

ALBERTA HEALTH SERVICES

ADM MEDITECH 5.67

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REGISTRATION MANAGEMENT DESKTOP FUNCTIONS

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

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

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

CHECK IN: Gives an overall view of the patient registration summary.

RE VISIT: 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, admit priority, reason for visit, entry code, arrived by and discharge date.

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

UNDO: 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-discharge referral.

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

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

DEMO RECALL: 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.

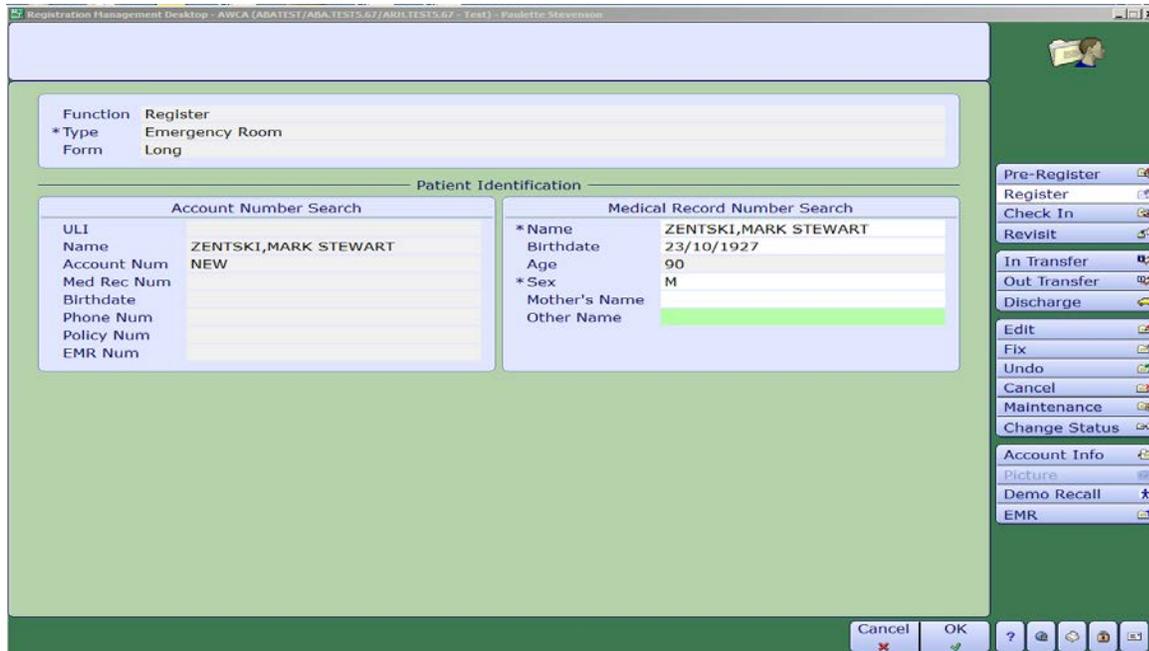
1. The **Active Account File**. This is a listing of any of the patient's previous visits to your facility within the last 90 days.
2. The **Master Patient Index**. The system will search the facility Medical Records module.
3. The **Enterprise Medical Record File**. The system will search the Provincial 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

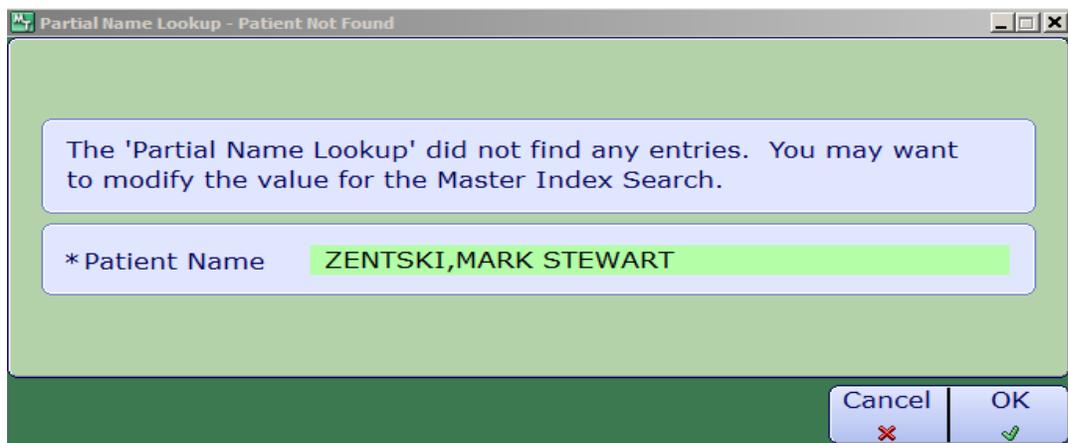
EXAMPLE

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 HealthCare Card Number) Press Enter.



- 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.



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

4. DOB ONLY: ZENTSKI,MARK STEWART 23/10/1927 M Lookup

Med Rec Num	Name	Birthdate	Sex	Mother's Name	Last Visit
UDABS	ZENTSKI,MARK STEWART	23/10/1927	M		22/01/15 CLI
	ZENTSKI,MARK TRAIN	23/10/1927	M		22/06/17 ER

Address	125 CRANDELL BLVD	Age Sex	90	Male
City	BARRHEAD	HC Number		
Prov Postal	AB T7N 1C2	Other Name		
Phone	(403)308-2551	EMR Number	ABATVIG00400921-FS1	
		Other Numbers	PB00051921 PX00010235...	

Date	Type	Account Num	Location	Provider	Discharged
22/01/15	CLI	SE0000024/15	AMTAOT	BERNROBE	
18/06/14	CLI	RU0010942/14	AABAAMB	HEULMARK	

Prior Next Next Search <F11> Cancel

- 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.
- 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.

4. DOB ONLY: ZENTSKI,MARK STEWART 23/10/1927 F1 Lookup

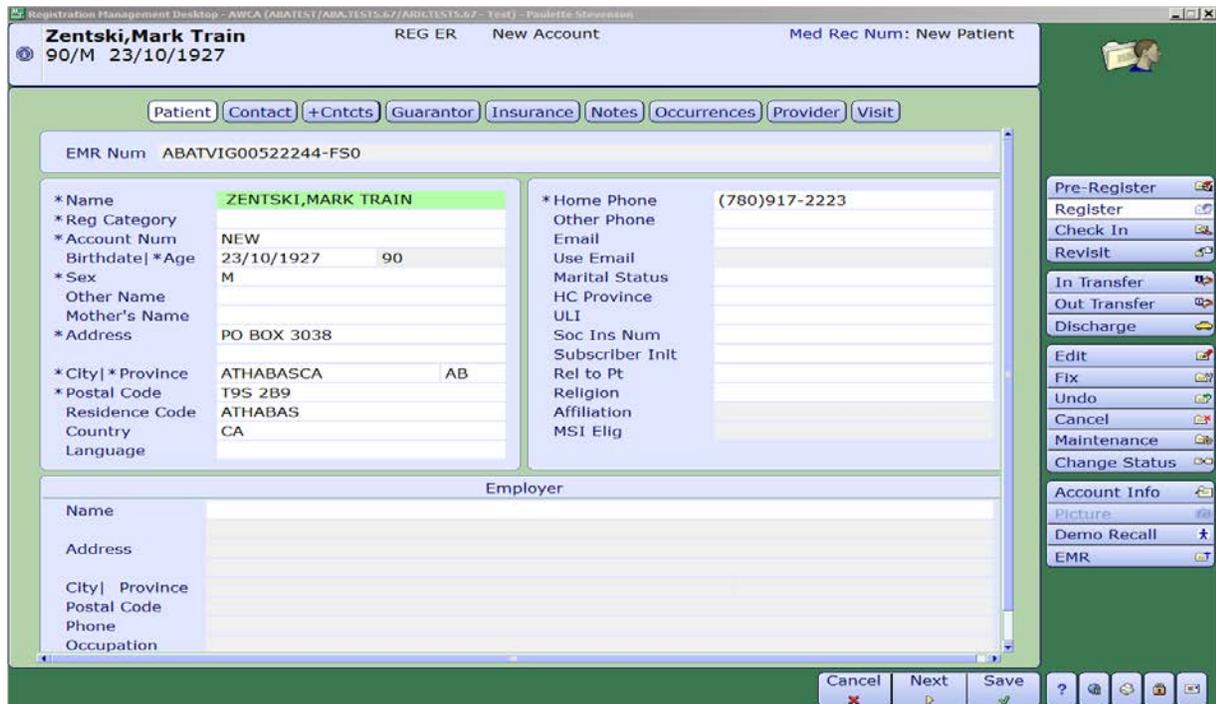
Med Rec Num	Name	Birthdate	Sex	Mother's Name	Last Visit
UDABS	ZENTSKI,MARK STEWART	23/10/1927	M		22/01/15 CLI
	ZENTSKI,MARK TRAIN	23/10/1927	M		22/06/17 ER

Address	PO BOX 3038	Age Sex	90	Male
City	ATHABASCA	HC Number		
Prov Postal	AB T9S 2B9	Other Name		
Phone	(780)917-2223	EMR Number	ABATVIG00522244-FS0	
		Other Numbers	PB00054506	

Date	Type	Account Num	Location	Provider	Discharged
22/06/17	ER	RU0000061/17	AABAER	SMITMICH	

Prior Next Next Search <F11> Cancel

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



Registration Management Desktop - AWCA (ABATEST/ABA.TESTS.67/ABG.TESTS.67 - Test) - Paulette Stevanica

Zentski, Mark Train REG ER New Account Med Rec Num: New Patient
90/M 23/10/1927

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit

EMR Num ABATVIG00522244-FS0

* Name	ZENTSKI, MARK TRAIN		* Home Phone	(780)917-2223
* Reg Category	NEW		Other Phone	
* Account Num	NEW		Email	
Birthdate * Age	23/10/1927	90	Use Email	
* Sex	M		Marital Status	
Other Name			HC Province	
Mother's Name			ULI	
* Address	PO BOX 3038		Soc Ins Num	
* City * Province	ATHABASCA	AB	Subscriber Init	
* Postal Code	T9S 2B9		Rel to Pt	
Residence Code	ATHABAS		Religion	
Country	CA		Affiliation	
Language			MSI Elig	

Employer

Name	
Address	
City Province	
Postal Code	
Phone	
Occupation	

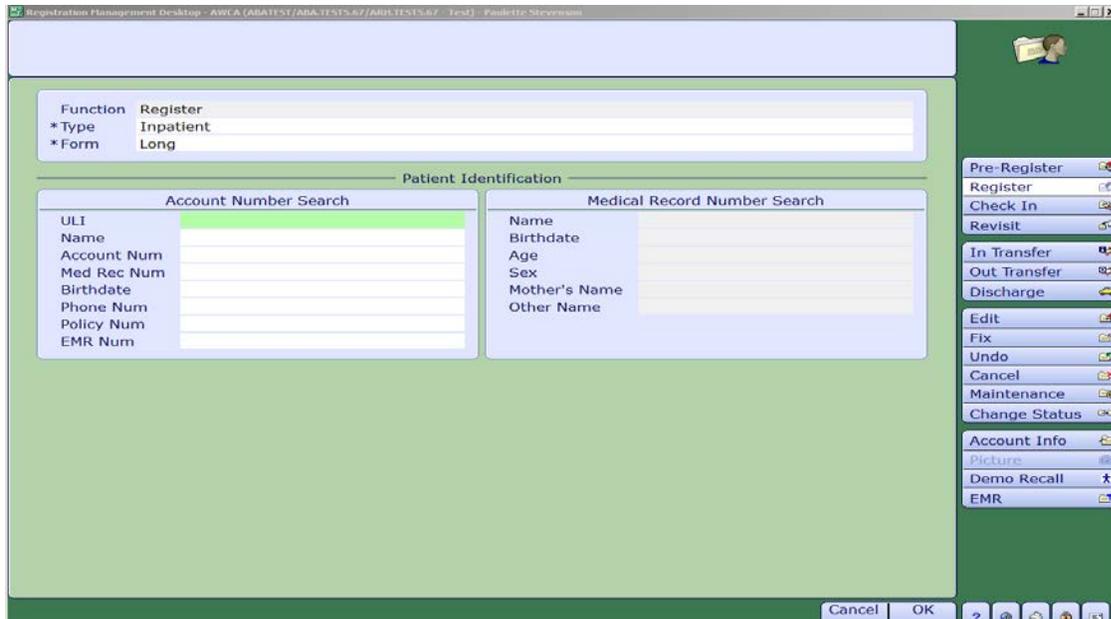
Cancel Next Save ? [Icons]

Pre-Register Register Check In Revisit In Transfer Out Transfer Discharge Edit Fix Undo Cancel Maintenance Change Status Account Info Picture Demo Recall EMR

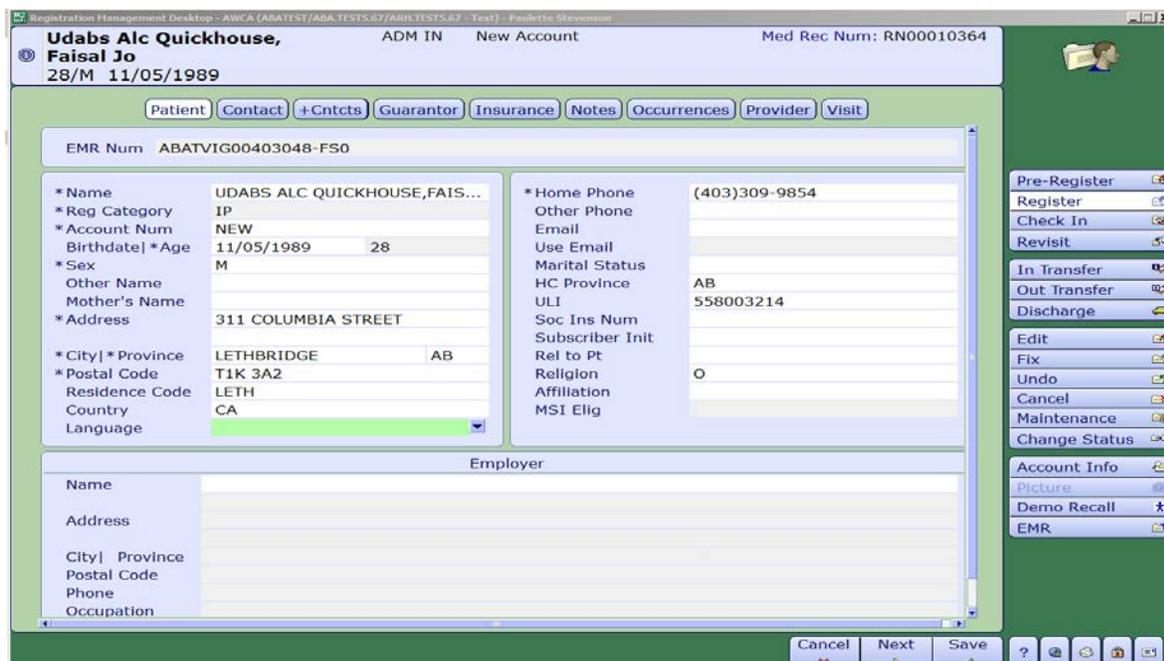


INPATIENT

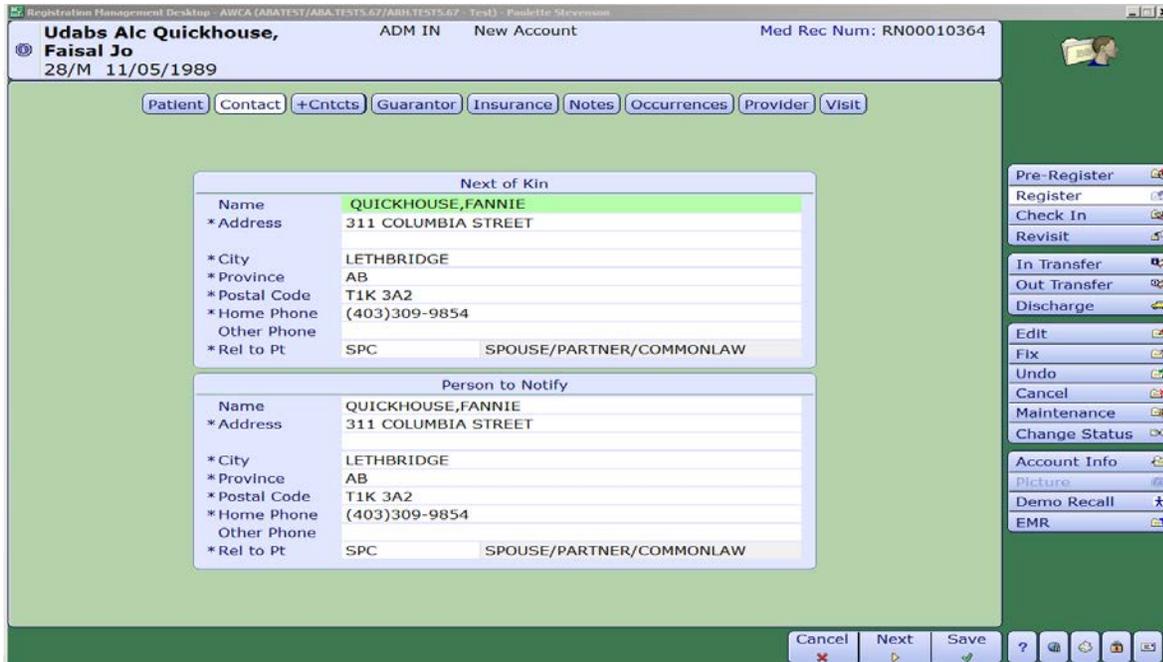
- Pertains to persons who have been admitted to a health care facility for medical and/or facility services and who has been assigned an inpatient bed, bassinet or incubator. This includes patients who are admitted as inpatients but are held in interim assessment (within the emergency department).
-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



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.



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.



Registration Management Desktop - AWCA (ABATEST/ABA.TESTS.67/ARH.TESTS.67 - Test) - Paddette Stevenson

Udabs ALC Quickhouse, ADM IN New Account Med Rec Num: RN00010364
Faisal Jo
 28/M 11/05/1989

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit

Next of Kin

Name QUICKHOUSE, FANNIE
 *Address 311 COLUMBIA STREET
 *City LETHBRIDGE
 *Province AB
 *Postal Code T1K 3A2
 *Home Phone (403)309-9854
 Other Phone
 *Rel to Pt SPC SPOUSE/PARTNER/Commonlaw

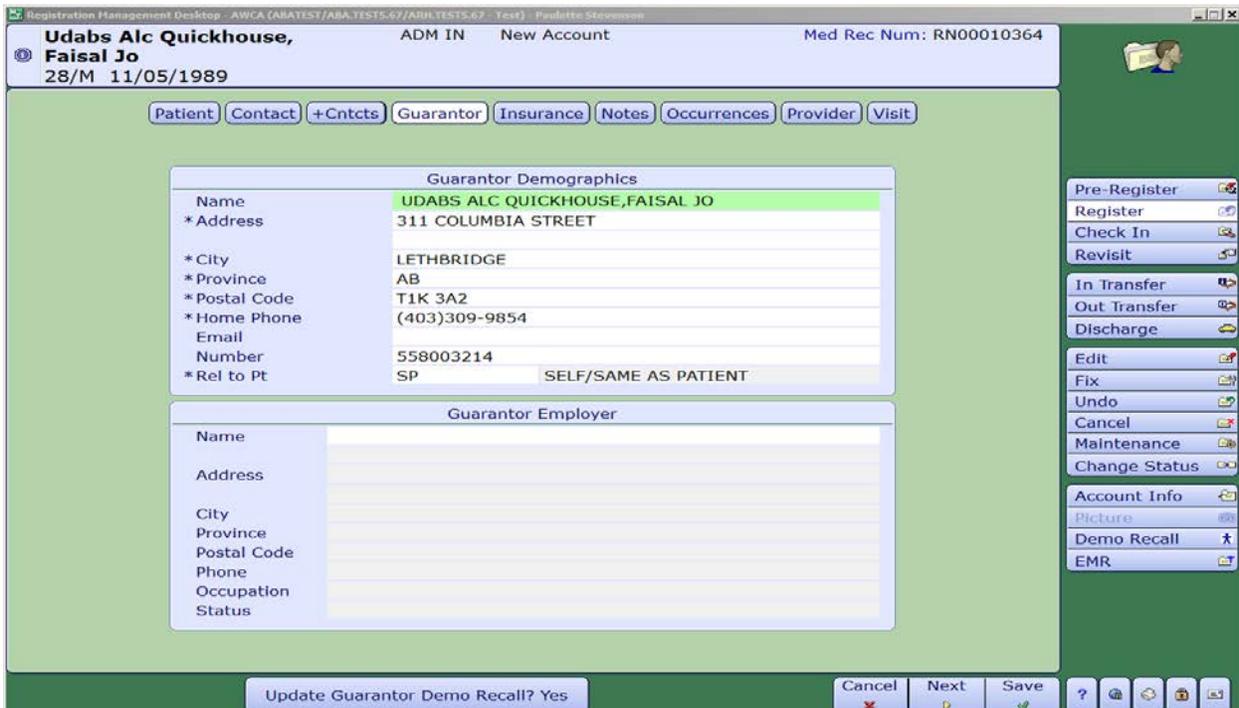
Person to Notify

Name QUICKHOUSE, FANNIE
 *Address 311 COLUMBIA STREET
 *City LETHBRIDGE
 *Province AB
 *Postal Code T1K 3A2
 *Home Phone (403)309-9854
 Other Phone
 *Rel to Pt SPC SPOUSE/PARTNER/Commonlaw

Pre-Register Register Check In Revisit In Transfer Out Transfer Discharge Edit Fix Undo Cancel Maintenance Change Status Account Info Picture Demo Recall EMR

Cancel Next Save ? [Icons]

- 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.



