Release 26.168 - August 10th, 2026

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Highlights

New Features

Posting Date Now Available as a Display Field in Connect Report "Payment Posting"
New "In Collections" Alert for Patients
New Company Setting: Separate Cost Estimate Disclaimers for Insured vs. Self-Pay Patients

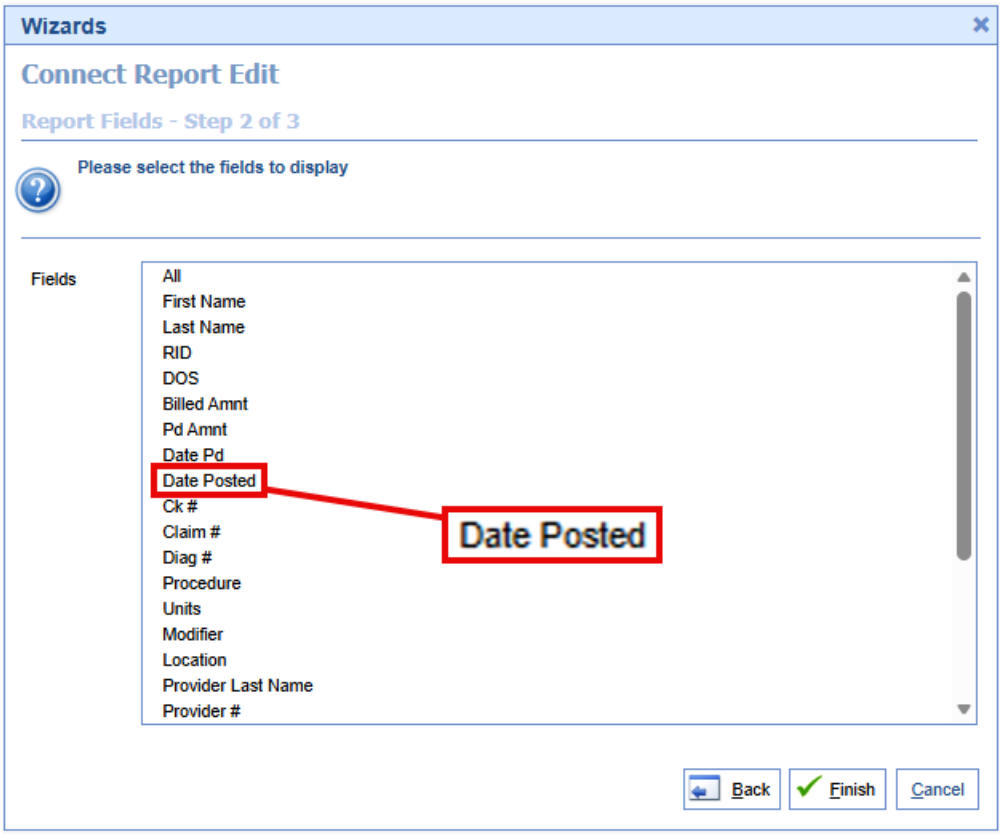
Enhancements

Label Update: "Strength" Renamed to "Quantity" in Procedure Code Setup NDC Table
Collection Balance Now Displayed Separately from Do Not Bill Balance
Ability to Add Multiple Recall Entries for a Patient in EMR

New features

Posting Date Now Available as a Display Field in Connect Report "Payment Posting"

ISL- 8368: Previously, the "Payment Posting" Connect Report displayed Date of Service (DOS) and Date Paid, but did not include an option to display the Posting Date. In this release, we added that visibility. The screen now includes **Posting Date** as an available display field giving you more complete visibility into your payment posting activity.

