## HealthAsyst



## CheckinAsyst<sup>®</sup> Interface with athenaOne

athenaOne То From Items CheckinAsyst CheckinAsyst Appointment  $\odot$ Appointment Type Ø Appointment Date  $\odot$ **Appointment Duration Appointment Department** Ø  ${}^{\odot}$ **Scheduling Provider** Appointment Check-In Status  $\bigotimes$  $\odot$ **Demographics**  $\odot$ Name (first, middle, last)  ${}^{\odot}$ Home Address Ø Ø Home City, State, ZIP Code  $\odot$ Ø DOB  ${}^{\odot}$ Ø  ${}^{\odot}$  $\odot$ Sex Home Phone Number Q  $\bigotimes$ Ø  $\bigotimes$ Work Phone Number  $\odot$  ${}^{\odot}$ Cell Phone Number Ø Ø Email  ${}^{\odot}$  $\odot$ **Contact Preference**  $\odot$  ${}^{\odot}$ Marital Status Ø  $\bigotimes$ Language  $\oslash$  $\bigotimes$ SSN Driver's License  ${}^{\odot}$  $\odot$ Ethnicity  $\odot$  ${}^{\odot}$  ${}^{\odot}$ Ø Race  $\odot$  $\odot$ Sexual Orientation

Items	To CheckinAsyst	From CheckinAsyst
Gender Identity	Ø	Q
Primary care Provider	S	Q
Custom Patient Registration Fields	S	S
Patient Picture	<u>ଓ</u>	S
Release Authorizations	_	S
Interface Consents	_	S
UDS Fields		
Family Size	ଓ	Q
Income	ଓ	S
Agricultural Worker	ଓ	S
Agriculture Type	Q	Q
Homeless Status	Q	Q
Homeless Type	S	Q
School-Based Health Center Patient	Q	Q
Veteran Status	Q	Q
Public Housing	Q	Q
Other Contact		
Guarantor Name	Q	Q
Guarantor's Relationship to Patient	Ø	Q
Gurantor Address and other details	S	Q
Guardian Name (First, Last, Middle)	S	Q
Emergency Contact Name	S	Q
Emergency Contact's Relationship to Patient	ଓ	ଓ
Emergency Contact's Home Phone Number	Q	ଓ

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Number       Image: Constraint of the second o	Items	To CheckinAsyst	From CheckinAsyst
Next of Kin Relationship to PatientImage: Constraint of the second s	Emergency Contact's Cell Phone Number		
Next of Kin Phone NumberImage: Comparison of the sector of th	Next of Kin Name	S	ଓ
Family Member Email (with Full Access Portal)Image: Constraint of the second s	Next of Kin Relationship to Patient	S	ଓ
Access Portal)Image: Constraint of the second s	Next of Kin Phone Number	ଓ	ଓ
Access Portal)Image: Constraint of the second o	Family Member Email (with Full Access Portal)	ଓ	_
ClinicalClinicalCurrent ProblemsImage: Constraint of the second secon	Family Member Name (with Full Access Portal)	ଓ	_
Current ProblemsImage: Current ProblemsReason For Visit–Past Medical HistoryImage: Current ProblemsPast Surgical HistoryImage: Current ProblemsPast Surgical HistoryImage: Current ProblemsFamily Medical HistoryImage: Current ProblemsSocial HistoryImage: Current ProblemsGYN HistoryImage: Current ProblemsAllergiesImage: Current ProblemsMedicationsImage: Current ProblemsImage: Current ProblemsImage: Current ProblemsReview of systemsImage: Current ProblemsPrimary Insurance Package NameImage: Current ProblemsImage: Current ProblemsImage: Current ProblemsPrimary Insurance Package NameImage: Current ProblemsImage: Current Package NameImage: Current ProblemsImage: Current Package NameImage: Current Package Name	Family Member Relation	<b>S</b>	-
Reason For Visit–Past Medical HistoryGPast Surgical HistoryGFamily Medical HistoryGSocial HistoryGSocial HistoryGMen HistoryGGYN HistoryGMedicationsGMedicationsGPhQ-2/PHQ-9**–Custom Portal Forms–Review of systems–Primary Insurance Package NameGCustom Portal FormsGPrimary Insurance Package NameG	Clinical		
Past Medical HistoryImage: Compare the co	Current Problems	S	ଓ
Past Surgical HistoryImage: Constraint of the second s	Reason For Visit	_	ଓ
Family Medical HistoryImage: Constraint of the second	Past Medical History	ଓ	ଓ
Social HistoryImage: Constraint of the second s	Past Surgical History	ଓ	ଓ
Men HistoryImage: Constraint of the const	Family Medical History	ଓ	ଓ
GYN HistoryImage: Constraint of the second seco	Social History	ଓ	ଓ
AllergiesImage: Constraint of the constra	Men History	ଓ	ଓ
MedicationsImage: Constraint of the second seco	GYN History	ଓ	ଓ
Immunizations       Image: Constraint of the system of s	Allergies	ଓ	ଓ
PHQ-2/PHQ-9**     –     Image: Custom Portal Forms     Image: Custom Portal F	Medications	ଓ	ଓ
Custom Portal Forms—ØReview of systems—ØInsurance—ØPrimary Insurance Package NameØ—	Immunizations	ଓ	ଓ
Review of systems     –     Ø       Insurance     V     –       Primary Insurance Package Name     Ø     –	PHQ-2/PHQ-9**	-	ଓ
Insurance Primary Insurance Package Name	Custom Portal Forms	-	ଓ
Primary Insurance Package Name 🧭 –	Review of systems	-	ଓ
	Insurance		
Primary Insurance Package ID 🛛 🕙 —	Primary Insurance Package Name	<u>ଓ</u>	_
	Primary Insurance Package ID	S	-

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

US Office

