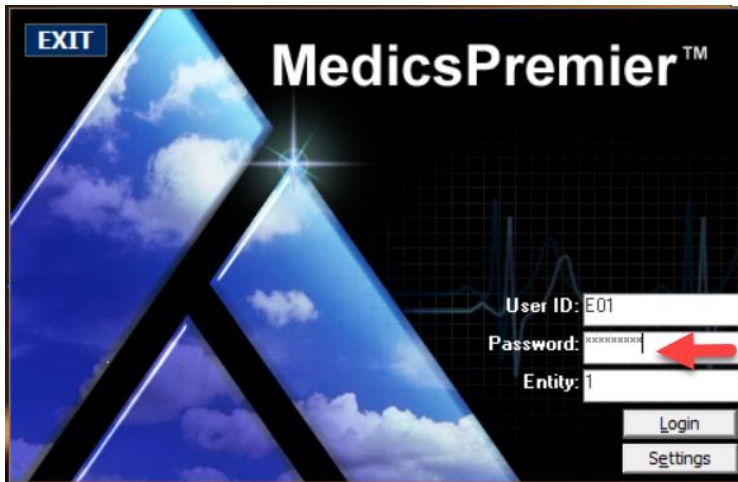


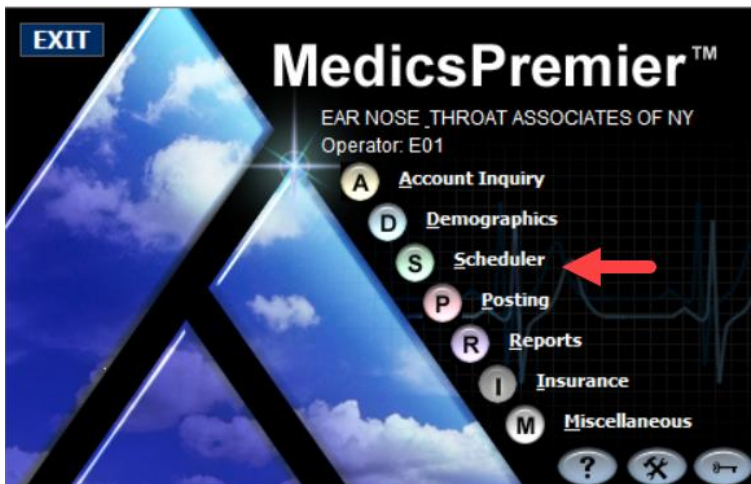
Medics CHS Scheduling Guide

Log into Medics with your username and password.

Please note: after signing in on a machine for the first time, the username will remain and only the password will need to be entered.



Once screen populates, select **scheduler** module.



Medics Scheduler View Screens

This screen is your main screen you will navigate from.

On the bottom of the screen you will find preset buttons. Preset buttons are favorite buttons specific to a view for an office.

Babylon ENT daily - all ENT physicians in the Babylon location for the entire day

The screenshot shows the Scheduler application interface for the Babylon ENT daily view. The main window displays a grid for the entire day of January 11, 2021. The grid is divided into sections for MESLEMAN BAR (0) and LONDON BAR (0). The bottom status bar shows buttons for All, Open, Filter, and Sync.

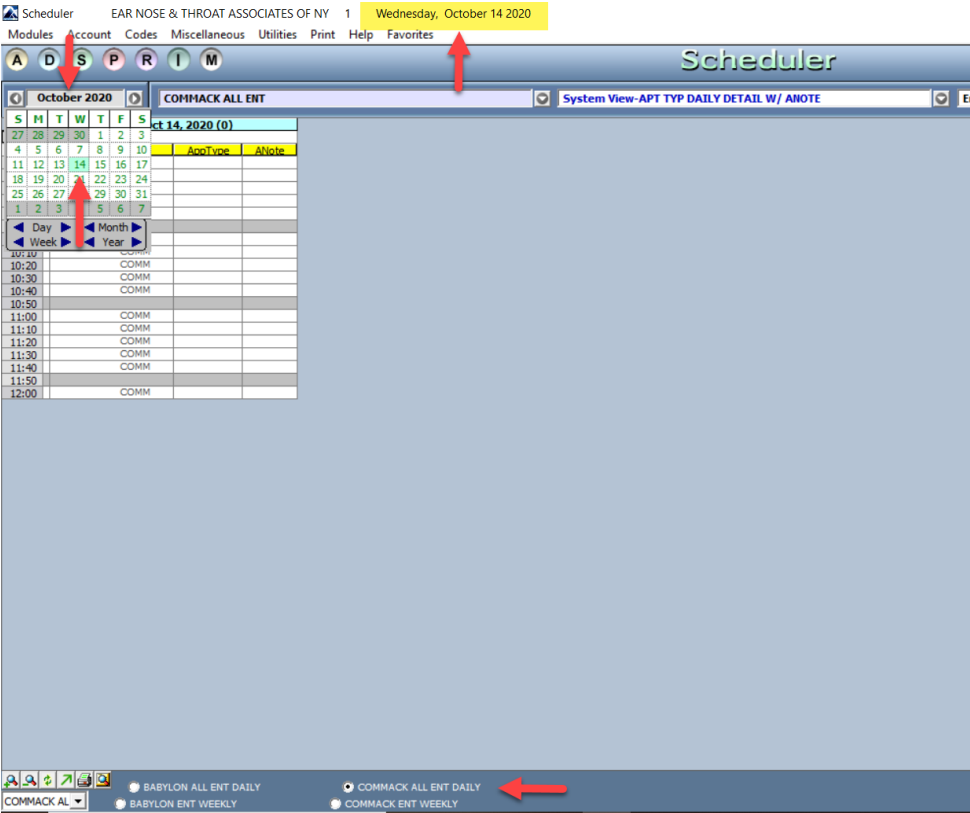
Babylon ENT weekly - all ENT physicians in the Babylon location for the entire week

