

SALES REPRESENTATIVE GUIDE TO THE SEABRIGHT PORTAL



Step 1: Login to the Seabright portal on your web browser
Visit the Seabright portal home page: <u>www.seabright.app</u>

Seabright		
	Sign in with your Seabright Healthcare Account	
	Email	
	Password	
	Keep me signed in	
	Sign in	
	Sales Representative Registration	
	Forgot password?	

Step 2: Click the menu symbol on the top left of the home page to access the menu

• This is where you will submit and track bill-only charge sheets.

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Step 3: Click "Submit New Bill-Only / Charge Sheet" menu option to submit a new bill

Seabright		Sales Rep N
Dashboard Submit New Bill- Only / Charge Sheet Status - Existing Bill- Only / Charge Sheet	nn Smith	

Step 4: Fill out the fields on the bill-only submission page

• Each field requires a response. When completed, hit the "Submit Bill" button on the bottom right.

CumpliarInfo						New BORN MICH MICH LOUIS	
Supplier Into		Hospi	tal Info			Surgery Info	
		Selec	t Customer		\$	Surgery Date	
		\$ Selec	t Facility		\$	Patient ID	
		Selec	t Department		\$	Select Service Line	
		m				Select Surgeon	
						Select Procedure Type	÷
Hospital Item #	Item Description	QTY	UOM	Unit Price	Extended amount	Supplier Comment	
Hospital Item #	Item Description	QTY	UOM	Unit Price \$0.00	Extended amount	Supplier Comment	×
Hospital Item #	Item Description	QTY	UOM	Unit Price \$0.00 \$0.00	Extended amount	Supplier Comment	×
Hospital Item #	Item Description	QTY	UOM	Unit Price \$0.00 \$0.00 \$0.00	Extended amount	Supplier Comment	× × ×
Hospital Item #	Item Description	QTY	UOM	Unit Price \$0.00 \$0.00 \$0.00 \$0.00	Extended amount	Supplier Comment	× × × ×
Hospital Item #	Item Description	QTY	UOM	Unit Price \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Extended amount	Supplier Comment	× × × ×

Step 5: If you need to add an off-contract item to the bill, press the "Add Off-Contract Item to Bill" button on the bottom left of the page.

							Sales Rep John Smith
Submit New Bill-Only /	Charge Sheet						
Supplier Info		Hospita	al Info			Surgery Info	
		Select	Customer		\$	Surgery Date	#
Army		\$ Select	Facility		\$	Patient ID	
BL_106235147		Select	Department		\$	Select Service Line	\$
11/13/2019		曲				Select Surgeon	\$
						Select Procedure Type	+
Hospital Item #	Item Description	QTY	UOM	Unit Price	Extended amount	Supplier Comment	
				\$0.00			×
				\$0.00			×
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							+
	Submit New Bill-Only / Supplier Info Army BL_106235147 11/13/2019 Comments Hospital Item # Image: State Stat	Submit New Bill-Only / Charge Sheet Supplier Info Army BL_106235147 11/13/2019 Comments Hospital Item # Item Description Item Description	Submit New Bill-Only / Charge Sheet Supplier Info Hospital BL_106235147 Select 11/13/2019 Comments Hospital Item # Item Description QTY	Submit New Bill-Only / Charge Sheet Supplier Info Hospital Info Select Customer Army Select Facility BL_106235147 Select Department 11/13/2019 Comments Hospital Item # Item Description QTY UOM	Submit New Bill-Only / Charge Sheet Supplier Info Hospital Info Image: Select Customer Army Select Eaclity BL_106235147 Select Department 11/13/2019 Image: Select Customer Mospital Item # Item Description QTV UOM Unit Price Image: Select Department So.oo So.oo </th <th>Submit New Bill-Only / Charge Sheet Supplier Info Hospital Info Army Select Customer BL_106235147 Select Facility BL_106235147 Select Department Comments Comments Hospital Item # Item Description OTY UOM Unit Price Extended amount S0.00 S0.00 S0.00 S0.00 S0.0</th> <th>Submit New Bill-Only / Charge Sheet Supplier Info Hospital Info Surgery Info Army Select Facility Patent 0 Army Select Facility Patent 0 BL_106/235147 Select Department elset Surgeon 11/13/2019 Select Surgeon Select Procedure Type Comments Select Surgeon Select Procedure Type Image: Surgeon Select Surgeon Select Procedure Type Select Surgeon Select Procedure Type Select Procedure Type Comments Select Surgeon Select Procedure Type Select Surgeon Select Procedure Type Select Procedure Type</th>	Submit New Bill-Only / Charge Sheet Supplier Info Hospital Info Army Select Customer BL_106235147 Select Facility BL_106235147 Select Department Comments Comments Hospital Item # Item Description OTY UOM Unit Price Extended amount S0.00 S0.00 S0.00 S0.00 S0.0	Submit New Bill-Only / Charge Sheet Supplier Info Hospital Info Surgery Info Army Select Facility Patent 0 Army Select Facility Patent 0 BL_106/235147 Select Department elset Surgeon 11/13/2019 Select Surgeon Select Procedure Type Comments Select Surgeon Select Procedure Type Image: Surgeon Select Surgeon Select Procedure Type Select Surgeon Select Procedure Type Select Procedure Type Comments Select Surgeon Select Procedure Type Select Surgeon Select Procedure Type Select Procedure Type

Step 6: Fill out all fields highlighted in yellow to submit an off-contract item.