Registration Management Desktop - AWCA (ABATEST/ABA.TESTS.67/ARH.TESTS.67 - Test) - Paddette Stevenson

Udabs ALC Quickhouse, ADM IN New Account Med Rec Num: RN00010364
Faisal Jo
 28/M 11/05/1989

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit

Guarantor Demographics

Name UDABS ALC QUICKHOUSE, FAISAL JO
 *Address 311 COLUMBIA STREET
 *City LETHBRIDGE
 *Province AB
 *Postal Code T1K 3A2
 *Home Phone (403)309-9854
 Email
 Number 558003214
 *Rel to Pt SP SELF/SAME AS PATIENT

Guarantor Employer

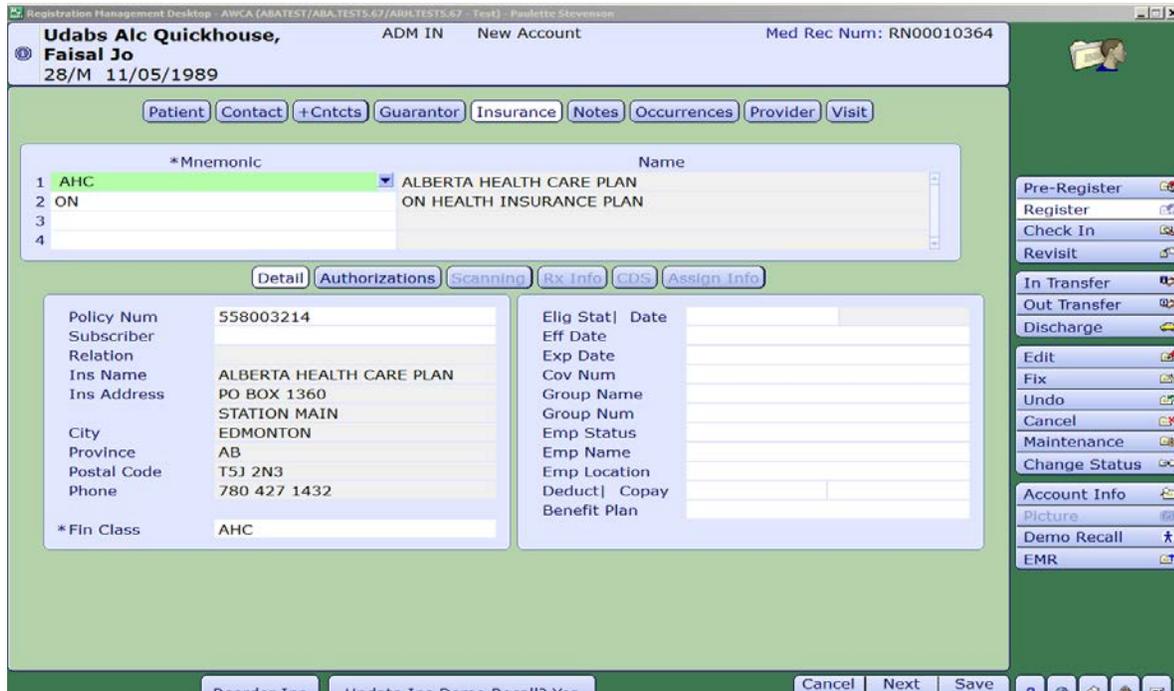
Name
 Address
 City
 Province
 Postal Code
 Phone
 Occupation
 Status

Pre-Register Register Check In Revisit In Transfer Out Transfer Discharge Edit Fix Undo Cancel Maintenance Change Status Account Info Picture Demo Recall EMR

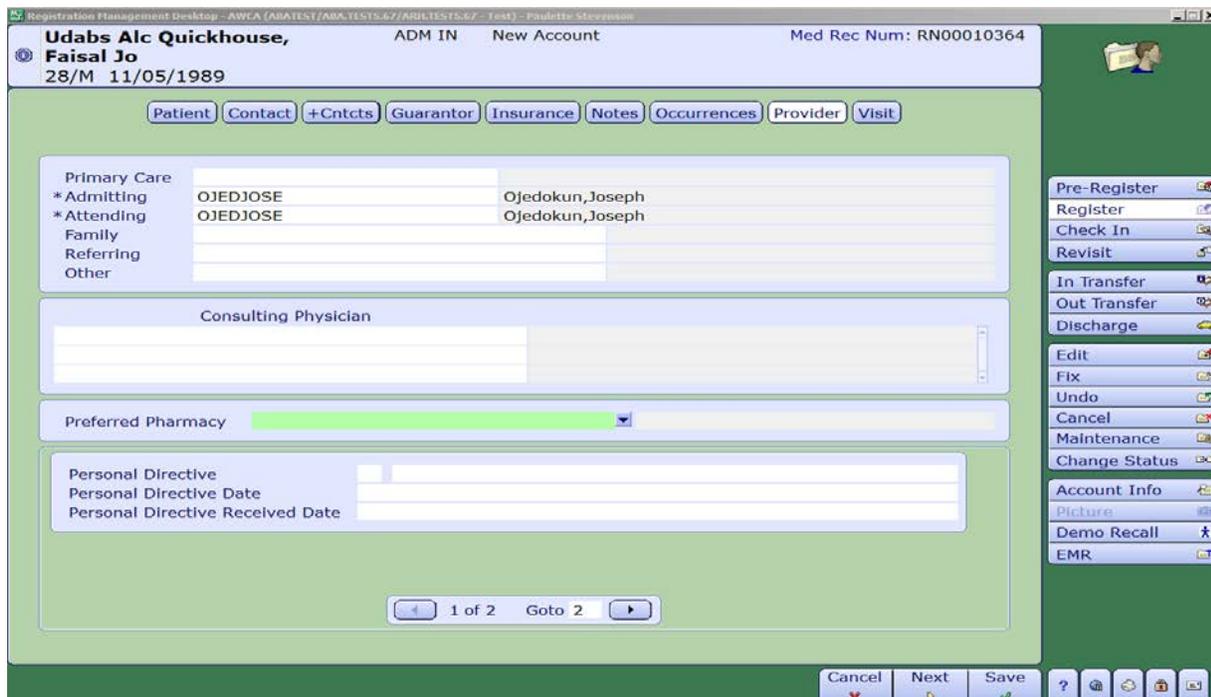
Update Guarantor Demo Recall? Yes Cancel Next Save ? [Icons]

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

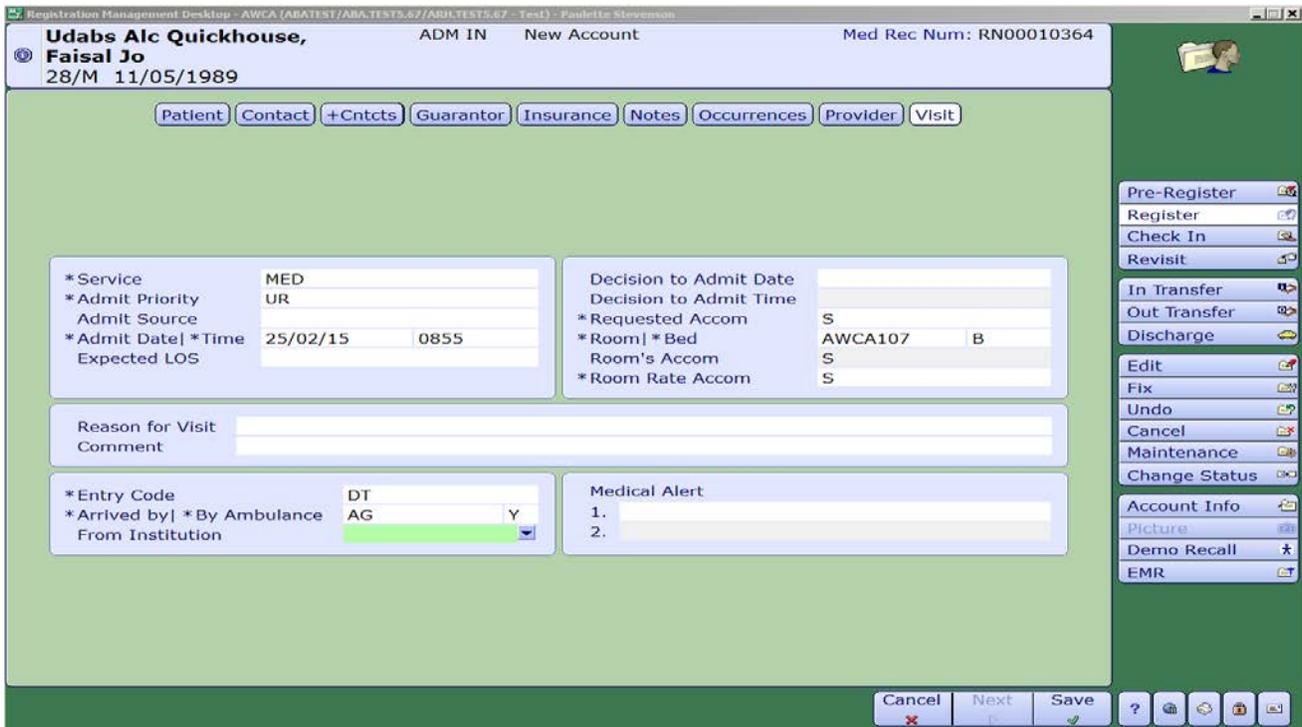
Update Demo Recall “NO” unless a permanent insurance update is required.



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



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



The screenshot shows the 'Registration Management Desktop' interface for a patient named 'Udabs Aic Quickhouse, Faisal Jo' (DOB: 28/M 11/05/1989). The patient is in 'ADM IN' status with a 'New Account' and 'Med Rec Num: RN00010364'. The interface includes several tabs: Patient, Contact, +Cntcts, Guarantor, Insurance, Notes, Occurrences, Provider, and Visit. The 'Visit' tab is active, displaying various admission details in a grid format:

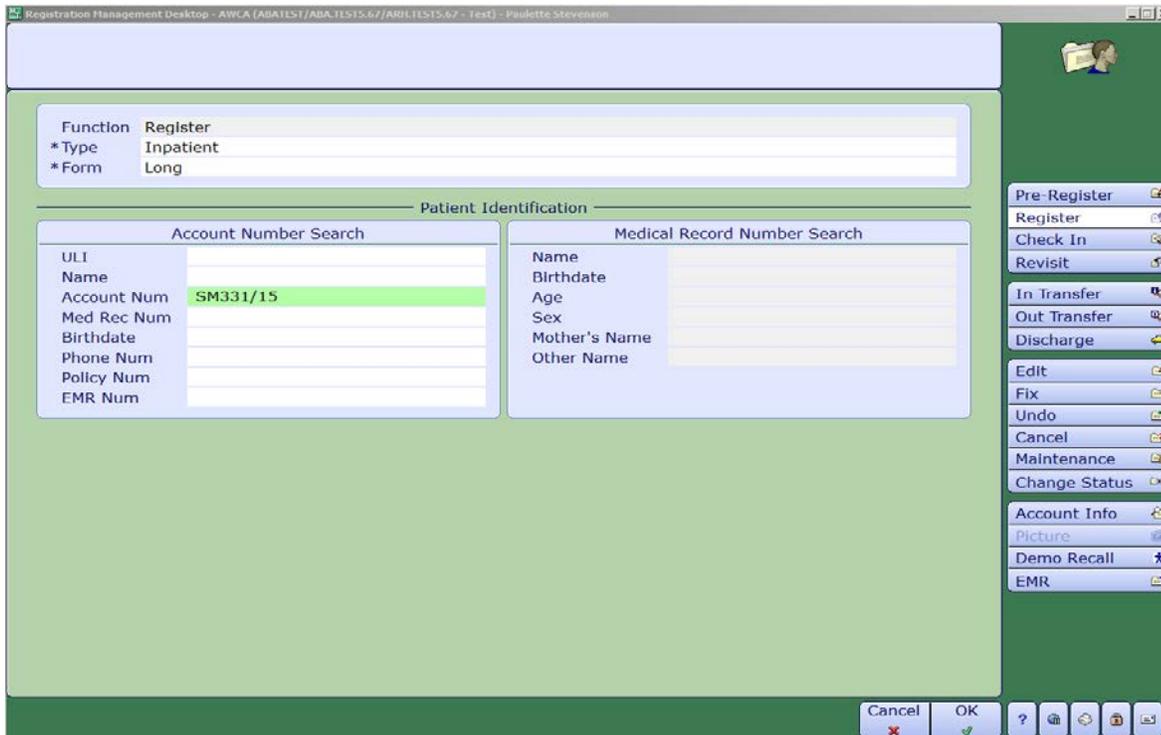
*Service	MED	Decision to Admit Date	
*Admit Priority	UR	Decision to Admit Time	
Admit Source		*Requested Accom	S
*Admit Date *Time	25/02/15 0855	*Room *Bed	AWCA107 B
Expected LOS		Room's Accom	S
		*Room Rate Accom	S

Other fields include 'Reason for Visit' and 'Comment', 'Entry Code' (DT), 'Arrived by' (AG), and 'By Ambulance' (Y). A 'Medical Alert' section is also present with two empty lines. On the right side, there is a vertical toolbar with buttons for Pre-Register, Register, Check In, Revisit, In Transfer, Out Transfer, Discharge, Edit, Fix, Undo, Cancel, Maintenance, Change Status, Account Info, Picture, Demo Recall, and EMR. At the bottom, there are 'Cancel', 'Next', and 'Save' buttons, along with several icons.

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.



The screenshot shows the 'Registration Management Desktop' interface. At the top, the title bar reads 'Registration Management Desktop - AWCA (ABA1LS1/ABA1LS15.67/ARI1LS15.67 - Text) - Paulette Stevenson'. The main window is divided into several sections:

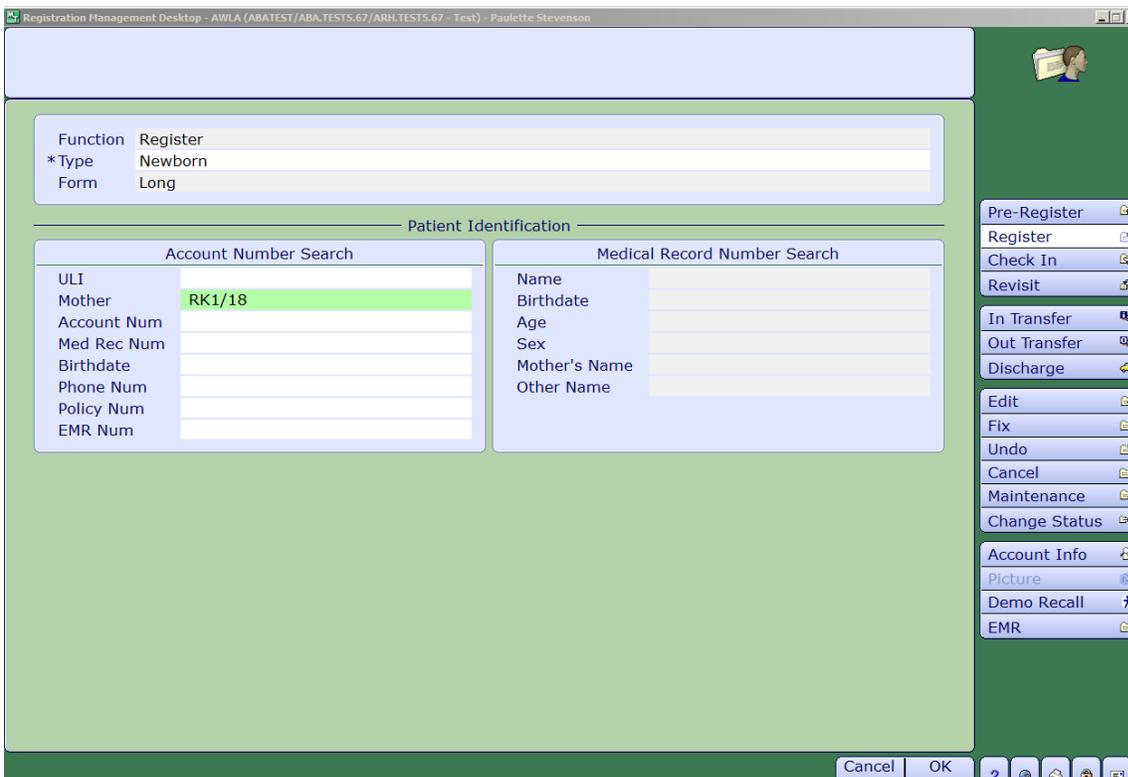
- Function Section:**
 - Function: Register
 - *Type: Inpatient
 - *Form: Long
- Patient Identification Section:**
 - Account Number Search:**
 - ULI
 - Name
 - Account Num: SM331/15
 - Med Rec Num
 - Birthdate
 - Phone Num
 - Policy Num
 - EMR Num
 - Medical Record Number Search:**
 - Name
 - Birthdate
 - Age
 - Sex
 - Mother's Name
 - Other Name
- Right-Hand Side Menu:**
 - Pre-Register
 - Register
 - Check In
 - Revisit
 - In Transfer
 - Out Transfer
 - Discharge
 - Edit
 - Fix
 - Undo
 - Cancel
 - Maintenance
 - Change Status
 - Account Info
 - Picture
 - Demo Recall
 - EMR
- Bottom Buttons:** Cancel, OK, and several utility icons.

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.
- 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 Desktop - AWLA (ABATEST/ABA.TESTS.67/ARH.TESTS.67 - Test) - Paulette Stevenson

Function Register
*Type Newborn
Form Long

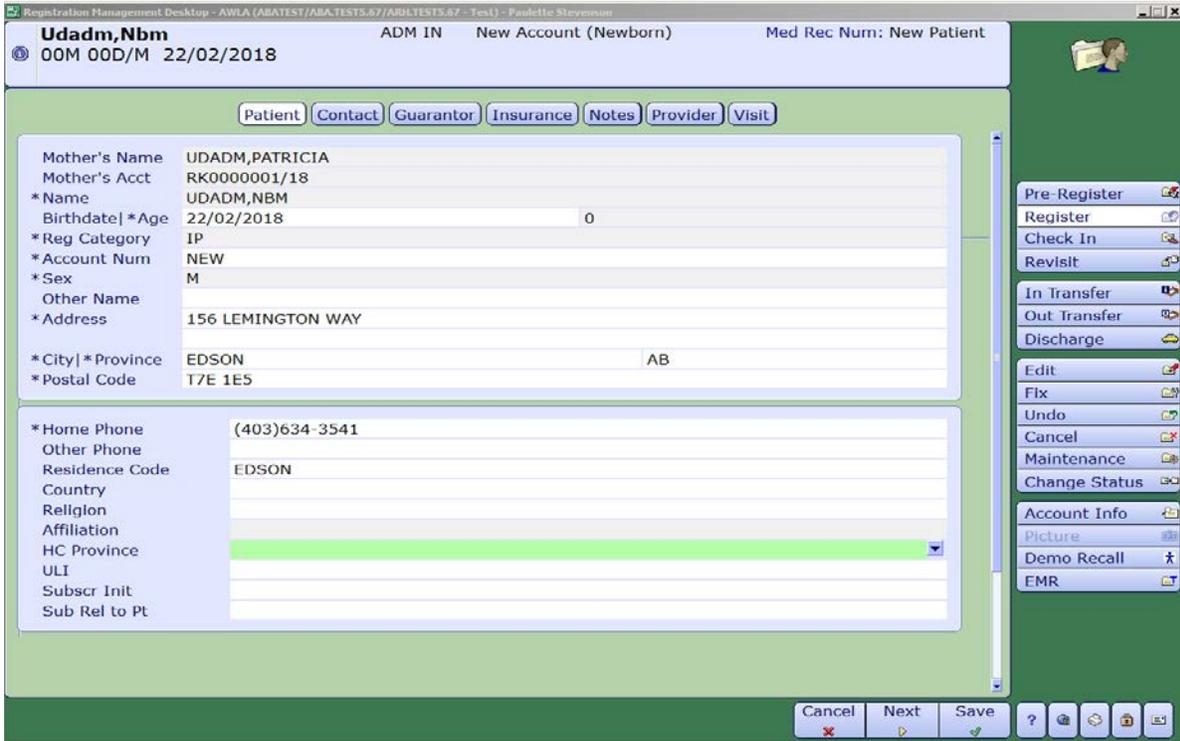
Patient Identification

Account Number Search		Medical Record Number Search	
ULI		Name	
Mother	RK1/18	Birthdate	
Account Num		Age	
Med Rec Num		Sex	
Birthdate		Mother's Name	
Phone Num		Other Name	
Policy Num			
EMR Num			

Pre-Register
Register
Check In
Revisit
In Transfer
Out Transfer
Discharge
Edit
Fix
Undo
Cancel
Maintenance
Change Status
Account Info
Picture
Demo Recall
EMR

Cancel OK

- 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 Desktop - AWLA (ABATEST/ABA.TESTS.67/ARH.TESTS.67 - Test) - Paulette Stevenson

Udadm,Nbm ADM IN New Account (Newborn) Med Rec Num: New Patient
00M 00D/M 22/02/2018

