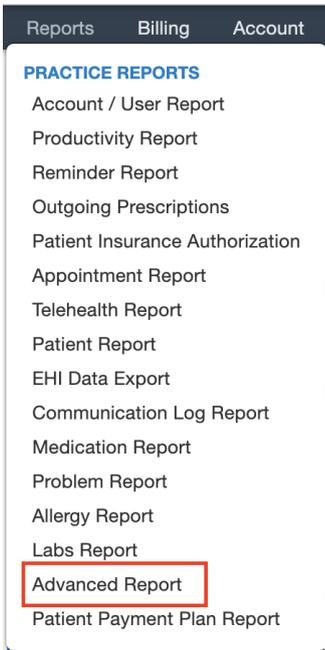


Reporting on Custom Demographics

07/08/2024 7:31 pm EDT

Reports on custom demographics can be generated under the Advanced Report feature in the Reports menu.

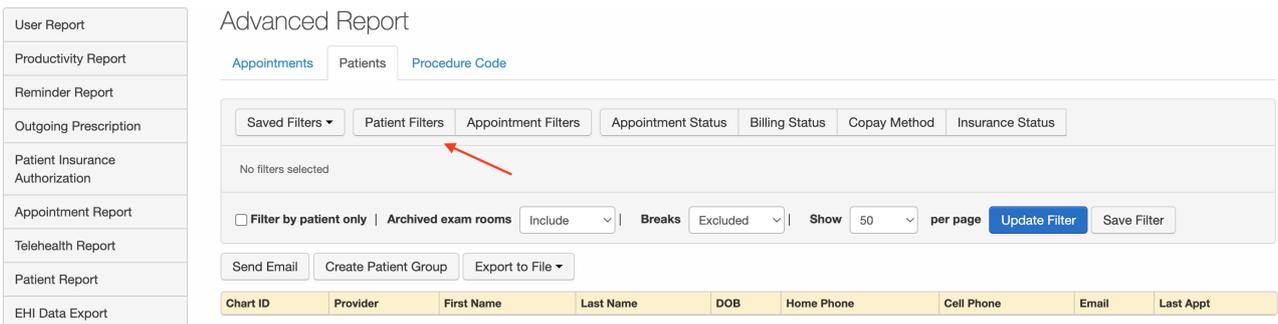
1. Go to Reports > Advanced Report



2. Once in the reports screen, there are two options to run a report on custom demographics.

Option 1

Go to Patient Filters.



In the patient filters menu, the custom demographics are located on the right side of the menu.

Patient Filter



<input type="checkbox"/> Office Phone	<input type="checkbox"/> Name contains ANY of	<input type="checkbox"/> contains ALL of
<input type="checkbox"/> Email is blank	<input type="checkbox"/> Secondary Ins Plan Type	<input type="checkbox"/> Patient Allergy contains ANY of
<input type="checkbox"/> No Credit Card on File	<input type="checkbox"/> Secondary Ins ID #	<input type="checkbox"/> Lab Test
<input type="checkbox"/> DOB After	<input type="checkbox"/> First DOS After	<input type="checkbox"/> Lab Test Result contains ALL of
<input type="checkbox"/> DOB Before	<input type="checkbox"/> First DOS Before	<input type="checkbox"/> Lab Test Result contains ANY of
<input type="checkbox"/> Month of DOB	<input type="checkbox"/> Last DOS After	<input type="checkbox"/> Lab Test Result >=
<input type="checkbox"/> Day of DOB	<input type="checkbox"/> Last DOS Before	<input type="checkbox"/> Lab Test Result <=
<input type="checkbox"/> Sex	<input type="checkbox"/> Referring Dr. First Name	<input type="checkbox"/> What is your preferred pharmacy
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Referring Dr. Last Name	<input type="checkbox"/> DL Number
<input type="checkbox"/> Race	<input type="checkbox"/> Referring Source	<input type="checkbox"/> Room Number
<input type="checkbox"/> Preferred Communication	<input type="checkbox"/> Employer	<input type="checkbox"/> Test Demographic
<input type="checkbox"/> Primary Ins Payer Name contains ALL of		

[Close](#)

Select the filters you would like to generate a report on and click **Close**. Select **Update Filter** once complete.

Option 2

Go to **Export to File > Custom Export**

Advanced Report

Appointments Patients Procedure Code

Saved Filters Patient Filters Appointment Filters Appointment Status Billing Status Copay Method Insurance Status

No filters selected

Filter by patient only | Archived exam rooms Include | Breaks Excluded | Show 50 per page [Update Filter](#) [Save Filter](#)

Send Email Create Patient Group **Export to File**

Chart ID	Provider	First Name	Last Name	DOB	Home Phone	Cell Phone	Email	Last Appt
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Quick Export
Custom Export

The custom demographics are on the right. Select the demographics for the report and any other filters. Click **Export** when complete. The report will generate in the message center.

Custom Export ✕

<input type="checkbox"/> Home Phone	<input type="checkbox"/> Primary Ins Payer ID #	<input type="checkbox"/> Ref Source
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Primary Ins Plan Name	<input type="checkbox"/> Employer
<input type="checkbox"/> Office Phone	<input type="checkbox"/> Primary Ins Group #	<input type="checkbox"/> Employer Zip Code
<input type="checkbox"/> Email	<input type="checkbox"/> Secondary Ins Payer	<input type="checkbox"/> Employer Address
<input type="checkbox"/> Gender	<input type="checkbox"/> Secondary Ins Payer ID	<input type="checkbox"/> Employer City
<input type="checkbox"/> Race	<input type="checkbox"/> Secondary Ins Payer ID #	<input type="checkbox"/> Employer State
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Secondary Ins Plan Name	<input type="checkbox"/> Copay
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Secondary Ins Group #	<input type="checkbox"/> Primary Care Physician
<input type="checkbox"/> Address	<input type="checkbox"/> Auto Insurance Payer	<input type="checkbox"/> Patient Flags
<input type="checkbox"/> City	<input type="checkbox"/> Auto Insurance Payer ID	<input type="checkbox"/> What is your preferred pharmacy
<input type="checkbox"/> State	<input type="checkbox"/> Auto Insurance Case #	<input type="checkbox"/> DL Number
<input type="checkbox"/> Zip Code	<input type="checkbox"/> Worker's Comp Payer	<input type="checkbox"/> Room Number
<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Worker's Comp Payer ID	<input type="checkbox"/> Test Demographic
<input type="checkbox"/> Mailing City	<input type="checkbox"/> Worker's Comp Case #	
<input type="checkbox"/> Mailing State		