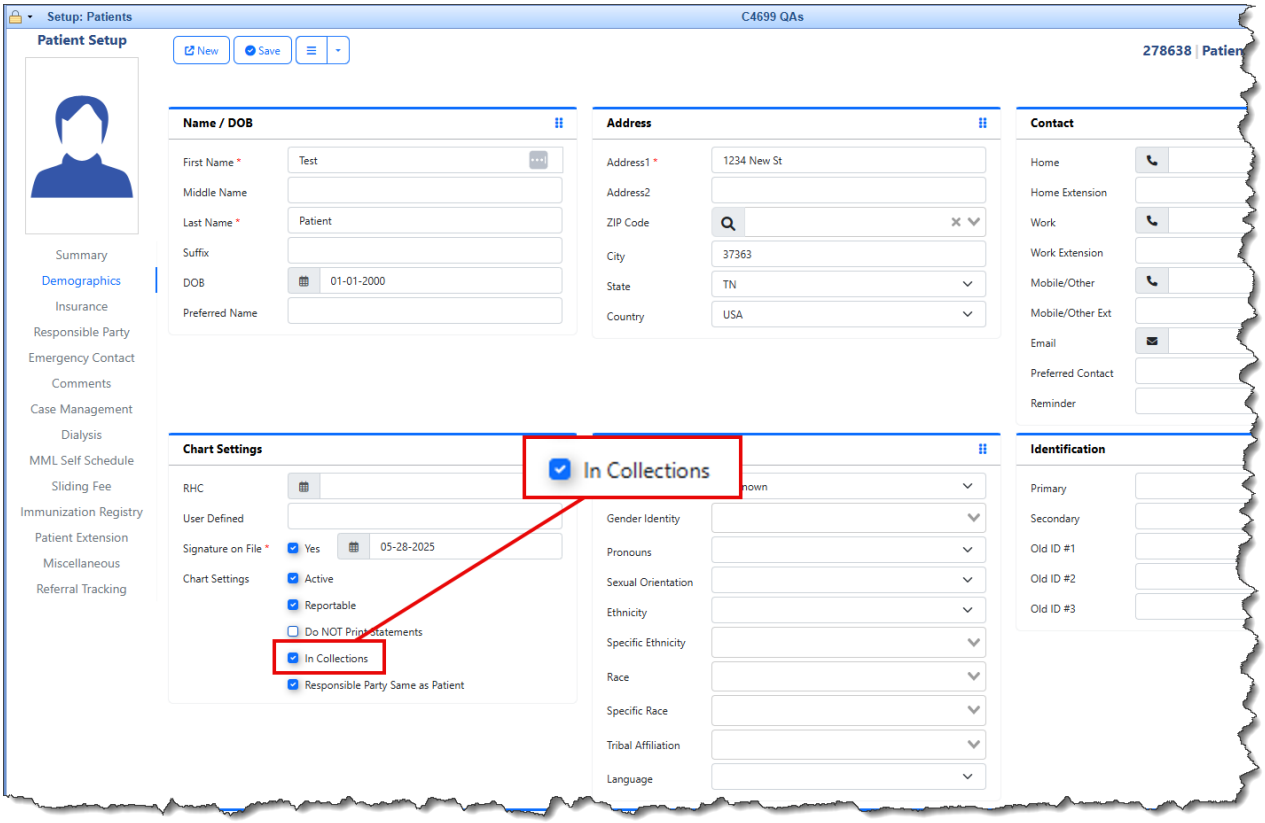


New "In Collections" Alert for Patients

ISL- 6877: Practices needed a way to flag patients who are in collections status so staff are immediately aware, regardless of which screen or portal they're working in. In this release, a new **"In Collections"** flag has been added to Patient Demographics, located under the existing "Do NOT Print Statements" flag. When enabled, this flag triggers a collection alert that displays anywhere the patient is loaded, including:

- Patient/Claim Comments
- Scheduler
- EMR
- Superbill Chart Tab
- Order Entry Chart Tab

This works similarly to the existing RHC alert, When the "In Collections" flag is checked, an alert displays: "This patient is currently in collections with a balance of $xx.xx." The alert includes the user who set the flag and the date, consistent with RHC alert behavior. If the flag is subsequently unchecked, the alert will cease to display as of that date.

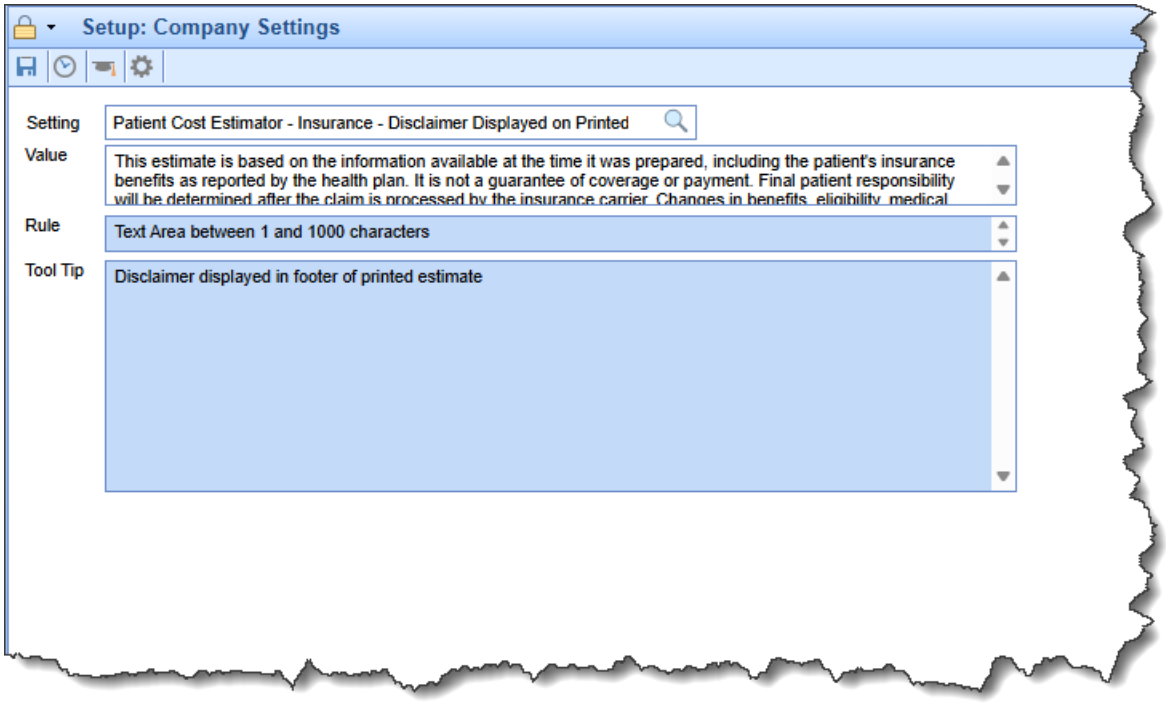


New Company Setting: Separate Cost Estimate Disclaimers for Insured vs. Self-Pay Patients (with Increased Character Limit)

