INTERNAL - Doctor Settings

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The purpose of this internal article is to describe the function and purpose of each of the options listed in the "Doctor Setting" section of the CRM. Any heading in blue contains a hyperlink to additional support articles on the topic.

- **Is paid user** - identifies the provider as paid and in good standing with DrChrono
- **Enable faxes** - will allow the provider to receive and send faxes from DrChrono
- **Credit card plan type** - lists the type of DrChrono plan the prover is on with DrChrono
- **Onpatient & Check-In App show custom demographics** - shows patient demographic fields on the OnPatient and DrChrono check-in app onboarding forms. This permission should be enabled so that the "Sign Up for OnPatient" button appears on the provider's OnPatient page.
- **Enable tasks setting** - allows the provider to use the tasks setting
- **PQRI participation waiver signed** - Physician Quality Reporting Initiative (PQRI)- last program and reporting year ended in 2016
- **Premium support** - enabled for Apollo Plus customers - increases the priority of their Zendesk tickets with support

Doctor Profile

Please note, any settings enabled under doctor settings will apply to that provider only. They will not carry over to other providers in the practice group.

- **Salutation** - how provider wants to be addressed (Dr, Prof, etc)
- **FirstName**
- **MiddleName**
- **LastName**
- **Suffix**
- **Phonetic name** - This could be helpful if the provider has a first or last name that is difficult to pronounce. This will help in addressing the provider correctly in the future.
- **Specialty**
- **Job Title** - will identify user as provider/staff, student, consultant
- **Country**
- **Website**
- **Home phone**
- **Office phone**
- **Cell phone**
- **Business logo**
- **Profile picture** - if provided, will be displayed on reminder emails to patients
- **Signature**
- **Custom color**
- **Timezone -** timezone of user
- **Official office address** - all 5 "official" fields (listed below) must be filled out for this option to work

- **Official office city**
- **Official office zip code**
- **Official office state**
- **Official office phone**
- **MU monitoring start date** - start date of Meaningful Use (MU) automated monitoring period
- **MU monitoring end date** - end date of Meaningful Use (MU) automated monitoring period
- **Office for lab results** - if selected, this office will appear as the provider's office on lab results instead of the office where the patient was seen. For example, if a patient is seen in a satellite office or rented space and the provider wants the results to go to the main office, you would utilize this feature.
- **Limit patient flags to appointment** - this would keep patient flags on the appointment to which they are linked. They would not carry over to other appointments.
- **Referral participant** - identifies provider as a participant in our referral program

Payment and Security
- **Is account suspended** - this feature would fully suspend the provider. They would not be able to access the account at all.
- **Light suspended** - this feature allows the provider to sign into their account; however, no appointments are able to be saved for them
- **New account**
- **Monthly backup password key** - this password protects the provider's monthly backup zip files
- **iPad unlock passcode** - this will unlock the provider's iPad from sleep/lock mode
- **Is test user** - indicates a test account - not a real DrChrono provider
- **Ignore from financials** - this would exclude the provider's appointments from financial reporting. Could be used for test users.
- **Enable Quest labs** - allows the provider to order lab work through Quest Diagnostics
- **Enable videos**
- **Enable experimental features** - allows providers access to test/experimental features that have not been rolled out to all users
- **Enable medical biller features** - allows access to billing features that are available to employees only
- **Biller type** - used in conjunction with "enable medical biller features" above. Designates the type of billing user
- **Can adjust invoice**
- **Can issue refund**
- **Sales liason email** - allows sales/other DrChrono employees to receive daily site status emails
- **Enable account balance** - allows the doctor to see their account balance
- **Trialing subscription**
- **Next plan**
- **Stripe setup enabled** - allows the practice to set up to take Stripe payments within their account
- **Patient payments transaction fee base** - sets per transaction fee DrChrono charges the client for Stripe transactions. Default is $0.35 per transaction.
- **Patient payments transaction fee percentage** -sets percentage DrChrono charges the client for Stripe transactions (depends on the plan as designated in the dropdown)
- **Require balance for cc payment** - requires the patient to have an outstanding balance to have the ability to pay via credit card
- **Allow all OnPatient payment refunds** - allows refunds to be processed
- **Allow OnPatient payments** - allows the patient to make a payment through OnPatient
- **OnPatient payment minimum** - Sets a minimum amount that the patient can pay through OnPatient. (i.e. Does the provider want to allow the patient to pay $1 balance via OnPatient? Often they set limits so the amount they are being reimbursed does not fall below the fees they are charged to process the payment)
- **Show all appointments credit card payments** - shows all appointments in the dropdown so payments can be

