

Add an Authorization (BETA)

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This article covers documenting a new authorization or referral on the redesigned Patient Authorization screen. For an overview of the whole workflow, see [Authorizations \(BETA\)](#).

Where to find it: Open the Patient Authorization screen from the Patient Setup screen, iScheduler, or the Claim screen, then click New.

How to add an authorization

The screenshot displays the 'Patient Authorization' interface. At the top, there's a header with patient information: '93980 | Test, Michell | 01-Jan-1990 (36y) | M'. Below the header, there are tabs for 'Authorizations', 'Appointments', and 'Claims'. The main content area is divided into several sections:

- Details (3 of 8 Fields Entered):** Includes fields for Reason, Status (Received), Tracking (Referral Received), Call Date/Time, Type (Authorization), Authorization Date, Authorized By, Ref No./Auth No., and Creation Information (New Authorization).
- Documentation (4 of 8 Fields Entered):** Includes Service Date, Referring Provider, Rendering Provider(s), Insurance, and Other Indicators (Patient has been seen, Referral letter with results sent out/received, Assumed care for condition).
- Utilization (0 of 9 Fields Entered):** Includes Effective Dates, Visits, Amounts, and Units. Each subsection has fields for Start Date, End Date, Warming Date, Number of Visits, Amount until warning occurs, and Units until warning occurs.
- Procedure and Diagnosis Codes (0 of 2 Fields Entered):** Includes Procedure Code Search and Diagnosis Code Search, both with search bars and search buttons.
- Notation (0 of 2 Fields Entered):** Includes Facility and Comment fields.

At the bottom right, there are buttons for Insurance, Contact, Patient, New, Save, and Close.

1. From the Patient Authorization screen, click **New** to open a blank authorization.
2. In the **Details** section, enter the Reason, Status, Tracking, Type, Auth Date, Ref # / Auth #, and Auth by. Status defaults to Received, Tracking defaults to Referral Received, and Type defaults to Authorization — update any of these as needed.
3. In the **Documentation** section, enter the Service Date, Referring provider, and Rendering provider(s), select the Insurance the authorization applies to, and check any Indicators that apply. Check **Selected insurance is Primary** if the authorization should be listed as primary on any claim it's assigned to.
4. In the **Utilization** section, fill in only the subsection that matches how the authorization was issued — **Effective Dates**, **Visits**, **Amounts**, or **Units** — including the warning threshold for each.
5. In the **Procedure/DX** section, search for and add any specific procedure or diagnosis codes the authorization applies to.
6. In the **Notation** section you can notate the service Facility and any internal Comment.
7. Click **Save**.

Tracking used visits, amounts, and units: The Used field in the Utilization section updates automatically based on the claims linked to the authorization.

Once an authorization is saved, it becomes available to link to appointments and claims. See [Assign an Authorization to an Appointment or Claim](#).

