



**ADMITTING PROCESS**

**INFUSION**

**EXPECTATION**

The Registration Representative is required to sign on to the Cerner Application, and use “PMOffice” to register the patient upon arrival to the Infusion Center.

- Register the patient
- Document the patient encounter
- Collect copayment, if applicable

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <b>Day of Arrival</b>        | <b>Go to “PMOffice”, Inquiries Worklist</b> <ul style="list-style-type: none"><li>• Select “Appt Check In By Location”</li><li>• Select Location Type: Ambulatory</li><li>• Select Location: MH Infusion Therapy</li><li>• Right click on the patient and select “Check-In”</li><li>• Tracking Location: MH Infusion Waiting Room, select “Ok,” select “Register Patient,” select “Ok”</li></ul>                                        |
| <b>Register the Patient</b>  | <ul style="list-style-type: none"><li>• Contact patient to verify all demographics within encounter using “Patient Accounting” to update</li></ul>                                                                                                                                                                                                                                                                                      |
| <b>Encounter Information</b> | <ul style="list-style-type: none"><li>• Go to “Encounter” tab and complete all required fields</li><li>• Document registration notes within encounter comment section</li></ul>                                                                                                                                                                                                                                                         |
| <b>Guarantor Information</b> | <ul style="list-style-type: none"><li>• Complete the required section</li></ul> <p><b>Note:</b> if the patient is the child the “Mother/Father” has to be listed as Guarantor and the relationship should state “Child”.</p>                                                                                                                                                                                                            |
| <b>Insurance</b>             | <ul style="list-style-type: none"><li>• Complete the required fields and verify insurance(s)</li><li>• Ensure authorization was obtained or that no authorization was required</li><li>• If insurance has changed or is no longer active, do not update encounter (unless encounter was in a Pre-Recurring status, NOT a Recurring status).</li></ul> <p><b>Note:</b> Contact Infusion Center who will have to create new encounter</p> |
| <b>Consents</b>              | <ul style="list-style-type: none"><li>• Have the patient complete the electronic consent</li></ul>                                                                                                                                                                                                                                                                                                                                      |

|                                               |                                                                                                                                       |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>Print the Armband/Labels and Facesheet</b> | <ul style="list-style-type: none"><li>• Choose the Armband/Label combination, print (1) sheet</li><li>• Print the facesheet</li></ul> |
| <b>Complete Registration</b>                  | Provide the patient with facesheet and (1) sheet of labels.                                                                           |