processed via credit card

- **Billing signup fee** - initial set up fee (often waived- check contract)
- **Billing srb rate** - Success Rate Billing - charge of 3% or greater of ERAs is normal
- **Billing monthly minimum** - minimum monthly billing amount
- **Billing monthly maximum** - maximum monthly billing amount - if unlimited, leave blank
- **Billing notes** - any notes related to billing that would be helpful for the accounts AM to know

Patient Communication

- **Enable reminders** - will enable users to use reminders
- **Send recurring reminders** - will enable users to set recurring reminders
- **Auto appointment reminders** - will enable automatic selection of patient's most recent reminders and apply them to newly scheduled appointments.
- **Customized email signature** - this will enable a provider to customize their closing email message to patients
- **Email reply to address**- this will set an alternative email to reminders@drchrono.com to use as 'reply-to' sender in emails to patients.
- **No appt link in emails** - this will remove the appointment link from outgoing emails
- **Skip reminder address** - this will remove the office address on appointment reminders - useful for mobile offices or where patients are seen in their individual home
- **Default patient language** - specifies which language reminders are sent in
- **Include provider email in superbill** - will allow the provider's email address to be included on the superbill
- **Superbill currency locale** - specifies currency that is used on a patient superbill
- **Superbill currency sign** - specifies the currency sign that is used on a patient superbill
- **Superbill include business logo** - specifies if the business logo is included on the superbill or not
- **Use new patient portal - activate** - enables OnPatient for the provider's patients
- **Enable automated patient portal emails** - allows the ability to send portal emails to recent patients
- **Include OnPatient template more info** - includes completed template info in the visit note
- **Include OnPatient template reasons** - includes completed template reason info in the visit note
- **Include OnPatient questions** - includes completed questions in the visit note
- **Include OnPatient clinical updates** - includes completed medication/allergy/condition updates in the visit note
- **Custom HIPAA form** - the client can upload a custom HIPAA form here for use by patients
- **Share lab results with OnPatient.com** - allows patients to view their lab results via their OnPatient portal
- **Enable OnPatient messaging responses** - this will allow patients to respond to messages received within their OnPatient portal

Billing

- **Send statements to OnPatient** - this will send patient billing statements to OnPatient
- **Enable medical billing** - allows the provider to submit claims via DrChrono
- **Default billing provider** - allows the provider to set a default billing provider in incident-to situations
- **Is realtime eligibility user** - allows the provider to run RTE checks from within DrChrono
- **Realtime eligibility vendor** - specifies which vendor provider uses for RTE - can use auto select for the system to choose based on clearinghouse information entered
- **Provider commercial number** - refers to a provider id number issued by a commercial payer
- **License number** - provider's medical license number
- **Social Security number** - provider's SSN. Some providers are credentialed under their SSN rather than a Tax id
- **Organizational tax id** - group Tax ID Number (TIN); AKA Type 2 NPI
- **Organizational name** - group name of the practice
- **NPI Number** - billing NPI. This could be a group NPI or rendering NPI, depending on how credentialing is completed with the payer. (if different among payers - can use Insurance Set Up)
- **Rendering provider NPI number** - Individual NPI number of provider rendering services to the patient

