

New Patient Registration

1. Click on the **Patient Lookup** icon (Sherlock)  to open the Patient Lookup screen.

- a. Search for the patient to determine if they already exist in the system.

2. New (Copy) vs. New vs. New Caret from the Patient Lookup screen.

- a. The **New Copy** button will copy some demographic information from another patient for quicker registration (i.e., address, insurance information, emergency contacts).
- b. The **New** button opens a blank Patient Information screen.
- c. The **Caret** to the right of the **New** button gives the option of scanning the patient's identification (with or without a photo). eCW will input demographic information into the Patient Information screen for quicker registration.



3. Fill in all required fields in the Patient Information screen.

- a. Fields with a red asterisk are mandatory. All others are suggested.
- b. To select the patient's guarantor/responsible party:
 - i. Click **Select** next to Responsible Party.
 - ii. Select Self, Another Patient, or Guarantor radio button.
 1. Another Patient and Guarantor will allow those lists to be searched, or to add a new party to the list.
- c. To select the patient's insurance:
 - i. Click the box next to Self Pay for no insurance or **Add** to select the insurance company from the list. The **Caret** next to Add allows the insurance card to be scanned and information to populate into this section.

Id	Name	Address Line 1	City	State	ZIP	Phone
1	598 BCBS Medicare Advantage - OOS	PO Box 805107	Chicago	IL	60680	
2	220 BCN Advantage Medicare	PO Box 68753	Grand Rapids	MI	49502	800-450-
3	658 CBBS	800 Main St	Dubuque	IA	52001	
4	242 NHBC OBA Mannick PMB Unit 418	15560 N FLW Blvd	Scottsdale	AZ	85260	440-527-

4. Click on the **Additional Info** button to open the second page of patient information.
 - a. Fill in the Race, Ethnicity, and preferred Language.
 - b. To add the patient's preferred pharmacy, click on the **Pharmacies** tab.
 - c. Click the **Add** button.
 - d. Select Pharmacy and click **OK**.

Patient Information

General Information | Structured

Don't Send Statements | Inactive
 Exclude From Collections

Street Address (if different from mailing)

Address Line 1: _____
Address Line 2: _____
City: _____
State: _____
Zip: _____
Email: _____
Leave Message: Home | Cell

Additional Info

Race: _____
Ethnicity: _____
VFC Eligibility: _____
Birth Order: _____

Employer Address

Address Line 1: _____
Address Line 2: _____
City: _____
State: _____
Zip: _____
Leave Message: Work

Language: _____
Characteristic: _____

Pharmacies | Contacts | Attorneys | Case Manager | Circle of Care | Add | Remove

E	M	P	Pharmacy Name	Address Line 1	City	State	Zip	Tel	Fax

Buttons: Patient Docs, Consult Notes, Adv Directive, Addl Student Info, OK, Cancel

Patient Information

Lookup Pharmacy: _____ City: _____ Name: _____

E	M	P	Name	Address	Address 2	City	State	Zip	Tel	Fax
			#1 Rx Liberty Pharmacy	972 E. 25 Street		Hialeah	FL	33013	305-691-6686	305-
			1 old River Pharmacy	1879 NW 7 Street		Miami	FL	33125	305-642-5027	305-
			1 Stop Pharmacy	1220 Avenue P		Brooklyn	NY	11229	718-336-2244	718-
			110 Pharmacy	459 Walt Whitman Rd		Melville	NY	11747	631-421-5454	631-
			111 Pharmacy	111 West Beverly Blvd		Montebello	CA	90640	323-724-8111	323-
			1110 Texas Parkway Phe	1110 FM 2234 Street Sui		Stafford	TX	77477	281-208-1346	281-

Buttons: < Prev, Next >, OK, Cancel

5. Click **OK** on the additional info page and again on the first patient info page to complete the registration.