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**

E_ID	E_ID	E_ID	E_ID	E_ID

hourly **salary**

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

ICD-10-PCS	name

Initial Assessment

P_ID	Initial Assessment Code	Medical Condition	Temperature	height	Weight	Blood Pressure

Form

Intake Clerk E_ID	Form Number	Date	P_ID	Initial Assessment Code

Diagnosis

P_ID	ICD-10-CM-Code	Name

Note

P_ID	N_E_ID	N_ID	SP_E_ID	SP_ID