Department

Dno

Assessment | **Intake** | **Payroll** | **Billing** | **Patient Care** | **IT** | **Administration**

Dno	Dno	Dno	Dno	Dno	Dno	Dno

Employee

E_ID	First	Last

Administrator | **Intake Clerk** | **IT Support Staff** | **Billing Clerk** | **Payroll** | | **hourly** | **salary**

E_ID	E_ID	E_ID	E_ID	E_ID		E_ID	E_ID

Nurses

E_ID	N_ID

Initial Nurse

E_ID	N_ID

Assist Nurse

E_ID	N_ID

Service Provider

E_ID	SP_ID

Doctor

E_ID	SP_ID

Physician Assistant

E_ID	SP_ID

Patient

P_ID	InsuranceInfo	Dob	Zip	Address	State	City	First	Last	Ezip	EAddress	Estate	Ecity	Efirst	East

Adult | **Minor**

P_ID	P_ID

Insurance | **No Insurance**

P_ID	P_ID

Insurance Provider

Insurance Provider id

Additional Cost

Payment number

Parent / Guardian

SSN	First	Last

Medication

Medication ID

Test / Procedure

ICD-10-PCS-code	Name	Cost

Treatment

10-10-PCS	name