INTERNAL: How to Activate a Provider's eRx Feature Upon Registration

07/24/2024 5:50 pm EDT

Follow the steps below to learn how to activate a provider's eRx.

Please Note: The provider **must** first fill out the eRx information from within their account before this process can start. This is not something you can do for them. If you need help directing the provider with where to start click here.

1.) Log in to both your DrChrono and Zendesk account.

2.) Once the doctor has filled out the required eRx info from their account an automated ticket will be created in Zendesk with the subject line **"ID.me eRx setup request for [Doctor's Name]"**



3.) Hover your cursor over the Swords icon in CRM and select "Setup/Enrollment" from the drop down list.

4.) Under the eRx section click on "eRx Prescriber Setup"

INTERNAL TOOLS Data Recovery Setup / Enrollment Remove Deleted Staff User dr chrono C ACCOUNT MANAGEMENT DASHBOARDS Setup / Enrollment drchrono Sales CRM Usage Analytics Practice Group Mana Apollo Plus Initial Implementation Search for Reference Labs User Management OnPatient Implementation Form Inactivity INTERNAL TOOLS Fax Data Reco Billing Mayo Patient Ed Setup / Enrollment Remove Deleted Staff L Simple Enrollment Assign Medical Biller Quick View GLOBAL SETTINGS Setup Google Glass Develop/Test iChrono API eRx Mayo Education Favorit MU Management Tool eRx Prescriber Setup Manage Featured Templates FINANCIAL TOOLS Choose Default Templates Apple InApp Purchase Receipts Projected Revenue Report Labs Mayo Patient Education Manage Global Permissions Doctor's balance report Quest LabCorp Fax line nerate Partner API Keys Revenue Chart Practice Group Revenue Upload LabCorp Payers File Import eRx Patients Fee Schedules Custom Procedures eRx Prescriber Setup 2.) Click on 'eRx Prescriber Setup'

5.) Enter in the doctors name into the search field and choose from the drop down list.

6.) Click the "Prescribers" drop down > Choose "Create New Location' from the drop down list.

7.) Use the information from the Zendesk ticket to fill in all the given fields.

Please Note: You are required to verify the NPI # by clicking here. You **MUST** do this prior to saving the information.

When entering an Address there are no special characters allowed, or hyphens when entering in a phone/fax number.

