TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
MEDICAL PRACTICE INCOME PLAN POLICY AND PROCEDURE

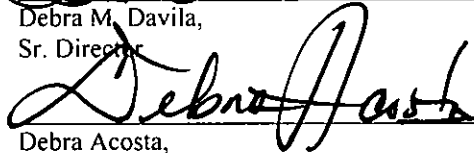Revised Date: 03/01/2014   Effective Date: 04/01/15
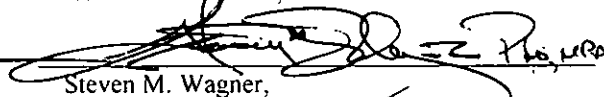

Debra M. Davila,
Sr. Director

Frank Stout,
Assoc Dean/Asst VP, Finance and Administration

Debra Acosta,
Unit Associate Director

Steven M. Wagner,
MPIP Managing Director

Department: **CR-Central Registration**

TITLE: **Patient Check In/Control Log**

Policy#: **CR 1**

Policy: It is the policy of CR to provide our patients with excellent customer service by obtaining accurate information for patient registrations and financial assistance.

Procedure:

1) Greet patient and advise to sign in - CR Patient Log. See Exhibit A.
2) Call patient to the front desk –screen patient, Answer questions, provide information re:
   a. Registration form
   b. Clinic (appointment or referral)
   c. Discount (document requirements)
   d. Directions (Campus/clinic)
3) Request (2) patient identifiers (valid ID; Social Security card; Voter's Registration ID; Insurance card).
4) Enter patient into Patient Control Log database application. See Exhibit B-F.
   a. Registration
   b. Discount Evaluation
   d. Payer Source Update (HealthCare Options, Medicare, Insurance, Medicaid)

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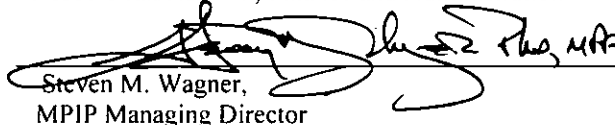
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Department: **CR- Central Registration**

TITLE: **Centricity Business Registration**

Policy#: **CR 2**

Policy: It is the policy of CR to process patient registrations in GECB.

Procedure:
1). Registration
   a. Initiate patient search in GECB
   b. Search by first 3 letters of patient last/first name; MRN#, SS#, DOB
   c. In Patient Services page under Demographics; fields hi-lited in yellow need to be verified. If patient is a new registration-Enter. Patient Name; SS#; Ethnicity; DOB, Sex; Race; Address 1; Address 2; City; Zip; County; Ph#; Msg Phone; Employer; Emergency Contact; Guarantor; Spouse Name; See Exhibit G.
2). In GECB Address Corrector-Review address information and select OK
   a. Select Demographics select OK
   b. In page 2 update or enter employer/guarantor.
3). Adding a FSC at patient registration or update
   a. In Main Menu under Patient Services
   b. Select Insurance
   c. Enter B (Determinator) to add
   d. Enter Key Word Search field: (Plan name; Payer ID; Address; Zip Code; Ph#. Select match/OK; enter in required fields payer source information; Click OK;
   e. In Rec'd Date field; enter FSC (report date; service date)
   f. In Effective Date field; enter (FSC effective date)
   g. In Expiration Date field; enter (FSC expiration date)
   h. Select OK

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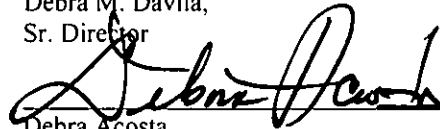## MEDICAL PRACTICE INCOME PLAN POLICY AND PROCEDURE

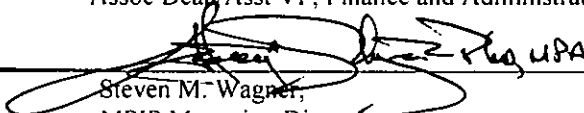Revised Date: 03/01/2014   Effective Date: 04/01/15

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Department: **CR-Central Registration**

TITLE: **Patient Discount Evaluation and Discount Expiration Letter**

Policy#: **CR 3**

Policy: It is the policy of CR to send a letter to our patients providing notice of their discount expiration.

Procedure:

1). Discount Evaluation/TransUnion (TU)
   a. Call patient into office
   b. Screen application documents (proof of income; Valid/Current ID; 2 proofs of residence in state of Texas; dependents); review information/documents and determine from Federal Poverty Guidelines observed by TTUHSC El Paso if patient may qualify with provided income. See Exhibit H-J.
   c. Search patient in TU by MRN (Centricity Business E#)
   d. TU returns search patient information
   e. File Summary-Review patient information (demographics, credit report; red flag alert;). Enter – Conduct interview, click on continue.
   f. Complete Program Assistance Screening Questionnaire (Household Screening Questions). Click on Next.
   g. Click on Continue.
   h. Enter Information about dependents included in the file (spouse or dependents); Click on Add; enter Person details; click on Save. Click on Next.
   i. Review –Enter Mailing Address; click on Next.
   j. Enter Income Information; click on Add; enter income details; click on Save; click on Next.
   k. Continue to click on Next (General Expenses) > Continue to click on Next (Asset Information).
   l. Confirm and save Interview Information; click on Continue.
   m. Review Program Recommendations: Click on Status A Program; enter from drop box: either 70% or 40%; Apply check mark in box to patient evaluated for the discount; enter Save.
   n. Click on Application Status;

o. Update File Details; Click on drop box and enter file status (Charity Approved; Charity Denied, etc.); Assign file; Click on Save. Update patient information in CB –in page 4, income, dependents, 2 proofs of residence; credit report date; enter Y/N for Transunion Credit Verification press enter. Update FSC and effective/expiration dates in GECB. Patient signs Discount Waiver form. See Exhibit K

p. TU Discount evaluation is complete.

