

ALBERTA HEALTH SERVICES

ADM MEDITECH 5.67

Created: April 30, 2015 Revised: February 28, 2018



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REGISTRATION MANAGEMENT DESKTOP FUNCTIONS

<u>SCHEDULE</u>: Records patient information: name, address, physician, insurance and billing information and expected date of service.

<u>PRE-REGISTER</u>: Records detailed demographics, next of kin, insurance and billing information, service date and location.

<u>REGISTER</u>: Admits or registers patients when they arrive at the hospital for their inpatient stay or their outpatient visit.

<u>CHECK IN</u>: Gives and overall view of the patient registration summary.

<u>RE VISIT</u>: Used for a re-visit of a recurring outpatient who has one account number for a series of visits.

IN TRANSFER: Transfer of service, requested accommodation, room/bed, room rate accommodation, changing of attending physician, bed swap, or multi-bed transfer.

OUT TRANSFER: To place an outpatient into a bed (eg. SDC sleepover).

DISCHARGE: Inpatient, emergency room patient and recurring patients are discharged.

EDIT: Used to edit name, DOB, gender, address, phone number, employer, contacts, guarantor, insurance, doctor (admitting and family only), overnight stay, DAL/Continuing Care/Lodge Resident, admitpriority, reason for visit, entry code, arrived by and discharge date.

<u>FIX</u>: To change the Service Date/Time and location.

<u>UNDO:</u> Puts a registered patient back into a pre-registered status.

CANCEL: Cancels a registered patient visit when in a pre-registered status.

MAINTENANCE: Edit newborn mother, VIP/Confidential status, Pre-dischargereferral.

<u>CHANGE STATUS</u>: To change SCHE/PRE or IN/INo pre-registered status patients to a new status (eg. DI to an ER)



<u>ACCOUNT INFO</u>: View patient, print patient summary, review patient activity, reprint admission form, view CCI data and patient directory.

<u>DEMO RECALL</u>: Change/Update Address, phone number, contact, guarantor, Insurance, family doctor and VIP.

EMR: Provincial Enterprise Medical Record

PATIENT SEARCH

To search for a patient, the system will automatically look through three systems to find the closest match to the information entered.

1. The **Active Account File**. This is a listing of any of the patient's previous visits to your facility within the last 90 days.

2. The Master Patient Index. The system will search the facility Medical Records module.

3. The **Enterprise Medical Record File**. The system will search the Provincial EMR for the patient. These are the most commonly used Patient Identification methods. Using more than one of these unique search fields increases the chances of finding the correct patient.

- ULI (Unique Lifetime Identifier)
- PATIENTS NAME
- ACCOUNT NUMBER
- MEDICAL RECORD NUMBER
- BIRTH DATE
- PHONE NUMBER
- POLICY NUMBER
- EMR NUMBER

EXAMPLE

Mark Zentski arrives to the Emergency Department with stomach pain and he wants to see a doctor. All he has for ID is a driver's license and has said he has forgotten his AHC at home. He is not sure if he has been seen at this facility before.

1. Enter as much information as you have available in the search fields by using the ID and confirming the demographics with the patient. (You no longer need to use the **#** key when entering the Health Care Card Number) Press Enter.



Type Eme Form Long	Ister Argency Room			Pre-Begister	G
	Patie	ent Identification —		Register	C.
/	Account Number Search	Medic	al Record Number Search	Check In	G
ULI Name	ZENTSKI,MARK STEWART	*Name Birthdate	ZENTSKI,MARK STEWART 23/10/1927	Revisit	6
Account Num	NEW	Age	90	In Transfer	0;
Med Rec Num		*Sex	м	Out Transfer	92
Birthdate		Mother's Name		Discharge	6
Phone Num		Other Name		Edit	(2
EMR Num				Fix	e
		JL		Undo	65
				Cancel	
				Maintenance	67
				Change Stat	us 🕬
				Account Info	8
				Picture	R
				Demo Recall	*
				CMD	60

2. If the exact match is not found in your facility, it will attempt to check the Master Patient Index. Click on the green OK button to continue search.

<u></u> 1	Partial Name Lookup - Patient	Not Found		<u> </u>
	The 'Partial Name to modify the valu	Lookup' did not find any entries. ue for the Master Index Search.	You may want	
	*Patient Name	ZENTSKI, MARK STEWART		
			Cancel 🗙	OK ∛

3. The Master Patient Index has found a patient with the exact birthdate. Confirm with patient if the demographics are correct.

* 7 4.	DOB ONLY: ZENTSI	KI,MARK STEWART	23/10/1927 M Lookup				
_	Mad Daa N			Disting	Con	Matha and a Mis	Least Maria
	Med Rec Num		Name	Birthdate	Sex	Mother's Name	
0		ZENTCKI MADK	TRAIN	23/10/1927	M		22/01/13 CLI
<u> </u>		ZENTSKI,MARK	TRAIN	23/10/1927	IVI		22/00/17 ER
- (·	Address	125 CRANDE	LL BLVD	Age Se	x	90	Male
				HC Num	ber		
	City	BARRHEAD		Other Na	me		
	Prov Postal	AB	T7N 1C2	EMR Nun	nber	ABATVIG004009	21-FS1
	Phone	(403)308-25	51	Other Nu	mbers	PB00051921 PX0	0010235
	Date	Туре	Account Num	Locati	ion	Provider	Discharged
	22/01/15	CLI	SE0000024/15	AMTAOT		BERNROBE	
	18/06/14	CLI	RU0010942/14	AABAAMB		HEULMARK	
			Prior Next N	ext Search			Cancel
				<fii></fii>			X

- 4. If this is the correct patient, press F12 to accept. If you're not sure if this is the correct patient, use the F11 (Next Search) button at the bottom of your screen to search for further patients.
- 5. The system has found two patients with similar birthdates. You can use your arrow buttons to highlight the patient in green. Again the demographics will show at the bottom of the screen, confirm with patient. If this is the correct patient, press enter or F12 to select.

DOB ONLY: ZENT	SKI, MARK STEWART	23/10/1927 Pt Lookup				
Med Rec Num	1	Name	Birthdate	Sex	Mother's Name	Last Visi
	UDABS ZENT	SKI, MARK STEWART	23/10/1927	м		22/01/15 0
	ZENTSKI,MA	RK TRAIN	23/10/1927	м		22/06/17 E
Address	PO BOX 30	38	Agel Se	×	90	Male
THE	ATHABASC	0	Other Na	Der		
Prov Postal	ATTABASCA Uther Name	nber	ABATVIG00522244-ES0			
hone	(780)917-	2223	Other Nu	mbers	PB00054506	
Date	Type	Account Num	Locat	ion	Provider	Discharged
22/06/17	ER	RU0000061/17	AABAER		SMITMICH	

Created: April 30, 2015 Revised: February 28, 2018



 The registration field will then appear and auto populates all the demographics into the correct fields. Continue with registration.

0	Zentski,Mark T 90/M 23/10/192	rain REG ER N 27	New Account	Med Rec Num: New Patient	1
	Patien EMR Num ABAT * Name * Reg Category * Account Num Birthdate] * Age * Sex Other Name Matheole Name	E) (Contact) (+Cntcts) (Guarantor) [I VIG00522244-FS0 ZENTSKI,MARK TRAIN NEW 23/10/1927 90 M	* Home Phone Other Phone Email Use Email Marital Status HC Province	(780)917-2223	Pre-Register G Register G Check In G Revisit G In Transfer Q Out Transfer Q
	* Address * City * Province * Postal Code Residence Code Country Language	PO BOX 3038 ATHABASCA AB T9S 2B9 ATHABAS CA	Soc Ins Num Subscriber Init Rel to Pt Religion Affiliation MSI Elig		Discharge Image: Constraint of the second
	Name Address City Province Postal Code Phone Occupation	Er	mployer		Account Info E Picture Demo Recall 3 EMR G



INPATIENT

- Pertains to persons who have been admitted to a health care facility for medical and/or facility services and who has been assigned an inpatient bed, bassinet or incubator. This includes patients who are admitted as inpatients but are held in interim assessment (within the emergency department).
- 1. Using the pull down menu, choose Inpatient and Long Form.



Function Register		
Type Inpatient		
		Pre-Register
- P	atient Identification	Register
Account Number Search	Medical Record Number Search	Check In
ULI	Name	Revisit
Name Account Num	Birthdate	In Transfer
Med Rec Num	Sex	Out Transfer
Birthdate	Mother's Name	Discharge
Phone Num	Other Name	Edu
Policy Num		Edit
EMR Num		Lindo
		Cancel
		Maintenance
		Change Status
		Account Info
		Picture
		Demo Recall
		EMR

- 2. Identify the patient using one of the patient identification fields, or enter the ER account number if patient is being rolled into an Inpatient from an Emergency Visit.
- 3. Use the pull down menu in Reg Category and choose Inpatient. Anything with an asterisk is a mandatory field and must be filled; otherwise you will receive an error message and will not be able to continue onto the next tab.

