





**Welcome to the Practice Workflow  
Documentation Webinar Series**


**Part 1: Practice and Provider Visit  
Information**

January 27, 2011

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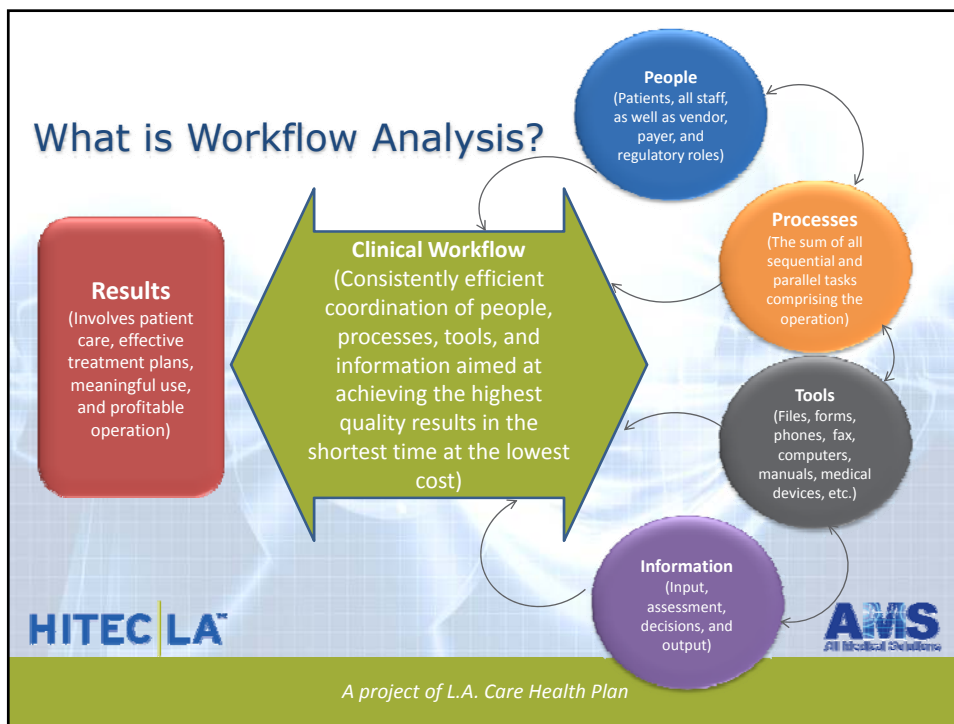
**Practice Vitals Workbook:  
Part 1 - Practice Information**



**John de Grave**  
**Business Development Consultant**

January 27, 2011  
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## Organization

Organization Details

Organization Legal Name	Best Medical Group
Org Type (e.g. LLC, Corp, etc...)	LLC
Main Office Address 1	11226 Baldwin Blvd.
Main Office Address 2	
Main Office City	Westchester
Main Office State	CA
Main Office Zip	90507
MCS Billing Address 1	11226 Baldwin Blvd.
Billing Address 2	
Billing City	Westchester
Billing State	CA
Billing Zip	90507
CLIA ID	12345678
Tax ID	xxx-xxx-9901
NPI	12345678
Primary Contact Person	Dr. Lang
Primary Contact Phone	(310) 700-8888
Primary Contact Email	drlang@yahoo.com
# Locations	3
# Physicians	6
# other Billing Providers	1

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## Location

Location Details

Location I Name	Best Medical #2
Address	120 W. 105 ST
City	Los Angeles
State	CA
Zip	90545
Office Phone	(310) 222-3333
Office Back Line	(310) 222-3334
Office Fax	(310) 222-3335
CLIA ID	12345678
Tax ID	Xxx-xxx-9901
NPI	12345678
Location Contact Name	Janice Jones
Contact (Direct) Phone	(310) 222-3336

Location II Name	Best Medical #3
Address	3520 Lakeview Blvd
City	San Fernando
State	CA
Zip	90770
Office Phone	(310) 333-4444
Office Back Line	(310) 333-4445
Office Fax	(310) 333-4446
CLIA ID	12345678
Tax ID	Xxx-xxx-9901
NPI	12345678
Location Contact Name	Grace Smith
Contact (Direct) Phone	(310) 333-4447



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## Scheduler

Provider Names	Provider Work Hours (Please provide the time for each day)		Appointment Reasons	Blocking Scheduler Timings
Dr. Lang	Monday 9-6PM	Thursday 9-6PM		
	Tuesday 9-6PM	Friday 9-6PM		
	Wednesday 9-6PM	Saturday Off		
Dr. Wu	Monday 11-6PM	Thursday 9-6PM	9am - 11am staff mtgs	
	Tuesday 1-6PM	Friday 9-6PM		Tues 8am-12pm at hospital
	Wednesday Off	Saturday Off		
Dr. Jonas	Monday 8-5PM	Thursday 8-5PM		
	Tuesday 8-5PM	Friday 8-5PM		Tues. hospital all day
	Wednesday Off	Saturday 9-12pm		