2). Discount Expiration Letters See Exhibit L.
    a. Priority I (40% Discount FSC 15).
    b. Click on DBMS from Vertical Tool Bar
    c. Click on tab Query Edit/Run/Print

3). In Query Edit/Run/Print screen
    a. Select 1) User name, hit enter 2X
    b. In Guide SQL screen –under Edit options
    c. Check X in Guided SQL box
    d. Under Run options
    e. Check Run Query Now box
    f. Under Run options
    g. Check Background Job box
    h. Click OK

4). In Guided SQL Query
    a. Select Columns
    b. Click on #3, #4, #5, and #6.
    c. Verify that the selected #s have a (1)
    d. Under Where Columns Meet these Conditions
    e. Verify information (Bar_B_Acct.GRP+3and FSC _1 in (15,17)
    f. Click OK.

5). In Pop Up Window-Query data exists from (previous month).
    a. Delete data and continue saving query?
    b. Click Yes.

6). In Pop Up Window-are you sure you want to run this query?
    a. Click Yes.

7). In CB query is running
    a. Check
    b. Enter Query name Central
    c. Enter (wait 45 minutes).

8). At Query Edit/ Run/Print
    a. Has been completed
    b. Enter .

9). At DBMS
    a. Enter Central
    b. Select #3.

10). In Query Edit/Run/Print screen
    a. Select 1) user name
    b. Hit enter 2X;
    c. In Guide SQL screen
    d. Under Edit Options
    e. Check X in Guided SQL box
    f. Under Run Options
    g. Check Run Query Now box
    h. Under Run Options
    i. Check Background Job box
    j. Click OK.

11). In Guided SQL Query;
    a. In Where columns Meet these Conditions
    b. Verify information (IM$INS **(Registration, 1,11)**
    c. Between month requested dates –Example: 05/01/2014 and 05/31/2014
    d. Click OK.
12). In Pop Up Window-Query data exists from month requested date.
    a. Delete data and continue saving query?
    b. Click Yes.
13). In Pop Up Window-Are you sure you want to run this query?
    a. Click Yes.
14). In Check Query screen
    a. Enter Central
    b. Will show has been completed
    c. Select #2
    d. Enter.
15). In Download Report Output to PC
    a. Click on Tab
16). In Download to PC
    a. Select #2
    b. RAW
    c. Enter 2X.
17). In Download to PC
    a. In Device Field
    b. Delete device name
    c. Click OK
18). In Download to PC
    a. Enter Delimeter
    b. Comma (,)
    c. Enter; enter Command
    d. Enter 2x; enter Command
    e. Enter Correct Y
    f. Repeat steps one time;
    g. Enter 2x
19). Pop Up Window- C:\Documents and Settings\
    myusername desktop\DiscountLetters\
    AdmitLog\AAAPRNalreadyexistsOverwrite it?
    a. Select Yes.
20). Control Shift G for Log Closed
    a. Click OK
21). In PC open Excel workbook
    a. In admit Log folder
    b. Click All Files
    c. Click AAA
    d. Click 2x.

22). In PC
    a. Text Import Wizard
    b. Step 1 of 3
    c. Click Next
    d. Step 2 of 3
    e. Under Delimeters
    f. Click on Comma Box
    g. Step 3 of 3
    h. Click Finish
    i. Steps completed.

23). In PC Excel Workbook
    a. Enter Save As
    b. Example: May 2014 Priority 1
    c. Click Save.

24). Priority 2 (70% Discount FSC 17) –Repeat steps from Priority 1; Changing the needed fields to reflect a 2. .

25). Mail Merge - In PC
    a. Open Letter Template
    b. Change date and enter requested month Example: 5/1/2014
    c. Click on Hi-lited address
    d. Under Page Layout
    e. Select under drop box: Select Recipient
    f. Use existing list
    g. Open priority list
    h. Double click
    i. Press OK
    j. Right click on edit Address Block
    k. Click on Match Fields
    l. PC option F1 or F2
    m. Select Name & match to field F2
    n. Address 2 field to F3
    o. Address 1 to F4
    p. City, State to F5
    q. Zip Code to F6
    r. Click OK.

26). Click on Drop Box
    a. Finish and Merge
    b. Option of Edit Individual Documents
    c. Click on OK
    d. Print
    e. Process complete.

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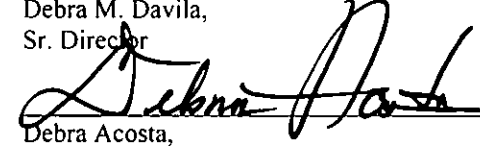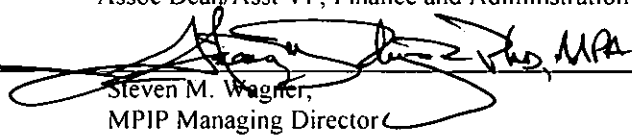Revised Date: 03/01/2014   Effective Date: 04/01/15

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Department: **CR-Central Registration**

TITLE: **Return Mail Processing**

Policy#: **CR 4**

Policy: It is the policy of Central Registration to process all returned mail (statements, NCOA (National Change of Address Data Base) list, Statement Edit, and FSC 7 (Bad Address).