🖀 Registration Hanagement Desk					لا لتلب
Udabs Alc Quid Faisal Jo 28/M 11/05/19	ckhouse, ADM IN Ne 89	w Account	Med Rec Nur	n: RN00010364	1
Patier	t) (Contact) (+Cntcts) (Guarantor) (Ins	surance) (Notes) (Occu	rrences)(Provider)(Visit)	
EMR Num ABA	TVIG00403048-FS0			1	
*Name	UDABS ALC QUICKHOUSE, FAIS	* Home Phone	(403)309-9854		Pre-Register
* Reg Category	IP	Other Phone			Charle In (2)
* Account Num	NEW	Email			Check III
Birthdate * Age	11/05/1989 28	Use Email			Revisit
*Sex	M	Marital Status			In Transfer 🛛 🕫
Other Name		HC Province	AB		Out Transfer
Mother's Name		ULI	558003214		Discharge G
*Address	311 COLUMBIA STREET	Soc Ins Num			
The City of the Decord of the		Subscriber Init			Edit
* City * Province	TIK 242	Rel to Pt	0		Fix 🗠
Postal Code	LETH	Affiliation	0		Undo 🗠
Country	CA	MSLElia			Cancel 😅
Language		HOTEN			Maintenance 斗
congouge					Change Status
	Em	ployer			Account Info 🛛 😹
Name					Picture 📾
125041A					Demo Recall *
Address					EMR 😂
City Province					
Postal Code					
Phone					
- Occupation					
			Cancel	Next Save	
			*	0 1	Y W S 0 U

4. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.

Admission (ADM) ADM User Manual



🛃 Registration Hanagement Desk	top - AWCA (ABATEST/ABA	TEST5.67/ARH.TEST5.6	7 - Test) - Paulette Stevenson				
Udabs Alc Qui Faisal Jo 28/M 11/05/19	ckhouse, 189	ADM IN	New Account	Med Rec Nu	um: RN00010364	1	
Patier	nt Contact +Cnt	tcts) Guaranto	r)(Insurance)(Notes)(Occurrence	ces)(Provider)(Vis	IL)		
						Dre-Register	
			Next of Kin			Pre-Register	
	Name	QUICKHOUS	E,FANNIE			Register	Ga
	* Address	311 COLUMBI	A STREET			Спеск In	198
						Revisit	20
	* City	LETHBRIDGE				In Transfer	\$
	* Province	AB				Out Transfer	80
	* Postal Code	T1K 3A2				Discharge	0
	Other Phone	(403)309-98	04			C day	
	* Rel to Pt	SPC	SPOUSE/PARTNER/COMMON			Edit	1
	Reftort	- Urc	SFOUSE/FRAMERY COMMON			Fix	Cerr
		P	erson to Notify			Undo	
	Name	QUICKHOUSE	FANNIE	10		Cancel	
	*Address	311 COLUMBI	A STREET			Maintenance	
						Change Status	00
	* City	LETHBRIDGE				Account Info	- 60
	* Province	AB				Picture	(633)
	* Postal Code	T1K 3A2				Demo Recall	*
	* Home Phone	(403)309-98	54			EMR	67
	* Pol to Pt	SDC	SPOUSE (DARTNER (COMMON				
	Ner to Ft	SFC	SPOOSE/PARTNER/COMMON				
							<u>a - a</u>
				Cancel	Next Save	? @ 🕹 🙃	
				×	8 9		

5. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.

(Patient) (Contact) (+Cn	cts Guarantor Insurance Notes Occurrences Provider Visit	
	Guarantor Demographics	
Name	UDABS ALC QUICKHOUSE, FAISAL JO	Pre-Register
* Address	311 COLUMBIA STREET	Register
		Check In
* City	LETHBRIDGE	Revisit
* Province	AB	In Transfer
* Postal Code	T1K 3A2	Out Transfer
* Home Phone	(403)309-9854	Discharge
Number	558003214	Edit
*Rel to Pt	SP SELF/SAME AS PATIENT	Eix
A rescarded to		Undo
	Guarantor Employer	Cancel
Name		Maintenance
		Change Status
Address		Annual Info
City		Account Info
Province		Picture Domo Bocall
Postal Code		CMD.
Phone		EMIK
Occupation		
Status		



Index 1

6. Tab to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.

Update Demo Recall "NO" unless a permanent insurance update is required.

28/M 11/05/19	989 nt)Contact)(+Cntcts)(Guarantor)(In	surance)(Notes)(Occurrences)(Provider	
*M AHC ON	Inemonic ALBERTA HE ON HEALTH	Name EALTH CARE PLAN INSURANCE PLAN		Pre-Register Register Check In Revisit
Policy Num	Detail Authorizations Scan	Rx Info CDS Assign Inf		In Transfer Out Transfer Discharge
Relation Ins Name Ins Address City	ALBERTA HEALTH CARE PLAN PO BOX 1360 STATION MAIN EDMONTON	Err Date Exp Date Cov Num Group Name Group Num Emp Status		Edit Fix Undo Cancel Maintenance
Province Postal Code Phone * Fin Class	AB T5J 2N3 780 427 1432 AHC	Emp Name Emp Location Deduct Copay Benefit Plan		Change Status Account Info Picture Demo Recall
				EMR

- 7. Provider tab. This is where the Admitting/Attending/Family Physician is entered.
 - a. The Admitting and Attending physician are the same.

Pati	ent (Contact) (+Cntcts)	Guarantor Insurance Notes Occurrences	Provider	
Primary Care				
* Admitting	OJEDJOSE	Ojedokun, Joseph	Pre-Rec	lister
* Attending	OJEDJOSE	Ojedokun, Joseph	Registe	r
Family			Check I	n
Referring			Revisit	_
Other			In Tran	sfer
	Consulting Divisiology		Out Tra	nsfer
	Consulting Physician		Dischar	ge
			Edit	
			Fix	
			Undo	
Preferred Phar	macy		Cancel	
			Mainter	ance
December 1 Direct	thus		Change	Statu
	tive Date		Account	t Info
Personal Direc	tive Received Date		Picture	
Personal Direct Personal Direct			Demo F	tecall
Personal Direc Personal Direc				
Personal Direc Personal Direc			EMR	
Personal Direc Personal Direc			EMR	
Personal Direc Personal Direc			EMR	



8. Under the Visit tab, use the pull down menu or F9 to fill in all information marked with an asterisk.

istration Management Desktop - AV	NCA (ABATEST/ABA.TEST5.67/ARH.TEST5.67 - Te	st) - Paulette Stevenson		
Jdabs Alc Quickho Faisal Jo 28/M 11/05/1989	Duse, ADM IN N	lew Account	Med Rec Num: RN000103	64
(Patient) C	ontact) (+Cntcts) (Guarantor) (I	nsurance)(Notes)(Occurrences	Provider Visit	
				Pre-Register
				Check In
				Revisit
*Service *Admit Priority	MED	Decision to Admit Date		In Transfer
Admit Source	- Ch	*Requested Accom	S	Out Transfer
*Admit Date *Time	25/02/15 0855	*Room *Bed	AWCA107 B	Discharge
Expected LOS		Room's Accom	S	Edit
		*Room Rate Accom	S	Fix
				Undo
Reason for Visit				Cancel
Comment				Maintenance
		Y		Change Status
*Entry Code	DT	Medical Alert		Account Info
*Arrived by *By Am	bulance AG Y	1.		Picture)
From Institution	-	2.	1	Demo Recall
				EMD
			Cancel Next Sa	Ye ? @ 🛇 🗊

9. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms, labels and wrist bands.



ROLL OVER INPATIENT REGISTRATION

- 1. Select IP as your Reg Category.
- 2. Register patient using the ER account number to roll over to IP account.

-			
*Type Inpatient			
*Form Long			
			Pre-Register
	Patient	Identification —	Register
Account	t Number Search	Medical Record Number Search	Check In
ULI		Name	Revisit
Account Num SM3	31/15	Birthdate	In Transfer
Med Rec Num		Sex	Out Transfer
Birthdate		Mother's Name	Discharge
Phone Num		Other Name	Edit
Policy Num			Fix
EPIK NUM			Undo
			Cancel
			Maintenance
			Change Statu
			Account Info
			Picture
			Demo Recall
			EMD
			EMIK
			EMIK
			ЕМК
			EMR
			EMK
		Cancel	

- 3. Tab through and confirm demographics/contact information and insurances.
- 4. Under the Provider tab complete the Admitting and Attending physician fields
- 5. Continue to the Visit tab and fill in the mandatory fields marked with asterisk using the pull down menu or the F9 button.
- 6. F12 or Save button and print off necessary forms and labels. . Patient will be given a new Account Number to show IP status.





NEWBORN

- Newborns delivered within an acute care facility use the "Inpatient-Enter Newborn" routine. If delivered outside an acute care facility, use "Inpatient-Admission" routine.
- 1. Using the pull down menu, choose Newborn and Long Form. Baby must be attached to the mom, so use the mom's Inpatient number in the Mother tab under Account Number Search to connect mom and baby.

