



Patient
Express
Admission
Kiosk

Manufactured by
AdComp Systems Group
877-275-7694
www.adcompsystems.com

Why PEAK?

Patient Express Admission Kiosk

PATIENTS' INFORMATION SHEET

PATIENT INFORMATION
Name (First) _____ (Last) _____
Date of Birth: / / Sex: M F Marital Status: S M W D
(Street) _____ (City, State, ZIP) _____ Driver License #: _____
Employer: _____ If Student, School Name: _____

HOUSE INFORMATION
Name: _____
Address (Street) _____
Phone #: () _____
Work Phone #: () _____
Employer's Address: _____
E-mail or Relative Tel: _____
(City, State, ZIP) _____

INSURANCE INFORMATION
Medicaid #: _____
Insurance Co: _____
Insurance Address: _____
Group #: _____
Certificate or Policy Holder: _____
Relationship to Patient: Self Spouse Dependent
Employer's Address: _____ Phone #: () _____
Employer's Social Security #: _____ Date of Birth: / / Sex: M F

INSURANCE INFORMATION
Insurance Co: _____
Insurance Address: _____
Group #: _____
Policy Holder: _____
Relationship to Patient: Self Spouse Dependent
Employer's Address: _____ Phone #: () _____
Employer's Social Security #: _____ Date of Birth: / / Sex: M F

I hereby agree, verify, and set out to Patient Care all of my rights, title, and interest in my medical information benefits under any applicable plan. I understand the release of any medical information received in accordance with this authorization shall remain confidential unless otherwise stated in writing. I understand that I am financially responsible for all charges whether or not they are covered by insurance.

Patient's Signature: _____ Date: / /

PROBLEM



PROBLEM

- Waste valuable data entry hours
- Handwriting unreadable
- Potential for mistakes
- Liability

SOLUTION



Patient fills form on **PEAK**

- Sleek / Stylish
- Fully integrated with hardware & software

Electronic Health Record System (EHR)



- Saves employee time
- Increase accuracy & security of data
- Imports data directly to EHR

The ROI is a no-brainer

Patient Express Admission Kiosk

