

# Release Notes - May 12, 2026

Last modified on 05/27/2026 8:04 pm EDT

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## Highlights

### New Features

[eRx Delegation](#)

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### Coming Soon

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## New features

### eRx Delegation

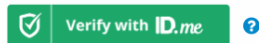
The **eRx Delegates** feature allows providers to designate staff members to send electronic prescriptions for non-controlled substances on their behalf. This feature helps reduce the administrative time providers spend reviewing and sending routine prescriptions, while maintaining appropriate oversight and compliance.

 Feature rollout will begin on May 19, with full availability expected in the coming weeks.

## Account Settings

[Profile](#) [View](#) [General](#) [Email](#) [Medical Billing](#) [eRx Info](#) [Services](#) [Usage](#) [Security](#) [Patient Payments](#) [Receipt Options](#) [Month-end close](#)

### Register for eRx



### Prescriber Info

State License Number	<input type="text"/>	
DEA Number	<input type="text"/>	
Narcotics Addiction DEA Number (NADEAN)	<input type="text"/>	
Prescribing Physician's Name	<input type="text"/>	The prescribing physician's name displayed in eRx. Leave blank if the same as user's name.
Physician Date of Birth	<input type="text"/>	
Medicaid Provider Number	<input type="text"/>	

### eRx Delegates\*

\*Delegating staff to send prescriptions may be restricted or prohibited by state law and professional regulations. You are responsible for ensuring that any delegation complies with all applicable laws, regulations, and organizational policies. By enabling this setting, you acknowledge that you have reviewed and understand your state's requirements and that you remain responsible for all prescriptions sent on your behalf.

[+ Add Delegate](#)

<input type="checkbox"/>	Delegated Staff Member	Email	Action
No records			

Showing 0 of 0 records

[Update Entire Profile](#)

## Related resources

- [Setting Up eRx Delegates for Non-Controlled Substance Prescriptions](#)
- [Sending Non-Controlled Prescriptions as a Delegate](#)
- [eRx Delegation \( Video\)](#)

## Clinical notes

### Faster Clinical Note Preview

#### What's changing

- Clinical note previews now load in about 2–3 seconds, down from 5–10 seconds

#### Why it matters

- Slow previews interrupted documentation and added delays during patient visits

#### Benefit and impact

- Less waiting, fewer interruptions
- Faster documentation (supports ~3 minutes per visit)
- Smoother, more responsive experience

## Improved Medication List

#### What's changing

- The medication list in the patient chart now loads faster and displays information more clearly, with improved organization and visibility of key details.

### Why it matters

- Large medication histories previously caused slow load times and could temporarily show incomplete or missing data, creating potential patient safety risks.

### Benefit and impact

- Faster load times (typically 1–3 seconds)
- Reduced risk of missing or delayed medication data
- More efficient documentation (supports ~3 minutes per visit)

## Enhancements

### Month-End Close enhancements

Enhancements to Month-End Close ensure that only active, relevant charges are carried forward and handled appropriately based on the visit date. Charges copied to future visits remain flexible and editable until the appointment occurs, while past and current visit charges are treated as newly created transactions. These updates improve accuracy, preserve month-end integrity, and give users greater control and confidence when managing billing workflows.

[? Month End Close: An Overview](#)

### Inactive billing code alert

The system will automatically flag any inactive ICD-10, CPT, or HCPCS codes at the appointment level as soon as they are applied— whether they come from templates, billing profiles, or manual entry. This real-time alert allows users to quickly identify and correct outdated codes before claim submission, reducing errors, rework, and delays.

[? Inactive Billing Code Alerts](#)

### Patient-level override of Insurance Accept Assignment

A new Insurance Accept Assignment field can be configured at the patient level to override the default assignment settings defined in Insurance Setup or Doctor Settings. This option allows practices to control assignment behavior for individual patients when needed, while maintaining existing defaults for all others.

[? Patient Level Override - Insurance Accept Assignment](#)

### Cash appointment payment profile

Enhancements to the fee schedule logic ensure that the Cash payer fee schedule is consistently applied as the self-pay price, regardless of whether a patient has insurance on file. When an appointment is set to the Cash payment profile, the system now correctly prioritizes the Cash fee schedule during charge entry and billing workflows. This delivers more accurate self-pay pricing, improves billing consistency, and ensures predictable behavior across all scheduling scenarios.