The screenshot shows the Scheduler application interface for the Babylon ENT weekly view. The main window displays a grid for the entire week of January 11, 2021. The grid is divided into sections for MESLEMAN BAR (0) and LONDON BAR (0). The bottom status bar shows buttons for All, Open, Filter, and Sync.

Commack ENT daily - all ENT physicians in the Commack location for the entire day
Commack ENT weekly - all ENT physicians in the Commack location for the entire day

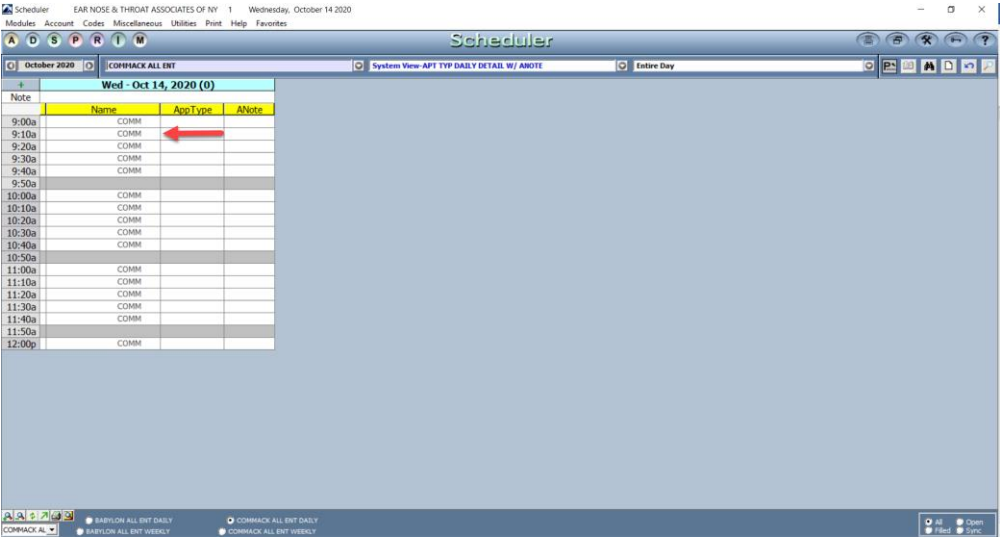
The calendar, located on the top left, allows you to select the date you are looking for. If you are in a daily preset view it will default to that **day**. If you are in a weekly view it will default to that **week**.

The date you are on will always reflect on the top of the screen as a reminder. (See highlighted image below)



Searching for a patient when making an appointment/ Scheduling a New Patient

When you have navigated to the desired date and time for an appointment, double click on the blank slot to open.



A blank appointment screen will populate but the patient must be searched for in the database first to ensure they are not already in the system.

The patient should be searched by **DOB** but can also be searched for by name.
To search for a patient, when the blank appointment opens, ask the patient for their DOB, type it in the **account** field and hit enter.

Blank Appointment

Patient Demographic Info

Name:

DOB: Age: SSN:

Address 1:

Address 2:

City: State:

Zip: Sex:

Mobile: preferred

Home Tel: No text messages

Work: Email:

Emerg:

Referral Dr.:

Referral Tel:

Insurance:

Policy:

Group:

Patient Note:

Language:

Account

01/01/1950

Appointment Information

☐ Reschedule ☐ Wait

Date/Time: 10/14/2020 9:10a

Appt Type:

Place:

Procedure:

Diagnosis:

Length: 10 minutes

Resource 1: MESLEMANI COMM

Resource 2:

Auth:

Case:

Recall:

Department:

Save Exit

Delete Appt Reset Form

Check In: ☐ Check 2: ☐

Ng Show: ☐ Check 3: ☐

Override: ☐ Check 4: ☐

Check 1: ☐ Walk-In: ☐

Check Out: ☐ Check 6: ☐

Walk-In: ☐ Check 7: ☐

Location:

Appt Notes:

Comments:

A list of all patients with that DOB in the Medics database will populate. Verify the patients name to ensure they are not in the list.

