

Release 25.141 - October 16, 2025

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New features

New Patient Cost Estimator Company Settings

U17670: In this release, we added a couple of new company settings to our Patient Cost Estimator. A new company setting within **Setup > Administrative Setup > Company Settings** has been created to toggle between the current (default) font and a larger font. When set, Company Setting: [Patient Cost Estimator - Print Font](#) will allow the printed patient cost estimate font to be increased, making it more legible for the elder demographics. This setting has 2 options:

1. **0** = Current Font Size (default)
2. **1** = Larger Font Size

The screenshot shows a software window titled "Setup: Company Settings". It has a toolbar with icons for a folder, a clock, a printer, and a gear. The main area contains the following fields:

- Setting:** A search bar containing the text "Patient Cost Estimator - Print Font".
- Value:** A text input field containing the number "0".
- Rule:** A dropdown menu showing "Integer value between 0 and 1".
- Tool Tip:** A large text area containing the text "0 = Normal Font Size, 1 = Larger Font Size".

We also created another company setting to notify the patient when the practice has approved a patient cost estimate. When set, Company Setting: *Send Patient Notification on Approved Cost Estimate* will send an MML message informing the patient that a new estimate has been added to their MML account.

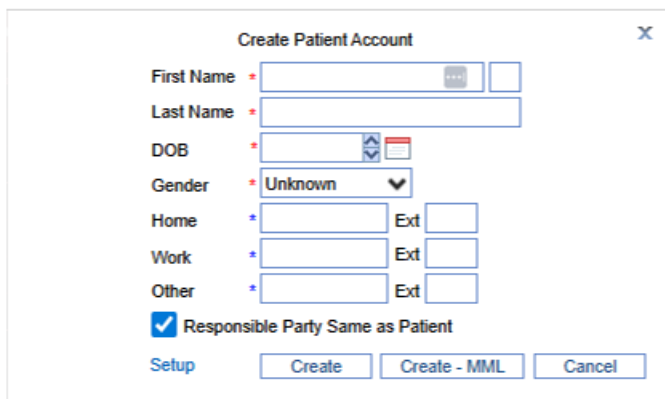
The screenshot shows the same "Setup: Company Settings" window, but with a different setting selected:

- Setting:** A search bar containing the text "Send Patient Notification on Approved Cost Estimate".
- Value:** A checkbox that is checked, represented by a blue square with a white checkmark.
- Rule:** A dropdown menu showing "Checked is Yes/True. Unchecked is No/False".
- Tool Tip:** A large text area containing the text "When checked, a notification will be sent to the connected MML patient via text or email upon approval/acceptance of a cost estimate."

New Patient Quick Create Security Role

U17410: When creating a patient from iScheduler, users have the option to "Quick Create," which allows for patient creation with limited data. However, this has proven challenging for some practices with staffing issues,