### Sample data management – Access control update

We moved sample data activation controls from public-facing **Account Settings** to an internal configuration for tighter compliance and security oversight.

### What's changing:

- Removed the **Sample Data** tab and all sample data activation options from **Account Settings**.
- You can no longer activate or remove sample data yourself; these actions are now managed internally.

### What's not changing:

- Existing demo data in your account remains intact. This update only affects triggering new or removing existing sample data in the future.

## Message Center load performance improvements

The **Message Center** now loads significantly faster thanks to an optimization that consolidates message count retrieval from many separate calls down to a single request, reducing wait time and improving overall responsiveness.

Unread message counts also now update in real time when you:

- Read a message
- Mark a message as read or unread
- Archive or unarchive a message

Previously, count updates were delayed following these actions — they now reflect immediately.

## Appointment and Productivity Reports include future recurring appointments

An **Include future recurring appointments** checkbox is now available on the **Appointment Report** and **Productivity Report**. Selecting it includes future recurring appointments in the results. Clearing it restores the default behavior. The setting applies immediately when running or refreshing the report.

The screenshot displays two side-by-side reports. The left report is the 'Appointment Report' with various filters and a table of appointments. The right report is the 'Productivity Report' showing summary statistics and a table of provider performance.

Date of Service	Patient	Cell #	Home #	Office #	Email	Provider	Office	Examination	Appt Status	Billing Status
May 20, 2024 5:30:00 PM	[Patient Icon]	123 4123				Dr. Angeli	Office C (244398)	Exam 1	Confirmed	
May 20, 2024 5:30:00 PM	[Patient Icon]	123 4123				Dr. Angeli	Office C (244398)	Exam 1	Confirmed	
May 20, 2024 5:30:00 PM	[Patient Icon]	123 4123				Dr. Angeli	Primary Office	Exam 1	Confirmed	
May 20, 2024 5:30:00 PM	[Patient Icon]	123 4123				Dr. Angeli	Office C (244398)	Exam 1	Confirmed	
May 20, 2024 5:30:00 PM	[Patient Icon]	123 4123				Dr. Angeli	Office C (244398)	Exam 1	Confirmed	
May 18, 2024 5:30:00 PM	[Patient Icon]	123 4123				Dr. Angeli	Office C (244398)	Exam 1	Confirmed	
May 18, 2024 5:30:00 PM	[Patient Icon]	123 4123				Dr. Angeli	Office C (244398)	Exam 1	Confirmed	
May 17, 2024 5:30:00 PM	[Patient Icon]	123 4123				Dr. Angeli	Office C (244398)	Exam 1	Confirmed	
May 17, 2024 10:30:00 AM	[Patient Icon]					Dr. Angeli	Office C (244398)	Exam 1	Confirmed	

Provider	Appointments	Appointment Duration	Breaks	Break Duration
Employee13 Testb, Jr.	152	4th 8th 5th	2016	659h 24m 59s
John Doe	15	7h	0	

### Related articles

- [Appointment Report](#)
- [Productivity Report](#)

## Email preview updates in real time when composing patient emails

Previously, when you composed an email from **Patients > Send Email**, the **Email preview** panel lagged behind user input, so the last few characters you typed didn't appear in the preview. Now, the preview panel updates immediately as you type in the **Email Body** box.

# Resolutions

## Allergy interaction warning

We've fixed an issue where drug-allergy interactions may not have appeared when prescribing medication due to outdated allergy data.

Now, if an allergy has an outdated RxNorm value, you'll see a clear warning indicating that the allergy needs to be updated in order to detect accurate drug interactions. This warning will appear across key areas, including the Patient Summary, Allergy List, Clinical Notes, Clinical Dashboard, and prescribing workflows.

You can hover over the warning icon for more details and quickly edit the allergy. When editing, outdated entries will be clearly highlighted to guide you in making corrections.

