Assign an Authorization to an Appointment or Claim (BETA)

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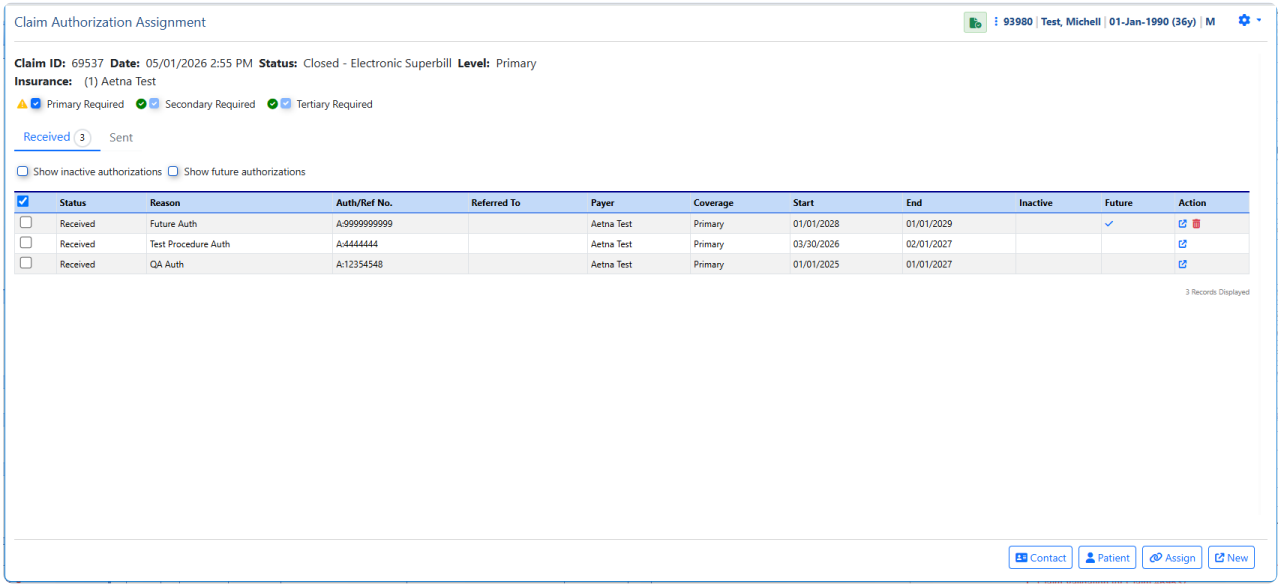
The Authorization Assign screen lets you view a patient's authorizations and link one to an appointment or claim. For an overview of the whole workflow, see Authorizations (BETA).

Where to find it: Open from an appointment in iScheduler or from the Authorization button on a claim. The patient's name and details appear in the header in the top-right corner.

Opens automatically when needed: Based on the authorization settings the Authorization Assign window will open automatically from the iScheduler. For an overview see Authorization Setup.
If you schedule an appointment using an appointment type that requires an authorization, change the appointment status to a status that validates for an authorization, or the patient or the payer requires an authorization and an authorization is not already linked the Authorization Assign screen will open automatically, so you can assign or add one for the appointment.



