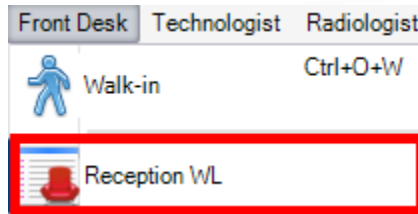


1. From the far right side of the menu bar, select the current location in the Location drop-down.



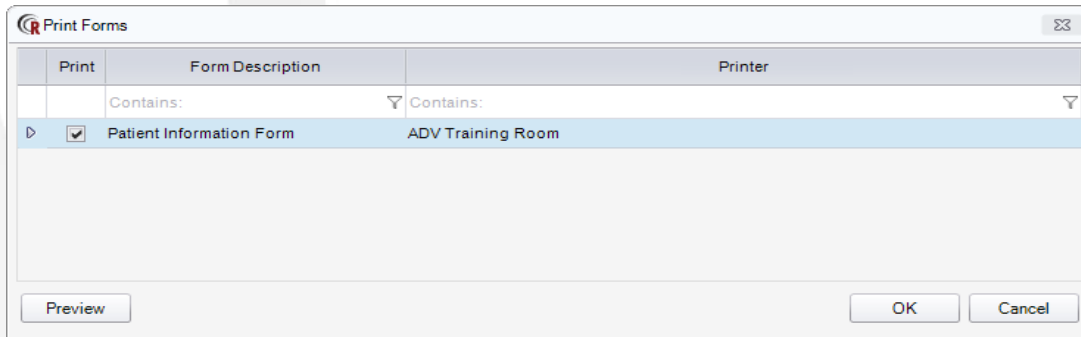
2. Click the Front Desk menu and select the Reception Worklist.



3. Search for the patient to check in. The worklist is sorted by *Scheduled Date* by default. Change the sort by clicking any column heading. Click the column again to reverse the sort sequence.
4. Right-click the patient's exam and select *Change status to* from the floating menu; then click *Checking In*.

This action marks the patient as Checked In (in the office) and presents a list of forms, corresponding to the selected exam, which may need to be printed. For example, the Registration form, ABNs, worksheets, questionnaires, consent forms, and so on, may present.

5. Select the forms to print and click OK. (Certain forms are selected by default.)



6. After the patient returns with their forms and you're ready to finish the Registration process, double-click the patient/exam from the Reception WL to open the record.
7. Click the Patient tab and enter the appropriate information:

Patient (required at time of walk-in)

General Information	Patient Name, DoB, Gender
Contact Information	Address (complete), Phone Numbers, Email, Preferred Contact and Delivery Methods
Origin	Preferred Language, Race, Ethnicity

Patient Notes (optional data)


This area is for general patient notes, not for appointment notes. Patient notes stay at the patient level and cannot be removed once entered and saved.


Contacts/Demographics (required at time of walk-in)

Responsible Party	This is the person responsible for the bill, <u>not</u> the policy holder. If the patient is 18 or older, he or she is always the Responsible Party, regardless of whose insurance covers the patient.
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Meaningful Use (required at time of walk-in)

Demographics at time of encounter	Patient Height, Weight, Smoking Status
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 **Note** that at least one phone number is required.

 **Note** that you should always answer the Relationship field by asking this question:
“What is the patient’s relation to this person?”

8. Click the wrench icon to access additional Meaningful Use information in the Quick Edit screen.

Demographics at Encounter

Height ft in Smoking status

Weight lbs BMI Is pregnant


- Check off any Medications, Medical History or Allergies the patient has (indicated on the registration form) and click OK.


MU Quick Add Edit Dialog

Medications		Allergies			
Medication	Medication	Substance	Mild	Mod	Severe
<input type="checkbox"/> ACTOplus Met	<input type="checkbox"/> Glumetza	Adhesive Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Avandamet	<input type="checkbox"/> Glyburide-metformin	Bee Sting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diabex	<input type="checkbox"/> Janumet	Betadine (Topical Iodine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diaformin	<input type="checkbox"/> Metaglip	Contrast (Medical Imaging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Flortamet	<input type="checkbox"/> Metformin	Dog, Cat or Animal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Glucophage	<input checked="" type="checkbox"/> PrandiMet	Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Glucovance	<input type="checkbox"/> Riomet(Liquid form Metformin)	Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical History		Grass / Pollen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Aneurysm Clip or Coil	<input type="checkbox"/> Metal in the body	Latex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aneurysm Had Surgery	<input type="checkbox"/> Morphine Pump	Lidocaine / Novacaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aneurysm No Surgery	<input type="checkbox"/> Pacemaker	Mold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asthma	<input type="checkbox"/> Paraplegic	Peanut or other nut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Breast Implants	<input type="checkbox"/> Previous CT Contrast Reaction	Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cancer	<input type="checkbox"/> Previous MR Contrast Reaction	Rubbing Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Diabetes	<input type="checkbox"/> Renal Disease	Shellfish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Universal Precautions	Sulfa Drug	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Insulin Pump					

OK Cancel

- Click the Order tab to enter the appropriate information. This information is required at the time of scheduling.