😽 Registration Management De	sktop - AWLA (ABATEST/ABA.TEST5.67/ARH.TEST5.67 - Test)	- Paulette Stevenson			_ <u> </u>
Function Regi *Type New Form Long	ster born			6	
				Pre-Regis	ster 🚳
	Patient Ic	lentification —		Register	
A	ccount Number Search	Medical Record Number Searc	h	Check In	G.
ULI		Name		Revisit	്ര
Mother	RK1/18	Birthdate		In Transf	or 🕸
Account Num		Age		Out Trans	ofor D
Birthdate		Mother's Name		Discharge	
Phone Num		Other Name		Discharge	
Policy Num				Edit	2
EMR Num				Fix	<u>e</u> y
		Λ		Undo	Ē
				Cancel	*
				Maintena	nce 🏔
				Change S	itatus 👓
				Account	ínfo 🗠
				Picture	ñ
				Demo Re	call 🕇
				EMR	Ē
			Cancel OK	2 @ &	

2. Mom's demographics will automatically roll over into the Patient screen. In the name field, mom's last name will appear. Follow standard naming convention ,add a comma and NBF if female or NBM if male in front of the last name, eg. PATCHUK,NBF



🛃 Registration Management De	sktop - AWLA (ABATEST/ABA.TEST)	5.67/AIULTEST5.6	7 - Test) - Paulette Stevenson								-	
Udadm,Nbm 00M 00D/M 2	2/02/2018	ADM IN	New Account (Newborn)	Mec	l Rec Nur	n: New Pa	atient		1	5)	
	(Patient) Conta	ict) (Guarant	or)(Insurance)(Notes)(Prov	ider) Visit)								
Mother's Name Mother's Acct	UDADM,PATRICIA											
*Name	UDADM,NBM							Pr	e-Re	gister		-
*Reg Category	22/02/2018 ID		0					C	giste	a In		(GL
*Account Num	NEW							Re	evisit			60
*Sex Other Name	М							In	Tran	sfer		-
* Address	156 LEMINGTON WAY							O	ut Tra	nsfer	Ś	100
Contraction and a second second								Di	scha	rge		0
* City * Province	EDSON		AB					Ec	lit			đ
+ Postar Code	176 165							Fit	x			C.M
* Homo Dhono	(402)624-2541							Ur	ndo			1
Other Phone	(405)054-5541							Ci	ancel			*
Residence Code	EDSON							Ma	ainte	nance	2	
Country								C	nange	e Sta	tus	GC
Religion								A	coun	t Inf	D	8
Affiliation								Pie	cture			<u>ili</u>
HC Province							-	De	emo l	Recal	I	*
Subser Init								EN	٩R			
Sub Rel to Pt												
					Cancel	Next	Save	?	@	0	1	
					*	0	4	1			Contract of the local division of the local	

- 3. Tab through and fill in anything with an asterisk.
- 4. Mom's information will roll into to the Contact information and Guarantor.

Registration Management Des	ktop - AWLA (ABATEST/ABA.	TEST5.67/ARH.TEST5.67	7 - Test) - Paulette Stevenson					_ 🗆 🗙
Udadm,Nbm 00M 00D/M 22	/02/2018	ADM IN	New Account (Newborn)	Med Re	ec Num: New P	atient	1	
	Patient	ontact) Guarant	tor Insurance Notes Provid	er) Visit)				
			Next of Kin				Pre-Register	25
	Name						Register	
	*Address	156 LEMINGT	ON WAY				Check In	<u> </u>
							Revisit	ď
	* City	EDSON					In Transfer	10
	* Province	AB					Out Transfer	02
	* Postal Code	T7E 1E5					Dischargo	
	* Home Phone	(403)634-354	11				Discharge	
	Other Phone						Edit	2
	*Rel to Pt	PA	PARENT(S)				Fix	œ٩
		D,	erson to Notify				Undo	67
	Namo						Cancel	*
	* Address	156 LEMINGT					Maintenance	<u> </u>
	Address	150 EEFIINGI					Change Statu	s 👓
	*City	EDSON					Account Info	Æ
	* Province	AB					Picture	â
	* Postal Code	T7E 1E5					Demo Recall	*
	*Home Phone	(403)634-354	11				EMP	
	Other Phone						LINK	
	*Rel to Pt	PA	PARENT(S)					
				Ca	ncel Next	Save		
					X D	J.	│ ? │ @ │ ♡ │ @	



5. Insurance defaults to AHC as baby was born in the province of Alberta.

*N	Inemonic	Name		
AHC	ALBERTA HE	EALTH CARE PLAN		Pre-Register
				Register
				Check In
				Revisit
	Detail Authorizations Scann	ning Rx Info CDS Assign I	nfo	In Transfer
				Out Transfer
Policy Num		Elig Stat Date		Discharge
Subscriber		Err Date		C.D.
Ins Name	ALBERTA HEALTH CARE PLAN	Cov Num		Edit
Ins Address	PO BOX 1360	Group Name		Linda
	STATION MAIN	Group Num		Cancel
City	EDMONTON	Emp Status		Maintonanco
Province	AB	Emp Name		Changes Chatty
Postal Code	T5J 2N3	Emp Location		Change Statu
Phone	780 427 1432	Deduct Copay		Account Info
write classe		Benefit Plan		Picture
* Fin Class	AHC			Demo Recall
				EMR

6. Provider tab. This is where the Admitting/Attending is entered.

Registration Management De	esktop - AWLA (ABATEST/ABA	.TEST5.67/ARH.TEST5.67	- Test) - Paulette Stevenson								_	
Udadm,Nbm 00M 00D/M 2	2/02/2018	ADM IN	New Account (Newborn)	Med F	Rec Nur	n: New P	atient		ĺ	5		
	Patient	ontact) (Guarant	or)(Insurance)(Notes)(Provide	r) Visit)								
Primary Care								Der	. De	aiata		G
* Admitting	BEYECOEN		Beyers,Coenraad						e-Re	giste		
* Attending	BEYECOEN		Beyers,Coenraad					Ch	eck	In		6
Referring								Re	visit			
Other								In	Tran	sfer		Q;
	Consulting Dhusis							Ou	it Tra	nsfe	r	Q
	Consulting Physic	cian						Dis	scha	rge	_	4
								Ed	it			e e
								Fix	<			Ē
								Un	ido			<u>e</u>
Preferred Phar	macy							Ca	ncel			
								Ma	inte	nanc	e	
								Cn	lange	e Sta	tus	
								Ac	cour	t Inf	0	- 8
								Pic	cture			Ē
								De	emo	Reca		*
								EM	1R	_	_	
					Cancel	Next	Save	?		8	۵	=
					×		- V					



7. Under Visit, tab through the fields and fill in information that is requested with an asterisk. Use the admit date and time as to when the baby was born.

27 I B	ogistration Hanagement Desktop - AWLA (A	BATEST/ABA,TEST5.67/ARH,TEST5.67	Test] Pauletti: Stevensoli		
Ø	Udadm,Nbm 00M 00D/M 22/02/201	ADM IN	New Account (Newborn)	Med Rec Num: New Patient	11
	Pa	tient) Contact) (Guarante	or [Insurance] [Notes] (Provider)	Visit	
					Pre-Register @
					Register @
					Check In G
	<u> </u>				Revisit of
	* Service	NB	Decision to Admit Date		In Transfer
	 Admit Priority Newborn Admit Source 	NB	* Requested Accom	N	Out Transfer
	*Admit Date *Time	22/02/18 1116	*Room *Bed	AWLANSY 5	Discharge 4
	Expected LOS		Room's Accom	N	Edit
			*Room Rate Accom	N	Fix G
		201977-14			Undo
	Reason for Visit NEWB	IORN			Cancel
	Comment				Maintenance G
					Change Status
	Entry Code	224	Medical Alert		Account Info
	Arrived by By Ambula	nce	2		Picture
					Demo Recall #
					EMR
				Cancel Next Save	
				× 3	

8. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms, labels and wrist bands.



CLINICAL

- Pertains to persons attending clinics for diagnostic, consultative, treatment or teaching services primarily for registered outpatients.
- 1. Click on register button.
- 2. Using the pull down menu choose Clinical and Long Form.
- 3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.
- 4. Use the pull down menu in Reg Category and choose Clinical or Clinical Visit. Anything with an asterisk is a mandatory field and must be completed.



gistration Management Deskt	op - AWLA (ABATEST/ABA TESTS:67/ARH:TESTS:67 - Test)	- Paulette Stevenson		
Udabs Cli Grey 41/M 09/11/197	water,Murray REG CLI Ner 76	w Account	Med Rec Num: New Patier	¹¹
EMR Num ABAT	It Contact OTHER Guarantor Insu VIG00403037-FS1	urance Notes Occur	rrences Provider Visit	1
* Name	LIDARS CLI CREVINATER MURRAY	* Home Dhone	(402)210-0504	Pre-Register G
* Name	CLIVIE	- Home Phone	(403)310-0394	Register
* Account Num	NEW	Email		Check In G
Birthdatel *Age	09/11/1976 41	Use Email		Revisit d
*Sex	M	Marital Status		In Transfer 9
Other Name		HC Province		Out Transfer 🔍
Mother's Name	151 DORCON BUYD	ULI Con Inn Num	898093214	Discharge 4
* Address	151 ROBSON BLVD	Soc Ins Num Subscriber Init		Edit
* City * Province	LETHBRIDGE AB	Rel to Pt		Ely G
* Postal Code	T1K 1G9	Religion	0	Undo
Residence Code		Affiliation		Cancel
Country	CA	MSI Elig		Maintenance
Language	×			Change Status
	Emp	oloyer		Account Info
Name				Picture
				Demo Recall
Address				EMB
				CENIX C
City Province				
Postal Code				
Phone				
occupation				č.
			Cancel Next Sa	
			× .	~ _

5. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.