- **Aka npi number** - this field is no longer used. It doesn't appear anywhere on the claim form.
- **Medicaid provider number** - Provider's provider number with their local Medicaid
- **Enable ePS billing submission** - Allows provider to bill through clearinghouse eProviderSolutions
- **Enable ePS (W/C and Auto) billing submission** - allows provider to submit Workers' Comp and Auto Accident through ePS
- **Enable emdeon billing submission** - Allows provider to bill through clearinghouse Emdeon (now known as Change Healthcare)
- **Emdeon go live date** - Go live date for clearinghouse Emdeon (now known as Change Healthcare) - must be in YYYY-MM-DD format
- **Enable iHCFA billing submission (iHCFA is now known as Carisk Partners)** - Allows client to submit to work comp clearinghouse Carisk Partners
- **Enable gateway billing submission** - Allows client to submit claims through clearinghouse TrIZetto
- **Enable Waystar billing submission** - Allows client to submit claims through clearinghouse Waystar
- **Does dr balance bill** - Designates whether provider balance bills patients for the portion their insurance states they are responsible for
- **Gets daily problems email** - Sends a daily email (7 days/week) to provider listing all not submitted, rejected, missing info, ERA denied claims
- **Billing problem email recipients** - Lists recipients that will receive the daily billing problem email. Many like to include provider, office manager, and/or biller
- **Check unallocated payment** - When checked, the system will confirm the patient has enough available funds in their unallocated amount before applying a patient payment to an appointment
- **CLIA number** - If the provider has a CLIA approved in-office laboratory, their CLIA license number should go here. It is required on claims when billing for in-house lab services.
- **CLIA number expiration date** - Expiration date of current CLIA certificate.
- **DPS number** - Applicable in Texas only - Department of Public Safety
- **Billing taxonomy code** - Taxonomy code associated with the billing NPI (could be type 1- individual or type 2- organizational NPI)
- **TriZetto site id** - Site ID with clearinghouse TriZetto - 4 digits
- **Waystar site id** - Site ID with clearinghouse Waystar - 6 digits
- **Insurance Assignment Not Accepted** - Place holder - if you need to designate a payer as "assignment not accepted", please refer to the insurance setup
- **Auto post ERAs** - A check here will have ERAs auto post when received in the system. Removing the check will cause the ERAs to come into Billing > Remittance Reports, but not auto post to patient appointments until verified by office staff. Feature moving to Practice Group Settings May 2023.
- **Enable paper eobs** - Allows for transmitting of paper EOBs electronically
- **Auto copy icd9 from problem list** - Copies forward diagnosis codes from patient's problem list when scheduling a new appointment on the web
- **Auto copy procedures** - Copies forward procedures (CPT) codes from the last appointment scheduled to the new appointment
- **Auto set billing status from billing detail** - Allows billing status to be set automatically (balance due, paid in full) from billing detail screen (live claims feed)
- **Auto set billing status from edi** - Allows billing status to update automatically based on 277 (EDI) files received
- **Auto set billing status by patient's payment** - Allows billing status to update automatically when a patient payment is applied (moved to paid in full if payment pays off remaining patient balance)
- **Copy last billing respects provider** - Copy forward ICD10/procedures copies from the last appointment with each provider (in the event patient is seeing 2 different specialties within the same office- copy forward will copy from the last appointment with the respective provider)
- **Update patient plan name by rte** - Allows the system to update the name of the patient's insurance payer based on info received via RTE

