

# How can I enter in an official practice name and have that reflected in my clinical notes, superbills, and patient statements?

07/24/2024 3:30 pm EDT

1. To enter your official practice name, navigate to **Account > Provider Settings**.

The screenshot shows a navigation menu with two main tabs: "Account" and "Marketplace". Under "Account", there is a sub-section "ACCOUNT SETTINGS" with several options: "User Settings", "Provider Settings" (highlighted in blue), "onpatient Settings", "Account Setup", and "Custom Fields".

2. Select the **Medical Billing** tab. In the third field, titled **Practice Official Name**, enter in your desired name.

## Account Settings

The screenshot shows a row of tabs: "Profile", "General", "Email", "Medical Billing" (selected), "eRx Info", "Services", "Usage", "My Billing", "Sample Data", "Security", and "Patient Payments".

### Medical Billing

The screenshot shows a form with the following fields and labels:

- Billing NPI: 1234567890 (Required for eRx & billing. Group NPI can be same as rendering NPI #)
- Rendering Provider NPI: 555555555 (Individual Provider NPI #. Leave blank if the same as billing NPI)
- Practice Official Name: Family Practice** (This field is highlighted with a black border)
- Practice Tax ID: 123456789
- CLIA Number: 25D2162109 (Optional: For CLIA certified labs)
- CLIA # Expiration: 01/15/2021 (Optional: Expiration date of CLIA #)
- Billing Taxonomy Code: 207Q00000X (Optional: Leave blank to let the system choose)
- Rendering Taxonomy Code: 207Q00000X (Optional: Leave blank to let the system choose)
- Individual Medicare PTAN: [Empty]
- Group Medicare PTAN: [Empty]
- Individual BCBS Number: [Empty]
- Group BCBS Number: [Empty]

3. While you are here if you would like to include your practice name on Patient Statements, scroll down to the **Patient Statements** section and check the box next to **Use Office Name**.

## Patient Statement

|                      |   |  |
|----------------------|---|--|
| Business Logo        | <input type="text" value="Top Left"/>       | Include Business Logo in patient statements.   |
| Pay to Address       | <input type="text" value="Eastern Office"/> | Hunt Valley , MD 21031, USA   Hunt Valley   MD   21031                                   |
| Use Office Name      | <input checked="" type="checkbox"/>         | Use the Practice Official Name (if available) for patient statement and payment receipt. |
| Pay CC by Call       | <input checked="" type="checkbox"/>         | Show "To pay by credit card, call [office number]" in patient statement.                 |
| Credit Card Accepted | <input checked="" type="checkbox"/>         | Visa   |
|                      | <input checked="" type="checkbox"/>         | Mastercard   |
|                      | <input checked="" type="checkbox"/>         | Discover   |
|                      | <input checked="" type="checkbox"/>         | American Express   |

4. Scroll down and click **Update Entire Profile** to save your changes.

**Update Entire Profile**

5. Next, move over to the **General** tab to make sure the official name is reflected in the Clinical Note.

## Account Settings

[Profile](#) **[General](#)** [Email](#) [Medical Billing](#) [eRx Info](#) [Services](#) [Usage](#) [My Billing](#) [Sample Data](#) [Security](#) [Patient Payments](#)

## Calendar Settings

6. Scroll down to the **Clinical Notes** section, and check the box next to **Include Practice Official Name**.

## Clinical Notes ?

|   |                                       |  |
|---|---------------------------------------|--|
| <b>Include Practice Official Name</b>       | <input checked="" type="checkbox"/>   | Print practice official name in header. Name can be set in "Medical Billing" Tab       |
| Default Supervising Provider                | <input type="text" value="-----"/>    | ▼  |
| Include Business Logo                       | <input type="text" value="Top Left"/> | ▼  |
| Include Patient Chart Photo                 | <input type="checkbox"/>              |  |
| Include Office Information                  | <input checked="" type="checkbox"/>   | Include office name and address in the headers of clinical notes                       |
| Include Payer IDs                           | <input type="checkbox"/>              | Include primary and secondary payer IDs in the headers of clinical notes               |
| Include Lab Orders and Results              | <input checked="" type="checkbox"/>   | Show Lab Orders and Results in the plan section of clinical notes                      |
| Reduce Header and Footer Font Size          | <input checked="" type="checkbox"/>   |  |
| Move Non-SOAP FreeDraws to End              | <input type="checkbox"/>              |  |
| Default to CDC Growth Charts                | <input type="checkbox"/>              |  |
| Hide Medications & Allergies by Default     | <input type="checkbox"/>              |  |
| Hide CPT & ICD on Clinical Notes by Default | <input type="checkbox"/>              |  |
| Allow Chief Complaint to be Persistent      | <input type="checkbox"/>              |  |
| Preview Previous Note                       | <input checked="" type="checkbox"/>   | Show the information that will be copied from a previous note in the selection screen. |

7. Make sure to click **Update Entire Profile** at the bottom of the page to save your profile.

**Update Entire Profile**

8. When you open a clinical note and click **Preview Note**, the official practice name will appear in the header.



**Family Practice**

**Patient:** Michelle Harris  
**Provider:**  
**Office:** Eastern Office

**DOB:** 10/14/1999      **Sex:** F  
**Visit:** 10/05/2021 1:20PM      **Chart:** HAMI000005  
**Address:** 225 Schilling Circle, Hunt Valley, MD, 21031

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The practice name will also appear on your superbills and patient statements.

# Patient Receipt

**Appointment Date:** Fri Dec 15, 2023 1:15PM

**Provider Information:**

**Family Practice** ←

**Dr. James Smith**

**Billing NPI:** 1234567890

**Provider NPI:** 3333333333

**Provider EIN:** 112233444

**Place of Service Code: 11**

225 Schilling Circle

Hunt Valley, MD 21031

**Office Phone:** (443) 555-5555

**Office Fax:** 301-555-5555

**Email:**

**Patient Information**

**Patient Name:** Test Patient Jr

**Patient Address:**

**Patient Phone:** (301) 555-5555

**Date of Birth:** June 27, 1992

**Family Practice** ←

345 Fake Street

Baltimore, MD 12345

| Statement ID: 248094-100103542-PREVIEW |                 |            |
|--|-----------------|------------|
| Statement Date                         | Pay This Amount | Chart ID   |
| 12/13/2023                             | \$410.00        | SAJA000001 |
| <b>SHOW AMOUNT PAID HERE:</b>          | <b>\$</b>       |            |

**Laurie Test Sample**

123 Fake St

Sunnyvale, CA 94089

**MAKE CHECKS PAYABLE / REMIT TO:**

**Family Practice**

345 Fake Street

Baltimore, MD 12345

For questions about billing, call (410) 555-5555. To pay by credit card, call (410) 555-5555.

You can also pay by credit card online at [onpatient.com](http://onpatient.com) - If you don't have access, call (410) 555-5555 to request an account.

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