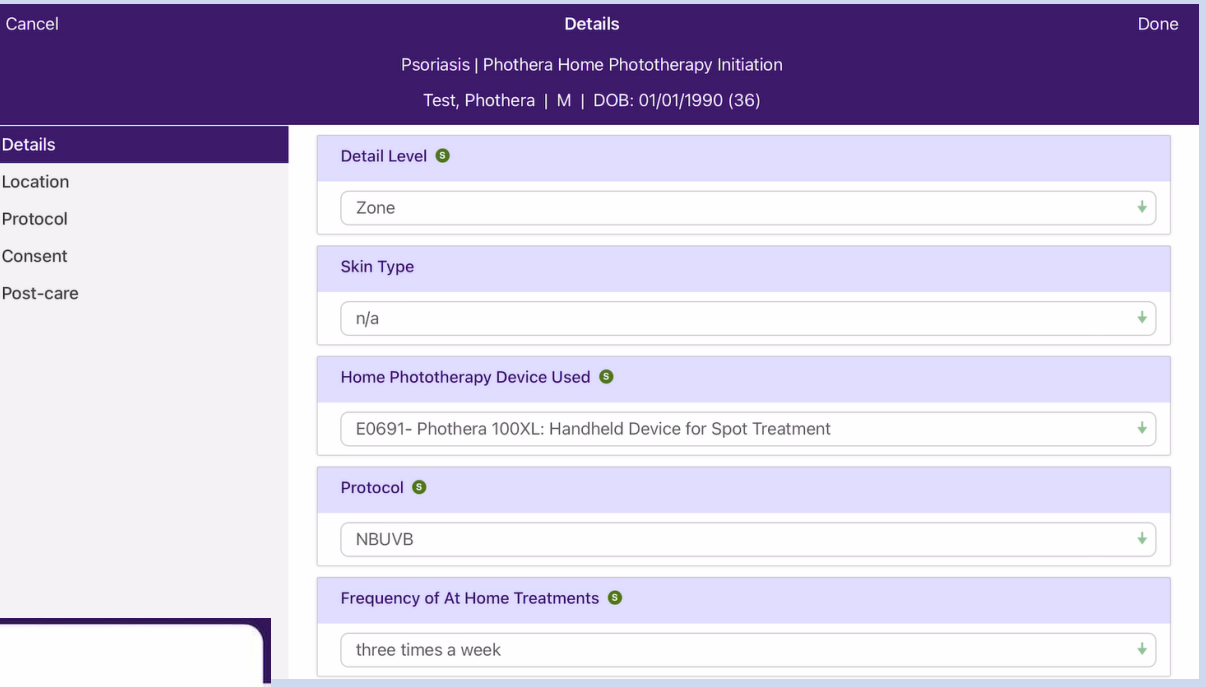
Details Tab:
Select **“Zone”** based on your standard practice for the individual patient’s situation.

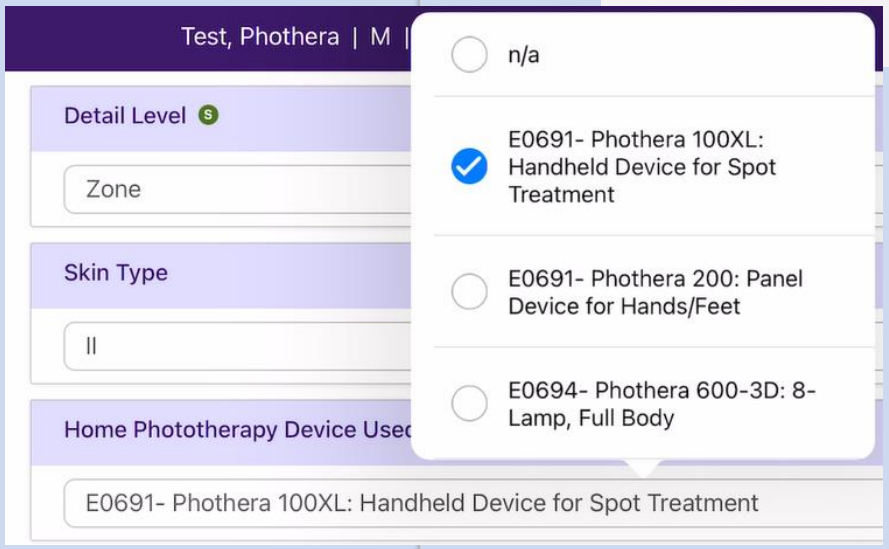
Select **“Skin Type”** based on the individual patient’s situation (**Type I can be used as default**.

