



Exact Sciences OCR Hack

Prototype Presentation

Team
TheRenaissance

Introduction

We are the final year students of Computer Engineering from Anand(Gujarat- India). We all have skills in different domains like frontend, backend development and Machine Learning. Here we present our final prototype of Optical Character Recognition Hackathon.

Team **TheRenaissance**

1. **Keyur Khant**
2. **Khushal Gondaliya**
3. **Savan Kansagra**

THE CHALLENGE

**EXTRACT FORM FILLED
DATA MORE ACCURATE
USING OPTICAL
CHARACTER RECOGNITION**

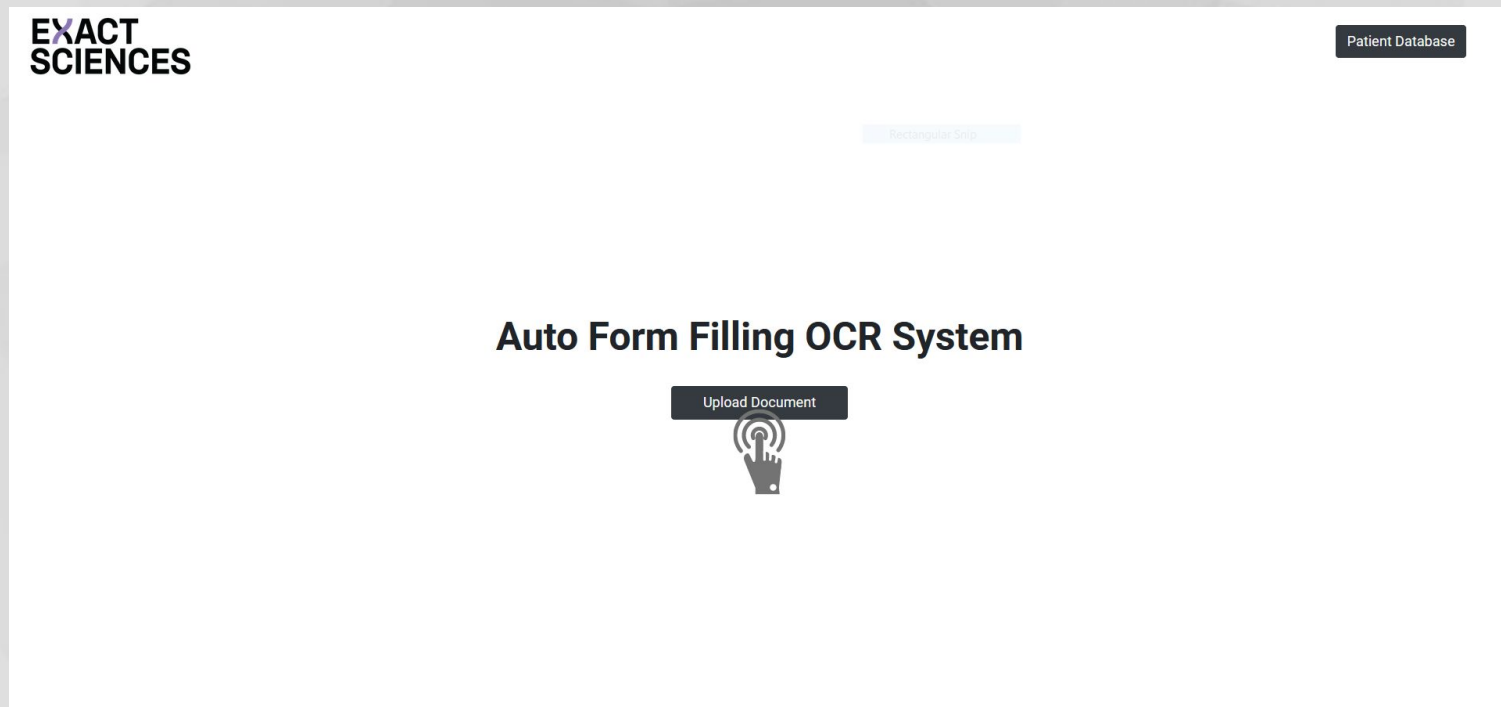
Problem of Current System

- There are technologies used for OCR solutions, but they aren't effective and give an accurate result.
- There are different handwriting of all users. It is hard to detect it.
- The Hard form has many unnecessary things which we have to remove and get only those things which are useful.
- The Time required by the recognizer should be reduced.
- It provide around 30% accuracy to OCR form filling.