The image shows two parts of a user interface. On the left is the 'Add Allergy' form with the following fields:

- Allergy type: Specific Drug allergy
- Specific Drug allergy: Heartburn Relief (highlighted with a red border)
- Reaction: (empty)
- Severity: Mild to moderate
- Status: active

Below the 'Specific Drug allergy' field, there is a red warning message: "Outdated RxNorm code: 123456. Please update the allergy." On the right is a table showing an interaction warning:

Risk	Severity	Drug 1	Drug 2	Interaction Summary
X	Patient Allergic Interaction	heparin sodium,porcine 1,000 unit/mL INJECTION vial	Patient Allergy	

Below the table is a legend for risk levels: A: No known interaction, B: No action needed, C: Monitor therapy, D: Consider therapy modification, X: Avoid combination.

## Billing Detail screen update

The **Billing Detail** screen will now clearly distinguish between payer rejections and clearinghouse (ePS) scrubbing rejections with more accurate, specific status labels. This improved visibility will help users to quickly understand the source of a rejection and take the appropriate next steps. As a result, teams can work more efficiently and resolve claim issues with greater confidence and speed.

## NDC code line item listed incorrectly in box 24

Reverted CPT/HCPCS line items will now consistently be treated as inactive and excluded from all NDC linking workflows across the platform. This ensures only valid, active line items show when linking NDCs, improving accuracy and reducing confusion. Built-in validation further protects data integrity while maintaining a seamless experience for standard billing workflows.

## Settlement auto-adjustment posting

Settlement processing now evaluates and applies automatic adjustments only to active line items, ensuring reversed (inactive) items remain untouched. This preserves accurate appointment balances and maintains financial consistency when marking visits as settled.

## Billing totals on Live Claims Feed and Billing Details screen

Updates ensure that reversals preserve the original transaction context—maintaining the correct adjustment type, responsibility, and payer flow—so financials remain consistent and symmetrical. Balance calculations now rely only on active transactions and line items across both the **Billing Details** screen and **Live Claims Feed**, aligning totals between views. Together, these improvements deliver more accurate, reliable financial reporting and greater

confidence in claim data.

## Voiding payments within 24 hours

Improvements to the DrChrono Payments void workflow ensure transactions are handled correctly based on their current processing state, automatically routing eligible payments through the appropriate Void or Refund path. This enhances reliability by aligning system behavior with payment processor rules, eliminating unexpected errors during payment processing. The result is a smoother, more predictable payment management flow with accurate status updates and clean audit tracking.

## Patient payment plan and floating-point number

Enhancements to the payment plan creation process ensure accurate and consistent total balance calculations across all selected appointments, even at higher selection counts. The system now applies standardized rounding to eliminate floating-point precision discrepancies, ensuring totals remain precise and reliable for validation and processing. As a result, users can seamlessly create payment plans for any number of appointments without calculation-related interruptions, improving both accuracy and workflow continuity.

## Sales Tax Report

The **Sales Tax Report** has been enhanced to improve reliability and ensure successful generation across all supported date ranges. The system now processes report requests more consistently while providing clearer feedback when issues occur, improving overall transparency and stability. As a result, the **Sales Tax Report** can be accessed without interruption, supporting smoother financial tracking and compliance workflows.

## Eligibility Dashboard pagination

Enhancements to the **Eligibility Dashboard** ensure filtered results are consistently and accurately reflected across all pages when no patient is selected. The system now applies filters before pagination, delivering stable ordering and complete visibility of all matching appointments regardless of eligibility status or date range adjustments. As a result, there will be more reliable navigation and a clearer, more predictable view of eligibility outcomes across the patient population.

## Internal notes visible by default in messages

We fixed an issue where internal notes were hidden by default when opening a message from the **Message Center**, breaking parity with existing behavior. Internal notes now show by default when viewing a message, with the **Hide Internal Note** button to collapse them as needed.

## Follow-up reminder clarification

We've ensured that the follow-up reminder process is functioning correctly and we updated the UI with guidance below active reminders explaining the 12-hour limit for users setting reminders.

[+ New Reminder](#)

Voice and Text Reminders are only delivered between 5:00 AM and 9:00 PM, and reminders of the same type must be at least 12 hours apart.

Please note that the fields for email accept HTML. For example, to insert a paragraph break, use <br>.

