Step 1

Department

Dept_name

Employee

Employee_Id Name

Nurse

Employee_Id Name

Clerk

Employee Id Name

Service_Provider

SP_ID Name

Primary_Provider

SP_ID Name

Diagnosis

ICD_10_CMS Name

Patient

Insurance Provider

<u>IP_ID</u>

Treatment

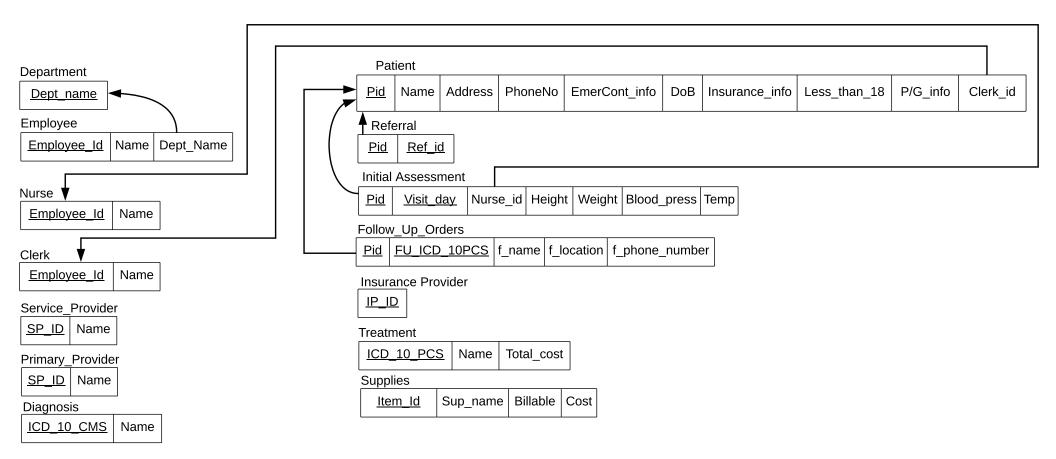
Supplies

Item_Id	Sup_name	Billable	Cost
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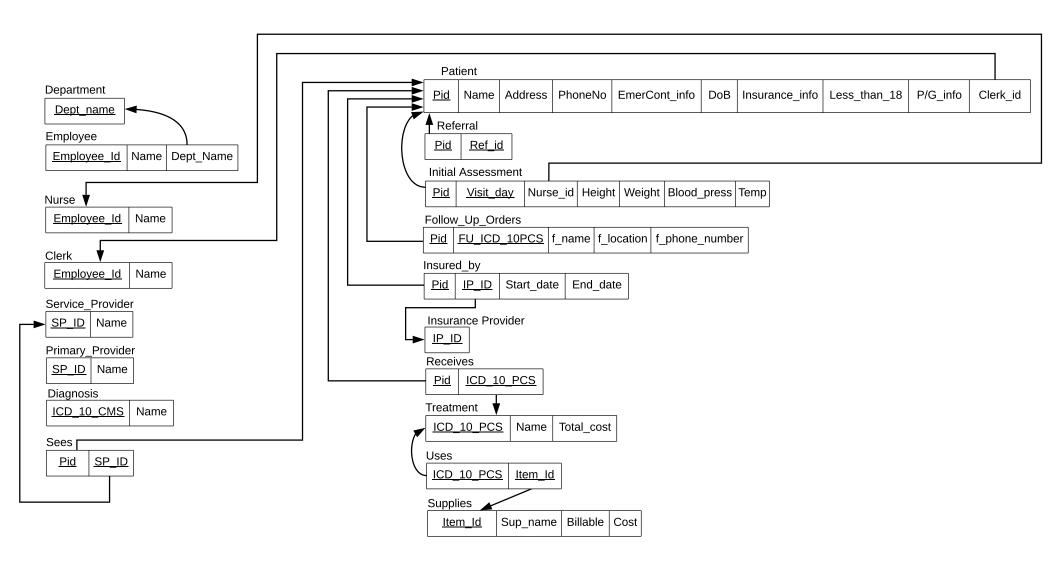
Step 2

Department	Pat	ient									
<u>Dept_name</u>	<u>Pid</u>	Name	Address	PhoneNo	EmerCont_in	fo DoB	Insurance_info	Less_than_18	P/G_info		
Employee	Referral										
Employee_Id Name	Pid Ref_id										
Nurse	Initial Assessment										
Employee_Id Name											
	<u>Pid</u>	<u>Visit_c</u>	<u>lay</u> Heig	ht Weight	Blood_press	Temp					
Clerk	—	11- 0-	-1								
Employee_Id Name	Follow_Up_Orders										
	Pid .	<u>FU_ICD</u>	_10PCS	f_name f_l	ocation f_pho	ne_numb	er				
Service_Provider	Legaring Dravidor										
SP ID Name	Insurance Provider										
	IP_ID										
Primary_Provider	Treatment										
SP ID Name			Nama	Total aget	\Box						
	ICD_10_PCS Name Total_cost										
Diagnosis	Suppli	ies									
ICD 10 CMS Name											
	<u>itter</u>	<u>11_1u</u>	Sup_nam	e Billable	Cost						