Patient **Contact** Guarantor Insurance Notes Provider Visit

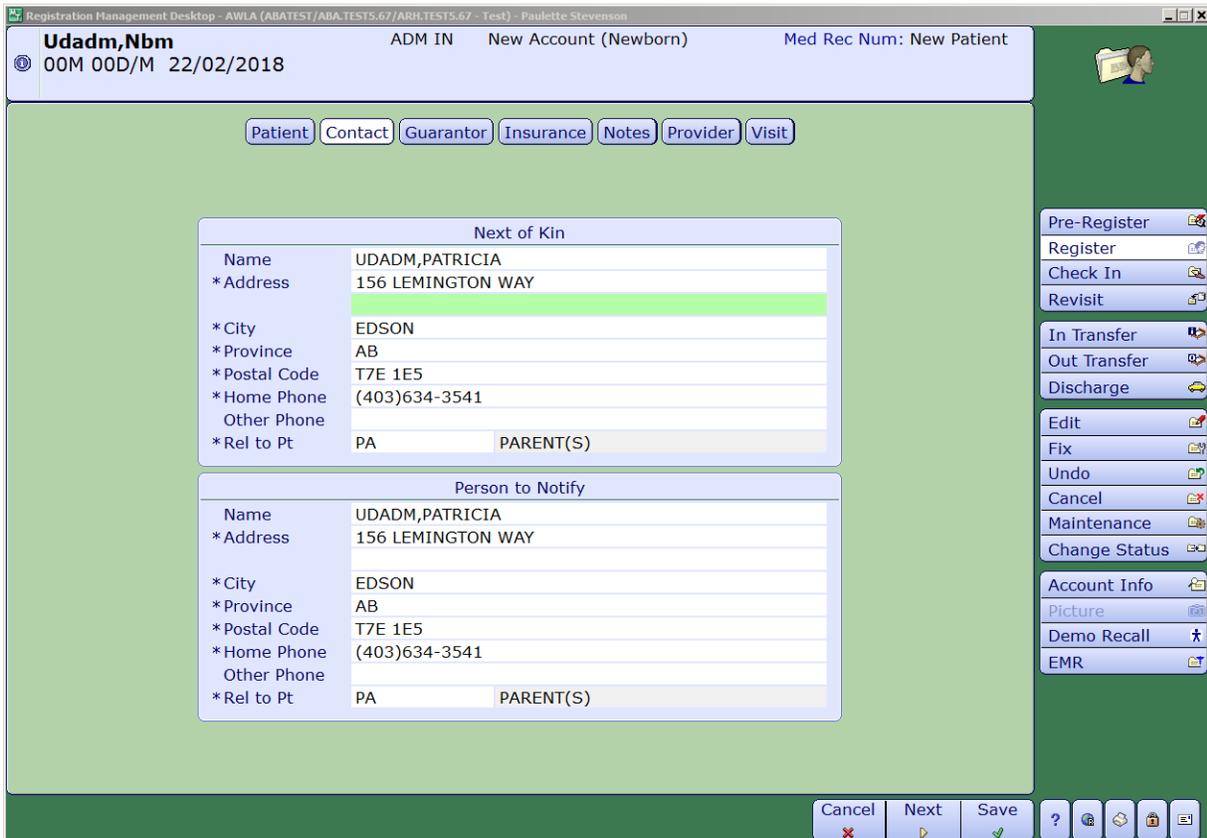
Mother's Name UDADM,PATRICIA
 Mother's Acct RK0000001/18
 * Name UDADM,NBM
 Birthdate| *Age 22/02/2018 0
 * Reg Category IP
 * Account Num NEW
 * Sex M
 Other Name
 * Address 156 LEMINGTON WAY
 * City| * Province EDSON AB
 * Postal Code T7E 1E5

* Home Phone (403)634-3541
 Other Phone
 Residence Code EDSON
 Country
 Religion
 Affiliation
 HC Province
 ULI
 Subscr Init
 Sub Rel to Pt

Pre-Register
 Register
 Check In
 Revisit
 In Transfer
 Out Transfer
 Discharge
 Edit
 Fix
 Undo
 Cancel
 Maintenance
 Change Status
 Account Info
 Picture
 Demo Recall
 EMR

Cancel Next Save ?

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 Desktop - AWLA (ABATEST/ABA.TESTS.67/ARH.TESTS.67 - Test) - Paulette Stevenson

Udadm,Nbm ADM IN New Account (Newborn) Med Rec Num: New Patient
00M 00D/M 22/02/2018

Patient Contact **Guarantor** Insurance Notes Provider Visit

Next of Kin

Name UDADM,PATRICIA
 * Address 156 LEMINGTON WAY
 * City EDSON
 * Province AB
 * Postal Code T7E 1E5
 * Home Phone (403)634-3541
 Other Phone
 * Rel to Pt PA PARENT(S)

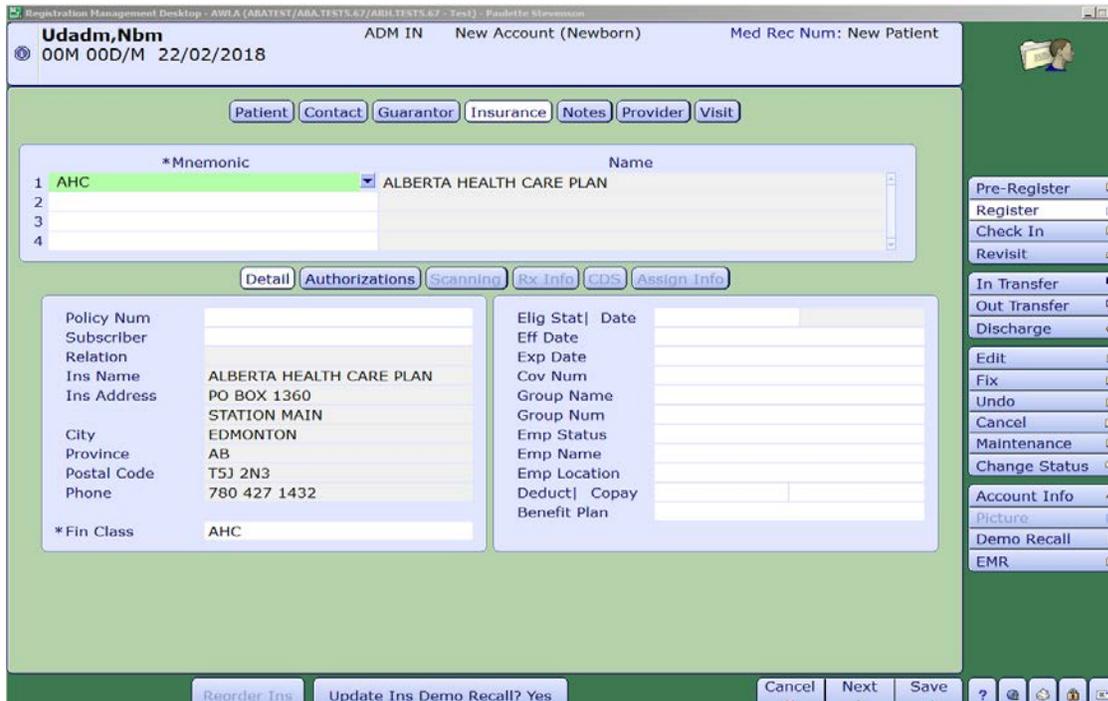
Person to Notify

Name UDADM,PATRICIA
 * Address 156 LEMINGTON WAY
 * City EDSON
 * Province AB
 * Postal Code T7E 1E5
 * Home Phone (403)634-3541
 Other Phone
 * Rel to Pt PA PARENT(S)

Pre-Register
 Register
 Check In
 Revisit
 In Transfer
 Out Transfer
 Discharge
 Edit
 Fix
 Undo
 Cancel
 Maintenance
 Change Status
 Account Info
 Picture
 Demo Recall
 EMR

Cancel Next Save ?

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



Registration Management Desktop - AWLA (ABATEST/ABA.TESTS.67/ARH.TESTS.67 - Test) - Paulette Stevenson

Udadm,Nbm ADM IN New Account (Newborn) Med Rec Num: New Patient
00M 00D/M 22/02/2018

Patient Contact Guarantor Insurance **Notes** Provider Visit

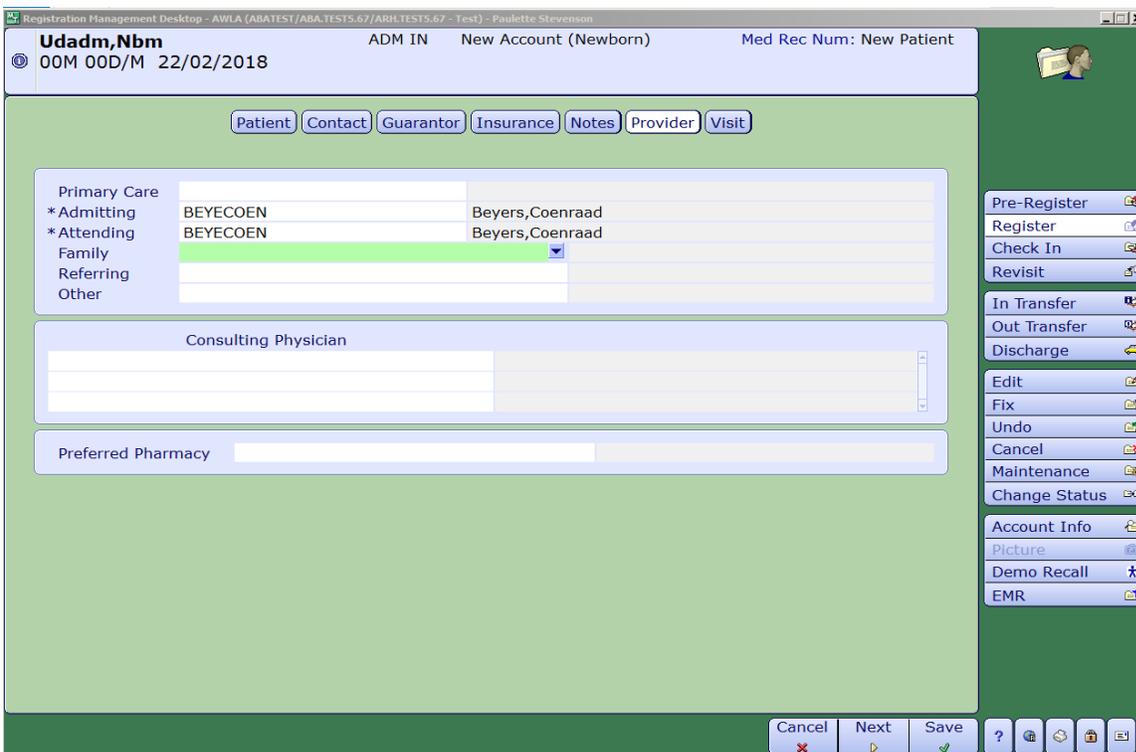
*Mnemonic: AHC Name: ALBERTA HEALTH CARE PLAN

Detail Authorizations Scanning Rx Info GDS Assign Info

Policy Num		Elig Stat Date	
Subscriber		Eff Date	
Relation		Exp Date	
Ins Name	ALBERTA HEALTH CARE PLAN	Cov Num	
Ins Address	PO BOX 1360 STATION MAIN	Group Name	
City	EDMONTON	Group Num	
Province	AB	Emp Status	
Postal Code	T5J 2N3	Emp Name	
Phone	780 427 1432	Emp Location	
*Fin Class	AHC	Deduct Copay	
		Benefit Plan	

Reorder Ins Update Ins Demo Recall? Yes Cancel Next Save

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



Registration Management Desktop - AWLA (ABATEST/ABA.TESTS.67/ARH.TESTS.67 - Test) - Paulette Stevenson

Udadm,Nbm ADM IN New Account (Newborn) Med Rec Num: New Patient
00M 00D/M 22/02/2018

Patient Contact Guarantor Insurance Notes **Provider** Visit

Primary Care

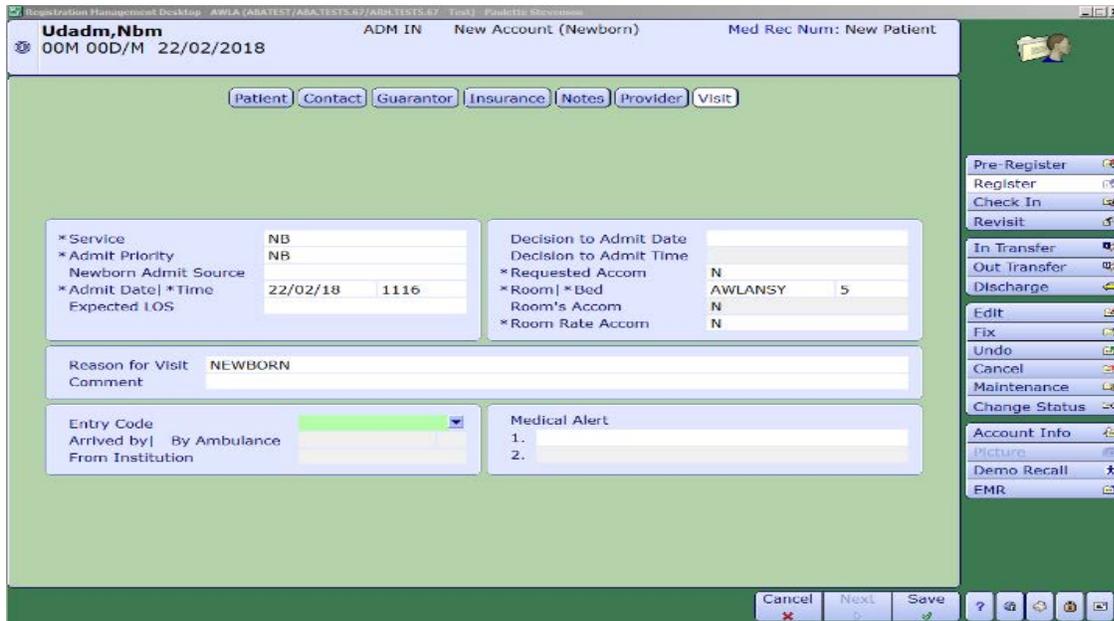
*Admitting	BEYECOEN	Beyers,Coenraad
*Attending	BEYECOEN	Beyers,Coenraad
Family Referring		
Other		

Consulting Physician

Preferred Pharmacy

Cancel Next Save

- 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.



The screenshot shows the 'Registration Management Desktop' interface. At the top, it displays 'Udadm,Nbm', 'ADM IN', 'New Account (Newborn)', and 'Med Rec Num: New Patient'. Below this, there are tabs for 'Patient', 'Contact', 'Guarantor', 'Insurance', 'Notes', 'Provider', and 'Visit'. The main area contains several data entry fields:

- *Service: NB
- *Admit Priority: NB
- Newborn Admit Source: (empty)
- *Admit Date| *Time: 22/02/18 | 1116
- Expected LOS: (empty)
- Decision to Admit Date: (empty)
- Decision to Admit Time: (empty)
- *Requested Accom: N
- *Room| *Bed: AWLANSY | 5
- Room's Accom: N
- *Room Rate Accom: N
- Reason for Visit: NEWBORN
- Comment: (empty)
- Entry Code: (empty)
- Arrived by| By Ambulance: (empty)
- From Institution: (empty)
- Medical Alert: 1. (empty), 2. (empty)

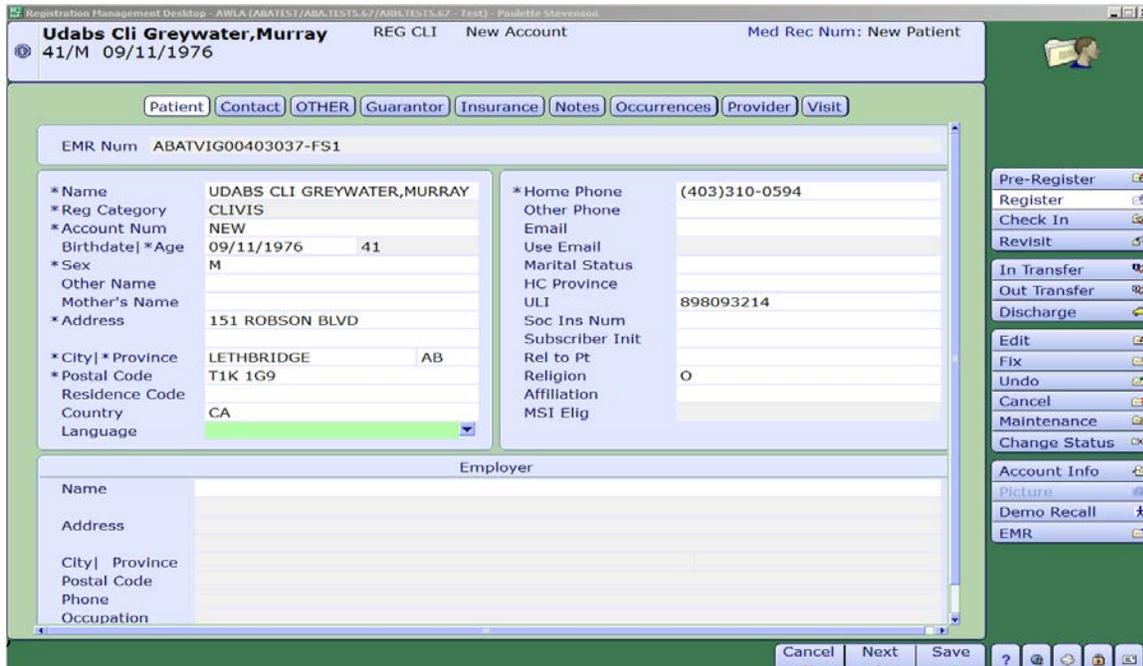
On the right side, there is a vertical toolbar with buttons: Pre-Register, Register, Check In, Revisit, In Transfer, Out Transfer, Discharge, Edit, Fix, Undo, Cancel, Maintenance, Change Status, Account Info, Picture, Demo Recall, and EMR. At the bottom, there are 'Cancel', 'Next', and 'Save' buttons, along with a help icon and a printer icon.

- 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.
- Click on register button.
 - Using the pull down menu choose Clinical and Long Form.
 - Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.
 - 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.



Registration Management Desktop - AWLA (ABATEST/ABA_TESTS/67/ARL_TESTS/67 - Test) - Paulette Stevenson

Udabs Cli Greywater, Murray REG CLI New Account Med Rec Num: New Patient
41/M 09/11/1976

Patient Contact OTHER Guarantor Insurance Notes Occurrences Provider Visit

EMR Num ABATVIG00403037-FS1

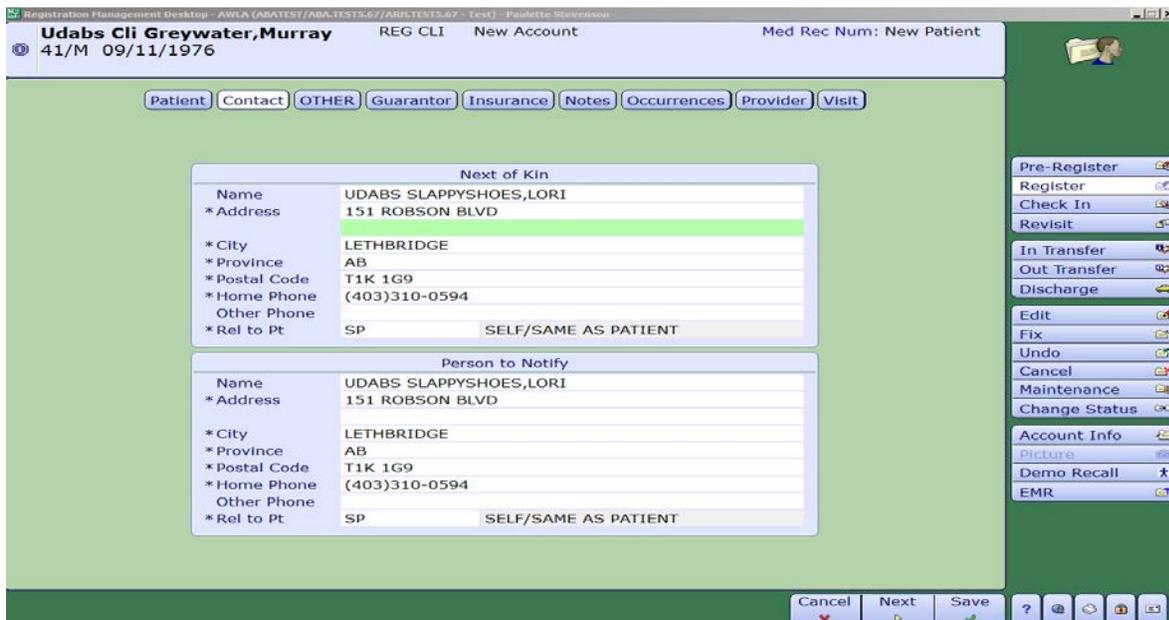
* Name	UDABS CLI GREYWATER, MURRAY	* Home Phone	(403)310-0594
* Reg Category	CLIVIS	* Other Phone	
* Account Num	NEW	Email	
Birthdate *Age	09/11/1976 41	Use Email	
* Sex	M	Marital Status	
Other Name		HC Province	
Mother's Name		ULI	898093214
* Address	151 ROBSON BLVD	Soc Ins Num	
* City * Province	LETHBRIDGE AB	Subscriber Init	
* Postal Code	T1K 1G9	Rel to Pt	
Residence Code		Religion	O
Country	CA	Affiliation	
Language		MSI Elig	

Employer

Name	
Address	
City Province	
Postal Code	
Phone	
Occupation	

Cancel Next Save

- 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 Desktop - AWLA (ABATEST/ABA_TESTS/67/ARL_TESTS/67 - Test) - Paulette Stevenson

Udabs Cli Greywater, Murray REG CLI New Account Med Rec Num: New Patient
41/M 09/11/1976

Patient Contact OTHER Guarantor Insurance Notes Occurrences Provider Visit

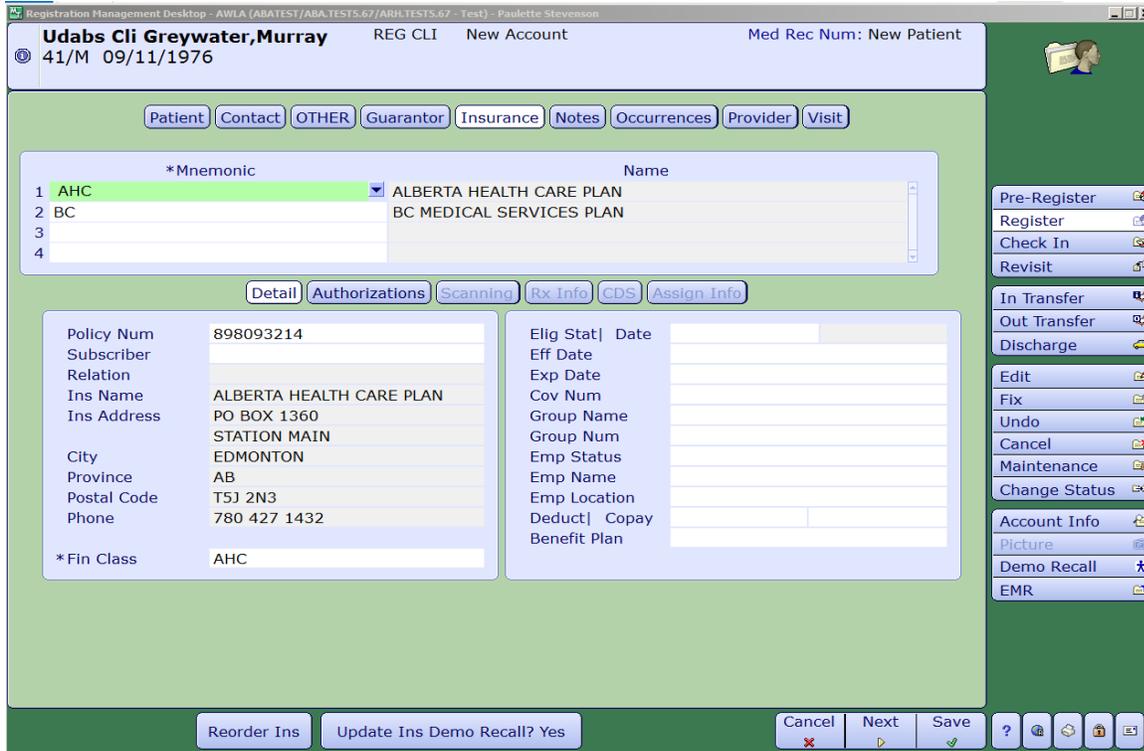
Next of Kin	
Name	UDABS SLAPPYSHOES, LORI
* Address	151 ROBSON BLVD
* City	LETHBRIDGE
* Province	AB
* Postal Code	T1K 1G9
* Home Phone	(403)310-0594
Other Phone	
* Rel to Pt	SP SELF/SAME AS PATIENT

Person to Notify	
Name	UDABS SLAPPYSHOES, LORI
* Address	151 ROBSON BLVD
* City	LETHBRIDGE
* Province	AB
* Postal Code	T1K 1G9
* Home Phone	(403)310-0594
Other Phone	
* Rel to Pt	SP SELF/SAME AS PATIENT

Cancel Next Save

- 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.



