



## Insurance not in Database

### Registration Clerks

If you are unable to locate the correct secondary insurance in the Health Plan Search, you can add it manually by using Miscellaneous Insurance. The Health Plan search can be found on the Additional Insurance Tab in the encounter conversation being registered. This will apply to secondary insurance only.

1. In the **Additional Insurances** tab, enter the relationship to patient then click on “**Search for Health Plan**”.

The screenshot shows the 'GP Ambulatory Registration' form. The 'Additional Insurances' tab is selected and highlighted with an orange box. Below the tab, there are fields for 'Additional Insurance 1' and 'Additional Insurance 2'. The 'Search for Health Plan...' button is highlighted with an orange box.

2. In the **By Plan Name** tab type “Miscellaneous” and click on the search icon.

The screenshot shows the 'Health Plan Search' dialog box. The 'By Plan Name' tab is selected and highlighted with an orange box. The search field contains the text 'misc' and the search icon is highlighted with an orange box.



3. Make sure Miscellaneous Commercial Health Plan is highlighted then click OK.

Health Plan Search

Find

By Eligible Plans By Sponsor **By Plan Name** By Carrier By Plan Alias

Search by:  Contains  Starts with

Health plan:  
misc

**MISCELLANEOUS COMMERCIAL HEALTH PLAN – MISCELLANEOUS INSURANCE COMPANY**

MISCELLANEOUS COMMERCIAL HEALTH PLAN Contact Information:

Type	Address	Phone Number
	No Ad...	9999999999

More More Info > **OK** Cancel

4. In the **Other Plan Name** field type the name of the insurance company and fill out all other relevant fields. If the insurance is provided through an Employer enter that information as well.

OP Ambulatory Registration

Images

\* Last Name: ZZTEST \* First Name: TAYLOR LEE Middle Name: Preferred First Name: Maiden Name: Previous Last Name: Previous First Name: What was your sex assigned at birth... Female

\* What is your current sex?: Female \* What pronoun(s) do you use?: Not Listed, Please Specify \* Pronouns Other: test \* Birth Date (DD-MM-YYYY): 16-Sep-1981 Age: 43Y Medical Record Number: 11000330 File: .

Provincial Health Card Information

\* Health Card Available?: Yes \* Health Card Number: ON 1111-111-166 Version Code: Health Card Expiry Date: HCV Response Code: Visit Response Code: Visit Validation Date:

Patient Information Social Contacts Primary Insurance Additional Insurances Insurance Summary Encounter Information Risk Questions Alerts

Additional Insurance 1

Relationship To Patient: Self Last Name: ZZTEST First Name: TAYLOR LEE

Health Plan Information

Search For Health Plan...

Health Plan Name: MISCELLANEOUS COMMERCIAL... Health Plan Financial Class: Commercial Insurance \* Other Plan Name: Policy Number: 222222 Certificate/ID Number: Effective Date (DD-MM-YYYY): 10-Jan-2025 Expiry Date (DD-MM-YYYY): 10-Apr-2025

Search For Employer...

Employer Name: Country: Street Address: Street Address 2: City: Province: Postal Code: Phone Number:

Extension:

Additional Insurance 2

Relationship To Patient: Last Name: First Name:

Health Plan Information

Search For Health Plan...

Health Plan Name: Health Plan Financial Class: Policy Number: Certificate/ID Number: Effective Date (DD-MM-YYYY): Expiry Date (DD-MM-YYYY):

Additional Insurance 3

OK Cancel