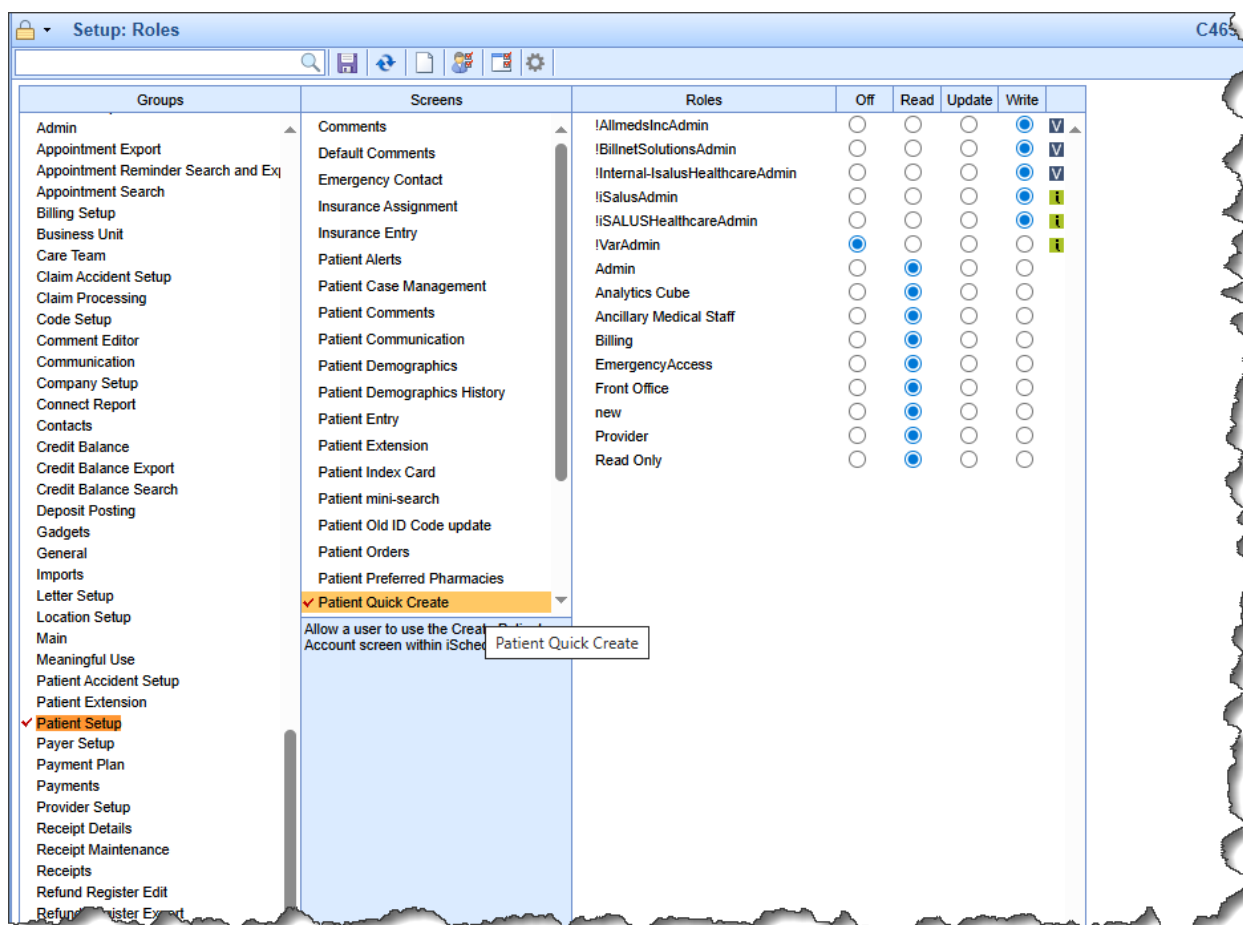
as these patient records are not appropriately updated afterward.



The "Create Patient Account" dialog box contains the following fields and controls:

- First Name**: Text input field with a red asterisk.
- Last Name**: Text input field with a red asterisk.
- DOB**: Date of Birth field with a red asterisk.
- Gender**: Dropdown menu with "Unknown" selected and a red asterisk.
- Home**: Text input field with a red asterisk, followed by an "Ext" field.
- Work**: Text input field with a red asterisk, followed by an "Ext" field.
- Other**: Text input field with a red asterisk, followed by an "Ext" field.
- Responsible Party Same as Patient**: Checked checkbox.
- Buttons**: "Setup", "Create", "Create - MML", and "Cancel".

To address this, we implemented a security role to limit users who can utilize the Quick Create option. This new "Patient Quick Create" screen is accessible within the Setup Portal > Roles > Groups (under Practice - General Role > Patient Setup Screen) and will have the same roles as the "Patient Setup" screen by default. If a user does not have write privileges for this screen, an informational message will be displayed indicating that they do not have the correct privileges.



The screenshot shows the "Setup: Roles" window with a sidebar on the left and a main table on the right. The sidebar lists various setup categories, with "Patient Setup" highlighted. The main table displays roles and their permissions for different screens.