Registration Management Desktop - AWLA (ABATEST/ABA.TESTS.67/ARH.TESTS.67 - Test) - Paulette Stevenson

Udabs Cli Greywater, Murray REG CLI New Account Med Rec Num: New Patient
41/M 09/11/1976

Patient Contact OTHER Guarantor Insurance Notes Occurrences Provider Visit

*Mnemonic	Name
1 AHC	ALBERTA HEALTH CARE PLAN
2 BC	BC MEDICAL SERVICES PLAN
3	
4	

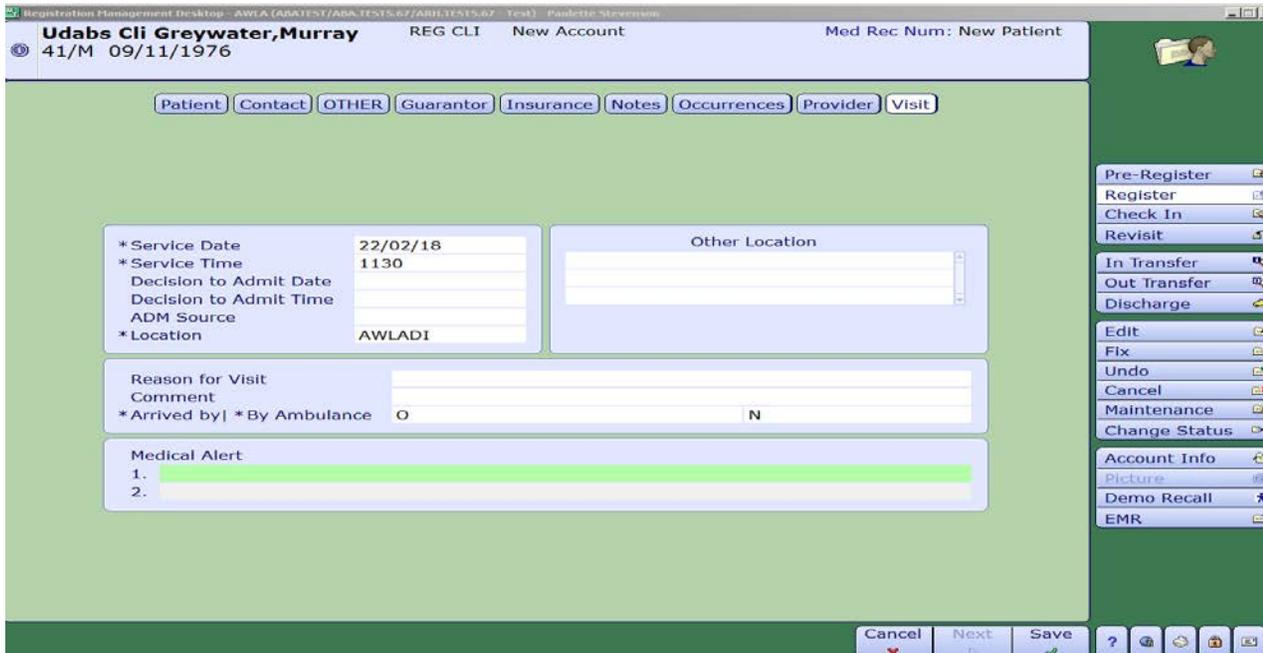
Detail Authorizations Scanning Rx Info CDS Assign Info

Policy Num	898093214	Elig Stat	Date	
Subscriber		Eff Date		
Relation		Exp Date		
Ins Name	ALBERTA HEALTH CARE PLAN	Cov Num		
Ins Address	PO BOX 1360	Group Name		
	STATION MAIN	Group Num		
City	EDMONTON	Emp Status		
Province	AB	Emp Name		
Postal Code	T5J 2N3	Emp Location		
Phone	780 427 1432	Deduct	Copay	
*Fin Class	AHC	Benefit Plan		

Pre-Register Register Check In Revisit In Transfer Out Transfer Discharge Edit Fix Undo Cancel Maintenance Change Status Account Info Picture Demo Recall EMR

Reorder Ins Update Ins Demo Recall? Yes Cancel Next Save ?

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 through and fill in the necessary fields marked with the asterisk.



The screenshot shows a software window titled "Registration Management Desktop" with a patient record for "Udabs Cli Greywater, Murray". The patient's details include "41/M" and "09/11/1976". The window has several tabs: "Patient", "Contact", "OTHER", "Guarantor", "Insurance", "Notes", "Occurrences", "Provider", and "Visit". The "Patient" tab is active, showing a form with the following fields:

- * Service Date: 22/02/18
- * Service Time: 1130
- Decision to Admit Date: (empty)
- Decision to Admit Time: (empty)
- ADM Source: (empty)
- * Location: AWLADI
- Other Location: (empty)
- Reason for Visit: (empty)
- Comment: (empty)
- * Arrived by: O N
- * By Ambulance: O N
- Medical Alert: (empty)

On the right side, there is a vertical menu with options: Pre-Register, Register, Check In, Revisit, In Transfer, Out Transfer, Discharge, Edit, Fix, Undo, Cancel, Maintenance, Change Status, Account Info, Picture, Demo Recall, and EMR. At the bottom of the window, there are buttons for "Cancel", "Next", and "Save".

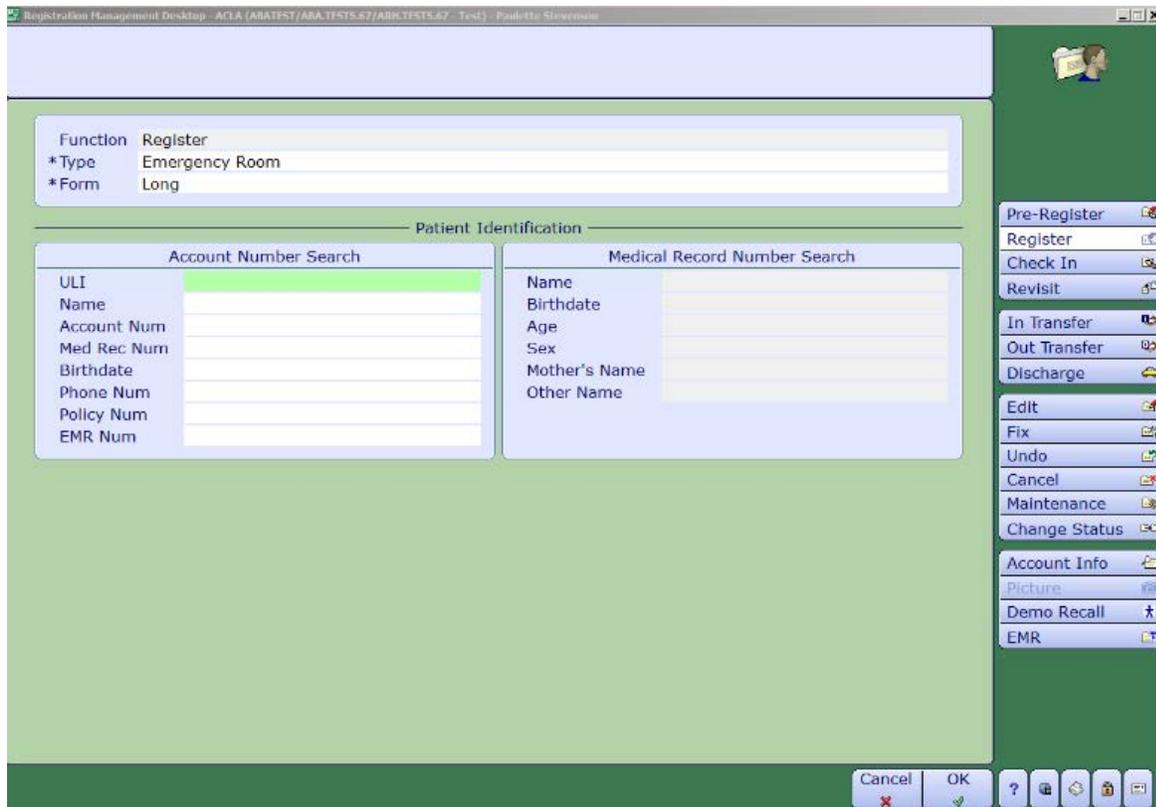
10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.



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 - ACIA (ARATEST/ABA,TFSTS.67/ARLTFSTS.67 - Test) - Padette Stevenson

Function Register
*Type Emergency Room
*Form Long

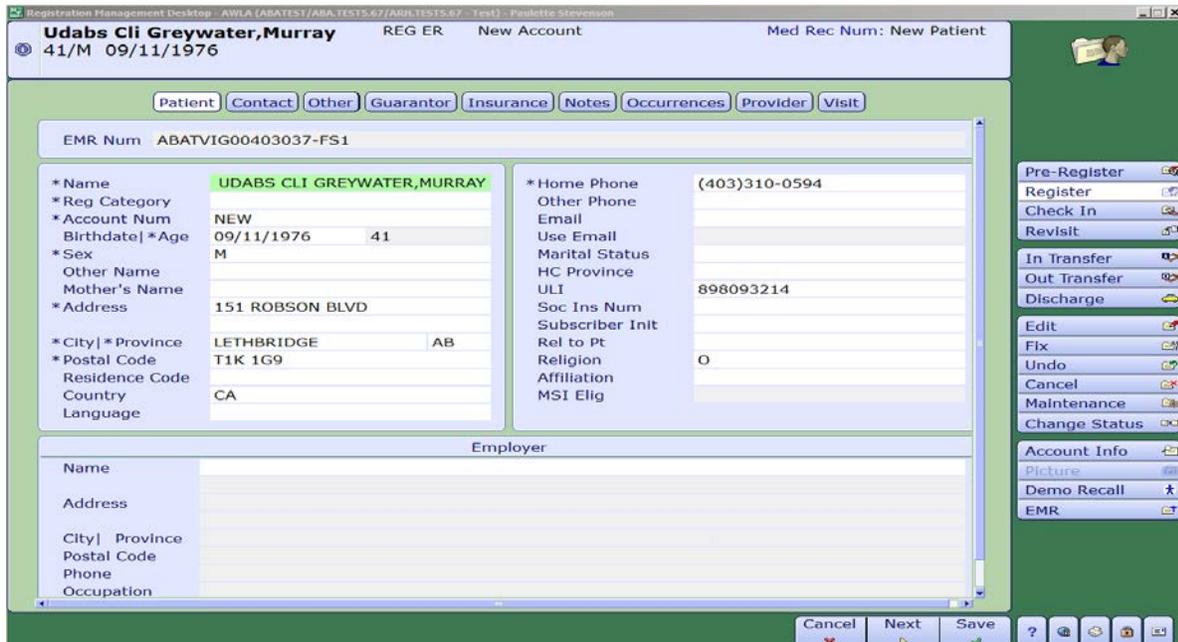
Patient Identification

Account Number Search		Medical Record Number Search	
ULI		Name	
Name		Birthdate	
Account Num		Age	
Med Rec Num		Sex	
Birthdate		Mother's Name	
Phone Num		Other Name	
Policy Num			
EMR Num			

Pre-Register
Register
Check In
Revisit
In Transfer
Out Transfer
Discharge
Edit
Fix
Undo
Cancel
Maintenance
Change Status
Account Info
Picture
Demo Recall
EMR

Cancel OK

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.



Registration Management Desktop - AWLA (ABATEST/ABA.TESTS.67/ABH.TESTS.67 - Test) - Paulette Stevenson

Udabs Cli Greywater, Murray REG ER New Account Med Rec Num: New Patient
41/M 09/11/1976

Patient **Contact** Other Guarantor Insurance Notes Occurrences Provider Visit

EMR Num ABATVIG00403037-FS1

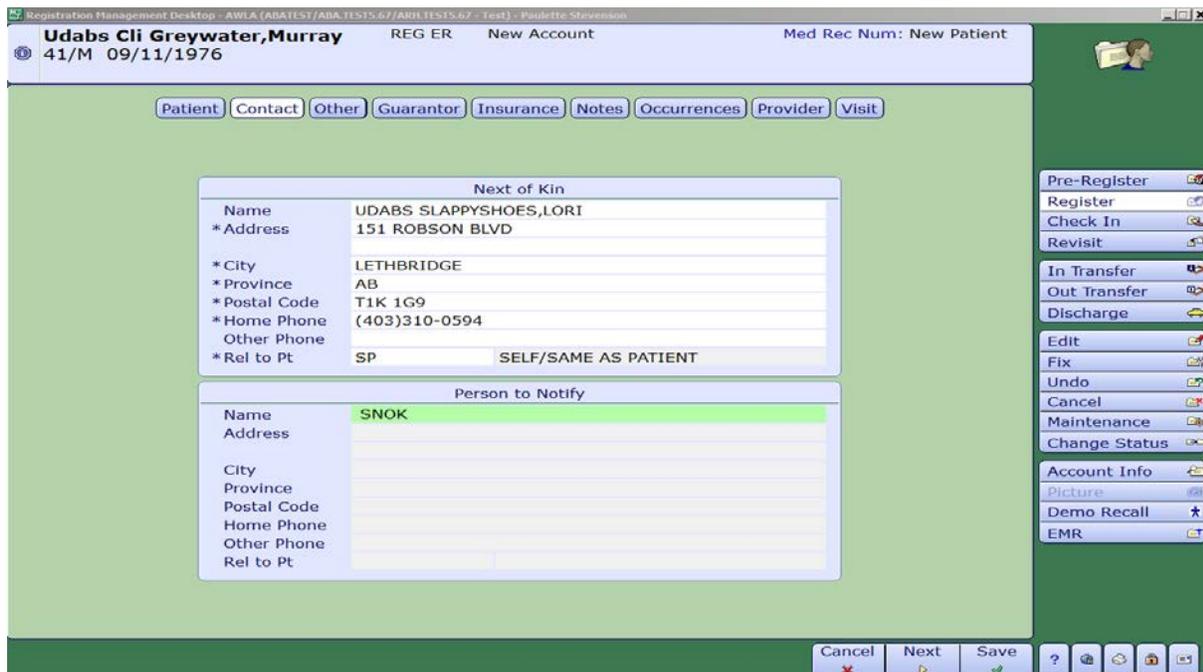
* Name	UDABS CLI GREYWATER, MURRAY	* Home Phone	(403)310-0594
* Reg Category		* Other Phone	
* Account Num	NEW	Email	
Birthdate *Age	09/11/1976 41	Use Email	
* Sex	M	Marital Status	
Other Name		HC Province	
Mother's Name		ULI	898093214
* Address	151 ROBSON BLVD	Soc Ins Num	
* City * Province	LETHBRIDGE AB	Subscriber Init	
* Postal Code	T1K 1G9	Rel to Pt	
Residence Code		Religion	O
Country	CA	Affiliation	
Language		MSI Elig	

Employer

Name	
Address	
City Province	
Postal Code	
Phone	
Occupation	

Cancel Next Save ? [Icons]

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 Desktop - AWLA (ABATEST/ABA.TESTS.67/ABH.TESTS.67 - Test) - Paulette Stevenson

Udabs Cli Greywater, Murray REG ER New Account Med Rec Num: New Patient
41/M 09/11/1976

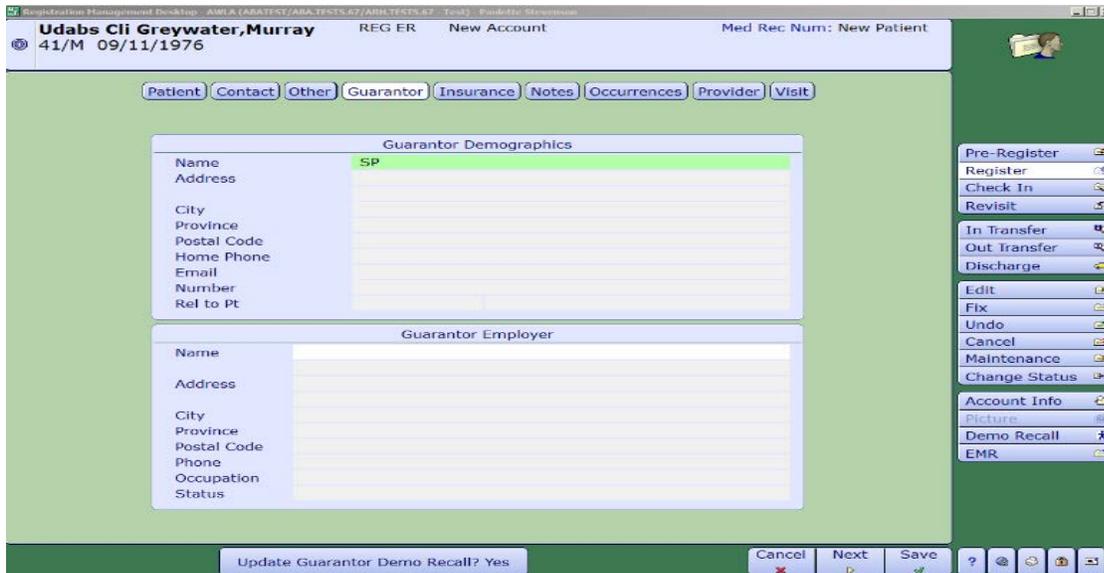
Patient Contact **Other** Guarantor Insurance Notes Occurrences Provider Visit

Next of Kin	
Name	UDABS SLAPPYSHOES, LORI
* Address	151 ROBSON BLVD
* City	LETHBRIDGE
* Province	AB
* Postal Code	T1K 1G9
* Home Phone	(403)310-0594
Other Phone	
* Rel to Pt	SP SELF/SAME AS PATIENT

Person to Notify	
Name	SNOK
Address	
City	
Province	
Postal Code	
Home Phone	
Other Phone	
Rel to Pt	

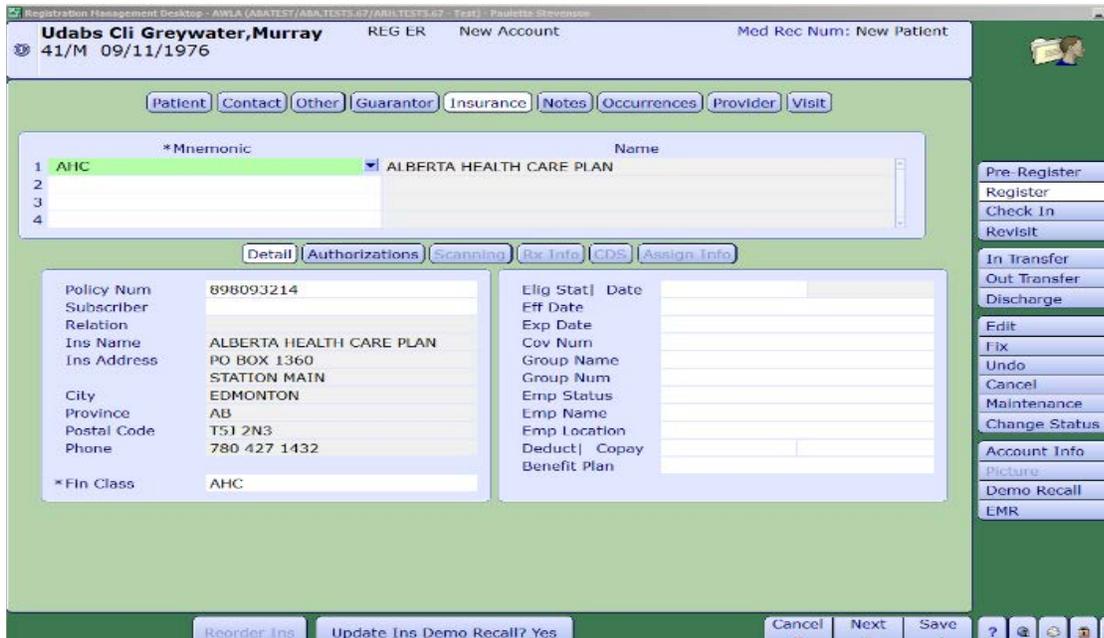
Cancel Next Save ? [Icons]

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.



