

# Clinic Information Changes

## PhilaVax

## Clinic Tools Cheat Sheet

Did your Clinic hours or address change? Do you have new staff or do you need to update someone's information? This **Cheat Sheet** can help! Clinic information can be accessed within the PhilaVax portal from the left-side navigation panel. Select Clinic Tools and then Clinic Information to view and update your clinic's address, contact information, delivery hours and staff information.

## Staff Changes (Adding & Removing Staff)

1. Select **Staff** under **Clinic Information**.
2. Select **Add New Contact** to make a staff change or **Edit** to update existing staff information, or even remove staff
3. Choose the appropriate **Contact Type** from the drop down menu. *Use the table below as a guide.*

Staff Member	PhilaVax Contact Type
Medical director (or equivalent)	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)
Primary Vaccine Coordinator	NON-PHYSICIAN CONTACT (PRIMARY) (Z6 - VFC/VTRCKS)
Back-up Vaccine Coordinator	NON-PHYSICIAN CONTACT (BACK-UP) (Z7 - VFC/VTRCKS)
Prescribing Clinician	PHYSICIAN CONTACT (Z2 - VFC/VTRCKS)

4. For the primary and back-up vaccine coordinators, click on **Add Training** and add **Online Ordering & Clinic Tools Training** and **You Call the Shots**. Double-click in the date box and the current date will populate. (If the primary and back-up vaccine coordinators are already in the system, click on edit next to their name, add the indicated training with a current date and click on **Cancel** in the upper right corner.)
5. Use **Physician Contact** for all the prescribing clinicians (i.e. MD, DO, PA, NP, CRNP) at your site. Enter their name as it appears on their license, their license number and their title (i.e. MD, DO, PA, NP, CRNP).
6. Click **Create or Update** in the upper right hand corner to save your changes.

### Clinic Staff Change Request

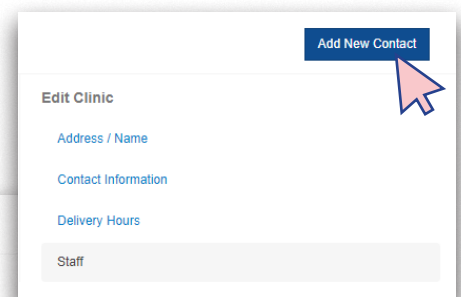
Select or add a new clinic staff member to submit a change request. The change will take effect after the request is approved.

Showing 1 to 4 of 4 entries

Name	Type	Phone	Audit	Action
BAIOCCHI, GARY	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)	215-482-2412		<input type="button" value="EDIT"/>
BERMAN, ROBIN	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)	215-482-2412		<input type="button" value="REMOVE"/>
D'ANGELO, MARY	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)	215-482-2412		<input type="button" value="EDIT"/>
ROSENBERG, LAUREN	PHYSICIAN CONTACT (Z2 - VFC/VTRCKS)			<input type="button" value="EDIT"/>

Showing 1 to 4 of 4 entries

#### Change Request History



The screenshot shows the 'Edit Clinic' panel with the 'Add New Contact' button highlighted in the top right corner. The panel includes sections for 'Address / Name', 'Contact Information', 'Delivery Hours', and 'Staff'.

## Questions? Contact Us!

Have any questions about the enrollment process? Contact our Immunization Education Coordinators! Email [dphproviderhelp@phila.gov](mailto:dphproviderhelp@phila.gov) or call **215.685.6872** or **215.685.6490**.


## Address Change

If Primary and Secondary addresses are the same:

1. From the left-side navigation panel select **Address** under **Clinic Information**.
2. Enter the date you want the address change to go into effect.
3. Click **Clear** to remove the current address.
4. Enter the changes you wish to make to the sites address.
5. If the Primary and Secondary addresses are the same, leave the bottom box checked
6. Press Create to submit your change request.

\*If your address change is on the same day that you are placing an order, add a comment to the order.



### Clinic Address / Name Change Request ?

**Effective Date \***  
MM/DD/YYYY 

Submit a request to update the clinic address, name or email address. When the request is approved or denied it will show up in the history below.

**Clinic Name \***  **E-mail**

**Primary Address** Clear

<b>Street # *</b> <input type="text" value="1101"/>	<b>Prefix</b> <input type="text"/>	<b>Street Name *</b> <input type="text" value="MARKET"/>	<b>Type</b> <input type="text" value="ST"/>	<b>Suffix</b> <input type="text"/>
<b>Unit Number</b> <input type="text" value="12TH FL 1810A"/>	<b>P.O. Box</b> <input type="text"/>			
<b>City *</b> <input type="text" value="PHILADELPHIA"/>	<b>Out of State City</b> <input type="text"/>	<b>County *</b> <input type="text" value="PHILADELPHIA"/>	<b>Out of State County</b> <input type="text"/>	
<b>State *</b> <input type="text" value="PENNSYLVANIA"/>	<b>Country</b> <input type="text" value="UNITED STATES"/>	<b>Zip Code *</b> <input type="text" value="19107"/>  	<b>Census Tract</b> <input type="text"/>	

Make Secondary Address same as Primary Address?

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## Address Change

If Primary and Secondary addresses are different:

1. Update your Primary address, then uncheck the bottom box.
2. Enter your Secondary address.
3. Click **Submit** (Update) to submit your address change after making sure both addresses are correct.

### Clinic Address / Name Change Request

**Effective Date \***  
 

Submit a request to update the clinic address, name or email address. When the request is approved or denied it will show up in the history below.



**Clinic Name \***  **E-mail**

**Primary Address**

**Street # \***  **Prefix**  **Street Name \***  **Type**  **Suffix**

**Unit Number**  **P.O. Box**

**City \***  **Out of State City**  **County \***  **Out of State County**

**State \***  **Country**  **Zip Code \***    **Census Tract**

Make Secondary Address same as Primary Address?

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## Contact Info

1. Select **Contact Information** under **Clinic Information**.
2. Use this page to update the Immunization Program about changes to the main phone and fax numbers for the clinic. Click **Update** to save the changes.

### Clinic Contact Information

<b>Primary Phone</b>	<b>Ext.</b>
<input type="text" value="215-685-6728"/>	<input type="text"/>
<b>Secondary Phone</b>	<b>Ext.</b>
<input type="text" value="999-999-9999"/>	<input type="text"/>
<b>Fax</b>	
<input type="text" value="215-238-6939"/>	

# Clinic Information Changes

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## Delivery Hours

1. Select **Delivery Hours** under **Clinic Information**.
2. Enter the times that deliveries will be accepted each day, Monday through Thursday. **Do not choose hours for Friday. At least one day must have 4 consecutive hours when you can accept shipments.**
3. If your office is closed for lunch during the day, account for the break (see example below).
4. Check this box if you want your shipment sent to your Secondary address and NOT your Primary address.
5. Write any special instructions that the shipping company should be aware of.
6. Click **Update**, located at both the top or bottom of the page, to submit your changes.

### Clinic Delivery Hours

**Monday**

Delivery Time 1: 08:30 To 10:30 Delivery Time 2: 13:00 To 15:00

**Tuesday**

Delivery Time 1: 09:00 To 15:00 Delivery Time 2: CHOOSE To CHOOSE

**Wednesday**

Delivery Time 1: 09:00 To 15:00 Delivery Time 2: CHOOSE To CHOOSE

**Update**

### Options

Ship to mailing address instead of physical address?

Special instructions

**Update**