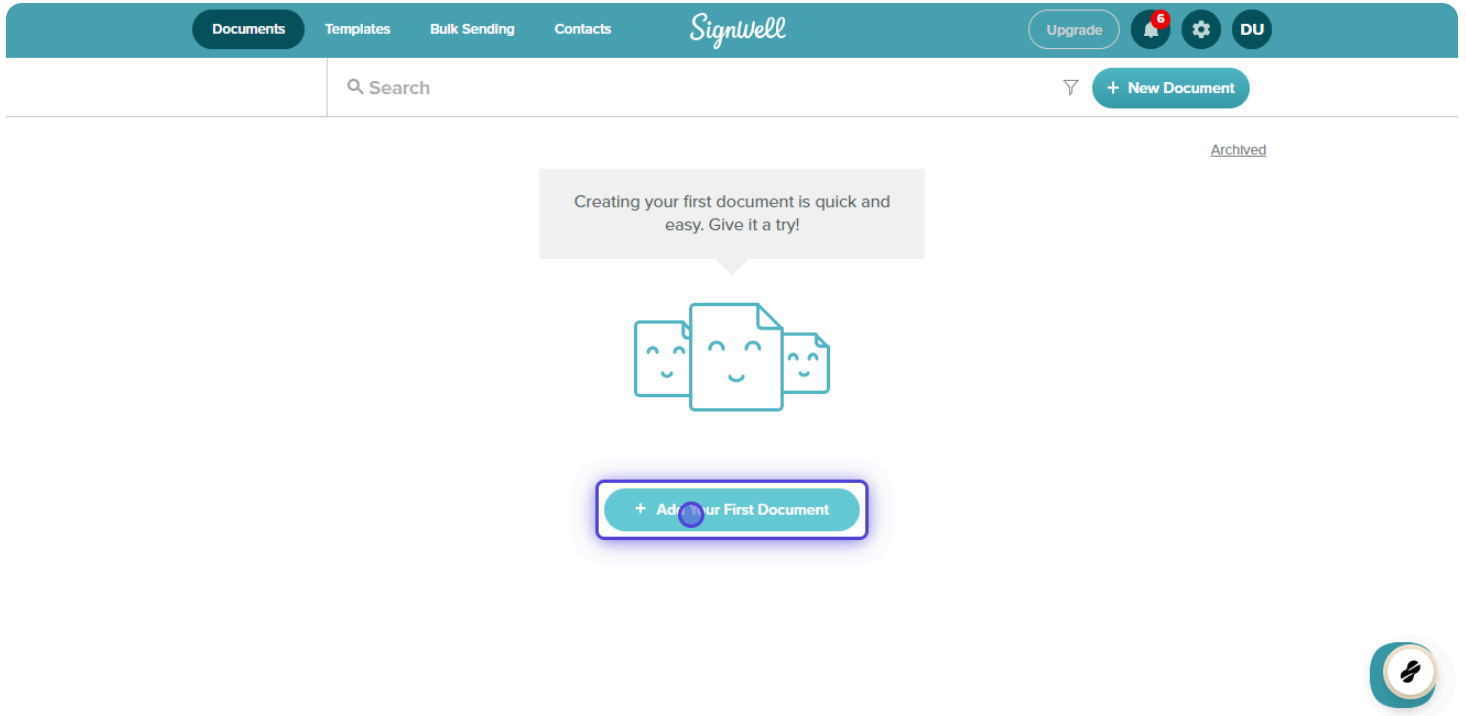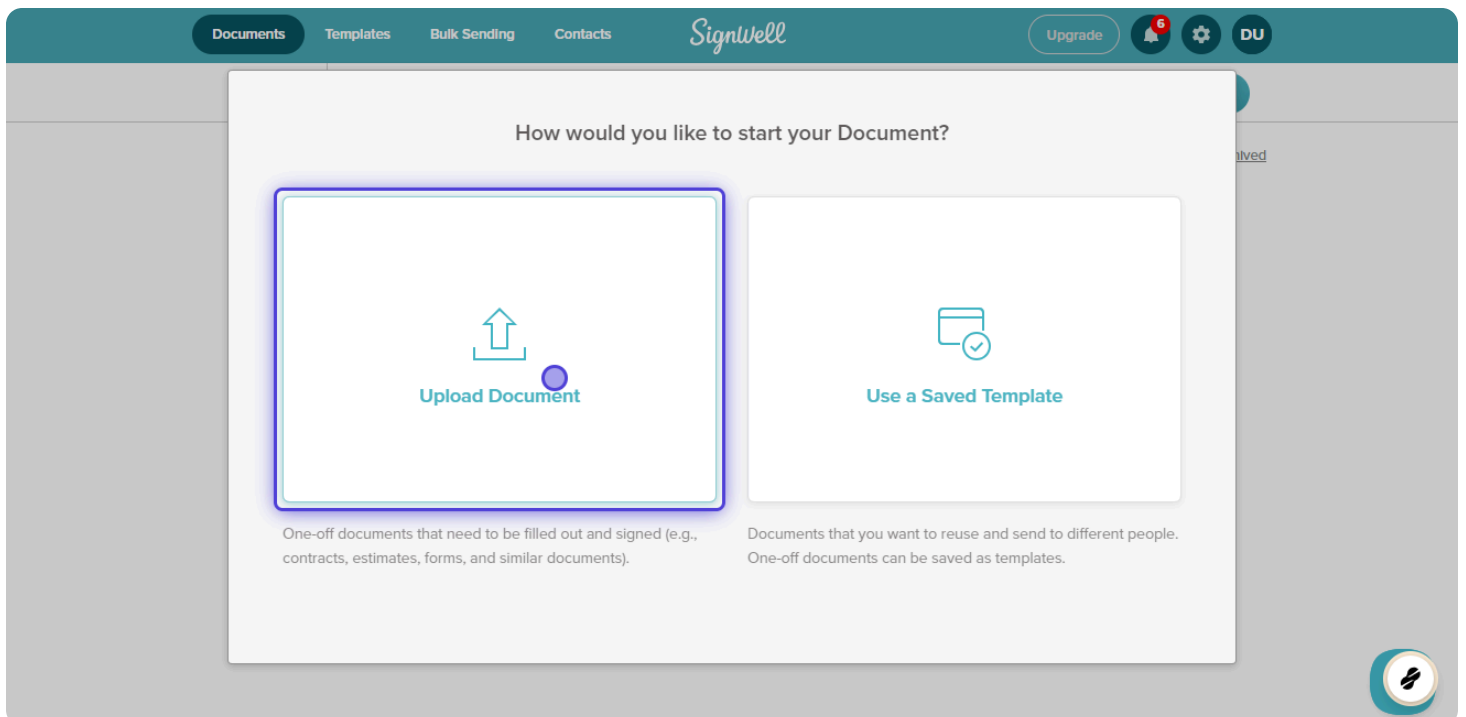# SignWell User Guide