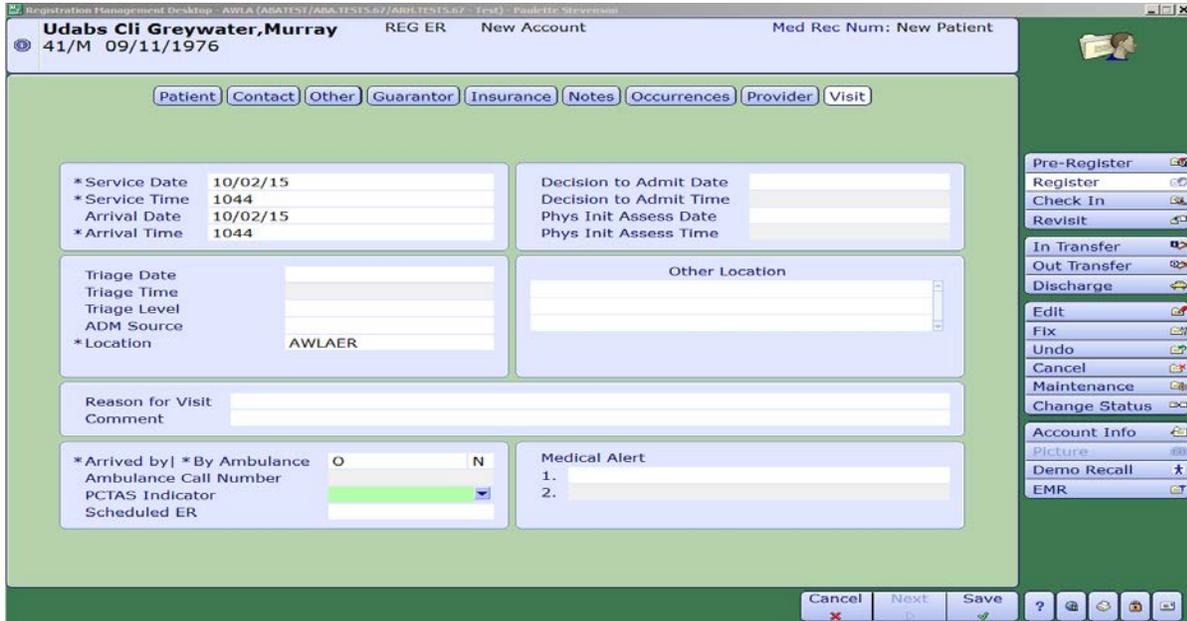
The screenshot shows the 'Guarantor Demographics' and 'Guarantor Employer' tabs. The 'Guarantor Demographics' tab is active, showing fields for Name (SP), Address, City, Province, Postal Code, Home Phone, Email, Number, and Rel to Pt. The 'Guarantor Employer' tab is also visible, showing fields for Name, Address, City, Province, Postal Code, Phone, Occupation, and Status. The patient information at the top is 'Udabs Cli Greywater, Murray', REG ER, New Account, Med Rec Num: New Patient, 41/M 09/11/1976. The bottom of the screen has buttons for 'Update Guarantor Demo Recall? Yes', 'Cancel', 'Next', and 'Save'.

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



The screenshot shows the 'Insurance' tab. The '*Mnemonic' dropdown is set to 'AHC' and the 'Name' field contains 'ALBERTA HEALTH CARE PLAN'. Below this are sub-tabs: 'Detail', 'Authorizations', 'Scanning', 'Rx Info', 'CDS', and 'Assign Info'. The 'Detail' sub-tab is active, showing fields for Policy Num (898093214), Subscriber, Relation, Ins Name (ALBERTA HEALTH CARE PLAN), Ins Address (PO BOX 1360, STATION MAIN, EDMONTON, AB, T5J 2N3, 780 427 1432), *Fin Class (AHC), Elig Stat, Date, Eff Date, Exp Date, Cov Num, Group Name, Group Num, Emp Status, Emp Name, Emp Location, Deduct, Copay, and Benefit Plan. The bottom of the screen has buttons for 'Reorder Ins', 'Update Ins Demo Recall? Yes', 'Cancel', 'Next', and 'Save'.

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 through and fill in the necessary fields marked with the asterisk.



The screenshot shows a software window titled "Registration Management Desktop" with a patient record for "Udabs Cli Greywater, Murray". The patient's date of birth is 09/11/1976. The window is divided into several sections:

- Header:** Patient name, REG ER, New Account, and Med Rec Num: New Patient.
- Navigation:** Buttons for Patient, Contact, Other, Guarantor, Insurance, Notes, Occurrences, Provider, and Visit.
- Service Information:** Fields for Service Date (10/02/15), Service Time (1044), Arrival Date (10/02/15), and Arrival Time (1044).
- Admission Details:** Fields for Decision to Admit Date, Decision to Admit Time, Phys Init Assess Date, and Phys Init Assess Time.
- Triage Information:** Fields for Triage Date, Triage Time, Triage Level, ADM Source, and Location (AWLAER).
- Other Location:** A text area for specifying an alternative location.
- Reason for Visit:** A text area for the patient's reason for coming to the ER.
- Arrival Method:** Radio buttons for "By Ambulance" (selected) and "Scheduled ER".
- Medical Alert:** Fields for "Ambulance Call Number" and "PCTAS Indicator".
- Right Sidebar:** A vertical menu with options like Pre-Register, Register, Check In, Revisit, In Transfer, Out Transfer, Discharge, Edit, Fix, Undo, Cancel, Maintenance, Change Status, Account Info, Picture, Demo Recall, and EMR.
- Bottom Bar:** Buttons for Cancel, Next, Save, and other utility icons.

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 Desktop - AWCA (ABATEST/ABA-TESTS.67/ARIL-TESTS.67 - Test) - Paulette Stevenson

Perkins, George REG ER New Account Med Rec Num: RN00010347
67/M 24/10/1950

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit

EMR Num ABATVIG00425055-FS1

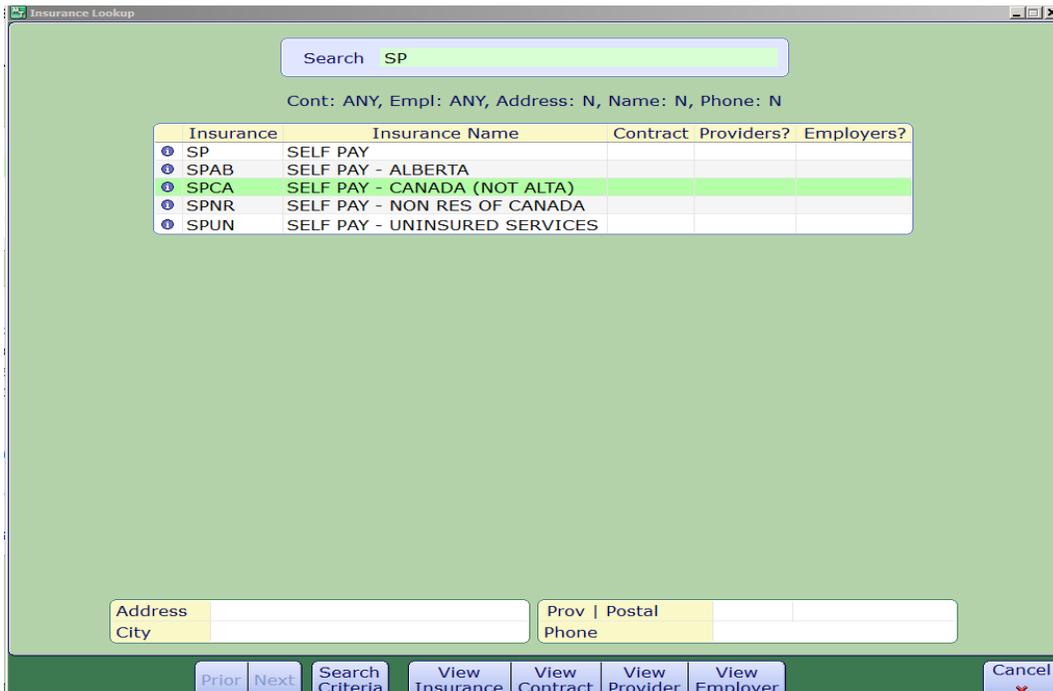
* Name	PERKINS, GEORGE	* Home Phone	(807)268-2224
* Reg Category	ER	Other Phone	
* Account Num	NEW	Email	
Birthdate * Age	24/10/1950 67	Use Email	
* Sex	M	Marital Status	
Other Name		HC Province	
Mother's Name		ULI	
* Address	123 TEST STREET	Soc Ins Num	
		Subscriber Init	
* City * Province	WINNIPEG MB	Rel to Pt	
* Postal Code	R2X 1G5	Religion	
Residence Code		Affiliation	
Country	CA	MSI Elig	
Language			

Employer

Name	
Address	
City Province	
Postal Code	
Phone	
Occupation	

Cancel Next Save ? [Icons]

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 SP

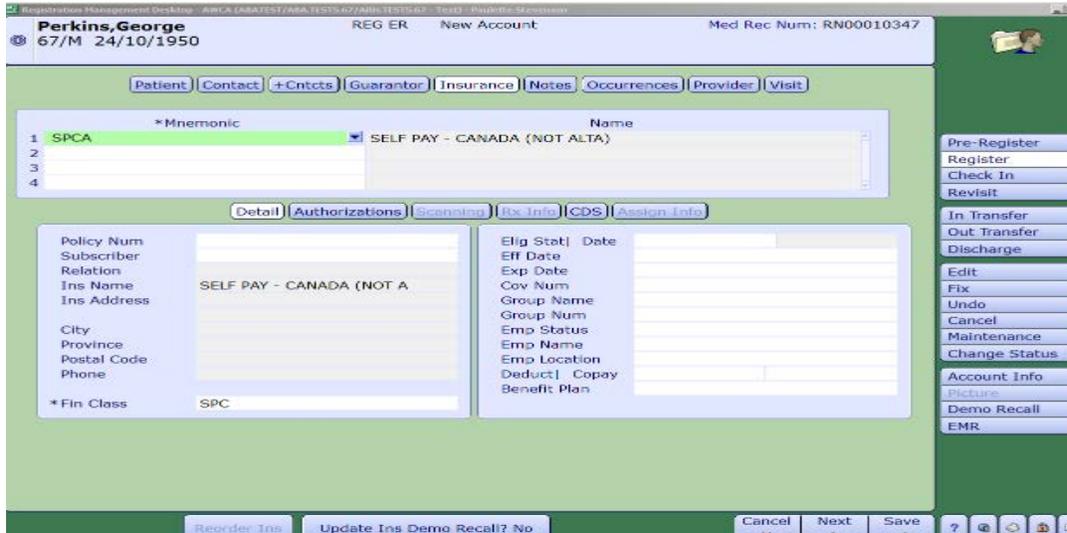
Cont: ANY, Empl: ANY, Address: N, Name: N, Phone: N

Insurance	Insurance Name	Contract	Providers?	Employers?
SP	SELF PAY			
SPAB	SELF PAY - ALBERTA			
SPCA	SELF PAY - CANADA (NOT ALTA)			
SPNR	SELF PAY - NON RES OF CANADA			
SPUN	SELF PAY - UNINSURED SERVICES			

Address City Prov | Postal Phone

Prior Next Search Criteria View Insurance View Contract View Provider View Employer Cancel

4. Select Self Pay Canada (NOT ALTA).



Registration Management Desktop - AWCA (ABATEST/ABA TESTS/02/ADM TESTS/07 - Test) - Paulette Stovenson

Perkins, George REG ER New Account Med Rec Num: RN00010347
67/M 24/10/1950

Patient | Contact | +Cntcts | Guarantor | Insurance | Notes | Occurrences | Provider | Visit

*Mnemonic: SPCA Name: SELF PAY - CANADA (NOT ALTA)

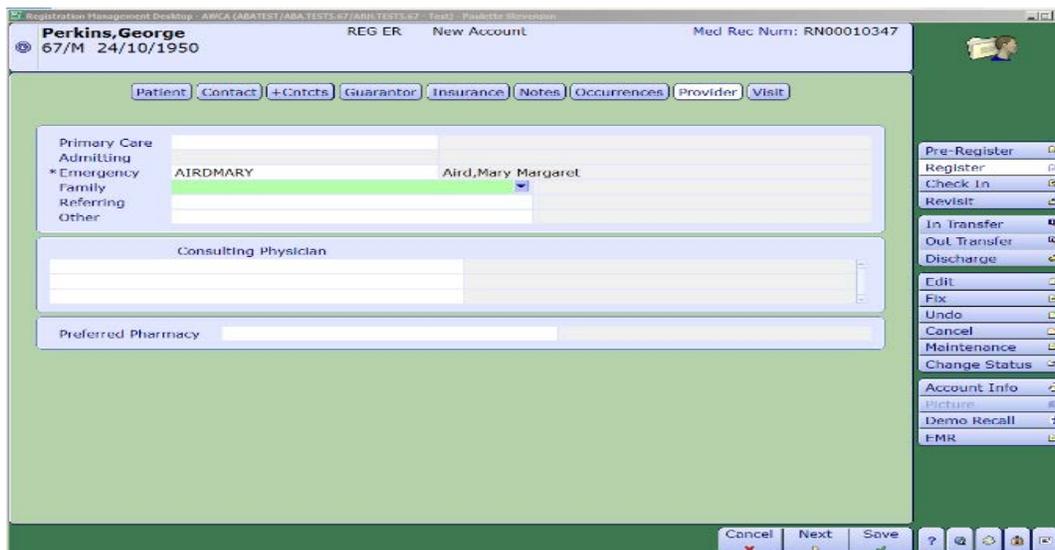
Detail | Authorizations | Scanning | Rx Info | CDS | Assn Info

Policy Num: _____
Subscriber: _____
Relation: _____
Ins Name: SELF PAY - CANADA (NOT A
Ins Address: _____
City: _____
Province: _____
Postal Code: _____
Phone: _____
* Fin Class: SPC

Elig Stat: _____ Date: _____
Eff Date: _____
Exp Date: _____
Cov Num: _____
Group Num: _____
Emp Status: _____
Emp Name: _____
Emp Location: _____
Deduct: _____ Copay: _____
Benefit Plan: _____

Reorder Ins | Update Ins Demo Recall? No | Cancel | Next | Save

5. Continue on to the Provider tab



Registration Management Desktop - AWCA (ABATEST/ABA TESTS/02/ADM TESTS/07 - Test) - Paulette Stovenson

Perkins, George REG ER New Account Med Rec Num: RN00010347
67/M 24/10/1950

Patient | Contact | +Cntcts | Guarantor | Insurance | Notes | Occurrences | Provider | Visit

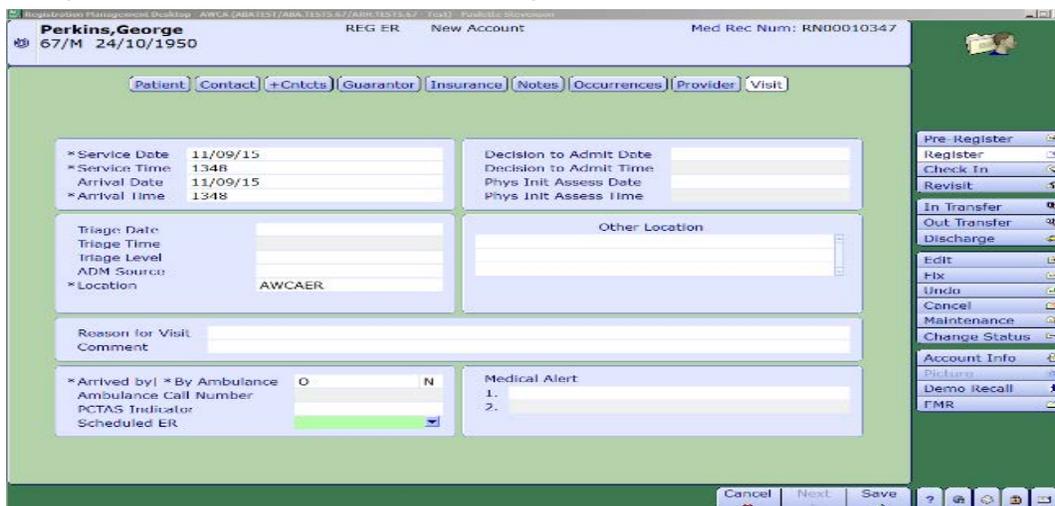
Primary Care Admitting: _____
* Emergency: AIRDMARY Aird, Mary Margaret
Family: _____
Referring: _____
Other: _____

Consulting Physician: _____

Preferred Pharmacy: _____

Cancel | Next | Save

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



Registration Management Desktop - AWCA (ABATEST/ABA TESTS/02/ADM TESTS/07 - Test) - Paulette Stovenson

Perkins, George REG ER New Account Med Rec Num: RN00010347
67/M 24/10/1950

Patient | Contact | +Cntcts | Guarantor | Insurance | Notes | Occurrences | Provider | Visit

* Service Date: 11/09/15
* Service Time: 1348
* Arrival Date: 11/09/15
* Arrival Time: 1348

Decision to Admit Date: _____
Decision to Admit Time: _____
Phys Init Assess Date: _____
Phys Init Assess Time: _____

Triage Date: _____
Triage Time: _____
Triage Level: _____
ADM Source: _____
* Location: AWCAER

Other Location: _____

Reason for Visit: _____
Comment: _____

* Arrived by: * By Ambulance: O N
Ambulance Call Number: _____
PCTAS Indicator: _____
Scheduled ER: _____

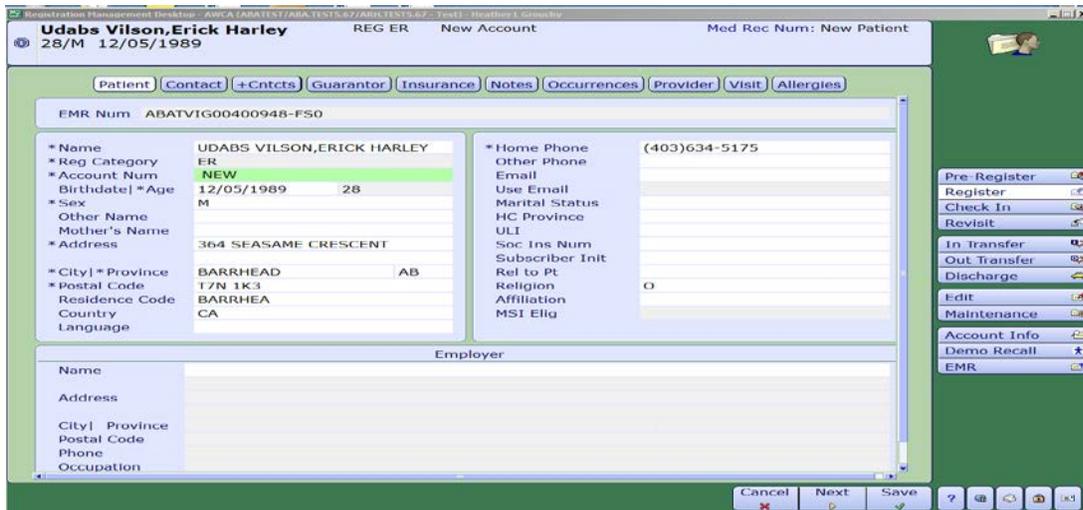
Medical Alert
1. _____
2. _____

Cancel | Next | Save

7. Save and print necessary forms.

WCB REGISTRATION

1. Register Patient



Udabs Vilson, Erick Harley REG ER New Account Med Rec Num: New Patient
28/M 12/05/1989

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit Allergies

EMR Num ABATVIG00400948-F50

* Name	UDABS VILSON,ERICK HARLEY		* Home Phone	(403)634-5175
* Reg Category	ER		Other Phone	
* Account Num	NEW		Email	
Birthdate * Age	12/05/1989	28	Use Email	
* Sex	M		Marital Status	
Other Name			HC Province	
Mother's Name			ULI	
* Address	364 SEASAME CRESCENT		Soc. Ins Num	
* City * Province	BARRHEAD	AB	Subscriber Init	
* Postal Code	T7N 1K3		Rel to Pt	
Residence Code	BARRHEA		Religion	O
Country	CA		Affiliation	
Language			MSI Elig	

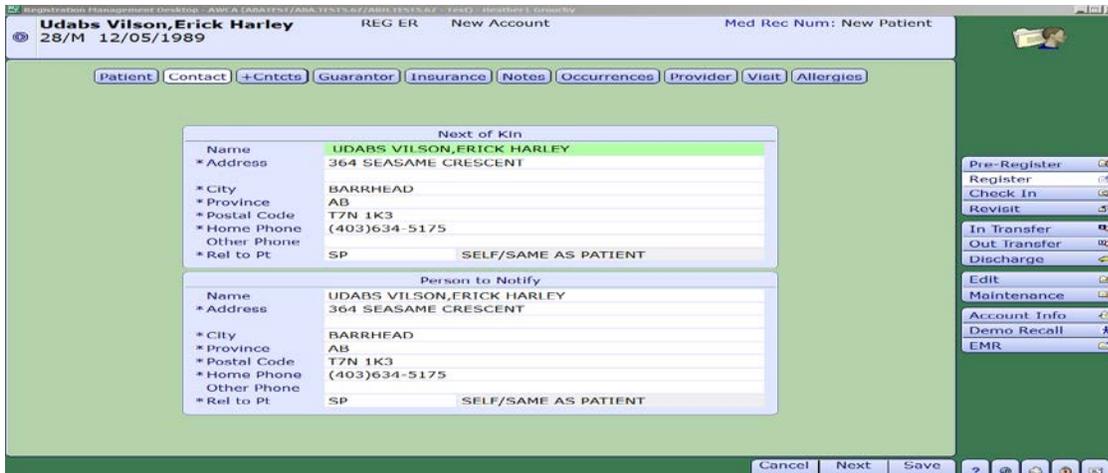
Employer

Name		
Address		
City Province		
Postal Code		
Phone		
Occupation		

Pre-Register Register Check In Revisit In Transfer Out Transfer Discharge Edit Maintenance Account Info Demo Recall EMR

Cancel Next Save ?

