

SOUTHEASTERN  
**UROLOGY**  
ASSOCIATES  
*specializing in minimally invasive & robotic surgery*

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**To Our Loyal Patients:**

*The Federal Government is requiring that we have at least 5% of our patients register for the Portal and send us a Message, or they will cut our reimbursement by 5% starting on 2016 and up to 7% by 2018. Please help us continue to be able to provide you the service you are accustomed to by registering for our portal and sending us a message. Just say "Hello". That counts!*

## Welcome to the Southeastern Urology Associates meridianEMR Patient Portal

At Southeastern Urology Associates (SUA) we are dedicated to excellent patient care and ease of access. With this in mind, we would like to introduce you to the SUA meridianEMR Patient Portal. Our goal is to provide our patients with another option for communicating with our office.

Patient Portal is an easy and convenient way for you to contact our office at any time.

**How to get started:**

The first step is to visit our website at [www.seurology.com](http://www.seurology.com) and click on the PATIENT PORTAL link on the bottom right. This link will bring you to the login screen. In addition, you will see a FOR HELP link for "Video Directions to Access Patient Portal" which will walk you through using the portal.

The portal requires you to have a unique user ID and password. When you provide our office with your email address, our receptionist will provide you with a temporary password. Upon your first login to the portal, you will be prompted to change your password and set up your security questions to protect your privacy.

Temporary Password: \_\_\_\_\_ > All Lowercase

**Send us a General Message:**

Patients can send general messages to the office including questions, problems and/or concerns. In order to expedite this process, the office is asking that patients contacting the office regarding a possible urinary tract infection and/or antibiotic to provide the following information:

- Pharmacy Name and Location
- Name of Antibiotic (if requesting)
- Preferred laboratory name and location
- Symptoms patient is experiencing

**Request a Refill:**

Patients contacting the office regarding a medication refill are asked to provide the following:

- Pharmacy Name and Location
- Name of Medication

**Request an Appointment:**

Patients requesting an appointment should include the following in their appointment request:

- Type of appointment requested
- Preferred date and time