

Patient Demographic Records Import - Data Migrations

07/24/2024 7:10 pm EDT

DrChrono supports the import of patient demographics from external spreadsheet files (.xls or .csv).

We accept the fields and values below to create and populate patient records:

Baseline Demographic Fields

Column Header	Description	Format	Required?	Examples
Patient ID	Database ID assigned to the patient record	text/number	No	
Chart ID	Medical Record number assigned to the patient record	text/number	No	
Last Name	Patient's full last name. May also include suffix.	text	Yes	John
First Name	Patient's full first name	text	Yes	Smith
Gender	Patient sex (at-birth). One of: "Male", "Female", "Other", "Unknown"(default), "Declined To Specify"	choice	Yes	Male
Middle Name	Patient's middle name or initial	text	No	R.
Nick Name	Preferred Patient name.	text	No	J.R.
Date of Birth	Patient Birthday	date	No	"1990-01-01", "01/01/1990"
Social Security Number	Patient full ssn	text	No	"123456789", "123-45-6789"
Race	Patient Race. Can either be text, or HL7 value. (See choices.)	choice	No	"black", "asian", "white", etc
Ethnicity	Cultural Ethnicity; one of: "Hispanic", "Not Hispanic", "Declined To Specify"	choice	No	"Hispanic"
Preferred Language	One of: "English"(default), "Chinese", "French", "Italian", "Japanese", "Portugese", "Russian", "Spanish" "Unknown", "Other", "Declined"	choice	No	English
Home Phone Number	Home phone number with area-code. Accepts multiple phone number formats.	phone-number/text	No	"801-555-1234"
Cell Phone Number	Mobile phone number	phone-number/text	No	"801-555-1234"
Office Phone Number	Work/Office phone number	phone-number/text	No	"801-555-1234"
Office Phone Ext.	Direct contact extension	text	No	4415
Email Address	Contact email	email/text	No	"jr_smith@outlook.net"
Address	Street Address (including suite/apt #)	text	No	"123 ABC St, Apt 4."
City		text	No	"Sacramento"
State	full or abbreviated state name	text	No	"CA"
Zip Code	Postal code	text	No	"90210", "90210-1224"
Emergency Contact Name	First/Last name	text	No	"John Doe"
Emergency Contact Phone Number	Contact phone number	phone-number/text	No	"555-111-2345", "5551112345"
Emergency Contact Relationship	Relation to Patient	text	No	"Sibling"
Primary Provider	DrChrono provider name assigned to patient. Must have a DrChrono account in the same "Practice Group" for dynamic assignment and must match "First" and "Last" name provided in desired doctor's Account Settings. Defaults to the account initiating the import request if not provided.	text	No	"Judith Moore, MD"

Status	Record State. One of: "active"(default), "inactive" or "deceased"	choice	No	inactive
Referring Source	Source which referred the patient	text	No	Radio Advertisement

Referring Doctor Fields

Within each patient's record, exists an area to add [Referring Doctor information](#). This area of the patient demographic record can be populated via bulk import by submitting the fields below in addition to baseline demographics. All fields in this category are OPTIONAL.

Column Header	Description	Format	Example
Referring Doctor First Name	Full first name of referring practitioner	text	
Referring Doctor Last Name	Full last name	text	
Referring Doctor Middle Name	Middle name (if applicable)	text	
Referring Doctor Suffix	Suffix, such as "MD", "DO", "CRNP", "PA", etc	text	
Referring Doctor NPI	CMS-issued National Provider Identifier	numerical	
Referring Doctor Address	Full address including street number, street name, unit/suite#, city, state and zip code. May be separated into separate fields for each	text	
Referring Doctor Email	Practitioners email	email/text	
Referring Doctor Phone	Contact Phone	phone-number/text	
Referring Doctor Fax	Fax Number	phone-number/text	
Referring Doctor Specialty	Practitioner's registered specialty	text	"Acupu

Custom Demographic Fields

If [custom demographic fields](#) are configured within an account, this data can be populated via bulk import.

Column Header	Description	Format	Example
Custom:{field name}	Prefixed with "Custom:", the "field_name" must match a configured custom demographic field in the account. For a custom field named "Misc. Info" in DrChrono, the column name should reflect as "Custom:Misc. Info"	text	"This i

Insurance Payers

It is possible to fill insurance fields for your DrChrono patient records by submitting adding the columns headers and values (or similar) below.