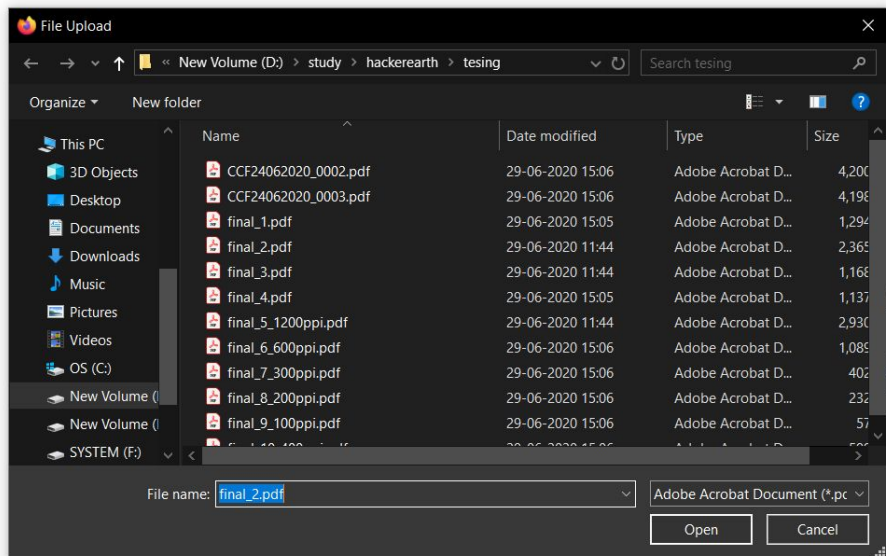
Our Approach For Problem

- Perform Google Cloud Vision API to detect the text from the Form.
- Run Algorithm API on many different size forms filled by us.
- Detect Region of Interest(ROI) using contour detection.
- Easy web portal to upload a PDF document.
- Edit, view, delete and download documents. (CRUD Application)

How we did it...



Home Page snapshot



ing OCR System

document

Select pdf file on that the OCR will run



Convert PDF to Image



Find Biggest Contour from Image



Fit Into Standard size
(1447 * 1702 pixels)