Procedure:

1) NCOA list received from Lubbock.
   a. List is printed and distributed to CR staff.
   b. In GECB patient address is updated in Demographic page 1 and page 2; enter/save.
   c. Staff documents on printed list the # of addresses corrected and # of addresses reviewed/with no correction.

2) Returned Mail.
   a. Statements are retrieved and picked up daily from TTUHSC El Paso Mail Room.
   b. The statements are distributed to CR staff to review and correct and enter updated corrections in GECB.
   c. FSC 7 is determined by the return mail label on statement.
   d. Update FSC 7 for Bad Address and FSC 8 for Foreign Mail in GECB. See Exhibit M-N.
   e. Update effective/expiration dates: enter T for today's date/field; In Effective Date field; enter date mail worked; In Expiration Date field; enter 8/8/88 for Foreign Mail; click OK/Save.
   f. Under Comments tab; select Financial comments; enter comments for not corrected; Date/MPIP/CR employee eraider/phone # >Mail Return/Bad address (street# street name) EPT (ZIP)BILLING DATE(X/XX/XXXX) UMC FSC 7 for return mail.
   g. Determined address corrections.
   h. Enter comments under Comments tab; select Financial Comments; enter corrected/updated address; Date; CR employee eraider; ph# Mail Return/bad address (street# street name) EPT (ZIP) CORRECTED TO (STREET) EL Paso, TX (ZIP)BILLING DATE(X/XX/XXXX) FSC7 for return mail; click OK/save.

i. Document and submit the statements worked and corrected.
3). Statement Edit.
    a. MPIP (GECB Support staff) sends CR email with current cycle number.
    b. Access GECB; under Bar Reports; select Statement Edit Lists tab; press OK;
       press enter; enter cycle number; press enter; print; distributer to CR staff.
    c. CR staff works under Edit Reason category: the Guarantor's Registration FSC
       list contains Bad Address FSC; In GECB proceed to Patient Services; enter E#;
       under Financials (Current Statement) if patient has zero balance remove FSC 7
       from Insurance field; select D (to delete); Press OK; on Statement Edit list
       document D for delete and K for Keep.
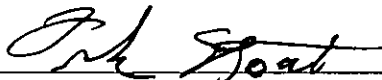   d. Document and submit total amount deleted and kept.

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Department: **CR-Central Registration**

TITLE: **Hospital Inpatient and Outpatient Registration (UMC File Transfers)**

Policy#: **CR 5**

Policy: It is the policy of CR to process daily registrations in GECB from the UMC/EPCH File Transfers.

Procedure:

1). Receive daily files from Information Technology (IT) department email with date of reports transmitted from UMC/EPCH.
2). CR staff in PC
    a. Go to MPIP Convertor application (to request Admissions report) See Exhibit O.
    b. Enter date of report (requested to print)
    c. Remove check mark in Comments field
    d. Press view
    e. Enter OK
    f. Print report and distribute to CR staff
    g. CR staff –from the report- register and update patient information in GECB.
3). Repeat steps to request EPCH Admissions report.
4). To request UMC Emergency Medicine report
    a. In PC –go to Start menu
    b. Select- My Computer
    c. select ED Files and prompts Excel Spreadsheet
    d. Enter report date
    e. Select (tabs) UMC
    f. Print and distribute to CR staff
    g. CR staff –from the report -register and update patient information in GECB.
5). Repeat steps to request EPCH Emergency Medicine report.

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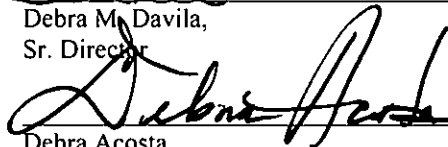Revised Date: 03/01/2014   Effective Date: 04/01/15
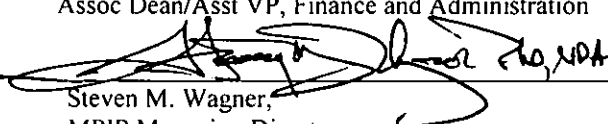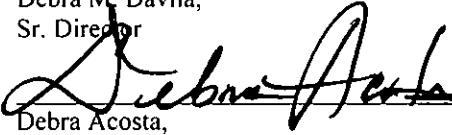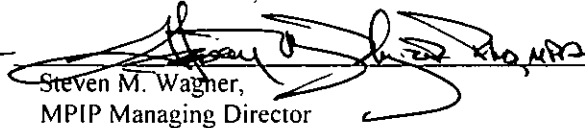
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Department: **CR-Central Registration**

TITLE: **Hospital District/Self Pay/Discount FSC Application**

Policy#: **CR 6**

Policy: It is the policy of CR to apply at registration in GECB the Hospital District FSCs for Indigent Care and Self Pay accounts.
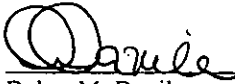
Procedure:

1). Hospital District (HD) FSC 375 is applied in GECB to current Indigent Charity Care accounts FSC (15/17).

2). HD FSC 375 is applied in GECB to patients registered from the daily UMC/EPCH Admissions/Emergency Medicine reports-based on the Financial Class Plan Description codes
   a. 198 (Charity).