- **Update patient group name number by rte** - Allows the system to update the insurance plan name and number based on info received via RTE
- **Enable institutional claim** - Allows provider to bill institutional (hospital/facility) claims, UB04
- **Enable mail claim** - Allows provider to mail claims to the payer
- **Default patient payment profile** - Sets default patient payment profile for all patients of a provider. Can be set per individual patient within their chart under demographics
- **Enable multi primary insurance** - Allows the patient to have multiple primary insurances. Useful in chiro offices where a patient might be seen for a medical issue (billed to health insurance) and for injuries from an auto accident (billed to auto insurance)
- **Enable auto accident edi** - Allows for billing to auto accident clearinghouses
- **Enable worker comp edi** - Allows for billing to workers comp clearinghouses
- **Enable billing facilities** - Allows the provider to change billing facility from the billing detail screen. Useful when a provider is seeing patients in various settings where the facility code is different (example: hospital ER vs hospital inpatient vs hospital OR)
- **Adjustment 45 crosscheck** - This will prevent the system from taking a CO45 adjustment when the adjustment is equal to the billed amount.
- **Enable billing intelligence** - This allows the practice to access the billing intelligence reports. Reserved for Apollo Plus clients.
- **Enable 837p exports** - Allows clients access to their 837/EDI claim submission files. Should only be enabled in **rare** occasions.
- **Including future debit credit** - Includes a patient's future appointments when calculating a patient's balance due.
- **Pt balance writeoff** - Allows a client to select which adjustment reason to use
- **Ins balance writeoff** - Allows a client to select which adjustment reason to use
- **Enable statements mailing** - Allows a practice to use Change Healthcare (fka Emdeon) to mail paper patient statements
- **Use official name on statements** - Allows the practice to use their official practice name, rather than the provider's name, on patient statements
- **Patient statement billing phone** - This number is printed on the patient statement as a place to contact in case of questions
- **Patient statement cc blocked** - Option removes the "to pay by credit card call ... " verbiage from the patient statement. For use by practices that do not accept credit cards.

- **Patient statement include business logo** - Prints the uploaded business logo on paper patient statements
- **Patient statement office** - For use if a specific address/office is used for patient statement remits
- **Patient statement show pay cc call** - Will print "To pay by credit card call... " verbiage on the paper patient statement
- **Add signature to HCFA** - Embeds the provider's signature on the HCFA
- **HCFA signature PDF** - To be used in conjunction with ^
- **Print license numbers on HCFA** - Will print the provider's license number on each procedure (charge) line and in box 31 on the HCFA form
- **Print payer address on HCFA** - This will print the payer mailing address on the top right of the HCFA form. Useful when offices are mailing in claims.
- **Use supervising provider for HCFA** - This will display the supervising provider's information, and not the rendering provider, in box 17 of the HCFA.
- **Mark SSN instead of EIN on HCFA** - This will place the check mark in the SSN rather than the EIN in box 25 on the HCFA. Some providers are credentialed by their SSN rather than a TIN. This will mark all payers as EIN. If the office has a mix, you can set this by payer under Insurance Setup.
- **Use full name for HCFA billing** - This will print the provider's full name in box 31, rather than their first initial and last name.
- **Suppress referring physician for HCFA** - This will prevent the referring provider's information from printing

in box 17 on the HCFA.

- **Use doctor name for HCFA billing** - This will print the provider's name, rather than the official name on the HCFA.
- **Pre Authorization** - This will display the pre-auth dashboard in the account.
- **Send DQ Modifier with referring provider** - This will automatically add the DQ modifier with the referring provider in box 17 on the HCFA. Usually impacts NY podiatrists for Medicare claims.
- **Auto add ICD10 to problems** - This will add ICD10 codes to the patient's problem list
- **Enable new patient statement info** - This will enable new printed paper statement help text
- **Show enrolled payers first** - This will show payers the practice is enrolled with first when searching in the patient's record under primary or secondary insurance. Works in conjunction with Insurance Setup. You can add enrolled payers to the Billing > Insurance Setup screen so they will appear first in a payer search. This helps with efficiency in the office.

Scheduling

- **Allow overlapping appointment**
- **New appt popup**
- **Show break reason**
- **Hide Cancelled appointments on calendar**
- **Hide Rescheduled appointments on the calendar**
- **Default office** - sets default office on the calendar
- **Default appointment duration** - sets default duration in minutes for new patient appointments
- **Default appointment duration follow-up** - sets default duration in minutes for follow-up patient appointments
- **Default exam room time row** - sets default row headings, in minutes, in the exam room view
- **Appointment templates date range** - date range set for appointment template
- **Gets appointment scheduled online email** - when enabled, an email will be sent when an appointment is scheduled online
- **Online scheduling notification recipients** - lists the recipients of email notifications of newly online scheduled appointments
- **Google calendar**
- **Email daily agenda** - when enabled, will send the provider a daily agenda of scheduled appointments for the following day
- **Include notes reason in email daily agenda** - when enabled, will include reason/notes on the appointment email to providers
- **Consent on file for patients** - automatically selects consent on file when adding a patient to the account
- **Enable patient flags setting** - allows the provider to use patient flags
- **Default ICD version** - specifies which ICD version to use (ICD10 should be used after October 2015)
- **Appointment templates on additional views** -

