

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.

Claim Authorization Assignment

93980 | Test, Michell | 01-Jan-1990 (36y) | M

Claim ID: 69537 Date: 05/01/2026 2:55 PM Status: Closed - Electronic Superbill Level: Primary Insurance: (1) Aetna Test

Primary Required

Secondary Required

Tertiary Required

Received (3)

Sent

Show inactive authorizations

Show future authorizations

☒	Status	Reason	Auth/Ref No.	Referred To	Payer	Coverage	Start	End	Inactive	Future	Action
☐	Received	Future Auth	A9999999999		Aetna Test	Primary	01/01/2028	01/01/2029		☒	Edit Delete
☐	Received	Test Procedure Auth	A44444444		Aetna Test	Primary	03/30/2026	02/01/2027			Edit
☐	Received	QA Auth	A12354548		Aetna Test	Primary	01/01/2025	01/01/2027			Edit

3 Records Displayed

Contact

Patient

Assign

New

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.

Claim #69537 for Michell Test 01/01/1990 (36y)

Search for Patient

Open Save History Payments Patient 93980 Test, Michell 01-Jan-1990 (36y) M

Status

Claim 69537

Status Closed - Electronic Superbill

Substatus

Level Primary Billing Electronic

Type Medical

Owner Farias, Michell

Assign To Assigned To

837 Professional Institutional

Patient

Patient 93980 - Michell Test

(954) 632-4498 (954) 632-4498

123 East St Port Saint Lucie FL 34953

Pat. Location Patient Location

Pat. Provider Patient Provider

Resp. Party Test, Michell

Ins. Profile Health Insurance

Primary (1) Aetna Test Auth. Req.

Secondary Secondary Insurance Auth. Req.

Tertiary Tertiary Insurance Auth. Req.

Override Insurance Authorization

Service

Location AAOE 3

Rendering Goldsmith, Clarence

Referring Referring Provider

Referred

Other Providers

Alternate Alternate Provider

Supervising Supervising Provider

Ordering Ordering Provider

Attending Attending Provider

Purchasing Purchasing Provider

Procedures and Diagnoses

#	Service Date		Procedure	POS	Procedure Amount			Modifiers				Diagnosis					
	From	To			Units	Charge	Amount	1	2	3	4	1	2	3	4		
1	05/01/2026	05/01/2026	J9155	11	1.00	\$8.00	\$8.00						R051				
2	05/01/2026	05/01/2026	99024	11	1.00	\$0.00	\$0.00						R051				
3	05/01/2026	05/01/2026	J9155	11	1.00	\$8.00	\$8.00						R051				
4	05/01/2026	05/01/2026				\$0.00							R051				

Add New Item

Total: \$16.00 Pay/Adj: \$0.00 Balance: \$16.00 Receipts: \$0.00

Additional Information

Admission

Discharge

Initial

Onset

Current Claim Edits

Miscellaneous

Messages and Monitoring

Aging

Billing Message

Claim Validation

Patient Validation

Patient Only

Code Limitations

Required Fields

Global Period

Queue and Tasking

Claim Validation for Claim #69537

Bypass	Rule #	Validation Message
	22	Check for Duplicate Procedure (based on Claim ID and DOS) and/or Diagnosis codes (by line)
	33	A Primary Insurance Authorization exists for this 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.