Groups	Screens	Roles	Off	Read	Update	Write
Admin	Comments	!AllmedsIncAdmin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Appointment Export	Default Comments	!BillnetSolutionsAdmin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Appointment Reminder Search and Ex	Emergency Contact	!Internal-IsalusHealthcareAdmin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Appointment Search	Insurance Assignment	!IsalusAdmin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Billing Setup	Insurance Entry	!ISALUSHealthcareAdmin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Business Unit	Patient Alerts	!VarAdmin	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Care Team	Patient Case Management	Admin	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Claim Accident Setup	Patient Comments	Analytics Cube	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Claim Processing	Patient Communication	Ancillary Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Code Setup	Patient Demographics	Billing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment Editor	Patient Demographics History	EmergencyAccess	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	Patient Entry	Front Office	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Company Setup	Patient Extension	new	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect Report	Patient Index Card	Provider	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contacts	Patient mini-search	Read Only	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Credit Balance	Patient Old ID Code update					
Credit Balance Export	Patient Orders					
Credit Balance Search	Patient Preferred Pharmacies					
Deposit Posting	✓ Patient Quick Create					
Gadgets	Allow a user to use the Create Account screen within iSchedule					
General						
Imports						
Letter Setup						
Location Setup						
Main						
Meaningful Use						
Patient Accident Setup						
Patient Extension						
✓ Patient Setup						
Payer Setup						
Payment Plan						
Payments						
Provider Setup						
Receipt Details						
Receipt Maintenance						
Receipts						
Refund Register Edit						
Refund Register Export						

New Setting to Default the Benefit Selection for Patient Eligibility

U20361: Previously, specialists who wanted to run eligibility for applicable benefits had to manually update it each time because the eligibility benefit was hard-coded to "Health Benefit Plan Coverage (30)". For example, a behavioral health specialist, who would typically run eligibility with the "Mental Health (MH)" benefit, had to manually select it from the Eligibility Request Benefit dropdown. In this release, we introduced a company setting

to default the eligibility benefit selection for the database. When set, Company Setting *Default Benefit Type for Patient Eligibility* will default the benefit type selection when performing a patient eligibility check. For instance, entering "30" will default to "Health Benefit Plan Coverage," while "MH" will default to "Mental Health."

The image displays two screenshots of a software interface. The left screenshot shows the 'Setup: Company Settings' window. It has a 'Setting' field with the text 'Default Benefit Type for Patient Eligibility' and a search icon. Below it, the 'Value' is set to '30'. The 'Rule' is 'Text Area between 1 and 2 characters'. The 'Tool Tip' text reads: 'This will default the benefit type selection when performing a patient eligibility check. For example, enter 30 to default it to Health Benefit Plan Coverage, or MH for Mental Health, etc.' The right screenshot shows the 'Eligibility Request' window. It has a header 'Aetna (36547) Coverage #1'. Below it, there are fields for 'Service' (08/04/2025), 'Provider' (Goldsmith, Clarence), 'Coverage' (Individual), and 'Benefit' (Health Benefit Plan Coverage (C)). There are also fields for 'Subscriber' and 'Dependent' information, including 'Member ID', 'First Name', 'Last Name', 'Birth Date', and 'SSN'. At the bottom, there is a 'Display More Eligibility Options' link and 'OK' and 'Cancel' buttons.

BETA RELEASE: Modernized Patient Setup Screen

U20039: The Patient Setup screen has been modernized to establish a consistent UI foundation across all tabs. This update ensures smoother navigation and improves visibility of key patient information.

What to Expect

- Persistent patient header visible on all tabs.
- Updated left-hand navigation with location indicators.
- Patient flag display improvements across the entire screen.
- Foundational work for future enhancements.

[Learn more here.](#)



BETA RELEASE: Modernized Patient Demographics Tab

U20093: The Patient Demographics tab screen within Patient Setup has been redesigned to improve usability while meeting USCDI v3 requirements. Users can now organize information to match their workflow, designate a preferred contact number, and capture new standardized data.