• The "Supplier Comment" field is required to submit an off-contract item. You will receive a follow-up email notifying you of your request for an "Off-Contract Item."

		Ho	pital Info			Surgery Info	
		Se	lect Customer		\$	Surgery Date	
Army		\$ Se	lect Facility		\$		
BL_106235147		Se	lect Department		\$	Select Service Line	
11/13/2019		6				Select Surgeon	
						Select Procedure Type	
Supplier Item #	Hospital Item #	Item Description	OTY	UOM	Unit Price	Extended amount	Supplier Comment
Supplier Item #	Hospital Item #	Item Description	QTY	UOM	Unit Price \$0.00	Extended amount	Supplier Comment
Supplier Item # Supplier Item # Supplier Item #	Hospital Item #	Item Description	QTY	UOM	Unit Price \$0.00 \$0.00	Extended amount	Supplier Comment
Supplier Item # Supplier Item # Supplier Item # Supplier Item #	Hospital Item #	Item Description		UOM	Unit Price \$0.00 \$0.00 \$0.00		Supplier Comment
Supplier Item #	Hospital Item #	Item Description		UOM	Unit Price \$0.00 \$0.00 \$0.00 \$0.00		Supplier Comment
Supplier Item #	Hospital Item #	Item Description		UOM	Unit Price \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		Supplier Comment
Supplier Item #	Hospital Item #	Item Description		UOM	Unit Price \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		Supplier Comment

Step 7: When using a procedural cap code, input the cap code in the "Supplier Item #" field and click the "C" button to input construct details

Supplier Info		ŀ	Hospital Info			Surgery Info	
			Select Customer		÷	Surgery Date	
Army		\$	Select Facility		\$		
BL_106235147			Select Department		\$	Select Service Line	
11/13/2019		ش				Select Surgeon	
Comments	Constitution &		the Deviction		104	Select Procedure Type	¢)
Comments	Compilation of	Hospital Item #	Item Description	QTY	UOM	Select Procedure Type Unit Price Extend	¢ led amount
Comments Line #		Hospital Item #	Item Description	QTY	UOM	Select Procedure Type Unit Price Extend \$0.00	¢ led amount
Comments Line # 1	C ACDECAPCODE	Hospital Item #	Item Description	QTY	UOM	Select Procedure Type Unit Price Extend \$0.00 \$0.00	¢
Comments Line # 1 2 3	C ACDECAPCODE	Hospital Item #	Item Description	VT9	UOM	Unit Price Extend \$0.00 \$0.00 \$0.00 \$0.00	ted amount
Comments Line # 1 2 3 4	C Supplier Item #	Hospital Item #	Item Description	VTP	UOM	Select Procedure Type Unit Price Extend \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$	ted amount

• Here you will enter all items used in the construct. If off-contract items are used within a construct, hit the red "Add Off-Contract Item" button and fill out the necessary fields. Click "Save" when completed.

	ery Info	Surge	0	Hospital Info		nfo	Supplier In
×						Construct Item	n
	Expiration Date	Quantity	Serial Number	Lot Number	Description	Item Number	,
	Expiration Date		Serial NO			Item Number	
	Expiration Date		Serial NO			Item Number	
	Expiration Date		Serial NO			Item Number	
	Expiration Date		Serial NO			Item Number	
	Expiration Date	Quantity	Serial NO			Item Number	
re	+Add Off-Contract Item + Save						Line #
	\$0.00				Item #	Supplier Iter	2
	\$0.00					Supplier Iter	3
	\$0.00					Supplier Iter	4
	\$0.00					C Supplier Iter	5

using a sterile implant that requires additional information such as expiration date and serial number, click the "..." button

Supplier into		ц,	anital Info		Surgery lofe	
			spital into		 Surgery into	
	e	S	elect Customer		\$ Surgery Date	
		\$ S	elect Facility		\$	
		s	elect Department		\$ Select Service Line	
11/13/2019					Select Surgeon	
					Select Procedure Type	\$
		noopital item s	Remotestingtion	.	 on the	
1					\$0.00	
2	C Supplier Item #				\$0.00	
	C Supplier Item #				\$0.00	
3 🔜					\$0.00	
3	C Supplier Item #					
3	C Supplier Item #					

• Here you may enter additional information required for sterile implants, including Lot Number, Serial Number, and Expiration Date. Click "Save" when completed.