• 41/M 09/1	1/1976							- C	1	
(Patient Contact OTH	IER) (Guara	antor)(Insurance)(Notes)(Occurren	ces)(Provider)(\	/isit)					
			Next of Kin				Pro	e-Regi	ster	. (
	Name	UDABS S	LAPPYSHOES.LORI	1.0			Re	gister		6
	* Address	151 ROB	SON BLVD				Ch	eck In	1	6
							Re	visit	_	6
	* City	LETHBRI	DGE				In	Transf	fer	
	* Province	AB					OL	it Tran	sfer	q
	* Postal Code	(403)310	0-0594				DI	scharg	je	
	Other Phone	(403)310	5-0594				Ed	it:	NAL-SC	0
	*Rel to Pt	SP	SELF/SAME AS PATIENT				Eis	()		1
	-	1997-08 1					Un	do		(
	1		Person to Notify				Ca	ncel		6
	Name	UDABS S	LAPPYSHOES,LORI				Ma	intena	ance	(
	* Address	151 ROB	SON BLVD				Ch	ange	Statu	5 0
	* City	LETHBRI	DGE				0	count	Info	
	* Province	AB	DOL				Di	turo	Into	-
	* Postal Code	T1K 1G9					De	mo Re	call	_
	* Home Phone	(403)310	0-0594				EN	1D	scurr	
	Other Phone	10000								
	*Rel to Pt	SP	SELF/SAME AS PATIENT							
				Can	cel Next	Save		II	-	I

6. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.



7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.

🔄 R												_	. 🗆 🗙
0	Udabs Cli Greyv 41/M 09/11/197	water,Murra 76	Y REG CLI	New A	Account	Me	d Rec Nur	m: New P	atient		Ĩ		
	Patien	t) Contact) OT	HER) Guarantor)(Insura	nce Notes Occurre	ences) Provid	der) Visit)					
	*Mn	emonic			Name								
	1 AHC		ALBER	ta heal	TH CARE PLAN			-		Pre	-Regist	er	65
	2 BC		BC ME	DICAL SI	ERVICES PLAN					Re	gister		1
	3									Ch	eck In		<u>Ca</u>
	4							-		Re	∕isit		<u>đ</u> 0
		Detail	Authorizations	Scanning	Rx Info CDS As	sign Info				In	Transfo	r	83
											t Transf	or	03
	Policy Num	898093214			Elig Stat Date					Dis	charge		
	Subscriber				Eff Date				_		charge		
	Relation				Exp Date				_	Edi	t		<u>e</u>
	Ins Name	ALBERTA HEA	ALTH CARE PLAN		Cov Num Croup Name				_	Fix			ey
	This Address	STATION MAI	N		Group Num					Un	do		<u>e</u>
	City	EDMONTON			Emp Status					Ca	ncel		<u> </u>
	Province	AB			Emp Name					Ma	intenar	ce	⊡≱⊧
	Postal Code	T5J 2N3			Emp Location					Ch	ange St	atus	GO
	Phone	780 427 1432	2		Deduct Copay					Ace	count I	nfo	8
					Benefit Plan					Pic	ture		(ii)
	* Fin Class	AHC								De	mo Rec	all	*
										EM	R		
							Cancel	Next	Save				
		Reorder Ins	Update Ins De	emo Reca	all? Yes		×	⊳	v .	?			
_										-			

- 8. Provider tab. This is where the Attending/Family Physician is entered. When searching for a physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg. Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the screen and select the correct physician.
- 9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab throughand fill in the necessary fields marked with the asterisk.



Kegistrati	on Management Desktop - AWLA (ABATEST/Ar	SR 11515-67/ARH.11515.87	7 Test) Paulette Stevenson			×
Uda 41/1	bs Cli Greywater,Murra M 09/11/1976	Y REG CLI	New Account	Med Re	: Num: New Patient	
	(Patient) Contact) OT	HER Guarantor	Insurance Notes Occ	urrences)Provider)	Visit	
						Pre-Register
						Register C
						Check In
	*Service Date	22/02/18	0	her Location		Revisit d
	* Service Time	1130	_		E Contraction of the second se	In Transfer 🛛 🥸
	Decision to Admit Date					Out Transfer
	Decision to Admit Time				3	Discharge 👄
	ADM Source	AWLADI				Edit
	Location	AWLADI				Fix 🕮
	Depend for Malt				The second se	Undo 🔐
	Comment					Cancel 😅
	* Arrived by * By Ambular	nce O		N		Maintenance 🔤
						Change Status
	Medical Alert				1.00	Account Info
	1.					Picture 168
	2.					Demo Recall *
					18 a.	EMR 😅
				Car	Next Save	? @ 🛇 🗊 🗉

10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.



EMERGENCY

- Pertains to persons attending for assessment, diagnostic or treatment services provided for conditions requiring immediate attention.
- 1. Using the pull down menu, choose Emergency Room and Long Form.



Registration Management Desktop - ACLA (ABATEST/ABA_TEST5.67/ABK_TEST	5.67 - Test) - Paulotta Stovenson	
Function Register *Type Emergency Room *Form Long		Pre-Register
	atient Identification	Register (
Account Number Search	Medical Record Number Search	Check In
ULI	Name Birthdate	Revisit d
Account Num	Age	In Transfer 🔍
Med Rec Num	Sex	Out Transfer 🔍
Birthdate	Mother's Name	Discharge 4
Phone Num	Other Name	Edit
EMP Num		Fix @
LMK NUM		Undo
		Cancel 🖻
		Maintenance 🔒
		Change Status
		Account Info 🔒
		Picture
		Demo Recall #
		EMR
	Cancel 0	? @ 🖓 🗇 📼

- 2. Enter patients Alberta Health Care card number into the ULI field and enter. The system will search for the patient. If you do not have the AHC card, the more information you enter, the more accurate this search will be.
- 3. If this is the correct patient, confirm DOB, press Yes and confirm demographics with patient.
- 4. Use the pull down menu in Reg Category and choose Emergency Room. Anything with an asterisk is a mandatory field and must be filled; otherwise you will receive an error message and will not be able to continue onto the next tab.



Patier	nt)(Contact)(Other)(Guarantor)(Insu	rance)(Notes)(Occurr	ences)(Provider)(Visit)	
EMR Num ABAT	VIG00403037-FS1			
*Name	UDABS CLI GREYWATER, MURRAY	*Home Phone	(403)310-0594	Pre-Register
*Reg Category		Other Phone	(,	Register
* Account Num	NEW	Email		Check In
Birthdate * Age	09/11/1976 41	Use Email		Revisit
*Sex	M	Marital Status		In Transfer
Other Name		HC Province		Out Transfer
Mother's Name	1E1 DORCON RIVO	OLI Cos Ing Num	898093214	Discharge
*Address	151 ROBSON BLVD	Subscriber Init		Edit
* City * Province	LETHBRIDGE AB	Rel to Pt		Elv
* Postal Code	T1K 1G9	Religion	0	Undo
Residence Code		Affiliation		Cancel
Country	CA	MSI Elig		Maintenance
Language				Change Statu
	Emp	loyer		Account Info
Name				Picture
11212-1212-1212-12				Demo Recall
Address				EMR
City/ Province				
Postal Code				
Phone				
Occupation				

5. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.

🔛 Registration Management De										
0 41/M 09/11/1	ywater, Murray 1976	REG E	R New Account	Med F	Rec Num: Nev	w Patient		1	*	
Pa	tient)(Contact)(Oth	ner) (Guaran	tor) Insurance) (Notes) Occurr	rences) Provider	Visit					
	·		Next of Kin		n.		Pre	e-Regi	ster	
	Name	UDABS SI	APPYSHOES LOBI		-		Re	gister		00
	* Address	151 ROBS	ON BLVD				Ch	eck In	<u>(i</u>	G
							Re	visit		60
	* City	LETHBRID	GE				In	Transf	er	40
	* Province	AB					Ou	t Trans	sfer	00
	* Postal Code	T1K 1G9	a na chun a chuir a chu				Di	scharg	0	-
	* Home Phone	(403)310-	-0594							
	* Pol to Pt	CD	SELE/SAME AS DATIEN	T			Ed	it		-
	- Ker to Pt	SP	SELF/SAME AS PATIEN				Fix	(
			Person to Notify				Un	do		27
	Name	SNOK			-		Ca	ncel		
	Address						Ma	intena	nce	
							Ch	ange S	status	- GAC
	City						Ac	count	Info	8
	Province						Pic	ture		631
	Postal Code						De	mo Re	call	*
	Home Phone						EM	IR		<u>_</u>
	Other Phone									
	Ker to Pt									
				C C	ancel Nex	t Save	?	@ 6	3 0	
					X	1	л			

6. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.