Please note that the fields for SMS text do **not** accept HTML and will strip it out. For example, to insert a paragraph break, simply hit Enter or Return.

[Reset Reminders to Default](#)[Update Reminders](#)

## [? Set Up Follow-up Reminders](#)

### **Referrals sent using free Send Referral fax option include a valid security code**

Previously, referrals sent using the **Send Referral (free)** fax option lacked a security code or included a corrupted one that prevented opening the referral document. Now, a valid security code is generated for every referral sent through this option, correctly decrypting and opening the attached document. The code shown to the sender matches the one needed to access the referral, and referrals are not sent if security code generation fails or produces an invalid code.

### **Unread OnPatient message count updates immediately**

Previously, reading an incoming OnPatient message and returning to the message list caused the unread count to briefly disappear before repopulating after a few seconds instead of updating immediately. Now, the unread message count decrements instantly upon reading an OnPatient message as expected.

### **Practice group name correctly appears in appointment reminders**

Previously, updating practice group settings to show the office name in reminders had no effect—reminders still showed the provider's name, and the preview did not match the sent message. Now, reminders correctly display the practice group name as configured for both regular and follow-up reminders. Preview messages also match what is sent to patients.

### **eRx unread message count reflects actual unread messages**

Previously, the unread message count in the left pane of the **Message Center** for eRx messages didn't match the number of unread messages. It now accurately reflects the true unread count.

### **Document upload no longer fails when attaching files to patient messages**

Previously, uploading a document when sending a patient message caused an "upload failed" error, preventing the attachment from being sent. Now, documents are uploaded and attached successfully to outgoing patient messages.

### **OnPatient message visibility respects Share Communication settings**

Previously, when the **Share among all providers in the PG** permission was disabled, staff and provider accounts could still view OnPatient messages from other providers by switching providers in the dropdown, bypassing the restriction. Now, users can view OnPatient messages only for their assigned provider, regardless of the dropdown

selection. Enabling this permission restores visibility across all providers, and the dropdown fully respects the **Share Communications** permission settings.

## Attachments correctly returned in API response for Direct messages

Previously, the API/messages response did not return attachment data for Direct messages containing C-CDA file attachments, leaving the attachment field empty despite attachments. The API now correctly sources attachments from `DirectMessageAttachment` for Direct message types, ensuring the attachment field populates when attachments exist. Non-Direct message behavior remains unchanged, and messages without attachments still return an empty or null attachment field as expected.

## Auto appointment reminders correctly apply to future appointments

Previously, when the **Auto Appointment Reminder** was enabled in **Account Settings**, the last appointment's reminder was not applied to future appointments, causing patients to miss scheduled reminders. Now, with **Auto Appointment Reminder** enabled, the most recent reminder automatically applies to future appointments. Also, the **Use Patient's Last Reminders** option no longer appears in the **Choose a Reminder Profile** dropdown for patients without prior appointments, preventing invalid selections.

## Starred message count updates accurately in Message Center

Previously, the starred message count in the **Message Center** was missing or intermittently showed negative values when messages were unstarred. The count now updates immediately and correctly increments or decrements when messages are starred or unstarred, never showing negative values. Archived messages are excluded, and marking starred messages as read or unread doesn't affect the count.

## Subject line is editable when replying to OnPatient portal messages

Previously, the subject line was locked and could not be edited when replying to patient messages received from OnPatient in the **Message Center**. The subject line is now editable when composing a reply to OnPatient messages.

## Improved modifier dropdown display





We fixed an issue where modifier labels in the CPT and HCPCS sections could overlap with the dropdown arrow or appear truncated. Labels now display clearly with proper spacing, improving readability and selection accuracy.

As part of this release, we are continuing our ongoing work to assess, monitor, and address any security vulnerabilities.

## Coming soon

### Improved patient chart Documents

We're updating the **Documents** section in the patient chart to help you work more efficiently.

-  Advanced sorting and filtering to quickly find documents
-  Improved tag management for better organization
-  Faster batch actions, including multi-document faxing
-  Redesigned Labs section for easier navigation of requisitions and results.

These enhancements make it faster to organize and access patient information—so you can stay focused on care.

