

# CheckinAsyst®

Interface with athenaFlow™

athenaFlow					
Items	To CheckinAsyst	From CheckinAsyst	Items	To CheckinAsyst	From CheckinAsyst
<b>Appointment</b>			Secondary Insurance Company	☑	—
Appt type	☑	—	Secondary Insurance Plan ID	☑	—
Appt date	☑	—	Secondary Insurance Start/End date	☑	—
Appt duration	☑	—	Secondary Insurance policy #	☑	—
Appt location	☑	—	Secondary policy group #	☑	—
Physician	☑	—	<b>Clinical</b>		
Appointment status update	☑	☑	Current problems	☑	—
<b>Demographics</b>			Reason for visit	☑	—
Name (First, Middle, Last)	☑	—	Allergies*	☑	—
Name (Suffix, Prefix)	☑	—	Medications*	☑	—
DOB	☑	—	Immunizations	☑	☑
Gender	☑	—	Family history	☑	☑
Address line 1	☑	☑	Social history	☑	☑
Address line 2	☑	☑	Men's history	☑	☑
City, State, ZIP	☑	☑	Past medical history	☑	☑
Home phone	☑	☑	Reproductive history/ GYN history	☑	☑
Email	☑	☑	Surgical history	☑	☑
SSN	☑	—	Review of Systems	☑	☑
Work phone	☑	☑	<b>Patient Responsibility</b>		
Mobile phone	☑	☑	Co-pay Collection	—	☑
Emergency contact	☑	☑	Outstanding balance	☑	☑
Race	☑	☑	Posted against Co-pay	—	☑
Ethnicity	☑	☑	Posted as unapplied credit	—	☑
Language	☑	☑	Posted against patient balances	—	☑
<b>Insurance</b>			<b>Documents</b>		
Primary Insurance Company	☑	—	Specify the location to attach	—	☑
Primary Insurance Plan ID	☑	—	<b>Preferred Pharmacy</b>	☑	☑
Primary Insurance Start/End date	☑	—	<b>Pharmacy List</b>	☑	—
Primary Insurance policy #	☑	—	<b>Allergy List</b>	☑	—
Primary policy group #	☑	—	<b>Medication List</b>	☑	—
Subscriber ID#	☑	—			
Insurance Package ID #	☑	—			

\*Patient input for Allergies and Medications will be Free text. It goes back to the EHR as part of the Dynamic PDF.

#### US Office

HealthAsyst LLC, 746 Holcomb Bridge Road, Norcross, GA -30071 | P: +1 404 596 8228 | [www.healthasyst.com/checkinasyst](http://www.healthasyst.com/checkinasyst) | [marketing@healthasyst.com](mailto:marketing@healthasyst.com)