(Patient)(Contact)(Oth	Guarantor Insurance Notes Occurrences Provid	ler)(Visit)	
	Guarantor Demographics		
Name Address	SP		Pre-Register G Register G Check In G
City Province Postal Code Home Phone Email			In Transfer 4 Out Transfer 4 Discharge 4
Number Rel to Pt			Edit G
	Guarantor Employer		Cancel G
Address			Maintenance G Change Status
City Province Postal Code Phone			Account Info Picture E Demo Recall E EMR C
Status			

7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.

* M	Inemonic	Name		
AHC	ALBERTA HE	ALTH CARE PLAN		Pro Register
				Pre-Register
				Check In
				Check In
	V.	No No No		Revisit
	Detail (Authorizations) (Scann	Ing Rx Into CDS Assign In		In Transfer
Delicu Num	808002214	Elia Stati Data		Out Transfer
Policy Num	898093214	Elig Statj Date		Discharge
Relation		En Date		Edit
Ins Name	ALBERTA HEALTH CARE PLAN	Cov Num		Elv
Ins Address	PO BOX 1360	Group Name		1 IX
	STATION MAIN	Group Num		Creat
City	EDMONTON	Emp Status		Cancer
Province	AB	Emp Name		Maintenance
Postal Code	T5J 2N3	Emp Location		Change Stat
Phone	780 427 1432	Deduct Copay	1 A A A A A A A A A A A A A A A A A A A	Account Info
		Benefit Plan		Picture
*Fin Class	AHC			Demo Recal
				1.140

- 8. Provider tab. This is where the Attending/Family Physician is entered. When searching for a physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg. Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the screen and select the correct physician.
- 9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab throughand fill in the necessary fields marked with the asterisk.



	op - AWLA (ABATEST/	ABA.TEST5.67/AR	BLTE515.67 - Test)	- Paulette Stevenson				-		
dabs Cli Grey 1/M 09/11/197	water, Murr 76	ay RE	G ER Ne	w Account	Med Rec Nu	m: New Pa	tient			2
Patie	nt) Contact) (Other) Gua	rantor)(Insu	irance)(Notes)(Occurrences)(Pro	vider) Visit)				
							-	Pre-	Regist	er
* Service Date	10/02/15			Decision to Admit Date				Reg	ister	
*Service Time	1044			Decision to Admit Time				Che	ck In	
Arrival Date	10/02/15			Phys Init Assess Date				Rev	isit	
*Arrival Time	1044			Phys Inic Assess Time				In T	ransfer	r.
There Date				Other Locati	0.0			Out	Transf	er
Triage Time				other Locate	011			Disc	harge	
Triage Level								Edit		-
ADM Source						-		Fix		-
*Location	AW	LAER						Und	0	-
								Can	cel	
							1	Mair	ntenan	ce
Reason for Vis	it							Cha	nge St	at
Comment								Acc	ount In	nfc
Francisco de Constantes de				Medical Alert				Pict	ure	-
*Arrived by *E	y Ambulance	0	N	1				Den	no Reca	all
PCTAS Indicate	n Number		-	2.				EMP	ι	_
Scheduled ER										

10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.

SELF PAY REGISTRATION

• Patients requesting preferred accommodations, (e.g. private room) and wish to have it billed to a private insurance company.

- Patients with no health care coverage.
- Patients with Out of Province coverage and do not have a health care card to show expiry date.
- Patients from Out of Country.

George Perkins, who is from Manitoba, presents to the Emergency Department with a laceration to his finger. He would like to see the Doctor on call to see if he needs stitches. He presented without his wallet so he does not have his OOP health care card with him and has never been to this facility before.

1. Register patient as Emergency.



2. Fill in necessary fields and gather as much information as possible.

😽 Registration Management Deskto	op - AWCA (ABATEST/ABA.TEST5.67/ARH.TEST5.67 - Te	est) - Paulette Stevenson				_ <u> </u>
 Perkins,George 67/M 24/10/195 	9 REG ER N 50	New Account	Med Rec Nur	1: RN00010347		
Patient	t) Contact) (+Cntcts) Guarantor) [I	nsurance Notes Occur	rences Provider Visit)		
EMR Num ABAT	VIG00425055-FS1					
*Name	PERKINS,GEORGE	* Home Phone	(807)268-2224		Pre-Register Register	<u> </u>
* Reg Category	ER	Other Phone			Check In	(ca
*Account Num	NEW	Email			Rovisit	
Birthdate * Age	24/10/1950 67	Use Email			Revisic	=
* Sex	Μ	Marital Status			In Transfer	¢
Mother's Name		HC Province			Out Transfer	\$
*Address	123 TEST STREET	Soc Ins Num			Discharge	
Address	125 TEST STREET	Subscriber Init			Edit	· · · · · · · · · · · · · · · · · · ·
* City * Province	WINNIPEG MB	Rel to Pt			Eix	
* Postal Code	R2X 1G5	Religion			Undo	
Residence Code		Affiliation			Cancel	
Country	CA	MSI Elig			Maintenance	636
Language					Change Stati	10 GO
	-				Change State	
	E	mployer			Account Info	ł
Name					Picture	(ii)
Addross					Demo Recall	*
Address					EMR	
Cityl Province						
Postal Code						
Phone						
Occupation				-		
			Cancel	Next Save	? 🔞 😂 🛢) 🖃

3. Once on the Insurance tab, enter SP then F9 on the first line. This will bring up a list of all Self Pay options. (DO NOT USE SP)

Insurance Lookup							
		Search <mark>SP</mark>					
		Cont: ANY, Empl: ANY, Address: N,	Name: N,	Phone: N			
	Insurance	Insurance Name	Contract	Providers?	Employers?		
	O SP	SELF PAY					
	SPAB	SELF PAY - ALBERTA					
	SPCA	SELF PAY - CANADA (NOT ALTA)					
	SPNR	SELF PAY - NON RES OF CANADA					
	O SPUN	SELE PAY - UNINSURED SERVICES					
Addi	ress	Prov Phone	Postal				
	Prior Nex	xt Search View View Criteria Insurance Contract	View Provider	View Employer		Can	ice

4. Select Self Pay Canada (NOT ALTA).



Pade	int (Contact) (+Criters)(Guarantor)()	isurance (Notes) Occurrences)	(Provider)(Visit)	
*	Inemonic	Name		
1 SPLA	SELF PAY -	CANADA (NOT ALIA)		Pre-Register
3				Register
4				Check In
				Revisit
	Detail Authorizations Gean	ning Rx Info CDS Assign In	fo	In Transfer
Dealling a Marrier		I Charle Charle Date		Out Transfer
Subsetibor		Eff Date		Discharge
Relation		Exp Date		Edit
Ins Name	SELF PAY - CANADA (NOT A	Cov Num		Fix
Ins Address		Group Name		Undo
1000		Group Num		Cancel
City		Emp Status		Maintenance
Province Destal Cada		Emp Name		Change Stat
Phone		Deductl Conay		
		Benefit Plan		Dicture
The second se	SPC			Demo Recall
* Fin Class				Dentionacount

5. Continue on to the Provider tab

			nces)(Provider)(Visit)	
Primary Care				Pre-Register
Admitting	ALDDMARY	Alex Marco Manager		Register
 Energency Family 	AIRDMART	Aird, Mary Margaret		Check In
Referring				Revisit
Other				In Transfer
				Out Transfer
	Consulting Physician			Discharge
				Crisenarge
				Edit
				Fix
	and the second sec			Cancel
				Concer
Preferred Pha	macy			Maintenance
Preferred Pha	macy			Maintenance Change Stat
Preferred Pha	rmacy			Maintenance Change Stati
Preferred Pha	macy			Maintenance Change State Account Info
Preferred Pha	macy			Maintenance Change State Account Info Picture Demo Recall
Preferred Pha	macy			Maintenance Change Stati Account Info Picture Demo Recall EMR
Preferred Pha	macy			Maintenance Change Stati Account Info Picture Demo Recall EMR
Preferred Pha	macy			Maintenance Change State Account Info Picture Demo Recall EMR

6. Complete Visit tab and fill in all necessary information marked with an asterisk.

[Patient][Contact](+C	Cntcts)(Guarantor)	[Insurance](Notes)[Occur	rences)[Provider](Visit)	l T	
					Pre-Registe
*Service Date 11/09/15		Decision to Admit	Date		Register
*Service Time 1348		Decision to Admit	Time		Check In
Arrival Date 11/09/15		Phys Init Assess D	ate		Revisit
*Arrival lime 1348		Phys Init Assess I	Ime		In Transfer
			has Legation		Out Transfe
Triage Date		00	ner Eucadion	132	Discharge
Irlage Level					L Edit
ADM Source				-	EUIL
* Location AW	CAER	and the second			Uncin
					Cancel
					Maintenand
Reason for Visit					Change Sta
Comment					Account In
		Medical Alert			Picture
* Arrived by * By Ambulance	0	N Hechical Adelic			Demo Reca
PCTAS Indicator		2.			EMR
Scheduled ER		-			A CONTRACTOR OF