3). FSC 376 is applied in GECB to patients registered from the daily UMC/EPCH Admissions/Emergency Medicine reports-based on the UMC Financial Class Plan Description codes: D01 (Self Pay); N01 (Non Resident Self Pay); P01 (Non Resident Self Pay). See Exhibit P.

4). HD FSCs 375/376 is retroactive 3 months from the report date.

5). Update the HD FSC and effective/expiration dates in GECB. See Exhibit Q-R.
   a. Apply FSC
   b. In Rec'd Date field enter: Report date (Example) 5/5/2014
   c. In Effective Date field enter: (Example) 2/1/2014
   d. In Expiration Date field enter: (Example) 2/1/2015

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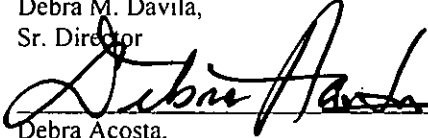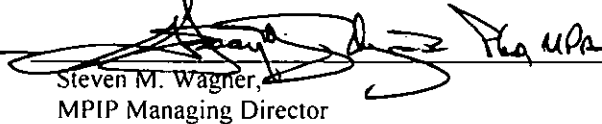
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Department: **CR-Central Registration**

TITLE: **Duplicate Medical Record Number and Account Processing**

Policy#: **CR 7**

Policy: It is the policy of CR to process the TTUHSC El Paso Duplicate Accounts in GECB.

Procedure:

1). All Duplicate Accounts (DA) identified in GECB are submitted by GECB users through the CR Merge Account portal application. To access the application: https://aws04.ttuhsc.edu/NewPatient/MergeSearch2.aspx or access through TTUHSC El Paso web page. See Exhibit S-T.
   a. Select Items of General Interest
   b. Click on Central Registration Duplicate Account Merge link
   c. Sign in with eraider and password
   d. Click on Tab: Merge Request (MR); enter the duplicate accounts in the
      MR fields; (Example: GECB patient E#; chart #.
2). Select Items of General Interest > click on Central Registration Duplicate Account Merge link > sign in with eraider and password > click on Tab: Merge Request > enter Merge Requests (2 accounts, etc.) in fields: E#; chart #; Name; DOB; requestor has option to enter comments;
3). Click save- submit requests.
4). Daily Patient Services Specialist will review and research submitted requests.
   a. Signs into the Merge Account portal; click on Merge Search and print list of
      duplicate merge requests submitted.

5). Sign into GECB; under Patient Services search patient E#; under Demographics print registration page (1); repeat same process for all submitted accounts.

    a. Review/research duplicate accounts in GECB and TransUnion to determine and confirm patient information for account kept in GECB and confirm GECB user that created the duplicate account; enter user in Merge Account portal; Delete-deleted account patient information in Demographic page 1 and page 4 (SS#; phone #s, TTUHSC El Paso chart # in page 1); delete UMC (RETGH) Medical Record #; Admitting Date, and Admitting Department in page 4; under Insurance delete all FSCs.

    b. Kept account-transfer current FSCs to kept account; transfer comments from deleted account to kept account;

6). In GECB PSS continues merge process

    a. Click on Bar Charge Entry; select tab; enter charges; enter "G" to generate Batch # in Batch field; in Description field enter CentralRegistration/eraider(phone extension) Example x4444; in Bank Deposit field enter "T"; enter zeros in remaining fields; in actions field enter "Y" to merge Account; merge Patient Invoices/Appointments; under Merge Patient enter in Patient: Move from the E# to be deleted/merged to kept account; in move to field enter E# to be kept; check box Deactivate.

7). Reason field

    a. Enter Dup account refer to E# kept; click OK/save; in Move Invoices screen; If deleted/merged E# has invoices a pop up screen will prompt a message saying the following invoices will be transferred; click OK/save; if deleted/merged E# has appointments the following appointments message is prompted and appointments will be moved; pop up message will state account has been deactivated .

8). In PC Merge Account portal

    a. Click on Merge Search tab; select E# deactivated in GECB; In Complete Merge Information page; verify E#, Chart #, Name, and Date of Birth; In Reg2 field; enter patient Registration date (found in GECB Demographic page 1; Registration date ; found below Registration Location field); proceed to complete in portal Complete Merge Information; in By2 field; enter the GECB user that created the duplicate account; enter in By2 Department field ; enter GECB User's clinic/department; in Status field; in drop down menu select complete; press update/done.

9). In the event after review/research of merge accounts request submitted by the GECB user; if it is determined the accounts are different patients; merge process is not required; In Complete Merge Information page; in Status field select unable and enter comments; press update.

10). Process complete.

11). Access provided to Electronic Medical Record (EMR) to enter the Merge Account portal at any time to print a report of merges completed, so they may proceed to merge their EMR duplicate accounts.

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Department: **CR-Central Registration**

TITLE: **CR Administrative Functions**

Policy#: **CR 8**

Policy: It is the policy of CR to responsibly maintain department administrative processes in compliance with TTUHSC El Paso guidelines.

