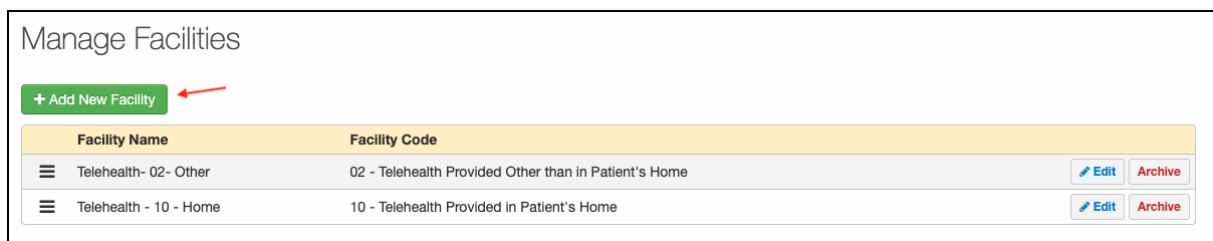


How to Change the Place of Service (POS) for a Specific Appointment

Last modified on 11/07/2024 11:36 am EST

To change the place of service (POS) for a specific appointment without changing the place of service in the appointment's office, please follow the steps outlined below:

1. Navigate to **Account > Facilities**
2. Select **Add New Facility**



3. Enter a facility name, select the place of service code, and click on **Create**

New Facility

Name

Facility Code

[Create](#)

4. Open the billing details screen of the appointment for which the place of service has to be changed.
5. Select the pencil icon next to **Billing Facility**

Billing Status	<input type="text"/>
ICD Version	ICD-10 <input type="text"/>
Primary Insurer	- Default - <input type="text"/>
Secondary Insurer	- Default - <input type="text"/>
Billing Provider:	- If different to provider - <input type="text"/>
Supervising Provider:	- If different to provider - <input type="text"/>
Pt Payment	\$ 0 <input type="text"/> +
Payment Profile	<input type="text"/>
Pt Payment Due	<input type="text"/>
Billing Profile	Select Profile <input type="text"/> +
Billing Pick List	Choose from Pick List
Diagnosis Pick List	Choose from Pt Problems
Payer pre-auth #	<input type="text"/>
Do Not Transmit	<input type="checkbox"/> Do not transmit authorization number to payer
Referral #	<input type="text"/>
Billing Facility	<input type="text"/> <input type="button" value="edit"/>
Purchased Serv Provider	<input type="text"/> <input type="button" value="edit"/>
Appointment Notes	<input type="text"/>
Follow-up Date	<input type="text"/>
Billing Notes	<input type="text"/> +

6. Enter the Facility name associated with the place of service and select it from the drop-down menu.

Billing Status ▼
ICD Version ▼
Primary Insurer ▼
Secondary Insurer ▼
Billing Provider: ▼
Supervising Provider: ▼
Pt Payment \$ 0 +
Payment Profile Insurance ▼
Pt Payment Due
Billing Profile Select Profile ▼ +
Billing Pick List [Choose from Pick List](#)
Diagnosis Pick List [Choose from Pt Problems](#)
Payer pre-auth # ↓
Do Not Transmit Do not transmit authorization number to payer
Referral #
Billing Facility ↓
Purchased Serv Provider ✎
Appointment Notes
Follow-up Date
Billing Notes +

7. Select Verify and Save.

Code/Check Date	Description	Mods/Posted Date	Service Date	EPSTD	Qty/Min	Dx Pointers	Price	Billed	Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type
Totals:								\$175.00	\$175.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175.00	Balance Due
<input type="checkbox"/>	99213		From date	To date	1.00	1 0 0 0	175.00	\$175.00	\$175.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175.00	Balance Due

+ Add Line Item ✖ Delete Selected Validate Claim ↺ Reparse ERA i Claim Info ✓ **Verify & Save**