What to Expect

- Component-based layout with drag-and-drop ordering (sticky user preference).
- New preferred contact phone number designation highlights a patient's preferred contact number with a gold star.
- New Occupation & Industry section added allowing practices who choose to capture data based on USCDIv3 data set values.
- Consolidated chart settings for easier access and improved visibility.

[Learn more here.](#)

Patient Setup | 48625 | Ferrer, Alexander A. (Alex) | 01/01/2010 | (15.9y) | M

Name / DOB

First Name * Alexander
 Middle Name A
 Last Name * Ferrer
 Suffix
 DOB 01-01-2010
 Preferred Name Alex

Address

Address1 * 5669 Pinto Circle
 Address2
 ZIP Code 46228
 City Indianapolis
 State IN
 Country USA

Contact

Home (555) 555-5555
 Home Extension
 Work (444) 444-4444
 Work Extension
 Mobile/Other (333) 333-3333
 Mobile/Other Ext
 Email email@email.com
 Preferred Contact Mobile/Other
 Reminder Phone Other (No VM)

Chart Settings

RHC
 User Defined
 Signature on File * Yes 01-01-2022
 Chart Settings
☒ Active
☒ Reportable
☐ Do NOT Print Statements
☒ Responsible Party Same as Patient

Status

Marital Married

Identification

SSN 555-22-4444

Left Sidebar: Summary, Demographics (selected), Insurance, Responsible Party, Emergency Contact, Comments, Case Management, Dialysis, MML Self Schedule, Sliding Fee, Immunization Registry, Patient Extension, Miscellaneous, Referral Tracking

Enhancements

Modernized Emergency Contact Tab

U20412: The Emergency Contact screen has been updated to align with USCDI v3 standards and renamed to reflect “Related Person” relationships. This ensures more accurate and standardized data capture.

What to Expect

- Relationship dropdown updated to USCDI v3 value set.
- Modernized screen layout consistent with other Patient Setup tabs.
- Primary and secondary contact fields remain supported.

Important Note: This screen is only visible to those clients participating in the Patient Setup/Modernized Patient Demographics BETA testing

[Learn more here.](#)

Patient Setup

48625 | Ferrer, Alexander A. (Alex) | 01/01/2010 | (15.9y) | M

Related Person (Primary)

Related Person: ☒ Primary ☐ Secondary

Name: Todd Ferrer

Relationship:

Home: (333) 333-3333

Home Extension:

Work:

Work Extension:

Mobile/Other:

Mobile/Other Extension:

Email:

Permissions: ☒ Granted Full PHI Access ☒ May Pick Up Medications ☒ Authorized to Leave Detailed Messages for Contact

Exclusions to PHI:

Comments: Lives with patient

Related Person (Secondary)

Related Person: ☐ Primary ☒ Secondary

Name:

Relationship:

Home:

Home Extension:

Work:

Work Extension:

Mobile/Other:

Mobile/Other Extension:

Email:

Permissions: ☐ Granted Full PHI Access ☐ May Pick Up Medications ☐ Authorized to Leave Detailed Messages for Contact

Exclusions to PHI:

Comments:

Enhanced Miscellaneous Tab

U20093: The Miscellaneous tab has been updated to use the same design components as the modernized Patient Setup screens. This ensures consistency and ease of use across all sections.

What to Expect

- Aligned look and feel with Demographics, Summary, and Related Person tabs.
- Consistent drag-and-drop layout where applicable.
- Clearer grouping of sections such as Chronic Care Management and Preschool Billing.