Select a **Phothera Home Phototherapy Device.**

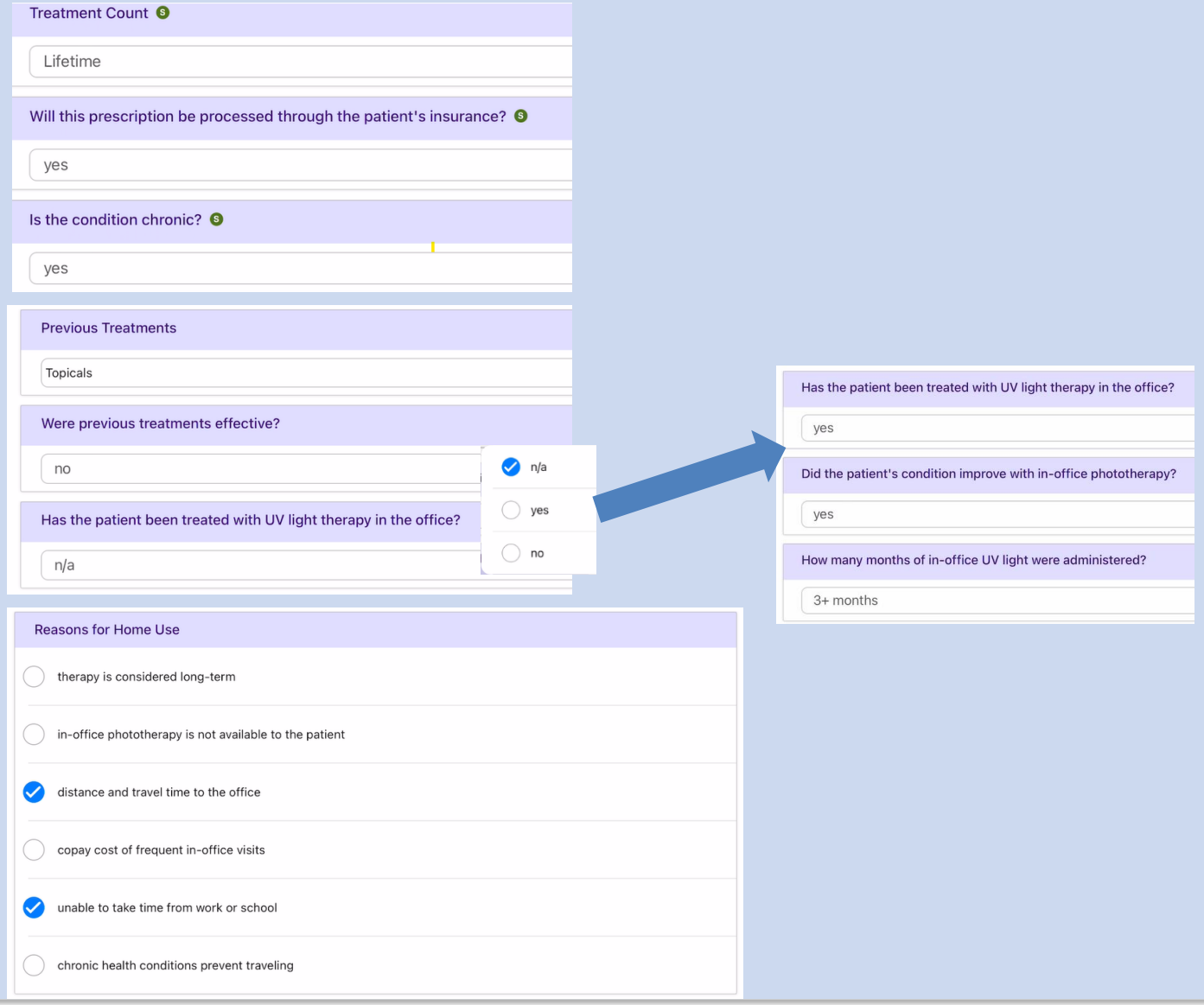
Keep default protocol as **NBUVB**.