Generate Region of Interest(ROI) from Coutures



Send ROI to Google Cloud Vision API



API perform OCR and return detected text



Process text and generate JSON formatted output



Show result in form and edit if necessary

Hand written and Digital Form Comparison

| EXACT SCIENCES LABORATORIES | | COLOGUARD® ORDER REQUISITION FORM | | EXACT SCIENCES LABORATORIES, LLC | |
|---|--|--|--|---|--|
| Stool-based DNA test with hemoglobin immunoassay component | | Recommended type of Provider information: Editable, printable PDF available at exactlabs.com | | 165 E Badger Rd, Ste 100, Madison, WI 53713 p: 844-870-8870 ExactLabs.com NPI: 1029407069 TIN: 463095076 | |
| Provider & Order Information | | | | | |
| PROVIDER INFORMATION | | | | ORDER INFORMATION | |
| Healthcare Organization Name: <u>ABC Enterprise</u> | | | | This section is not intended to influence the medical judgment of an ordering provider in determining whether this test is right for any particular patient. The following codes are listed as a convenience. Ordering practitioners should report the diagnosis code(s) that best describes the reason for performing the test. | |
| Provider Name: <u>Savan Kunsugea</u> | | | | | |
| NPI #: <u>160110107020</u> | | | | ICD-10 Code: ● Z12.11 and Z12.12 (Encounter for screening for malignant neoplasm of colon [Z12.11] and rectum [Z12.12]) ○ Other(s) _____ | |
| Location Address: <u>ABCD Road, Anand</u> | | | | Certification I am a licensed healthcare provider authorized to order Cologuard. This test is medically necessary and the patient is eligible to use Cologuard. I will maintain the privacy of test results and related information as required by HIPAA. I authorize Exact Sciences Laboratories to obtain reimbursement for Cologuard and to directly contact and collect additional samples from the patient as appropriate. | |
| City, State, Zip: <u>Anand, Gujarat, 388120</u> | | | | <u>S.C. Kunsugea</u> Ordering Provider Signature Date of Order <u>12/03/2020</u> | |
| Phone Number: <u>9408234854</u> | | | | | |
| Secure Fax Number*: <u>12345678910</u> | | | | *To receive results for this order, please provide secure FAX number only | |
| Patient Demographics Attach a copy of the front & back of primary and/or secondary insurance cards. | | | | | |
| Patient ID/MRN: <u>160110107020</u> | | | | | |
| First Name: <u>Savan</u> Last Name: <u>Kunsugea</u> | | | | | |
| DOB (mm/dd/yyyy): <u>21/12/1983</u> Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female | | | | | |
| Shipping Address: <u>10/Sandhya Bungalow, V.V. Nagar, Karamsad Road, Anand, Gujarat, 388120</u> | | | | | |
| City, State, Zip: <u>Anand, Gujarat, 388120</u> | | | | | |
| PATIENT ETHNICITY AND RACE The completion of this section is optional. | | | | | |
| Is your patient of Hispanic or Latino origin or descent? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | |
| Please mark one or more to indicate your patient's race: <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> American Indian or Alaska Native | | | | | |
| Patient Insurance/Billing Information Only completion of "Policyholder Name" and "Policyholder DOB" is necessary when attaching a copy of the front & back of primary and/or secondary insurance cards. | | | | | |
| Does patient wish Exact Sciences to bill their insurance? <input checked="" type="radio"/> Yes (complete below) <input type="radio"/> No (patient will self-pay) | | | | | |
| Policyholder Name: <u>Insurance</u> Policyholder DOB: <u>21/12/1983</u> Relationship to patient: <input checked="" type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Other | | | | | |
| Primary Insurance Carrier: <u>Insurance Lim.</u> Type: <input type="radio"/> Private <input type="radio"/> Medicare <input type="radio"/> Medicare Advantage <input type="radio"/> Medicaid <input type="radio"/> Tricare | | | | | |
| Claims Submission Address: <u>10/Sandhyabungalow, Karamsad</u> | | | | | |
| Subscriber ID/Policy Number: <u>99876</u> Group Number: <u>ABC100</u> Plan: <u>Full Insurance</u> | | | | | |
| Prior-Authorization Code (if available): _____ | | | | | |
| PATIENT AUTHORIZATIONS, ASSIGNMENT OF BENEFITS (AOB) & FINANCIAL RESPONSIBILITIES | | | | | |
| I authorize Exact Sciences Laboratories (Exact) to bill my insurance health plan and furnish them with my Cologuard order information, test results, or other information requested for reimbursement. I assign all rights and benefits under my insurance plans to Exact and authorize Exact to appeal and contest any reimbursement denial, including in any administrative or civil proceedings, to pursue recovery of full reimbursement. Exact is not providing this service directly to the laboratory in consideration for services performed. I understand that I am responsible for any amount not paid, including amounts for non-covered services or services determined by my plan to be provided for on out-of-network provider. Further understand that if I am a Medicaid member in a state where Exact is a Medicaid provider, Exact will accept as payment in full the amounts paid by the Medicaid program, plus any deductible, coinsurance or copayment which may be required by the Medicaid program to be paid by me. | | | | | |
| Patient Signature: <u>S.C. Kunsugea</u> Date: <u>12/03/2020</u> | | | | | |

FORM 3020A-05c
February 2019

Fax completed form to 844-870-8875

For Lab Use Only

Sample Collected: ☐ Sample Received: ☐

EXACT
SCIENCES

COLOGUARD ORDER REQUISITION FORM



Provider & Order Information

Provider Information

Healthcare Organization Name :