eRx

- **Enable advanced erx** - enables paid eRx features. Impacts free users only
- **Enable surescripts** - enables Surescripts eRx for provider. Need to also go to "eRx Prescriber Setup" sales tool to add a location to set up the provider.
- **Prescribing physician name** - user may not be the prescribing physician of rx. Use this field for eRx.
- **DEA number** - DEA number for the doc. CONFIDENTIAL Is required for sending controlled substances
- **Date of Birth** - DOB of provider is needed for eRx.
- **eRx fax number** - fax number where the provider would like to receive faxed communications from the pharmacy. Must be secure due to potential PHI transmitted from the pharmacy
- **eRx internal notes** - Private notes for internal use related to providers' use of eRx.
- **eRx supervising providers**
- **eRx hide printed footer**

- **Maximum number of eRx profiles** - max number of prescription profiles a user can have. Defaults differ by plan type
- **Drug interact severity** - for mu stage 2, adjust the severity level of drug-drug interaction to check to be displayed
- **Is international customer** - enable to allow international customers access to some eRx features
- **Enable EPCS** - allows provider to register to e-prescribe controlled substances
- **EPCS Two-Factor Auth Vendor** - No longer in use (used to specify which vendor to use for EPCS two-factor authentication. No longer used since all users were moved to ID.me)
- **Norton guid** - Norton Secure Login User ID

Fax
- **Fax number** - fax number for the provider
- **Using fax number for fax coversheet** - will use fax number from doc settings
- **Using alternative email for fax** - if populated, this email will be displayed on outgoing fax and referral documents
- **Alternative email for fax** - to be used with ^
- **Use official name on fax referral** - if checked, will use the official practice name on the cover sheet of the fax referral form
- **Fax cover confidential** - if checked, will include a notice of confidentiality on the cover sheet of outgoing faxes
- **Fax cover confidential text** - to be used with ^. This is the text that will appear on the cover sheet of outgoing faxes.
- **Max faxes override** - this will allow the number of faxes allowed per plan type
- **Enable send old referral fax** - enables sending full fax referrals instead of free fax referrals

Clinical Notes
- **Can supervise other providers** - enable if this provider can supervise other providers
- **Needs supervision by another provider** - enable if this provider needs supervision by another provider
- **Default supervising provider** - will automatically assign a default supervising provider to all providers marked as needing supervision
- **Note include organization name** - will include organization name in clinical note header
- **Note remove DrChrono footer** - will remove the wording "powered by DrChrono" from clinical note and patient statements
- **Note include business logo** - will print the business logo in the patient's clinical note
- **Include patient chart photo clinical note**
- **Enable freedraw setting** - allows user to use the freedraw feature
- **Enable custom vital signs**
- **Include problems in clinical note**

M*Modal Speech-To-Text
- **Mmodal enable user**
- **Mmodal enabled at**
- **Mmodal enabled by**
- **Mmodal disabled at**
- **Mmodal disabled by**
- **Mmodal author id**
- **Mmodal language**
- **Mmodal trial used**
- **Mmodal trial start**
- **Mmodal trial end**
- **Mmodal internal notes**

Services

- **Box appointment folder id**
- **Box DrChrono folder id**
- **Box patient folder id**
- **Box store backup**
- **Box sync appointments**
- **Box sync clinical notes**
- **Box sync strategy**
- **Remove all Acronis files and reset the authorization -** removes all backed-up files

Asclepius User Permissions

- **Task messages**
- **Billing picklist**
- **Appointment profiles**
- **Reminder profiles**
- **Billing profiles**
- **Followup profiles**
- **Product procedure report**
- **HCFA print limit**
- **Patient statements limit**

Telehealth Network