Patient Lookup

Look For: 01/01/1950 Search

Search by: ☐ Acct# ☐ Pat Name ☐ Guar ☐ DOB ☐ Policy# ☐ SS# ☐ Trans# ☐ MR# ☐ Phone# ☐ Claim# ☐ Enc

Patient Name	Account #	SS #	MR #	DOB	Telephone #	Cell #	AR	Balance	Pat Bal
WHITE, JOYCE	21217	007444156		01/01/1950	8450941-2445		CM	0.00	
NICKERSON, LISA	21211	124381480		01/01/1950	7520381-6835		BS	0.00	
BAH, NANCY	27436	080886303		01/01/1950	3470344-7231		CM	0.00	0.00
BLA, MARTIN	76641	114441566		01/01/1950	7160444-8147		BS	0.00	0.00
PAJANO, DENNIS	26760	060384991		01/01/1950	6161738-2594		CO	0.00	
MUNCE, ROLANDA	57217	085029803		01/01/1950	7180444-8123		BS	0.00	
GATTAGE, VICTOR	76641	100764908		01/01/1950	7180444-8088		CM	0.00	
SAPE, MARY	76660	067743091		01/01/1950	8450912-4711		CM	0.00	0.00
CONCHUR, MOSAMMET	88128	000000000		01/01/1950	7180377-8617		CM	0.00	
JITTE, SANDRA	87429	055421444		01/01/1950	7180471-5043		CM	0.00	
CAUDON, KISSA	56217	079619803		01/01/1950	7180318-9101		CM	0.00	
ROLAND, ANABAY	225747	050808884		01/01/1950	8450417-2594		CM	0.00	0.00
HAJIR, ERIC	129881	060780830		01/01/1950	8170444-3047		CM	0.00	
CAJANO, ANNE	100744	079644360		01/01/1950	7160760-5175		CM	0.00	
SHANK, JAYCE	196404	118421739		01/01/1950	3450963-3383		CM	0.00	
CLIVER, MIRONICA	562236	084438048		01/01/1950	6330840-7611		CM	0.00	
SADY, LISA, C. ROSE	172696	154217730		01/01/1950	7160444-2635		CM	0.00	0.00
BALLACHES, SERGIO	176684	111741630		01/01/1950	7180414-2544	7180442-2544	CM	0.00	0.00
BORGONZO, NATALIE T	188173	064428138		01/01/1950	7180746-8330		CO	0.00	0.00
HAJIR, MARY	204291	079644360		01/01/1950	7160760-5175		CM	0.00	0.00
HAJIR, MARY	100744	079644360		01/01/1950	7160760-5175		CM	0.00	0.00

Showing 21

Display OK Cancel

Once you have verified the patient is not in the list, select the **X** on top right or **cancel** on bottom right to close screen.

Patient Lookup

Look For: 01/01/1950 Search

Search by: ☐ Acct# ☐ Pat Name ☐ Guar ☐ DOB ☐ Policy# ☐ SS# ☐ Trans# ☐ MR# ☐ Phone# ☐ Claim# ☐ Enc

Patient Name	Account #	SS #	MR #	DOB	Telephone #	Cell #	AR	Balance	Pat Bal
WHITE, JOYCE	21217	007444156		01/01/1950	8450941-2445		CM	0.00	
NICKERSON, LISA	21211	124381480		01/01/1950	7520381-6835		BS	0.00	
BAH, NANCY	27436	080886303		01/01/1950	3470344-7231		CM	0.00	0.00
BLA, MARTIN	76641	114441566		01/01/1950	7160444-8147		BS	0.00	0.00
PAJANO, DENNIS	26760	060384991		01/01/1950	6161738-2594		CO	0.00	
MUNCE, ROLANDA	57217	085029803		01/01/1950	7180444-8123		BS	0.00	
GATTAGE, VICTOR	76641	100764908		01/01/1950	7180444-8088		CM	0.00	
SAPE, MARY	76660	067743091		01/01/1950	8450912-4711		CM	0.00	0.00
CONCHUR, MOSAMMET	88128	000000000		01/01/1950	7180377-8617		CM	0.00	
JITTE, SANDRA	87429	055421444		01/01/1950	7180471-5043		CM	0.00	
CAUDON, KISSA	56217	079619803		01/01/1950	7180318-9101		CM	0.00	
ROLAND, ANABAY	225747	050808884		01/01/1950	8450417-2594		CM	0.00	0.00
HAJIR, ERIC	129881	060780830		01/01/1950	8170444-3047		CM	0.00	
CAJANO, ANNE	100744	079644360		01/01/1950	7160760-5175		CM	0.00	
SHANK, JAYCE	196404	118421739		01/01/1950	3450963-3383		CM	0.00	
CLIVER, MIRONICA	562236	084438048		01/01/1950	6330840-7611		CM	0.00	
SADY, LISA, C. ROSE	172696	154217730		01/01/1950	7160444-2635		CM	0.00	0.00
BALLACHES, SERGIO	176684	111741630		01/01/1950	7180414-2544	7180442-2544	CM	0.00	0.00
BORGONZO, NATALIE T	188173	064428138		01/01/1950	7180746-8330		CO	0.00	0.00
HAJIR, MARY	204291	079644360		01/01/1950	7160760-5175		CM	0.00	0.00
HAJIR, MARY	100744	079644360		01/01/1950	7160760-5175		CM	0.00	0.00

Showing 21

Display OK Cancel

You will be prompted to the original appointment screen where the following information is required to make an appointment:

Last Name, First Name	EX: SAMPLE, TOM
Date of Birth	00/00/0000
Complete address	Street, Apartment #, Zip code
Telephone Number	If patient lists mobile number as only point of contact, put it into the home number field
Insurance	Search by insurance code preferred. Searching by insurance name will pull broader search
Insurance ID	ID number for insurance. If there is a secondary list the name and ID in patient note
Appointment Type	New Patient, Office Visit for ENT CHS Referral

Blank Appointment

Patient Demographic Info

Name:

DOB: Age: SSN:

Address 1:

Address 2:

City: State:

Zip: Sex:

Mobile: preferred

Home Tel: No text messages

Work: Email:

Emerg:

Referral Dr.:

Referral Tel:

Insurance:

Policy:

Group:

Patient Note:

Comments:

Language:

Account

537909/1

Appointment Information

☐ Reschedule ☐ Wait

Date/Time: 10/14/2020 9:10a

Appt Type:

Place:

Procedure:

Diagnosis:

Length: 10 minutes

Resource 1: MESLEMANI COMM

Resource 2:

Auth:

Case:

Recall:

Department:

Check In: ☐ Check 2: ☐
 No Show: ☐ Check 3: ☐
 Override: ☐ Check 4: ☐
 Check 1: ☐ Walk-In: ☐
 Check Out: ☐ Check 6: ☐
 Walk-In: ☐ Check 7: ☐

Location:

Reminder 1: ☐ Reminder 2: ☐

Appt Notes:

Once all information has been entered select Save and you will see the appointment listed on the schedule.

#537909/1 New Appointment - Guar: 0.00 Ins: 0.00 AR: AS

Patient Demographic Info

Name: SAMPLE, TOM

DOB: 01/01/1950 Age: 70 SSN:

Address 1: 555 FAKE LANE

Address 2:

City: SOUTH OZONE PARK State: NY

Zip: 11420 Sex: F

Mobile: preferred

Home Tel: (718) 777-7777 No text messages

Work: Email:

Emerg:

Referral Dr.:

Referral Tel:

Insurance: AE AETNA-COMMERCIAL PLANS

Policy: 1234567888

Group:

Patient Note:

Comments:

Language:

Account

537909/1

Appointment Information

☐ Reschedule ☐ Wait

Date/Time: 10/14/2020 9:10a

Appt Type: XP-CHS New Patient, Office Visit for ENT

Place:

Procedure:

Diagnosis:

Length: 10 minutes

Resource 1: MESLEMANI COMM

Resource 2:

Auth:

Case:

Recall:

Department:

Check In: ☐ Check 2: ☐
 No Show: ☐ Check 3: ☐
 Override: ☐ Check 4: ☐
 Check 1: ☐ Walk-In: ☐
 Check Out: ☐ Check 6: ☐
 Walk-In: ☐ Check 7: ☐

Location:

Reminder 1: ☐ Reminder 2: ☐

Appt Notes:

Scheduler EAR NOSE & THROAT ASSOCIATES OF NY 1 Wednesday, October 14 2020
 Modules Account Codes Miscellaneous Utilities Print Help Favorites

Scheduler

October 2020 COMPACK ALL ENT System View-APT TYP DAILY DETAIL W/ ANOTE Entire Day

Note	Name	AppType	ANote
	SAMPLE, TOM	New Patient	
9:00a	COMM		
9:10a	COMM		
9:20a	COMM		
9:30a	COMM		
9:40a	COMM		
9:50a			
10:00a	COMM		
10:10a	COMM		
10:20a	COMM		
10:30a	COMM		
10:40a	COMM		
10:50a			
11:00a	COMM		
11:10a	COMM		
11:20a	COMM		
11:30a	COMM		
11:40a	COMM		
11:50a			
12:00p	COMM		

☐ All ☐ Open
☐ Filled ☐ Sync

Please note: if you realize you have made a mistake with the appointment **time**, you can manually change the time to reflect your correction by selecting the drop down next to time. Select the appropriate time then select save.

#537909/1 New Appointment - Guar: 0.00 Ins: 0.00 AR: AS

Patient Demographic Info

Name: SAMPLE, TOM
 DOB: 01/01/1950 Age: 70 SSN: - - -
 Address 1: 555 FAKE LANE
 Address 2:
 City: SOUTH OZONE PARK State: NY
 Zip: 11420 Sex: F
 Mobile: () - - preferred
 Home Tel: (718) 777-7777 No text messages
 Work: () - - Email:
 Emerg: () - -
 Referral Dr.:
 Referral Tel: () - -
 Insurance: AE AETNA-COMMERCIAL PLANS
 Policy: 1234567888
 Group:

Account

537909/1 New Last Full Demo Ins Info All Appts
 New Appt Eligibility Save +

Appointment Information

Reschedule Wait
 Date/Time: 10/14/2020 9:10a
 Appt Type: NP-CHS New Patient
 Place:
 Procedure:
 Diagnosis:
 Length: 10 minutes
 Resource 1: MESLEMANI COMM
 Resource 2:
 Auth:
 Case:
 Recall:
 Department:

9:10a
 9:00a
 9:10a
 9:20a
 9:30a
 9:40a
 9:50a
 10:00a

for ENT

Check In: ☐ Check 2: ☐
 No Show: ☐ Check 3: ☐
 Override: ☐ Check 4: ☐
 Check 1: ☐ Walk-In: ☐
 Check Out: ☐ Check 6: ☐
 Walk-In: ☐ Check 7: ☐
 Location:

Save Exit
 Delete Appt Reset Form

Reminder 1 Reminder 2
 Appt Notes:

Patient Note: Comments:
 Language:

Scheduling an Established Patient

When you have navigated to the desired date and time for an appointment, double click on the blank slot to open.

