

# Editing Appointment Information

To edit appointment information go to any scheduled Appointment > click on the patient's name > Edit Appointment:

Current Search: Date Range: 03/19/2018 to 03/19/2018, Search by Registration Locations: (any), Appointment Statuses: Scheduled

PATIENT	SCHEDULED	STATUS	VISIT	TASKS	PRI
JONES, DYLAN	03/19/2018 02:33 PM	Scheduled	Check In		✓
LEE, ELLIE H	03/19/2018 03:11 PM	Scheduled	Check In		✓

APPOINTMENT Summary

Patient: LEE, ELLIE H  
Patient ID: e81b7b80-95f4-41a0-927f-10ee18c55a96  
Alternate Patient ID: -  
Scheduled Date/Time: 03/19/2018 03:11 PM  
Status: Scheduled

Appt. Location: Ellie's Testing Location  
Appt. Provider: -  
Appt. Service: -  
Outstanding Balance: \$0.00  
Today's Balance: \$0.00  
Account Credited: -  
Etc.

To update any demographic information click on the Demographics or Additional Demographics Tabs, make necessary updates and click save:

LEE, ELLIE e81b7b80-95f4-41a0-927f-10ee18c55a96

[Visit History](#) | [Appointment History](#)

📅 APPOINTMENT: 03/19/2018 03:26 PM - Ellie's Testing Location ca4bcfe0-99ab-43af-a7dc-22e4ac206a3b

Demographics | Additional Demographics | Custom Fields | Appointment | Payments / Patient Account

Last Name: LEE

First Name / Middle Name: ELLIE | H

Date of Birth / Gender: 01/01/1001 | Female

Last Four SSN: 000-00-6699

Save Close

LEE, ELLIE e81b7b80-95f4-41a0-927f-10ee18c55a96

[Visit History](#) | [Appointment History](#)

📅 APPOINTMENT: 03/19/2018 03:26 PM - Ellie's Testing Location ca4bcfe0-99ab-43af-a7dc-22e4ac206a3b

Demographics | Additional Demographics | Custom Fields | Appointment | Payments / Patient Account

Phone Number: (770) 771-9595

Secondary Phone: (770) 112-3366

Do not send Text Messages

Email Address: test@test.com

Do not send Emails

Mailing Address

Street Line 1: 123 FAIRYLAND DRIVE

Street Line 2:

City: ATLANTA

County:

State / ZIP Code: Georgia | 30346

Save Close

To update any custom field answers or appointment information click on the Custom Fields or Appointment Tabs, make necessary updates and click save:

LEE, ELLIE e81b7b80-95f4-41a0-927f-10ee18c55a96

[Visit History](#) | [Appointment History](#)

📅 APPOINTMENT: 03/19/2018 03:26 PM - Ellie's Testing Location ca4bcfe0-99ab-43af-a7dc-22e4ac206a3b

[Demographics](#) [Additional Demographics](#) [Custom Fields](#) [Appointment](#)

[Payments / Patient Account](#)

Custom Fields

Mobile Directions

Allergy Guarantor

Allergy Guarantor Change

Allergy Guarantor Name

Guarantor Address - Sa...

Guarantor Address - Street

Guarantor Address - City

Save

Close

LEE, ELLIE e81b7b80-95f4-41a0-927f-10ee18c55a96

[Visit History](#) | [Appointment History](#)

📅 APPOINTMENT: 03/19/2018 03:26 PM - Ellie's Testing Location ca4bcfe0-99ab-43af-a7dc-22e4ac206a3b

[Demographics](#) [Additional Demographics](#) [Custom Fields](#) [Appointment](#) [Payments / Patient Account](#)

Appointment Location

Appointment Provider

Appointment Service

Terminate Kiosk Check In

When *checked*, the patient will not be allowed to check in for this appointment at a kiosk.

Save

Close

To manually update any payment (includes outstanding balance, amount due for today's visit and patient copay) click on the Payments / Patients Account tab. Update any field with the amount that needs to be collected and click Save:

LEE, ELLIE e81b7b80-95f4-41a0-927f-10ee18c55a96



[Visit History](#) | [Appointment History](#)

📅 APPOINTMENT: 03/19/2018 03:11 PM - Ellie's Testing Location 38c3c076-200b-4198-8530-33bb35808057

Demographics Additional Demographics Custom Fields Appointment **Payments / Patient Account**

Outstanding Balance

The amount of money the patient owes for outstanding balance. If more than \$0, then the patient will be prompted to pay at the Kiosk.

Balance Due For Today's Visit

The amount of money the patient owes for today's services. This amount should not include the Outstanding Balance and/or Patient Copay. If more than \$0, then the patient will be prompted to pay at the Kiosk.

Account Credited

When *checked*, the patient will not be prompted for any payment at the Kiosk. This field usually indicates that the patient has some amount of credit on his/her account.

Patient Copay

Explicitly set a copay amount greater than or equal to \$0 to be paid by the patient at the Kiosk. When this field is blank the copay will be automatically estimated based on eligibility information.

Save

Close

This will save the amounts for this particular appointment and display the amounts on the kiosk when the patient checks-in:



**EXIT**

Touch here if **ELLIE LEE** is NOT the patient.

Amount due:

Copay	\$30.00
Outstanding Balance	\$5.00
Balance Due For Today's Visit	\$20.00
<hr/>	
<b>TOTAL DUE</b>	<b>\$55.00</b>

IMPORTANT: If you have a copay, you must pay it in full, otherwise you will not be seen.

Please select a payment method below

**Credit Card**

**Cash / Check**