


<b>Name of Policy:</b>	<b>Patient Registration &amp; Verification</b>	
<b>Policy Number:</b>	3364-101-05-03	
<b>Department:</b>	Ambulatory Services	
<b>Approving Officer:</b>	Administrator, Ambulatory Services & Behavioral Health	
<b>Responsible Agent:</b>	Administrator, Ambulatory Services & Behavioral Health	
<b>Scope:</b>	Ambulatory Services	<b>Effective Date:</b> 5/2008 <b>Initial Effective Date:</b> 10/1/1978
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

### (A) Policy Statement

Patients shall be registered before receiving services in the UTMC Clinics. The registration will create an on-line patient account record containing all of the patient's demographics and insurance information.

### (B) Purpose of Policy

To collect all necessary patient demographic and insurance information prior to each patient's visit, and maintain an accurate patient database.

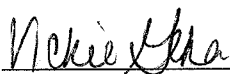
### (C) Procedure

The following shall be performed prior to the patient's clinic visit.

1. At the time a visit is scheduled, if it is a new patient that currently does not have a Medical Record number assigned the clinic staff will perform a quick registration and ask the patient for his/her telephone number. The patient's telephone number will be entered in STAR.
2. If it is a new patient, clinic staff will perform a thorough search of the Master Patient Index (MPI) by last name and social security number before creating a new patient account.
3. After the appointment is scheduled, if the patient has not had a clinic appointment in the past sixty (60) days, the patient will be transferred to Centralized Pre-Registration (ext. 6272). Centralized Pre-registration shall collect all necessary patient information from the patient and enter the data in STAR.
4. Centralized Pre-registration staff shall call patients to complete pre-registration before patients arrive for their scheduled appointment. Patients covered by Medicaid will be called if their registration data has not been verified in the past thirty (30) days. All other patients will be called if their registration data has not been verified in the past sixty (60) days. During the months of January and July, Centralized Pre-Registration will call all patients that have not had their registration data verified in the past thirty (30) days.
5. Centralized Pre-Registration will complete a Medicare Secondary Payor (MSP) questionnaire for all patients with Medicare and Medicare HMO.
6. Centralized Pre-registration shall prepare a registration packet for each patient scheduled. Each registration packet will include a face sheet and a consent form. Clinics shall retrieve their registration packets each morning.

The following shall be performed in order to verify patient registration data at time of visit.

1. When patients arrive for their visit, clinic staff will ask patients for their insurance card. A copy of the insurance card will be scanned. If the patient does not have an insurance card available they will be asked to state their current insurance carrier and home address. Clinic staff will make changes on the face sheet if necessary to update the patient's insurance and address. Patients will be asked to review and verify registration information on the face sheet, make corrections as necessary, and sign the consent form.
2. For all patients with Medicare, Medicare HMO, an MSP questionnaire must be completed with each visit. If an MSP questionnaire is not completed by Centralized Pre-registration the clinic staff will be required to complete the questionnaire with the patient at time of visit.
3. Insurance cards must be examined carefully to ensure that coverage is active on the date of service.
4. Patients that arrive for their visit but have not had their registration data verified in the past 30 days (if Medicaid)/60 days (all other insurance) shall be registered by registration staff or will be asked to call Centralized Pre-registration from the clinic.
5. Corrections made to face sheets will be entered into STAR each day by clinic staff. If the registration data is correct, clinic staff will enter into STAR that the patient verified the data.
6. Clinic staff will delete in STAR the registrations of patients that did not arrive for their appointment or cancelled their appointment daily.

<p><b>Approved by:</b></p> <p> _____ Vickie Geha Administrator, Ambulatory Services &amp; Behavioral Health</p> <p><i>Review/Revision Completed By: Ambulatory Services</i></p>	<p><b>Review/Revision Date:</b> 3/4/2003 4/2005 5/2008</p>
<p><b>Next Review Date:</b> 5/1/2011</p>	
<p><b>Policies Superseded by This Policy:</b> 5-03</p>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*