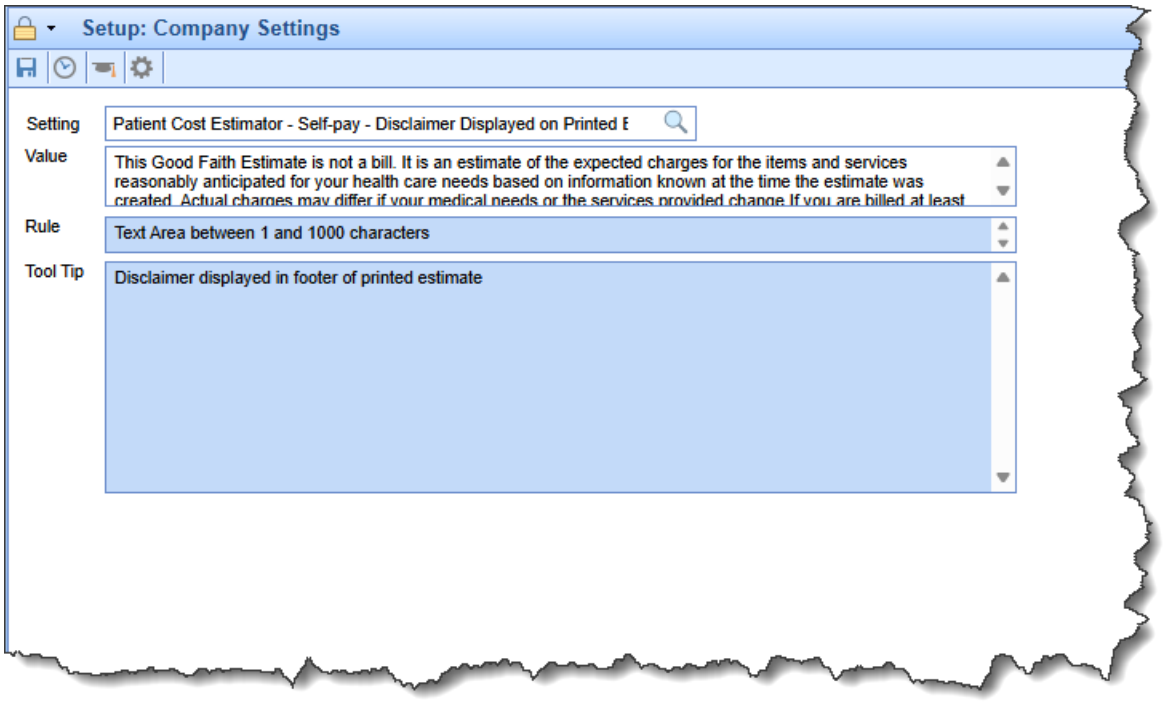
ISL- 14207: Insured and self-pay patients often require different disclaimer language. For example, self-pay patients typically need Good Faith Estimate language referencing the federal dispute resolution process, while insured patients need disclaimer language addressing insurance benefits and final claim processing. Previously, only one disclaimer setting was available, and its character limit (600 characters) was too short to accommodate the full text some practices needed.

With this release, Cost Estimates now support two separate, configurable disclaimers depending on whether the patient is insured or self-pay. With these new Company Settings, when generating a Cost Estimate, the system will now automatically detect whether the patient is insured or self-pay and pull the correct disclaimer accordingly:

- **"Insurance - Disclaimer Displayed on Printed Estimate"** — previously the single "Disclaimer Displayed on Printed Estimate" setting, now relabeled to clarify it applies to insured patients.



- **"Self-Pay - Disclaimer Displayed on Printed Estimate"** *(new)* — a separate setting specifically for self-pay patients, such as those receiving a Good Faith Estimate.



Upon rollout, your existing disclaimer text has been automatically copied into the new Self-Pay disclaimer Company Setting as a starting point. We recommend reviewing and updating both the **Insurance** and **Self-Pay** disclaimer settings to ensure the language is appropriate for each scenario.

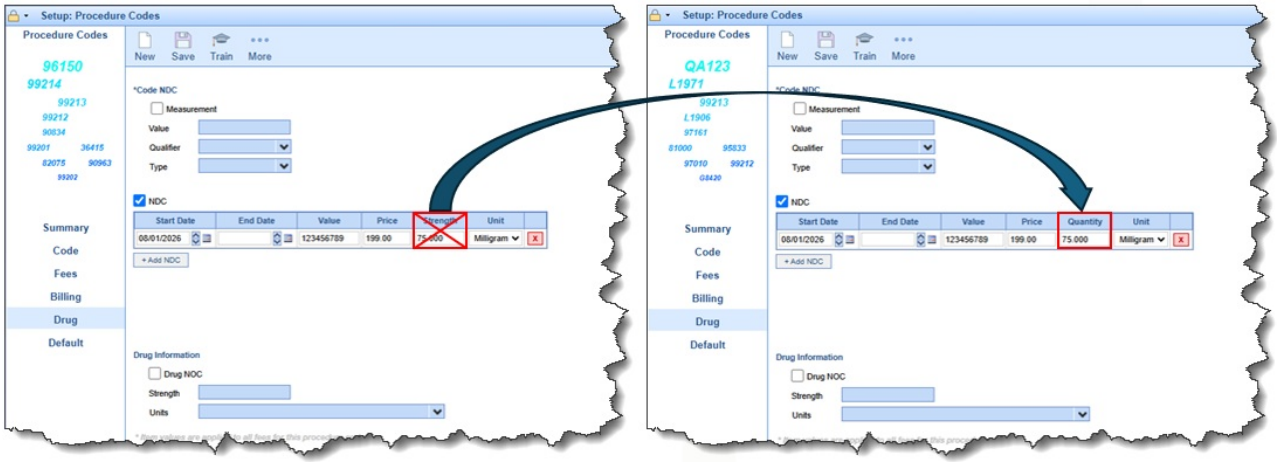
Additionally, the character limit for these disclaimer settings has been increased, allowing for longer, more complete disclaimer language such as the full Good Faith Estimate language required under the No Surprises Act.

