



## HCS High Capacity Patient Card System™

The High Capacity card system works in conjunction with the Hospital Information System. This system encodes up to 490 bytes of information (800-900 characters) on the magnetic stripe of the patient card.

One of the primary features of this system is that used in conjunction with Read and Print you are not required to be tied into the hospital database. Read and Print is a self-contained Reader/Writer attached to a paper printer. There is no PC required for this system to work. The card is swiped through the Reader/Writer the information is then sent directly to the paper printer. This setup is ideal for the emergency rooms where space is very valuable, it provides rapid and accurate identification of patients unable to communicate. The card speaks for them when they cannot.

Another feature of this system is that if you have a patient that has been purged from the database all it takes is a simple swipe of the patient's card to repopulate the database fields. This feature significantly reduces re-admission time.

Duplicate medical record numbers are always a problem, and with this system it reduces inaccurate or duplicate medical record numbers. Since the database is accessed directly by the patients card, incorrect name and medical record number queries are eliminated.

As patient information changes, the card is updated by the admission interviewer using current procedures, eliminates costly reissuing of new cards. And this system is easy to use. Operators use the same screens and commands presently used. The only new step is simply sliding the patient's card through the **HCS** Reader/Writer.

Here are just some of the features available with this customized software.

- Personalize card face with patient's name and encodes information on magnetic stripe
- Batch printing with large download files
- Reissue from database
- If database has newer information than the card, the program will rewrite to the card
- Can issue single cards
- Prints mailing labels and envelopes
- Full reporting features
- Fully customized to fit the hospitals needs
- Windows 98/2000/XP

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## ELTRAX READ & PRINT SOFTWARE

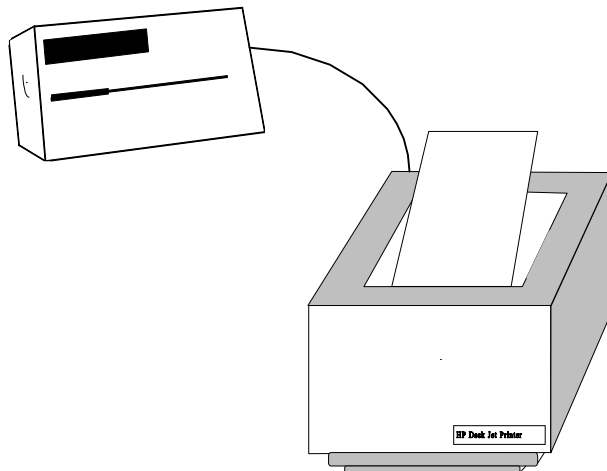
The ELTRAX Read & Print software provides access to patient data stored on the ELTRAX High Capacity Cards in off-line environments. This application is used during periods of scheduled and unscheduled downtime, system back-ups, and at remote sites that are not electronically connected to the main hospital information system (i.e. physician's offices and ambulances).

The system is easy to use. The ELTRAX High Capacity Card is slid into a dedicated ELTRAX Reader/Writer and removed. The Patient data is simultaneously printed in face-sheet format to an HP DeskJet or HP LaserJet printer. Since the host computer is inaccessible during periods of downtime, the admissions interviewer simply uses the card to produce the necessary patient demographic information. This same printed information can be used later to update the patient's record in the provider's central database by key entering the appropriate data.

This software resides in the ELTRAX Reader/Writer, which is connected directly to the printer. The ELTRAX Reader/Writer is dedicated to this application and cannot be used elsewhere in the ELTRAX Patient Card System.

### Benefits:

- Provides all but admit specific information for registration interviewer during "down" or "off-line" time, eliminating the manual gathering of patient information.
- Provides for significantly more accurate collection of patient data.
- Simple to use!



