

Checking in a Patient

Last Modified on 02/19/2024 3:59 pm EST

Version 21.3

Path: Clinical, Practice Management, or Billing tab > Schedule button > Calendar radio button

About

A complete patient check-in process includes:

- [Verifying Patient Demographics](#)
- [Verifying Family Contacts](#)
- [Verifying Insurance Information](#)
- [Marking the Patient as Checked-In and Collect a Copay](#)
- [Check-in a Patient](#)

Getting into the habit of doing this for every patient, at every appointment ensures that the patient's information in OP is up to date.

Verifying Patient Demographics

1. Access the Calendar window by following the path above.
2. Click the patient's appointment to select it.
3. Click the **Patient Chart** button in the Clinical, Practice Management, or Billing tab.
4. Click **Basic Information** to verify the patient's Demographic information, and make edits if necessary.
5. *(Optional)* If edits were made to the patient's demographics, click the **Save** button.

Demographics		New	Delete	Save	Cancel	Copy From	Merge	Print
Patient number:	6853	Alternate ID:						
Last / Suffix:	SMITH	Alt last name:						
First:	DAREN	Alt first name:						
Middle:		Age:		30 yrs. 11 mos.				
Birth date:	10/19/1991	Ethnicity:		n/a				
Sex/ Gender Identity:	Male	Details:						
Orientation:	Don't Know	Race(s):		n/a Unknown				
Details:		Details:						
Language:	ENGLISH	Status:		Active as of: 11/5/2021				
Primary address:	ABC STREET	Register date:		11/05/2021				
	NORFOLK VA 23539	Last visit:						
County/country:	UNITED STATES	Last update:		11/05/2021 01:36 PM by: 107				
Phone #	Ext.	Relation:		Patient Preferred Contact Methods				
Primary phone:	234-354-6654			Recalls: n/a				
Day/Work:	- -			General:				
Cell phone:	- -			Portal:				
Email address:				Reminders:				
Emerg. contact:				Photo ID				
VFC eligibility:	NOT ELIGIBLE							
Medical home:	Primary Location							
PCP:	107 DEMO DOCTOR							
Team:								
Risk group:	not applicable							

Verifying Family Contacts

1. In the Patient Chart, click **Family Contacts** and verify the contact information. To add a contact, see [Adding Contacts to a Patient's Chart](#).

Family Contacts [Add](#) [Remove](#) [Inactivate](#)

#	Name	Role/Reason	Authority	Res?	Start Date	End Date
1	SARA TEST	Mother	Joint	<input checked="" type="checkbox"/>		
2	BRYAN TEST	Father	Joint	<input checked="" type="checkbox"/>		
3	address change	Prior Address		<input checked="" type="checkbox"/>		8/5/2022 3:53:35 PM

Fix Sort #

Last name: TEST SSN:

First name: SARA Employer:

Nickname: Occupation:

Birth date: 5/16/1980 Notes:

Language:

Address: 544 FRONT STREET

Country: PEN ARGVYL PA 18072 UNITED STATES

Primary phone: 484-321-7890 Ext: Recalls: Home Phone

Day/Work: - - General: Home Phone

Cell phone: 610-740-4457 Portal: Home Phone

Fax: - - Reminders: Home Phone

Home email: cmaitek+sara2@officepracticum.ci

Work email:

Verifying Insurance Information

1. Click **Insurance** and verify the insurance information and the Patient Responsibility Guarantor. To add insurance, see [Create a New Insurance Record](#).

Insurance [+](#) [X](#) [Copy From](#) [Print](#) [Self-Pay](#) [Validate](#)

Primary Ins: BCBS AA-1234 Secondary Ins:

Patient Responsibility Guarantor: DENNIS BELL Statement Method: Mail

Status	Ranking	Code	Ins Carrier Name	Insured ID	Group Number	Validated
ACTIVE	Primary	BCBS	BLUE ONE	AA-1234		

[Edit Insurance Record](#) [Address/Employer](#) [Medical Benefits](#) [Pharmacy Benefits](#)

Policy status:

Status: ACTIVE Validated:

Effective: Terminated: Last updated by: 373

Subscriber-Last name: BELL Patient responsibility:

First name: DENNIS Type: Copayments only

Sex/birth date: Male Female 5/15/1986 Waived for preventive care

Patient rel to subscriber: CHILD PCP visit copay: \$30.00

Insurance carrier: BCBS BLUE ONE Well visit copay:

Subscriber ID: AA-1234 After hrs copay:

Plan Name: Specialist copay: \$0.00

Group number: Lab copay: \$0.00

Group name: Coinsurance %: 0

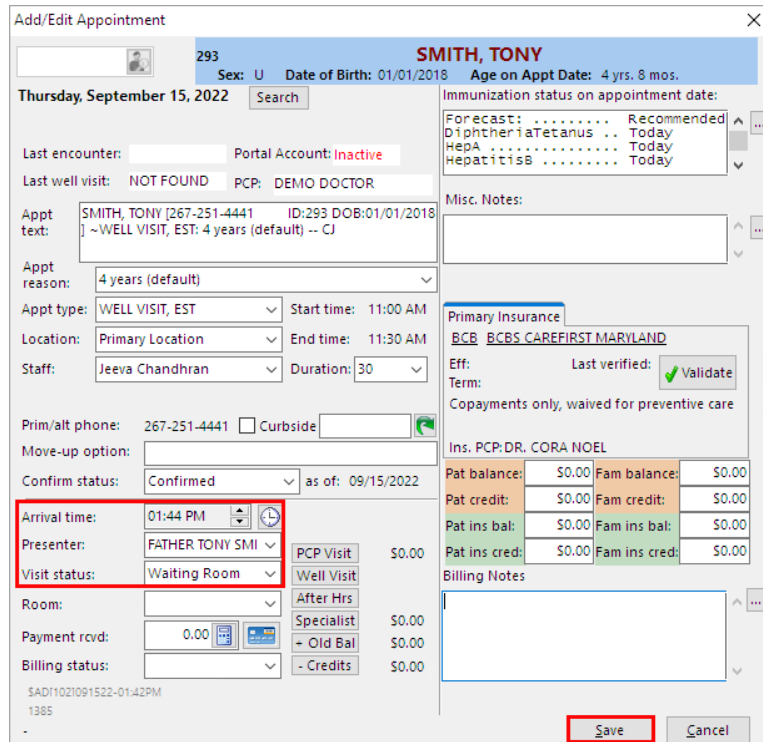
VFC eligibility: 5 Deductible satisfied

Patient signature on file Provider accepts assignment

6. Click the **X** button to close the Patient Chart.

Marking the Patient as Checked-In and Collect a Copay

1. On the Calendar window, double-click to open the **Add/Edit Appointment** window.
2. Click the **Presenter** drop-down and select the presenter from the list.
3. Click the **Visit Status** drop-down and select a status from the list. Once a Visit Status is selected the **Arrival time** will update.



- If a co-pay is collected for this visit, see [Enter a Copay](#). Once the copay is entered, the appointment is updated with a **CoPaid** indicator.

02:21 ENGLISH, CALLIE [215-987-6541 ID:349 DOB:12/31/2015] --SICKVISIT, ESTA: Ear pain -- (RED ROOM) ALD

- Click the **Save** button.

Version 20.17

Path: Clinical, Practice Management, or Billing tab > Schedule button > Calendar radio button

About

A complete patient check-in process includes verifying patient Demographics, Insurance information, and Family Contact information. Getting into the habit of doing this for every patient, for every appointment ensures that the patient's information in OP is up to date. It is also recommended to collect patient copays and balances during check-in so that your Practice's Patient A/R does not grow unnecessarily.

Check-in a Patient

- Access the Calendar Schedule window by following the path above.
- Click the patient's appointment once to select it.
- Click the **Patient Chart** button located in the Clinical, Practice Management, or Billing tab.
- Click **Basic Information** in the Demographics section of the Chart Navigation Panel.
- Verify the patient's Demographic information, and make edits if necessary.
- (Optional) If edits were made to the patient's demographics, click the **Save** button.

Demographics [New] [Delete] [Save] [Cancel] [Copy From] [Merge] [Print]

Patient number: 7375 Alternate ID: []
 Last / Suffix: TEST Alt last name: []
 First: CHRIS Alt first name: []
 Middle: [] Age: 10 yrs. 4 mos.
 Birth date: 2/2/2010 Ethnicity: Not Hispanic or Latino
 Sex: Male Details: []
 Gender identity: Unknown Race(s): White
 Orientation: Unknown Details: []
 Language: ENGLISH

Primary address: 55 TEST STREET Status: Active as of: 9/27/2019
 Register date: 09/27/2019
 Last visit: 09/27/2019
 Last update: 09/27/2019 01:52 PM by: 2035
 Portal Acct: Inactive

Primary phone: 215-555-6778 **Patient Preferred Contact Methods**
 Day phone: [] Recalls: []
 Cell phone: [] General: []
 Email address: [] Portal: []
 Emerg. contact: [] Reminders: []

VFC eligibility: NOT ELIGIBLE **Photo ID**
 Medical home: Main Office
 PCP: 2035 REED FOWLER
 Team: []
 Risk group: not applicable

7. Click **Family Contacts** and verify the contact information. To add a contact, see [Adding Contacts to a Patient's Chart](#)

Family Contacts [Add] [Remove] [Inactivate]

#	Name	Role/Reason	Authority	Res?	Start Date	End Date	Portal
1	DENNIS BELL	Father	Joint	<input checked="" type="checkbox"/>			None

Fix Sort # []

Last name: BELL SSN: []
 First name: DENNIS Employer: []
 Nickname: [] Occupation: []
 Birth date: 5/15/1986 Notes: []
 Language: []
 Address: 1891 JEFFERSON
 Country: SAN LUIS OBISPO CA 93405 UNITED STATES
 Primary phone: 555-444-1809 **Preferred Contact Methods**
 Work phone: [] Recalls: Home Email
 Cell phone: 484-111-2222 General: []
 Fac: [] Portal: []
 Home email: dbell@gmail.com Reminders: Text to Cell
 Work email: []

