

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.

01 Staff Changes

1. Select **Staff** under **Clinic Information**.
2. Select **Add New Contact** to make a staff change or **Edit** to update existing staff information
3. Choose the appropriate **Contact Type** from the drop down menu. *Use the table below as a guide.*
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 (ie. MD, DO, PA, NP, CRNP) at your site. Enter their name as it appears on their license, their license number and their title (ie. 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 2 of 2 entries

Name	Type	Phone	Action
MILLER, CHARMA	NON-PHYSICIAN CONTACT (Z1 - VFC/VTRCKS)	215-685-6667	EDIT
WILSON, CHRISTINE	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)	215-685-6728	EDIT

Showing 1 to 2 of 2 entries

[← Previous](#) **1** [Next →](#)

Change Request History

Submitted On	Name	Clinic	Status	Action
01/15/2020	FEEMSTER, KRISTEN	PROJ01 - PDPH- DIVISION OF DISEASE CONTROL	PENDING	VIEW

Staff Member

Medical director (or equivalent)

Primary Vaccine Coordinator

Back-up Vaccine Coordinator

Prescribing Clinician

PhilaVax Contact Type

PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)

NON-PHYSICIAN CONTACT (PRIMARY) (Z6 - VFC/VTRCKS)

NON-PHYSICIAN CONTACT (BACK-UP) (Z7 - VFC/VTRCKS)

PHYSICIAN CONTACT (Z2 - VFC/VTRCKS)

02 Address Change

Questions? Contact Us!

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

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 *
 

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

Make Secondary Address same as Primary Address?

02 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 *
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 * PROJ01 - PDPH- DIVISION OF DISEASE CONTROL **E-mail** CHRISTINE.WILSON@PHILA.GOV

Primary Address Clear

Street # * 1101 **Prefix** **Street Name *** MARKET **Type** ST **Suffix**

Unit Number 12TH FL 1810A **P.O. Box**

City * PHILADELPHIA **Out of State City** **County *** PHILADELPHIA **Out of State County**

State * PENNSYLVANIA **Country** UNITED STATES **Zip Code *** 19107 **Census Tract**

Make Secondary Address same as Primary Address?

03 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

Primary Phone **Ext.**
215-685-6728

Secondary Phone **Ext.**
999-999-9999

Fax
215-238-6939

04 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.
1. 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