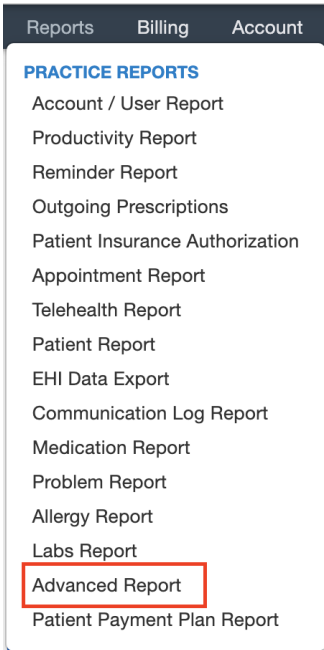


Reporting on Custom Demographics

Last modified on 05/01/2025 7:12 pm EDT

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

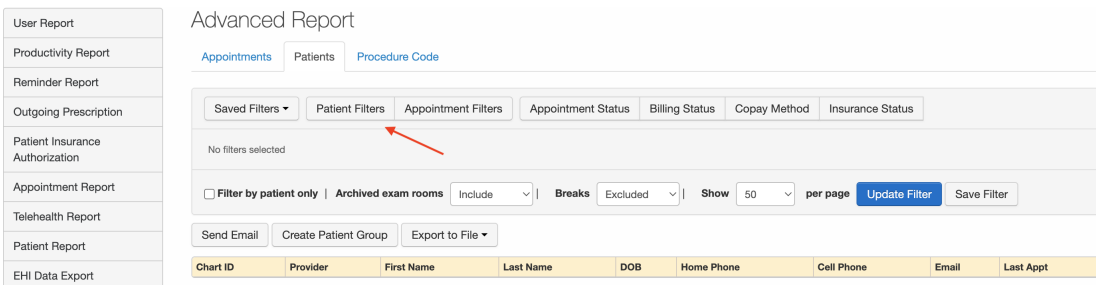
1. Go to Reports > Advanced Report



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

Office Phone

Email is blank

No Credit Card on File

DOB After

DOB Before

Month of DOB

Day of DOB

Sex

Ethnicity

Race

Preferred Communication

Primary Ins Payer Name contains ALL of

Name contains ANY of

Secondary Ins Plan Type

Secondary Ins ID #

First DOS After

First DOS Before

Last DOS After

Last DOS Before

Referring Dr. First Name

Referring Dr. Last Name

Referring Source

Employer

contains ALL of

Patient Allergy contains ANY of

Lab Test

Lab Test Result contains ALL of

Lab Test Result contains ANY of

Lab Test Result >=

Lab Test Result <=

What is your preferred pharmacy

DL Number

Room Number

Test Demographic

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 DOB Home Phone Cell Phone Email Last Appt

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.

Cell Phone

Office Phone

Email

Gender

Race

Ethnicity

Marital Status

Address

City

State

Zip Code

Mailing Address

Mailing City

Mailing State

Primary Ins Payer ID #

Primary Ins Plan Name

Primary Ins Group #

Secondary Ins Payer

Secondary Ins Payer ID

Secondary Ins Payer ID #

Secondary Ins Plan Name

Secondary Ins Group #

Auto Insurance Payer

Auto Insurance Payer ID

Auto Insurance Case #

Worker's Comp Payer

Worker's Comp Payer ID

Worker's Comp Case #

Ref Source

Employer

Employer Zip Code

Employer Address

Employer City

Employer State

Copay

Primary Care Physician

Patient Flags

What is your preferred pharmacy

DL Number

Room Number

Test Demographic

Close Export