Created on Oct 29, 2024 by D1 - One Dentistry
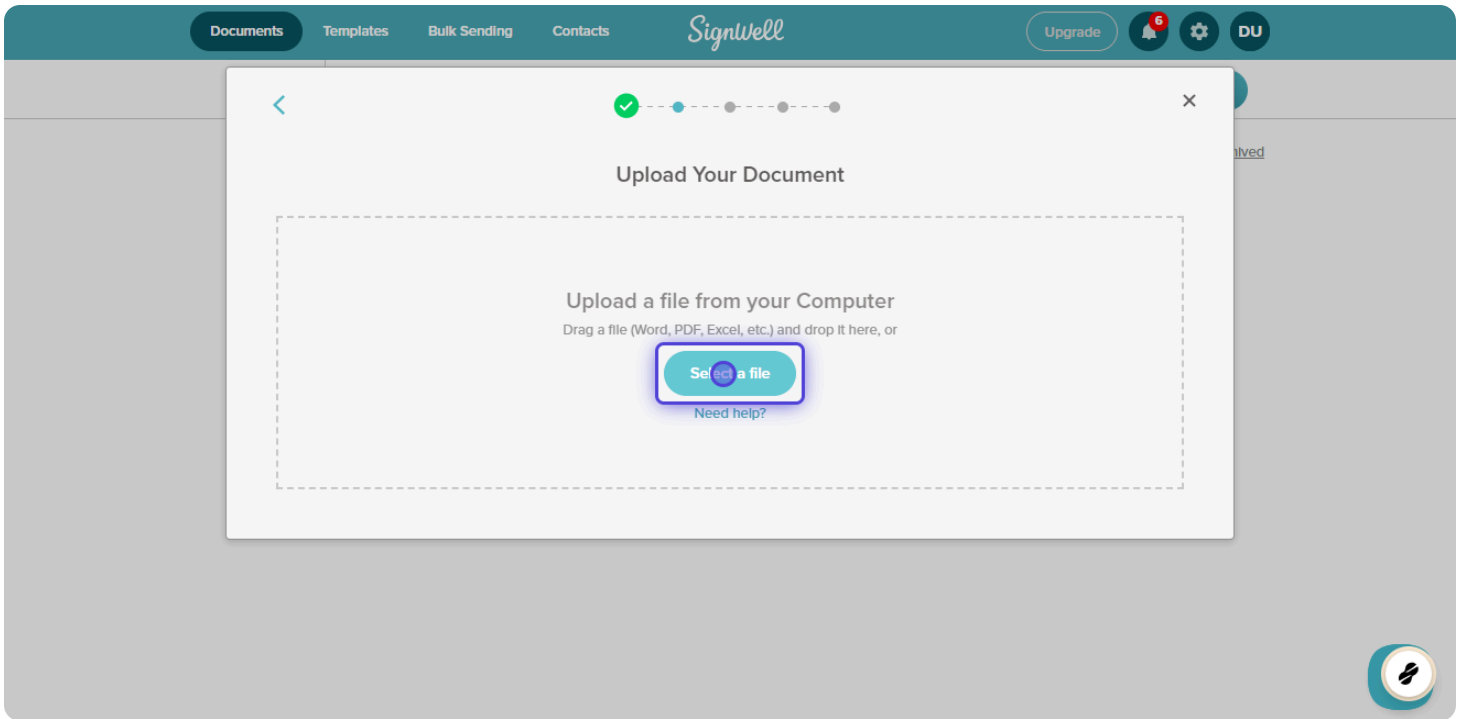
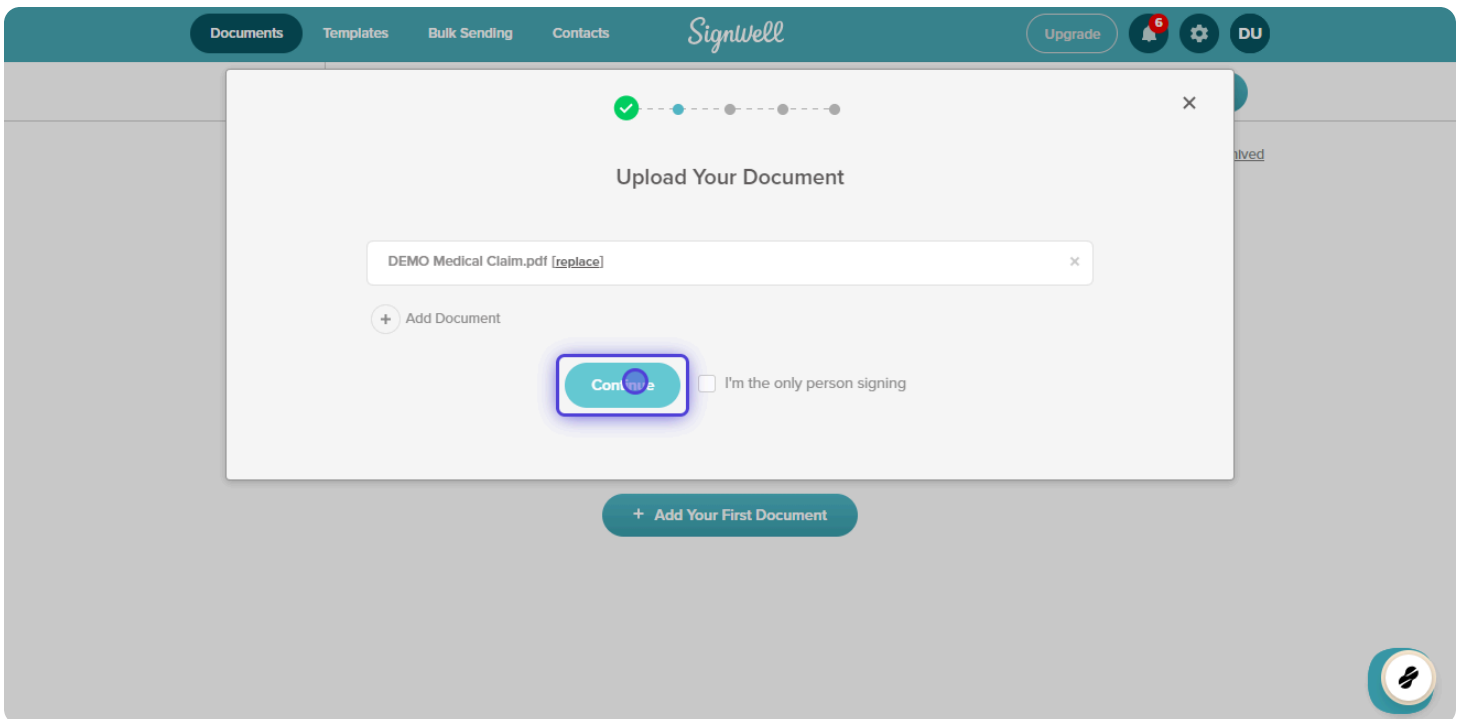**1** **Signup and Click on Add Your First Document**
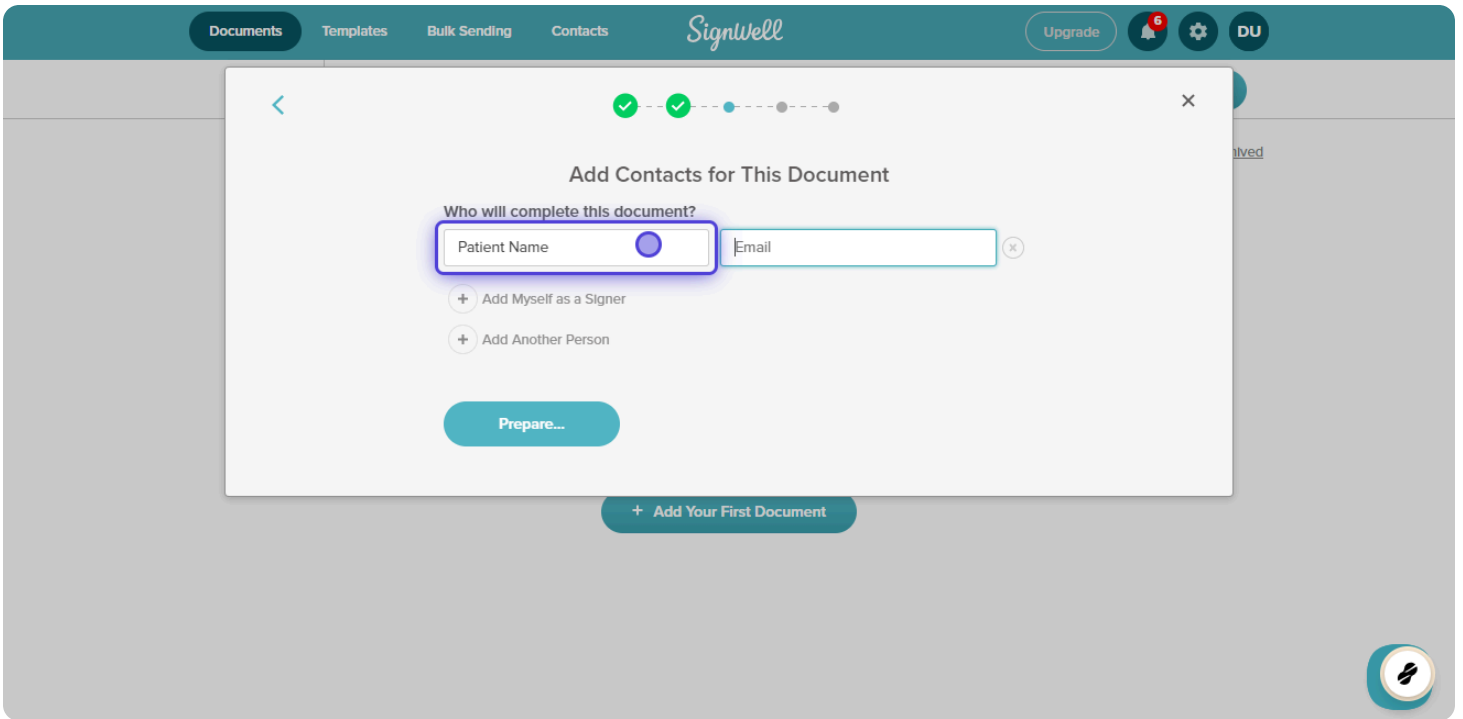