Important Note: This screen is only visible to those clients participating in the Patient Setup/Modernized Patient Demographics BETA testing

[Learn more here.](#)

Patient Setup - Google Chrome
48625 | Ferrer, Alexander A. | 01/01/2010 | (15.9y) | M

Summary
Demographics
Insurance
Responsible Party
Emergency Contact
Comments
Case Management
Dialysis
MML Self Schedule
Sliding Fee
Immunization Registry
Patient Extension
Miscellaneous
Referral Tracking

Appointment Reminders

Reminder Type	Consent	Reminder Value
Phone Calls	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other <input type="radio"/> Override
Text Messages	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other <input type="radio"/> Override
Email	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Patient <input type="radio"/> Override

Health Information Exchange

Consent	<input type="radio"/> Unknown <input type="radio"/> Granted <input type="radio"/> Denied
Effective Date	<input type="text"/>

CKCC Status

CCM Status	<input type="radio"/> Unknown <input type="radio"/> Enrolled <input type="radio"/> Disenrolled <input type="radio"/> Opted-Out <input type="radio"/> Deceased
CCM Date	<input type="text"/>

Prescription Education

Education Type	Consent
Text Messages	<input checked="" type="checkbox"/>

MDRevolution Status

CCM Status	<input type="radio"/> Unknown <input type="radio"/> Enrolled <input type="radio"/> Disenrolled <input type="radio"/> Opted-Out
CCM Date	<input type="text"/>
RPM Status	<input type="radio"/> Unknown <input type="radio"/> Enrolled <input type="radio"/> Disenrolled <input type="radio"/> Opted-Out
RPM Date	<input type="text"/>

Record Locator Consent

Consent Given	<input type="checkbox"/>
Sync Status	Not synced with Surescripts yet. Sync

New Option to Add/Remove a Family Member in MML

U20163: There are some scenarios where users may need the ability to dissociate a family member's account in MML. For example, a child may outgrow the need for a parent-managed account (e.g., turning 18), granting the parent access to records they may no longer be entitled to. Similarly, divorcing couples may need to remove access to their records from the Family Member functionality. Previously, patients could not remove family members from their accounts.

In this release, we added a remove option (X) next to family members that allows users to remove an associated family member who is 18 years or older. If the removed family member has a login, they will receive a notification. If the removed family member does not have a login, we will log the removal with their key. This ensures that they can be reconnected to the same key in the future, preserving their history and maintaining continuity.

Create Login for Severed Patient Connection

This patient has an existing connect key, but does not currently have a login to MyMedicalLocker. They were previously added as a family member under another account, and that has been severed. Use below to create their account.

Requested By

binman

Create and Connect Account

Practice/Patient Interaction Required

A token will be sent to the patient and that token must be read back to you by the patient and entered back into this screen. The patient's MyMedicalLocker account will be created and automatically connected to their chart.

Email Address

Phone

Email Token

Appointment Chief Complaint and Comments as Display Options in Check In/Out Dashboard

U18649: Some practices use the appointment Chief Complaint and/or Comments to document vital information needed at check-in/out. In this release, we added two new Check-in/out Filter Setting options to display these within the Check-in/out dashboard. These new checkbox options will allow chief complaints and/or comments to be displayed, displayed on hover, or not displayed. When checked, the selected option(s) will appear on the left side of the Check-in/out dashboard.

Check In Filter Settings

Description

Shared

Active

a	✓	✓
a Copy	✓	✓
abcd	✓	✓
alex heinlein appointments	✓	✓
Automation Check-In	✓	✓
Cliff's Check In Check Out Filter (DO NOT DELETE)	✓	✓
isalus test	✓	✓
Joy	✓	✓
New for deletion	✓	✓
rohit	✓	✓
Saif_not_delete	✓	✓
shared_filter	✓	✓
test 1	✓	✓

New

Details

Type

Status

Resource

Group

Description

Please enter a description

Tooltip

Please enter a tooltip

Active

Shared

My Default Filter

Chief Complaint

None

Display

Hover

Comments

None

Display

Hover

New

Copy

Delete

Save Settings

For more info visit our [User Settings Written Tutorials](#) Help Article.

Procedure Code Validation For Patient Age

U20268: A new Procedure Code Validation has been implemented for patient age. This validation will trigger if a patient's age falls outside the established range for a specific procedure code, as some codes have patient age billing limitations. The new Patient Age field is located within Code Validations in the Procedure Code Setup window, under the Default tab. Users can now set a patient age range in years, months, or days. Once set, the Procedure Code validation on the claim will trigger an error message if the patient's age falls outside the specified date range.

