

CheckinAsyst®

Interface with Greenway Intergy

Greenway Intergy					
Items	To CheckinAsyst	From CheckinAsyst	Items	To CheckinAsyst	From CheckinAsyst
Appointment			Insurance		
Appt type	☑	—	Primary Insurance Company	☑	—
Appt date	☑	—	Primary Insurance Plan ID	☑	—
Appt duration	☑	—	Primary policy group #	☑	—
Appt location	☑	—	Secondary Insurance Company	☑	—
Physician	☑	—	Secondary Insurance Plan ID	☑	—
Appointment status update	☑	☑	Secondary Insurance policy #	☑	—
Demographics			Secondary policy group #	☑	—
Name (First, Last)	☑	—	Clinical		
Name (Suffix, Prefix)	☑	—	Reason for visit	☑	☑
DOB	☑	—	Vitals	☑	☑
Gender	☑	—	Drug-related allergies*	☑	—
City, State, ZIP	☑	☑	Medications*	☑	—
Home phone	☑	☑	Immunizations	☑	—
Cell phone	☑	☑	Family history	☑	☑
Email	☑	☑	Social history	☑	☑
SSN	☑	☑	Reproductive history/ Gyn history	☑	☑
Work phone	☑	☑	OB	☑	—
Race	☑	☑	Surgical history	☑	☑
Ethnicity	☑	☑	Past medical history	☑	☑
Patient picture	—	☑	Review of Systems	—	☑
Language	☑	☑	Assessment Score		
Marital status	☑	☑	PHQ9, GAD, PHQ2, etc.	—	☑
Sexual Orientation	☑	☑	ASQ-3 Scores **	—	☑
Gender Identity	☑	☑	Patient Responsibility		
Extended Demographics	☑		Outstanding balance	☑	—
Emergency contact name	☑	☑	Posted as unapplied credit (Co-pay, Pre-payment, deposits)	—	☑
Emergency contact phone #	☑	☑	Posted against patient balances	—	☑
Assigned provider	☑	☑	Documents		
Employer name	☑	—	Specify the location to attach	—	☑
			Preferred Pharmacy	☑	☑

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

**Implementing ASQ-3 will incur additional cost as it requires licensing from Brookes Publishing.

US Office

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