

CheckinAsyst®

Interface with athenaOne

athenaOne					
Items	To CheckinAsyst	From CheckinAsyst	Items	To CheckinAsyst	From CheckinAsyst
Appointment			Gender Identity	☑	☑
Appointment Type	☑	—	Primary care Provider	☑	☑
Appointment Date	☑	—	Custom Patient Registration Fields	☑	☑
Appointment Duration	☑	—	Patient Picture	☑	☑
Appointment Department	☑	—	Release Authorizations	—	☑
Scheduling Provider	☑	—	Interface Consents	—	☑
Appointment Check-In Status	☑	☑	UDS Fields		
Demographics			Family Size	☑	☑
Name (first, middle, last)	☑	☑	Income	☑	☑
Home Address	☑	☑	Agricultural Worker	☑	☑
Home City, State, ZIP Code	☑	☑	Agriculture Type	☑	☑
DOB	☑	☑	Homeless Status	☑	☑
Sex	☑	☑	Homeless Type	☑	☑
Home Phone Number	☑	☑	School-Based Health Center Patient	☑	☑
Work Phone Number	☑	☑	Veteran Status	☑	☑
Cell Phone Number	☑	☑	Public Housing	☑	☑
Email	☑	☑	Other Contact		
Contact Preference	☑	☑	Guarantor Name	☑	☑
Marital Status	☑	☑	Guarantor's Relationship to Patient	☑	☑
Language	☑	☑	Guarantor Address and other details	☑	☑
SSN	☑	☑	Guardian Name (First, Last, Middle)	☑	☑
Driver's License	☑	☑	Emergency Contact Name	☑	☑
Ethnicity	☑	☑	Emergency Contact's Relationship to Patient	☑	☑
Race	☑	☑	Emergency Contact's Home Phone Number	☑	☑
Sexual Orientation	☑	☑			

Items	To CheckinAsyst	From CheckinAsyst
Emergency Contact's Cell Phone Number	☑	☑
Next of Kin Name	☑	☑
Next of Kin Relationship to Patient	☑	☑
Next of Kin Phone Number	☑	☑
Family Member Email (with Full Access Portal)	☑	—
Family Member Name (with Full Access Portal)	☑	—
Family Member Relation	☑	—
Clinical		
Current Problems	☑	☑
Reason For Visit	—	☑
Past Medical History	☑	☑
Past Surgical History	☑	☑
Family Medical History	☑	☑
Social History	☑	☑
Men History	☑	☑
GYN History	☑	☑
Allergies	☑	☑
Medications	☑	☑
Immunizations	☑	☑
PHQ-2/PHQ-9**	—	☑
Custom Portal Forms	—	☑
Review of systems	—	☑
Insurance		
Primary Insurance Package Name	☑	—
Primary Insurance Package ID	☑	—

Items	To CheckinAsyst	From CheckinAsyst
Primary Insurance Policy Group #	☑	—
Primary Insurance Policy #	☑	—
Secondary Insurance Package Name	☑	—
Secondary Insurance Package ID	☑	—
Secondary Insurance Policy Group #	☑	—
Secondary Insurance Policy #	☑	—
Documents		
athena Privacy Status	☑	☑
Release of Billing Status	☑	☑
Release of Billing Effective Date	☑	—
Release of Billing Expiration Date	☑	☑
Assignment of Benefits Status	☑	☑
Assignment of Benefits Effective Date	☑	—
Assignment of Benefits Expiration Date	☑	☑
Medication History Consent Status	☑	☑
Consent to Call	☑	☑
Consent to Text	☑	☑
Patient Responsibility		
Co-pay Collection	—	☑
Patient Outstanding Balance(s)	☑	☑
Patient Payment	—	☑
List of Allergies in athenaOne	☑	—
List of Medications in athenaOne	☑	—
Preferred Pharmacy	☑	☑