**Use Case: Patient Registration**

**Description:**

The patient Registration use case allows a patient to register himself at the hospital for a check-up and treatment.

**Pre-Condition:**

**Primary Flow:**

1. Use case begins when the patient visits hospital for a check-up.
2. The patient would first register himself at the counter by filling the form and would pat the visiting charges.
3. Now, the patient is allocated a doctor for check-up.
4. After the check-up, one of the following would happen.
   1. Patient is allocated medication and he leaves.
   2. Patient is recommended to have a test.
   3. Patient is supposed to admit in the hospital for treatment.
5. Now, when a patient is to be admitted he has to fill the form so as to be allotted a ward and a bed.
6. After the patient has been admitted he/she is charged as per daily basis for medications, operations, and accommodation etc.
7. As soon as patient is registered the use case ends.

**Alternate Flow 1: Forgot to register**

1. The patient forgot to register and went to doctor without registration.
2. The patient is sent back to registration counter.
3. Use case ends.

**Alternate Flow 2: Patient lost his registration receipt**

1. Patient lost his registration card.
2. Now, he/she has to go to registration counter for duplicate receipt.
3. Use case ends.

**Error Flow E1: Error in verifying registration database.**

1. The patients name is mismatched with some other patients name and id hence, the record could not be found.
2. The patients photograph submitted is too old and does not match with his face, so patient is not identified.
3. Patients receipt no. could not be found

**Use Case: Bill Payment**

**Description:**

The Bill Payment use case allows a patient to settle his treatment bills after treatment and get a discharge from hospital.

**Pre-Condition:**

**Primary Flow:**

1. Use case begins when patient is done with his treatments for which he was admitted to hospital.
2. Now, that the treatment is complete, patient has to settle his bills for operations, accommodation, medication, etc.
3. The patient is supplied with details of medication used, accommodation charges to verify etc.
4. Patient has following options for payment.
   1. Patient has insurance policy to pay bill.
   2. Patient pays bill in cash.
   3. Patient pays bill in cheque.
   4. Patient pays bill via debit/credit card.
5. Patient now clears the bill and gets discharged

**Alternate Flow 1: False bill generated**

1. The customers gets a bill for things he didn’t use like false medications, overdue accommodation charges etc.
2. Now, customer has to clear the doubts and get the correction in bill
3. Use case ends.

**Alternate Flow 2: Patient insurance is invalid.**

1. What if patients insurance is found to be invalid then the bill cannot be settled via insurance claim.
2. Now, patient is asked to pay in cash or cheque or via card.
3. Use case ends.

**Error Flow E1: Error in verifying patient’s bill.**

1. The management database notifies of an error where the drug has been given from the drug department but, it is not found on any of patients’ bill.
2. Now, the system notifies of the missing medicine code.
3. Cross checks it from the prescription submitted by the patient.
4. The system figures out the possible sources for error/ misprints.
5. Use case ends.