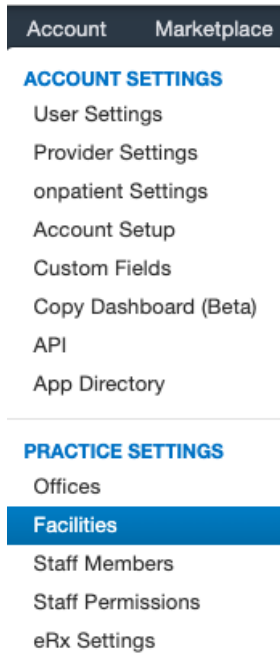


# How to Change the Place of Service (POS) for a Specific Appointment

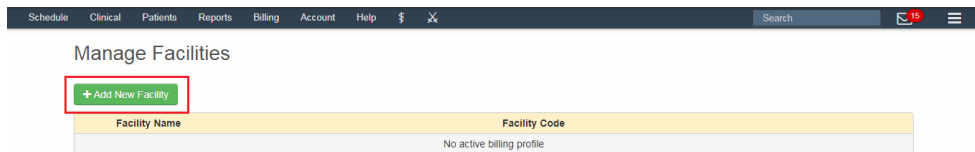
07/24/2024 4:45 pm EDT

To change the place of service (POS) for a specific appointment without changing the place of service in the appointment's office, please follow the steps outlined below:

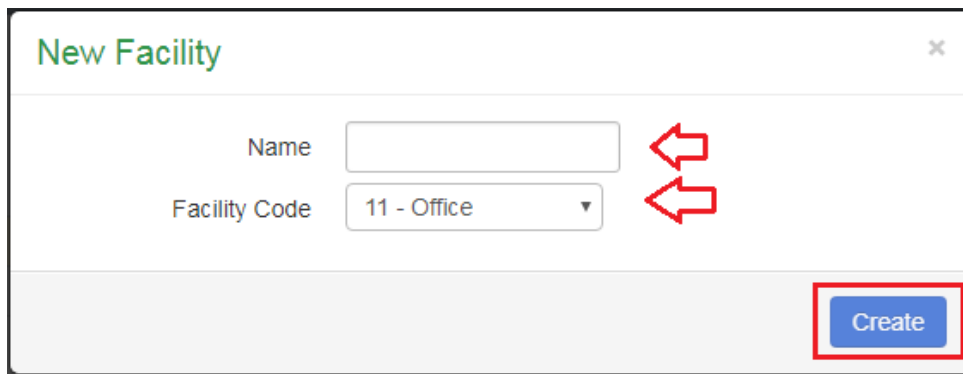
## 1. Navigate to Account > Facilities



## 2. Click on Add New Facility



## 3. Enter a facility name, select the place of service code, and click on Create



## 4. Open the billing details screen of the appointment for which the place of service has to be changed.

### 5. Click on the pencil icon next to Billing Facility

The screenshot shows the 'Billing' tab in the dr chrono system. The 'Billing Facility' field is highlighted with a red box, and a red arrow points to the pencil icon next to it, indicating the next step is to edit the facility name.

### 6. Enter the Facility name associated with the place of service and select it from the drop-down menu.

The screenshot shows the 'Billing Facility' field now containing the text 'Test Facility'. A red arrow points to the dropdown arrow on the right side of the field, indicating that the user should click to see the list of available facilities.

### 7. Click on Verify and Save.

The screenshot shows the bottom section of the Billing form. The 'Verify & Save' button is highlighted with a red box, indicating the final step in the process.

#	ICD-9	Description	Line Item	NDC Code	Quantity	Units										
		Set the ICD version to ICD-10 to enter ICD-10 codes for the appointment.		Add NDC code	1	LN (Unit)										
No ICD-9 codes found for this appointment.																
Code/Check Date	Description	Mods/Posted Date	Service Date	Qty/Min	Dx Pointers	Price	Billed	Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type	
Totals:							\$250.00	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250.00	\$0.00	Bill Insurance
C 99940			From date To date	1.00	1 0 0 0	100.00	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	0.00	\$100.00	\$0.00	Bill Insurance	
C 00300			From date To date	15.00	1 0 0 0	150.00	\$150.00	\$150.00	\$0.00	\$0.00	\$0.00	0.00	\$150.00	\$0.00	Bill Insurance	