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## Provider Details

Provider Details

First name	Last name	Specialization	DEA#	License#	License State	UPIN	NPI	SPID#	TaxID
Robert	Lang	Pediatrics	12345678	12345678	CA	12345	12345	12345	12345
Janice	Wu	OB-GYN	12345678	12345678	CA	12345	12345	12345	12345
Paul	Jonas	Internal Medicine	12345678	12345678	CA	12345	12345	12345	12345



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## Office Staff Details

Office Staff Details


Location Name		
Best Medical		
Total number of people in the office		
13		
SSN	Name	Functional Group <small>(Check or highlight the functional group for each user)</small>
		<input type="checkbox"/> Front Desk <input checked="" type="checkbox"/> Nurse <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Billing <input type="checkbox"/> Others: _____
Xxx-xxx-9802	Gracie Smith	<input type="checkbox"/> Front Desk <input checked="" type="checkbox"/> Nurse <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Billing <input type="checkbox"/> Others: _____
Xxx-xxx-8845	Janice Jones	<input type="checkbox"/> Front Desk <input type="checkbox"/> Nurse <input checked="" type="checkbox"/> Medical Assistant <input checked="" type="checkbox"/> Billing <input type="checkbox"/> Others: _____
Xxx-xxx-4321	Michelle Bosworth	<input type="checkbox"/> Front Desk <input type="checkbox"/> Nurse <input checked="" type="checkbox"/> Medical Assistant <input type="checkbox"/> Billing <input type="checkbox"/> Others: _____
Xxx-xxx-7802	Michael Thomas	<input type="checkbox"/> Front Desk <input type="checkbox"/> Nurse <input checked="" type="checkbox"/> Medical Assistant <input type="checkbox"/> Billing <input type="checkbox"/> Others: _____
Xxx-xxx-0135	Debbie White	<input type="checkbox"/> Front Desk <input type="checkbox"/> Nurse <input checked="" type="checkbox"/> Medical Assistant <input type="checkbox"/> Billing <input type="checkbox"/> Others: _____



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## Practice Vitals Workbook: Part 1 – Provider Visit Information





**Tara Klein**  
Business Development Consultant

January 27, 2011  
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### Step 1: Compile Chief Complaints

Sr.No	Chief Complaint	HPI (Column 2)	Column 3	Column 4
(1).	Abdominal Pain (Sample)	Location	RUQ LUQ	
		Severity	Mild Moderate Severe	
		Duration	Days Weeks Months	
		Timing	All day After meals with no meals in morning at night persistent intermittent	
		Quality	Throbbing Burning Radiating Cramping Sharp Dull	
		Modifying factors	Aggravated By	Eating late consuming alcohol with exercise
			Relieved By	eating rest sleep

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### Step 2: Compile Favorite Diagnosis Codes

ICD9 Code	Description	ICD Code Group
711	Arthritis	Arthritis
354	Carpal Tunnel Syndrome	CTS
719	Stiffness of Joint	Stiffness
724	Back Pain	Back Pain
781	Abnormality of Gait	Gait
825	Fracture	Fracture

ICD9 Code	Description	ICD Code Group
711.0	Arthritis - Pyogenic	
711.5	Arthritis - Hip	
711.6	Arthritis - Knee	
711.7	Arthritis - Ankle/Foot	



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### Step 3: Compile Favorite Medication Codes

Medication Name	Generic Name	Dose	Durat ion	Schedule/Freq	Route	Instruct ions	Medication Group
Vicodin	Hydrocodone	5/500 mgm	10 days	Every 4-6 hrs	PO		Narcotics
Norco	Hydrocodone	5/325 mgm	10 days	Every 4-6 hrs	PO		Narcotics
Percocet	Oxycodone	5-10/325 mgm	10 days	Every 4-6 hrs	PO		Narcotics
Keflex	Cephalexin	250 mgm	14 days	Tid/qid	PO		Antibiotics



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### Step 4: Compile Pharmacy Codes

Pharmacy Name	Address	City	State	Zip	Phone	Fax	Store #
Costco	2751 Skypark Dr.	Torrance	CA	90505	310.891.1020	310.891.3323	
Rite Aid	2240 Sepulveda Blvd.	Torrance	CA	90501	310.325.0868	310.325.8060	
Del Amo	21320 Hawthorne Blvd. Ste 112	Torrance	CA	90503	310.543.1331	310.543.0020	



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### Step 5: Compile Favorite Lab Codes

Lab/Test Name	Lab Group	CPT
Westcliff Medical Laboratories		88233
Paragon Laboratories		88271 <input type="checkbox"/>
Quest Diagnostics		88264



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**Thank You  
for Letting Us be of Service**

**Questions or Comments**

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