Procedure:

1). CR Vendors: TransUnion; Sierra Springs; Spectrum; El Paso Shredding; and
   Responsive Services.
2). TransUnion:
   a. Process monthly invoice received via campus mail or from our MPIP office.
      Prepare Memorandum with: Invoice #, Month of service, billed amount,
      REF: TB265832, and Fund Organization Program (FOP).
   b. Send via campus mail to MPIP/Dr. Steve Wagner for signature.
   c. Make copy for our records and send via campus mail signed
      memorandum/invoice to Lubbock Accounts Payable.
3). Sierra Springs:
   a. Process monthly invoice.
   b. Go to TTUHSC Direct Pay process in (TechBuy)
   c. Enter FOAP
   d. Receive confirmation from Accounts Payable.
4). El Paso Shredding , Responsive Services, and Spectrum copy machines
   paid by Purchase Orders submitted annually for Fiscal Year.
5). Purchase Orders:
   a. Submitted before the new FY
   b. Purchase Orders submitted through TechBuy
   c. Complete HSC Standing Order form
   d. TB# is issued by Techbuy
   e. Accounts Payable sends Purchase Order confirmation.

6). Annual Inventory:
   a. Prepare by verifying department equipment is not missing or stolen has
      TTUHSC # tag and is listed accurately on Inventory list.
   b. Click on F&A work tools
   c. eraider sign in
   d. Select Finance Tab; go to Property Inventory
   e. Select reports under MPIP Businsess Office ELP (53320)
   f. Select 533231 (MPIP Central Reg) under Available reports select
      Departmental Inventory
   g. Go to report option and select Edit or Transfer Inventory (if adding new
      equipment over $500.00, reviewing annual inventory, or removing
      equipment) or if adding new equipment or Replacing click on edit and
      under condition drop menu select New enter equipment serial #
      under drop menu Building enter Ambulatory Clinic ELP and select Room
      and enter 044 Ambulatory Clinic ELP and office # where equipment will be
      and select Update and select (save my changes).
7). Surplus (Removal of department equipment/items):
   a. If equipment is PC or Laptop submit work order to TTUHSC ELP IT STARS:
      http://www.ttuhsc.edu/ITSTARS/(Shoo35x55xskez2I455otyIu55))/roles/default.aspx
   b. Request crush hard drive on PC or Laptop
   c. IT will send work order confirmation and complete form for request to
      pick up Surplus property thru Tech Buy .
   d. eraider sign in
   e. Select Property Inventory Forms; TTUHSC and Select attachment E
      Transfer from Surplus to Department Request
   f. Enter current location; contact information ; item description; inventory #;
      serial #; computer equipment certification; and property custodian signature
   g. Submit work order to Maintenance department WebTMA system to pick
      up surplus property.
   h. Department information will self populate; enter contact information
   i. Under action requested enter pick up surplus property
   j. Enter location of property and enter facility/building
   k. Click Save
   l. Email confirmation is sent with work order #
   m. Work order is sent to Property Inventory manager and a review is done
      with photographs of the property prior to Maintenance pick up.
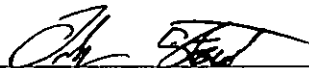
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
MEDICAL PRACTICE INCOME PLAN POLICY AND PROCEDURE

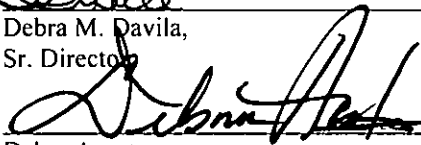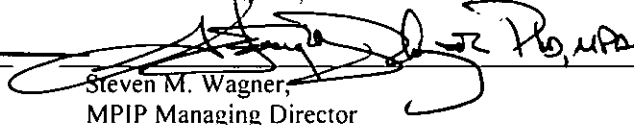Revised Date: 03/01/2014   Effective Date: 04/01/15
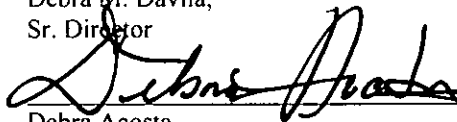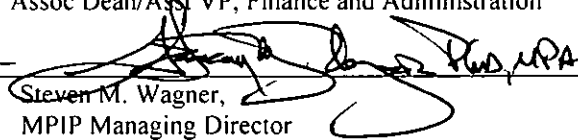
Debra M. Davila,
Sr. Director

Frank Stout,
Assoc Dean/Asst VP, Finance and Administration

Debra Acosta,
Unit Associate Director

Steven M. Wagner,
MPIP Managing Director

Department: **CR-Central Registration**

TITLE: **Newborns Registration Process**

Policy#: **CR 9**

Policy: It is the policy of Central Registration to process the UMC Newborns in GECB weekly.

Procedure:

    1). CR staff go to UMC Health Information Department (HIM) to obtain from the HIM staff the weekly Newborns Admissions List.

       a. CR staff review the Newborn list and match the legal name to the Admissions Newborn name.

       b. In GECB select Patient lookup to check if Newborn has been registered.

       c. Search by MR#; DOB; Mother's name.

       d. Select Demographics

       e. Change Admissions name to legal name (Example: from Avila, Girl Maria to newborn's legal name)

       f. Enter Guarantor information (name of mother on list) if not already populated at registration

       g. In GECB Page 4 - enter UMC MR# in RETGH field.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
MEDICAL PRACTICE INCOME PLAN POLICY AND PROCEDURE

Revised Date: 03/01/2014   Effective Date: 04/01/15
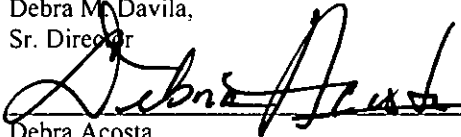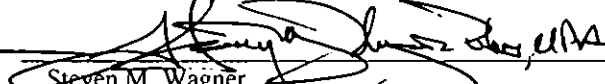
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Unit Associate Director

Steven M. Wagner,
MPIP Managing Director

Department: **CR-Central Registration**

TITLE: **New Patient; Hospital Inpatient/Outpatient; and Clinic Appointment Insurance Eligibility and Verification Processing (TBD).**

Policy#: **CR 10**

As per Debra Acosta on April 3, 2015:

I had not included CR 10 with my original P&P. Mr. Wagner added CR 10 (Eligibility) TBD. I don't have a policy explanation on this because CR has not started this process yet & I don't have any information other than what he included.

