

# HOW TO ADD A NEW PATIENT →

## Click on Patient from the Left Navigation Menu

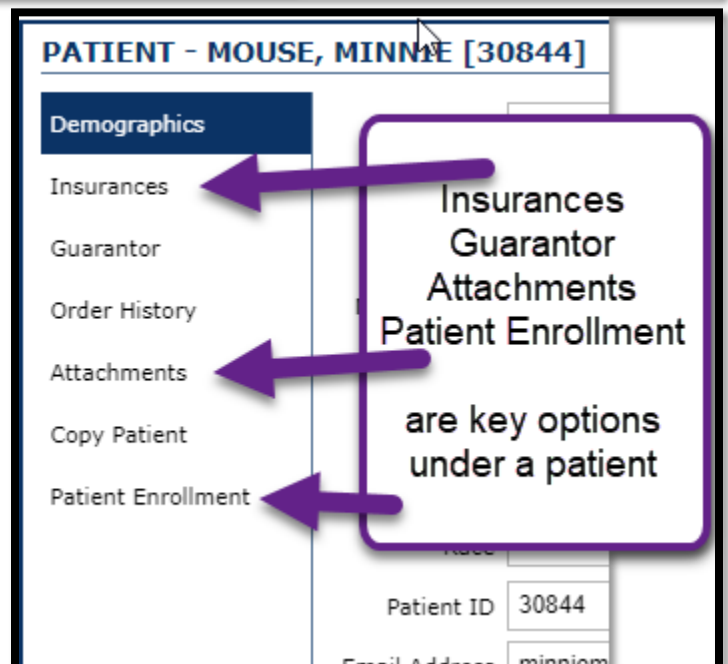
- Search for Patient
- If patient is not found by either Last Name, First Name or DOB; then click on the " + " to add new patient



- Complete all red " \* " marked fields:

A screenshot of a "NEW PATIENT" form. The form is divided into two columns. The left column contains fields for Demographics: Title (dropdown), First Name \* (Minnie), Last Name \* (Mouse), Middle Name, Suffix, DOB \* (07/23/1998), Age (22), Gender \* (Female), Race (dropdown), Patient ID, Email Address (minniemouse@disney.net), and Alert Message. The right column contains fields for contact and location: Street \* (511 Adventureland Drive), City \* (Asheville), State \* (North Carolina), Zip \* (28801), Home Phone ((828) 555-5555), Work Phone (( ) - - - -), Cell Phone (( ) - - - -), and SSN (555-55-5555). A "SAVE" button is at the bottom right. Two callout boxes with purple borders and arrows point to the "Email Address" and "SSN" fields. The "Email Address" callout says "Email Address: The patient portal invite requires an email address." The "SSN" callout says "SSN: A patient SSN can be very beneficial as a form of insurance eligibility/verification." Another callout box on the right side of the form says "Home Phone: If patient only has one primary phone number; please enter it in home phone field. If there is a home and cell phone; then use appropriate fields."

- Click Save
- After Saving is completed; new menu options will list under the patient's name

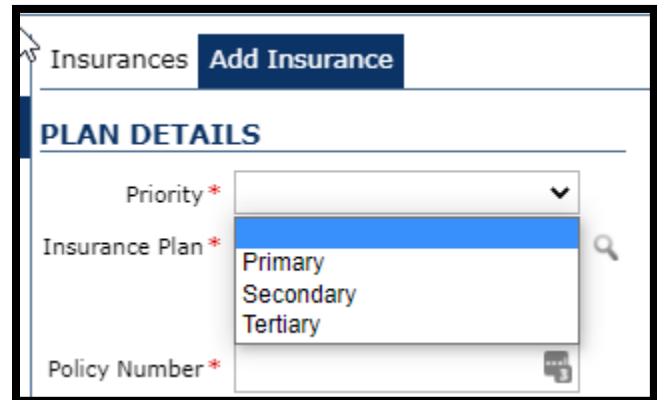


## Insurances Menu Item:

- Click "Add Insurance"



- Complete all red "★" marked fields:
- Priority Field: Choose Primary, Secondary, Tertiary