Setup: Procedure Codes C469

Procedure Codes

QA123 99213

97161
L1971
94640
95115 27095
27096 70332
73525

Summary

Code
Fees
Billing
Drug
Default

Diagnosis and Modifiers

Code:

Modifiers:

Code Limitations

*Gender Based: ☒ N/A ☐ Male ☐ Female Fee requires assignment: ☒ N/A ☐ Yes ☐ No
*Patient Age: - ☐ Fee required prior authorization

Code Validations

Validation Rule	Allow Bypass
<input checked="" type="checkbox"/> At least one of the following modifiers must be used (22)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> None of the following modifiers can be used (23)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> At least one of the following procedures must be used (99213)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> None of the following procedures can be used (99214)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> At least one of the following diagnoses must be used (N183)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> None of the following diagnoses can be used (N184)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> At least one of the following primary diagnoses must be used (N183)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> None of the following primary diagnoses can be used (N185)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Set Minimum units <input type="text" value="11.00"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Set Maximum units <input type="text" value="22.00"/>	<input checked="" type="checkbox"/>

Providers

☐ N/A
☒ Rendering and Referring must be the same
☐ Rendering and Referring cannot be the same

Diagnosis Code Validation For Patient Age

U20394: We also implemented a new Diagnosis Code Validation for patient age. This validation will also be triggered if a patient's age falls outside the established range for a specific diagnosis code, addressing patient age billing limitations. The new Patient Age field is located in the rules section of the Diagnosis Code Setup window. Users can now set a patient age range in years, months, or days. Once set, the Diagnosis Code validation on the claim will generate an error message if the patient's age is outside the specified range.

Setup: Diagnosis Codes

Diagnosis Codes

New Save Train More

Rules

Billing: N179

Gender: [dropdown]

Patient Age: [dropdown] 0 - 0

☐ Automatically push code to problem list from Superbill

☒ If checked, then this Diagnosis Code is billable

☐ If checked, then this Diagnosis Code is included in IHS reports

☐ If checked, then this Diagnosis Code is considered to be a part of the Chronic Care Management process

☐ If checked, then this Diagnosis Code requires prior authorization

Code Validations

☐ At least one of the following modifiers must be used (Add modifiers)

☐ None of the following modifiers can be used (Add modifiers)

☐ At least one of the following procedures must be used (Add procedures)

☐ None of the following procedures can be used (Add procedures)

☐ At least one of the following diagnosis must be used (Add diagnoses)

☐ None of the following diagnosis can be used (Add diagnoses)

☐ At least one of the following primary diagnosis must be used (Add primary diagnoses)

Added Paging to Text to Pay Patient History

U20280: Previously, the Text to Pay Patient History did not have a limit of how many rows were displayed. In this release, we added paging to the Text to Pay History window. Pages will default to displaying 100 rows, ensuring easier navigation for patients with numerous Text to Pay links.

Estimate Approval and Cost Estimate MML Indicator

U20276: When a patient estimate is approved, it is added to their MML account. If the patient does not have an MML account, some customers prefer to print the estimate to mail it or provide it to the patient at the time of the appointment. In this release, we added an MML indicator to the Estimate Approval and Cost Estimate screens, enabling users to quickly identify patients who require printed estimates. In the Estimate Approval window's *display settings*, "Yes" indicates a connected MML account, and "No" indicates no MML account connected. In the Cost Estimate window, the MML status field will display a green icon with a checkmark for a connected patient and a blue icon with a plus sign for a patient that is not connected to an MML account.