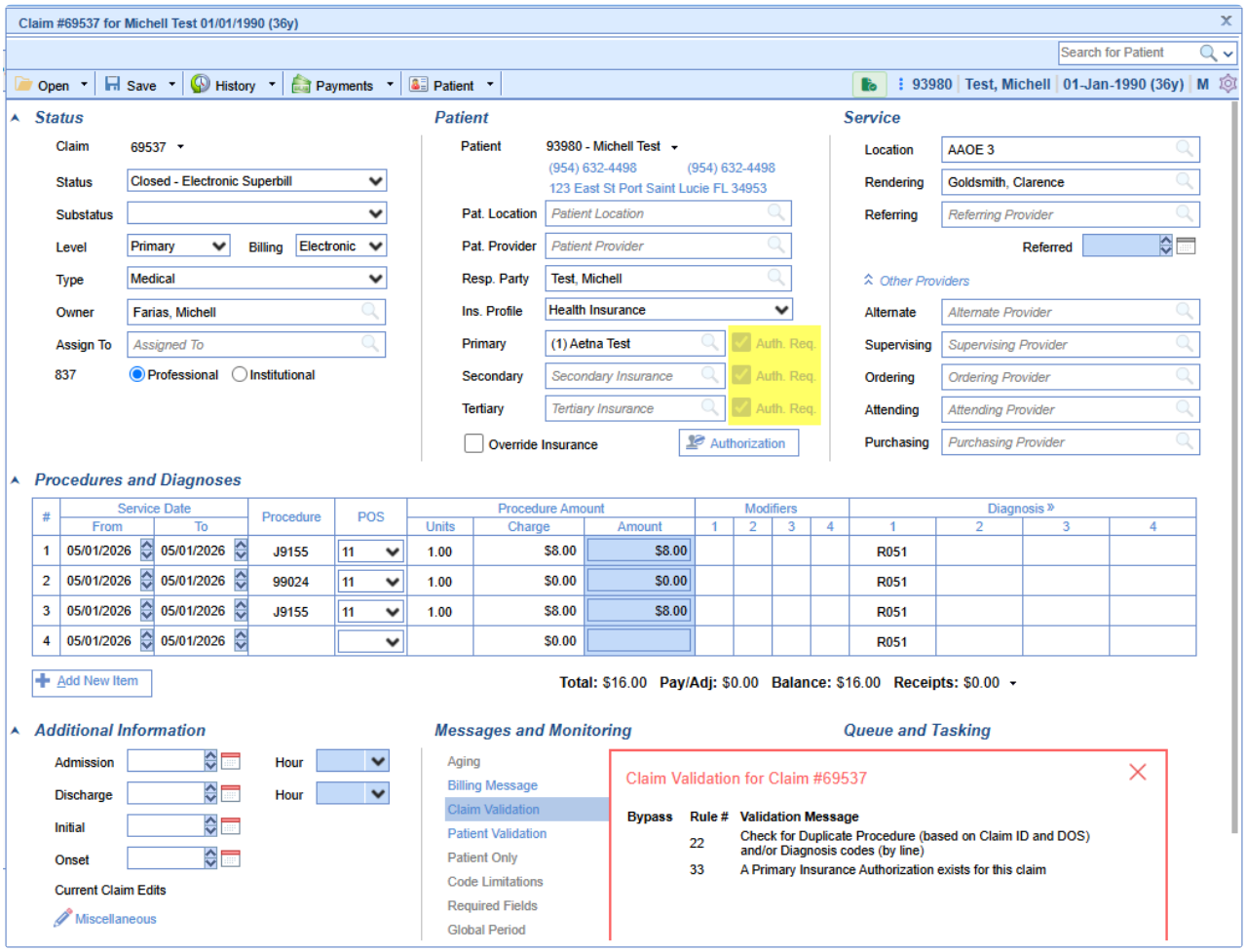
Required checkboxes

At the top of the screen are three checkboxes: **Primary Required**, **Secondary Required**, and **Tertiary Required**.

- Each checkbox is grayed out and checked if the authorization-required indicator isn't set for the payer (Payer Setup → Authorization tab) or the patient (Patient Setup → Insurance tab).
- If either the payer or the patient has the authorization-required indicator set, the checkbox is checked and editable.
- Unchecking a checkbox removes the authorization-required validation for that payer on the appointment or claim.

A message — "Appointment/Claim requires a (primary, secondary, or tertiary) authorization" — appears based on which payers on the appointment or claim require an authorization.

Bypassing without opening this screen: The Auth. Req. checkboxes on the Claim Entry screen mirrors these checkboxes and stays in sync with them, so you can bypass a requirement directly from the claim.



Authorization list

The list is split into two tabs, **Received** and **Sent**, each with the following columns:

- **Checkbox** — select an authorization to assign it to the appointment or claim (behaves like a radio button).
- **Status** — the authorization's status.
- **Reason** — the authorization's reason.
- **#** — the authorization number, prefixed with A or R based on the authorization's Type.
- **Referred To** — the referring provider on the authorization.
- **Payer** — the insurance selected on the authorization.
- **Coverage** — the coverage of that insurance.
- **Start / End** — the authorization's effective start and end dates.
- **Inactive** — flag denoting that the authorization is inactive.
- **Future** — flag denoting that the authorization is a future authorization.
- **Actions** — View Details opens the authorization; Delete removes it.

Below the tabs, two checkboxes filter the list:

- **Show Inactive Authorizations** — shows only inactive authorizations.
- **Show Future Authorizations** — shows only future authorizations.

By default, only active and future authorizations are shown.

Bottom buttons

- **Contact** — opens a quick patient info screen with Patient Name, DOB, Age, Chart #, Address, City/State/Zip, Home/Work/Other phone numbers, Email, and the Primary, Secondary, and Tertiary insurance names and member IDs.
- **Patient** — opens the Patient Demographics screen.
- **Assign** — assigns the checked authorization to the appointment or claim.
- **New** — opens a blank Patient Authorization entry. See Add an Authorization.

How to assign an authorization

1. Open the Authorization Assign screen from the appointment or claim.
2. Select the **Received** or **Sent** tab, and use the filters if you need to find an inactive or future authorization.
3. Check the box next to the authorization you want to link.
4. Click **Assign**.

Click **Cancel** at any time to close the window without assigning/modifying the authorization assignment.