2 **Click on Upload Document**
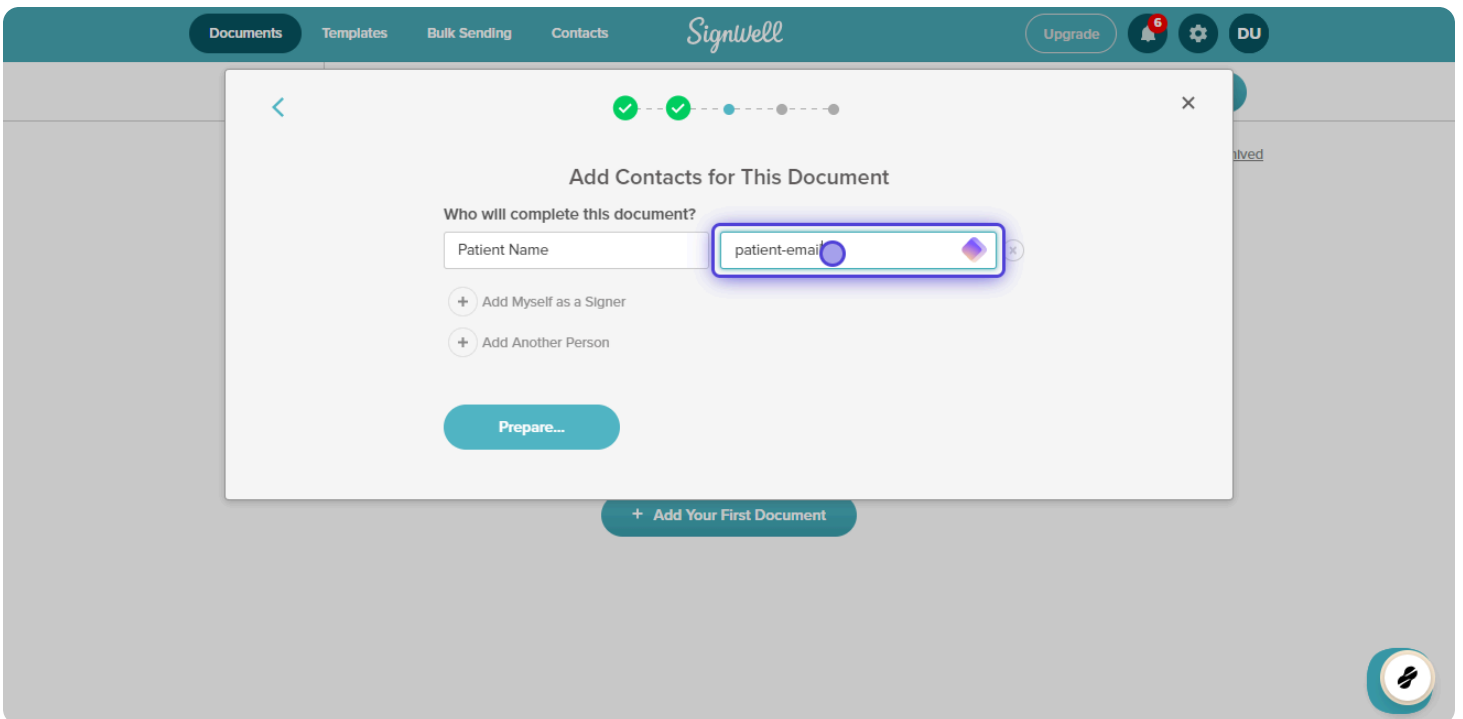
3 Click on Select a file