Enhancements

Label Update: "Strength" Renamed to "Quantity" in Procedure Code Setup NDC Table

ISL- 14119: Within **Procedure Code Setup → Drug tab → NDC table**, the field previously labeled **"Strength"** has been renamed to **"Quantity."** This label update better reflects what the field actually represents, making it clearer and more accurate for users entering NDC information.

This is a labeling change only so no data, values, or functionality have changed. You'll simply see "Quantity" instead of "Strength" in this field going forward.

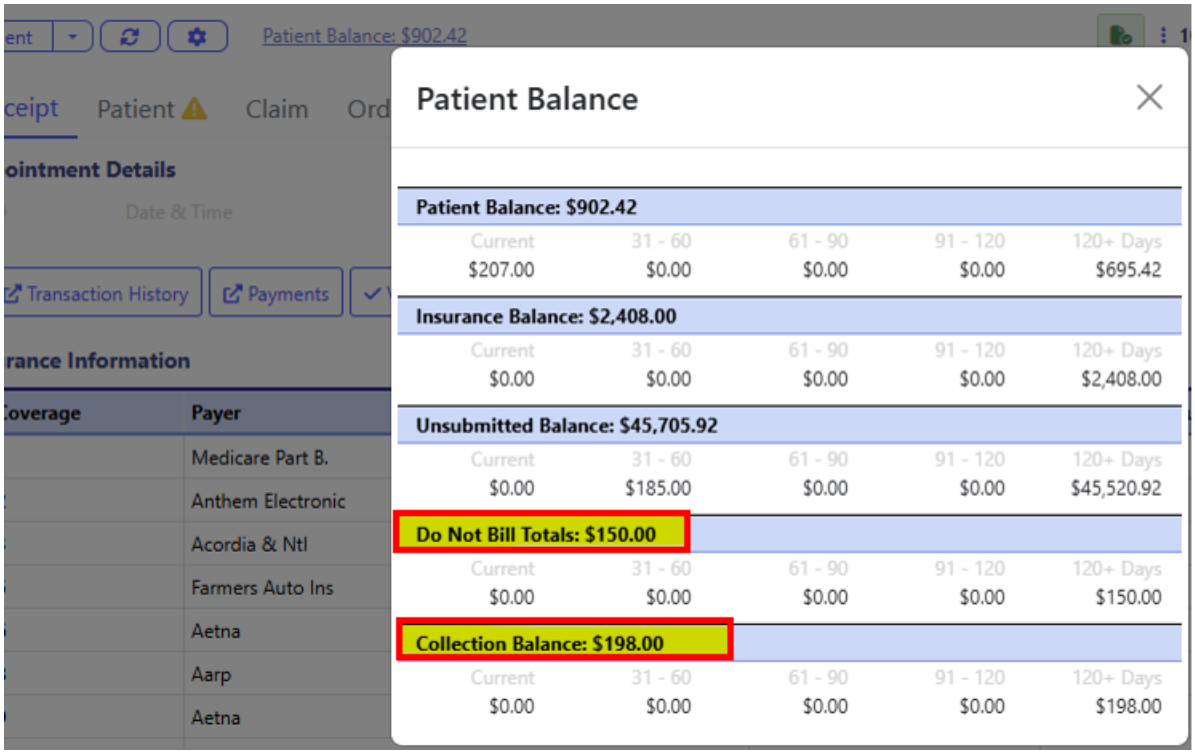


Collection Balance Now Displayed Separately from Do Not Bill Balance

ISL- 5071: Previously, claims with a Collection Status were grouped together with other Do Not Bill balances, making them effectively invisible to front desk staff. For practices that don't write off balances sent to collections, this meant staff had no easy way to see the amount still owed when a patient reached out or came into the practice. In this release, Collection balances are now separated out from the **Do Not Bill Balance** and displayed as their own distinct, aged balance line item.

