WMC Health | MidHudson Regional Hospital
Westchester Medical Center Health Network

PATIENT ACCESS DEPARTMENT

ADMITTING PROCESS
DIABETES

EXPECTATION

The Registration Representative is required to sign on to the Cerner Application, and use "PMOffice" to register the patient upon arrival to the Admitting Department or upon email notification.

- Register the patient by verifying demographics and insurance.
- Document the patient encounter.
- Collect copayment, if applicable.

Notification of the Patient Expected is received via email: "Patient Access Team"

Day of Arrival	**Go to "PMOffice", click on "Inquiries"** • Select "Appt Check In By Location" • Select Location Type: Ambulatory • Select Location: MH Diabetes
Register the Patient	• Right click on the patient and select "Check-In" • Complete all required fields **Note: Do Not Enter Registration Notes On "Patient Information" Tab**
Encounter Information	• Go to "Encounter" tab and complete all required fields • Document registration notes within encounter comment section
Guarantor Information	• Complete the required section **Note:** if the patient is the child the "Mother/Father" has to be listed as Guarantor and the relationship should state "Child".
Insurance	• Complete the required fields and verify insurance(s) • Ensure authorization was obtained or that no authorization was required **Note:** Email **InsuranceVerificationMHRH** for any authorization issues that arise • **Scan:** Patient's photo identification and insurance card(s) **Important**: MSP-Questionnaire must be completed while patient is present.If patient is self-pay, payment must be collected prior to completed registration **Note**: If patient is a self pay, an email is to be sent regarding payment collection to Mandy Chacon, Vera Lukan, Jodi Eller, Vlora Alijaj and PatientAccessLeadershipMHRH.
Consents	• Have the patient complete the electronic consents

Print the Armband/Labels and Facesheet	• Choose the Armband/Label combination, print (1) sheet • Print the facesheet • Verify the patient Armband, using the (3) identifier method: 1. Have the patient spell their last name, first name 2. Have the patient state their D.O.B. 3. Show the patient the armband and have them verify that the correct Name/D.O.B is listed.
Complete Registration	• Provide the patient with facesheet and (1) sheet of labels • Send patient to: **DIABETES**: ATRIUM ELEVATORS, 4TH FLOOR (Suite 400)