**Patient:** Last name, first name, middle initial. No space between last name, comma, and first name. Space after first name, before middle initial. Use middle initial only, not whole name. See name format document. No apostrophes or hyphens.

**Other Name:** The format is the same as for the patient name. This can be a maiden name. But it also should be used if a name is changed. Whenever a name is changed, the new name goes in the patient name field, and the old name in the other name field, even if the patient is taking her maiden name back. Can be left blank if male or single woman.

**Mothers Name:** The first name of the patient’s mother.
**Street:** Street address on 1\textsuperscript{st} line. Apt number on 2\textsuperscript{nd} line. If a PO Box, PO Box on 1\textsuperscript{st} line, street address on 2\textsuperscript{nd} line. If a nursing home, name of facility on 1\textsuperscript{st} line, street address on 2\textsuperscript{nd} line.

**City:** Put the zip code in the city field. It will automatically fill in city, state and zip. This will ensure that the correct zip is entered and that the city is spelled correctly.

**Zip:** If you do not know the zip code, enter C/name of city in this field and you will get a list of cities with that name. Choose the correct one. Note that zip codes in our area start with 01 or 02. Once you have chosen the zip code, go back to the city field and enter it. Check to make sure you have a city in the correct state.

**Phones:** H\# should be the best number to reach the patient. O\# is any alternate phone number. Do not write anything else in this field, i.e. cell.

**E-Mail:** Use upper case and enter the email in standard format as follows: JSMITH@VERIZON.NET. We will run reports off this field so if the patient refuses to provide the email address, please enter "REFUSED". If the patient does not have an email address, please enter "NONE".

**Alt Address:** This will automatically fill in with an “N”.

**Marital Status:** Use F9 to see the dictionary.

**Soc Sec#:** Obtain SS\# if at all possible. If unknown, use 000000001 as the default.
**Race:** Use F9 to see the dictionary. Use “R”, refused/unknown, if you don’t have the information. If patient insists the race is Hispanic, use “O” other, and write Hispanic in 3rd Race field.

**Religion:** Use F9 to see the dictionary. Use “NG”, not given, if unknown.

**Affil:** Leave blank unless patient states a church that is not in our dictionary.

**Secondary Race:** If patient has indicated he has more than one race, use F9 to see the dictionary and enter secondary race. Leave blank if patient has only one race.

**Other Race:** If patient has declined to identify with one of the races in the dictionary, type in what patient says. Okay to leave blank.

**Is patient Hispanic/Latino/Spanish?** If patient says a little, enter “Y”. If patient refuses to answer, enter “N”.
**Ethnicity**: Use F9 to enter primary and secondary ethnicity.

**Ethnicity (Other)**: Free Text, type what patient responds. Okay to leave blank.

**Primary language**: Use F9 to see the dictionary.

**Language Pt prefers to discuss**: Use F9 to see dictionary. If the language the patient wants to discuss his health care is not in the dictionary, use “O” Other, and type the language in the Language (Other) field. If language is in the dictionary, leave blank.
**Country of Birth:** Use F9 to see dictionary.

**Religious affiliation:** Use F9 to see the dictionary. Churches are listed first by religion, then by the name of the church.

**Discharged from active duty?:** Use F9. The responses are numbers.

**Health Care Proxy:** Use F9 to see the responses. If patient says that their HCP is in the medical record, use the response, “unknown if in medical record”. Medical records will check and change if the HCP is in the medical record.
**Highest grade of school:** Use F9 to see the responses. If the patient is a minor, this should be the info for the parent.

**Where reached highest level of Ed:** Either in the US or out of US. Use F9.

**HIPAA Ack Form Signed?** Y or N -- Meditech will fill in the user name. Beginning on Nov. 6, 2011, there is one HIPAA form for the entire Steward Health Care System, so if the form was signed at any of our facilities, the information will be retained in demo recall, and the form does not have to be signed again.

**Print Privacy Notice:** If the first time here, enter Y. The privacy notice will be printed with the registration packet.
**Signed By:** Use F9.

Meditech will fill in age of patient, date and location.