Enter patient's DOB into the account field and select enter.

Blank Appointment

Patient Demographic Info

Name: DOB: Age: SSN:

Address 1: Address 2:

City: State: Zip: Sex:

Mobile: preferred ☐ Home Tel: No text messages ☐ Work: Email:

Emerg: Referral Dr.: Referral Tel: Insurance: Policy: Group:

Patient Note: Comments:

Language:

Account

01/01/1950

Appointment Information

☐ Reschedule ☐ Wait

Date/Time: 10/14/2020 9:10a

Appt Type: Place:

Procedure: Diagnosis:

Length: 10 minutes

Resource 1: MESLEMANI COMM

Resource 2:

Auth: Case: Recall:

Department:

Check In: ☐ Check 2: ☐ No Show: ☐ Check 3: ☐ Override: ☐ Check 4: ☐ Check 1: ☐ Walk-In: ☐ Check Out: ☐ Check 6: ☐ Walk-In: ☐ Check 7: ☐

Location:

Appt Notes:

Search for patient in the list by name and DOB.

Patient Lookup

Look For: 01/01/1950

Search by: ☒ Acct# ☐ Pat Name ☐ Guar ☐ DOB ☐ Policy# ☐ SS# ☐ Trans# ☐ MR# ☐ Phone# ☐ Claim# ☐ Enc

Patient Name	Account #	SS #	MR #	DOB	Telephone #	Cell #	AR	Balance	Pat Bal
BRUSH, MARIANA	580331	000000000		01/01/1990	846/878-4173		CM	0.00	0.00
COMPTON, MICHAEL	706246			01/01/1990	718/541-1082		AS		
ALL, RUSMAN	404034			01/01/1990	318/590-4671		MD	421.11	0.00
ROSLER, SEACOMO	400138			01/01/1990	718/338-0303		AS		
SHAM, RASHMATELA	405512	755513180		01/01/1990	407/242-7187		AS		
PRYTHUIS, QUES	405612			01/01/1990	917/283-9881		CM	0.00	0.00
MALDONADO, INDRANITTEE	407178	074809311		01/01/1990	718/281-3088		CM	1858.00	0.00
VEICHA, BOB	404171			01/01/1990	718/864-4173		AS		
BERNARDI, ROSIE	400134			01/01/1990	917/518-0054		AS		
CHANDHUR, RAHUL	408438			01/01/1990	917/288-9811		AS		
ROTELL, LINDA	405612			01/01/1990	348/281-3088		AS		
CHAPAL, FREDERICK	400134			01/01/1990	718/441-3085		AS		
CONWELL, NICIA	404038			01/01/1990	347/338-0738		AS		
ALVARADO, JAHADO	400131	043881288		01/01/1990	631/338-4313		AS		
CRAMPON, GEORGE	404111			01/01/1990	718/238-2838		AS		
BLAS, BLANETTE	403867			01/01/1990	718/544-5247		AS		
BRUSH, THOMAS	804881	000000000		01/01/1990	631/833-2081		AS		
WATKINS, JAMES	512141			01/01/1990	646/481-2081		AS		
ALBA, ROBERTA	512103			01/01/1990	718/877-3888	718/877-3888	AS		
SAMPLE, TOM	537909			01/01/1950	718/777-7777		AS		a

Total: 60

Once you find the patient double click on their name.

#537909/1 New Appointment - Guar: 0.00 Ins: 0.00 AR: AS

Patient Demographic Info		Account	
Name: SAMPLE, TOM		537909/1	New Last
DOB: 01/01/1950 Age: 70 SSN: - - -		Full Demo	Ins Info All Appts
Address 1: 555 FAKE LANE		New Appt	Eligibility Save +
Address 2:			
City: SOUTH OZONE PARK State: NY			
Zip: 11420 Sex: F			
Mobile: () - - - preferred			
Home Tel: (718) 777-7777 No text messages			
Work: () - - - Email:			
Emerg: () - - -			
Referral Dr.: ?			
Referral Tel: () - - -			
Insurance: AE AETNA-COMMERCIAL PLANS			
Policy: 1234567888			
Group:			
Patient Note:	Comments:		
Language: ?			