1.) Click on 'Setup/Enrollment

Vertex Ver	dr chrono		Ó
Manage Surescripts Prescribes To Cr. drohnono Knowledge Base (drohnonoknowledgebase: drohnonoKnowledgeBase@gmail.com) Image Surescripts Prescribes Previous Image Surescripts Prescripts Previous Image Surescripts Prescripts Image Surescripts Prescripts Image Surescripts Prescripts Image Surescripts Previous Ima	Schedule Clinical	Patients Reports Billing	Account Help 🕴 🖤
<form></form>	Manage Sure for Dr. drchron	scripts Prescribers o Knowledge Base (d	drchronoknowledgebase: drchronoKnowledgeBase@gmail.com)
PercPergement Details Provide manage Perfor same Perfor Perfor Perfor Perfor	Select Doctor		*
Parchagement Details Percenter Technical Network Location* Percenter Center Network Percenter Center Network<			
Precine atting and Precine atting and Precine atting and Precine atting atting Precine atting a	Plan/Payment Details		
Petterior Petterior 1.) Select 'Create New Location' Petter name Petter name <th>Required Billing Info</th> <th></th> <th></th>	Required Billing Info		
Pretix name	Prescribers V Create N	ew Location	— 1.) Select 'Create New Location'
Pretix name First name Istat name Suffix name Suffix name Suffix name Specialty code primary Data Data Deta De			
First name drochrono Middle name * Pequined Middle name * Pequined Last name * Pequined Suffix name * Pequined Speciality code primary * MA speciality code Dea * Pequined Pointait loense number * Pequined File id * Pequined Pointait loense number * Pequined File id * Pequined Pointait loense number * Pequined File id * Pequined Pointait loense number * Pequined File id * Pequined Pointait loense number * Pequined Vinin * Pequined Cotto en name * Pequined Oftice name * Pequined Oftice name * Pequined Cotto en name * Pequined Pointait loense loense * Pequined Pointait loense loense * Pequined Dea * Pequined Pointait loense loense	Prefix name		
Middle name Last name Knowledge Base 'Required Specialty code primary Dea DEA Humber of the prescriber. Required for Controled Substance prescribing. 9 character DEA number must be presented with optional suffix separated by the '', e.g. AA000001-123X Npi Table DEA Humber of the prescriber. Required for Controled Substance prescribing. 9 character DEA number must be presented with optional suffix separated by the '', e.g. AA000001-123X Npi Table Den Humber of the prescriber. Required for Controled Substance prescriber. State license number File id Medicald number Pior nuthorization Pior authorization Noir If entered, format is 123456789 Upin Office name 'Required. Name of the prescriber sees the patient Addressinel 'Required. Name of the prescriber sees the patient Addressinel Office name 'Required. State to prescriber sees the patient Addressinel Office name Office name <th>First name</th> <th>drchrono</th> <th>^{Required} 2.) Use information from Zendesk</th>	First name	drchrono	^{Required} 2.) Use information from Zendesk
Last name Knowledge Base * Required Foreguined Suffix name	Middle name		ticket to fill out
Suffix name Image: Specialty code primary Specialty code primary Image: Specialty code primary Dea DEA humber of the prescriber. Required for Controlled Substance prescribing. 9 character DEA number must be presented with optional suffix separated by the '-', e.g. AA000001-123X Npi *Required. Individual (not organizational) NPI of the prescriber. State license number State License Number of the prescriber. File id State License Number Medicald number Image: State Incense Number Pior authorization Image: State Incense Number Prior authorization Image: State Incense Number Pior authorization Image: State Incense Number Pior authorization Image: State Incense Number Pior authorization Image: State Incense Number Office name Image: State Incense Number Upin Image: State Incense Number Pior authorization Image: State Incense Number Office name Image: State Incense Number Office name Image: State Incense Number Pior authorization Image: State Incense Number Office name Image: State Incense Number Number Pior Burbic Image: State Incense Number	Last name	Knowledge Base	*Required
Specialty code primary MA Aspecialty code MA specialty code MA specialty code MA specialty code DEA Number of the prescriber. Required for Controlled Substance prescribing, 9 character DEA number must be presented with optional suffix separated by the '-', e.g. AA0000001-1230X Npi * Required. Individual (not organizational) NPI of the prescriber. State license number State license number State license number Bate License Number of the prescriber. State license number Medicaid number Medicaid number Medicaid number Po number Po number Prior authorization If entered, format is 123468789 Upin * Required. Name of the prescriber sees the patient. * Required. Must be priscriber sees the patient. * Required. Must be priscriber sees the patient. * Required. Must be priscriber sees the patient.	Suffix name		
Deal DEAl Number of the prescriber. Required for Controlled Substance prescribing. 9 character DEA number must be presented with optional suffix separated by the '-', e.g. AA000001-1230X Npi * Required. Individual (not organizational) NPI of the prescriber. State license number State license number Dentist license number State license Number of the prescriber. File id State license number Medicaid number State license Number of the prescriber. Prior authorization State license Number of the prescriber. Prior authorization If entered, format is 123468789 Upin * Required. Name of the prescriber sees the patient. Office name * Required. Name of the prescriber sees the patient. Address line1 * Required. Must be privation street address. P.O. Box is not allowed	Specialty code primary	\$	AMA speciality code
1230X Npi *Required. Individual (not organizational) NPI of the prescriber. State license number State license Number of the prescriber. Dentist license number State License Number of the prescriber. File id State License Number of the prescriber. Medicald number State License Number of the prescriber. Prior authorization If entered, format is 123456789 Upin *Required. Name of the practice where the prescriber sees the patient. Office name *Required. Name of the practice where starses. P.O. Box is not allowed Address line1 *Required. Must be physical street address. P.O. Box is not allowed	Dea	DEA Number of the prescriber. Require	d for Controlled Substance prescribing. 9 character DEA number must be presented with optional suffix separated by the '-', e.g. AA0000001-
Npi Testeration for the prescriber State license number State license Number of the prescriber Dentist license number State license Number of the prescriber Dentist license number State license Number of the prescriber Medical number State license Number of the prescriber Medical number State license Number of the prescriber Medical number State license Number of the prescriber Prior authorization State license Number of the prescriber sees the patient Prior authorization If entered, format is 123496789 Upin State license where the prescriber sees the patient Office name *Required. Name of the practice where the prescriber sees the patient Address line1 *Required. Must be physical street address. P.O. Box is not allowed		123XX	* Required, Individual (not organizational) NPI of the prescriber
Jacker Hoele Bind Hole	Ctate license sumber		State License Number of the prescriber
File id	Dentist license number		
Medicaid number Image: Comparison of the practice when the prescriber sees the patient. Medicare number Image: Comparison of the practice when the prescriber sees the patient. Prior authorization Image: Comparison of the practice when the prescriber sees the patient. Office name Image: Comparison of the practice when the prescriber sees the patient. Address line1 Image: Required. Name of the practice when the prescriber sees the patient.	File id		
Medicare number Image: Comparison of the practice where the	Medicaid number		
Ppo number Image: Comparison of the practice where the prace practice where the prace practice where the practice wh	Medicare number		
Prior authorization If entered, format is 123456789 Upin If entered, format is 123456789 Office name * Required. Name of the practice where the prescriber sees the patient. Address line1 * Required. Must be physical street address. P.O. Box is not allowed	Ppo number		
Social security number If entered, format is 123466789 Upin	Prior authorization		
Upin Office name 'Required. Name of the practice where the prescriber sees the patient Address line1 'Required. Must be physical street address. P.O. Box is not allowed PO Box	Social security number		If entered, format is 123456789
Office name ** Required. Name when the problem when	Upin		* Banuland Name of the reservice where the reservice sease the notions
Autress inter	Office name		* Required. Must be chrisical street address. P.O. Box is not allowed
Address line2	Address line?		PO. Box is not allowed.
City *Required	City		* Required