Debbie

CR 1-A

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
Paul L. Foster School *of* Medicine

Exhibit A

PATIENT LOG

Date:			
PATIENT LAST NAME ONLY *APPELLIDO SOLAMENTE*	**TIME ARRIVED** *TIEMPO DE LLEGADA*	**APPOINTMENT CIRCLE ONE** *CITA MARQUE UNA*	**DISCOUNT APPLICATION CIRCLE ONE** *APLICACION PARA DESCUENTO MARQUE UNA*
Last Name (Apellido) _____ Time Arrived (Hora de Llegada): _____ AM/PM Do you have a Clinic appointment? Yes No Tiene cita en alguna de las Clinicas? Si No Are you here to apply for the Discount Program? Yes No Esta aqui para solicitar el programa de Descuento? Si No		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO
		YES NO SI NO	YES NO SI NO

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Patient Information (Informacion de paciente)

Date of registration: _____

Last, First Name (Apellido, Primer Nombre): _____ DOB (Fecha de nacimiento): _____
Social Security (Seguro Social): _____ Gender (Sexo): ___ Race (Origen): _____

Marital Status (Estatus Civil): ___ Address (Domicilio): _____ Apt (apartamento): _____

City, State (Ciudad y Estado) _____ Zip Code (Codigo Postal): _____
Phone Number (Numero de Telefono): _____

Employment Information (Informacion de empleado)

Employee (Empleado): _____ Address (Domicilio): _____
City, State (Ciudad Y Estado): _____ Zip Code (Codigo Postal): _____

Phone Number (Numero de Telefono) _____

Guarantor Information (Informacion de guardian)

Last, First Name (Apellido, Primer Nombre) _____ DOB (Fecha de nacimiento): _____
Social Security (Seguro Social) _____ Gender (Sexo): ___ Race (Origen): _____

Address (Domicilio) _____ Apt (apartamento): _____

City, State (Ciudad y Estado) _____ Zip Code (Codigo Postal): _____

Phone Number (Numero de Telefono): _____

Email Address (Correo Electronico) Please Print (Letra en molde): _____

Patient or Guarantor Signature (Firma de Paciente o del Guardian): _____

CR 1 –C.

New Patient: AVILA,JEN - PATIENT INFORMATION

Name: [   ]   SSN: [   ]   Mrn/Acct: [   ]

AKA: [   ]   [   ]   Oth#: [   ]
[   ]   [   ]
[   ]

VIP: [   ]🔍   Ethnicity: [   ]🔍

Birth Dt: [   ]📅   Sex: [▾]   Race: [   ]🔍 Race2: [   ]🔍 Race3: [   ]🔍 Race4: [   ]🔍

Marital: [   ]🔍   Preferred Language: [   ]🔍

Addr1: [   ]   Addr2: [   ]

City,St: [   ]   Zip: [   ]🔍

County: [   ]🔍   Pt Phone: [   ]   Msg Phone: [   ]

E-mail: [   ]   Msg Comments: [   ]

Patient Notification Preference: [   ]🔍

Employer: [   ]   Emergency Contact: [   ]

Guarantor: [   ]   Spouses Name: [   ]

CS: [ ]   Special Needs: [   ]🔍

Reg Location: [   ]🔍   Signatures on File: [   ]📅

Reg: By: Upd: By:

[Page ▾][▸] [Actions...] [OK] [Cancel]

CR 1-D

Ins. Co. Determinator - DOE,JOHN MRN: E455704 Age:54Y

Key Words:	376	Exclude?: □

Exclude

Ins. Class: [ ] 🔍 □   Matches: 1
Plan Type: [ ] 🔍 □
Bin #/Payer Id: [ ] □

Patient/Subscriber   Insurance Company   Exclude

Cert Number: [ ]   Box #/Addr: [ ] □
Pre/Suffix: [ ] □   Zip Code: [ ] □
Employer: [ ] 🔍 □   Telephone: [ ] □
Group: [ ]

[OK] [Cancel]

CR 1-E.

Patients

OS / Date   10/28/2014   Status   **Addition in PROGRESS**

First   [_____]

10:10:14

Middle   [___]

Last   [_____]

┌─ Patient Priority ─────┐   ┌─ Primary Patient Type ─┐

DOB   [/ / _____]

Clinic ID   [NONE N/A ▼]

(•) Appointment   (•) Insurance

( ) Discount Evaluations   ( ) Medicaid

Appointment   [: ___]

( ) Payor Source Update   ( ) Discount

( ) Other

Have Clinic Card   [Yes ▼]

Walk-In   [: ___]

SPECIAL

Comments   [_____▲]
           [_____▼]
           [◄_____►]

[ ] Inmate   [ ] Medicaid Referral

[ ] Urgent   [ ] Medicaid Eligible

Discount   [Yes ▼]   [ ] DX Registration Ended at [: ___]

[ ] 1-Day Discount   MRN   [_____]

[ ] Delete   [<u>S</u>ave]   [<u>E</u>xit]

Status

Select a visitor :

Status

With Appointments

Primary PatientType	inmate	urgent	first	middle	lastname	dob	clinic nam

Registered

Primary PatientType	inmate	urgent	first	middle	lastname	dob	clinic nam

Payor Source Update

Primary PatientType	inmate	urgent	first	middle	lastname	dob	clinic nam

| Refresh | Exit |

CR 2-G.