**HIPAA Restrictions:** Always leave blank. If patient wants to put any restrictions on their medical record, they must make their request in writing to the Medical Records department.
**Employer:** There is a dictionary of employers. Use F9 to see it. If not in the dictionary, enter employer name and address the same way as in patient’s information. If patient is a student, use ST F9 and scroll through the schools to find the listing for the student’s school.

**Emp Ph:** This is the patient’s phone number at work, if possible. If not, then the company phone number.

**Pt Occup:** The patient’s occupation or job. Retired, disabled are not occupations.

**Emp Status:** Employee status is whether he works full-time or part-time, is retired, self-employed, unemployed. Use F9 for the dictionary. If a patient has Medicare, do not use Unemployed as the status. If not working, the patient must be either Retired or Disabled.
**Possible match to existing MPI record?**: If you noticed a medical record that could be this patient, enter Y in the field. If not, leave it blank.

**Reason for Changing Date of Birth**: If you changed the DOB, you will not be able to file this registration without explaining why you changed the DOB. You must have documentation to change the DOB. Note that you confirmed this was the correct patient, and the documentation you saw to justify the change in the DOB.

**ESI Number**: Leave blank.

**If Auto Accident**: Enter state in which the accident occurred. Use F9 to choose either Massachusetts, New Hampshire, or Rhode Island.
**Next of Kin:** Closest relative

**Person to Notify:** Who we will call in case of emergency. If the same as next of kin, use SNOK to bring the next of kin’s info over.

Name and address are in the same format as patient. If the same address as patient, use SP in the address field to bring the patient’s address into this field.

**Home phone:** This should be the best number at which to reach the NOK or PTN. If you use SP for the address, double check that this is the correct phone number, as many people use cell phones, and the patient’s number may be his cell phone, and not appropriate to reach the NOK or PTN.
**Work phone:** Any other phone where the NOK or PTN could be reached.

**Rel to Pt:** The NOK or PTN’s relationship to the patient. Use F9 to see the dictionary. Use “UN”, unknown, if the info is unavailable.

**Guarantor:** The guarantor is the person who is legally responsible to pay the bill. The guarantor is **always** the patient if the patient is 18 years old or older, even if his parents are still paying for all his living expenses. If the patient is under 18 years old, the guarantor is a parent or legal guardian.

If the guarantor is the patient, use “SP” to bring over all the patient’s information.
If the guarantor is the NOK or PTN, use “SNOK” or “SPTN” to bring over the NOK or PTN information. You will need to obtain employment info on the NOK or PTN, the same as you did for the patient.

**Insurance:**

#1: Enter the correct insurance mnemonic for the patient’s insurance plan. Hit enter. This brings up the insurance screen.
Many insurances have the claims address programmed into Meditech. If you can, add the phone number from the insurance card.

If the claims address is not programmed, you will need to obtain a claims address and a phone number that we can call to verify insurance.

**Policy Holder**: Everything on this left side of the screen refers to the subscriber to the insurance.

**Policy #**: This is the patient ID# from the insurance card.
**Subscriber**: The subscriber is the person who gets the insurance through his work, or otherwise is the first person on the policy.

**The exception**: The subscriber for Medicare and MCD is always the patient, even if the patient is an infant.

Type in the subscriber’s name or SP (same as patient) and click on the arrow, or press F9. The subscriber file lookup appears. If the subscriber has been saved in the file, then the following screen will be seen in the look up screen:

The demographic info about the highlighted subscriber is shown on the bottom.

If you see the correct subscriber, highlight the file and press enter or click on the name.

Or, when you put the subscriber’s name in the subscriber field, the subscriber file may pop up. Confirm that this is the correct info, then press F12 to file.
If the subscriber has not been saved to the subscriber file, the following message will be seen:

Subscriber Not Found/Chosen. Create a New Subscriber?

Or

Subscriber not found, Ok?

Click yes to enter new subscriber information.
Complete all the fields on the left side of the screen except the Country field. Leave this blank.

On the right side, be sure to enter Group Name, Group Number if you have it, Employee Status and Employer Name.