Appointment Information	
Reschedule Wait	
Date/Time: 10/14/2020 9:10a	
Appt Type:	
Place:	
Procedure:	
Diagnosis:	
Length: 10 minutes	
Resource 1: MESLEMANI COMM	Reminder 1 Reminder 2
Resource 2:	
Auth: ?	
Case: ?	
Recall: ?	
Department: ?	
Check In: Check 2: Check 3: Check 4: Check 1: Walk-In: Check 6: Check 7:	
Appt Notes:	

You will be led back to the appointment screen where you must verify:

- **Address:** If a patient has a change of address note the new address in **patient note**. In **appt notes** notate patient has new address, needs to fill out

#537909/1 New Appointment - Guar: 0.00 Ins: 0.00 AR: AS

Patient Demographic Info		Account	
Name: SAMPLE, TOM		537909/1	New Last
DOB: 01/01/1950 Age: 70 SSN: - - -		Full Demo	Ins Info All Appts
Address 1: 555 FAKE LANE		New Appt	Eligibility Save +
Address 2:			
City: SOUTH OZONE PARK State: NY			
Zip: 11420 Sex: F			
Mobile: () - - - preferred			
Home Tel: (718) 777-7777 No text messages			
Work: () - - - Email:			
Emerg: () - - -			
Referral Dr.: ?			
Referral Tel: () - - -			
Insurance: AE AETNA-COMMERCIAL PLANS			
Policy: 1234567888			
Group:			
Patient Note: New Address as of 6/20: 111 IMITAT	Comments:		
Language: ?			

Appointment Information	
Reschedule Wait	
Date/Time: 10/14/2020 9:10a	
Appt Type:	
Place:	
Procedure:	
Diagnosis:	
Length: 10 minutes	
Resource 1: MESLEMANI COMM	Reminder 1 Reminder 2
Resource 2:	
Auth: ?	
Case: ?	
Recall: ?	
Department: ?	
Check In: Check 2: Check 3: Check 4: Check 1: Walk-In: Check 6: Check 7:	
Appt Notes: NEW ADDRESS NEEDS TO FILL OUT -SH	

- **Telephone Number(s):** If a patient has a change of number you can change it by erasing the old number. If patient lists mobile number as only point of contact, put it into the **home number field**. Advise the patient to let the front desk team know when they come in for their appointment
- **Insurance:** If a patient has a new insurance, notate the new insurance and policy number in patient note. In **appt notes** notate patient has new insurance and needs to fill out

#537909/1 New Appointment - Guar: 0.00 Ins: 0.00 AR: AS

Patient Demographic Info Name: SAMPLE, TOM DOB: 01/01/1950 Age: 70 SSN: _____ Address 1: 555 FAKE LANE Address 2: _____ City: SOUTH OZONE PARK State: NY Zip: 11420 Sex: F Mobile: () - - - - - preferred Home Tel: (718) 777-7777 No text messages Work: () - - - - - Email: _____ Emerg: () - - - - - Referral Dr.: _____ Referral Tel: () - - - - - Insurance: AE AETNA-COMMERCIAL PLANS Policy: 1234567888 Group: _____		Account 537909/1 New Full Demo Ins Info All Appts Last New Appt Eligibility Save +	
Appointment Information Reschedule Wait Date/Time: 10/14/2020 9:10a Appt Type: _____ Place: _____ Procedure: _____ Diagnosis: _____ Length: 10 minutes Resource 1: MESLEMANI COMM Resource 2: _____ Auth: _____ Case: _____ Recall: _____ Department: _____		Save Exit Delete Appt Reset Form Check In: _____ Check 2: _____ No Show: _____ Check 3: _____ Override: _____ Check 4: _____ Check 1: _____ Walk-In: _____ Check Out: _____ Check 6: _____ Walk-In: _____ Check 7: _____ Location: _____ Appt Notes: NEW INSURANCE NEEDS TO FILL OUT-SH	
Patient Note: NEW INS AS OF 6/20 GH1 ID#9301: Comments: _____ Language: _____			

Once all fields have been verified and/or adjusted, select **Save** button.

#537909/1 New Appointment - Guar: 0.00 Ins: 0.00 AR: AS

Patient Demographic Info Name: SAMPLE, TOM DOB: 01/01/1950 Age: 70 SSN: _____ Address 1: 555 FAKE LANE Address 2: _____ City: SOUTH OZONE PARK State: NY Zip: 11420 Sex: F Mobile: () - - - - - preferred Home Tel: (718) 777-7777 No text messages Work: () - - - - - Email: _____ Emerg: () - - - - - Referral Dr.: _____ Referral Tel: () - - - - - Insurance: AE AETNA-COMMERCIAL PLANS Policy: 1234567888 Group: _____		Account 537909/1 New Full Demo Ins Info All Appts Last New Appt Eligibility Save +	
Appointment Information Reschedule Wait Date/Time: 10/14/2020 9:10a Appt Type: NP-CHS New Patient, Office Visit for ENT Place: _____ Procedure: _____ Diagnosis: _____ Length: 10 minutes Resource 1: MESLEMANI COMM Resource 2: _____ Auth: _____ Case: _____ Recall: _____ Department: _____		Save Exit Delete Appt Reset Form Check In: _____ Check 2: _____ No Show: _____ Check 3: _____ Override: _____ Check 4: _____ Check 1: _____ Walk-In: _____ Check Out: _____ Check 6: _____ Walk-In: _____ Check 7: _____ Location: _____ Appt Notes:	
Patient Note: _____ Comments: _____ Language: _____			

Please note if you realize you have made a mistake with the appointment **time**, you can manually change the time to reflect your correction by selecting the drop down next to time. Select the appropriate time then select save.