- Select an Insurance Plan; click 🔍 and choose a plan from this screen

Choose Insurance Plan

Plan Name [dropdown] 🔍

+	102	AMERISURE MUTUAL INSURANCE CO
+	J1868	AMTRUST NORTH AMERICA - 94405
+	AVA02	AVALON BCBSNC - 100137
+	AVA01	AVALON BCSSC - 100137
+	92630011	BANKERS LIFE & CASUALTY INS - 1935
+	SB891	BCBSTN - 1 CAMERON
+	499	BRIDGETTE'S STAFFING W.C. - 499
+	CB186	BRIGHT HEALTH PLAN
+	103	BROADSPIRE
+	TP021	BROADSPIRE W.C. - 14645
+	29066	CAIGA - 29066
+	SX065	CAPITAL DISTRICT HEALTH PLAN (CDPHP)
+	77082	CARE IMPROVEMENT PLUS
+	981633	CAREFIRST - 981633

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Choose a plan by clicking " + "

\*\* Please note that Blue Cross Blue Shield (BCBS) plans are under the Avalon BCBSNC - 100137.

- Enter Policy Number (member ID, subscriber ID)

- Once all fields are completed; click on Save

The screenshot shows a web form titled "Insurances" with a sub-header "Add Insurance". The form is divided into two main sections: "PLAN DETAILS" and "INSURED DETAILS".

**PLAN DETAILS:**

- Priority \* Primary (dropdown)
- Insurance Plan \* AVALON BCBSNC - 100137 (text input with search icon)
- Policy Number \* ZZZ555555555 (text input)
- Effective Date (date input: \_\_/\_\_/\_\_)

**INSURED DETAILS:**

- Relationship \* Self (dropdown)
- Title (dropdown)
- First Name \* Minnie (text input)
- Last Name \* Mouse (text input)
- Middle Name (text input)
- DOB \* 07/23/1998 (text input)
- Gender \* Female (dropdown)
- Street (text input: 511 Adventureland Drive)
- City (text input: Asheville)
- State (dropdown: North Carolina)
- Zip (text input: 28801)
- Phone (text input: (828) 555-5555)

A purple box highlights a note: "Note: All of the patient's demographic information will auto-populate." Two purple arrows point from this note to the "First Name", "Last Name", "DOB", "Gender", "Street", "City", "State", "Zip", and "Phone" fields.

A blue "SAVE" button is located at the bottom right of the form.

### Guarantor Menu Item:

- Select the appropriate patient relationship:

The screenshot shows a patient record for "PATIENT - MOUSE, MINNIE [30844]". On the left, there is a navigation menu with the following items: Demographics, Insurances, Guarantor (highlighted in blue), and Order History.

The main content area shows the "Guarantor Relationship \*" dropdown menu, which is open and displays the following options: Self, Spouse, Child, and Other.

- Complete all red "★" marked fields:

**MOUSE, MINNIE [30844]**

Guarantor Relationship \* Spouse

**GUARANTOR DETAILS** **EMPLOYER DETAILS**

First Name \* Mickey

Last Name \* Mouse

Suffix

DOB \* 11/18/1988 Age 32

Gender \* Male

SSN 111-11-1111

Street \* 511 Adventureland Drive

City \* Asheville

State \* North Carolina

Zip \* 28801

Home Phone (828) 555-1111

**SAVE**

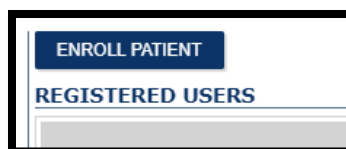
### Attachments Menu Item:

Gives you the ability to add attachments or scan attachments

### Patient Enrollment Menu Item:

Gives the ability to enroll the patient into the patient portal that allows them to access their results.

- Click "Enroll Patient"



**PATIENT - MOUSE, MINNIE [30844]**

Patient Enrollment has been Created

**PRINT ENROLLMENT** **SEND EMAIL**

Registration Code: FDB434B0

Enrollment Date: 01/25/2021

Registration Expiration: 02/24/2021

Status: Pending

Registration URL: <https://keystonelab.labnexus.net/portal/registration.aspx>

Note: This registration will be cancelled if the user does not register the user account between the enrollment date and the expiration date.

**REGISTERED USERS**

No U

Two Options:

- > Print Enrollment for patient
- > Send Email to patient