

Registering a New Patient

- 1. Search for a patient using 3 patient identifiers.
- 2. If no results are found, begin patient registration by clicking the + Add button.
- 3. Enter as much information on the **Patient** tab as possible.

Note: All yellow fields with a red asterisk are required fields.

- a. Selected Facility:
 - Facility: verify correct facility has populated.
 - Primary Care Physician must be the patient's true PCP.
 - No PCP Reason select a reason to bypass the required Primary Care Physician field, if appropriate.
 - SSN enter patient's Social Security number.
 - No SSN select a reason to bypass the required SSN field, if appropriate.
- b. Legal Name:
 - Enter the patient's Last Name, First Name, and Middle Name exactly as written on their driver's license or passport.
 - The suffix field should only include a true suffix, i.e., Jr., Sr., III, etc.
 - Preferred First Name is what the patient likes to be called.
- c. Demographics:
 - Sex must be the patient's sex assigned at birth.
 - DOB
 - Preferred Language
 - Races/Ethnicities use the green pencil to modify the patient's self-reported races and ethnicities.
- d. Home (Mailing) Address:
 - Enter the patient's mailing address.
 - Click the envelope to validate the address through USPS.

Note: After registration has been completed, there is a place to enter a physical or secondary address, if necessary.

Patient Gurantor Insurance 3	
Selected Facility Primary Care Physician No PCP Reason SSN * MHC Munson Family Practice Center I % ~ * -	No SSN
Legal Name Last Name First Name Middle Name Suffix PRACTICE BRETT	Preferred First Name
Demographics Sex DOB (MM/DD/YYY) Preferred Language * 08/10/1949 III * English C Races Ethnicities &	
Home (Mailing) Address Address Line 2 Country US V Country City City City City City City City Cit	0



- e. Contact Information:
 - Select the patient's Preferred Phone Type
 - Note: The phone type selected will then become a required field.
 - Enter all available contact information for the patient.
- f. Healthe Life Portal:
 - Enter the Patient E-Mail Address
 - Select an Access Offered
 - No: should rarely be selected, patients should always be offered access to their Portal
 - Patient Declined
 - Yes
 - If Yes, additional fields will become available:
 - Send Invite by selecting Send
 - Challenge Question will default to **Your postal code**
 - Challenge Answer will default to the patient's five-digit zip code
- g. Patient Comments:
 - Enter any pertinent registration comments in textbox.

Preferred Phone Type Home Phone Mobile Phone Work Phone Work Extension Alternate Phone Number () - • • () - • • () - • • • • • • • • • • • • • • • • • •	Contact Information						
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- 4. Select the Guarantor tab.
 - + Add
 - a. Click the button to add the person responsible for payment on the patient's account.
 - b. Select **Self** to choose the patient as the guarantor.
 - 1. Click **OK**.

G	uarantor			
	Patient Relat	ionship to Guarantor		
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- c. Select **Search** to choose a person as the guarantor that is **not** the patient.
 - 1. Type the person's name in the Search for Related Person box and press enter on the keyboard or click on the magnifying glass to open the Person Search window.
 - Choose the correct person from the list and click Select.

- If no person is found, click the + Add button to add a new guarantor. •
- 2. Select the **Type** of relationship from the **required** field drop-down.

NOTE: The Type of relationship is who the patient is to the related person (Example: If the patient is a child and the guarantor is the parent, the Type would be Child).

3.	Click	OK.
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Patient Rel	ationship to Guarantor		
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- d. Guarantors can be modified, removed, and sequenced once added.
- 5. Select the **Insurance** tab.
 - 🕂 Add button to add an insurance. a. Click the
 - b. Choose the Subscriber.
 - 1. Select **Self** to choose the patient as the subscriber.
 - 2. Select **Current** to choose a Current Related Person (available if a guarantor other than the patient was selected).
 - 3. Select **Search** to choose a person as the subscriber that is not the patient.

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- c. Select the **Insurance** tab.
 - 1. Search for the patient's insurance by entering the plan name into the Search for Health Plan field and hit enter on the keyboard or click the magnifying glass.

Subscriber	Insurance C	-	
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Patient Registration for Clerical Staff

Cerner Revenue Cycle Ambulatory EDUCATION

- 2. Click the arrow next to the correct Health Plan name to expand the details.
- 3. Verify the Address displayed is correct and click to highlight.
- 4. Click Select.

👺 Health Plan Search								2
Search By	🔾 Star	rts With	Contact	ains				
Plan Name 🗸 🗸	priori	ity					Search	Clear
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							Select	Cancel

5. Fill in all **required** fields in Plan Details.

Note: The Begin Date **must** be 1 day prior to the date of registration creation or addition of a new insurance plan.

6. **Insured Name on Card** is available if the patient's legal name differs from the name on the insurance card.

Plan Details Begin Date Health Plan S Subscriber Member Number Grou	nd Date	Unk	known Member Nu	mber		
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Additional Plan Details					6	
 Insured Name on Card 						
Last Name	First	Name		Middle Name		Suffix
7. Click OK.						
8. Click on Mana	ge Profiles.					
Patient Gurante	r Insurance					
🕇 Add 🦼	Modify 🥥	Remove 🛃 I	Manage Profiles	10 nit Eligibil		
Profile	Seq	Health Plan	Payer	Financial Class		
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- 9. Select the Insurance Profile.
- 10. Click on the correct Available Insurances and click the arrow to add it to the Selected Insurances.
- 11. Click OK.

order. Insurance Profile Health Professional ~	9
Available Insurances Priority Health (05/15/2023 - ∞) 10	Selected Insurances
	11 OK Cancel

12. Click Save. Save