[Save] [Cancel]

8. Click **Insurance** and verify the insurance information. To add insurance, see [Create a New Insurance Record](#).

Insurance [Add] [Copy From] [Print] [Self-Pay] [Validate]

Primary Ins: BCBS AA-1234 Secondary Ins: []
 Patient Responsibility Guarantor [] Statement Method []

DENNIS BELL	Ranking	Code	Ins Carrier Name	Insured ID	Group Number	Validated
ACTIVE	Primary	BCBS	BLUE ONE	AA-1234		

Edit Insurance Record | Address/Employer | Medical Benefits | Pharmacy Benefits

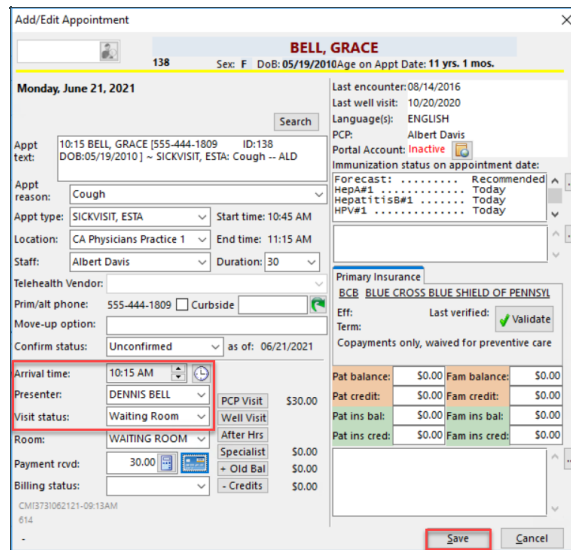
Policy status:
 Status: ACTIVE Validated: []
 Effective: [] Terminated: [] Last updated by: 373

Subscriber-Last name: BELL Patient responsibility: []
 First name: DENNIS Type: Copayments only
 Sex/birth date: Male Female 5/15/1986 Waived for preventive care
 Patient rel to subscriber: CHILD PCP visit copay: \$30.00
 Insurance carrier: BCBS BLUE ONE Well visit copay: []
 Subscriber ID: AA-1234 After hrs copay: []
 Plan Name: [] Specialist copay: \$0.00
 Group number: [] Lab copay: \$0.00
 Group name: [] Coinsurance %: 0
 VFC eligibility: [] Deductible satisfied

Patient signature on file Provider accepts assignment

- Click the **X** button to close the Patient Chart.
- On the Calendar window, double-click to open the **Add/Edit Appointment** window.
- Click the drop-down in the **Presenter** field and select the presenter from the list.

12. Select a **Visit Status** from the drop-down menu. This updates the Arrival time.



Add/Edit Appointment

BELL, GRACE
 138 Sex: F DoB: 05/19/2010 Age on Appt Date: 11 yrs. 1 mos.

Monday, June 21, 2021

Appt text: 10:15 BELL, GRACE [555-444-1809 ID:138 DOB:05/19/2010] ~ SICKVISIT, ESTA: Cough -- ALD

Appt reason: Cough

Appt type: SICKVISIT, ESTA Start time: 10:45 AM

Location: CA Physicians Practice 1 End time: 11:15 AM

Staff: Albert Davis Duration: 30

Telehealth Vendor:

Prim/alt phone: 555-444-1809 Curbside

Move-up option:

Confirm status: Unconfirmed as of: 06/21/2021

Arrival time: 10:15 AM

Presenter: DENNIS BELL

Visit status: Waiting Room

Room: WAITING ROOM

Payment rcvd: 30.00

Billing status:

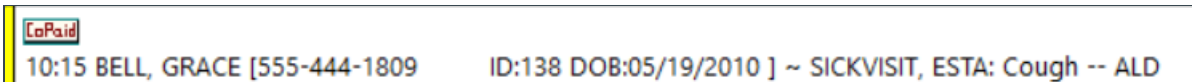
PCP Visit \$30.00
 Well Visit
 After Hrs
 Specialist \$0.00
 + Old Bal \$0.00
 - Credits \$0.00

Primary Insurance: BCB BLUE CROSS BLUE SHIELD OF PENNSYLV

Pat balance: \$0.00 Fam balance: \$0.00
 Pat credit: \$0.00 Fam credit: \$0.00
 Pat ins bal: \$0.00 Fam ins bal: \$0.00
 Pat ins cred: \$0.00 Fam ins cred: \$0.00

Save Cancel

13. If a co-pay is collected for this visit, see [Enter a Copay](#). Once the copay is entered, the appointment is updated with a **CoPaid** indicator.



CoPaid
 10:15 BELL, GRACE [555-444-1809 ID:138 DOB:05/19/2010] ~ SICKVISIT, ESTA: Cough -- ALD

14. Click the **Save** button.