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



Udabs Vilson, Erick Harley REG ER New Account Med Rec Num: New Patient
28/M 12/05/1989

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit Allergies

Next of Kin

Name	UDABS VILSON,ERICK HARLEY	
* Address	364 SEASAME CRESCENT	
* City	BARRHEAD	
* Province	AB	
* Postal Code	T7N 1K3	
* Home Phone	(403)634-5175	
Other Phone		
* Rel to Pt	SP SELF/SAME AS PATIENT	

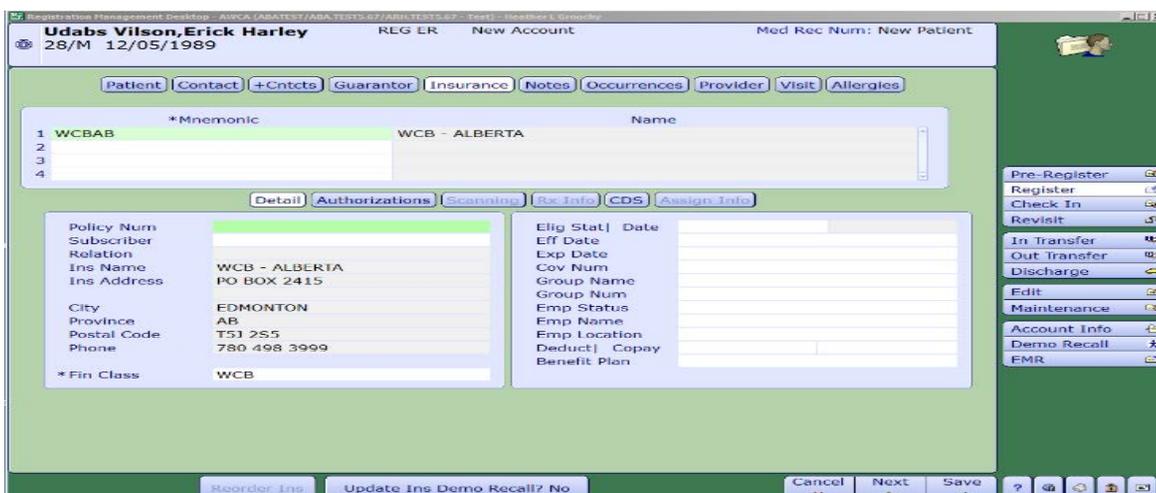
Person to Notify

Name	UDABS VILSON,ERICK HARLEY	
* Address	364 SEASAME CRESCENT	
* City	BARRHEAD	
* Province	AB	
* Postal Code	T7N 1K3	
* Home Phone	(403)634-5175	
Other Phone		
* Rel to Pt	SP SELF/SAME AS PATIENT	

Pre-Register Register Check In Revisit In Transfer Out Transfer Discharge Edit Maintenance Account Info Demo Recall EMR

Cancel Next Save ?

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



Udabs Vilson, Erick Harley REG ER New Account Med Rec Num: New Patient
28/M 12/05/1989

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit Allergies

1	WCBAB	*Mnemonic	WCB - ALBERTA	Name
2				
3				
4				

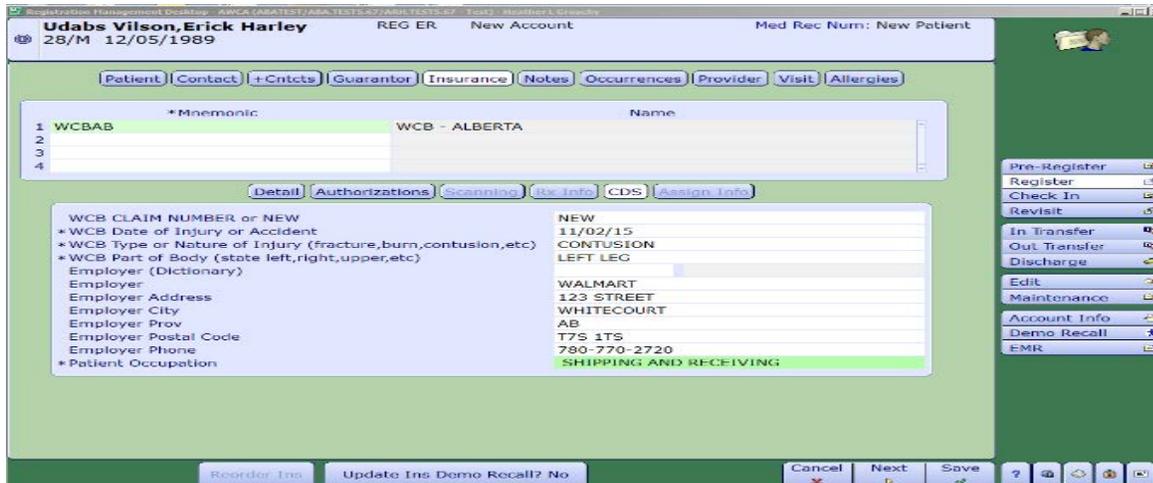
Detail Authorizations Scanning Rx Info CDS Assign Info

Policy Num		Elig Stat Date	
Subscriber		Eff Date	
Relation		Exp Date	
Ins Name	WCB - ALBERTA	Cov Num	
Ins Address	PO BOX 2415	Group Name	
City	EDMONTON	Group Num	
Province	AB	Emp Status	
Postal Code	T5J 2S5	Emp Name	
Phone	780 498 3999	Emp Location	
* Fin Class	WCB	Deduct Copay	
		Benefit Plan	

Reorder Ins Update Ins Demo Recall? No

Cancel Next Save ?

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



Registration Management Desktop - AWCA (ARATEST/ABA TESTS.E7/ABH TESTS.E7 - Test) - Heather L. Gresham

Udabs Vilson, Erick Harley REG ER New Account Med Rec Num: New Patient
28/M 12/05/1989

(Patient) (Contact) (+Cntcts) (Guarantor) (Insurance) (Notes) (Occurrences) (Provider) (Visit) (Allergies)

* Mnemonic: WCBAB Name: WCB - ALBERTA

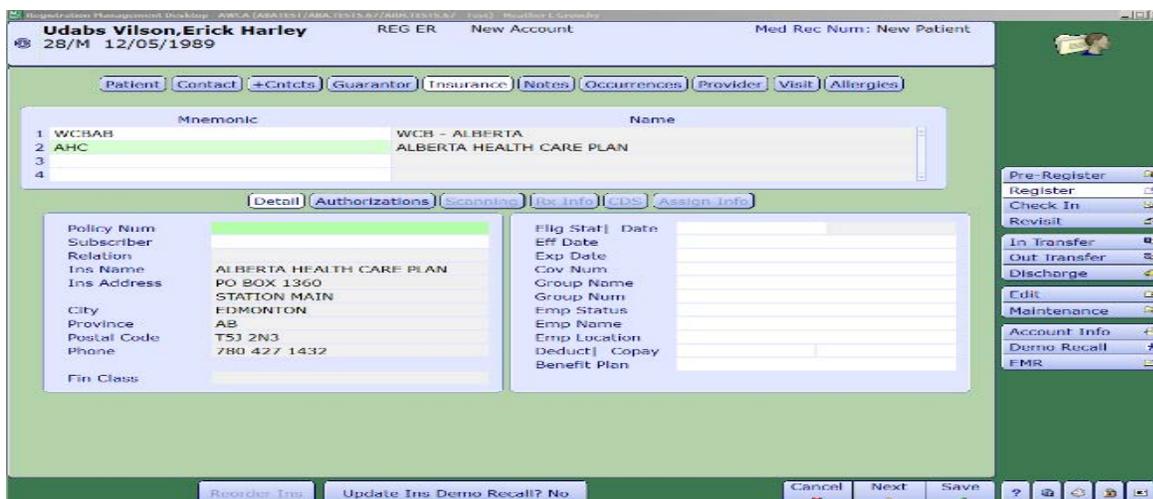
1 WCBAB
2
3
4

(Detail) (Authorizations) (Scanning) (Rx Info) (CDS) (Assign Info)

* WCB CLAIM NUMBER or NEW	NEW
* WCB Date of Injury or Accident	11/02/15
* WCB Type or Nature of Injury (fracture, burn, contusion, etc)	CONTUSION
* WCB Part of Body (state left, right, upper, etc)	LEFT LEG
Employer (Dictionary)	
Employer	WALMART
Employer Address	123 STREET
Employer City	WHITECOURT
Employer Prov	AB
Employer Postal Code	T7S 1T5
Employer Phone	780-770-2720
* Patient Occupation	SHIPPING AND RECEIVING

Reorder Ins. Update Ins Demo Recall? No Cancel Next Save

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



Registration Management Desktop - AWCA (ARATEST/ABA TESTS.E7/ABH TESTS.E7 - Test) - Heather L. Gresham

Udabs Vilson, Erick Harley REG ER New Account Med Rec Num: New Patient
28/M 12/05/1989

(Patient) (Contact) (+Cntcts) (Guarantor) (Insurance) (Notes) (Occurrences) (Provider) (Visit) (Allergies)

Mnemonic: WCBAB Name: WCB - ALBERTA
2 AHC ALBERTA HEALTH CARE PLAN

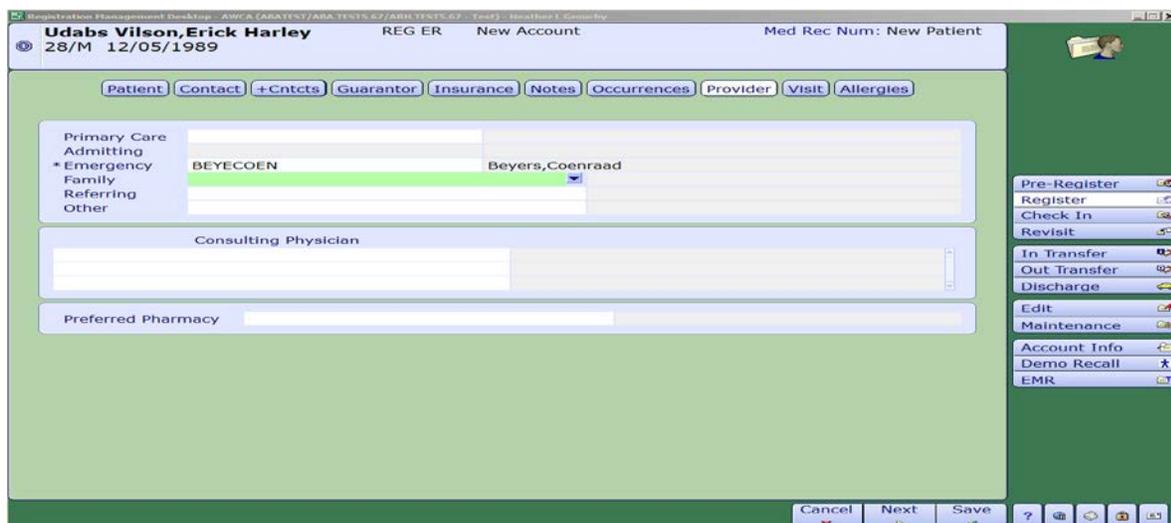
1 WCBAB
2 AHC
3
4

(Detail) (Authorizations) (Scanning) (Rx Info) (CDS) (Assign Info)

Policy Num		Flig Stat	
Subscriber		Eff Date	
Relation		Exp Date	
Ins Name	ALBERTA HEALTH CARE PLAN	Cov Num	
Ins Address	PO BOX 1360	Group Name	
City	STATION MAIN	Group Num	
Province	EDMONTON	Emp Status	
Postal Code	AB	Emp Name	
Phone	T5J 2N3	Emp Location	
Fin Class	780 427 1432	Deduct	
		Copay	
		Benefit Plan	

Reorder Ins. Update Ins Demo Recall? No Cancel Next Save

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



Registration Management Desktop - AWCA (ARATEST/ABA TESTS.E7/ABH TESTS.E7 - Test) - Heather L. Gresham

Udabs Vilson, Erick Harley REG ER New Account Med Rec Num: New Patient
28/M 12/05/1989

(Patient) (Contact) (+Cntcts) (Guarantor) (Insurance) (Notes) (Occurrences) (Provider) (Visit) (Allergies)

Primary Care Admitting
* Emergency BEYECOEN Beyers, Coenraad
Family Referring Other

Consulting Physician

Preferred Pharmacy

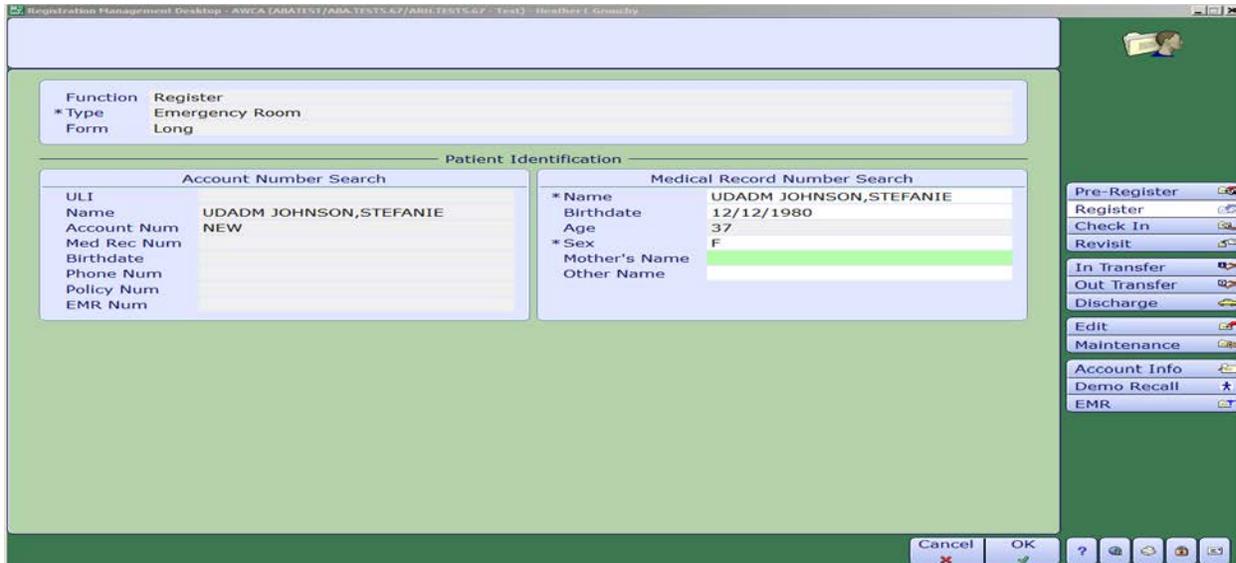
Pre-Register Register Check In Revisit In Transfer Out Transfer Discharge Edit Maintenance Account Info Demo Recall EMR

Cancel Next Save

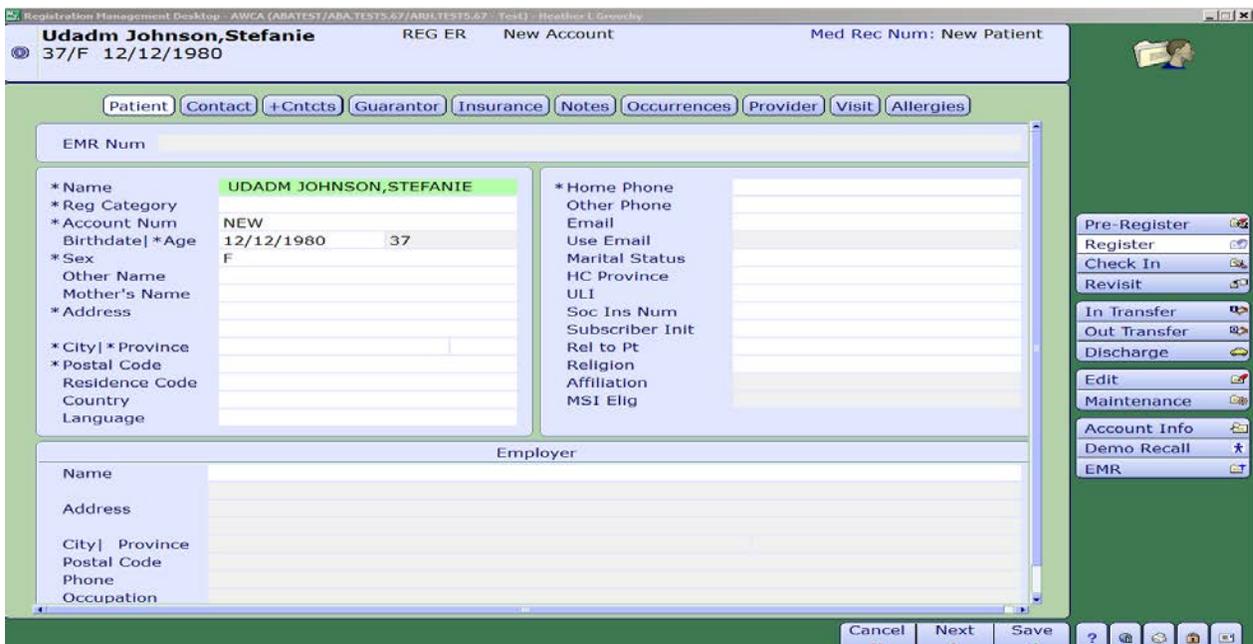
- Complete Visit tab functions, save information and print necessary forms.

OOP REGISTRATION

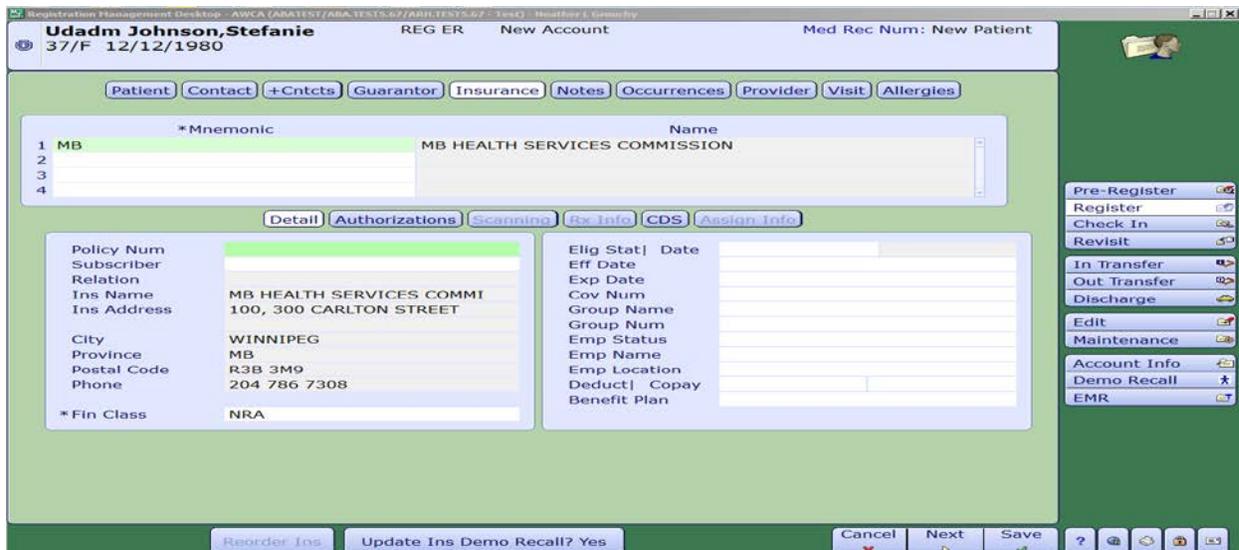
- Using the pull down menu, choose the Type of Visit and use Long Form.
- Enter in patients name and date of birth in the appropriate fields.



- 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.



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.



Registration Management Desktop - AWCA (AMATEST/ARA-TESTS-67/ARL-TESTS-67 - User) Heather L. Gosselin

Udadm Johnson, Stefanie REG ER New Account Med Rec Num: New Patient
37/F 12/12/1980

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit Allergies

*Mnemonic Name
1 MB MB HEALTH SERVICES COMMISSION
2
3
4

Detail Authorizations Scanning Rx Info CDS Assign Info

Policy Num		Elig Stat Date	
Subscriber		Eff Date	
Relation		Exp Date	
Ins Name	MB HEALTH SERVICES COMMI	Cov Num	
Ins Address	100, 300 CARLTON STREET	Group Name	
City	WINNIPEG	Group Num	
Province	MB	Emp Status	
Postal Code	R3B 3M9	Emp Name	
Phone	204 786 7308	Emp Location	
*Fin Class	NRA	Deduct Copay	
		Benefit Plan	

Pre-Register Register Check In Revisit In Transfer Out Transfer Discharge Edit Maintenance Account Info Demo Recall EMR

Reorder Ins Update Ins Demo Recall? Yes Cancel Next Save ?