4 Select the File from your Computer/Phone and Click Continue
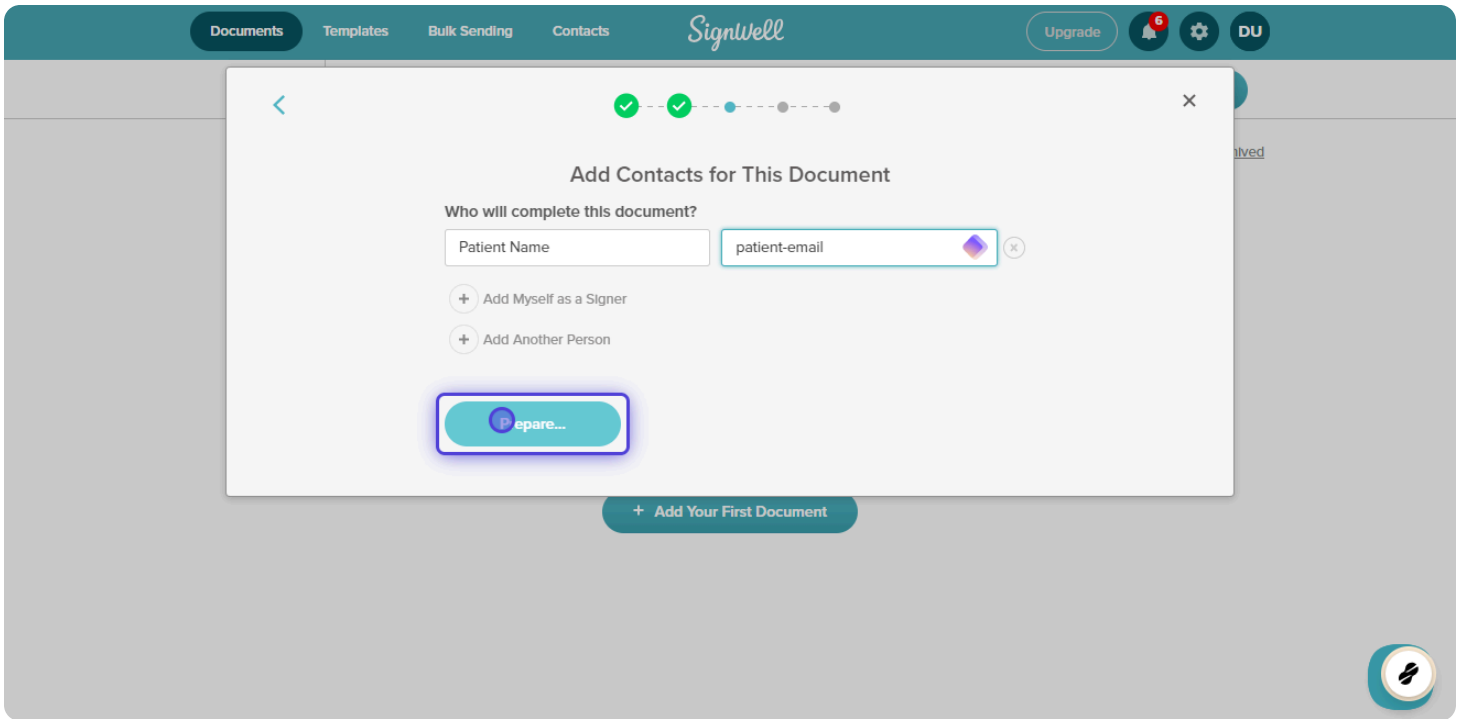
5 Type in Patient's Name

6 Type in Patient's Email
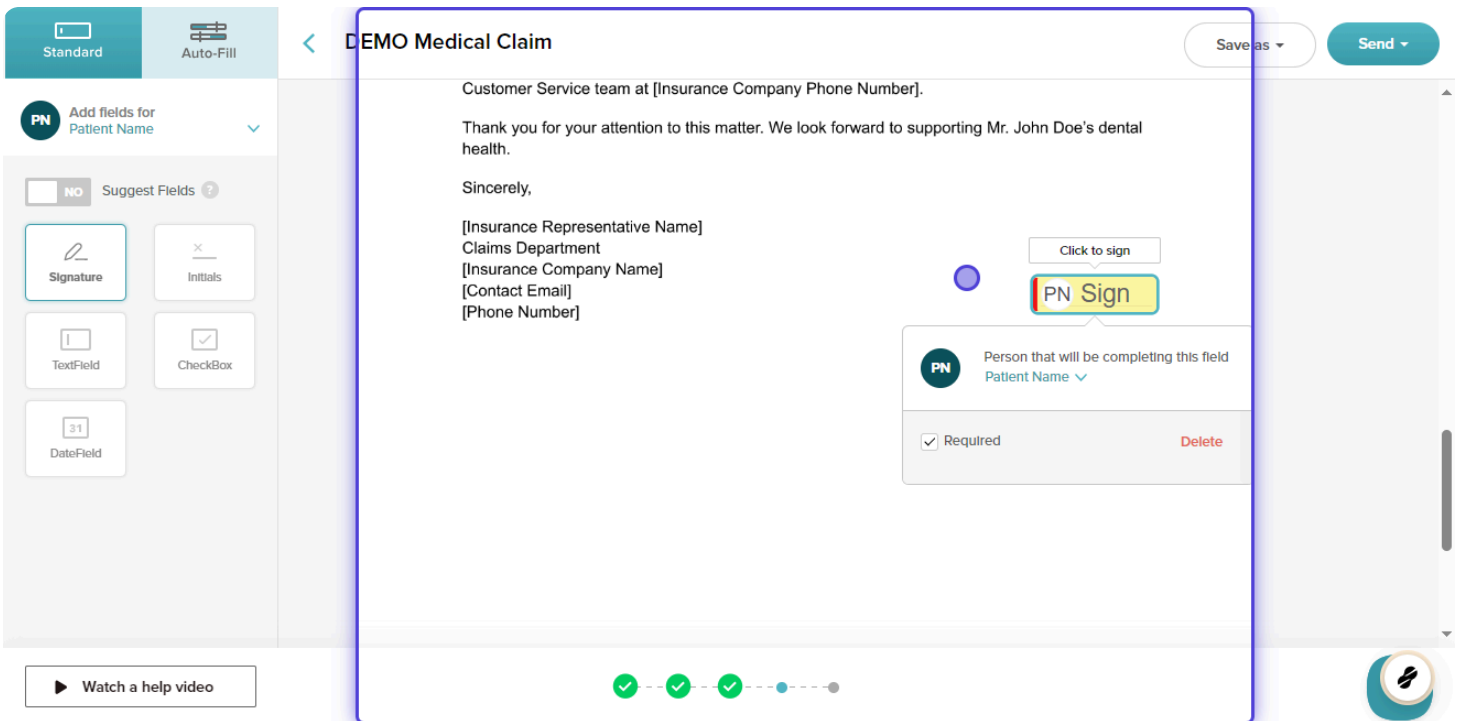
7   Click on Prepare...

Documents | Templates | Bulk Sending | Contacts   *Signwell*   Upgrade

Add Contacts for This Document

Who will complete this document?

Patient Name | patient-email

＋ Add Myself as a Signer

＋ Add Another Person

Prepare...