Provider Name :

NPI # :

Location Address Name :

City, State, Zip :

Phone Number :

Secure Fax Number :

Order Information

☐ Please mark right only if patient signature is on original hard form.(Optional)

NEXT



**Your PDF
has one
page only.**

**This page is
optional.**

**EXACT
SCIENCES**

COLOGUARD PROCEDURE INFORMATION



Information from Cologuard Provider

| | |
|----------------------------|---|
| Cologuard Order Number : | <input type="text"/> |
| Date Received by ES Labs : | <input type="text"/> |
| Health Organization Name : | <input type="text" value="ABC Enterprise"/> |
| Provider Name : | <input type="text" value="Savan Kunsugea"/> |
| Provider NPI # : | <input type="text" value="0701011091"/> |
| ICD-10 Code : | <input type="text" value="ion"/> |
| Patient Name : | <input type="text" value="Hdbood11 grMaloomalo"/> |
| Patient Date of Birth : | <input type="text"/> |
| Patient Sex : | <input type="text" value="Female"/> |
| Patient Phone Number : | <input type="text" value="H0meM0b11e0W0rk"/> |

☐ Please mark right only if all data extracted are as same as hard copy for both form.









SUBMIT

Till Now It tacks Average 30-35 Seconds for processing.

CRUD Application & Download feature



Patient Details

| # | Patient ID | Patient Name | Provider Name | Provider NPI # | Last Update | Actions |
|---|--------------|----------------|----------------|----------------|---------------------|---|
| 1 | 160110107021 | keyur khant | keyur khant | 1601170211 | 29/06/2020 12:10:03 |     |
| 2 | 160110107020 | Savan kansugra | Savan kansagra | 1601101070 | 29/06/2020 19:42:46 |     |

All Patient Details with view, edit, delete and download Options.