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



Registration Management Desktop - AWCA (AMATEST/ARA-TESTS-67/ARL-TESTS-67 - User) Heather L. Gosselin

Udadm Johnson, Stefanie REG ER New Account Med Rec Num: New Patient
37/F 12/12/1980

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit Allergies

*Mnemonic Name
1 MB MB HEALTH SERVICES COMMISSION
2
3
4

Detail Authorizations Scanning Rx Info CDS Assign Info

*Out-of-Prov Address (Street/Box)	123 WINNIPEG WAY
*Out-of-Prov City	WINNIPEG
*Out-of-Prov Province	MB Manitoba
*Out-of-Prov Postal Code (A9A9A9)	R3G 2M9
Insurance Card Exp Date - YEAR	
Insurance Card Exp Date - MONTH	
Insurance Card Exp Date - DAY	
Expiry date	
---ADM please ignore - Old Format Data for BAR reclaims---	
Out-of-Prov City/Province	
Out-of-Prov Postal Code	

Pre-Register Register Check In Revisit In Transfer Out Transfer Discharge Edit Maintenance Account Info Demo Recall EMR

Reorder Ins Update Ins Demo Recall? Yes Cancel Next Save ?

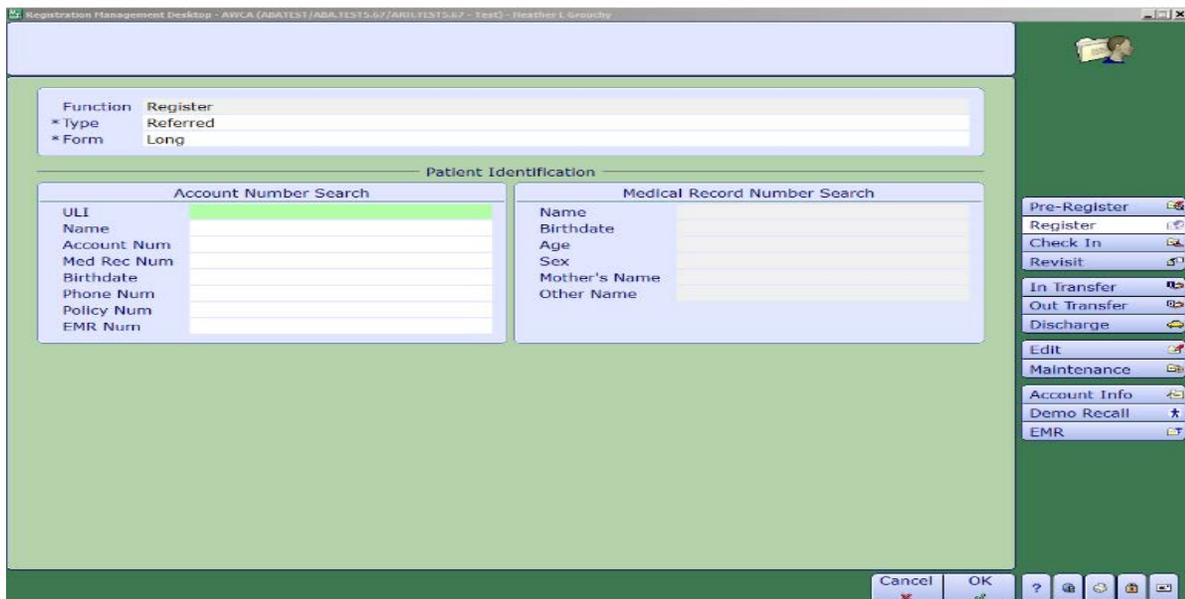
7. Make sure the Update Ins Demo Recall button at the bottom of the screen is set to **Yes**.
8. Continue to Provider tab and fill out Emergency Doctor.
9. Complete Visit tab functions, save information and print necessary forms.



REFERRED

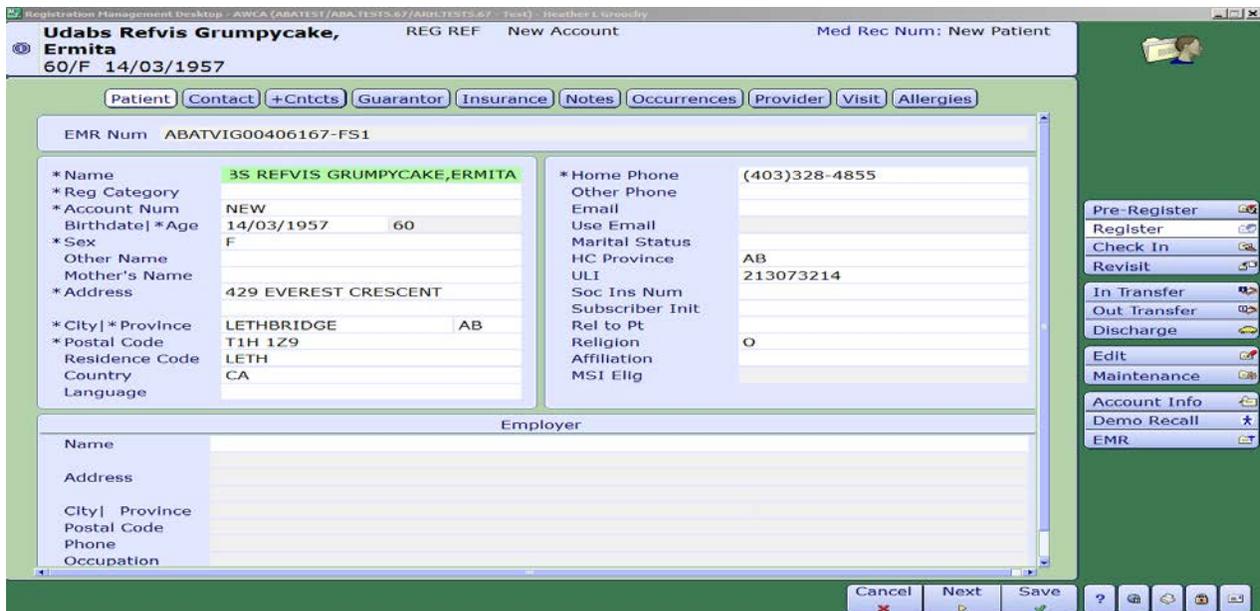
- patients sent for diagnostic testing (laboratory)
- referred in bodies for autopsy
- all routines for either Referred or Referred Client at the same

1. Click on register button.
2. Using the pull down menu choose Referred and Long Form.



14

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.



Registration Management Desktop - AWCA (ABATEST/ABA_TESTS.67/ADULTTESTS.67 - Test) Heather L. Grampy

Udabs Refvis Grumpycake, Ermita REG REF New Account Med Rec Num: New Patient
60/F 14/03/1957

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit Allergies

EMR Num ABATVIG00406167-FS1

* Name	3S REFVIS GRUMPYCAKE,ERMITA		* Home Phone	(403)328-4855
* Reg Category	NEW		* Other Phone	
* Account Num	14/03/1957 60		Email	
* Birthdate * Age	14/03/1957 60		Use Email	
* Sex	F		Marital Status	
* Other Name			HC Province	AB
* Mother's Name			ULI	213073214
* Address	429 EVEREST CRESCENT		Soc Ins Num	
* City * Province	LETHBRIDGE AB		Subscriber Init	
* Postal Code	T1H 1Z9		Rel to Pt	
Residence Code	LETH		Religion	O
Country	CA		Affiliation	
Language			MSI Elig	

Employer

Name

Address

City | Province

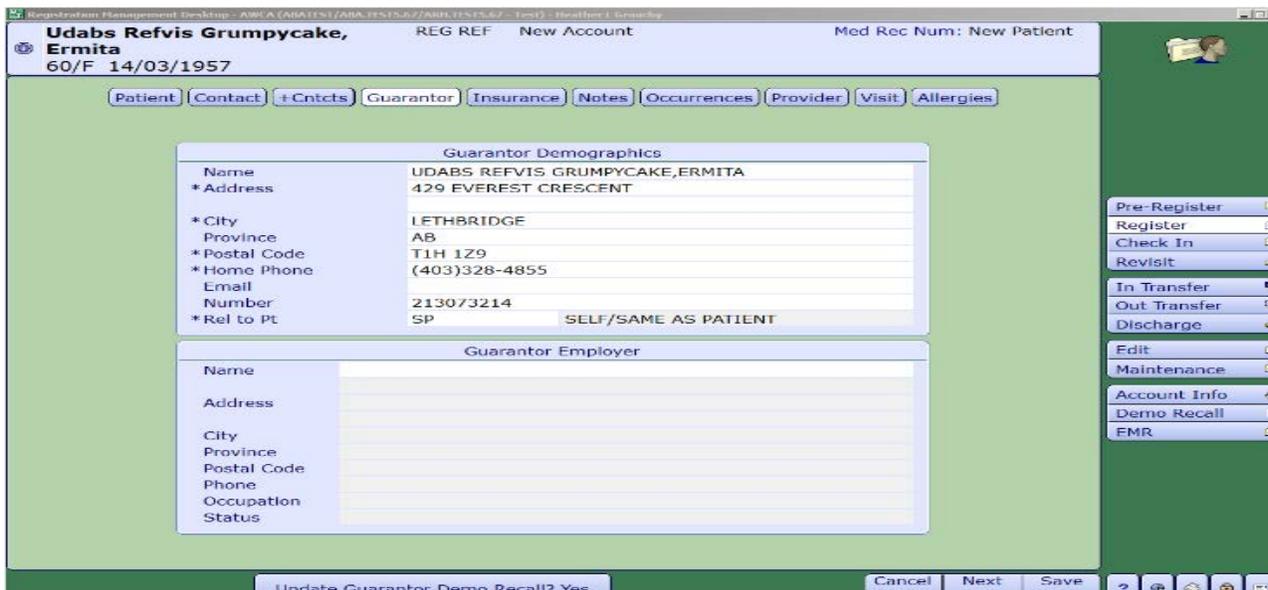
Postal Code

Phone

Occupation

Cancel Next Save ?

- 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.
- 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.



Registration Management Desktop - AWCA (ABATEST/ABA_TESTS.67/ADULTTESTS.67 - Test) Heather L. Grampy

Udabs Refvis Grumpycake, Ermita REG REF New Account Med Rec Num: New Patient
60/F 14/03/1957

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit Allergies

Guarantor Demographics

Name	UDABS REFVIS GRUMPYCAKE,ERMITA	
* Address	429 EVEREST CRESCENT	
* City	LETHBRIDGE	
Province	AB	
* Postal Code	T1H 1Z9	
* Home Phone	(403)328-4855	
Email	213073214	
Number	213073214	
* Rel to Pt	SP	SELF/SAME AS PATIENT

Guarantor Employer

Name

Address

City

Province

Postal Code

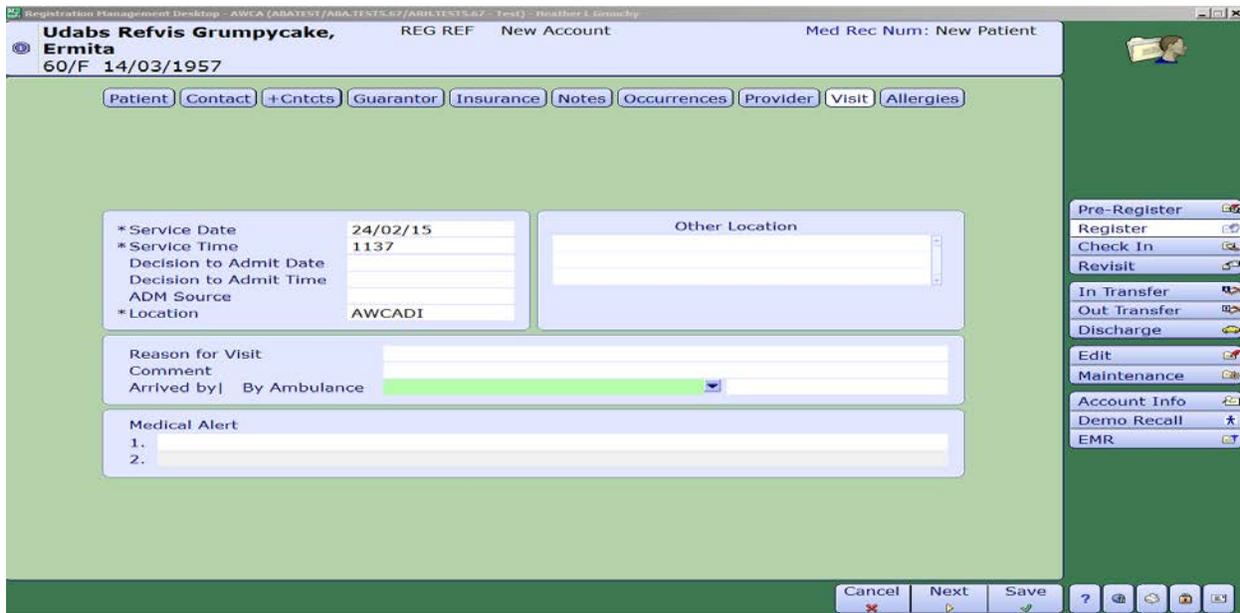
Phone

Occupation

Status

Update Guarantor Demo Recall? Yes Cancel Next Save ?

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

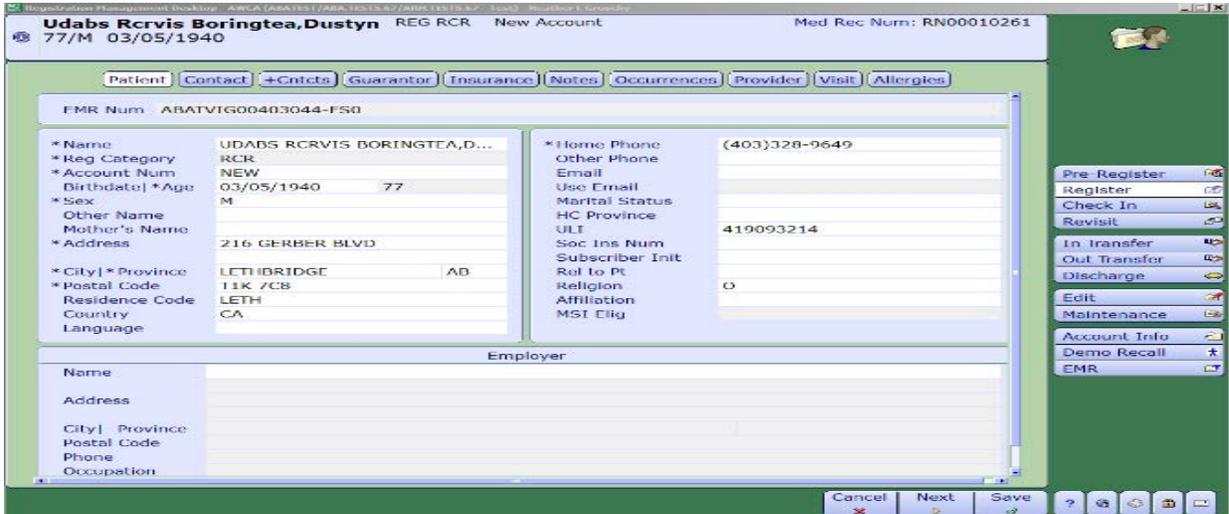


10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.



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 with an asterisk is a mandatory field and must be completed.



Registration Management Desktop - AWCAPT (AWCAPT) (AWCA, 151515-07/ADM, 151515-07 - 1515) - Healthier L. Security

Udabs Rcrvis Boringtea, Dustyn REG RCR New Account Med Rec Num: RN00010261
77/M 03/05/1940

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit Allergies

FMR Num ABATVIG00403044-FS0

* Name UDABS RCRVIS BORINGTEA, D...
 * Reg Category RCR
 * Account Num NEW
 Birthdate| * Age 03/05/1940 77
 * Sex M
 Other Name
 Mother's Name
 * Address 216 GERBER BLVD
 * City| * Province LETHBRIDGE AB
 * Postal Code T1K 7C8
 Residence Code LETH
 Country CA
 Language

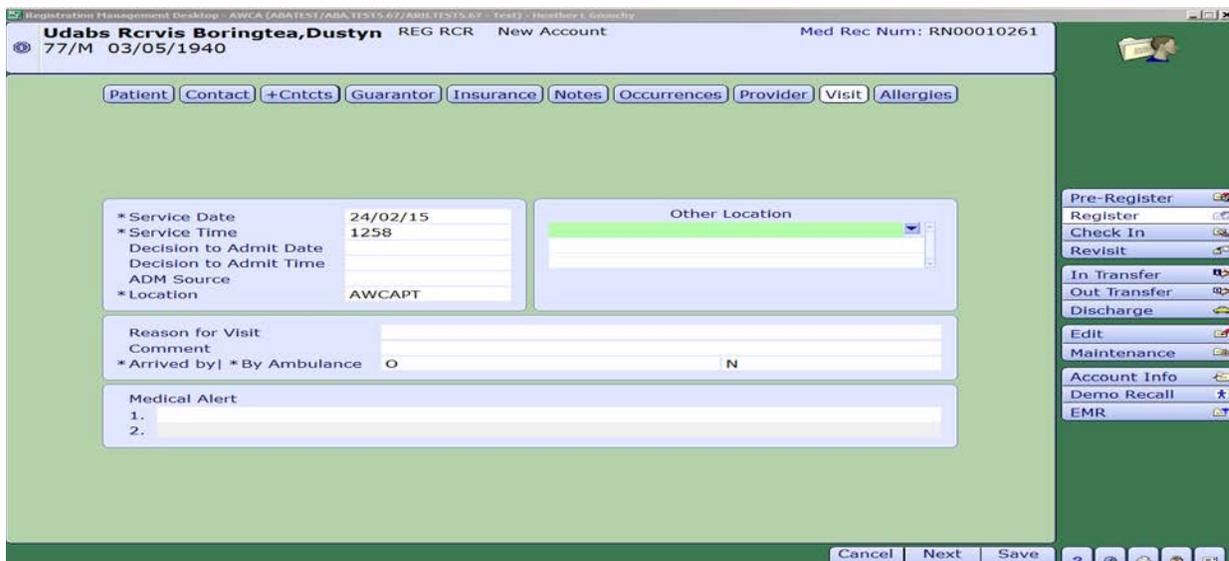
* Home Phone (403)328-9649
 Other Phone
 Email
 Use Email
 Marital Status
 HC Province
 ULI 419093214
 Soc Ins Num
 Subscriber Init
 Rel to Pt
 Religion O
 Affiliation
 MSI Elig

Employer

Name
 Address
 City| Province
 Postal Code
 Phone
 Occupation

Cancel Next Save

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.
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 through and fill in the necessary fields marked with the asterisk.



Registration Management Desktop - AWCAPT (AWCAPT) (AWCA, 151515-07/ADM, 151515-07 - 1515) - Healthier L. Security

Udabs Rcrvis Boringtea, Dustyn REG RCR New Account Med Rec Num: RN00010261
77/M 03/05/1940

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit Allergies

* Service Date 24/02/15
 * Service Time 1258
 Decision to Admit Date
 Decision to Admit Time
 ADM Source
 * Location AWCAPT

Other Location

Reason for Visit
 Comment
 * Arrived by| * By Ambulance O N

Medical Alert
 1.
 2.

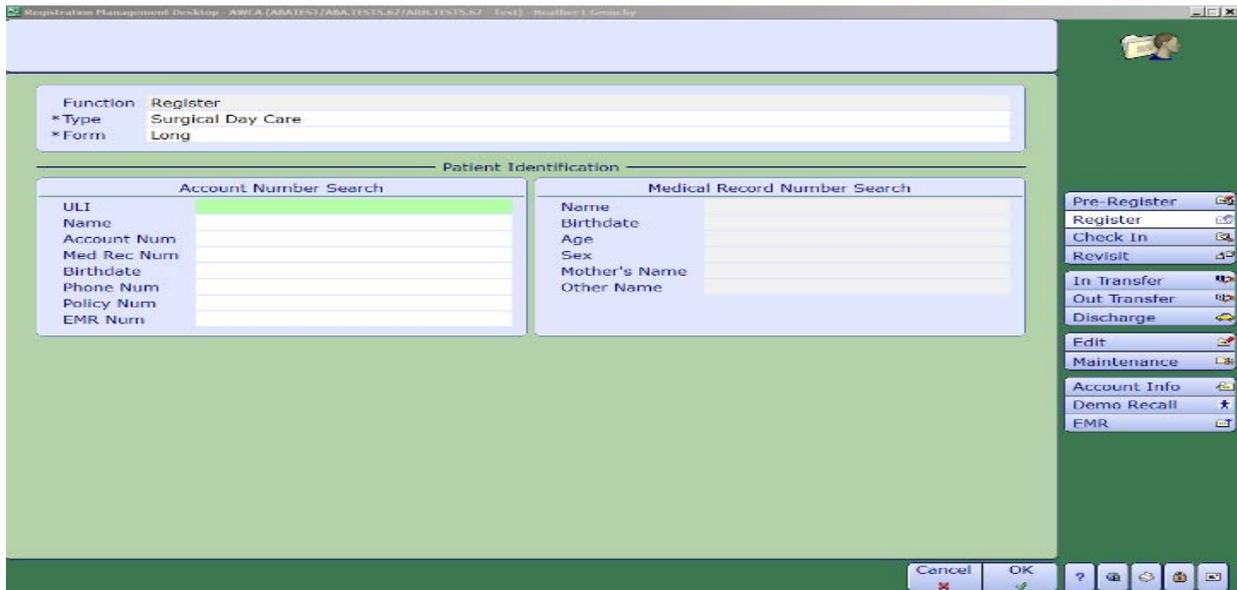
Cancel Next Save

- 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.

