

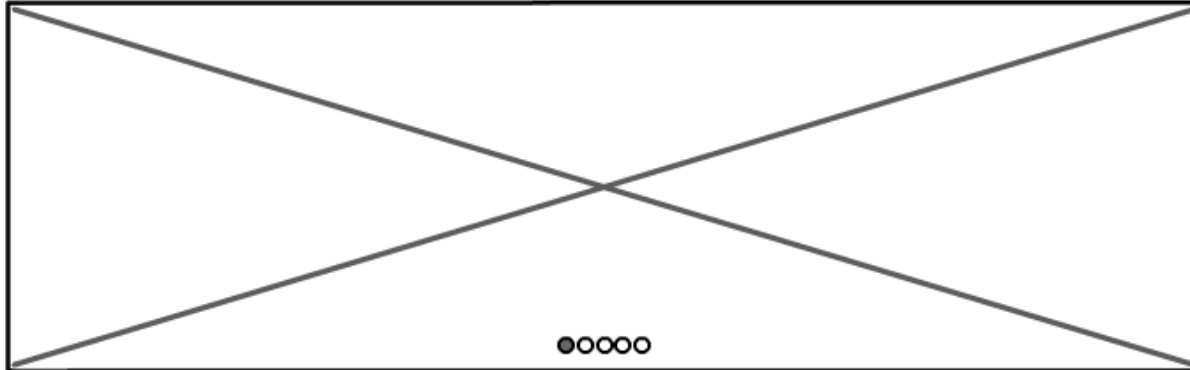


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G5 Hospital System

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[Locations](#)
[Services](#)
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Section 1

software statistics
 teaching **technology** tips
 tool tools toread travel
 tutorial tutorials tv twitter
 typography ubuntu usability
 video videos visualization web
 web 2.0 web design
 webdev wiki windows
 wordpress work writing youtube

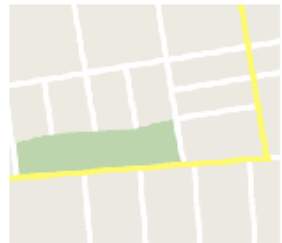
Section 2

software statistics teaching
technology tips tool tools toread
 travel tutorial tutorials tv twitter
 typography ubuntu
 usability video videos
 visualization web web 2.0
 web design webdev wiki
 windows wordpress work
 writing youtube

Section 3

software statistics teaching
technology tips tool tools
 toread travel tutorial
 tutorials tv twitter
 typography ubuntu usability video
 videos visualization web
 web 2.0 web design webdev wiki
 windows wordpress work
 writing youtube

Find a location near you



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Q search

Search

Patient Information

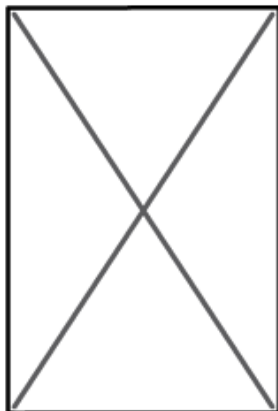
Patient History

Email Your Doctor

Schedule an Appointment

Test Results

Billing Reports



Jones, Jimmy Jack

Basic Information

Sex: Male
Date of Birth: 03/01/1988
Age: 25
SSN: 123-45-678

Contact Information

Address: 123 Main St.
City, State: Hayward, CA
Zip: 94540
Home Phone: 510-510-5105
Mobile Phone: 105-105-1051
Email: jjj@gmail.com

Emergency Contact

Last Name: Jones
First Name: Jenny
Relationship: Wife
Home Phone: 510-510-5105
Mobile Phone: 105-105-1050

Acct# 1000

Patient ID# 123456789

Physician Information

Select Physician ▼



Doe, Jane
[more info](#)

Insurance Information

Provider: Insurance Co.
Account# 192837465

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Q search

Search

Patient Information

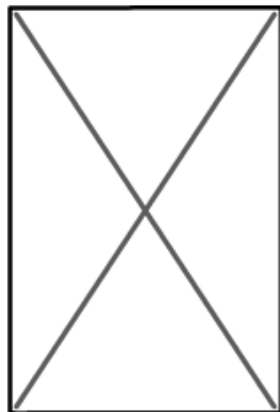
Patient History

Email Your Doctor

Schedule an Appointment

Test Results

Billing Reports



Jones, Jimmy Jack

Acct# 1000

Patient ID# 123456789

Appointment

Schedule Appointment

Appt. ID	Date	Time	Physician	Notes
0025	3/3/13	5:00 PM	Smith M	Broken Leg
0017	1/1/13	2:30 PM	Doe Jane	Physical
0001	6/17/12	9:30 AM	Doe Jane	Initial Checkup

Prescription

Go To Pharmacy

Rx. ID	Date	Details	Amount	Physician	Notes
0025	3/3/13	Pain Killer	XXX mg	Smith M	Broken Leg
0017	1/1/13	Medicine 1	XXX mg	Doe Jane	Physical
0001	6/17/12	Medicine 2	XXX mg	Doe Jane	Initial Checkup