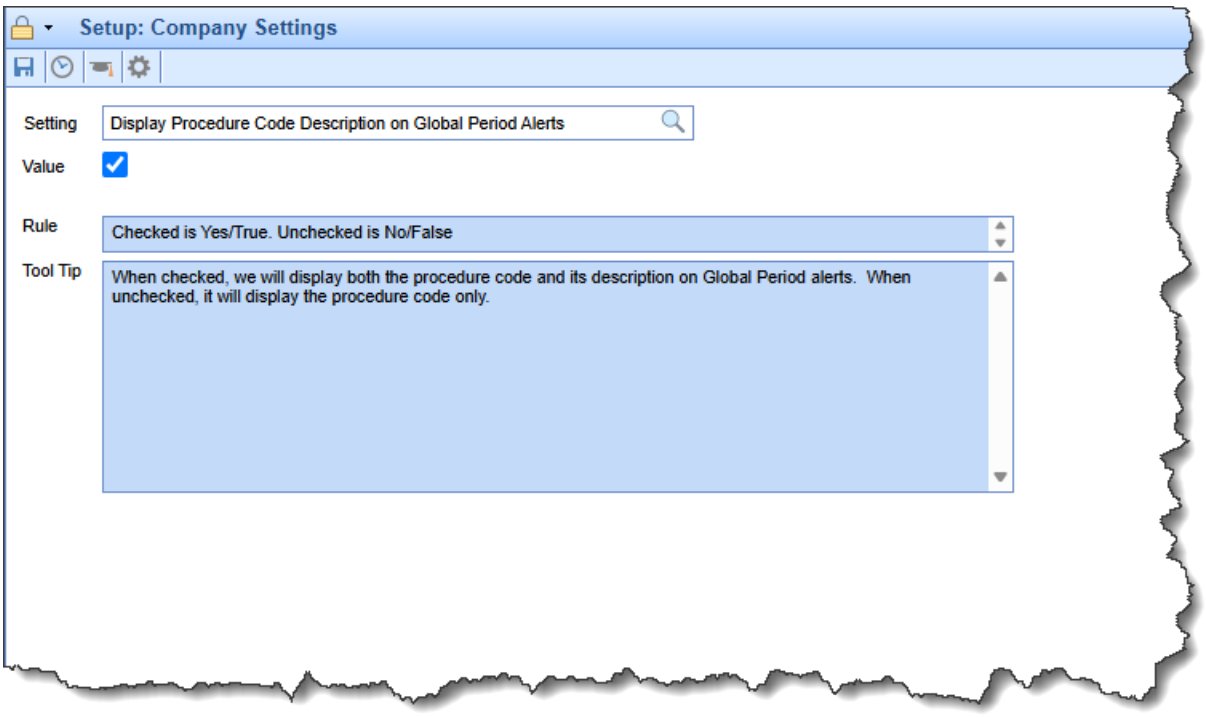
Where You'll See This

- **Claim Account Query:** A new **Collection Balance** column has been added, reflecting claims where the claim status has a Collection Indicator set to "Y." The existing Do Not Bill Balance now reflects only claims where the Collection Indicator is set to "N."
- **Patient Setup:** A new **Collection Balance** section has been added under Balance Display, shown in aging just like other current balances.
- **Quick Pay:** Uses the same Collection Balance display and functions the same way as in Patient Setup.



New Setting to Include Procedure Code Description in Global Period Alerts

ISL- 2616: Previously, the Global Period alert only displayed the procedure code, without any accompanying description. A new company setting has been added that allows the **Global Period alert** to display the procedure code's description, in addition to the procedure code itself. This update gives you the option to include the description as well, providing more context when the alert appears.