The screenshot shows the 'Documents' section of a patient chart. On the left is a sidebar with navigation options: Patient Chart, Patient Summary, Demographics, Appointments, Problem List (2), Allergy List (2), Medication List (6), Send eRx, Documents (selected), Eligibility, Tasks (3), Drug Interactions (6), and Clinical Dashboard. The main area is titled 'Documents' and includes a search bar and filter tabs for General (96), Locked Notes (107), Consents (83), Referrals (1), Lab (0), and Amendments (32). Below the search bar is a table of documents with the following columns: Document Name, Tags, Document Date, Sent to OnPatient, Added By, Date Added, and Action. The table contains 10 rows of document entries.

<input type="checkbox"/>	Document Name ↑	Tags	Document Date ↓	Sent to OnPatient ↑	Added By ↑	Date Added ↑	Action
<input type="checkbox"/>	Patient HIPAA Signature	No tag	02/17/2022		Krystal Parker, MD	02/17/2022	
<input type="checkbox"/>	Patient HIPAA Signature	No tag	02/14/2022		Krystal Parker, MD	02/14/2022	
<input type="checkbox"/>	Patient HIPAA Signature	No tag	02/04/2022		Krystal Parker, MD	02/04/2022	
<input type="checkbox"/>	Patient HIPAA Signature	No tag	01/28/2022		Krystal Parker, MD	01/28/2022	
<input type="checkbox"/>	Patient HIPAA Signature	No tag	12/08/2021		Krystal Parker, MD	12/08/2021	
<input type="checkbox"/>	Baruch Medical	No tag	11/17/2021		Krystal Parker, MD	11/17/2021	
<input type="checkbox"/>	Baruch Medical	No tag	11/17/2021		Krystal Parker, MD	11/17/2021	
<input type="checkbox"/>		No tag	11/17/2021		Krystal Parker, MD	11/17/2021	
<input type="checkbox"/>		No tag	11/17/2021		Krystal Parker, MD	11/17/2021	
<input type="checkbox"/>		No tag	11/17/2021		Krystal Parker, MD	11/17/2021	

## Related resources

- [Patient Chart Documents](#)
- [Patient Chart Documents \(Video\)](#)

## Redesigned Practice Settings Management

We reimagined how practices manage their operational settings from the ground up. The new **Practice Settings** experience brings everything into a single, modern interface — built for the way multi-provider, multi-location, and enterprise healthcare organizations actually work.

All configuration — offices and facilities, providers and staff, permissions and roles, scheduling rules, and dashboards — will live in one unified workspace.

## Key improvements

- Centralized management — Offices, providers, staff, and permissions managed from one structured workspace.
- Office-level access controls — Define operational boundaries per location and control which providers have availability at specific offices, improving scheduling accuracy.
- Streamlined configuration — A modern UI with guided workflows reduces onboarding time and minimizes configuration errors.
- Scalable structure — Add new locations or teams without restructuring. The platform adapts to your organization.

Practice Management General Management Patient Chart Settings Tag Management

Offices Add Office

Active 2 Archived 0

Before you can use our Telehealth service, please agree to our updated [Terms of Service](#), [Privacy Policy](#) and [contract addendum](#).  
[View Documents](#)

Search by office name

Office	Facility Code	Exam Room	Telehealth	Online Schedule	Action
<b>West Office</b> 123 West St, Anywhere, CA 90010 Hannah Provider +1 720-647-4948	11 - Office	4 rooms	<input checked="" type="checkbox"/>	None but visible to patients	<a href="#">View</a> ...
<b>East Office</b> 123 East St, Anywhere, CA 90010 Hannah Provider +1 720-647-4948	11 - Office	4 rooms	<input checked="" type="checkbox"/>	None	<a href="#">View</a> ...

## Want to be a beta partner?

Leave a comment in the DrChrono [roadmap portal card](#) to become a beta partner.

## Patient chart – Appointments redesign

We're making it significantly easier to find, manage, and act on appointment information directly from the patient chart.

This release introduces a redesigned **Appointments** section built for clinical staff, providers, scheduling coordinators, and front desk teams – reducing time spent searching and streamlining common scheduling workflows.