Defaults for subscriber file:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security #</td>
<td>000000001</td>
</tr>
<tr>
<td>Marital Status</td>
<td>“U” for unknown</td>
</tr>
<tr>
<td>Race</td>
<td>“O” for other</td>
</tr>
<tr>
<td>Citizenship</td>
<td>“Y” for yes</td>
</tr>
<tr>
<td>DOB</td>
<td>01/01/1960</td>
</tr>
<tr>
<td>Country</td>
<td>Leave blank</td>
</tr>
</tbody>
</table>

Back to Registration remembering that this info refers to the subscriber

**Rel to Patient:** If patient, use “SP” for same as patient. If other than patient, use F9 to choose from dictionary.

**Group name:** The group that the insurance is in. Usually the employer of the subscriber, but it could be another group as in the case of some of the unions.

**Emp Status:** The employment status of the subscriber. Use F9.

**Emp Name:** The subscriber’s employer. Note: Meditech will sometimes automatically bring over the patient’s employer into this field. If the subscriber is not the patient, this information will need to be changed.
**Fin Class:** Will automatically be filled in as you enter through it.

**Update Ins. Demo Recall?:** Enter “Y”.

**Authorization #:** Put the auth number in line 1. Press enter. Today’s date will automatically be entered. If necessary, change that date and add the Exp Date.

Click Next at the bottom of the page to go to the next page.
Insurance verified?: Fill in Y or N. Meditech will fill in User name, date and time.

Insurance Comment: Use to explain why insurance was not verified, or to pass on any other info.
**Patient Residuals?**: Residuals are any money that the patient owes after the insurance company has paid. Identify any residuals and enter them on this page. When the residuals are paid, complete the amount collected information.
Use the right field to copy and paste insurance verifications or to enter any information that billing may need to know, DOB discrepancies, name or insurance issues. Enter F12 to save your notes. If there are notes in the account, they will appear in the field on the left.

**Last Hospitalization**: Leave blank.
Occurrence: Must be completed if the visit is the result of an accident or if the patient has Medicare and is retired. Use 01 for Auto accident, 04 for work-related accident, and 05 for any other type of accident. If you have entered a retirement date in the Medicare Secondary Payer Questionnaire, you must fill in Occurrence Code 18 for patient’s date of retirement, and Occurrence Code 19 for spouse’s date of retirement. Be sure to enter the date of retirement as well as the occurrence codes.

Conditions: If this is work-related illness or injury, use condition code of 02. This is the only time you need a condition code.

Span Code: Leave blank.
**Medical Necessity:** In most cases, leave blank.

**Primary Care:** Enter primary care physician. Enter the first 3 letters of last name and first 2 letters of first name, then use F9 to look up in dictionary. Another way to look up the physician: N/last name of physician then press F9. This will bring up a list of all docs with that last name. Highlight the correct one and press enter.
**Attending physician:** This is the physician with whom the patient has an appointment. Look up the same way as Primary Care.

**Did you use a PCP-Non Staff Physician:** This actually means did you use a physician who is not in our dictionary. If you did, then enter “Y”, then the physician’s last name, first name and his address, phone and fax numbers, if available. Be sure to obtain as much information as possible so Medical Records can identify the PCP and send the reports to the correct doctor.

If you used a referring physician that is not in our dictionary, enter “Y”, and complete the fields with the doctor’s name, address, phone and fax numbers.
**Service date and time** will automatically fill in as you enter through the fields.

**ADM Priority:** ER in the Emergency Room, EL for outpatient visits.

**Admission Source:** EMR for the Emergency Room and PHY for outpatient services.

**Location:** Where the patient will be seen. Use F9 to look up in dictionary.

**Reason for visit:** Should be symptoms not diagnosis.

**Comments:** If auto accident, enter location. If patient has only Medicare Part A, put a note here.
**Visit Diagnosis:** Leave blank.

**Have you noted the above values?:** If any box has a “Y” in it, you must enter “Y”.

**Patient ID verified?:** Use F9 to choose the type of ID provided by the patient.

**Patient ID Comment:** If ID not specific, i.e. other state license, type in what type of ID.

**Reprint Forms:** Type in “P” for packet or use F9 to choose which forms to print.
**Printer:** Use F9 to choose which printer to print on.

Press F12 or click on Save to file the visit.