Patient fields PHI Captures (Clinical and Practice Management)

Tabs are underlined

<u>Details</u>

- **Case Number** (Optional)
- **Demographics**
  - First Name (Required)
  - Middle Name (Optional)
  - Last Name (Required)
  - DOB (Required)
  - Gender (Required)
  - Ethnicity (Optional)
  - Race (Optional)
  - Language (English)
- **Additional Identifiers**
  - State ID (Optional)
  - School ID (Optional)
  - Other ID (Optional)
- **Status**
  - Active Date
  - Inactive Date (Optional)
  - Inactive Reason (Optional)

<u>Intake</u>

- **Detail**
  - Admission Source (Optional)
  - Intake Date (Optional)
  - Initial Treatment Date (Optional)
  - PT Start Date (Optional)
  - OT Start Date (Optional)
  - ST Start Date (Optional
- **Condition**
  - Related to Employment
  - Related to Auto Accident
  - Related to Other Accident

<u>Contact</u>

- **+ Add (Dropdown) and X Delete**
  - Drop down options:
    - Address

- E-Mail
- Phone Number
- Web Address

Guardians

- **+ Add and X Remove**
  - Guardian (Required)
  - Relationship (Required)
  - Start Date
  - End Date (Optional)
  - Is Primary

Diagnoses

- **+ Add and X Remove**
  - Diagnosis Code
  - Description
  - Diagnosis Date
- **Upon clicking +Add these fields appear:**
  - Diagnosis (Required)
  - Diagnosis Date (Required)

Locations

- **+ Add and X Remove**
  - Name
  - Desription
  - Start Date
- **Upon clicking +Add these fields appear:**
  - Location (Required)
  - Start Date
  - End Date (Optional)

Therapy Teams

- **+ Add and X Remove**
  - Name
  - Description
  - Therapists
  - Start Date
- **Upon clicking +Add these fields appear:**
  - Therapy Team
  - Start Date
  - End Date

Policies

- **+ Add and X Delete**
  - Billing Source
  - Policy Number
  - Type
  - Effective Dates
  - Status
- **Upon clicking +Add these tabs and fields appear:**
  - **Details**
    - Billing Source (Required)
    - Policy Number (Required)
    - Payor Type (Required)
    - Group Number (Required)
    - Group Name (Optional)
    - Group Type (Required)
    - OHI Policy (Optional)
    - Start Date (Required
    - End Date (Optional)
  - **Benefit Info**
    - Copay Amount
    - Coinsurance
    - Deductible Amount
    - Out of Pocket Maximum Amount
    - Claim Note
  - **Subscriber**
    - Employer (Optional)
    - First Name (Required)
    - Middle Name (Optional)
    - Last Name (Required)
    - Suffix (Optional)
    - Gender (Required)
    - DOB (Required)
    - SSN (Optional)
    - Relation (Required)
  - **Referring Provider**
    - First Name (Optional)
    - Middle Name (Optional)
    - Last Name (Optional)
    - NPI (Optional)
  - **Contact**
    - **+ Add (Dropdown) and X Delete**

- Drop down options:
  - Address
  - E-Mail
  - Phone Number
  - Web Address

Authorizations

- **+ Add**
  - Description
  - Auth. Number
  - Effective Dates
  - Status
  - In Use
- **Upon clicking +Add these tabs and fields appear:**
  - **Details**
    - Contract (Required)
    - Authorization Number (Required)
    - Description (Required)
    - Start Date (Required)
    - End Date (Required)
    - DSS Vendor Identifier (Optional)
    - Is Default?
  - **Fee Schedule**
  - **Notes**
    - **+ Add and X Delete**

Protocols

- **+Add and X Remove**
  - Name
  - Description
  - Start Date
- **Upon clicking +Add these tabs and fields appear:**
  - Patient Protocol (Required)
  - Start Date
  - End Date (Optional)

Availability

- Sunday – Monday Calendar

Time Off

- Month Calendar

Notes

- +Add and X Delete