### Key improvements

- Advanced filtering and search – Quickly locate past or future appointments by date range, provider, location, or clinical note status, without manually scrolling through lists
- Recurring appointment grouping – A new toggle on the **Future Appointments** tab consolidates recurring series into a single row, reducing clutter for patients with long-term treatment schedules
- Batch actions – Select multiple future appointments at once to perform scheduling actions simultaneously, eliminating repetitive steps
- Card-based layout – A redesigned appointment view surfaces visit type, provider, location, exam room, visit reason, and linked problems and procedures at a glance
- **Past** and **Future** tabs – Appointments are now split into two focused tabs, reducing scrolling while preserving full detail



**Christina A. Johnson "Tina"**

Female | 20 years old (12/01/2004)  
BRCH000001

📄 🔄 🚩 🖨️ 📧 ⋮ | Collapse

Provider Alice Bruce, MD Address [123 Sesame Street, Los Angeles, CA 12345](#) Phone [\(123\) 456-7890](#) Email [christina.johnson@gmail.com](mailto:christina.johnson@gmail.com)  
OnPatient [Invite](#) Date Added 12/12/2020 Prev Appt [08/14/2023](#) Next Appt None

Adult Immunization Schedule Age: 19-21 Patient must have documented medications

VIP Patient +

Patient Chart

Patient Summary

Demographics

Appointments

Clinical Dashboard

Documents

Tasks

Problem List

Medication List

Send eRx

Allergy List

NKDA

Drug Interactions

CQMs

Intake Data

Lab Orders

Immunizations

Growth Charts

Patient List / Christina Johnson /

### Appointments

Print

Add Appointment

Past Future 9

Appt. Range: 12/12/2024 - 12/26/2024 Provider: Alice Bruce, MD Clinical Note Status Office More Filters

Filters applied: Appt. Range: 12/12/2024 - 12/26/2024 Provider: Alice Bruce, MD Reset

Appointment	Action
<p>Follow-up Visit Confirmed Balance Due</p> <p>Thursday, July 6, 2024, 2:00 PM 2 Problems 2 Procedures</p> <p>Alice Bruce, MD   Seattle Office   Room 2</p> <p>Visit Reason: Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad...</p>	📄 🔄 ⋮
<p>Confirmed Balance Due Clinical Note Optional</p> <p>Thursday, July 6, 2024, 2:00 PM 2 Problems 2 Procedures</p> <p>Alice Bruce, MD   Seattle Office   Room 2</p> <p>Visit Reason: Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad...</p>	📄 🔄 ⋮
<p>Follow-up Visit Confirmed Balance Due</p> <p>Thursday, July 6, 2024, 2:00 PM 2 Problems 2 Procedures</p> <p>Repeat every 2 weeks on Monday, Wednesday starting 12/12/2024 until 02/04/2025</p> <p>Alice Bruce, MD   Seattle Office   Room 2</p> <p>Visit Reason: Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad...</p>	📄 🔒 ⋮
<p>Follow-up Visit Canceled</p> <p>Thursday, July 6, 2024, 2:00 PM 2 Problems 2 Procedures</p> <p>Alice Bruce, MD   Seattle Office   Room 2</p> <p>Visit Reason: Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad...</p>	📄 ⋮
<p>Follow-up Visit Confirmed Balance Due</p> <p>Thursday, July 6, 2024, 2:00 PM 2 Problems 2 Procedures</p> <p>Alice Bruce, MD   Seattle Office   Room 2</p> <p>Visit Reason: Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad...</p>	📄 🔒 ⋮

Showing 30 of 200 appointments

⏪ < Prev Next > ⏩

## Want to be a beta partner?

Leave a comment in the DrChrono roadmap portal card to become a beta partner.

🔗 Patient Chart Appointments

## Health Gorilla integration

Health Gorilla is moving to a FHIR-based integration—creating a smoother, more efficient way to access patient information right inside patient charts.

