Milford Regional Physician Group The Benchmark for Quality Care Workflow for: Internal Medicine Pediatrics Family Medicine Specialty Clerical

Updated: 6/9/17

NextGen: Identity Verification for New Patients

Prior to creating a patient chart in NextGen, verify the patient's identity with a picture ID and then scan the ID into NextGen by completing the following steps:

- 1. Right click in the box on the upper right corner of the Patient Information screen.
- 2. Select New...

ist	First Jane	Middle	Previous Last	_ Nickname		- 🍰
SN 99-99-9999	Bith Date Age 01/01/1983 📑 34 yrs	Sex Femal 🕶		1		New
emographi Street 456 Anywhere City Miford Country USA Race	Status Clignt Defin. Biling Address St State MA (Mass County WORCESTEF Pref Language	Address Type Zp 01757- Community Cd Religion	cy Employer Street City Country Country Church	Relations/R U Secondary Addre State County County Ethnicity	DS Ext ses Address Type Zp Zp Mother's Mak Contact Preference	H Open
Marital Status Primary Care Pr Provider. Test 1. Home	Student Status Vet	eran oker Expired ntal Provider Vumber / E-Mail	Expired Date	Int1 Him Phn	Generate System Alert	1 <u>Zp</u>
2. Day 3. Alterna 4. Secondary 5. E-1	Phone (508) 473-1 te Phone () - y Hm Phone () - Mail () -	480 Ext				

Pages: 3

3. Click the Norton button and select Acquire to scan the ID as you would an insurance card.

	🐔 Scanning Device Input					
	Image:	1	Selected Segment:			
	Acquire					
	Capture Crop Delete Copy Paste					
~	Canon DR-3010C TWAIN DocketPORT 667 BizCardReader 900C V3.0 WIA-DocketPORT 667	<u> </u>	● Brightness ○ Contrast ▲ <			
	AutoCapture Mode AutoScan Mode Show Camera/Scanner Interface Print					



4. Left click and drag your mouse over the entire ID. The area selected will display in the selected segment section. If necessary this step can be repeated.

Scanning Device Input	Selected Segment:
ANY STATE DRIVER LICENSE DRIVER LICENSE Driver LICENSE Drense No. P7777777 Expires 00-00.00 JANE A SAMPLE 456 ANYWHERE STREET ANYTOWN, ANY STATE 99999 Sex: F Hair: Blond Ht: 5-05 Eyes: Blue DOB: 01-01-83 DONOR ODNOR ODNOR Provide the street of the st	Brightness C Contrast

5. Click Ok to save the image.

The image will display on the Patient Information screen, indicating this patient's identity has been verified.

🍰 Modify Person Information						×	
Last Sample	First Jane		Middle	Previous Last	Nickname	+	
Social Security 999-99-9999	Birth Date 01/01/1983 📆	Age 34 yrs.	Sex Femal ▼				