Select default frequency (**3x/week**) and **Lifetime** for Treatment count.

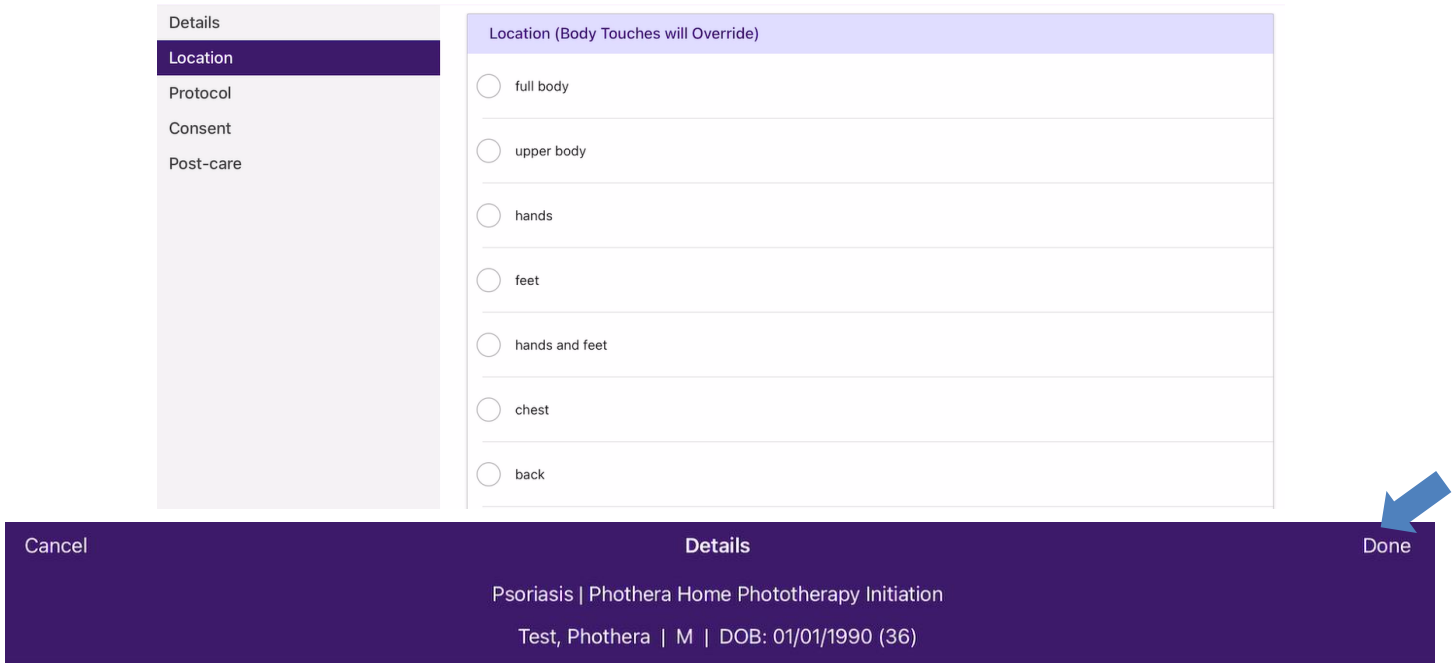
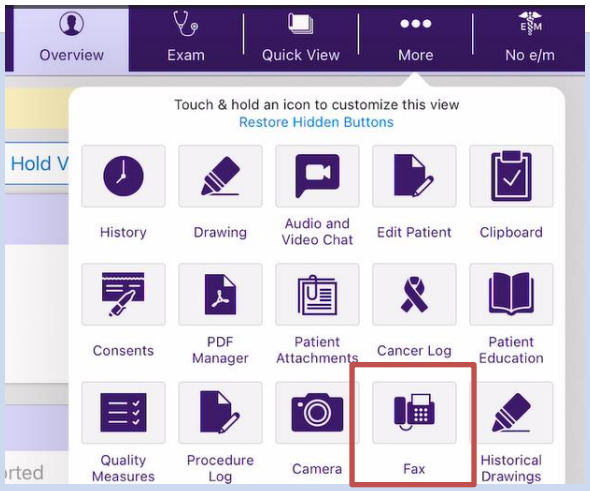