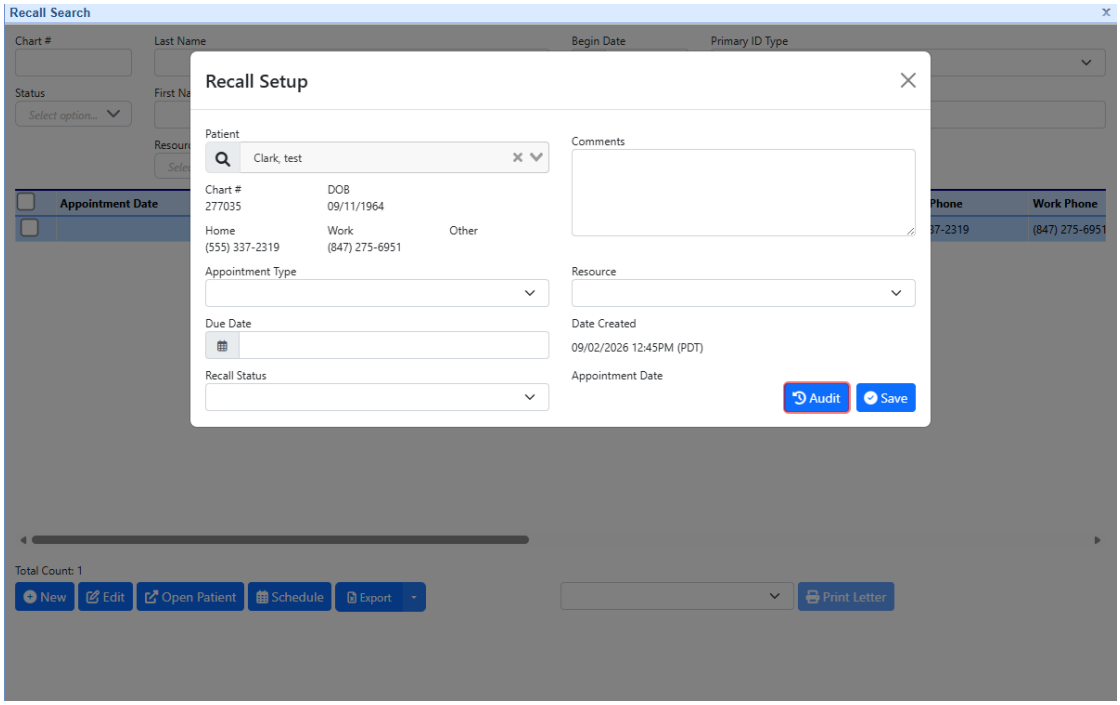


This is an **opt-in** setting and is **disabled (set to "False") by default**, so your existing Global Period alerts will continue to display exactly as they do today unless you choose to enable this option.

Security Audit Added to Recall Setup

ISL- 7684: Previously, there was no way to see who created or modified a patient's Recall Setup, or when those changes were made. The **Recall Setup** screen now includes a security audit log, accessible via a new "Audit" button next to the save button at the bottom of the screen. The audit log tracks when a Recall was created, and adds visibility and accountability by logging changes to key fields such as:

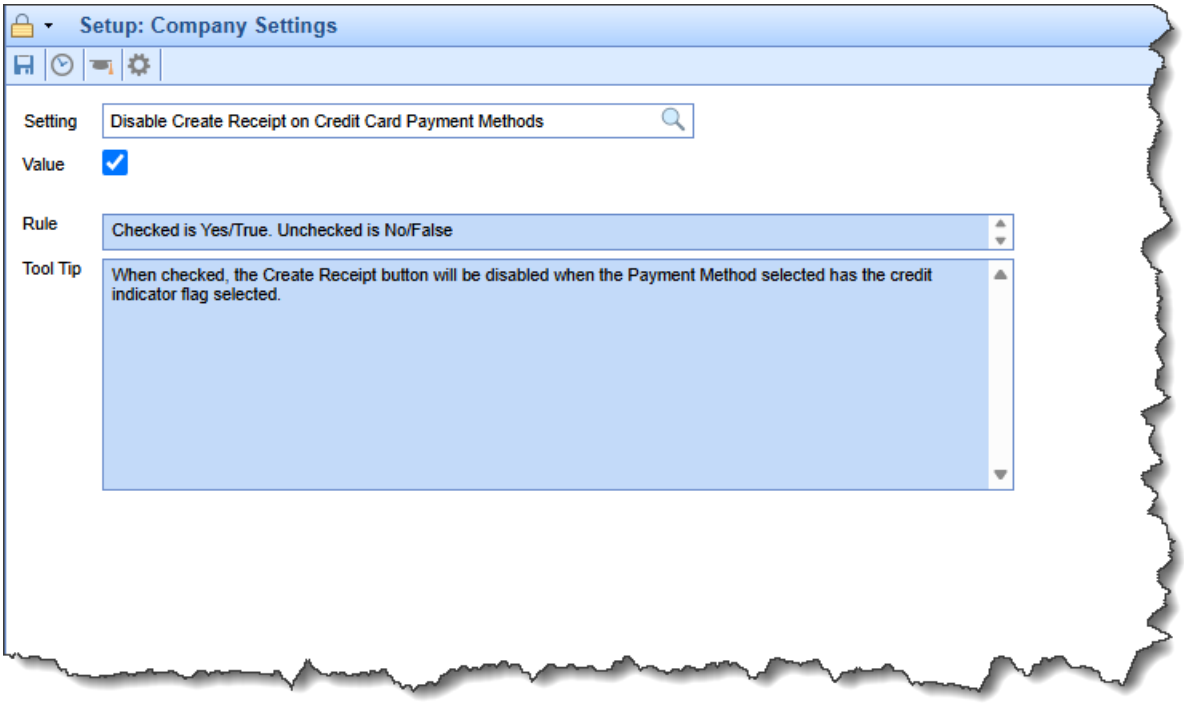
- Appointment Type
- Due Date
- Recall Status
- Comments
- Resource



New Setting to Disable "Create Receipt" for Credit Card Payment Methods in Quick Pay

ISL- 7690: Some users were mistakenly clicking **Create Receipt** instead of **Take Payment** or **Text to Pay** when processing a credit card payment (often out of habit). This could require reversing the receipt to properly process the credit card payment, or in some cases, result in the credit card payment never being run at all, since the receipt made it appear as though payment had already been collected.