Patient Services interface screenshot showing "New Patient: DOE,JOHN - PATIENT INFORMATION" form with navigation menu items: Patient Services, Invoice Inquiry, Comments, Dictionaries, TES/Front Desk, BAR Charge Entry, Post Receipts, Batch Maintenance, BAR Reports, BAR OPS, Claim Forms, DBMS, Eligibility, IT OPS, Links to EMR, Outlook Access, Sharepoint Links, External Links, Change Group, Latest News.

User: Briseno,Jennifer System: TTU ADV WEB ON ALOE

CR 3-H (Front).

TEXAS TECH UNIVERSITY
Health Sciences Center
Paul L. Foster School of Medicine

Acct # E

FINANCIAL ASSISTANCE APPLICATION
PLEASE PRINT ALL INFORMATION

Complete and sign the application. Incomplete applications will be denied. Presenting fraudulent information and failure to provide the required documents will result in denial of the application.

....

APPLICANT INFORMATION:

Name (Last, First Middle): _____

Social Security # _____Date of Birth:_____

RELATIONSHIP TO PATIENT: Parent: _____Spouse_____ Self _____ Other_____

....

PATIENT INFORMATION:

Female _____   Male _____

Name (Last, First Middle): _____ . _____

Social Security # _____Date of Birth:__ __ ____ _____

MARITAL STATUS: Single: ____ Married: ____Divorced: ____Separated: ___Common Law: ___Widow___
Additional documentation may be necessary to determine eligibility and must be provided upon request.

....

VALID FORM OF IDENTIFICATION:

Texas Driver's License/ID: Yes_____ No____   Passport: Yes _____ No _____

Out of State License/ID: Yes_____ No ____   (Green Card)Permanent Resident ID: Yes___No__

....

RESIDENCE INFORMATION:

Street Address (No P.O. Box): _____Apartment#:_____

City: _____ _____State: _____ _____ Zip Code:_____

Telephone # _____

Email Address:_____ . _____

PROOF OF RESIDENCY (2):

Utility Bill: Electric/Gas _____ Voter Registration Card _____ Property Tax Receipt _____
Social Security Statement_____ Income Tax Return (current) _____Mortgage Receipt_____
Medicaid Benefit Notice _____ Texas ID/Driver's License _____

. . . .

INCOME VERIFICATION:

Income Tax Return (current year): Yes _____No_____ Social Security Benefits: Yes _____No_____

Gross Income/Check Stubs (current): Yes _____ No _____ Student: Financial Aid: Yes ____ No _____

Alimony: Yes _____ No _____ Child Support: Yes _____ No_____ Pension: Yes_____ No____

Food Stamps: Yes _____ No _____ Unemployment: Yes_____ No_____

TANF (Temporary Assistance For Needy Families): Yes _____ No _____

Claim Zero Income: Yes _____ (Additional documentation may be necessary to determine eligibility and must be provided upon request).

. . . .

DEPENDENTS:
Birth certificate _____ Income Tax Return (current year) _____ Medicaid Benefit Letter_____

. . . .

_____   _____
Applicant Signature   Date
By signing above, I affirm to the best of my knowledge and belief that the information on this application is accurate.

Patient: DOE,JOHN   Mrn: E500377

Gross Income: [   ]   How Verified: [   ]   (Clinic Referred)

Number Dependents: [   ]   How Verified: [   ]   (Screener Initial)

Address Verified: [▾]   How Verified: [   ]   (Program/Results)
(Business Calls)   Credit Verification   [ ]   Credit Report Date   [   ]▣

LMP Date: [   ]▣   Pt Deceased: [▾]ear   [   ]
(Screening Date)   EDD Date: [   ]▣
RETGH MR #   [   ]   Admitting Date: [   ]▣   Admitting Dept: [   ]▣
EE#   [   ]   (Walk in Registration)   (Double Numbers)
Guam Social Security - Transunion: [   ]
Is This a Company Account?   [ ]   Company Acct Name: [   ]

[◄][Page ▾][►]   [Actions...]   [OK]   [Cancel]

TransUnion. | Healthcare

Revenue Manager Customer Login

Streamline patient access processes, increase point-of-service collections and get more accurate registration data with instantaneous intelligence from TransUnion Healthcare.

- Verify patient information and ability to pay

- Qualify patients for financial assistance

- Collect patient receivables and improve workflow

Not a customer? Learn how you can optimize your processes.

Request more information

Login to your account

User ID

Forgot user ID?

Password

Forgot password?

LOGIN >>

Client Support

1-888-339-4664

Revenue Manager FAQs

More online services for TransUnion

TransUnion offers a number of other online tools to meet your needs:

ClaimsREDI >>

MedConnect >>

Partner portal >>

CR 3-K.