Chief complaint	Signs and symptoms provided by the patient; Rule Out is <u>not</u> a sign or symptom.
Referring Details	Enter the referring physician's name (full or partial) and click the magnifying glass or hit Enter. Or, for existing patients, click the drop-down menu to select a referring physician from the list.
Visited At	Choose the physician's location.
Img Notes	Any image preferences for the referring physician are displayed here, and in such a case, the Image Request must be entered.
CC Physicians	Follow the steps for the Referring Details and Visited At fields for any number of other physicians to cc.
Flags	<ul style="list-style-type: none">▪ STAT Exam/Read – If the exam is STAT, check both boxes.▪ STAT Pre Cert – If the exam requires pre cert STAT, check this box.▪ Transportation – If transportation is provided for the patient, check this box. Enter any additional information regarding transportation into the Notes field.▪ Special Accommodations – This required field must be answered Yes or No to indicate whether or not accommodations must be provided for the patient. If Yes, choose the appropriate accommodation. Enter any additional information in the corresponding Notes field.▪ Class – By default, the value set is to Outpatient. However, if providing true <u>Technical Only</u> services (we perform the exam only and not the interpretation), set the value to Technical Only. <p> Note that Class has billing implications and must be set correctly.</p>
Insurance Policies	Select Manage Policies to enter insurances for the patient/exam. For existing patients, click the Use checkbox next to the insurance to use. To add an insurance, enter the name and click Search. Policy Number, Group Number (if applicable), and Subscriber information is required. Injury details are required if the insurance is a Workers Comp, Auto Carrier, or Attorney. Click OK to save the information and close the Manage Policies window.


 **Note** that insurances that were once entered, but are now inactive, can be displayed by checking Show Inactive Policies.

Order Notes

Enter notes specific to the appointment but non-clinical, such as which office to contact with lab results or to obtain authorization.

Scheduling Notes

Enter any type of other scheduling note in this field, such as whether the patient was informed of prep instructions, to bring insurance card, etc.

 **Note** that if a referring physician is not found, the Refer Unknown process should be used. Likewise, if insurance is not found, the Need Plan process should be used.

11. If an amount is displayed in the Amount to Collect field, it has been generated by Insurance Verification and should be collected from the patient. Even without a displayed amount, co-pays should be collected for insurance.
12. Under the Payment section, click the Add button to enter Payment information, such as co-pays, deductibles, and so on. Enter the amount, type, and notes as applicable.
A check number is required when entering check payments. A name, expiration date and the last four digits only must be including when entering a credit card payment. A receipt will be generated once the patient is updated to Arrived status.

Front Desk Payment

Payment

Amount to Collect:

Amount: *

Method:

Check Number:

Credit Card Type:

Credit Card Number:

Name on Credit Card:

Credit Card Expiry:

Notes

Save Cancel

13. Click the Exam tab. Exam information is required at the time of Walk-in.
14. Search for the procedure(s)—either by name (such as CT Head), by procedure code (70460), or body part (head), etc. To add additional procedures, click the Click here to add another study button. When entering more than one procedure, enter them in the order in which they should be performed.
15. Select the room for the exam. Once the exam and room are selected, the Scheduled Date/Time will auto-populate.

Note that if you are scheduling multiple exams referred by different physicians, or for different insurances, split the studies by changing the Order identifier for that exam. To do this, change the drop-down of the order and select New, which changes that exam to B (or the next appropriate letter). This creates a new Order Tab B and labels the original Tab as A. Complete Order Tab B just as you would for Order Tab A.

Patient | Contacts / Demographics | MU | Order | **Exam** | Image Request (0)

Studies	Duration	Room	Scheduled Date
CT Pelvis WO(Pelvis, x)	15	CT - 16 SLICE	03-14-2013 7:30 AM
Click here to add another study			

ABN	PreCert #	PreCert Status	Expiry Date	Billable Item
: Order[A]				
^ : CT Pelvis WO (72192)				
		Not Required		72192 (COMPUT...

16. Verify the pre cert information, if applicable, for the Walk-in appointment.
17. Click the Paper Clip to View/Scan documents.

18. Click the Image Request tab to enter any applicable information. If a patient states during registration that images will be needed, or image preference notes display when the referring physician is chosen, that request must be entered prior to clicking Arrive.
19. Click the Image Request tab.
20. Click the Add button to display the Image Request window. Image request is at the Order level, therefore, if the patient is scheduled for multiple studies, any checked exam will have an image order created for it.
21. Uncheck any procedure that doesn't require images.
22. Choose Requested By to indicate the source of the image request. Select Patient to auto-populate with patient information; select Referring to auto-populate with the Referring Physician's information; select Other Doctor to search for a physician in the system (not the Referring); or select Other to enter the information manually.
23. Enter the format—CD or Film.
24. Enter the Delivery Method—courier, mail, other, pick-up.
25. Select OK to save the request(s) to the appointment.

Image Request ☰

Studies (2)

	Date	Last Name	First Name	Study
<input checked="" type="checkbox"/>	1/1/0001 12:00:00 AM	TEST	JOE	CT402^CT Abdomen and Pelvi...
<input type="checkbox"/>	1/1/0001 12:00:00 AM	TEST	JOE	71010^XR Chest 1 View Pa

Previous Requests (0)

Date	Req. By	Source	Format	Delivery	Status

Requested By

Patient
 Referring
 Other doctor
 Other

Doctor

Location

Name *

Organization

Phone number

Details

Format *

Notes

Delivery Instructions

Method *

Instructions

Deliver To / Pickup By

Patient
 Referring
 Other doctor
 Other

Copy requested by

Doctor

Location

Prefix Suffix

First name *

Last name *

Address

City

State

Country Zip

Phone number

Image Request Status

Pending
 Cancelled
 Ready
 Sent
 Picked up
 Identification verified

26. Change the status to Arrive.