#537909/1 New Appointment - Guar: 0.00 Ins: 0.00 AR: AS

Patient Demographic Info
Name: SAMPLE, TOM
DOB: 01/01/1950 Age: 70 SSN:
Address 1: 555 FAKE LANE
Address 2:
City: SOUTH OZONE PARK State: NY
Zip: 11420 Sex: F
Mobile: preferred
Home Tel: (718) 777-7777 No text messages
Work: Email:
Emerg:
Referral Dr.:
Referral Tel:
Insurance: AE AETNA-COMMERCIAL PLANS
Policy: 1234567888
Group:
Patient Note:
Language:

Account
537909/1 New Full Demo Ins Info All Appts Save +
Appointment Information
Reschedule Wait
Date/Time 10/14/2020 8:10a
Appt Type: NP-CHS New Patient
Place:
Procedure:
Diagnosis:
Length: 10 minutes
Resource 1: MESLEMANI COMM
Resource 2:
Auth:
Case:
Recall:
Department:
Check In: Check 2:
No Show: Check 3:
Override: Check 4:
Check 1: Walk-In:
Check Out: Check 6:
Walk-In: Check 7:
Location:
Appt Notes:

Full Demographics Function

When making an appointment the full demographics button allows you to see a list of all appointments for a patient.

Once the patient's information has been pulled for in, select the full demo button on right.

#537909/1 New Appointment - Guar: 0.00 Ins: 0.00 AR: AS

Patient Demographic Info
Name: SAMPLE, TOM
DOB: 01/01/1950 Age: 70 SSN:
Address 1: 555 FAKE LANE
Address 2:
City: SOUTH OZONE PARK State: NY
Zip: 11420 Sex: F
Mobile: preferred
Home Tel: (718) 777-7777 No text messages
Work: Email:
Emerg:
Referral Dr.:
Referral Tel:
Insurance: AE AETNA-COMMERCIAL PLANS
Policy: 1234567888
Group:
Patient Note:
Language:

Account
537909/1 New Full Demo Ins Info All Appts Save +
Appointment Information
Reschedule Wait
Date/Time 10/14/2020 9:10a
Appt Type:
Place:
Procedure:
Diagnosis:
Length: 10 minutes
Resource 1: MESLEMANI COMM
Resource 2:
Auth:
Case:
Recall:
Department:
Check In: Check 2:
No Show: Check 3:
Override: Check 4:
Check 1: Walk-In:
Check Out: Check 6:
Walk-In: Check 7:
Location:
Appt Notes:

Select Appointments tab

Demographics 537909/1 EAR NOSE & THROAT ASSOCIATES OF NY 1

Modules Account Codes Miscellaneous Utilities Print Help Favorites

ADSPRI M Demographics

Lookup: 537909/1 Name: SAMPLE, TOM DOB: 01/01/1950 PBalt: 0.00 New Account
Age: 70 AR: AS PIns: AE

Patient Notes Special Procedures Miscellaneous Appointments Images
Patient

Name: SAMPLE, TOM
DOB: 01/01/1950 Age: 70 SSN:
Rel: S Self Sex: Female
Address1: 555 FAKE LANE
Address2:
City, State: SOUTH OZONE PARK NY
Zip: 11420 No text messages
Cell: Lang:
Home: (718) 777-7777 Race:
Work: Ethn:
Email: Emerg:
MR#:

Guarantor

Name: SAMPLE, TOM
DOB: 01/01/1950 Age: 70 SSN:
Type: P Personal Sex: Female
Address1: 555 FAKE LANE
Address2:
City, State: SOUTH OZONE PARK NY
Zip: 11420 Employer Info
Cell:
Home: (718) 777-7777
Work:
Email: Emerg:
Misc:

Other

Mrg: A
AR Type: AS
A B C Special Fields
Notes:
Provider:
Referrer:
Diagnosis:
Adm/Disch:

Insurance

Ord	Sel	InsCod	Ins. Name	F	Policy	Hldr	Group	Copay	Plan	Start Date	End Date	BHCO	BHCO
1		AE	AETNA-COMMER	S	1234567888	G	Guarantor						

Case

Case #	Description	Start Date	End Date	Closed	AR Class	Insur	Order	More
1					AS AS			

Save/New Save Cancel

Demographics 537909/1 EAR NOSE & THROAT ASSOCIATES OF NY 1

Modules Account Codes Miscellaneous Utilities Print Help Favorites

Demographics

Lookup: 537909/1 Name: SAMPLE, TOM DOB: 01/01/1950 PBal: 0.00 New Account
 Age: 70 SS#: AR: AS PIns: AE

Patient Notes Special Procedures ☒ Miscellaneous ☒ Appointments Images

Appointment Scheduling * Double-click on row to see Appointment History

Go	Status	Date	Time	Proced1	Proced2	AppCd	Min	Resrc 1	Resrc 2	In	NS	Oper	Booked
Sum	Deleted:E0	Oct 14, 2020,We	9:10a - 9:20a			NP-CHS	10	MESLEMANI C				E04:E04	06/11/2020 09
Jum	Deleted:E0	Oct 14, 2020,We	9:10a - 9:20a			NP-CHS	10	MESLEMANI C				E04:E04	06/11/2020 09
Jum		Aug 17, 2020,Mo	12:10p - 12:20p			NP-CHS	10	LONDON BAB				E01	06/03/2020 15

- **Yellow:** Changed appointments
- **Gray:** Past appointments
- **White:** Upcoming appointments
- **Resource:** Physician and location of appointment

When making an appointment for an established patient, a full demo appointment search should be conducted to ensure the patient has no upcoming appointment at another location.

