

How to Track Bulk Appointment Packages with Authorizations

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Appointment packages are used when patients buy a certain number of appointments to be used for a certain period. It is possible to track appointment packages purchased by patients in your DrChrono account.

1. Create a custom code for the package by navigating to **Billing > Coding > New Custom Procedure**.
2. Enter Quantity Units, Notes, Price, and Type of Product. You have the option to choose either Service or Product under Type of Product. As long as none of the parameters (# of visits, price) change, this custom procedure can be used with the entire patient population.

New Custom Procedure

Code	<input type="text" value="8APPOINTMENTPACK"/>	ID of procedure in system.
Quantity units	<input type="text" value="1"/>	
Description	<input type="text" value="8 prepaid appointments"/>	
Note	<div></div>	
Sales tax applicable	<input type="checkbox"/> Is sales tax applicable to this service/product?	
Price	<input type="text" value="1600"/>	
Price with tax	<input type="text" value="0.00"/>	
Allowed amount	<input type="text"/>	
Cost	<input type="text" value="1600"/>	Base cost for consumables.
Duration	<input type="text"/>	Length of a procedure in minutes.
Type of product	<div>Service</div>	

Save

Cancel

3. Navigate to the patient's chart > **Demographics > Authorizations > + Add New Authorization**

Demographics

✓ Sufficient patient demographics to bill insurance.

Demographics

Insurances

Authorizations

Patient Flags

Payments

Insurance Authorizations

+ Add New Authorization

Authorization #	Status	Procedure Codes	Start Date	End Date	Specialty	Visits Approved	Visits Remaining	Notes
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4. Create an **authorization** number, end date, or number of visits. Press **Create** to add the authorization to a patient's account.

New Authorization

Authorization number

Start date

End date

(End date and/or number of visits must be provided)

Number of visits

(End date and/or number of visits must be provided)

Specialty

(optional)

Notes

Pending

☐





(optional: Pending authorization will not be applied to claim)

Procedure codes



(optional)

Create

5. The authorization, number of visits approved (total), and the number remaining will show in the patient's appointment.

Insurance Authorizations									
Authorization #	Status	Procedure Codes	Start Date	End Date	Specialty	Visits Approved	Visits Remaining	Notes	
123456	Active		05/20/2025	06/30/2025		5.0	4.0		 
8APPOINTMENTPACK	Active		05/01/2025	06/30/2025		8.0	7.0		 

6. The number of visits remaining will appear in the patient's account as the visits are used.

Insurance Authorizations									
Authorization #	Status	Procedure Codes	Start Date	End Date	Specialty	Visits Approved	Visits Remaining	Notes	
123456	Active		05/20/2025	06/30/2025		5.0	4.0		 
8APPOINTMENTPACK	Active		05/01/2025	06/30/2025		8.0	7.0		 

7. The patient payment for the package, since it is collected prior to the services being rendered, will remain in unallocated payments until the service is complete. Review this [article](#) to see how to allocate the funds to each service.