3 iPad — Option A: Virtual Exam Room (continued)

#	Action	Screen Reference
4	Keep default of **Lifetime** for Treatment count. If needed, adjust whether the device will be processed through patient insurance and chronic nature of the condition (defaults = yes) . Enter all **previous treatments** and whether they were effective. Be detailed — required for insurance and prior authorization. Include in-office phototherapy history and duration. Select **all applicable reasons the patient is recommended for home phototherapy**.	

3 iPad — Option A: Virtual Exam Room (continued)

#	Action	Screen Reference
5	Location Tab: Select treatment locations. No changes needed on Protocol, Consent, or Post-Care tabs. Click **DONE** to save the plan and return to the Virtual Exam Room. Click "**Save Visit Note**".	
6	To **Fax** the prescription **return to the Visit Overview**. Then click on the **"More" and the "Fax" icon.** **IMPORTANT:** The order has to be faxed from within the Visit Note, NOT the Patient chart	

3 iPad — Option A: Virtual Exam Room (continued)

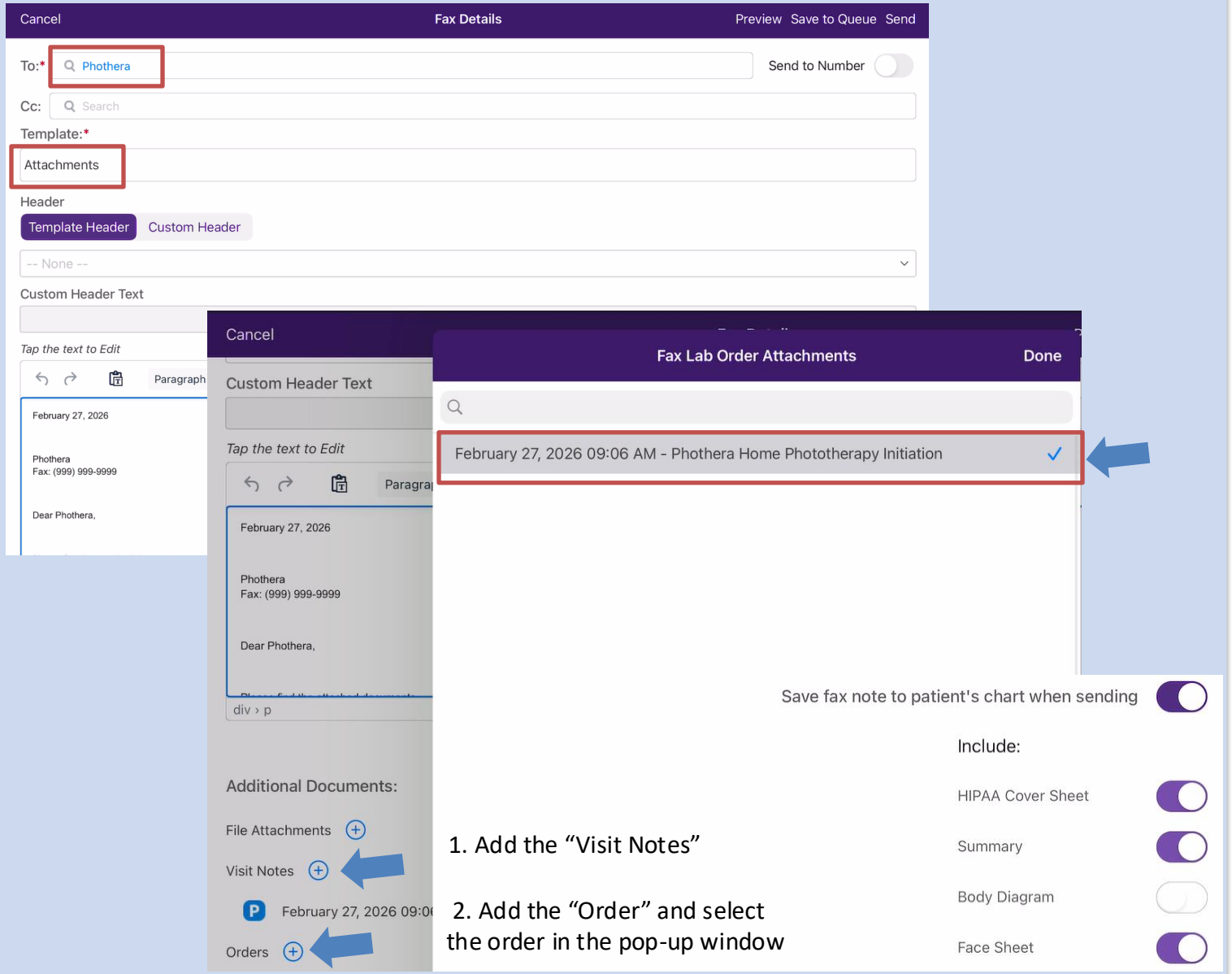
7

To fax the order to Phothera, **select Phothera as a contact** (Fax #: 216-765-0271).
Select **“Template” Attachments**.

⚠️ Order of attachments matters: Add **Visit Notes** first, then add the **Order**.
The sequence is important. The link to Add/Removes Orders appears only when the correct visit is attached.

Toggle Include: HIPAA Cover Sheet + Face Sheet + Summary + Save fax to chart upon sending.

Click “**Done**” and “**Send**”.



2 iPad — Option A: Virtual Exam Room (continued)

#	Action	Screen Reference

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Attachments Template Page

Test, Phothera

PMS ID:	Sex:	DOB:	Phone:	MRN:
112646PAT000000137	Male	01/01/1990	(123) 456-7890	MM0000000127

February 27, 2026

Phothera