93855-Cassady, Wes 16-Nov-1967 (57y) ♂

Patient	Cassady, Wes	Enabled
Born	16-Nov-1967 (57y)	
Gender	Male	
Primary Ins.	Blue Shield - Mississippi	
Secondary Ins.		
Home	(636) 201-2603	
MML Status	Enabled	
Chart #	93855	
Flags	Edit Settings	

93980-Test, Michell 01-Jan-1990 (35y) ♂

Patient	Test, Michell	Not Enabled - Invite
Born	01-Jan-1990 (35y)	
Gender	Male	
Primary Ins.	Aetna Test	
Secondary Ins.		
Home	(954) 632-4498	
Other	(954) 632-4498	
MML Status	Not Enabled - Invite	
Chart #	93980	
Flags	Edit Settings	

Refund Register Report Add Responsible Party Email Address and Break Address Into Separate Columns

U20314: We added the responsible party email to the Refund Register Report, accessible from the "More" menu within the Credit Balance window. The responsible party's address, previously a single field, has also been separated into five independent fields: Address 1, Address 2, City, State, and Zip Code. This breakdown allows for improved reporting and accommodates diverse customer refund processing requirements. For more info on the available fields, visit our [Refund Register Report Screen Help Article](#).

Display Settings

Commonly Used	Register	Patient	Responsible Party	Payer
<input checked="" type="checkbox"/> Transaction ID*	<input checked="" type="checkbox"/> Amount	<input type="checkbox"/> Chart	<input checked="" type="checkbox"/> Address 2	<input type="checkbox"/> ID
<input type="checkbox"/> Sys. ID*	<input checked="" type="checkbox"/> Transaction #	<input type="checkbox"/> Name	<input checked="" type="checkbox"/> City	<input type="checkbox"/> Name
<input checked="" type="checkbox"/> Refundee*	<input checked="" type="checkbox"/> Payment Method		<input checked="" type="checkbox"/> State	
<input checked="" type="checkbox"/> Transaction Date	<input checked="" type="checkbox"/> Payment Type		<input checked="" type="checkbox"/> Zip Code	
<input checked="" type="checkbox"/> Status	<input checked="" type="checkbox"/> User		<input type="checkbox"/> Home Phone	
<input checked="" type="checkbox"/> Type			<input type="checkbox"/> Work Phone	
			<input type="checkbox"/> Other Phone	
			<input checked="" type="checkbox"/> Email	

Select the data fields you would like to see in the search display. Items marked with an asterisk (*) are used in the search box

Number of records per page 200

Save Settings

Immunization Codes - CDC Update

U20553: To ensure the immunization documentation up to date, the list of NDC to CVX to MVX codes has been updated for the current year. This update, based on the latest CDC attachments, is essential for all Fall 2025 immunizations. Please note, that there are no changes from the CDC to the CVX to VIS data at this time.

Resolutions

Patient Balance Displaying Regardless of Company Setting Value

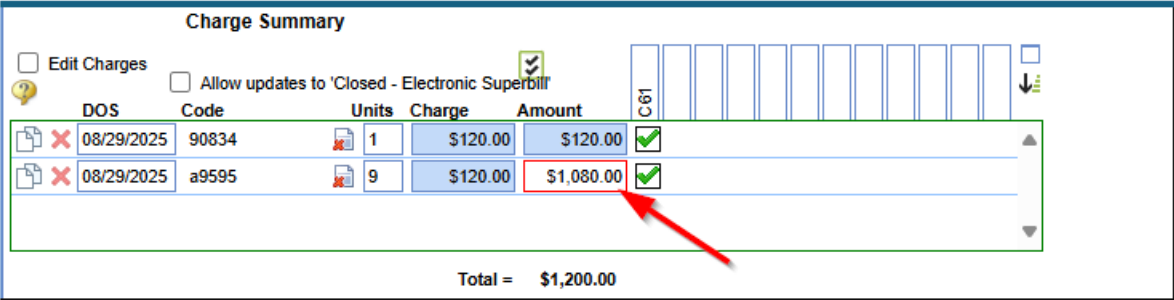
B20151: Corrected an issue where the company setting "Patient account balance can be seen within MyMedicalLocker" was not being respected within MML and the patient balance would display regardless of the setting's value. When the company setting was configured not to display the patient balance, an error occurred in the `claim_report` procedure, which was not retrieving the correct number of columns. This has been corrected to the expected functionality, displaying "Contact Your Practice" in the Balance tile in MML if this setting is No/False.