Logging Out of Medics

To log off Medics scheduler, select the key on top right of screen

Scheduler EAR NOSE & THROAT ASSOCIATES OF NY 1 Wednesday, October 14 2020

Modules Account Codes Miscellaneous Utilities Print Help Favorites


Scheduler

October 2020 CORPBACK ALL ENT System View-APT TYP DAILY DETAIL W/ ANOTE Entire Day

+ Wed - Oct 14, 2020 (0)

Note

	Name	AppType	ANote
9:00a	COMM		
9:10a	COMM		
9:20a	COMM		
9:30a	COMM		
9:40a	COMM		
9:50a			
10:00a	COMM		
10:10a	COMM		
10:20a	COMM		
10:30a	COMM		



SCHEDULER PROTOCOLS

1. All Patients are to be searched by date of birth first.
2. Even if a patient says they are “new”, the office is required to first search the database to check that they are not already in system as they may have been seen at another location:
 - Enter birth date
 - Confirm name
 - Confirm phone number or city of residency with patient if both above are present
3. When an Old Patient (Established patient) calls to schedule an appointment, it is necessary to ask if their insurance is the same as that presented in the system. If it has changed the office must notate the new insurance and the policy number in the **Patient Note** section of the appointment. This note will be highlighted on the confirmation screen which will be used for eligibility. THIS IS MANDATORY OR ELSE THE WRONG ELIGIBILITY COULD BE RUN.
4. Refer to the insurance code list to select the appropriate code when booking a patient.
5. The appointment types for scheduling are:
 - **New Patient**, Office Visit for ENT CHS Referral: a patient that is new to the practice
 - **Old Patient**, Office Visit for ENT CHS Referral: a patient that has been seen by the practice before within 3 years.

If a patient was last seen longer than **3 years** ago book the appointment type as **NP**, Office Visit for ENT CHS Referral

	(no selection)
BALLOO	Balloon Procedure
BOTFIL	Botox/Filler
NP-CHS	New Patient, Office Visit for ENT CHS Referral
NP-ENT	New Patient, Office Visit for ENT
OP-CHS	Old Patient, Office Visit for ENT CHS Referral
OP-ENT	Old Patient, Office Visit for ENT

6. When booking an appointment for a New Patient, the following fields are mandatory:

Last Name, First Name	EX: SAMPLE, TOM
Date of Birth	00/00/0000
Complete address	Street, Apartment #, Zip code
Telephone Number	If patient lists mobile number as only point of contact, put it into the home number field
Insurance	Search by insurance code preferred. Searching by insurance name will pull broader search
Insurance ID	ID number for insurance. If there is a secondary list the name and ID in patient note
Appointment Type	New Patient, Office Visit for ENT CHS Referral

7. When an established patient calls to schedule an appointment, it is necessary to ask if their insurance is the same as that presented in the system. If it has changed the office must notate the new insurance and the policy number in the **Patient Note section** of the appointment card. This note will be highlighted on the confirmation screen which will be used for eligibility. **THIS IS MANDATORY OR ELSE THE WRONG ELIGIBILITY COULD BE RUN.**
8. When scheduling an appointment for an established patient, use the full demo module to check for any possible upcoming appointments. Patients tend to forget they have an upcoming appointment or make an appointment in one of our other locations without knowing we are the same practice.
9. An appointment note is only specific to that appointment. Use that field to notate initials of who made the appointment and anything you would need to relay to the office team.

Medics Insurance Codes

<i>INSURANCE NAME</i>	<i>INSURANCE CODE</i>	<i>INSURANCE NAME</i>	<i>INSURANCE CODE</i>
AARP	AARP (Only as secondary)	Magnacare	MAGN
Aetna	AE	Medicaid	MDCD
Aetna Medicare	AEM	Medicare-Brooklyn	MC
Affinity	AFF	Medicare-Bronx	MC
Affinity Medicaid	AFFM	Medicare-LI	MC
		Medicare-Queens	GH
BlueCross Blue Shield	BLSH	Medicare- Railroad	RRMC
BlueCross Blue Shield Medicare	BLSM	Meritain	MER
		Multiplan (PHCS Network)	MULP
Christian Brothers	CBE		
ChampVA	CHV		
Cigna	CIGN	Oxford	OXE
Elderplan	ELDP	UMR	UMR
Empire	EME	United Healthcare	UHC
		United Healthcare Medicare	UHCM
Fidelis	FIDE		
Fidelis Medicare	FIDC	VNS	VNS
		Wellcare	WCE
GEHE	GEHA	Wellcare Medicare	WCM
GHI	GHIE	Workers Compensation	WC
GHI HMO	GHIH		
GHI Medicare	GHIC	1199	1199
Great West (Cigna)	GW		
Healthfirst	HLFE	Danny Meslemani does not par with	Agewell
Healthfirst Medicare	HLFM		
Healthplus(Empire JLJ prefix)	HPT		
Healthplus Medicare	AGC		
HIP	HIPE		
HIP Medicare	HIPM		
Healthcare Partners	HLP		
Humana	HUMA		