＋ Add Your First Document

8   Choose Signature button from the Toolbox

Standard | Auto-Fill

DEMO Medical Claim   Save as ▾   Send ▾

PN Add fields for Patient Name

NO   Suggest Fields

Signature | Initials

TextField | CheckBox

DateField

DEMO

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]
[Date]

Patient Name: John Doe
Policy Number: ABC1234567
Claim Reference Number: 78901234
Date of Birth: January 1, 1990

To:
Dr. Sarah Brown
[Dental Clinic Name]
[Clinic Address]
[City, State, Zip Code]

Subject: Pre-Approval for Dental Treatment - Patient: John Doe
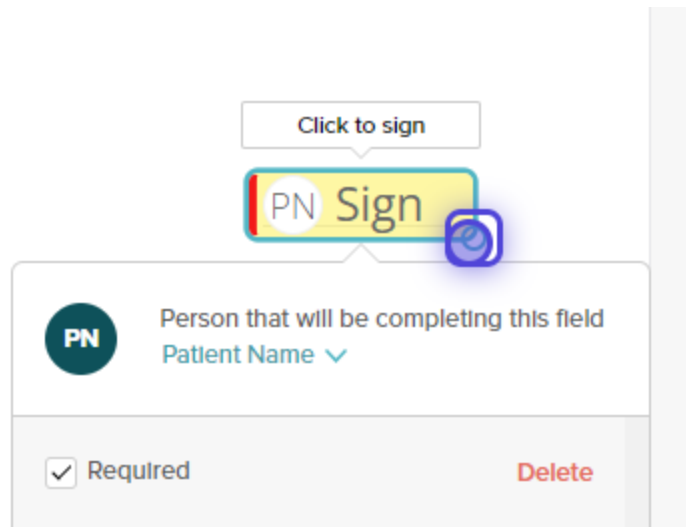
▶ Watch a help video

9 Click on the Area where you want the Signature Area
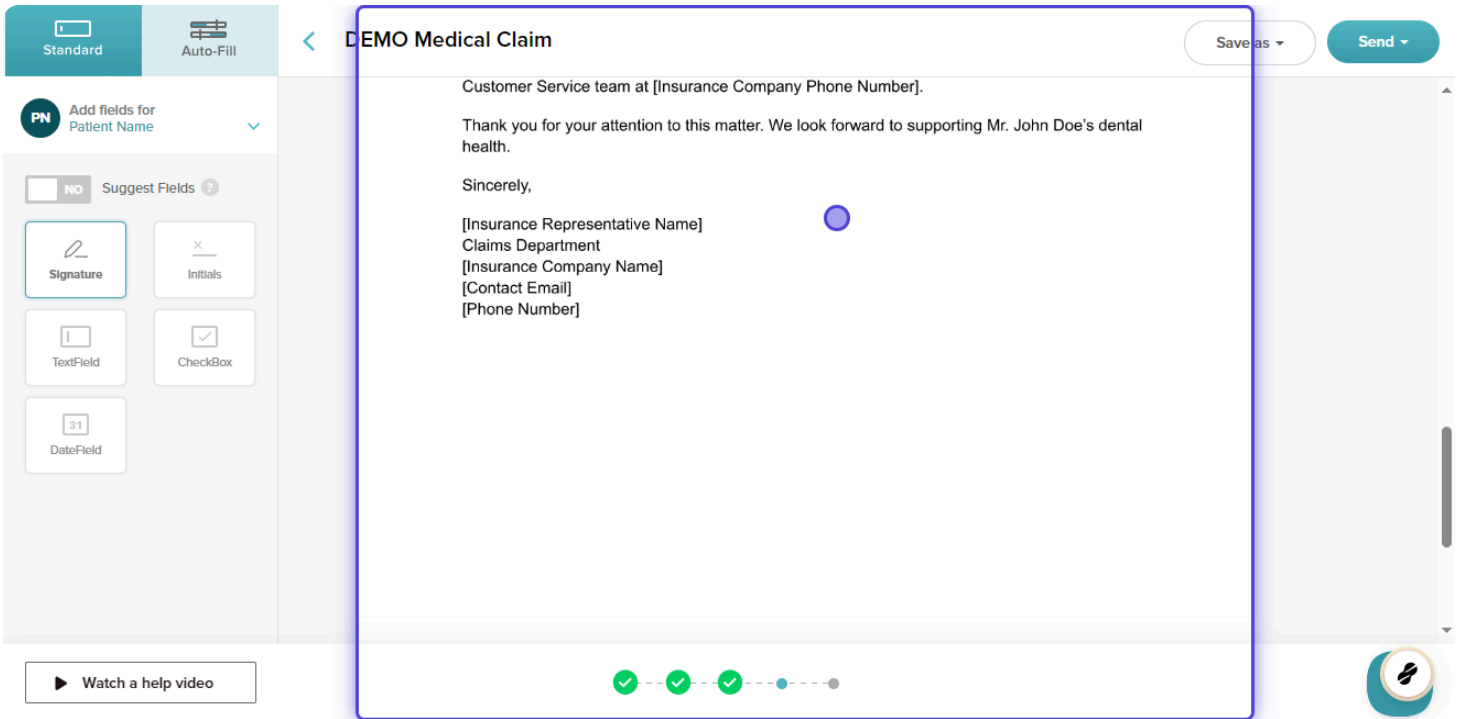
10 Choose who will be the Signatory

11   Adjust the Signature Area using the corner button

Click to sign

PN Sign

Person that will be completing this field
Patient Name ∨

✓ Required   Delete

12   (optional) Add a Date Field from the Toolbox

Standard   Auto-Fill

< **DEMO Medical Claim**   Save as ▾   Send ▾

PN Add fields for
Patient Name ∨

NO Suggest Fields ?

Signature   Initials

TextField   CheckBox

DateField

Customer Service team at [Insurance Company Phone Number].

Thank you for your attention to this matter. We look forward to supporting Mr. John Doe's dental health.

Sincerely,

[Insurance Representative Name]
Claims Department
[Insurance Company Name]
[Contact Email]
[Phone Number]