Auto merge of images on Intake not occurring in certain situations.

B20391: Resolved an issue where, when an intake is set up for auto-merge, image changes were not recognized, and the updated images did not transfer to the patient chart. When a photo is loaded into the intake, a change value is set to 1. However, navigating to another section and returning to the photo would reset this value to 0. Consequently, when submitted, the system did not recognize the photo as changed, despite alterations having been made. We corrected this so this value does not get reset when navigating away, preventing issues when auto-merging images.

Superbill Amount Outlining With a Red Indicator When the Amount is Greater than 1,000

B20446: Corrected an issue where, when creating a superbill, if the procedure selected has an amount greater than 1,000, the amount is outlined in red. This was due to the comma in the thousands place. We updated the code to now remove commas when comparing values to avoid the red outline.



DOS	Code	Units	Charge	Amount	C61
08/29/2025	90834	1	\$120.00	\$120.00	✓
08/29/2025	a9595	9	\$120.00	\$1,080.00	✓

Total = \$1,200.00

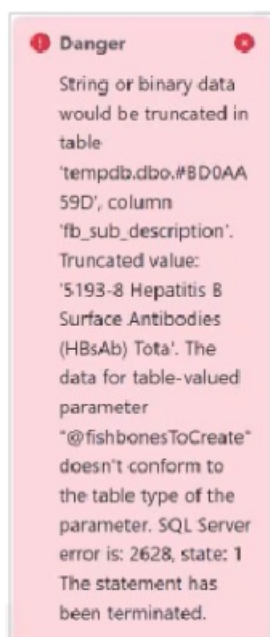
Receipt Analysis Report Date Totals Details Out Of Order

B20370: Corrected an issue in a specific database where date groups for the Receipt Analysis report under Date

Totals Details were not displaying in descending order. This was resolved by updating each area in the detail report (Date, Service Location, User, and Payment Method) to be sorted by its respective area. For example, the Date detail will now be in chronological order, and the Service Location detail will be in alphabetical order by service location name.

Save Error on Fishbones When Item Description Exceeds Maximum Length

B20517: Corrected an issue where users encountered a save error when saving a new fishbone with a description exceeding the maximum character length. Previously, saving a new Fishbone failed with a SQL error 2628, "String or binary data would be truncated in table" if the description value exceeded the column length defined in the table's valued parameter. This prevented valid Fishbone items with longer descriptions from being saved. An update has been implemented to prevent further input once the maximum column length is reached, eliminating the need for truncation.



Intake Receipts Not Linked to Appointments from the Intake

B20564: Corrected an issue stemming from release 25.139 where payments were not being correctly linked to the appointment tied to the intake reminder. Consequently, the payment was not displayed under Receipt Transactions in Quick Pay for the appointment.

EMR Prescription Refill Matched to Wrong Patient

B20427: This code was hot-fixed in 25.139 release (September 16, 2025). Report of a single instance of refill request allowing send to wrong pharmacy when inbound and outbound patient data did not fully match; this was not reproducible. **Fix:** Validation logic updated to block mismatched requests, preventing potential patient mismatches and ensuring refill patient match accuracy.

Problem List Favorites Performance Issue post release

B20524 This code was hot-fixed at the time of the report. Issue reported by several clients in the late afternoon that Problem List Favorites drop-down was experiencing long load times. **Fix:** Added a database index to improve lookup speed for SNOMED-coded problems for a faster, stable loading of favorites when accessing the

Problem List.

Low Impact Issue Affecting Global Fishbone Admin Portal Setup for Item Description

B20517: Global Fish Bones (Admin Portal Limited Access) – Following our modernization of Global Fish Bones we had a reported issue that the item description field allowed more characters than supported, causing errors.

Fix: Implemented character limit constraint to prevent invalid entries. Impact was limited to the creation of new fishbone items (which is rare) and the workaround was to limit the description length to successfully save