7. Save and print necessary forms.



WCB REGISTRATION

1. Register Patient

Patient) Co	ntact)[+Cntcts](Guarantor)[Insurar VIG00400948-FS0	nce)(Notes)(Occurrenc	es)(Provider)(Visit)(Allergies	-
Name Reg Category Account Num Birthdate] * Age Sex Other Name Mother's Name Address * City] * Province Postal Cade Residence Code Country Language	UDABS VILSON,ERICK HARLEY ER NEW 12/05/1989 28 M 304 SEASAME CRESCENT BARRHEAD AB 17/N 1K3 BARRHEA CA	* Home Phone Other Phone Email Use Email HC Province ULI Soc Ins Num Subscriber Init Rel to Pt Religion Affiliation MSI Elig	(403)634-5175 0	Pre-Register Registor Check In Revisit In Transfer Out Transfer Discharge Edit Maintenance
	Em	plover		Demo Recall
Name Address City Province Postal Code Phone Occupation				EMR

2. Confirm demographics, contact information and guarantor information with patient.

Patient	Contact + Cntcts	Guarantor) []	nsurance)(Notes)(Occurrer	ices)(Provider)(Visi	it Allergies	
	-		Next of Kin			
	Name	UDABS VII	SON FRICK HARLEY		-	
	* Address	364 SEASA	ME CRESCENT			Pre-Register
	A DESCRIPTION OF THE OWNER OF THE					Register
	* City	BARRHEAD				Check In
	* Province	AB				Rovisit
	* Postal Code	T7N 1K3				- He visit
	* Home Phone	(403)634-5	175			In Transfer
	Other Phone					Out Transfer
	* Rel to Pt	SP	SELF/SAME AS PATTE	NT		Discharge
			Person to Notify		1	Edit
	Name	UDABS VIL	SON, ERICK HARLEY			Maintenance
	*Address	364 SEASA	ME CRESCENT			Account Info
	* City	BARRHEAD				Demo Recall
	* Province	AB				EMR
	* Postal Code	T7N 1K3				
	* Home Phone	(403)634-5	175			
	Other Phone					
	*Rel to Pt	SP	SELF/SAME AS PATIE	NT		

3. Under the Insurance Tab, enter WCB in the first line and press F9. Select the appropriate insurance.

[Patient][C	contact)[+Cntcts] Guarante	or][Insurance][Notes][Occurrences][Provider][Vi	ait Allergies
* N	Inemonic	Name	
WCBAB		WCB - ALBERTA	-
			Pre-Register
	(Destaril) Australianti		Register
	(Detail) (Authorizati	ions (Scanning) (Ice anto) (CDS) (Assign anto)	Check In
Policy Num		Elig Stat Date	Revisit
Subscriber		Eff Date	In Transfer
Relation		Exp Date	Out Transfer
Ins Name	WCB - ALBERTA	Cov Num	Discharge
Ins Address	PO BOX 2415	Group Name	Edit
Cite	EDMONTON	Group Num	Eur
Province	AB	Emp Status Emp Name	Maintenance
Postal Code	T51 2S5	Emp Location	Account Info
Phone	780 498 3999	Deduct Copay	Demo Recall
		Benefit Plan	EMR
* Fin Class	WCB		



4. Continue over to the CDS (Customer Defined Screen) tab and fill out the necessary WCB information into this screen.



5. Add secondary insurance, provincial (eg. AHC), into line 2 under WCB.

Udat 28/M 28/M 1 WCE 2 AHC 3 4 Po	Patient Contact +C	itots)(Guarantor)(Insura WCB - ALB ALBERTA H	ew Account http://www.ince.ice.ice.ice.ice.ice.ice.ice.ice.ice.i	Med Rec Num: New Patier	
1 WCF 2 AHC 3 4	Patient Contact +C Mnemonic	Ntcts Guarantor (Tosura WCB - ALB ALBERTA H	nce [Notes][Occurrences][Provide Name ERTA EALTH CARE PLAN	er] Visit)(Allergies)	
1 WCF 2 AHC 3 4	Mnemonic SAB	WCB - ALB ALBERTA H	Name ERTA EALTH CARE PLAN		
1 WCE 2 AHC 3 4	iae De	WCB - ALB ALBERTA H	ERTA EALTH CARE PLAN		
4 Po	De				
Po	De				Pre-Register 20
Po	[De		Manual Manal Manal	Y.	Register 😂
Po		an Authorizations I acan	ning flox into flous / Assign into	,	Check In St
	licy Num		Elio Stati Date		Revisit d
Su	bscriber		Eff Date		In Transfer
Re	lation		Exp Date		Out transfer
Ins	s Name ALBERT	HEALTH CARE PLAN	Cov Num		Discharge
Ins	s Address PO BOX	1360	Group Name		Discharge
0.0000	STATIO	MAIN	Group Num		Edit 😅
Cit	EDMON	ON	Emp Status		Maintenance 😂
Pro	ovince AB		Emp Name		
Pos	stal Code T5J 2N3		Emp Location		Account Into
Ph	one 780 427	1432	Deduct Copay		Demo Recall *
			Benefit Plan		EMR 🖾
Fir	i Class				

- 6. Update Ins Demo Recall button at the bottom of the screen is set to "NO" for WCB patients.
- 7. Continue to Provider tab and fill out Emergency Doctor.

28/M 12/05/1	1989				
(Patient)	Contact) +Cntcts) Gu	uarantor)(Insu	rance) (Notes) (Occurrences	Provider Visit Allergies	
Primary Care Admitting * Emergency	BEYECOEN		Bevers.Coenraad		
Family Referring Other					Pre-Register Register Check In
	Consulting Physiciar	1			Revisit In Transfer Out Transfer Discharge
Preferred Phar	macy				Edit Maintenance
					Account Info Demo Recall EMR

Created: April 30, 2015 Revised: February 28, 2018



8. Complete Visit tab functions, save information and print necessary forms.

OOP REGISTRATION

- 1. Using the pull down menu, choose the Type of Visit and use Long Form.
 - 2. Enter in patients name and date of birth in the appropriate fields.

Function Regi *Type Eme Form Long	ister Irgency Room J			
	Patier	t Identification		-
/	Account Number Search	Medic	al Record Number Search	
ULI Name Account Num Med Rec Num	UDADM JOHNSON, STEFANIE NEW	* Name Birthdate Age * Sex	UDADM JOHNSON, STEFANIE 12/12/1980 37 F	Register Check In Revisit
Birthdate Phone Num Policy Num		Mother's Name Other Name		In Transfer Out Transfer Discharge
ENKING				Edit Maintenance
				Account Info Demo Recall
				EMR

3. If the patient is new to the system, you will have to use the F11 button to go through any patient that has a partial match to the patient entered. Keep using the F11 button until you get the pop up that states patient not found. Once you Save or F12 this pop up, you can then fill in the demographics screen.

Jdadm Johnson	n,Stefanie REG ER	New Account	Med Rec Num:	New Patient	~
Patient) Co Patient) Co EMR Num * Name * Reg Category * Account Num Birthdate * Age * Sex Other Name Mother's Name	0 ntact) (+Cntcts) (Guarantor) (Insura UDADM JOHNSON, STEFANIE NEW 12/12/1980 37 F	ance) (Notes) Occurrences) * Home Phone Other Phone Email Use Email Marital Status HC Province ULI	(Provider)(Visit)(Allerg	ies	Pre-Register Register Check In Revisit
* Address * City * Province * Postal Code Residence Code Country Language		Soc Ins Num Subscriber Init Rel to Pt Religion Affiliation MSI Elig			In Transfer Out Transfer Discharge Edit Maintenance Account Info
	E	mployer			Demo Recall
Name Address City Province Postal Code Phone Occupation					EMR



- 4. Fill in contact and guarantor information.
- 5. Under the Insurance Tab, enter the provincial health care, eg. MB for Manitoba and F9 to choose correct Insurance.

(Patient) (C	Contact)(+Cntcts)(Guarantor)(Insuran	e Notes Occurrences Provider	Visit Allergies	
*N MB	Inemonic MB HEALTH	Name SERVICES COMMISSION	1	
				Pre-Register
	Detail Authorizations Scann	Ing Rx Info CDS Assign Info		Check In
P. 11		Elle Charles Dates		Revisit
Subscriber		Elig Stat Date		In Transfer
Relation		Exp Date		Out Transfer
Ins Name	MB HEALTH SERVICES COMMI	Cov Num		Discharge
Ins Address	100, 300 CARLTON STREET	Group Name		Conserverge
		Group Num		Edit
City	WINNIPEG	Emp Status		Maintenance
Province	MB	Emp Name		Account Info
Postal Code	R3B 3M9	Emp Location		Demo Recall
Phone	204 786 7308	Benefit Dian		EMP
* Fin Class	NRA	Delienc Plan		C. I.I.C.

