

Authorizations (BETA)

Last Modified on 09/10/2026 11:32 am EDT

Authorizations Overview (BETA)

Authorizations Overview

The Authorization screens are some of the longest-standing screens in the system, having kept the same look for over 15 years. The redesigned Authorization workflow modernizes these screens for usability and performance while keeping their core purpose: documenting, tracking, and assigning prior authorizations and referrals so claims and appointments validate correctly.

Where to find it: The Authorization screens can be opened from the Patient Setup screen, iScheduler, or the Claim screen.

Screens in this workflow

The redesigned workflow spans three screens:

- **Authorization Assignment** — view a patient's authorizations and assign one to an appointment or claim. See [Assign an Authorization to an Appointment or Claim](#).
- **Patient Authorization** — document and track an authorization or referral for a patient. See [Add an Authorization](#).
- **Authorization Search** — search all authorizations, or find appointments and claims with missing or invalid authorizations. See [Search for Authorizations](#).

Automatic prompt in iScheduler

If an appointment is scheduled using an appointment type that requires an authorization and one isn't already on file, the Authorization Assignment screen opens automatically so you can assign or add one before continuing. See [Assign an Authorization to an Appointment or Claim](#).

These prompts are controlled by the Authorization rules. See [Authorization Setup](#) for details on the Authorization rules

Authorization Assignment

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

Received 2 Sent

☐ Show inactive authorizations
☐ Show future authorizations

☒	Status	Reason	Auth/Ref No.	Referred To	Payer	Coverage	Start	End	Inactive	Future	Action
☐	Received	Test Procedure Auth	A:44444444		Aetna Test	Primary	03/30/2026	02/01/2027			View
☐	Received	QA Auth	A:12354548		Aetna Test	Primary	01/01/2025	01/01/2027			View

2 Records Displayed

Contact Patient New

The Authorization Assignment screen is organized into two tabs:

- **Received** — tracks authorizations/referrals that have been received for the patient.
- **Sent** — tracks authorizations/referrals that have been sent for the patient.

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 displayed.

Each tab contain 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.

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.
- **New** — opens a blank Patient Authorization entry. See [Add an Authorization](#).

Gear menu

- **Authorization Rules** — provides a menu selection of Authorization Rules. See [Authorization Setup](#) for details on the Authorization rules.

Patient Authorization

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

[Authorizations](#) [Appointments](#) [Claims](#)

Details 5 of 8 Fields Entered

Reason
Future Auth

Status *
Received

Tracking *
Referral Received

Call Date/Time
--:-- --

Type *
Authorization

Authorization Date
--/--/--

Authorized By
--

Ref No./Auth No.
999999999

Creation Information
Authorization ID: 1633 By: Imichell On: 09/01/2026

Documentation 5 of 8 Fields Entered

Service Date
--/--/--

Referring Provider
--

Rendering Provider(s)
Rendering Provider(s)

Insurance
1 - Aetna Test

☐ Selected insurance is primary

Other Indicators
☐ Patient has been seen
 ☐ Referral letter with results sent out/received
 ☐ Assumed care for condition

Utilization 3 of 9 Fields Entered

Effective Dates	Visits	Amounts	Units
Start Date 01/01/2028	Number of Visits #	Total Amount \$	Total Units #
End Date 01/01/2029	Visits until warning occurs #	Amount until warning occurs \$	Units until warning occurs #
Warning Date 01/15/2028	Visits Used 0	Amount Used \$	Units Used 0

Procedure and Diagnosis Codes 0 of 2 Fields Entered

Procedure Code Search
Search CPT Code

Code	Description	Action
Move Row Up Move Row Down		

Diagnosis Code Search
Search Diagnosis Code

Code	Description	Action
Move Row Up Move Row Down		

Notation 0 of 2 Fields Entered

Facility
--

Comment
--

[Insurance](#) [Contact](#) [Patient](#) [New](#) [Save](#) [Close](#)

The **Patient Authorization** tab is broken into five sections:

Details

- **Reason** — free-text field for what the authorization is for.
- **Status** — Needs Review, Received, Auth Not Required, or External PA. Defaults to Received.
- **Tracking** — Referral Received or Referral Sent, depending on whether the authorization is for or from the practice. Defaults to Referral Received.
- **Type** — Authorization or Referral. Defaults to Authorization.
- **Auth Date** — the date the authorization or referral was acquired.
- **Ref # / Auth #** — the number provided for the referral or authorization.
- **Auth by** — the rep who provided the authorization.
- **Created / Created By** — the date, time, and user who created the authorization.
- **Call Date** — logs the time of the call, with an AM/PM selector.

