

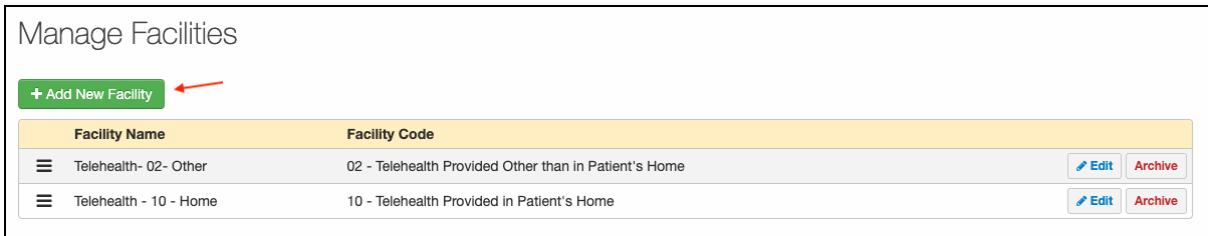
How to Change the Place of Service (POS) for a Specific Appointment

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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**



Facility Name	Facility Code	Actions
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"/>
ICD Version	<input type="text"/>
Primary Insurer	<input type="text"/>
Secondary Insurer	<input type="text"/>
Billing Provider:	<input type="text"/>
Supervising Provider:	<input type="text"/>
Pt Payment	\$ <input type="text"/> 0 <input type="button" value="+"/>
Payment Profile	<input type="text"/>
Pt Payment Due	<input type="text"/>
Billing Profile	<input type="text"/> Select Profile <input type="button" value="+"/>
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"/> <input type="button" value="+"/>

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

Billing Status	<input type="text"/>
ICD Version	<input type="text"/>
Primary Insurer	<input type="text"/>
Secondary Insurer	<input type="text"/>
Billing Provider:	<input type="text"/>
Supervising Provider:	<input type="text"/>
Pt Payment	\$ <input type="text"/> <input type="button" value="+"/>
Payment Profile	Insurance <input type="text"/>
Pt Payment Due	<input type="text"/>
Billing Profile	Select Profile <input type="text"/> <input type="button" value="+"/>
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	te <input type="button" value="▼"/>
Purchased Serv Provider	Telehealth- 02- Other <input type="text"/> <input type="button" value=""/>
Appointment Notes	Telehealth - 10 - Home <input type="text"/>
Follow-up Date	<input type="text"/>
Billing Notes	<input type="text"/> <input type="button" value="+"/>

7. Select Verify and Save.

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 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$175.00																
<input type="checkbox"/> 99213 <input type="button" value="▼"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> From date <input type="text"/> To date <input type="checkbox"/> 1.00 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 175.00 \$175.00 \$175.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$175.00 Balance Due																
<input type="button" value="+ Add Line Item"/> <input type="button" value="Delete Selected"/> <input type="button" value="Validate Claim"/> <input type="button" value="Reparse ERA"/> <input type="button" value="Claim Info"/> <input checked="" type="checkbox"/> Verify & Save																