



# Adding Providers

Select the “Add New Provider” link. This will take you to the “Name and Email form.”



**Step 1.** Fill out the Name and Email form required fields. Required fields are marked with an asterisk \*

**Add New Provider**

**NAME AND E-MAIL -- Step 1**

**\* Required**

First Name \*

Preferred First Name

Middle Name

Last Name \*

Name Suffix

Email

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**PHOTO**

Photo taken  Signature

Photo  No file selected. Document Library

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**CHANGE UNIT**

Change Unit

Provider Users Relationship

**\* Required**

Step 1 of 3

Advance to the next step by clicking the “next” button

**Step 2.** Fill out the contact informatin form.

**Add New Provider**

**CONTACT INFORMATION -- Step 2**

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**HOME INFORMATION**

*Please fill out information for your primary residence.*

Address

City

State

Zip code

Phone

Cell Phone

Cell Phone Carrier

Fax

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**WORK INFORMATION**

*Please fill out information for your work.*

Employment Status

Employer/Organization

Job Title/Occupation

Address

Work City

State

Zip Code

Phone

Fax

2nd Resident Name

Allow Contact

Inquirer

Mailing List

Step 2 of 3

Ignore this section of the Providers contact information. This section does not display on any other forms within BlueStep

Work Information displays on Resident Record Summary

**Step 3.** Fill out the provider informatin form.

**Add New Provider**

**PROVIDER INFO -- Step 3**

**\* Required**

Status  Inactive  Active

Provider Type \*

Is A BlueStep  
**THIS IS ONLY MARKED BY BLUESTEP CLIENT CARE. Only Bluestep Partners NO OTHER Pharmacies!**

Partner Pharmacy

Preferred Pharmacy

**\* Required**

Select a Provider Type from the drop down menu

When finished click the "Save" button

Step 3 of 3

- Admitting physician
- Attending physician
- Audiologist
- Cardiologist
- Chiropractor
- Dentist
- Dermatologist
- Neurologist
- Nurse Practitioner
- Optometrist/Ophthalmologist
- Orthopedic
- Pharmacy
- Physical therapist
- Physician or Specialist
- Physician's Assistant
- Podiatrist
- Primary care MD
- Urologist

A New provider record has now been created. To attach a provider to a resident record, select a resident.

**Resident, Test**

**Information**

- Summary
- Name and E-mail
- Online Profile
- General Resident
  - Resident Info
  - Individual Worksheet
  - Agreement Summary
  - Primary Contacts
  - Providers
  - Insurance
  - Personal Belongings
  - Prior Res./Services
  - Admissions/Re-Admission
  - Discharge/Transfer

Select the "Providers" link located on the resident navigation menu.

Click the New Entry button located on the top right hand corner of the page

**Providers**

**\* Required**

Resident, Test

Code status: [no data]  
Age: [no data]  
Date of birth: [no data]  
Gender: Female  
Spouse: [no data]  
Status: [no data]  
Chart #: [no data]

Current date: 09/15/2014  
Primary care physician: Provider, Test  
Physician phone: [no data]  
Room #: [no data]  
Location: [no data]  
Facility: Demo Unit  
Admission: 10/03/2011 12:00PM

Provider \*

Role \*

- Admitting physician
- Attending physician
- Audiologist
- Cardiologist
- Chiropractor
- Dentist
- Dermatologist
- Neurologist
- Nurse Practitioner
- Optometrist/Ophthalmologist
- Orthopedic
- Pharmacy
- Physical therapist
- Physician or Specialist
- Physician's Assistant
- Podiatrist
- Primary care MD
- Urologist

**\* Required**

Find the provider to be attached to the resident's record by selecting the provider drop down menu.

To enter additional providers, select the New Entry button and repeat the step above. All providers will then be displayed on the resident's provider list

**Providers**

Resident, Test

Code status: [no data]  
Age: [no data]  
Date of birth: [no data]  
Gender: Female  
Spouse: [no data]  
Status: [no data]  
Chart #: [no data]

Current date: 09/15/2014  
Primary care physician: Provider, Test  
Physician phone: [no data]  
Room #: [no data]  
Location: [no data]  
Facility: Demo Unit  
Admission: 10/03/2011 12:00PM

Provider	Role	Provider Information	Edit Delete
Provider, Test	Pharmacy, Primary care MD	E-mail: [no data] Phone: [no data] Fax: [no data]	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
Test, Dr	Primary care MD	E-mail: [no data] Layton, UT 84041 Phone: (801) 860-3059 Fax: [no data]	<input type="button" value="Edit"/> <input type="button" value="Delete"/>