Documentation

- **Service Date** — the date of service the authorization applies to.
- **Referring** — search field for the referring provider (all providers in the database).
- **Rendering** — multi-select search field for the rendering provider(s); the search only includes providers flagged as rendering. Selecting a provider here means the authorization can only be assigned to a claim where that provider is the rendering provider.

- **Indicators** — checkboxes for "Patient has been seen," "Referral letter with results sent out/received," and "Care for condition was assumed."
- **Insurance** — the payer the authorization applies to, from a list of active payers with payer name and coverage.
- **Selected insurance is Primary** — when checked, the selected insurance is listed as primary on any claim the authorization is assigned to.

Utilization

Fill in only the section that matches how the authorization was issued:

- **Effective Dates** — for authorizations issued over a date range. Includes Start Date, End Date (or a day-count calculator that fills End Date from Start Date), and a Warning Date for when warnings should start.
- **Visits** — for authorizations issued for a number of visits. Includes # Visits, Used (auto-tracked from linked claims), and a warning threshold after X visits.
- **Amount** — for authorizations issued for a dollar amount. Includes Amount, Used (auto-tracked from linked claims), and a warning threshold after \$X.
- **Units** — for authorizations issued for a number of units. Includes # Units, Used (auto-tracked from linked claims), and a warning threshold after X units.

Procedure/DX

- **Procedure** — search and add the specific procedure codes the authorization applies to. Codes can be reordered or removed; the display shows the code and description.
- **Diagnosis** — search and add the specific diagnosis codes the authorization applies to. Codes can be reordered or removed; the display shows the code and description.

Notation

- **Facility** — free-text field for the service facility.
- **Comment** — free-text field for internal notes on the authorization.

Gear menu

- **Audit** — opens the audit history for the authorization.
- **Authorization Rules** — provides a menu selection of Authorization Rules. See [Authorization Setup](#) for details on the Authorization rules.

Add an Authorization (BETA)

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

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

Authorizations | Appointments | Claims

Details 3 of 8 Fields Entered

Reason: [Text Field] Status: Received Tracking: Referral Received

Type: Authorization Authorization Date: [Text Field] Authorized By: [Text Field]

Ref No./Auth No.: [Text Field] Creation Information: New Authorization

Documentation 4 of 8 Fields Entered

Service Date: [Text Field] Referring Provider: [Text Field]

Rendering Provider(s): [Text Field] Insurance: [Text Field]

Other Indicators: ☐ Patient has been seen ☐ Referral letter with results sent out/received ☐ Assumed care for condition

Utilization 0 of 9 Fields Entered

Effective Dates: [Text Field] Visits: [Text Field] Amounts: [Text Field] Units: [Text Field]

Start Date: [Text Field] Number of Visits: [Text Field] Total Amount: [Text Field] Total Units: [Text Field]

End Date: [Text Field] Visits until warning occurs: [Text Field] Amount until warning occurs: [Text Field] Units until warning occurs: [Text Field]

Warning Date: [Text Field] Visits Used: [Text Field] Amount Used: [Text Field] Units Used: [Text Field]

Procedure and Diagnosis Codes 0 of 2 Fields Entered

Procedure Code Search: [Text Field] [Search]

Code Description Action

Diagnosis Code Search: [Text Field] [Search]

Code Description Action

Notation 0 of 2 Fields Entered

Facility: [Text Field] Comment: [Text Field]

Insurance Contact Patient New Save 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](#).

Assign an Authorization to an Appointment or Claim (BETA)

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	A:9999999999		Aetna Test	Primary	01/01/2028	01/01/2029		☒	Edit Delete
☐	Received	Test Procedure Auth	A:44444444		Aetna Test	Primary	03/30/2026	02/01/2027			Edit
☐	Received	QA Auth	A:12354548		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.

Search for Authorizations (BETA)

Use Authorization Search to catch missing or invalid authorizations before they turn into denied claims. Also, allowing you to quickly answer questions like “which authorizations are expiring this month?” or “does this scheduled appointment already have an authorization on file?”