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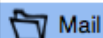


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Acct# 1000

Patient ID# 123456789



Mail

Inbox

Sent

Important

Starred

Drafts

Saved

Spam

Trash



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Acct# 1000

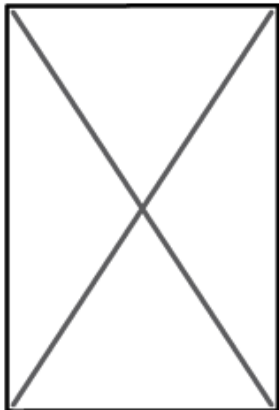
Patient ID# 123456789



Optional Comments, Questions, Special Requests

Search

Billing Reports



Patient ID# 123456789

Results

[illegible]

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Q search

Search

Patient Information

Patient History

Email Your Doctor

Schedule an Appointment

Test Results

Billing Reports

Acct# 1000

Patient ID# 123456789

Hospital Name

Billing Report

Card Number

Expiration

Patient

Statement Date

Date Due

Jimmy Jones

123 Main St., Hayward, CA 94540

Acct. #

Amount Owed

Amount Paid

Charge Summary

Cost of procedures performed	\$500.00
Patient Responsibility	\$500.00

Account Summary

PATIENT: Jimmy Jones	
SERVICE DATES: 3/3/13 - 3/3/13	
ACCOUNT# 1000	
TOTAL CHARGES	\$500.00
TOTAL ADJUSTMENTS	-0.00
TOTAL PAYMENTS	-0.00
PATIENT RESPONSIBILITY	\$500.00

INSURANCE INFORMATION

MEDICARE PARTS A

QUESTIONS?

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Acct# 0001

Admin ID# 112233445

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Q search

Search

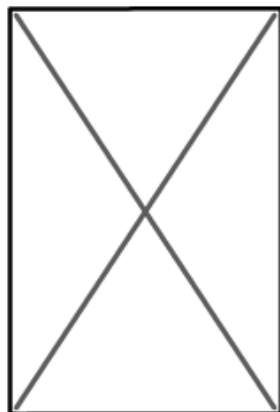
Patient Check

New Patient

Admit Patient

Patient Services

Order Supplies



Upload Image...

Create Patient

Last Name

First Name

Middle

Acct# 0001

Admin ID# 112233445

Basic Information

Sex:

M / F ▼

Date of Birth:

/ /



Age:

Age ▼

SSN:

Social Security

Physician Information

Select Physician ▼



Contact Information

Address:

City, State:

City ▼

State ▼

Zip:

Zip

Home Phone:

Home Phone

Mobile Phone:

Mobile Phone

Email:

Email Address

Emergency Contact

Last Name:

Last Name

First Name:

First Name

Relationship:

Relationship ▼

Home Phone:

Home Phone

Mobile Phone:

Mobile Phone

Insurance Information

Provider:

Insurance Provider

Account#

Account Number



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Q search

Search

Patient Check

New Patient

Admit Patient

Patient Services

Order Supplies

Acct# 0001

Admin ID# 112233445

Enter Patient ID

First Name

Last Name

Select Location ▼

Email Address

Phone#

Select Room Number ▼

Address

City ▼

State ▼

Select a Doctor to see ▼

Reason for Admission

Emergency Contact

Optional Comments, Questions, Special Requests

Address

Home Phone#

Mobile Phone#

Email

Admit

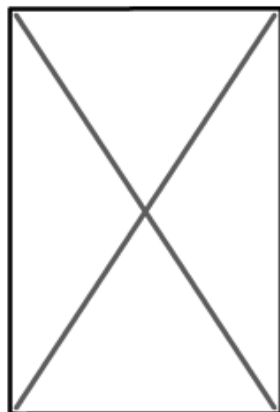
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Q search

Search

Patient Check	New Patient	Admit Patient	Patient Services	Order Supplies
Room Change	Schedule Surgery	View Surgeries	Email Patient	



Jones, Jimmy Jack

Acct# 0001

Admin ID# 112233445

Basic Information

Sex: Male
Date of Birth: 03/01/1988
Age: 25
SSN: 123-45-678

Admission Date



Room Number

Choose New Room



Contact Information

Address: 123 Main St.
City, State: Hayward, CA
Zip: 94540
Home Phone: 510-510-5105
Mobile Phone: 105-105-1051
Email: jjj@gmail.com

Reason for move

Emergency Contact

Last Name: Jones
First Name: Jenny
Relationship: Wife
Home Phone: 510-510-5105
Mobile Phone: 105-105-1050

Insurance Information

Provider: Insurance Co.
Account# 192837465

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Q search

Search

Patient Check	New Patient	Admit Patient	Patient Services	Order Supplies
Room Change	Schedule Surgery	View Surgeries	Email Patient	