Fax: (999) 999-9999

Dear Phothera,

Please find the attached documents.

Regards,

Visit Notes

Test, Phothera

Visit Note - February 27, 2026

PMS ID:	Sex:	DOB:	Phone:	MRN:
112646PAT000000137	Male	01/01/1990	(123) 456-7890	MM0000000127

Medical History

Social History
Smoking status - Unspecified

Impression/Plan:
1. **Psoriasis**
(L40.0)
Diffuse hyperpigmentation on sunexposed skin and psoriasiform plaques with micaceous scale

Plan: Phothera Home Phototherapy Initiation.
Device: E0691- Phothera 200: Panel Device for Hands/Feet
Protocol To Use: NBUVB
Location: hands and feet
Skin Type: II

Will this prescription be processed through the patient's insurance? yes
Is the condition chronic? yes

Previous treatments:
triamcinolone
Previous treatments were ineffective.

Has the patient been treated with UV light therapy in the office? yes
Did the patient's condition improve with in-office phototherapy? no
How many months of in-office UV light were administered? 3+ months

Phothera's Order

Test, Phothera
EMA ID: 1694635

Orders - February 27, 2026

PMS ID:	Sex:	DOB:	Phone:	MRN:
112646PAT000000137	Male	01/01/1990	(123) 456-7890	MM0000000127

PATIENT INFORMATION

LAST NAME	FIRST NAME	M.I.
Test	Phothera	

SSN	DATE OF BIRTH	SEX	MRN
	01/01/1990	Male	MM0000000127

STREET ADDRESS	STREET ADDRESS CONTD
123 Main Street	

CITY	STATE	ZIP CODE
Boca Raton	FL	01234

HOME PHONE	CELL PHONE	EMPLOYER NAME
1234567890		

EMAIL
test@gmail.com

GUARANTOR INFORMATION

LAST NAME	FIRST NAME	M.I.
Test	Phothera	

RELATIONSHIP TO PATIENT
Self

STREET ADDRESS	STREET ADDRESS CONTD
123 Main Street	

CITY	STATE	ZIP CODE
Boca Raton	FL	01234

HOME PHONE	WORK PHONE
1234567890	

EMAIL
test@gmail.com

PRIMARY BILLING / INSURANCE INFORMATION

SUBSCRIBER NAME	RELATIONSHIP	SUB. DOB	COMPANY NAME	GRP/CONTRACT #	MEMBER ID #
Phothera Test	Self		Aetna Health Plans		1234567