The screen has three tabs, each built around a specific use case:

- **Authorizations** — Search your full authorization list by reason, status, payer, provider, procedure, diagnosis, or date range. Use this to audit existing authorizations, track down a specific one, or find any that are running low on approved visits or dollar amount.
- **Appointments** — Find scheduled appointments whose insurance doesn't have a valid authorization yet. A red/yellow/green indicator flags each appointment's Primary, Secondary, and Tertiary insurance at a glance, so you can work the list before the patient's visit instead of after a claim gets rejected.
- **Claims** — Same idea, but for claims: instantly spot which submitted claims are missing an authorization or have an invalid one, so you can fix it before the payer denies the claim.

Where to find it: Open the Authorization Search screen from the Authorizations window in the Billing portal. For an overview of the whole workflow, see [Authorizations \(BETA\)](#).

Authorizations tab

Search parameters:

- **Reason** — text search for the authorization reason.
- **Status, Tracking, Type** — multiselect; leave blank to include all.
- **Created By** — multiselect for who created the authorization; leave blank to include all.
- **Payer, Rendering, Referring** — multiselect; leave blank to include all.
- **Creation Date Range** — date range for when the authorization was created.
- **Authorization Date, Effective Start Date, Effective End Date** — date ranges.

- **Visits/Amounts** – filter to authorizations with less than X visits, units, or dollar amount left.
- **Chart** – patient chart number to filter for a specific patient.
- **Rows** – maximum number of results displayed.
- **Procedure, Diagnosis** – multiselect; leave blank to include all.

Results columns: Chart #, Patient, Status, Reason, Auth. No. (prefixed A or R based on Type), Referred To, Payer, Coverage, Start, End, and an Action column with View Authorization.

Authorization Search

Authorizations 7

Appointments

Claims

Reason

Reason

Status

Status left

Tracking

Tracking left

Type

Type(s)

Created By

User(s)

Insurance Payer

Payer(s)

Rendering Provider

Rendering provider(s)

Referring Provider

Referring provider(s)

Creation Date Range

Authorization Date Range

Effective Start Date Range

Effective End Date Range

01/01/2026 02/29/2028

Visit

Visits left

Units

Units left

Amounts

\$ Amount left

Patients

Chart

Rows

#

Procedure

Procedure code(s)

Diagnosis

Diagnosis code(s)

Indicators

Selected insurance is primary

Yes

No

Patient Seen

Yes

No

Referral Letter

Yes

No

Assumed Care

Yes

No

Future

Yes

No

Inactive

Yes

No

Chart	Patient	Status	Reason	Auth/Ref No.	Referred To	Payer	Coverage	Start	End	Action
10503	Wayne, Cody Middy	Needs Review	AUTHORIZATION 1- Elec Claim	R:Claim Level Only 1	Adekile MD, Ayoola	Benefit System	Primary	01/08/2026	01/31/2026	View
10553	Wayne, Bruce B (Batman)	Received	ESRD	AZZ1234567		Medicaid - Indiana 1	Primary	01/01/2024	01/01/2028	View
9331	Haven, Brian X	Needs Review	9331 Test 1	R:12345				01/01/2026	12/31/2026	View
312423	MyDog, Kona xy	Received	testing	Aabc123		American United Life	Secondary		04/21/2027	View
312423	MyDog, Kona xy	Received		R:R123		Aetna	Primary		01/01/2027	View
312423	MyDog, Kona xy	Received		A:Proc123		Aetna	Primary		01/01/2028	View
10503	Wayne, Cody Middy	Auth not required	Joy Testing	A:1234	Acanfora DC, Michael	Benefit System	Primary	06/05/2026	06/05/2026	View

7 Records Displayed

Hide

Clear

Search

Appointments Missing/Invalid tab

Search parameters:

- **Start Date, End Date** – appointment date range.
- **Chart** – patient chart number to filter for a specific patient.
- **Rows** – maximum number of results displayed.
- **Appointment Status** – multiselect; leave blank to include all.
- **Scheduled With** – multiselect resources; leave blank to include all.
- **Scheduled At** – multiselect locations; leave blank to include all.

Results columns: Chart #, Patient, Appt. Status, Scheduled, Appt. Type, Location, Appt. Date, and a Primary / Secondary / Tertiary indicator for each insurance:

-  – authorization missing.
-  – authorization invalid.
-  – authorization valid.

Click on the Link Action to open the Authorization Assign screen for that appointment. See [Assign an Authorization to an Appointment or Claim](#).