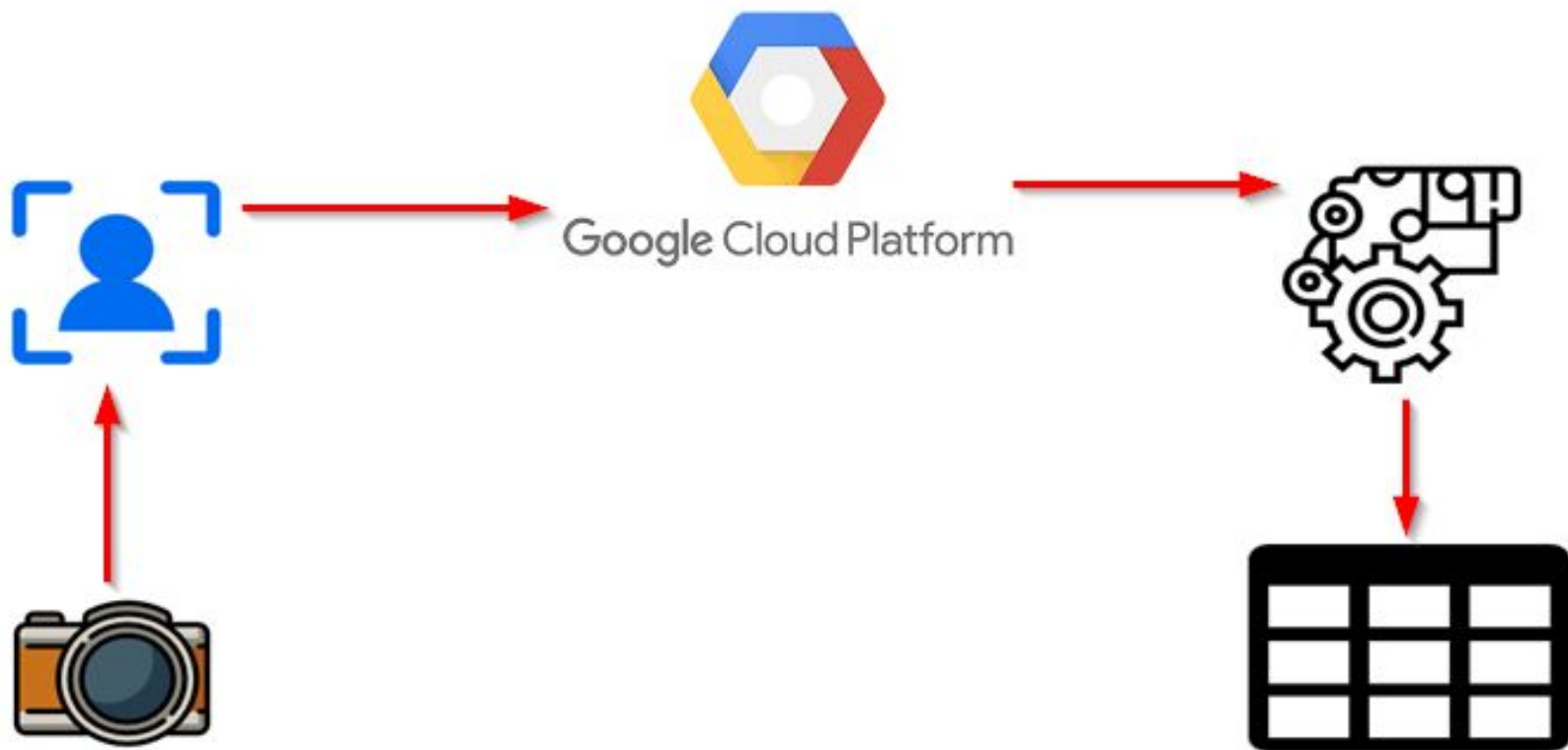
Tools and Technologies used

Optical Character Recognition(OCR) Using Google Vision API



**Google Vision
API**

- Document Text Detection method to detect handwritten text.
- Easy to use with good accuracy
- Optimized for dense areas of text in an image





OpenCV

- OpenCV library used for image processing like Contour Generation and Hough Line Detection.



Python

- Python used for text processing.

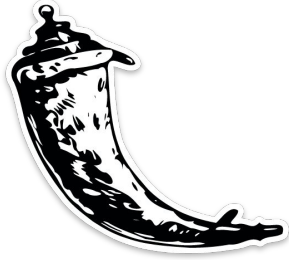
Database



MongoDB Database

- Open Source NoSQL database
- Store Key-Value Pair JSON Object
- High Performance

Web Application



**Flask(Python)
Framework**

Back-end Development



**HTML,CSS,
JavaScript**

Front-end Development

What is different?

- It gives effective recognition results of both text and handwritten characters.
- User friendly & responsive GUI through which any individuals can upload patient information on the database.
- Minimum dependency on staff for manual entries.
- The System which gives many effective & useful features like -
 - Upload or scan the document easily
 - Automated form fillup
 - Preview of original form for cross-checking.
 - CRUD operations.
 - Store information on the database

Cost of Implementation

- Computer With Internet Connection
- Scanner
- Google Cloud Vision API

| Feature | Price per 1000 units | | |
|-------------------------|------------------------|--------------------------------|--------------------------------------|
| | First 1000 units/month | Units 1001 - 5,000,000 / month | Units 5,000,001 - 20,000,000 / month |
| Label Detection | Free | \$1.50 | \$1.00 |
| Text Detection | Free | \$1.50 | \$0.60 |
| Document Text Detection | Free | \$1.50 | \$0.60 |

Google cloud vision API price table.

Reference: <https://cloud.google.com/vision/pricing>

If you perform **30000 API calls per month** then it costs **$30 \times 1.50 = \$45$ per month.**

Result of 4 different forms

| No. of Pages in Document | Average Fully Accurate Fields | Average Accuracy | Average Time Required |
|--------------------------------------|-------------------------------|------------------|-----------------------|
| One Page(No Information Needed Form) | 33.5 out of 38 | 88.15% | 29.8 sec |
| Two Pages(Both Form) | 36 out of 40 | 90% | 38 sec |

Github Repository

<https://github.com/keyurkhant/OCR-Auto-Form>



Thank You