Click to sign

PN Sign

Person that will be completing this field
Patient Name ∨

✓ Required   Delete

▶ Watch a help video

13 Place it near the Signature Area or as per your need
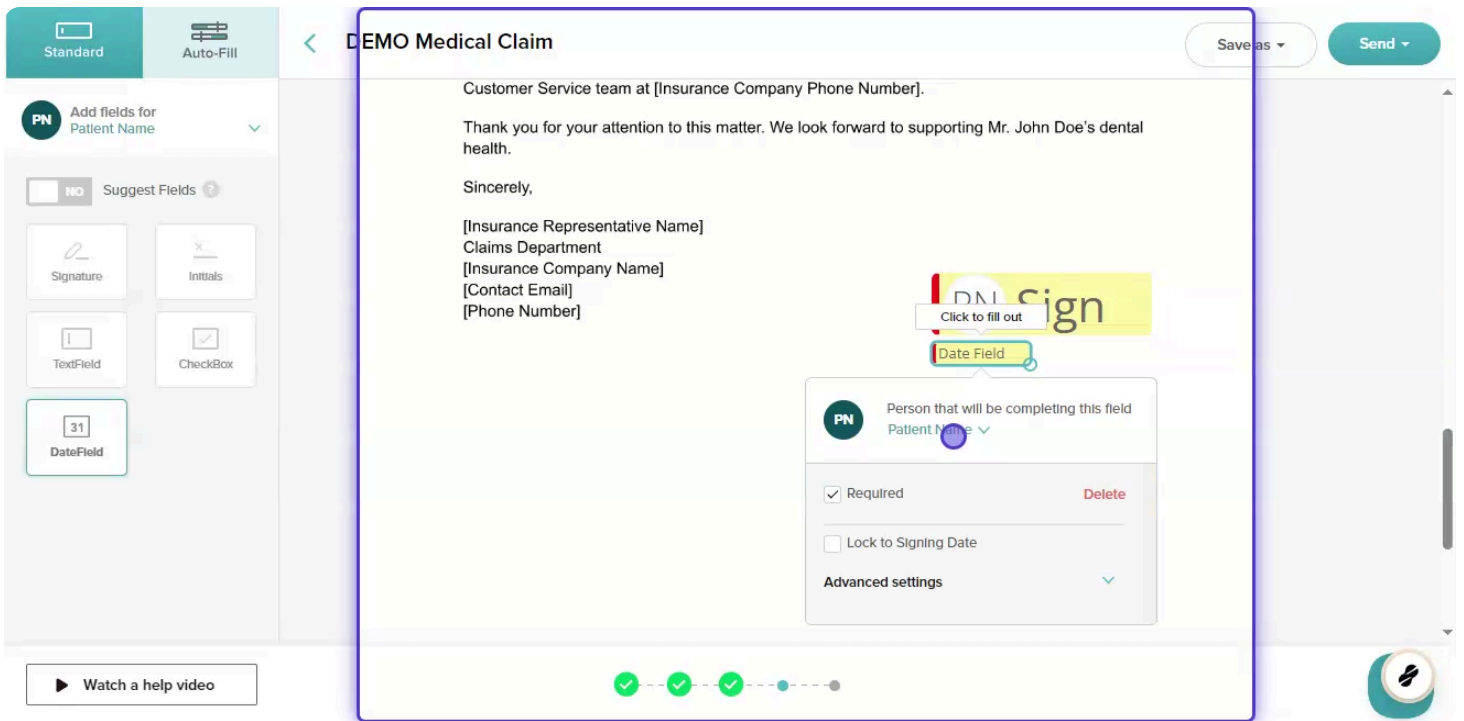
14 (optional) Lock to Signing Date

so that it displays the date automatically when the signatory signs.
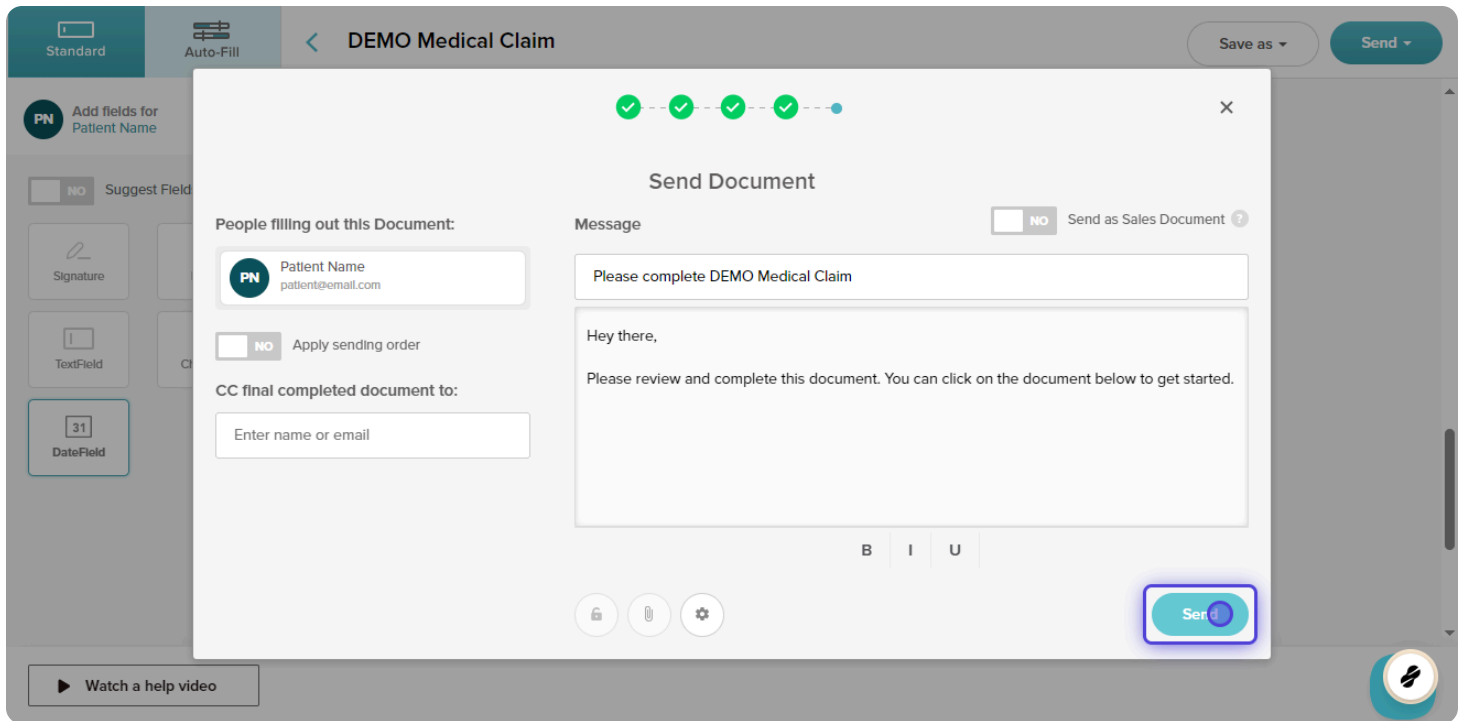
15   Click on Send/Save as

Customer Service team at [Insurance Company Phone Number].

Thank you for your attention to this matter. We look forward to supporting Mr. John Doe's dental health.

Sincerely,

[Insurance Representative Name]
Claims Department
[Insurance Company Name]
[Contact Email]
[Phone Number]

Click to fill out

PN Sign

Date Field

> PN Person that will be completing this field
> Patient Name ∨
>
> ☑ Required   Delete
>
> ☑ Lock to Signing Date
>
> Advanced settings   ∨

Standard | Auto-Fill

‹ **DEMO Medical Claim**   Save as ▾   Sen

PN Add fields for Patient Name ∨

NO Suggest Fields ?

Signature | Initials

TextField | CheckBox

31 DateField

▶ Watch a help video

16   Click on Send Document

Standard | Auto-Fill

‹ **DEMO Medical Claim**   Save as ▾   Send ▴

Customer Service team at [Insurance Company Phone Number].

Thank you for your attention to this matter. We look forward to supporting Mr. John Doe's dental health.

Sincerely,

[Insurance Representative Name]
Claims Department
[Insurance Company Name]
[Contact Email]
[Phone Number]

Send Document

Get Link

PN Sign

Date Field

PN Add fields for Patient Name ∨

NO Suggest Fields ?