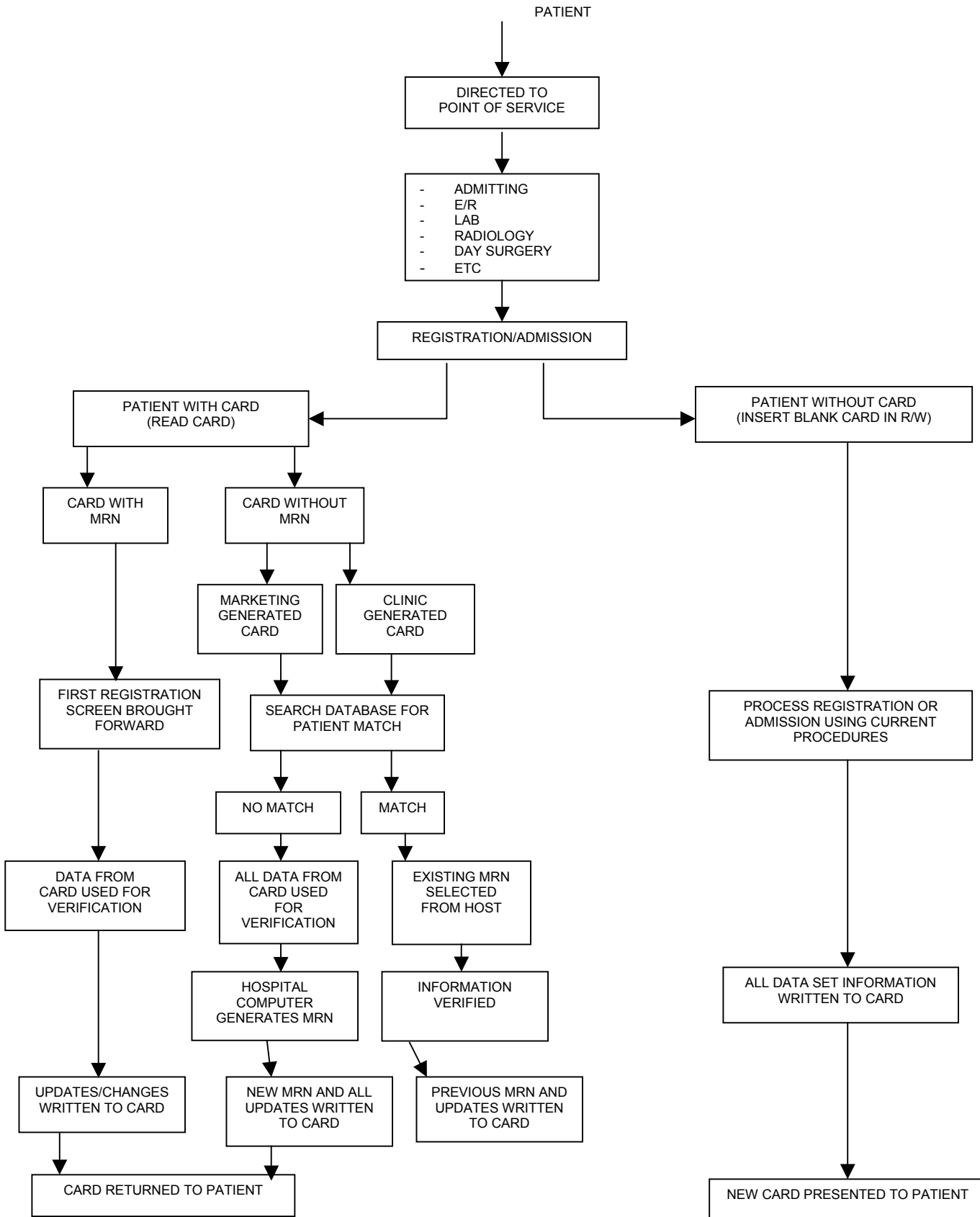
### Investment:

Initial software package  
Additional licenses

Note: Investment does not include purchase of ELTRAX Reader/Writer(s). Customer is responsible for purchasing HP DeskJet or LaserJet printer(s) and printer installation.

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# ELTRAX HIGH CAPACITY PATIENT CARD IN REGISTRATION



## HCS General Hospital

### PATIENT INFORMATION

Name: **GREGORY NELSON** Address: **7129 FAIRWAY DR**  
 City: **ST PAUL** State: **MN** Zip: **55344** County: **890**  
 Phone: **(651) 555-5555** Race: **C** Sex: **M** Marital: **M**  
 Birthday: **11/18/1953** Birthplace: **MN** SSN: **444-33-2222**  
 Religion: **CAT** Church: **NO PREFERENCE**  
 Father: **NELSON, DR JOSEPH** Mother: **NORMA**  
 Spouse: **NELSON, SUSAN**

### PATIENT EMPLOYMENT

Occupation: **SALES** Hospital Employee: **N** ESC: **1**  
 Employer: **ELTRAX HEALTH CARD SOLUTIONS A**  
 Address: **4330 CENTERVILLE RD**  
 City: **ST PAUL** State: **MN** Zip: **55127** Phone: **(651) 432-1155**

### NEAREST RELATIVE

Name: **NELSON, MIKE** Relationship: **BR** Phone: **(651) 532-5555**

### EMERGENCY CONTACT

Name: **NELSON, MIKE** Relationship: **BR** Phone: **(651) 532-5555**

### GUARANTOR INFORMATION

Name: **GREGORY J NELSON** Guarantor Number: **8991888**  
 Address: **7129 FAIRWAY DR** City: **ST PAUL** State: **MN** Zip: **55344**  
 Phone: **(651) 555-5555** Relationship: **SELF** SSN: **444-33-2222**

