

CheckinAsyst®

Interface with Veradigm Practice Management

Veradigm Practice Management					
Items	To CheckinAsyst	From CheckinAsyst	Items	To CheckinAsyst	From CheckinAsyst
Appointment			Insurance		
Appt type	☑	—	Primary Insurance Company	☑	☑
Appt date	☑	—	Primary Insurance Plan ID	☑	☑
Appt duration	☑	—	Primary Insurance policy #	☑	☑
Appt location	☑	—	Primary policy group #	☑	☑
Physician	☑	—	Secondary Insurance Company	☑	☑
Appointment checkin and out time	—	☑	Secondary Insurance Plan ID	☑	☑
Appointment status update	☑	☑	Secondary Insurance policy #	☑	☑
Demographics			Secondary policy group #	☑	☑
Name (First, Middle, Last)	☑	—	Extended information and contacts		
Name (Suffix, Prefix)	☑	—	Guarantor Name	☑	☑
DOB	☑	—	Guarantor's Relationship to Patient	☑	☑
Gender	☑	—	Gurantor Address and other details	☑	☑
City, State, ZIP	☑	☑	Guardian Name (First, Last, Middle)	☑	☑
Address 1	☑	☑	Emergency Contact Name	☑	☑
Address 2	☑	☑	Emergency Contact's Relationship to Patient	☑	☑
Home phone	☑	☑	Emergency Contact's Home Phone Number	☑	☑
Email	☑	☑	Emergency Contact's Cell Phone Number	☑	☑
SSN	☑	☑	Next of Kin Name	☑	☑
Work phone	☑	☑	Next of Kin Relationship to Patient	☑	☑
Mobile phone	☑	☑	Next of Kin Phone Number	☑	☑
Race	☑	☑	Employer Details (Name, relation, contact etc.)	☑	☑
Ethnicity	☑	☑	Patient Responsibility		
Nick-name	☑	☑	Co-pay Collection	—	☑
Language	☑	☑	Pre-payment	—	☑
Sexual Orientation and Gender Identity (SOGI)	☑	☑	Patient balance	☑	☑
Marital status	☑	☑	Posted as unapplied credit	—	☑
UDS Fields			Patient Account statement	☑	—
Family Size	☑	☑	Guarantor Balance	☑	☑
Income	☑	☑	Documents - CUSTOMER can Specify the location to attach		
Agricultural Worker	☑	☑	PDF of Consent Forms (HIPAA, Financial etc.)	—	☑
Agriculture Type	☑	☑	Check-in time		
Homeless Status	☑	☑	—	—	☑
Homeless Type	☑	☑	Connectivity from APM to PRO		
School-Based Health	☑	☑	Get a list of Patient list	☑	—
Center Patient	☑	☑	Insurance Image	—	☑
Veteran Status	☑	☑	Patient Note	☑	☑
Public Housing	☑	☑			