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
Paul L. Foster School *of* Medicine⁻

I understand that by signing this document, I am authorizing Texas Tech University Health Sciences Center – El Paso to recover the cost of professional services provided from any third party. I agree to give information needed to identify and locate all sources of payment for professional care services

I solemnly swear and affirm that the information supplied by me is true and correct. I understand that the willful misinterpretation of facts in this document will result in denial or termination of discount

Applicant Signature	Date	Witness	Date

- -

Entiendo que al firmar esta solicitud autorizo a Texas Tech University Health Sciences Center - El Paso para recaudar el costo de los servicios profesionales reembolsable por terceras personas

Estoy de acuerdo en proporcionar la informacion necesaria para identificar y localizar todos los medios de pago disponible para saldar el costo contraido por servicios de cuidado professional

Juro y afirmo que la informacion que estoy proporcionando en esta solicitud es verdadera y correcta. De la misma manera, comprendo que cualquier informacion falsa o incorrecta en esta solicitud, resultara en la cancelacion de mi descuento.

Firma de Solicitante	Fecha	Testigo	Fecha

TEXAS TECH UNIVERSITY
Health Sciences Center
Paul L. Foster School *of* Medicine·

E90000

Patient A
200 Smith Lane
El Paso, TX 79905

October 23, 2014

Dear: Patient A

Please be advised, according to our records, your *Texas Tech Discount* will expire on or before **October 01, 2014.** To continue to be seen at *Texas Tech Physicians of El Paso* with a discount, a re-evaluation for the Discount Program is required. Please stop by our offices anytime between **7:00am – 4:15pm,** Monday thru Friday to complete an application. Please be advised that our requirements for eligibility have changed.

- -

Aviso, tome en cuenta que su *Descuento de Texas Tech* se vencerá en el dia o antes del **01, de Octubre 2014.** Para continuar en su cuidado medico en *Texas Tech Physicians of El Paso,* una re-evaluación nueva para el programa del descuento será necesaria. Favor de pasar a nuestras oficinas a su conveniencia de **7:00am – 4:15pm,** Lunes a Viernes para completar un aplicación. Favor de tomar en cuenta, que los requisitos para ser elegible han cambiado.

Central Registration / Registro Central

CR 4- M.

Patient: DOE,JOHN   MRN: E500377   FSC: RPC
         GENERAL DELIVERY   SSN: BAD
         EL PASO,TX   79910-9999   DOB: 10/29/1960

                 Enter 'T' For Today's Date: | 10/28/2014 | 📅
                        ENTER BAD ADDRESS: | GENERAL DELIVERY |
                            Effective Date: | | 📅
                           Expiration Date: | 08/08/1988 | 📅

                                        [Actions...] [OK] [Cancel]

CR 4-N

Patient: DOE,JOHN   MRN: E500377   FSC: RPC
         GENERAL DELIVERY   SSN: FM
         EL PASO,TX   79910-9999   DOB: 10/29/1960

                    SPECIAL ACCOUNTS ONLY: [   ]
                          Effective Date: [   ]🗓
                         Expiration Date: 08/08/2008   🗓
                              Rec'd Date: 10/28/2014   🗓

                                              [Actions...] [OK] [Cancel]

MPIP Converter   `▭` `▣` `✕`

UMC Admissions
Reports

Download
Regular
Admissions

SID:TTUHSC\jbriseno

Developed by the IT Department. IS v.09012013

Exit

Insurance Co Determinator

Key Words: 376   Exclude?: ☐

                  Exclude

Ins. Class: ☐   Matches: [   ]

Plan Type: ☐

Bin #/Payer Id: ☐

Patient/Subscriber   Insurance Company   Exclude

Cert Number: Box #/Addr: ☐

Pre/Suffix: ☐   Zip Code: ☐

Employer: ☐   Telephone: ☐

Group:

Number	Name	Street Address	City,Stat
70203	HOSPITAL DISTRICT SP		

[E] Exclude Criteria   I, Include Criteria

[Actions ▼] [OK] [Cancel]

Insurance: HOSPITAL DISTRICT SP[Field 1 of 3]

Patient: DOE,JOHN   MRN: ES00377   FSC: RPC
         GENERAL DELIVERY   SSN: HDS
         EL PASO,TX   79910-9999   DOB: 10/29/1960

                    REC'D DATE: 10/28/2014
                 EFFECTIVE DATE: 07/01/2014
                EXPIRATION DATE: 07/01/2015

                                        [Actions...-] [QK   ] [Cancel]

Insurance Co Determinator

Key Words:	375	Exclude?: ☐

Exclude

Ins. Class:	☐	Matches: [_____]
Plan Type:	☐	
Bin #/Payer Id:	☐	

Patient/Subscriber	Insurance Company	Exclude
Cert Number:	Box #/Addr:	☐
Pre/Suffix: ☐	Zip Code:	☐
Employer: ☐	Telephone:	☐
Group:		

	Number	Name	Street Address	City, Stat
	70202	HOSPITAL DISTRICT IC		

[E] Exclude Criteria   [I] Include Criteria

[Actions ▼] [OK] [Cancel]

CR 7-S.

CR 7-T.

Merge Request   Merge Search   Merge Reports   Sign Out

User: jbriseno   Tuesday October 28, 2014   CentralR

♫ Request to Merge Accounts

[Back]

Acct E#1 *   Chart#1   Name1 *   DOB1 *

Acct E#2 *   Chart#2   Name2 *   DOB2 *

Acct E#3   Chart#3   Name3   DOB3

Acct E#4   Chart#4   Name4   DOB4

Requestor Comments:

[Save] [Cancel]