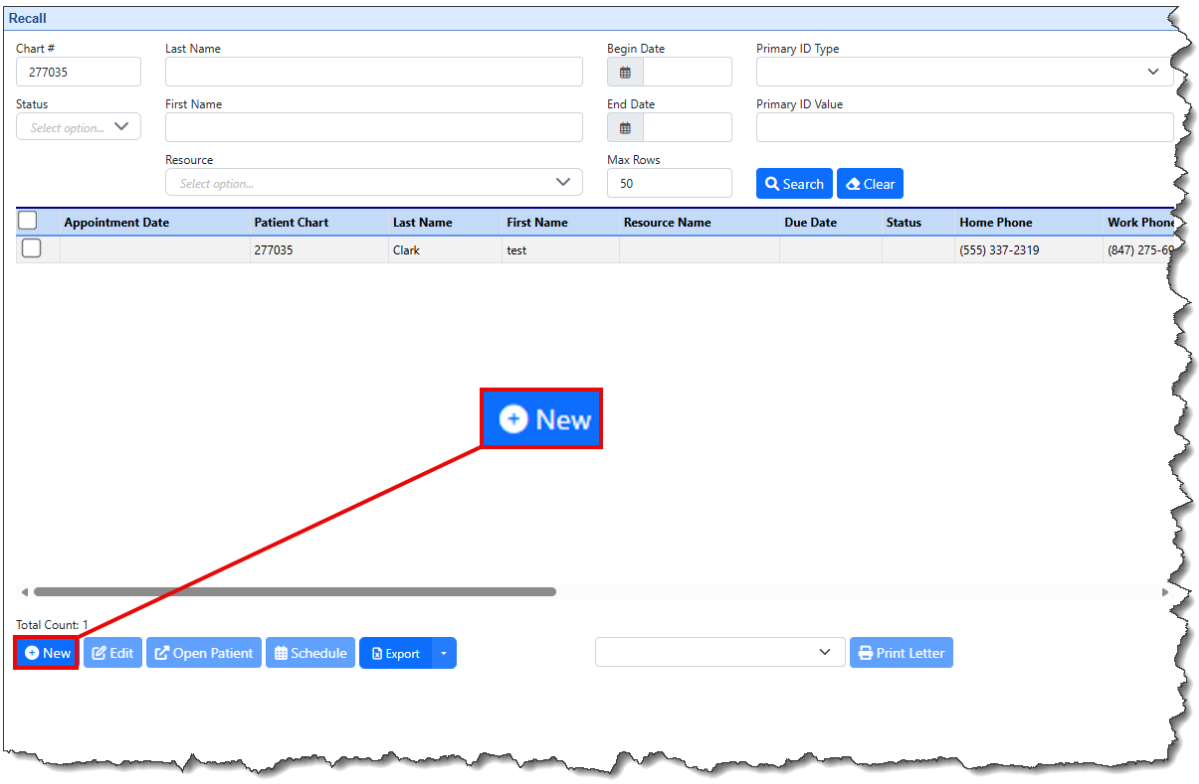
To prevent this, a new company setting has been added: **"Disable Create Receipt on Credit Card Payment Methods."** When enabled, this setting disables the **Create Receipt** button in the Quick Pay window whenever a Payment Method with the Credit indicator flag is selected.



This setting is **disabled by default**, so your existing Quick Pay workflow will remain unchanged unless you choose to enable it. When enabled, the Create Receipt button will be disabled specifically for payment methods flagged as Credit, helping guide users toward the correct payment action.

Ability to Add Multiple Recall Entries for a Patient in EMR

ISL- 4299: Previously, adding a recall entry in the EMR would clear any existing entry, since only a single recall entry was supported. The functionality to do this already existed in iScheduler, so in this release the EMR Recall Setup window has been replaced with the modernized **iScheduler - Recall Setup** window, and now includes a **New** button, allowing you to add multiple recall entries for a single patient directly from the EMR.



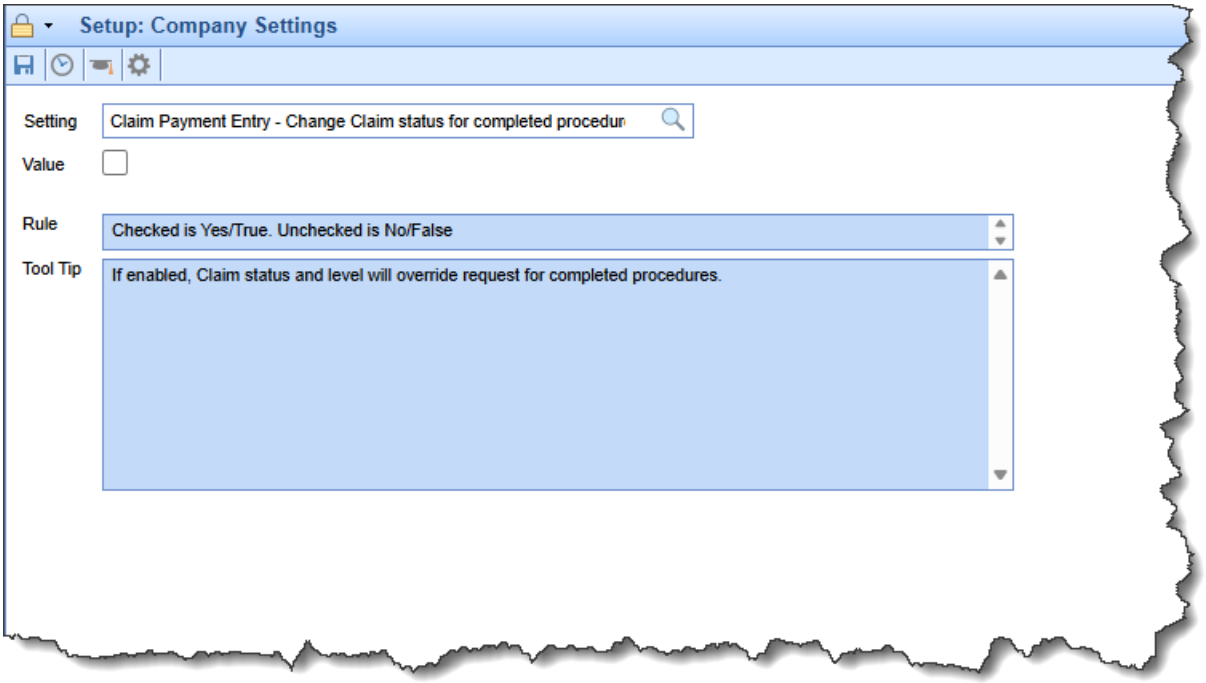
Improvement: Recall Search in iScheduler Now Supports Partial Name Matches

