

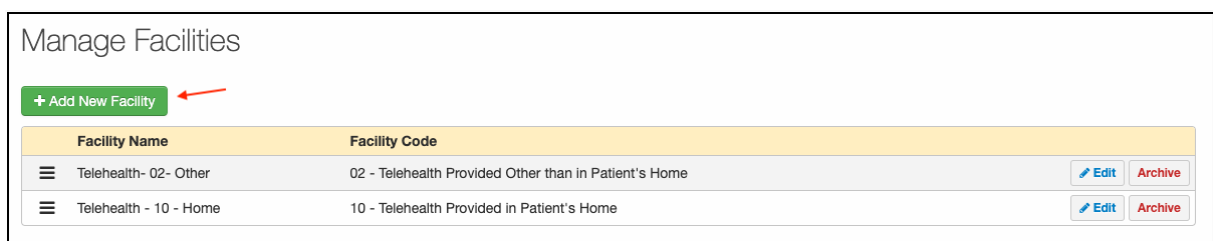
How to Change the Place of Service (POS) for a Specific Appointment

Last modified on 01/16/2026 3:12 pm 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**



Manage Facilities

[+ Add New Facility](#)

Facility Name	Facility Code	
Telehealth- 02- Other	02 - Telehealth Provided Other than in Patient's Home	Edit Archive
Telehealth - 10 - Home	10 - Telehealth Provided in Patient's Home	Edit Archive

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

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

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Telehealth- 02- Other

Telehealth - 10 - Home

<input type="checkbox"/>	Code/Check Date	Description	Mods/Posted Date	Service Date	EPSDT	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		<input type="text"/>	From date <input type="text"/> To date <input type="text"/>	<input type="checkbox"/>	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
<div><div> Add Line Item</div><div> Delete Selected</div></div> <div><div>Validate Claim</div><div> Repare ERA</div><div> i Claim Info</div><div> Verify & Save</div></div>																	