Each **Column Header** here can be prefixed with either **"Primary"**, **"Secondary"**, or **"Tertiary"**, and are optional:

Column Header	Description	Format	Example
Insurance Company	Name of Health Benefit Plan Carrier	text	"Anthem Blue Cross Blue Shield"
Insurance Group Name	Name of group plan	text	"Your Company"
Insurance Group Number	Plan Group Number	text	"YC123"
Insurance ID Number	Subscriber/Member number	text	DZVAN0213456789
Insurance Payer ID	Electronic claims submission ID	text	84105
Insurance Plan Name	Name of Plan Tier	text	Open Access PPO
Insurance Plan Type	Type of Plan, such as "Commercial", "Medicare Part B", "Title V" etc.	text	Indemnity

Auto Accident Coverage Insurance

The columns below are specific to **Auto Insurance** carriers, and are optional:

Column Header	Description	Format	Example
Auto Accident Company	Name of Responsible Auto Insurance company	text	"State Fa
Auto Accident Case Number	Case or Claim number	text	"012345,

Auto Accident Claim Rep Name	Name of Claims representative	text	"Jake"
Auto Accident Date of Accident	Date of Loss	date	"02/01/2
Auto Accident Disabled From Date		date	
Auto Accident Disabled To Date		date	
Auto Accident Had Similar Condition	"True" if client had issue prior to accident. "False" by default.	choice	"False"
Auto Accident Similar Condition Notes	Detailed notes on similar condition, if applicable	text	
Auto Accident Payer Address	Address of the insurance agency	text	
Auto Accident Payer City		text	
Auto Accident Payer State		text	
Auto Accident Payer Zip Code		text	
Auto Accident Payer ID	Electronic, or otherwise, configured Payer ID	text	
Auto Accident Policy Number	Policy number of responsible auto insurance holder.	text	1234567
Auto Accident Return To Work Date	Date patient is cleared to return	date	"04/01/2
Auto Accident State of Occurrence	State where incident occurred.	text	"CA"
Auto Accident Still Under Care	Is patient still under care for this condition? "Yes", "No", "N/A"	choice	No
Auto Accident Treatment Duration	Length of time patient has been/will be treated.	text	"90 days"
Auto Accident Will Require Therapy	Indicates if therapy is needed. One of: "True" or "False"(default)	choice	"True"

Workers Comp Insurance

The optional column headers here are specific to **Workers Comp** payers:

Column Header	Description	Format	Example
Workers Comp Company	Name of WC Agency	text	"Traveler"
Workers Comp Payer ID	Electronic Payer ID	text	
Workers Comp Claim Number	Property & Casualty agency claim #	text	0123456
Workers Comp Carrier Code	Agency carrier code, if applicable	text	
Workers Comp Case Number	Assigned WC case number	text	
Workers Comp Group Name		text	
Workers Comp Group Number		text	
Workers Comp Payer City		text	
Workers Comp Payer State		text	
Workers Comp Payer Zip Code		text	
Workers Comp State of Occurrence	State where incident occurred	text	"MD"
Workers Comp WCB	designated WC Board or Commission	text	"Marylan Commiss
Workers Comp WCB Rating Code	To be used by authorized providers when submitting claims/reports; Indicates provider type. For examples, see wcb.ny.gov	text	"LAC"
Workers Comp Notes	Misc. Notes related to episode	text	

Subscriber Fields

These fields are available for all insurance categories (EXCEPT Workers Comp) to indicate the plan's subscriber. Be sure to prefix each column "Primary", "Secondary", "Tertiary" or "Auto Accident" as appropriate. Fields here are optional:

Column Header	Description	Format	Examp
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Subscriber Relationship	How patient is related to the insured, such as: "Self", "Spouse", "Other", etc. If not "Self", the column values below can be submitted for population.	text	Self
Subscriber Last Name	Plan holder's last name	text	
Subscriber First Name	Plan holder's first name	text	
Subscriber Middle Name	Plan holder's middle name or initial	text	
Subscriber Suffix	Plan holder's suffix (if applicable)	text	
Subscriber Date of Birth	Plan holder's birth date	date	
Subscriber Social Security	Plan holder's SSN	text	
Subscriber Address	Plan holder's address	text	
Subscriber City	Plan holder's city	text	
Subscriber State	Plan holder's residing state	text	
Subscriber Zip Code	Plan holder's postal code	text	

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Referring Doctor NPI	CMS-issued National Provider Identifier	numerical	
Referring Doctor Address	Full address including street number, street name, unit/suite#, city, state and zip code. May be separated into separate fields for each	text	
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Referring Doctor Specialty	Practitioner's registered specialty	text	"Acupu

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Please use the attached spreadsheet as a guide to building your patient demographic records. Please contact your DrChrono representative should you have any questions.