Authorizations
Appointments
Claims

Start Date
 08/01/2026
>> Appointment Start Date

End Date
 08/26/2026
<< Appointment End Date

Chart
 Chart
= Patient Chart

Rows
 # 50
Maximum Rows Returned: <= 7000

Appointment Status
 Appointment status
>

Scheduled With
 Scheduled With
>

Scheduled At
 Service location(s)
>

Chart	Patient	Appt. Status	Scheduled	Appt. Type	Location	Date	Primary	Secondary	Tertiary	Action
93980	Test, Michell	Scheduled	Goldsmith, Clarence	Biopsy	Choice - Main Office	08/26/2026 12:00PM	●	●		🔗
94904	Patient_123872, Lukas T	Scheduled	Goldsmith, Clarence	Biopsy	Choice - Main Office	08/25/2026 2:00PM	●	●	●	🔗
96169	Test, Kevin	Checked-In	Goldsmith, Clarence	Biopsy	Choice - Main Office	08/25/2026 12:00PM	●		●	🔗
96159	Noauthrequired, Angelatest	Scheduled	Goldsmith, Clarence	Biopsy	Choice - Main Office	08/25/2026 11:00AM	●	●		🔗
96169	Test, Kevin	Scheduled	Goldsmith, Clarence	Biopsy	Choice - Main Office	08/24/2026 12:00PM	●		●	🔗
96159	Noauthrequired, Angelatest	Scheduled	Goldsmith, Clarence	Biopsy	Choice - Main Office	08/24/2026 10:00AM	●	●		🔗
96161	Tripleinsured, Angelatest	Scheduled	Goldsmith, Clarence	Biopsy	Choice - North	08/19/2026 10:30AM	●	●		🔗
96170	Authrequired, Angelatest	Scheduled	Goldsmith, Clarence	Allergy Shot	Choice - North	08/19/2026 9:30AM	●	●	●	🔗
95105	Test, Angela	Scheduled	Goldsmith, Clarence	Allergy Shot	Choice - North	08/19/2026 9:00AM	●	●	●	🔗
96170	Authrequired, Angelatest	Scheduled	Goldsmith, Clarence	Allergy Shot	Choice - North	08/17/2026 3:30PM	●	●		🔗
96171	Payerauthnull, Angelatest	Scheduled	Goldsmith, Clarence	Allergy Shot	Choice - North	08/17/2026 2:30PM	●		●	🔗
96170	Authrequired, Angelatest	Scheduled	Goldsmith, Clarence	Allergy Shot	Choice - North	08/17/2026 2:00PM	●	●	●	🔗
96161	Tripleinsured, Angelatest	Scheduled	Goldsmith, Clarence	Biopsy	Choice - North	08/17/2026 12:00PM	●	●		🔗
96159	Noauthrequired, Angelatest	Scheduled	Goldsmith, Clarence	Biopsy	Choice - North	08/17/2026 11:30AM	●	●	●	🔗
96159	Noauthrequired, Angelatest	Scheduled	Goldsmith, Clarence	Biopsy	Choice - North	08/14/2026 8:00PM	●	●		🔗
93980	Test, Michell	Scheduled	Goldsmith, Clarence	Biopsy	Choice - Main Office	08/14/2026 7:00PM	●	●	●	🔗
96169	Test, Kevin	Scheduled	Goldsmith, Clarence	Biopsy	Choice - Main Office	08/14/2026 6:00PM	●	●		🔗
94001	das, rohit	Scheduled	Goldsmith, Clarence	MML	Choice - Main Office	08/14/2026 12:00PM	●	●	●	🔗
94003	sahu, Ashutosh's Joy	Rescheduled	Davis MD, Gordon M.	Biopsy	Choice - Main Office	08/12/2026 5:00AM	●	●	●	🔗

[Hide]
[Clear]
[Search]

Search parameters:

Results columns: Chart #, Patient, Claim, Rendering, Location, Service Date, and the same Primary / Secondary / Tertiary indicators used on the Appointments tab.