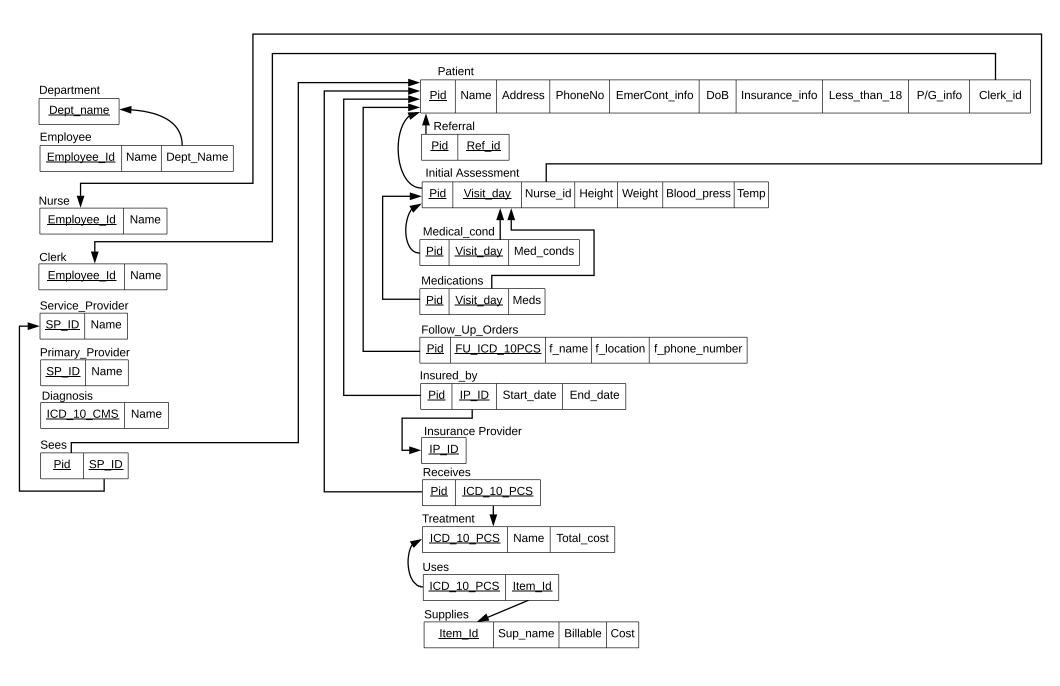
Step 4



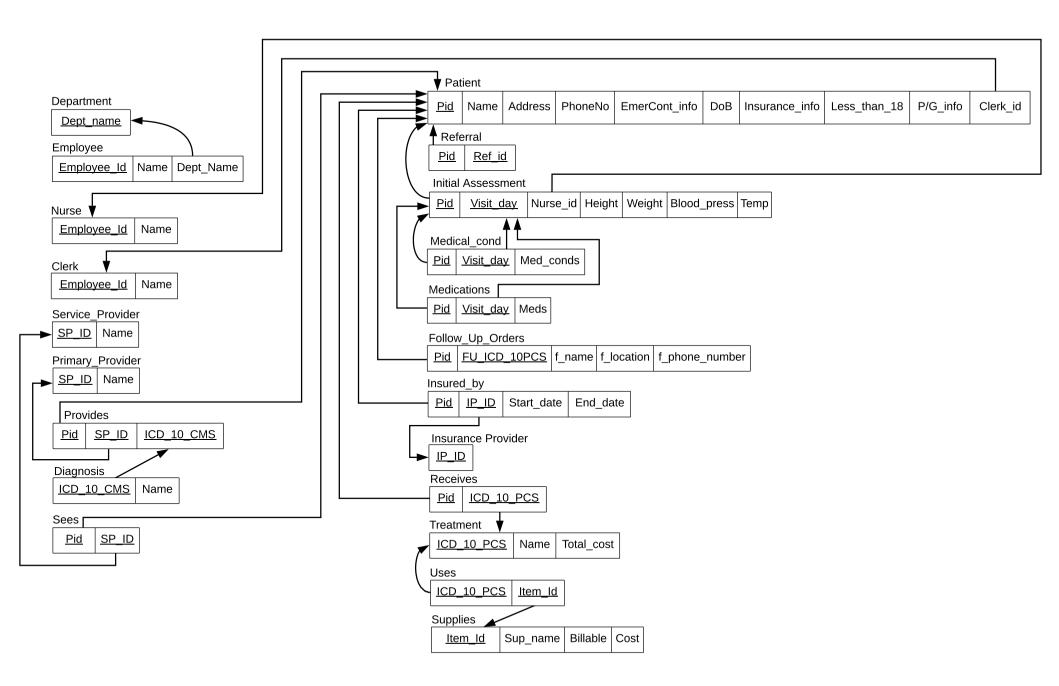
Step 5



Step 6



Step 7



Step 8