6. Continue over to the CDS (Customer Defined Screen) tab and fill out the necessary OOP information.

	*Mnemonic	Name	
MB	MB HEALTH SERVIC	CES COMMISSION	
			Pre-Register
			Register
	Detail Authorizations Scanning R	x Info CDS Assign Info	Check In
	out of Brow Address (Etrest/Box)	100 WINNING WAY	Revisit
*0	Jut-of-Prov City	WINNIPEG WAY	In Transfer
*0	Out-of-Prov Province	MB Manitoba	Out Transfer
*0	Out-of-Prov Postal Code (A9A9A9)	R3G 2M9	Discharge
I	nsurance Card Exp Date - YEAR		Discharge
I	nsurance Card Exp Date - MONTH		Edit
1	nsurance Card Exp Date - DAY		Maintenance
E	ADM alassa langes Old Farmak Data fas DAD sadalars		Account Info
-	ADM please ignore - Old Format Data for BAR reclaims		 Demo Recall
)ut-of-Prov Postal Code		EMR

- 7. Make sure the Update Ins Demo Recall button at the bottom of the screen is set to **Yes**.
- 8. Continue to Provider tab and fill out Emergency Doctor.
- 9. Complete Visit tab functions, save information and print necessary forms.







REFERRED

- patients sent for diagnostic testing (laboratory)
- referred in bodies for autopsy
- all routines for either Referred or Referred Client at the same
- 1. Click on register button.
- 2. Using the pull down menu choose Referred and Long Form.

Type Referred Form Long		
	atient Identification	
Account Number Search	Medical Record Number Search	Pre-Register
ULI Name	Birthdate	Register
Account Num	Age	Check In 🛱
Med Rec Num	Sex	Revisit d
Birthdate	Mother's Name	In Transfer 🔍
Phone Num	Other Name	Out Transfer
EMR Num		Discharge 🧲
		Edit
		Maintenance G
		Account Info
		Demo Recall *
		EMR 🖾

- 3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.
- 4. Use the pull down menu in Reg Category and choose Referred or Referred Visit. Anything with an asterisk is a mandatory field and must be completed.



ADM User Manual

25. H	egistration Management Deskt	ap - AWCA (ABATES1/ABATES)								
0	Udabs Refvis G Ermita 60/F 14/03/195	rumpycake, 7	REG REF Nev	v Account	Med Rec N	um: New Patient		1	2	
	Patient Co	ntact)(+Cntcts)(G VIG00406167-FS1	uarantor)(Insuranc	e)(Notes)(Occurrence	es)(Provider)(Visit)(A	llergies)				
	*Name *Reg Category *Account Num Birthdate] *Age *Sex Other Name Mother's Name *Address *City] *Province *Postal Code Residence Code Country Language	3S REFVIS GRUN NEW 14/03/1957 F 429 EVEREST CR LETHBRIDGE T1H 129 LETH CA	60 ESCENT AB	* Home Phone Other Phone Email Use Email Marital Status HC Province ULI Soc Ins Num Subscriber Init Rel to Pt Religion Affiliation MSI Elig	(403)328-4855 AB 213073214 O		Pr Re Ct Re In Ot Di Ec	e-Reg egiste neck evisit Tran ut Tran ut Tra schai dit	gister ir In sfer nsfer ge nance	8 9 8 9 8 8 8 8 8 8 8
			Emp	loyer			De	emo l	Recall	*
	Name Address City Province Postal Code Phone Occupation						EN	MR		
					Cance	Next Save	2	•	4	

- 5. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.
- 6. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.

Pati	ent Contact + Cntcts	Guarantor) Insurance) (Notes) (Occurrences) (Provider) (Visit) (Allergies)	
		Guarantor Demographics	
	Name *Address	UDABS REFVIS GRUMPYCAKE,ERMITA 429 EVEREST CRESCENT	
	*City	LETHBRIDGE	Pre-Register Register
	Province * Postal Code	AB T1H 1Z9 (4002200 4055	Check In Revisit
	* Home Phone Email	213073214	In Transfer
	*Rel to Pt	SP SELF/SAME AS PATIENT	Discharge
		Guarantor Employer	Edit
	Address		Account Info
	City		Demo Recall EMR
	Province Postal Code		
	Occupation Status		

- 7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.
- 8. Provider tab. This is where the Attending/Family Physician is entered.
- 9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab throughand fill in the necessary fields marked with the asterisk.

Created: April 30, 2015 Revised: February 28, 2018



Registration Manageme	nt Desktop - AWCA (ABATEST/AB	IA.TESTS 67/ARILTESTS 67	- Test} - Beather L Gen	and ep-							2	-1012
Udabs Ref Ermita 60/F 14/03	vis Grumpycake, 3/1957	REG REF	New Account		Med	Rec Nur	n: New P	Patient		Ē	2	
Patier	it)(Contact)(+Cntcts)	Guarantor Ins	urance)(Notes)	(Occurrences)	Provider) (V	isit) (Alle	ergles)					
* Ser * Ser	vice Date vice Time	24/02/15 1137	_	Other Lo	cation		-		Pro Re Ch	e-Regis gister eck In	ster	C
Dec Dec ADI * Loc	sion to Admit Date sion to Admit Time M Source ation	AWCADI					÷		Re In Ou	visit Transf it Tran	er sfer	4 4
Rea Cor Arr	ison for Visit nment ived by By Ambular	nce							Ed Ma	scharg it intena	e ince	6
Med 1,	dical Alert								Ac De EN	count mo Re IR	Info call	4 1 0
					_	Cancel	Neut	Caug				
						Cance:	Next	Save	?			

10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.



RECURRING

- Pertains to Clinical Registration visits that occur on a Recurring basis
- 1. Click on register button.
- 2. Using the pull down menu choose Recurring and Long Form.
- 3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.
- 4. Use the pull down menu in Reg Category and choose Recurring or Recurring Visit. Anything withan asterisk is a mandatory field and must be completed.



ADM User Manual

Patient Co	ntact](+Cntcts)(Guarantor)(Incurant	ce)[Notes][Occurrenc	es] Provider Visit Allergies	1		
* Name * Reg Category * Account Num Birthdate] * Age * Sax Mother Name * Address * City] * Province * Postal Code Residence Code Country Language	UDABS RCRVIS BORINGTEA,D RCR 03/05/1940 77 M 216 GERBER BLVD LETHIDRIDGE AB 11k /CB LETH CA	*Home Phone Other Phone Email Use Email Marital Status HC Province ULI Soc Ins Num Subscriber Init Rel to Pt Religion Affiliation MSI Elig	(403)328-9649 419093214 O		Pre-Register Register Check In Revisit In Iransfer Out Transfor Discharge Edit Maintenance Accessi Join	
	Em	ployer			Demo Recall	
Name Address City Province Postal Code Phone Occupation					EMR	1

- 5. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.
- 6. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.
- 7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.
- Provider tab. This is where the Attending/Family Physician is entered. When searching for a
 physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg.
 Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the
 screen and select the correct physician.
- 9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tabthrough and fill in the necessary fields marked with the asterisk.

	utient) (contact) (renteta)	Guarantor Insuran	ce Notes Occurrences Provider Visit	t) (Allergies)	
					~
					Pre-Register
1	*Service Date	24/02/15	Other Location		Register
1	* Service Time	1258			Check In
	Decision to Admit Time				Revisit
	ADM Source			Print 1	In Transfer
	* Location	AWCAPT			Out Transfer
-			<u></u>		Discharge
	Reason for Visit				Edit
	Comment				Maintenance
	- Arrived by [- By Arribular	ice o	100		Account Info
1	Medical Alert				Demo Recall
	1.				EMR
	0				

Created: April 30, 2015 Revised: February 28, 2018



10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.



SURGICAL DAY CARE

- Outpatients presenting for procedures in a specifically designed, staffed and equipped surgical operating room.
- 1. Click on register button.
- 2. Using the pull down menu choose Surgical Day Care and Long Form.
- 3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.

	nent Desktop - AWCA (A6A (FST/A6A, (FST5.57) ARE, (FST5.	h7—Lest] - Haather't Gesuchy	
Function *Type	Register Surgical Day Care		
* Form	Long		
	Pat	ient Identification	
	Account Number Search	Medical Record Number Sear	ch
ULI		Name	Pre-Register
Name		Birthdate	Check In
Med Rec M	Num	Sex	Revisit
Birthdate		Mother's Name	In Transfer
Phone Nur	m	Other Name	Out Transfer
EMR Num	m		Discharge
			Edit
			Maintenance
			Account Info
			Demo Recall

4. Use the pull down menu in Reg Category and choose Surgical Day Care. Anything with an asteriskis a mandatory field and must be completed.





dabs Sdcr Sla 0/F 29/09/195	ppyshoes,Lori REG SDC SM0 7 28/04/16 - 120	0000008/16 04	Med Rec Num: RN00010447	**
(Patient)(Co	ntact) (+Cntcts) (Guarantor) (Insurance) VIG00403046-FS0	e)[Notes](Occurrence	es)(Provider)(Visit)(Allergies)	
*Name *Reg Category	UDABS SDCR SLAPPYSHOES,LO	* Home Phone Other Phone Email	(403)327-0493	
Birthdate * Age	29/09/1957 60	Use Email		Register
*Sex	F	Marital Status		Check In
Other Name		HC Province		Revisit
Mother's Name	202 CRANDELLAVE	ULI Soc Inc Num	688033214	In Transfor
Audress	393 CRAINDELL AVE	Subscriber Init		Out Transfer
City * Province	LETHBRIDGE AB	Rel to Pt		Discharge
Postal Code	T1K 4Y3	Religion	0	Childrige
Residence Code		Affiliation		Edit
Country	CA	MSLEIIg		Maintenance
Language				Account Info
	Emp	ployer		Demo Recall
Name				EMR
Address				
City Province				
Postal Code				
Phone				
Occupation				

- 5. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.
- 6. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.