- Simpler access in patient charts – Find Health Gorilla faster with clearer entry points
- Smoother workflows – A more consistent, streamlined experience across the platform
- Easy transition – Seamless account migration for existing users

**Christina A. Johnson "Tina"**  
 Sex Unknown identifies as Trans Woman | 11 mo 3 wo (12/01/2014) | BRCH000001

Adult Immunization Schedule Age: 19-21 | Patient must have documented medications | Patient must have documented allergies | Childhood Obesity | Successful Treatment of a Diabetic: Type 1 w/ Insulin Allergy  
 Diabetic: Usage of Glucosamine | Mammogram screening for all women aged 40-74 | Increased risk of suicide among young people taking antidepressants | [View All](#)

2nd No Show/Late Cancellation: pt was NS for apt 3/14/25, second waiver approved by Alice Bruce | 1st No Show/Late Cancellation: pt was NS for apt 3/12/25, second waiver approved by Alice Bruce  
 Important Billing Info: Pt has \$122.05 CR from 2/19/24 | Important Billing Info: Pt has \$160.05 CR from 12/19/24 | Important Billing Info: Pt has \$50.05 CR from 12/12/24 | New Jersey Resident | [View All](#)

Patient List / Christina Johnson / **Health Gorilla** [View in Health Gorilla](#) [Place New Order](#)

Recent Orders

Search by ...

Reference ID	Diagnosis	Provider	Vendor	Tests/Services
98	G04.1, E50.3	Stephen Vincent Strange	New York Hospital	CBC, Comprehensive N Panel, Lipid Panel
95	F44.9	Norman Osborn	Ravencroft Institute	Dissociative Experience

Showing 30 of 200 records

Health Gorilla

Growth Charts  
 OnPatient Access  
 Education Resources  
 Communication  
 Family History  
 Imaging Orders

[Using Health Gorilla \(improved workflow\)](#)

## Streamlined Prior Authorizations (ePA) in Prescribing

### What's changing

Prior authorizations can now be started automatically during prescribing and added later if missed—without leaving the platform.

### Why it matters

Previously, many users had to switch to an external portal to complete ePAs, creating extra steps, delays, and fragmented workflows.

### Benefit and impact

- Fewer steps to start and complete ePAs
- No need to switch to external systems
- Ability to recover missed ePAs after prescribing

## EverHealth Scribe

### Rich text editor

#### What's changing

Yellow Notes in Clinical Notes now support rich text editing, preserving formatting from EverHealth Scribe.

#### Why it matters

Previously, formatting was lost, requiring manual edits and creating inconsistencies between EverHealth Scribe and

the clinical note.

### Benefit and impact

- Preserves formatting between EverHealth Scribe and Clinical Notes
- Reduces time spent reformatting and editing notes
- Creates a more consistent, reliable documentation experience

Onset / Timing <input type="text"/>	Onset Comments <input type="text"/>
Context <input type="text"/>	Context Comments <input type="text"/>
Modifying Factors <input type="text"/>	Modifying Factors Comments <input type="text"/>
Associated Symptoms <input type="text"/>	Associated Factors Comments <input type="text"/>
Previous Treatments <input type="text"/>	

Notes Default Large X-Large Macros

Normal Text B I ☰ ☰

#### History of Present Illness

The patient is a **67-year-old female** with a history of **hypertension** and **type 2 diabetes** presenting for routine follow-up. Her **home blood pressure readings** have been stable, typically **120-128/ high-70s** in the evenings. She denies **dizziness, cough, or ankle swelling** related to lisinopril and reports **feeling a bit more tired during humid weather**. For diabetes, she checks **fasting blood sugars most mornings**, usually around 135. She denies shakiness or sweating between meals but sometimes gets hungry sooner than expected and keeps almonds at her desk.

## AI CPT and diagnosis recommendations

### What's changing

AI-generated diagnoses and CPT recommendations in **Clinical Notes** now better follow billing rules and coding best practices.

### Why it matters

Previously, AI suggestions could require manual corrections (e.g., incorrect code order), increasing the risk of billing errors and extra work for clinicians and staff.

### Benefit and impact

- More accurate, compliant coding suggestions
- Fewer manual corrections and code reordering
- Reduced risk of claim denials or audits

## Link Code to Problems



Heart failure with reduced ejection fraction (HFrEF)

I50.20

Stage 4 chronic kidney disease

N18.4

Type 2 diabetes mellitus

E11.9

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