Signature | Initials

TextField | CheckBox

31 DateField

▶ Watch a help video

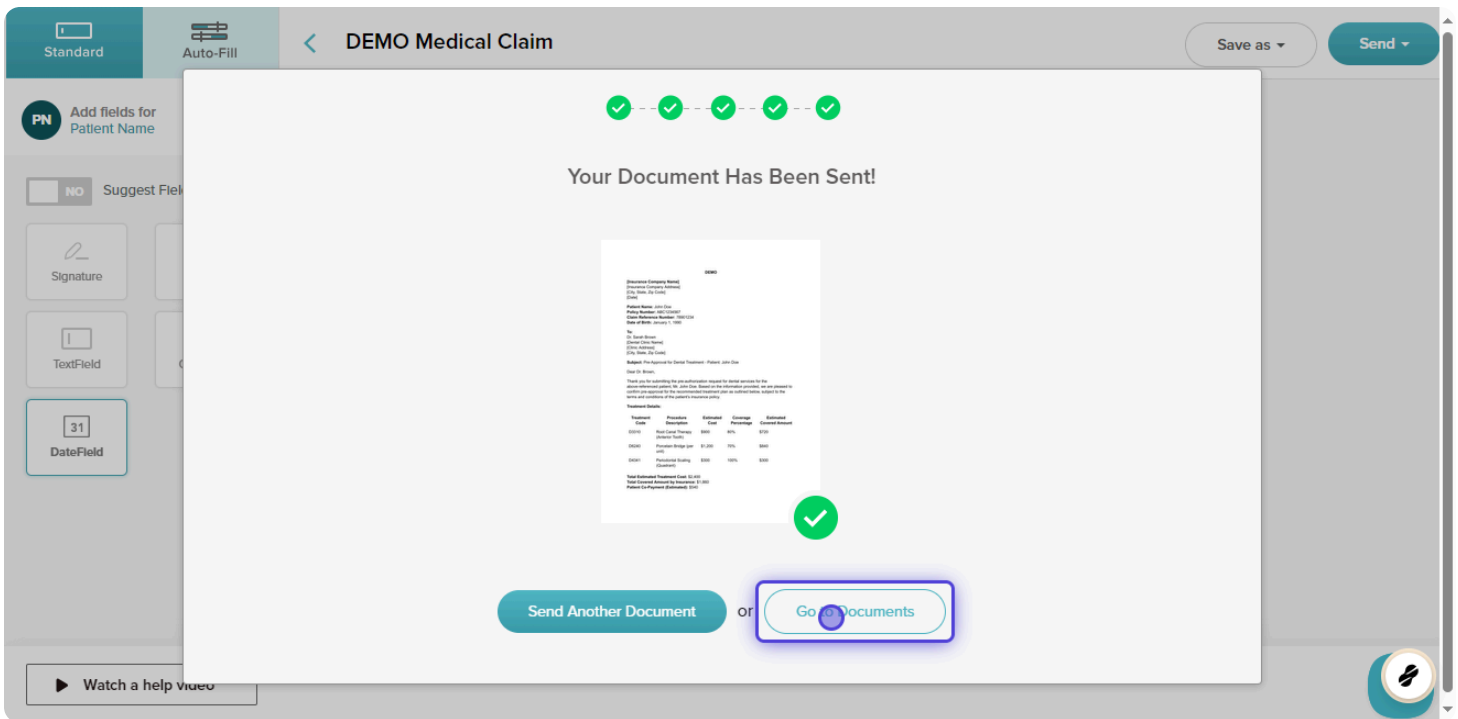## 17   Click on Send

(optional) Add any other details if needed.
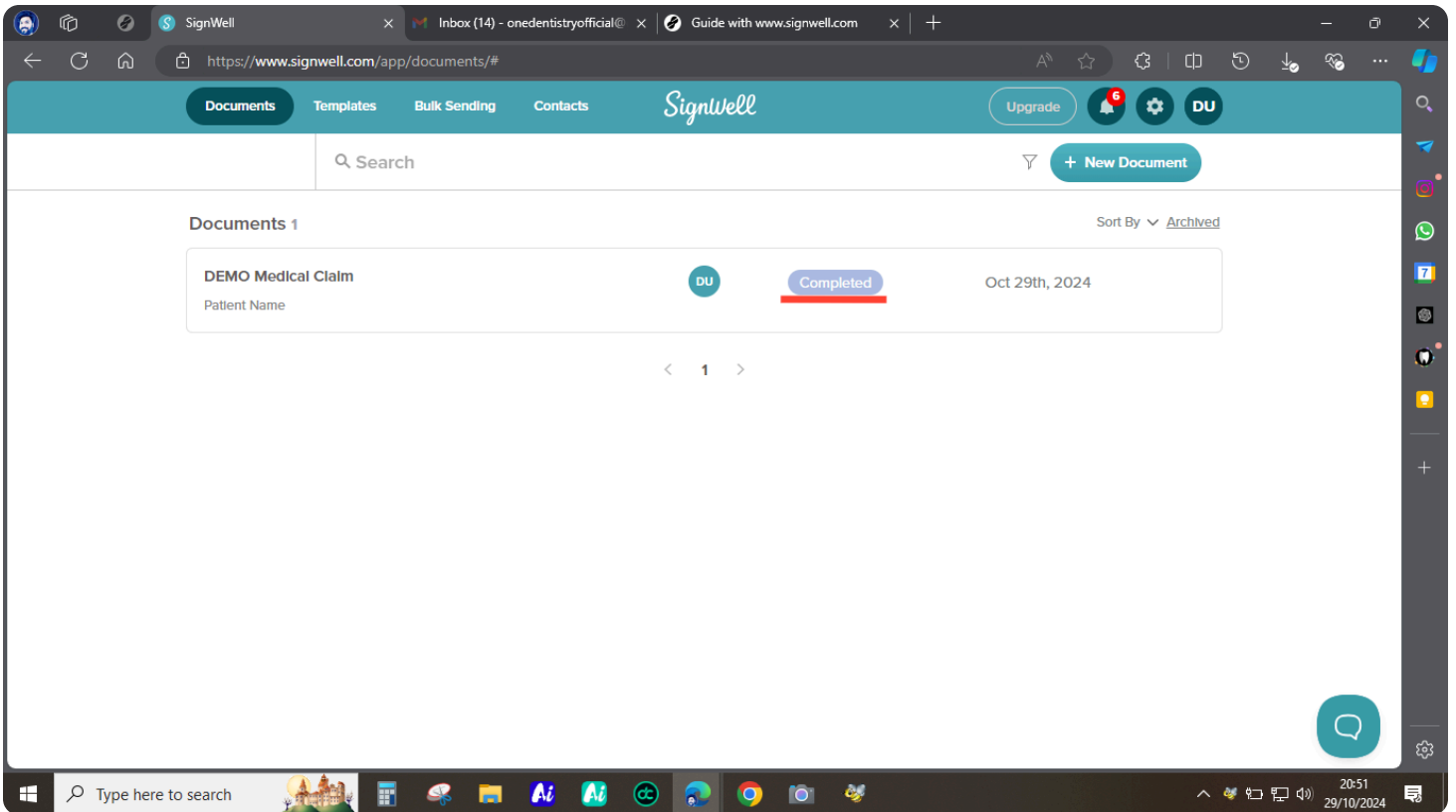

