Release Notes - June 16, 2026

Last modified on 10/08/2026 7:57 pm EDT

New feature video overview | New features | Enhancements | Resolutions | Coming soon

Highlights

New Features

Redesigned Practice Settings management
eRx delegation
Enhanced Patient Chart Documents
Electronic Prior Authorization (ePA)

Coming Soon

Message Center – Threaded messaging
Patient Chart – Appointments redesign
Health Gorilla Integration
EverHealth Scribe

New feature video overview

Get ready for exciting updates! This month's release is packed with powerful new features designed to elevate your workflow.

Watch our demo to see the latest enhancements in action and discover how they can boost your productivity and improve your practice experience.

New features

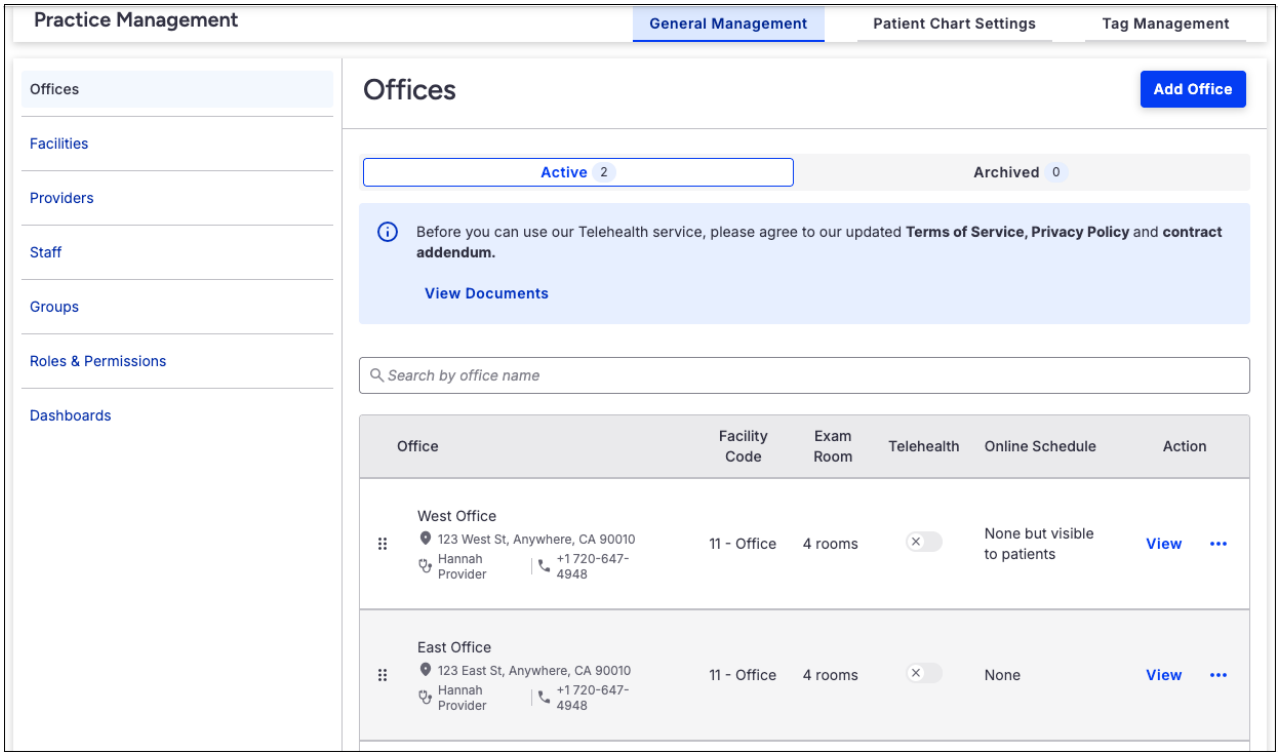
Redesigned Practice Settings management

 Who it's for — Practice administrators and office managers

Managing a multi-provider or multi-location practice just got a whole lot simpler. **Practice Settings** has been rebuilt from the ground up into a single, modern workspace—so practice admins and office managers can configure and control settings from one place.