STREET ADDRESS	STREET ADDRESS CONTD
PO Box 8395	

CITY	STATE	ZIP CODE	EMPLOYER NAME
San Francisco	CA	940468395	

DIAGNOSES

Diagnosis	ICD Code	Description
1	L40.0	Psoriasis vulgaris

Phothera Home Phototherapy Initiation

Device: E0691- Phothera 200: Panel Device for Hands/Feet
Protocol To Use: NBUVB
Location: hands and feet
Skin Type: II

Will this prescription be processed through the patient's insurance? yes
Is the condition chronic? yes

Previous treatments:
triamcinolone
Previous treatments were ineffective.

Has the patient been treated with UV light therapy in the office? yes
Did the patient's condition improve with in-office phototherapy? no
How many months of in-office UV light were administered? 3+ months

Reasons for Home Phototherapy: in-office phototherapy is not available to the patient and unable to take time from work or school
Is the patient reliable, motivated, and able to adhere to instructions? yes

The risks of home phototherapy were reviewed with the patient including but not limited to: burn, pigmentary changes, pain, blistering, scabbing, redness, increased risk of skin cancers, and the remote possibility of scarring. I certify that I am the physician identified on this form. I have reviewed this Physician's Written Order. Any statement on my letterhead hereto has also been reviewed and signed by me. I certify that this patient and/or caregiver is capable and will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation substantiating the utilization and medical necessity of the listed product, and the physician's notes and other supporting documentation