18   Finished
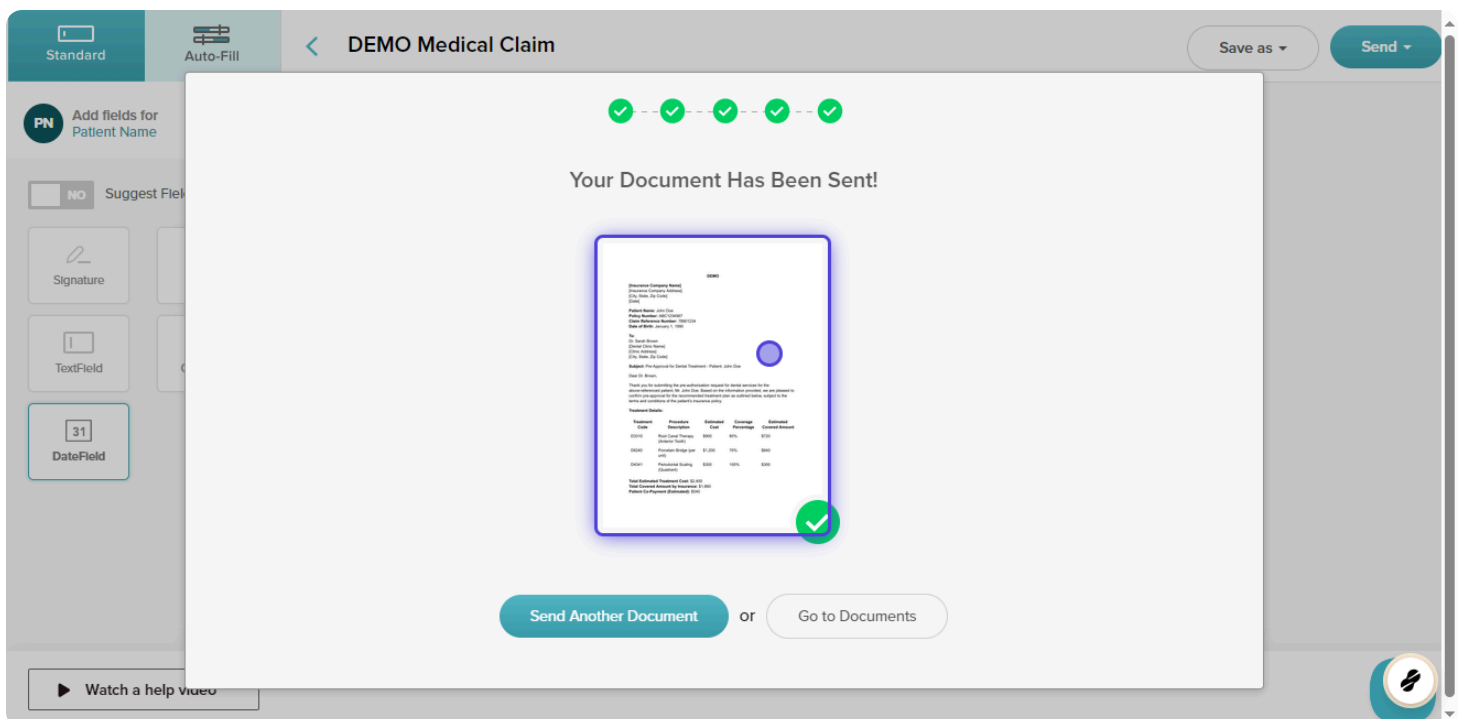
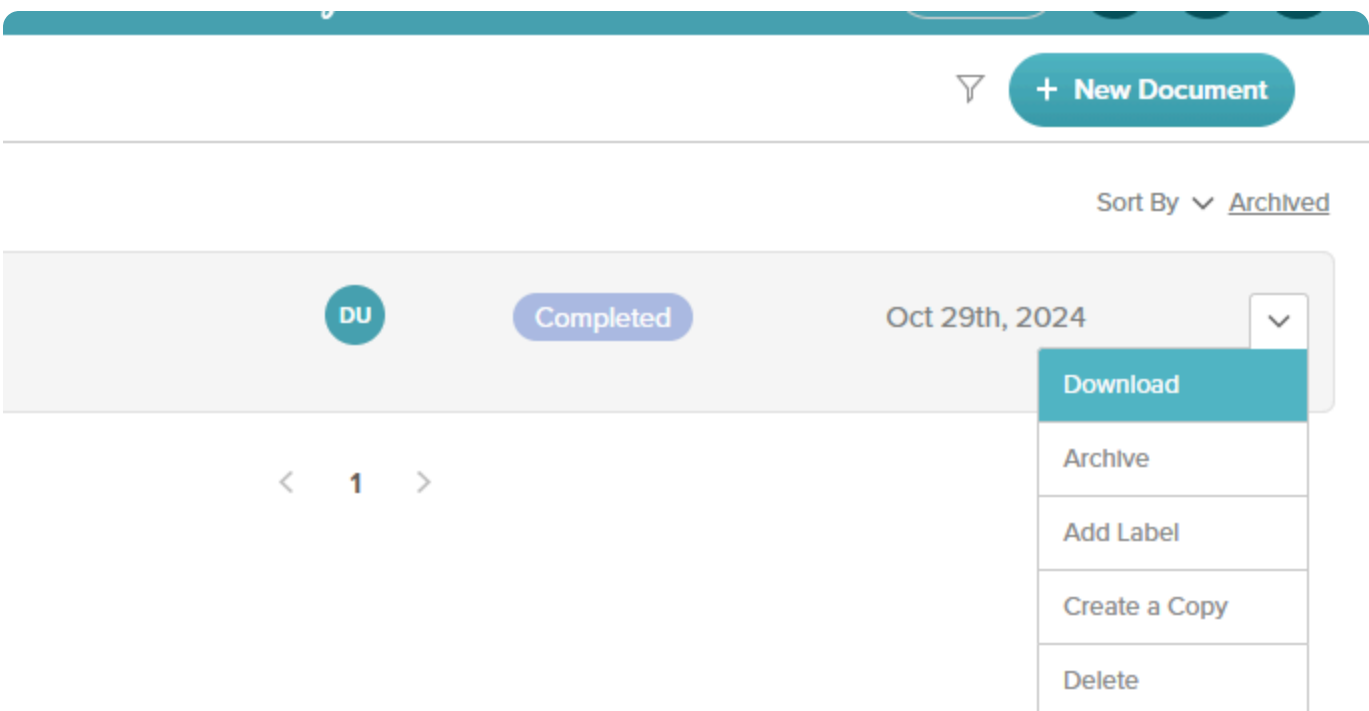**19** Click on Go to Documents to go back to Homepage

20 Wait for the Patient to Sign

21   The Homepage shows completed after capturing the signature

22   You can download the completed copy after the Patient signs.

23   You can also find the completed Doc in your Email