Supplier In	6			ospital Info		Surgery Info	
						a Deservitor	
		_					
		Bill Rem.	Additional Information			×	
		Lota		Seriald	Expiration Deb		
		1.01					
						Chest Chese	
Line #		Dupplier Horn #	Hespital Seen J	Ren Description	err v	IDM Unit Price	Estanded encou
Line #		Dapplier Hers # sterie implant	Haspital Item 8	Nen Description	err .	OM Unit Price	Estanded amou
Correspondence de la constante		Dapplier Hern # eterle implant Despiker Hern #	Haspital Item #	itan Description		004 Unit Price 00.03 50.03	Estended arrow
Line #		Depther form # storike implant Depther form #	Haptel Terr &	Ram Description		XXX Ust Price 50.03 50.03 50.03	Estanded area
Correspondence Line # 2 2		Regular Here, # merile inglant Supplier Here, # Supplier Here, #	Propilal Item #	Ren Description		DNI Unit Price 00.00 00.00 00.00 00.00	Estended areas
Line # 3 2 3 4		Depther from # storike implant Depther form # Depther form # Depther form #		Ram Description		XXX Uset Price 50.03 20.03 20.03 20.03	

• From both your dashboard and "Status" page, you can view the PDF of the bill-only. Simply click the "PDF" button.

0						Sales Rep N
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Ð	Status - Existing Bill-Only / Charge Sheet					
				Select B/O Status		0
	Bil # 0 Customer 0 Facility 0 Bill-Only Date 0	Surgery Date 8 Surge	on 0 Patient ID 0	Status 0	PD# 0 PDF 0	
				Testing		
					_	

• To download the PDF, click the "Generate PDF" button. To send the PDF by email, click the "Send Mail" button and input the email address(es) to whom the PDF will be sent.

Army Charge Shee	et							
Supplier Email		Customer			Surgery Date	: 11/13/201	9	
Supplier,		Facility.			Patient Id: D	emo Patient	ID	
Supplier No:		Department: ONA			Surgeon.			
Bill-Only #	±30	Bill-Only Date:			Procedure Ty	/pe		
Bill-Only # PO #:	A 14	Bill-Only Date:			Procedure Ty	/pe		
Bill-Only # PO #: Supplier Item #	Hospital Item #	Bill-Only Date:,,	Lot #	Serial #	Procedure Ty Expiration Date	QTY	Unit Price	Extended Amount
Bill-Only #	Hospital Item #	Bill-Only Date:,,	Lot #	Serial #	Procedure Ty Expiration Date	QTY	Unit Price \$2,100.00	Extended Amount \$2,100.00

Step 9: If you need to amend or delete the bill for any reason, click the "Edit" button to access the original bill-only.

0											Sales Rep John Smith
@ •	Status - Existing	Bill-Only / Charg	e Sheet								
	nataliasmith@sand	iego.edu			Search bill here			Select B/O State	us		\$
	Bill # ≑	Customer 🗢	Facility \$	Bill-Only Date 🗢	Surgery Date 🗢	Surgeon ≎	Patient ID ≑ Demo Patient ID	Status 🗢 Pending	P0# \$	PD	Edit \$

• Here, you can amend the bill by clicking the "Make Changes" button, or you can delete the bill by clicking the "Delete" button. If you delete the bill, it will also be removed from the PO approver's queue. This action cannot be undone.

0												Sales Rep John Smith
6	Status - Existing B	ill-Only / Charg	e Sheet									
	nataliasmith@sandie	go.edu			Search bill here				Select B/O Stat	us		\$
	Bill # \$ BL_106235147	Customer 🗢 Harvard University	Facility 🗢 Boston	Bill-Only Date 🗢	Sur 1	Make Changes	Delete	nt ID	Status \$ Pending	P0# \$	PDF \$	Edit 🗢
		_	_		_	Can	cel					

• By clicking the "Make Changes" button, you can access the original bill-only and change necessary any fields. Click "Update Bill" when changes are complete, and your bill will be resubmitted.

Supplier Into			Hospital Info		s	surgery Info		
nataliasmith@sandieg	pa.edu		Harvard University		•	11/13/2019		
Army		8	Boston		0	Demo Patient ID		
BL_106235147			CR1		8	Spine Surgery		
11/13/2019					[Obama, Barack		
					1	AUF 1LVL		
Line #	Supplier Item #	Hospital Item #	Item Description	QTY	UOM	Unit Price	Extended amount	
- S - 🔳 I	85-0107-5		No Profée Spacer, 14x13x7mm, 7 Degree, Stavile	1	EA	\$2,100.00	\$2,100.00	

Step 10: When a bill-only has been approved and a PO has been issued, you will receive an email notification with the PO number. You may also login to the Seabright portal to view the PO number.

• You may also view the PDF of the bill with the PO number included by clicking the PDF button.

0									Sales Rep John Smith
● ⊕	Status - Existing I	Bill-Only / Charg	e Sheet						
	nataliaamith@sandi	iego.edu					Select IVO Status		0
	841.0 0	Customer 0	Facility 8	Bill-Only Date 9	Surgery Date 0	Surgeon 8	Patient ID 9	Status 0	PO# 0
								Approved	Demo PO #