

Edit Basic Office Information

Last modified on 04/17/2026 8:51 pm EDT

You can update office details such as the office name, address, phone number, exam room information, and office hours in the **Basic** section of the General Management **Offices** page.

Edit the office's basic information

1. Select **Account > Practice Management > General Management > Offices**.
2. Select **View** for a specific office to open the **Basic** section for that office.

Offices Add Office

Active 2 Archived 1

Search by office name

Office	Facility Code	Exam Room	Telehealth	Online Schedule	Action
Primary Office 123 Anywhere St, Anywhere, CA 00000 Hannah Provider +1 213-555-5555	11 - Office	4 rooms	<input checked="" type="checkbox"/>	New and existing patients all appointments	View ⋮
West Office 123 West Anywhere St, Anywhere, CO 00000 Hannah Provider +1 303-555-5555	11 - Office	4 rooms	<input type="checkbox"/>	None	View ⋮

2. Select **Edit** to open the **Edit Office** side panel.

Basic Edit

Office Name Primary Office	Office Phone +1 213-555-5555	Facility Name None
Primary Provider Hannah Provider	Fax -	Office Setting <input checked="" type="checkbox"/> Require reason when deleting appointments

Address
123 Anywhere St, Anywhere, CA 00000

Exam Room	Allow online scheduling	Exclude from meaningful use	Archive from calendar
Exam 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exam 2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exam 3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exam 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3. Make your changes and select **Save Changes**.

Edit Office



Office Information



Changing the address of an office affects all previous appointment in that office.

Office Name *

Primary Office

Primary Provider *

Hannah Provider

Country *

United States

Address *

123 Anywhere St

City *

Anywhere

State *

California

ZIP Code *

00000

Office Phone

+1 213-555-5555

Validate

Fax

Facility Name

Used in HCFA box 32 and UB04 box 2. Leave it blank if the same as the office name.

Cancel

Save Changes