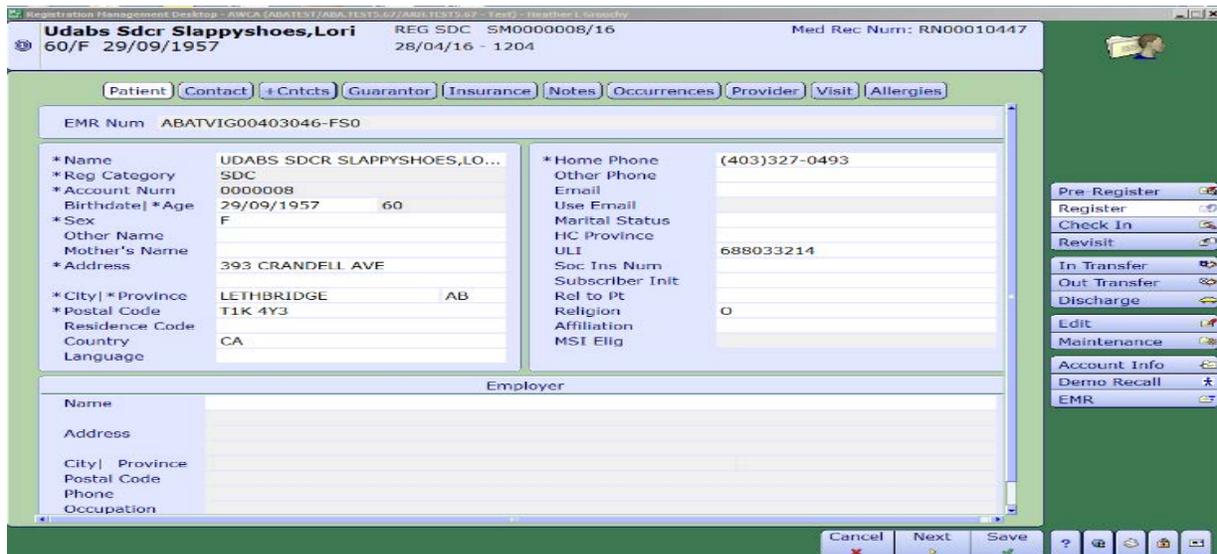


SURGICAL DAY CARE

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



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



Registration Management Desktop - AWCA (ABA1517/ABA1515.07/ABA1515.07 - Test) - Header L.Gowdy

Udabs Sdcr Slappyschoes,Lori REG SDC SM000008/16 Med Rec Num: RN00010447
60/F 29/09/1957 28/04/16 - 1204

(Patient) (Contact) (+Cntcts) (Guarantor) (Insurance) (Notes) (Occurrences) (Provider) (Visit) (Allergies)

EMR Num ABATVIG00403046-FS0

* Name	UDABS SDCR SLAPPYSHOES,LO...	* Home Phone	(403)327-0493
* Reg Category	SDC	* Other Phone	
* Account Num	0000008	Email	
Birthdate *Age	29/09/1957 60	Use Email	
* Sex	F	Marital Status	
Other Name		HC Province	
Mother's Name		ULI	688033214
* Address	393 CRANDELL AVE	Soc Ins Num	
* City * Province	LETHBRIDGE AB	Subscriber Init	
* Postal Code	T1K 4Y3	Rel to Pt	
Residence Code		Religion	O
Country	CA	Affiliation	
Language		MSI Elig	

Employer

Name

Address

City| Province

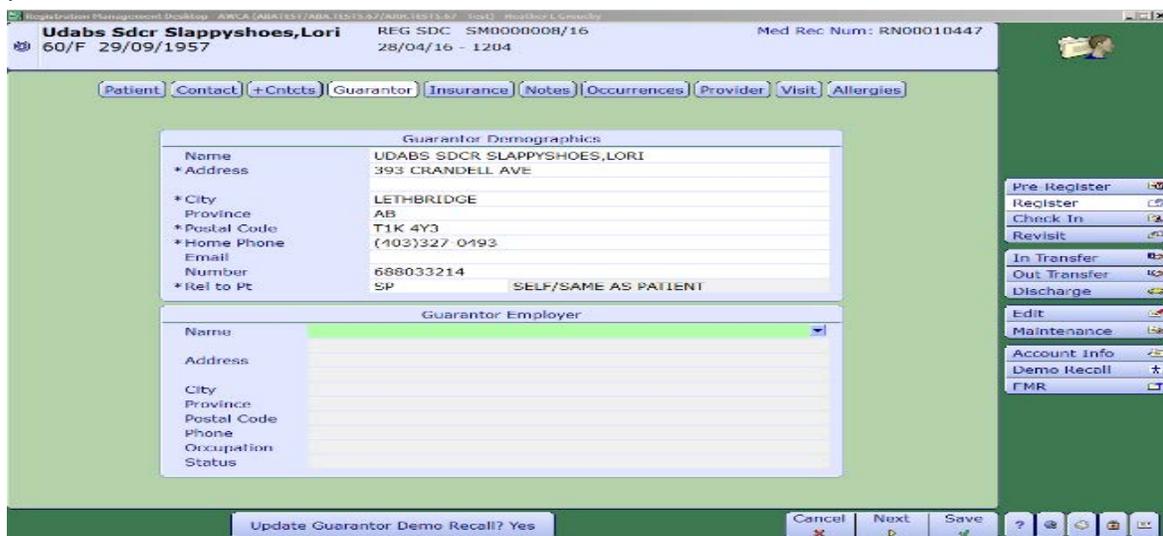
Postal Code

Phone

Occupation

Cancel Next Save ? [Icons]

- 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.
- 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.



Registration Management Desktop - AWCA (ABA1517/ABA1515.07/ABA1515.07 - Test) - Header L.Gowdy

Udabs Sdcr Slappyschoes,Lori REG SDC SM000008/16 Med Rec Num: RN00010447
60/F 29/09/1957 28/04/16 - 1204

(Patient) (Contact) (+Cntcts) (Guarantor) (Insurance) (Notes) (Occurrences) (Provider) (Visit) (Allergies)

Guarantor Demographics

Name	UDABS SDCR SLAPPYSHOES,LORI
* Address	393 CRANDELL AVE
* City	LETHBRIDGE
Province	AB
* Postal Code	T1K 4Y3
* Home Phone	(403)327-0493
Email	
Number	688033214
* Rel to Pt	SP SELF/SAME AS PATIENT

Guarantor Employer

Name

Address

City

Province

Postal Code

Phone

Occupation

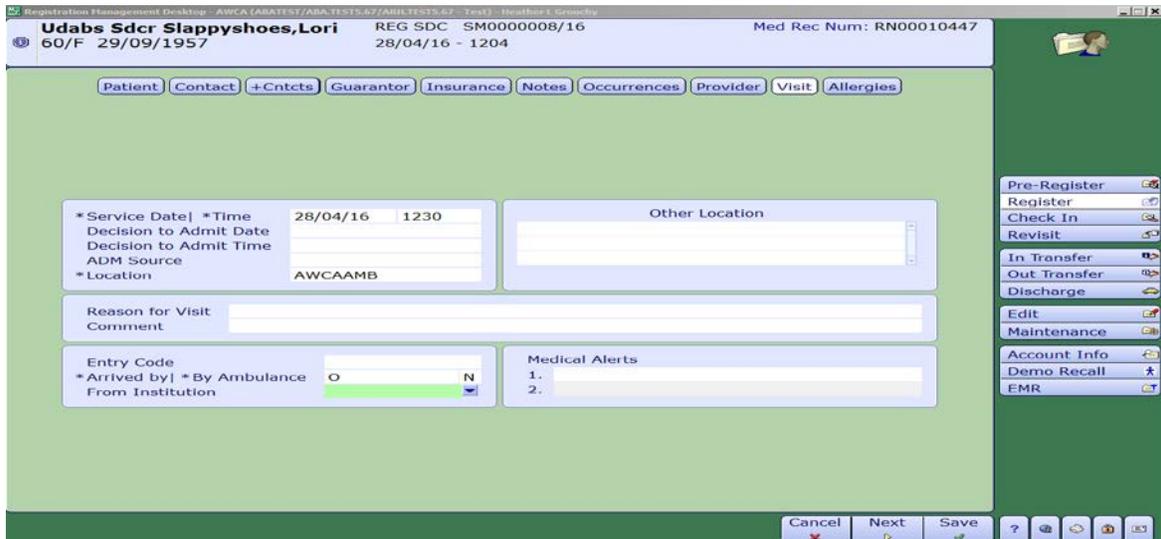
Status

Update Guarantor Demo Recall? Yes

Cancel Next Save ? [Icons]

- 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.

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



Registration Management Desktop: AWCA (ABATEST/AMA-TESTS/67/AMB-TESTS/67 - Test) Heather I. Greenby

Udabs Sdc Slappyschoes, Lori REG SDC SM000008/16 Med Rec Num: RN00010447
60/F 29/09/1957 28/04/16 - 1204

Patient Contact +Cntcts Guarantor Insurance Notes Occurrences Provider Visit Allergies

*Service Date| *Time 28/04/16 1230
Decision to Admit Date
Decision to Admit Time
ADM Source
*Location AWCAAMB

Other Location

Reason for Visit
Comment

Entry Code
*Arrived by| *By Ambulance O N
From Institution

Medical Alerts
1.
2.

Pre-Register Register Check In Revisit In Transfer Out Transfer Discharge Edit Maintenance Account Info Demo Recall EMR

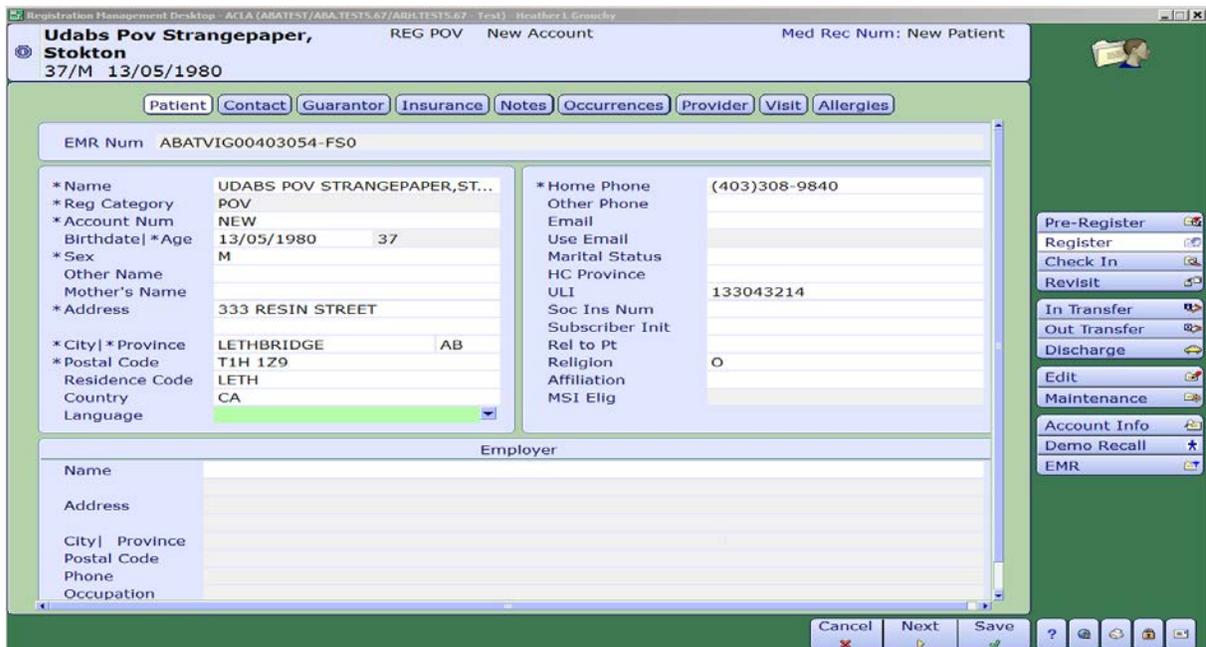
Cancel Next Save

- 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

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



Registration Management Desktop - ACTA (ABATTEST/ABA.TESTS.67/ABH.TESTS.67 - Test) - Heather L. Gromley

Udabs Pov Strangepaper, Stokton REG POV New Account Med Rec Num: New Patient
37/M 13/05/1980

Patient Contact Guarantor Insurance Notes Occurrences Provider Visit Allergies

EMR Num ABATVIG00403054-FS0

* Name	UDABS POV STRANGEPAPER,ST...	* Home Phone	(403)308-9840
* Reg Category	POV	Other Phone	
* Account Num	NEW	Email	
Birthdate *Age	13/05/1980 37	Use Email	
* Sex	M	Marital Status	
Other Name		HC Province	
Mother's Name		ULI	133043214
* Address	333 RESIN STREET	Soc Ins Num	
* City * Province	LETHBRIDGE AB	Subscriber Init	
* Postal Code	T1H 1Z9	Rel to Pt	
Residence Code	LETH	Religion	O
Country	CA	Affiliation	
Language		MSI Elig	

Employer

Name

Address

City| Province

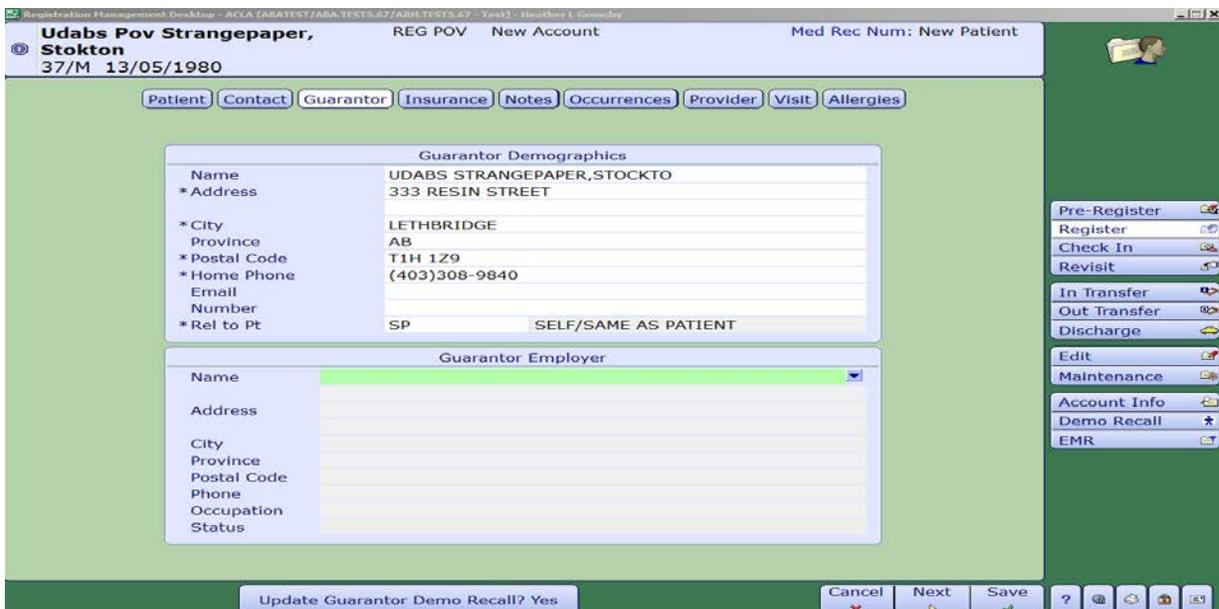
Postal Code

Phone

Occupation

Cancel Next Save ?

- 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.
- 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.



Registration Management Desktop - ACTA (ABATTEST/ABA.TESTS.67/ABH.TESTS.67 - Test) - Heather L. Gromley

Udabs Pov Strangepaper, Stokton REG POV New Account Med Rec Num: New Patient
37/M 13/05/1980

Patient Contact Guarantor Insurance Notes Occurrences Provider Visit Allergies

Guarantor Demographics

Name	UDABS STRANGEPAPER,STOCKTO
* Address	333 RESIN STREET
* City	LETHBRIDGE
Province	AB
* Postal Code	T1H 1Z9
* Home Phone	(403)308-9840
Email	
Number	
* Rel to Pt	SP SELF/SAME AS PATIENT

Guarantor Employer

Name

Address

City

Province

Postal Code

Phone

Occupation

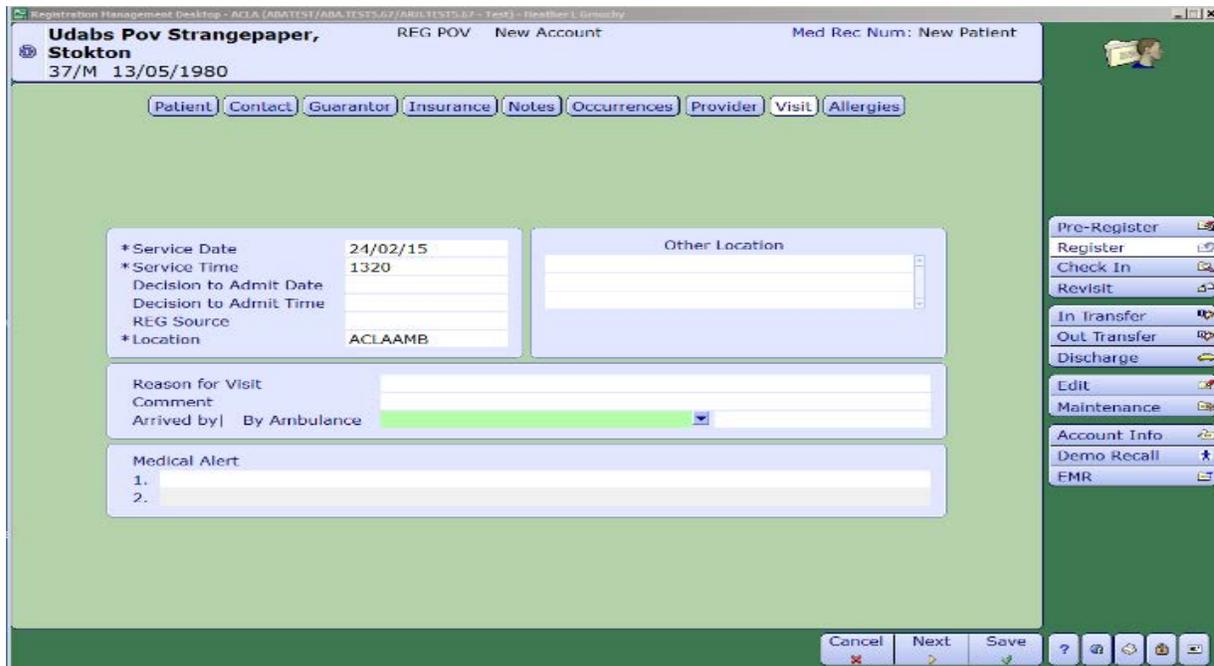
Status

Update Guarantor Demo Recall? Yes

Cancel Next Save ?

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

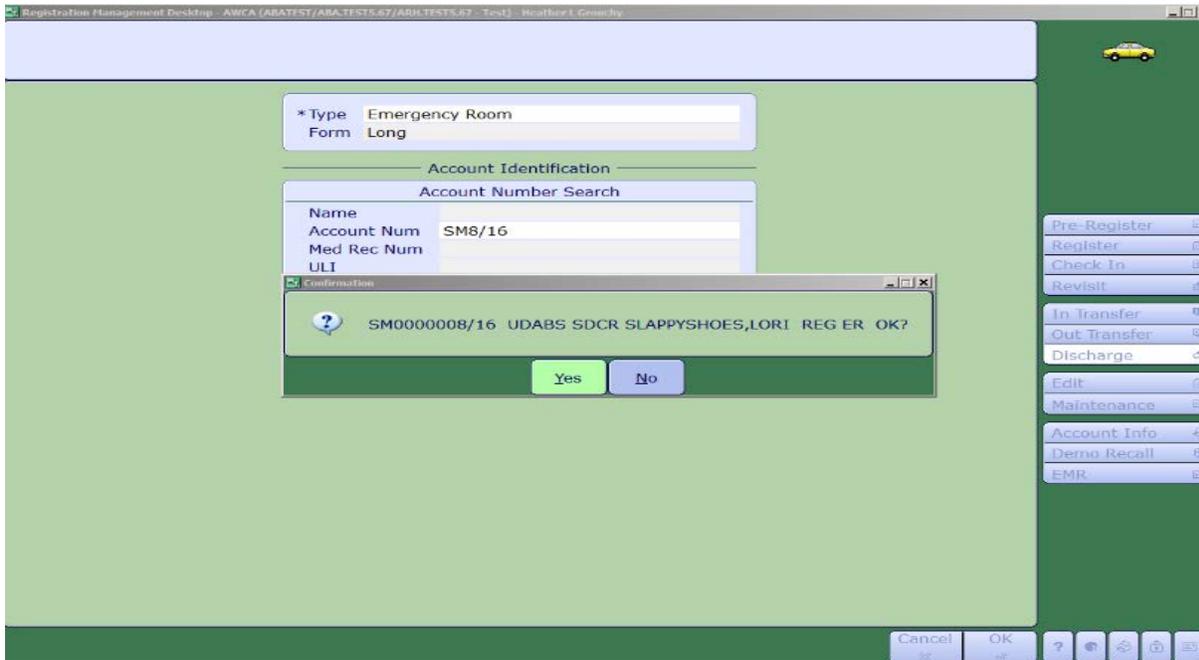
8. Provider tab. This is where the Attending/Family Physician is entered. When searching for a physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg. Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the screen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



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.



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