Authorization Search

Authorizations **(19)** Appointments **(32)** Claims **(17)**

Start Date

=> Claim Start DOS
End Date

<=> Claim End DOS
Chart

= Patient Chart
Rows

Maximum Rows Returned. <= 7000
Rendering
Service Location

Chart	Patient	Claim	Rendering	Location	DOS	Primary	Secondary	Tertiary	Action
94904	Patient, 123872, Lukas T	71547	Goldsmith, Clarence	Choice - Main Office	08/25/2026	▲	●	●	🔍 🗕
96161	Tripleinsured, Angeltest	71540	Goldsmith, Clarence	Choice - North	08/13/2026	▲	●	●	🔍 🗕
96161	Tripleinsured, Angeltest	71536	Clark NP-C, Katelyn C.	Choice - North	08/12/2026	▲	●	●	🔍 🗕
96161	Tripleinsured, Angeltest	71534	Goldsmith, Clarence	Choice - North	08/12/2026	▲	●	●	🔍 🗕
96162	Doubleinsured, Angeltest	71524	Goldsmith, Clarence	Choice - North	08/12/2026	●	●	●	🔍 🗕
96166	ManyAuthPrimaryPayer, angeltest	71518	Clark NP-C, Katelyn C.	Choice - North	08/12/2026	▲	●	●	🔍 🗕
96161	Tripleinsured, Angeltest	71535	Goldsmith, Clarence	Choice - North	08/11/2026	▲	●	●	🔍 🗕
96162	Doubleinsured, Angeltest	71521	Goldsmith, Clarence	Choice - North	08/11/2026	▲	●	●	🔍 🗕
96166	ManyAuthPrimaryPayer, angeltest	71513	Goldsmith, Clarence	Choice - North	08/11/2026	▲	●	●	🔍 🗕
96165	OneAuthPrimaryPayer, Angeltest	71512	Goldsmith, Clarence	Choice - North	08/11/2026	▲	●	●	🔍 🗕
96166	ManyAuthPrimaryPayer, angeltest	71511	Clark NP-C, Katelyn C.	Choice - North	08/11/2026	▲	●	●	🔍 🗕
96166	ManyAuthPrimaryPayer, angeltest	71509	Goldsmith, Clarence	Choice - North	08/11/2026	▲	●	●	🔍 🗕
96165	OneAuthPrimaryPayer, Angeltest	71506	Goldsmith, Clarence	Choice - North	08/11/2026	▲	●	●	🔍 🗕
96162	Doubleinsured, Angeltest	71517	Goldsmith, Clarence	Choice - North	08/10/2026	▲	●	●	🔍 🗕
96162	Doubleinsured, Angeltest	71525	Goldsmith, Clarence	Choice - North	08/05/2026	●	●	●	🔍 🗕
96162	Doubleinsured, Angeltest	71526	Goldsmith, Clarence	Choice - North	08/04/2026	●	●	●	🔍 🗕
96162	Doubleinsured, Angeltest	71527	Goldsmith, Clarence	Choice - North	08/03/2026	●	●	●	🔍 🗕

17 Records Displayed

Authorization Auto Link Logic (BETA)

Authorization Auto Link Logic

When Authorization auto link is enabled, OfficeEMR automatically links an existing authorization to an appointment or claim based on the logic below. See [Authorization Setup](#).

An authorization must be Active to be eligible for auto-linking (see the definition at the end of this section).

Appointment Auto-Link

Condition	Result
An active authorization exists for the primary payer on the appointment	Link the authorization to the appointment
Multiple active authorizations exist for the primary payer	Do not link
The authorization specifies a rendering provider and it matches the appointment's resource	Link the authorization
The authorization specifies a rendering provider and it does not match the appointment's resource	Do not link

Claim Auto-Link (Primary, Secondary, and Tertiary Payer)

Claims are evaluated independently for the primary, secondary, and tertiary payer. For the primary payer, this check runs only if an authorization was not already linked from the appointment.

Condition	Result
An active authorization exists for the payer level on the claim	Link the authorization, subject to the procedure and rendering provider checks below
The authorization specifies a procedure and that procedure is on the claim	Link the authorization
The authorization specifies a procedure and that procedure is not on the claim	Do not link
The authorization specifies a rendering provider and that provider is on the claim	Link the authorization
The authorization specifies a rendering provider and that provider is not on the claim	Do not link
Multiple active authorizations exist for the payer level and at least one has a matching procedure code	Link based on the procedure code match
Multiple active authorizations exist for the payer level and none has a matching procedure code	Do not link
Multiple active authorizations exist for the payer level and at least one has a matching rendering provider	Link based on the rendering provider match
Multiple active authorizations exist for the payer level and none has a matching rendering provider	Do not link

Authorization "Active" Definition

An authorization must be Active — based on its effective dates and remaining visit count — to be eligible for

auto-linking.

Criteria	Requirement
Effective Dates	The appointment date (or claim date of service) must fall between the authorization's start and end date
Visit Counts	Visits utilized must be less than the total number of authorized visits
Amounts	Dollar amount utilized must be less than the total dollar amount.
