

Arkansas Department of Corrections: Patients Home Address Causing Problems

Due to problems being caused by **Arkansas Department of Corrections (ADC)** prisoners receiving appointment notices, UAMS will begin changing the way we register these patients' address in the **CPI-1** screen. Previously, the patient/prisoner's address was the facility in which they reside. Starting **today** please begin entering the following as the **prisoner's address**. As long as the prisoner is in the custody of one of the facilities listed on the ADC Unit Listing, this address should always be used.

PO Box 8707
Pine Bluff, AR 71612
870-267-6298

Don't forget that in order to change an *existing* address in Medipac you must:

holly r jones Test HOS

File Edit Options Help

CPI UPDATE UNIVERSITY HOSP OF ARK A A AA 06/21/05 18:45
JONES, CECIL B I -INPATIENT 0000 009009566-2029

----- PERSON INFORMATION-I -----

CPI#.. 009009566 DOB.. 02121922 SEX.. M SS#. 430276465 #Alias(es)...

NAME.. JONES, CECIL B Title..... Sfx..

Adr1.. PO BOX 8707 Expire Dte.. Exp?. Av Cd..

.. AR DEPT OF CORRECTIONS Cens Trct.. Plan District..

Zip... 716120000 State... AR Country.... US Bad Adr?.. Cred.

City.. PINE BLUFF County..... 350 Phone... 870 2676510

Pi Ph1 Pi Ph2 Pi Ph3

ADVANCE DIR.. N DATE... 012982 Organ Donor. (Y/N) Blood Type. RH.

Driver's Lic#.. Exp.Dte... State.

Race... M Mar.Status.. M Liv Arrng... Snoker....

Vip... Risk Code... Nation..... Language... ENG

Rlg... COC Church Code. Dep

Maiden Name..... ?... (Y/N)

VALIDATE: REGISTRATION.. INS

Mailing Name..... Ident Lvl.

Mon's Maiden Name. CPI#.

Corporate Level User Codes... 0 .

PF9-ALIAS PF10-EMP HX PF11-COM HX PF12-ADR HX PF13-ADR UPDT
YA100NZ User Id HRJONES Ternid L163 Function CPIU

R=04 C=010 Ready? L163

holly r jones Test HOS

File Edit Options Help

CPI UPDATE UNIVERSITY HOSP OF ARK A A AA 06/21/05 18:41
JONES, CECIL B I -INPATIENT 0000 009009566-2029

----- CPI ADDRESS INFORMATION -----

Pern. Adr1... PO BOX 8707 Adr2..... AR DEPT OF CORRECTIONS

Zip... 716120000 State... AR City..... PINE BLUFF

County. 350 Country. US Bad Adr?..

Phone 870 2676510

Av Cd

Comment

Temp. Adr1... State... Effect Dte Thru..

Zip... Country.

County. Country.

YA114NZ User Id HRJONES Ternid L163 Function CPIU

R=05 C=015 Ready? L163

And, in order to change an *existing* address in OSCAR you must:

Patient Registration - Patient Information

Patient Type	A - ANCILLARY	VIP		Privacy Notice	PB Business Of
CPI #	013054444	# Aliases	1	Effective Date	100604
Name	TEST, CPI	Suffix	ESQ - Esquire		
DOB	01011950	Sex	F - Female		
Phone	5010000000	Work Phone	5012222222		
SSN	013054444				
Address 1	555 W 10TH ST	Addr 2			
City	LITTLE ROCK				
State	AR - Arkansas	Zip	722050000		
Country	US - USA	County	600 - Pulaski		
Race	W - White	Marital Status	M - Married		
Corp Level	0 - Other		0 - Other		
Comments	TEST2				

Hit the Update Address button.

Buttons: Add Comm, Comm Hist, Update Address, < Back, Next >, Cancel

Address Update

Address 1	PO BOX 8707	Bad Addr	
Address 2		County	350 - Jefferson
City	PINEBLUFF	Zip	716120000
State	AR - Arkansas	Phone	8702676298
Country	US - USA		

Update the patient's address and phone # and hit OK.

Buttons: OK, Cancel

Additional Information:

Guarantor: 006930107—AR, Dept of Corrections

Visit Level User Code: K—Correction Facility

Insurance Information:

Insurance Plan Code: A63—AR Dept of Correction

Identification Number: ADC inmate number.

Group Name: Facility in which the prisoner resides. See ADC Unit Listing.

Group Number: 999999

Coverage Contact #: See ADC Unit Listing for facility specific information.

Contact Person: See ADC Unit Listing for facility specific information.

holly r jones Test H05

File Edit Options Help

PATIENT UPDATE UNIVERSITY HOSP OF ARK A A AA 06/27/05 11:28
REBSAMEN, JIM E F -CARDIOLOGY 0000 009009655-2029

----- C O M M E R C I A L -----

INSURANCE CO... A63 NAME... AR DEPT OF CORRECTION Payer ID.
INSURED NAME... REBSAMEN, JIM E ID... 527894
Soc Sec #... 222410421 REL TO PATIENT P Plan Id. InsGrp.
Insured DOB... 12141965 Insured Retirement Date...
Grp Name... CUMMINS UNIT Grp Nbr... 999999

EFFECT DATE... 010102 THRU DATE... 123124
PLAN TYPE... B (H/P/B) COB Seq. 1 Auth. Date. Assign. Ind. (Y/N)
Cov. Contact Ph. 870 2472600 Ext. Contact.. MCGEE, KAY/DONNA GORDON
Referral Req.. Special Cov?.. Rcvd?.. Benefits.
Certification Required?.. Rcvd?.. 2nd Opinion Required?.. Rcvd?.

Mail claim to Employer, Insurance or Other... I (E/I/O)
Name... AR DEPT OF CORRECTION Addr1... 4301 WEST MARKHAM
Addr2.. SLOT 612 Zip..... 722050000 State.... AR
City... LITTLE ROCK Country.. US
Elig Response: Date. Tine. Requester.
Elig?... (Y,N,U) Co-Pay.. Deductible..
Comments...

PF9-CERTIFY
YA200NZ User Id HRJONES Ternid L163 Function PATU

R=05 C=019 Ready! L163