SECTION 4

Pulling a Report

EMA Analytics walkthrough

4 Pulling a Report of Phothera Orders in EMA

For providers and sales team tracking

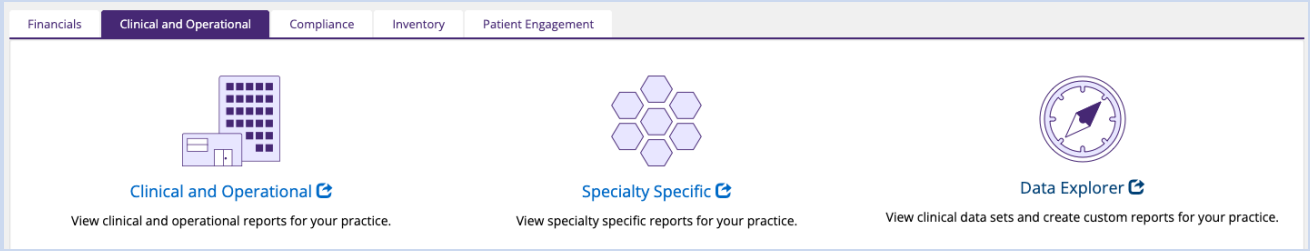
1

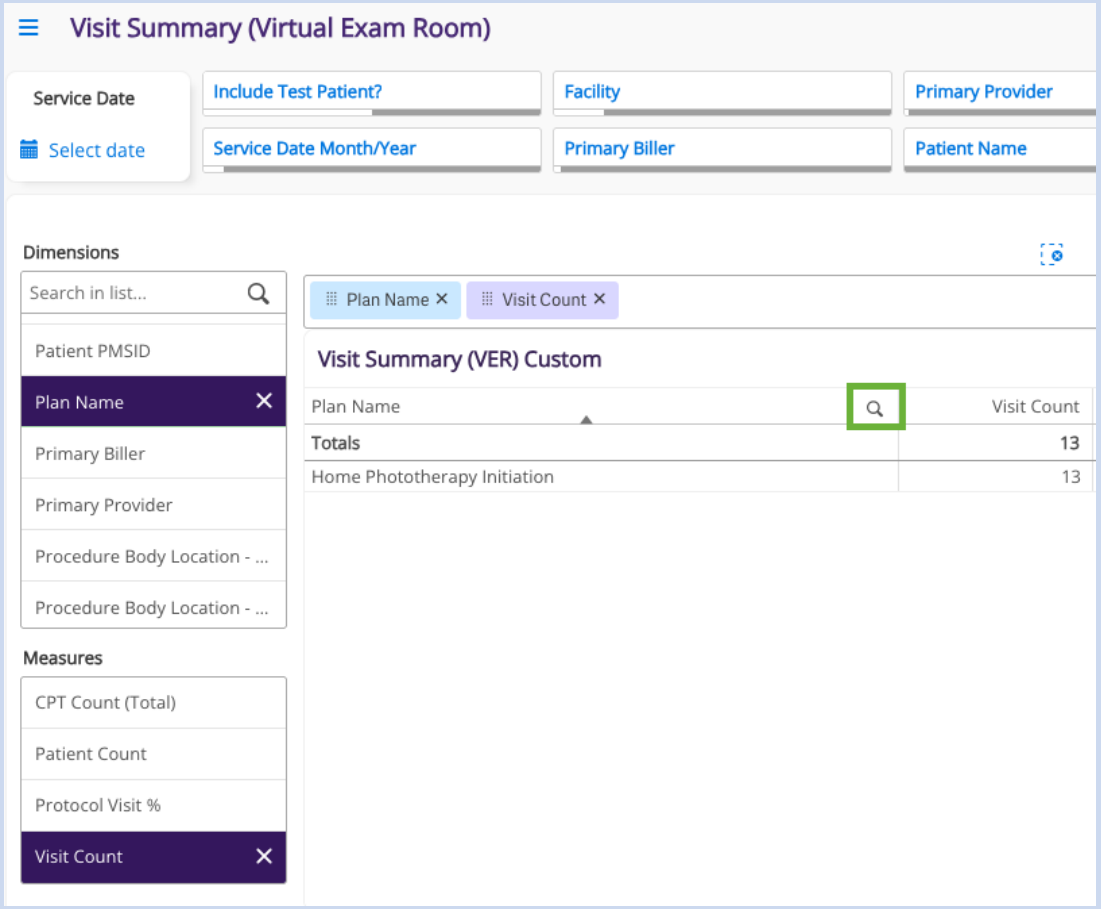
Go to: Analytics > Clinical & Operational > Data Explorer > Visit Summary (Virtual Exam Room) report.

Add dimension: Plan Name.
Add measure: Visit Count.
(as well as any other dimensions and measures from the list)

Click the magnifying glass next to **Plan Name** and filter for: **Phothera Home Phototherapy Initiation**.

Add patient and provider details as needed.





SECTION 5

Key Details

Fax #, NPI, defaults, checklist

5 Key Ordering Details at a Glance

For sales reps and provider reference

Item	Detail
Phothera Fax Number	216-765-0271
Phothera NPI	1326105842
Plan Name in EMA	Phothera Home Phototherapy Initiation
Device Technology	All devices are NBUVB-based with guided mode
Default Skin Type	Type I — change if patient's known skin type differs
Recommended Frequency	3x per week (AAD recommendation, pre-loaded as default)
Treatment Count	Lifetime (no need for frequent refills)
Required Fax Attachments	Visit Notes + Order + HIPAA Cover Sheet + Fax Cover Sheet
Prior Treatment History	Document in detail — required for insurance and prior authorization
Fax Setting	Always check 'Save fax to chart upon sending'