8.) At the bottom of the page check the box "New Rx" and "Refill" then click 'save'.



9.) Click the "Synchronize with Surescripts" button. If the information is incorrect, this option will not appear.

Service Level:		
- New Rx:	2	
- Refill:		
	Save Change SPI #	
Please SAVE any changes before syncing with Surescripts.		
Sync with Surescripts	Click 'Sync with Surescripts'	

10.) A notification "Prescriber has been successfully synced with Surescripts" will appear.

Service Level:		
- New Rx:	2	
- Refill:		
	Save Change SPI #	
Please SAVE any change	s before syncing with Surescripts.	
Prescriber has been succe	Prescriber has been successfully synced with Surescripts	

11) Should you receive a SureScripts 900 error message please reach out to a customer support.

Service Level:	
- New Rx:	
- Refill:	
- Controlled Substance:	
	Save Change SPI #

Please SAVE any changes before syncing with Surescripts.

Sync with Surescripts

Surescripts error: 900: Refill service already assigned to spi: 6645970240001

Customer Support workflow:

- Contact provider to verify if they want to maintain their e-prescribing relationship with their current vendor.
- If yes- please advise the provider that they will only be able to send NewRx from their DrChrono location, but they do have the option to receive faxed refills.
- If no -a ticket will need to be submitted to SureScripts to have the current location switched to DrChrono.