

Generating a Report of Patients with Addresses and Other Demographic Information

07/08/2024 7:37 pm EDT

1. Hover your cursor over **Reports** and click on **Advanced Report**.

Reports Billing Account

PRACTICE REPORTS

- Account / User Report
- Productivity Report
- Reminder Report
- Outgoing Prescriptions
- Patient Insurance Authorization
- Appointment Report
- Telehealth Report
- Patient Report
- Communication Log Report
- Medication Report
- Problem Report
- Allergy Report
- Labs Report
- Advanced Report
- Patient Payment Plan Report

2. Click on **Export to File** and then select **Custom Export**.

Advanced Report

Appointments Patients

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 PAGE 1

Date of Service	Patient	Quick Export	Office	Examroom	Appt Status	Billing Status	Insurance Status	Lock Status
Sep 7, 2022 8:00:00 AM	Laurie Sample	Custom Export	Smith	Office 1	Exam 1	Checked In Online	Not Submitted	Unlocked
Sep 1, 2022 8:00:00 AM	Laurie Sample		Dr. James Smith	Office 1	Exam 1	Checked In Online	Ready To Bill	Ready To Bill Locked

3. Select the options you would like to include in your report and click **Export**. The report will be generated and be available in your message center (



).

Custom Export



<input checked="" type="checkbox"/> Full Name	<input type="checkbox"/> Mailing Zip Code	<input type="checkbox"/> Emerg Contact Phone
<input type="checkbox"/> First Name	<input type="checkbox"/> Date of First Appointment	<input type="checkbox"/> Emerg Contact Relation
<input type="checkbox"/> Last Name	<input type="checkbox"/> Date of Last Appointment	<input type="checkbox"/> Referring Doctor
<input type="checkbox"/> Chart ID	<input type="checkbox"/> Date of Next Appointment	<input type="checkbox"/> Ref Dr. Email
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Primary Ins Payer	<input type="checkbox"/> Ref Dr. Phone
<input type="checkbox"/> Primary Provider	<input type="checkbox"/> Primary Ins Payer ID	<input type="checkbox"/> Ref Dr. Fax
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Primary Member 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 Member ID	<input type="checkbox"/> Employer State
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Secondary Ins Plan Name	<input type="checkbox"/> Expected Copay
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Secondary Ins Group #	<input type="checkbox"/> Primary Care Physician
<input checked="" type="checkbox"/> Address	<input type="checkbox"/> Auto Insurance Payer	<input type="checkbox"/> Patient Flags