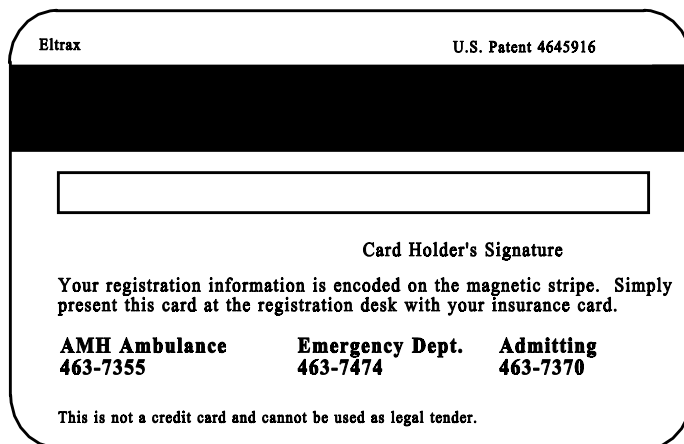
### INSURANCE INFORMATION

<b>PRIMARY</b>	Company #: <b>545</b>	Plan #: <b>60</b>	Policy #: <b>11455653838</b>
	Subscriber: <b>GREGORY J NELSON</b>		Group #: <b>4345539992</b>
	Relationship: <b>SELF</b>		Sex: <b>M</b>
<b>SECONDARY</b>	Company #: <b>123</b>	Plan #: <b>53</b>	Policy #: <b>55589-TY</b>
	Subscriber: <b>MARY NELSON</b>		Group #: <b>55589-TY</b>
	Relationship: <b>WIFE</b>		Sex: <b>F</b>
<b>TERTIARY</b>	Company #: <b>N/A</b>	Plan #:	Policy #:
	Subscriber:		Group #:
	Relationship:		Sex:

### ADDITIONAL INFORMATION

Date Written: <b>05/19/98</b>	MRN#: <b>987654321</b>	Financial Class: <b>8</b>
Special Code: <b>7</b>	Marketing Flag: <b>VIP</b>	Power of Attorney: <b>Y</b>
	Living Will: <b>Y</b>	Organ Donor: <b>Y</b>

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← Completely Updateable High Capacity Magnetic Stripe

<u>FIELD DESCRIPTION</u>	<u>FIELD LENGTH</u>	<u>FIELD TYPE</u>	<u>FIELD DESCRIPTION</u>	<u>FIELD LENGTH</u>	<u>FIELD TYPE</u>
DATE OF LAST UPDATE	8	NU	RP HOME STATE	2	AL
PT MED REC NBR - HOSPITAL	6	NU	RP HOME ZIP CODE	9	NU
PT MED REC NBR - CLINIC	12	NU	RP HOME TELEPHONE	10	NU
PT LAST NAME	15	AL	RP SOCIAL SECURITY NBR	9	NU
PT FIRST NAME	15	AL	RP OCCUPATION	15	AL
PT MAIDEN NAME	15	AL	RP EMPLOYER NAME	20	AN
PT HOME STREET ADDRESS	20	AN	RP WORK STREET ADDRESS	20	AN
PT HOME CITY	15	AL	RP WORK CITY	15	AL
PT HOME STATE	2	AL	RP WORK STATE	2	AL
PT HOME ZIP	9	NU	RP WORK ZIP CODE	9	NU
PT HOME TELEPHONE	10	NU	RP WORK TELEPHONE	10	NU
PT SOCIAL SECURITY NBR	9	NU	SR RELATIONSHIP CODE	1	AL
PT SEX	1	AN	SR LAST NAME	15	AL
PT MARITAL STATUS	1	AN	SR FIRST NAME	15	AL
PT DATE OF BIRTH	8	NU	SR HOME TELEPHONE	10	NU
PT RACE	1	AN	SR WORK TELEPHONE	10	NU
PT RELIGION	3	AL	EC HOME TELEPHONE	10	NU
PT ORGAN DONOR FLAG	1	AL	EC NAME	25	AL
PT OCCUPATION	15	AL	EC WORK TELEPHONE	10	NU
PT EMPLOYER NAME	20	AN	PT FINANCIAL CLASS CODE	1	AL
PT WORK STREET ADDRESS	20	AN	IT INSURANCE COMPANY	20	NU
PT WORK CITY	15	AL	I1 POLICY NUMBER	13	AN
PT WORK STATE	2	AL	I1 GROUP NUMBER	17	AN
PT WORK ZIP CODE	9	NU	I1 SUBSCRIBER (INSURED)	20	AL
PT WORK TELEPHONE	10	NU	I1 SUBS RELATIONSHIP CODE	2	NU
RP RELATIONSHIP CODE	1	AL	I2 INSURANCE COMPANY	20	AN
RP LAST NAME	15	AL	I2 POLICY NUMBER	13	AN
RP FIRST NAME	15	AL	I2 GROUP NUMBER	17	AN
RP HOME STREET ADDRESS	20	AN	I2 SUBSCRIBER (INSURED)	20	AL
RP HOME CITY	15	AL	I2 SUBS RELATIONSHIP CODE	2	NU

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