Patient ID

Acct# 0001

Admin ID# 112233445

Patient Name	Date of Birth	<input type="checkbox"/> Inpatient	Insurance Provider
Patient Address	Home Phone #	<input type="checkbox"/> Outpatient	Policy #
Guarantor	Mobile Phone #		Group #
Procedure	Surgery Date	<input type="checkbox"/> Confirmed	Subscriber Name
Description			Insurance Phone #
Procedure Code	Diagnosis Code	Op Room: 3	Authorization
Attending Physician(s)	Assistant (if available)	Rec. Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Care Physician		Select Equip. ▼	Authorization #
			Number of Days Approved
			Contact Person

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Q search

Search

Patient Check	New Patient	Admit Patient	Patient Services	Order Supplies
Room Change	Schedule Surgery	View Surgeries	Email Patient	

Patient ID

Acct# 0001

Admin ID# 112233445

Surgery Schedule

Schedule Appointment

Procedure#	Diagnosis#	Date	Op Room	Procedure	Attd. Physician	Confirmed	Rec. Equip.
12341	00001	2/2/14	Rm. 1	Procedure 5	Surgeon C	<input type="checkbox"/>	Tools
66666	00102	9/5/13	Rm. 3	Procedure 4	Surgeon C	<input type="checkbox"/>	Tools
09713	15243	5/5/13	Rm. 3	Procedure 3	Surgeon A	<input checked="" type="checkbox"/>	Tools
12432	73264	4/8/13	Rm. 2	Procedure 2	Surgeon B	<input checked="" type="checkbox"/>	Tools
07253	98273	4/1/13	Rm. 1	Procedure 1	Surgeon A	<input checked="" type="checkbox"/>	Tools

Surgery History

Procedure#	Diagnosis#	Date	Op Room	Procedure	Attd. Physician	Confirmed
98734	23454	3/15/13	Rm. 2	Procedure 10	Surgeon C	<input checked="" type="checkbox"/>
22222	97678	1/10/13	Rm. 3	Procedure 20	Surgeon B	<input checked="" type="checkbox"/>
28345	12352	11/2/12	Rm. 1	Procedure 30	Surgeon A	<input checked="" type="checkbox"/>
25643	87658	6/7/12	Rm. 3	Procedure 40	Surgeon A	<input checked="" type="checkbox"/>
88888	346646	2/13/12	Rm. 2	Procedure 50	Surgeon A	<input checked="" type="checkbox"/>

Search

Send

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Q search

Search

Patient Check

New Patient

Admit Patient

Patient Services

Order Supplies

Acct# 0001

Admin ID# 112233445

Search by Category ▼

Search by Manufacturer ▼

Search by Name ▼

Add Selected

Name	Manufacturer	Category	Availability	Amount	Order
Item 1	Brand 1	Section 1	Available	0	<input type="checkbox"/>
Item 2	Brand 2	Section 1	Available	10	<input checked="" type="checkbox"/>
Item 3	Brand 2	Section 1	Available	0	<input type="checkbox"/>
Item 4	Brand 4	Section 1	Unavailable	0	<input type="checkbox"/>
Item 5	Brand 3	Section 1	Available	2	<input checked="" type="checkbox"/>
Item 6	Brand 1	Section 1	Available	5	<input checked="" type="checkbox"/>

Name	Manufacturer	Category	Availability	Amount	Order
Item 2	Brand 2	Section 1	Available	10	<input checked="" type="checkbox"/>
Item 5	Brand 3	Section 1	Available	2	<input checked="" type="checkbox"/>
Item 6	Brand 1	Section 1	Available	5	<input checked="" type="checkbox"/>

Remove Selected

Send Order Request



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Q search

Search

Patient Information

Patient History

Email Your Doctor

Schedule an Appointment

Test Results

Billing Reports

Acct# 1000

Patient ID# 123456789

Enter Rx ID

Send Request

Pick Up Order

Available Prescriptions

Rx. ID ▼	Exp. Date ▼	Details	Amount	Physician ▼	Notes ▼	Availability	Pick Up
0025	3/3/13	Pain Killer	XXX mg	Smith M	Broken Leg	Available	<input checked="" type="checkbox"/>
0017	1/1/13	Medicine 1	XXX mg	Doe Jane	Back Pain	Unavailable	<input type="checkbox"/>
0001	6/17/12	Medicine 2	XXX mg	Doe Jane	Cholesterol	Available	<input checked="" type="checkbox"/>

Current Order

Rx. ID ▼	Exp. Date ▼	Name	Amount	Physician ▼	Notes ▼	Availability	Pick Up
0025	3/3/13	Pain Killer	XXX mg	Smith M	Broken Leg	Available	<input checked="" type="checkbox"/>
0001	6/17/12	Medicine 2	XXX mg	Doe Jane	Cholesterol	Available	<input checked="" type="checkbox"/>