Udabs 0 60/F 2	Sdcr Slappyshoes,Lori 29/09/1957	REG SDC SM 28/04/16 - 12	Hadder Lander 0000008/16 04	Med Rec Num: RN	00010447	1		
Ú	Patient] (Contact) (+Cntcts) (Gu	arantor)[Insuran	ce)(Notes)(Occurrences)(Prov	rider) (Visit) (Allergies)			
	(Guarantor	Demographics					
	Name	UDABS SDCR	SLAPPYSHOES,LORI					
	* Address	393 CRANDELI	AVE					
	and a second					Pre Rec	gister	160
	* City	LETHBRIDGE				Registe	50	C
	* Province	TIK AVD				Check 1	In	12
	*Home Phone	(103)327-019	3			Revisit	_	di
	Email					In Tran	sfer	0-
	Number	688033214				Out Tra	nsfer	10
	*Rel to Pt	SP	SELF/SAME AS PATIENT			Dischar	rge	4
		Guaranto	r Employer			Edit		
	Name			.		Mainter	nance	150
						Account	t Info	14
	Address					Demo I	tecall	*
	City					EMR		-
	Province							
	Postal Code							
	Phone							
	Status							
	Status							
				Cancel Nex	t Save			
	Update Guara	antor Demo Recal	If tes	× D	4		- u	

- 7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.
- Provider tab. This is where the Attending/Family Physician is entered. When searching for a
 physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg.
 Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the
 screen and select the correct physician.



9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tabthrough and fill in the necessary fields marked with the asterisk.

ration Hanagement Desktop - AWCA (ABAT	UST/ABA/TESTS/	7/AULTESTS.67	- Test) - Heather I. Grouchy						
dabs Sdcr Slappyshoe D/F 29/09/1957	s,Lori	REG SDC 28/04/16	SM0000008/16 - 1204		Med Rec Nu	m: RN000	10447		1
Patient Contact +Cn	itcts Guar	antor)(Ins	urance)(Notes)(Occurre	nces)(Provide	r) (Visit) (All	ergles)			
*Convice Date *Time	29/04/16	1220		Other Locatie	20			Pre-Register	er
Decision to Admit Date Decision to Admit Time	28/04/10	1230						Revisit	
ADM Source *Location	AWCAAM	в					36	In Transfer Out Transfe	er
Reason for Visit						1		Edit	
Comment			10			_	4	Maintenane Account In	ce
Entry Code *Arrived by *By Ambular	nce O		N 1.					Demo Reca	all
			-)[-				-6		
					Cancel	Next	Save		r

10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.



PROVIDER OFFICE VISIT

- 1. Click on register button.
- 2. Using the pull down menu choose Provider Office Visit and Long Form.
- 3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.
- 4. Use the pull down menu in Reg Category and choose POV. Anything with an asterisk is a mandatory field and must be completed.



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Registration Management Deskt	op - ACLA (ABATEST/ABA.TEST5.67/ARH.TEST5.67 - Test)	Heather L Grouchy		
Udabs Pov Stra Stokton 37/M 13/05/198	ngepaper, REG POV Ne 30	w Account	Med Rec Num: New Patien	t 🌠
EMR Num ABAT	Contact) Guarantor) Insurance) (N VIG00403054-FS0	lotes)Occurrences)(P	Provider)(Visit)(Allergies)	
* Name * Reg Category * Account Num Birthdate] * Age * Sex Other Name Mother's Name * Address * City] * Province * Postal Code Residence Code Country	UDABS POV STRANGEPAPER, ST POV NEW 13/05/1980 37 M 333 RESIN STREET LETHBRIDGE AB T1H 129 LETH CA	* Home Phone Other Phone Email Use Email Marital Status HC Province ULI Soc Ins Num Subscriber Init Rel to Pt Religion Affiliation MSI Elig	(403)308-9840 133043214 O	Pre-Register (2) Register (2) Check In (2) Revisit (2) In Transfer (2) Out Transfer (2) Discharge (2) Edit (2) Maintenance (2)
Language	Emi	nlover		Account Info
Name Address City Province Postal Code Phone Occupation				EMR
			Cancel Next Sa	Ye ? @ & @ 🗉

- 5. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.
- 6. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.

Patient Contact Guar	antor)(Insuran	ce) Notes Occurrences Provider	Visit Allergies		
-	Guara	ntor Demographics			
Name	UDABS ST	FRANGEPAPER, STOCKTO			
* Address	333 RESI	N STREET			
* City	LETHBRID	GE		Pre-Register	
Province	AB	ALC: NOL		Register Check In	-
* Postal Code	T1H 1Z9			Rovisit	ł
* Home Phone	(403)308	-9840		Kevibic	ė
Email				In Transfer	1
*Rel to Pt	SP	SELF/SAME AS PATIENT		Out Iransfer	
		•		Discharge	à
	Gua	rantor Employer		Edit	
Name				Maintenance	ł
Address				Account Info	
riouress.				Demo Recall	ĺ
City				EMR	l
Province					
Postal Code					
Occupation					
Status					

7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.



- Provider tab. This is where the Attending/Family Physician is entered. When searching for a
 physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg.
 Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the
 screen and select the correct physician.
- 9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tabthrough and fill in the necessary fields marked with the asterisk.

E Registration	n Hanagement Desktop - ACLA (ADATEST/AB									- 0
Udat Stok 37/M	bs Pov Strangepaper, ton 1 13/05/1980	REG POV	New Account	M	red Rec Nur	n: New F	Patient			7
	(Patient)(Contact)(Gua	arantor)(Insuranc	e)(Notes)(Occurrences	Provider) Vis	it)(Allergies	<u>.</u>				
	* Service Date * Service Time Decision to Admit Date	24/02/15 1320		Other Location		A		Pre- Reg Che	Register ister ck In isit	er
	Decision to Admit Time REG Source *Location	ACLAAMB				-		In 1 Out Disc	ransfer Transfe tharge	er
	Reason for Visit Comment Arrived by By Ambular	nce						Edit	: ntenan ount In	ce fo
	Medical Alert 1. 2.							Den EMP	no Reca	all
					Cancel	Next	Save	?	a 🕹	۵ =

10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.

DISCHARGE

- 1. Registration Management Desktop
- 2. Discharge Tab.
- 3. Enter account number or spacebar enter to pull up last visit.



Registration Humagement Desktop - AWCA (ABATEST/ABATEST5.67/ABH.TEST5.67 - Test) - Heather (Genechy	-			
			<u> </u>	
*Type Emergency Room Form Long				
Account Identification ———				
Account Number Search				
Name Account Num SM8/16		Pre-R	egiste	r li
Med Rec Num		Regist	er	6
		Check	- In	.4
		Revisi		
SM0000008/16 UDABS SDCR SLAPPYSHOES,LORI REG ER OK?		In Ira	nster	- 0
		Disch	ansie	2
Yes		E-UIL	ange.	
		Edit		- 1
		and and a state	SHEINE	
		Accou	nt Inf	0 1
		EMR	Neca	1 3
Cancel	OK	2 .		a =

- 4. Fill in mandatory areas marked with an asterisk, e.g. Departure Date/Time and discharge disposition.
- 5. To complete discharge F12 or Save.

dabs Sdcr Slappyshoes,Lori 0/F 29/09/1957	REG ER SM000000 28/04/16 - 1204 AWCAER	3/16	Med Rec Nur	n: RN00010447	~	
	Departure Info +(Intcts				
	Physicians/Provid	ers				
Primary Care Emergency PP Family Other	Program	Provider				
					Pre-Register	G
Service Datel Time 28/04/16	1204	Other L	ocations		Register	G
Status REG ER				A	Check In	3
Location AWCAER					Revisit	ć
					In Transfer	Q
* Departure Date *Time 30/04/16 Arrival Date *Time 28/04/16	1200 De	parture Disposition	HWS 4		Out Transfer Discharge	Q 6
Triage Date Time	1201	gelever			Edit	G
					Maintenance	G
* ER Physician BEYECOEN	Beyers,Co	enraad			Account Info	Æ
					Demo Recall	9
Departure Diagnosis					EMR	Ē
Departure Comment						
PCTAS Ind Sched ER	Deo	ision to Admit Date s Init Assess Datel	Time Time			
Preferred Pharmacy						
			Cancel	Next Save ♪ √	? @ 🛇 🕯	