

Clerical Support Services  
"OTHER" DOCTOR PROCEDURE

COPY

**Purpose:**

This procedure provides instructions for entering "other" provider demographic information into the Meditech requisition.

**Policy:**

Providers not listed in the Meditech provider dictionary are entered in Meditech as an "other" provider. This procedure ensures that there will be adequate information to send the results to the appropriate address. Failure to enter complete demographic information can result in delays in reporting results to the responsible provider.

**Scope:**

This procedure applies to the Saratoga Hospital Laboratory, Saratoga Hematology Oncology Laboratory and Wilton Medical Arts Laboratory.

**Procedure:**

1. The admitting registrar will enter "OTH" as the registered provider.
2. In Meditech in the Enter/Edit Requisition screen, remove "OTH" from the "Submit Dr" field.

LAB\_SAA (C/TEST.5.64.MIS/158/SAA) - BALDWIN, TERI

Enter/Edit Requisition

Patient	TEST, POC	Acct #	X000021279	Loc	LAB	U #	H0002141
		Status	REG REF	Room		Reg	04/25/13
Req #	NEW	DOB	09/28/68	Age/Sx	44/F	Bed	
Reg Dr	OTH	OTHER, DOCTOR		T Loc		Site	ML
Submit Dr		OTHER, DOCTOR					

3. Enter the provider's name in the "Submit Dr" field using the format: "Last name, First name, MD". Note: for "PA" or "NP", do not include the title (see attached example).

LAB\_SAA (C/TEST.5.64.MIS/145/SAA) - LAPIERRE, MADELINE A

Enter/Edit Requisition

Patient	TEST, GEORGE	Acct #	X000000158	Loc	S00	U #	H0000015
		Status	REG REF	Room		Reg	05/17/11
Req #	NEW	DOB	11/26/53	Age/Sx	57/M	Bed	
Reg Dr	OTH	OTHER, DOCTOR		T Loc		Site	ML
Submit Dr	Jones, John	Jones, John					

4. An "Enter/Edit Address" popup box will appear for the address.

- a. On line #1 enter the complete street address including P.O. boxes or other codes
- b. On line #2 enter the city, state, and zip code.
- c. On the lines #3 and #4, enter phone and fax numbers if available.

Enter/Edit Address

Doctor Address

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

E-Mail \_\_\_\_\_

NPI Number \_\_\_\_\_

License Number \_\_\_\_\_

Note: Meditech allows a maximum of 20 characters per field. If possible, please use acceptable abbreviations so that the complete address will appear on the report.

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Date Placed in Service: 5/28/13

Approved by: Jeanne Leonard 5/29/13 W. F. [Signature] MD 8-31-13  
Clerical Services Coordinator Date Laboratory Medical Director Date  
Saratoga Hospital Laboratory

[Signature] 5/29/13  
Laboratory Medical Director Date  
Saratoga Hematology-Oncology Laboratory

Location: Clerical Support Service Manual  
Accessioning Manual  
Wilton Medical Arts Manual  
LIS Manual

Reviewed 1/8/15 [Signature]