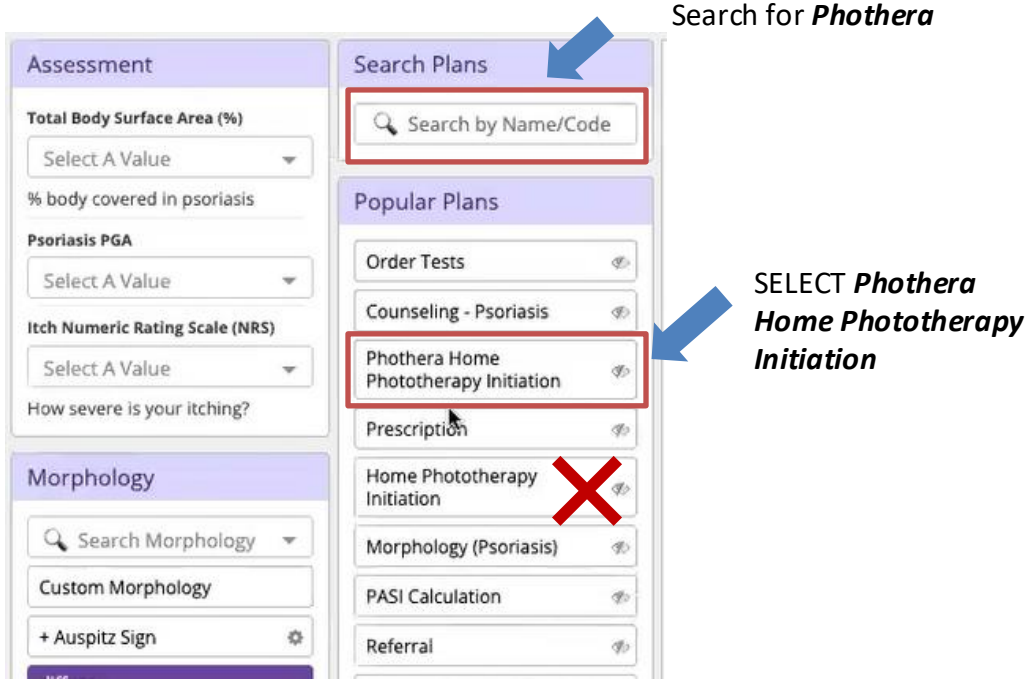
NOTE: Thorough prior treatment documentation is required for insurance benefit verification and prior authorization. Be as specific as possible.

SECTION 6

Troubleshooting

Common Situations

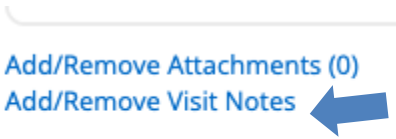
6 Troubleshooting

#	Situation	Screen Reference
1	**Situation**: Account is seeing other devices besides the 3 Phothera devices ➔ **Root Cause**: Wrong Phototherapy initiation plan was selected IMPORTANT: The process described works only with ***Phothera Home Phototherapy Initiation Plan***	

6 Troubleshooting

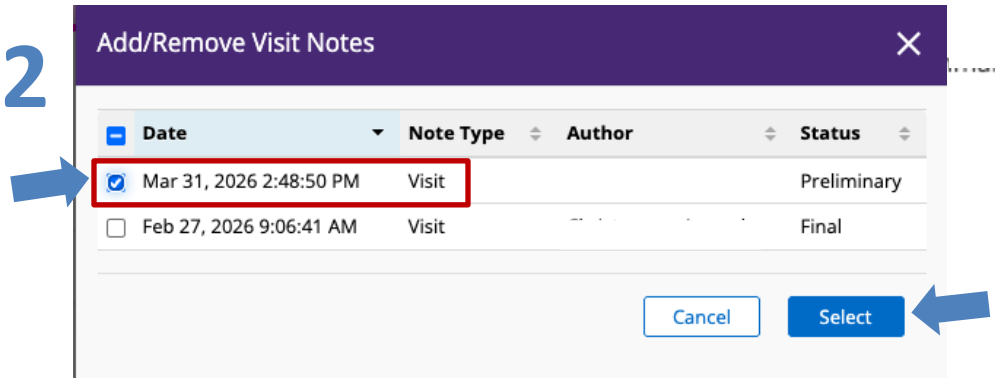
#	Situation	Screen Reference
1	**Situation**: Account cannot attach the order ➔ **Root Cause**: FAX is being initiated from the patient chart instead of from the visit notes (the order is tied to the visit) "**Add/remove Order**" is specifically available **when faxing from the visit note, not when faxing from the patient's chart**. It is, however, available even for notes that have been re-finalized. **Strong recommendation**: providers to enter all the appropriate documentation prior to finalizing the visit the first time, if only to save them time!	

1



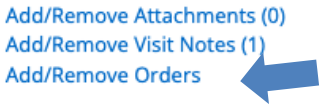
Click "**Add/Remove Visit Notes**," check off the visit note to fax, then click Select. **This must be the visit note in which the order was entered.**

2



3

Once the correct order is selected, the "**Add/Remove Orders**" appears and can be selected to check off the appropriate order:



TIP The key here is to click * **into * the visit (as seen below),** NOT just the patient's chart overview. The order can only be faxed from WITHIN the Visit Note.