ISL- 3001: Searching for a name in Recalls would previously only return an exact match. For example, searching for "Johns" would return a patient with the last name "Johns," but would not return a patient with the last name "Johnson." With this release, the Recall search in iScheduler now returns results for any name that **contains** the entered search text, rather than requiring an exact match. This ensures searches return all matching results, making it easier to find the recall you're looking for.

Resolutions

New Setting: Control Whether Claim Status Changes to Done/Completed on Zero Balance

ISL-14209: Previously, when a payment resulted in a zero balance, the claim's status and level were automatically set to Done/Completed, even if the user had manually selected a different status prior to posting. While this automatic behavior is helpful in many cases, it could unintentionally overwrite a status the user had deliberately chosen. To correct this, a new company setting has been added: **"Claim Payment Entry - Change Claim Status for Completed Procedures."** This setting controls whether a claim's status and level are automatically updated to Done/Completed when a payment posted from the Claim Payment Entry window results in a zero balance.



Resolved Issue: Missing Claims Drill-Down on Revenue Cycle Wheel Showing 404 Error

ISL-14193: We resolved an issue where, selecting the **Missing Claims** drill-down on the Revenue Cycle wheel resulted in a 404 error instead of displaying the expected results. This same issue also occurred when clicking **Provider Counts** under the Reporting windows on the Billing toolbar.

This issue has been fixed and you can now use the Missing Claims drill-down on the Revenue Cycle wheel, as well as Provider Counts from the Billing toolbar, without encountering a 404 error.

Resolved Issue: User ID Field Could Be Unexpectedly Changed by Password Manager Auto-Fill

ISL-14111:We corrected an issue where, when login into OfficeEMR, the User ID field could be unintentionally overwritten by a password manager's auto-fill feature (such as LastPass) without any explicit action by the user. The issue could also cause the incorrect auto-filling of credential fields on subsequent screens, such as User Setup.

This issue has been resolved to prevent login User IDs and those in User Setup from being unintentionally overwritten by the password manager auto-fill.

Resolved Issue: Valid Payer IDs Incorrectly Showing as Invalid in Payer Setup

ISL-14128: Corrected an issue where, in some databases, the Payer Setup screen's Submission tab would display a Payer ID as **Invalid**, even though that Payer ID was valid and active in the Global Payer list. This occurred because the system was also checking against the Global Payer ID that was originally used when the payer was added from the Global Payer list, in addition to the Payer ID itself.

Resolved Issue: Lab Bill Codes Screen Displaying "Browser Not Supported" Message

ISL-13973: Within Payer Setup, under the **More** menu, the **Lab Bill Codes** screen displayed a "browser not supported" message, and that it was only compatible with Internet Explorer. This issue has been resolved by removing the Lab Bill Codes menu option from the "More" menu.

Performance Improvement: Faster, More Reliable Schedule Navigation

ISL-13847: Some customers experienced slowness and errors when navigating between days on the Schedule, particularly affecting customers on a specific database server. This was caused by performance issues in the process that loads the Schedule view. This issue has now been fixed. We've optimized the underlying process that loads the Schedule view, improving reliability and reducing errors when navigating between days, resulting in enhanced performance for users.

Resolved Issue: Audit Types Dropdown Not Working in Recall Audit Screen

ISL-14554: In the Recall audit screen, clicking the **Audit Types** dropdown would cause the list to flash and immediately close, making it impossible to select an Audit Type. This issue has been resolved, allowing the Audit Types dropdown to open and remain functional for selecting an Audit Type as expected.

Resolved Issue: Payment Import Window Limited to Viewing 99 Imports

ISL-14357:Corrected an issue where the Payment Import window only displayed the last 99 imported payments, with no ability to filter the results or view error details for records that failed to import. This made it difficult to identify and troubleshoot problem records.

Beta Program

As iSalus modernizes the application, there is an option to opt in to early access to a specific feature and provide feedback before releasing it to all users or deprecating a legacy version. Below is the list of items available for your team to enable. Read more about the Beta Program

Name & Description	Status
EverHealth Scribe *Ambient AI Scribe for drafting Notes and managing the Problem List*	**Available**
Modernized Allergies *Modernized Allergies screen within the EMR to better manage a patient's allergies.*	**Available**
Modernized Problem List *Modernized Problem List Screen for efficient management of patient Diagnoses and ongoing management of chronic problems.*	**Available**
Modern Patient Summary & Demographics *Updated Patient Demographics, allowing for starred contacts for a patient, reorganization of patient demographics sections, and simplification of the patient summary screen, allowing for customization by the user.*	**Available**