New Tags

These tags can be used as values for pdf documents forms. The system will replace these tags with the values described below.

267605	Medical Record Number - patient id from the database
Aetna	Primary Insurance Company Name
	Secondary Insurance Company Name
W123456789	Primary Insurance Member ID
Animal bite	Chief Complaint (Can be multiple)
05:57 AM	Appointment Time
25	Patient Age
NoResponse	Patient Sex
	Workers' Comp Accident Date
	Workers' Comp Claim Number
N/A	Visit Insurance Name - visit insurance company name.
N/A	Visit Insurance ID Number - insurance number on the primary insurance tied to visit
	Primary Care Provider Name. Primary care physician on the patient.
KJIU	Patient First Name
POIK	Patient Last Name
E Jk Ave	Patient Street Address Line 1
	Patient Street Address Line 2
Kalamazoo	Patient City
MI	Patient State
49048	Patient ZIP Code
(309) 555-1111	Patient Phone Number. Formatted.

	Social Security Number
DoseSpotClinic	Clinic Name
N Washington Ave	Clinic Street Address Line 1
	Clinic Street Address Line 2
Dune	Clinic City
NJ	Clinic State
57106	Clinic ZIP Code
(302) 673-8492	Clinic Phone Number. Formatted
(332) 241-0212	Clinic Fax Number
	Provider First Name
	Provider Last Name
	Secondary Insurance Member ID
	Workers' Comp State
	Workers' Comp Employer Name. If not then Occ Med Employer Name
	Lab Results. Test name and result. Each name-result pairt on the new line.