Why it matters — Spend less time hunting through settings and more time running your practice—whether you're onboarding a new provider, opening a new location, or adjusting scheduling rules.

 Feature rollout begins June 18, with full availability by June 30.



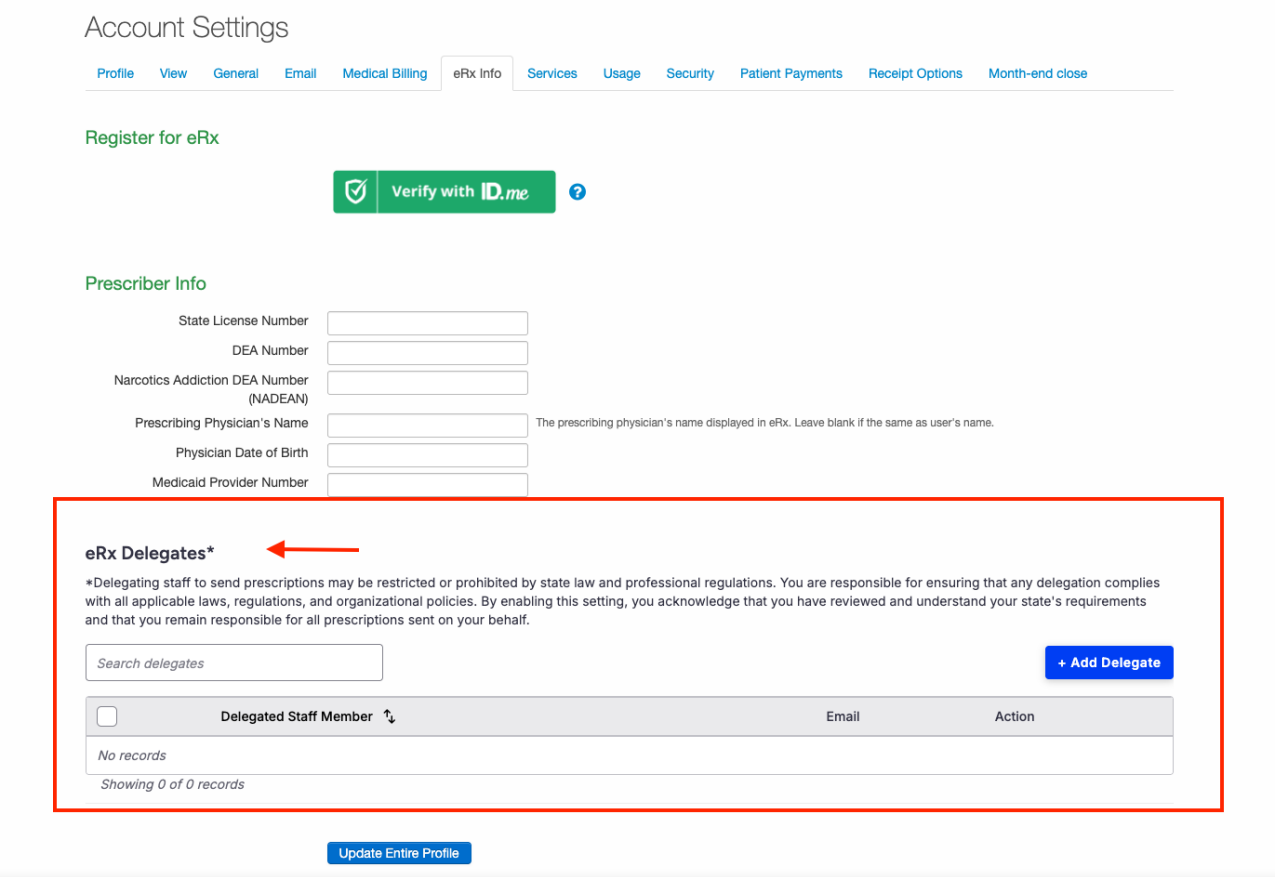
Related resources

- Manage Practice Settings
- Manage Practice Settings (Video)

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 June 19, with full availability expected in the coming weeks.



Related resources

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

Enhanced Patient Chart Documents

Who it's for — Front desk, medical assistants, providers, and clinical staff

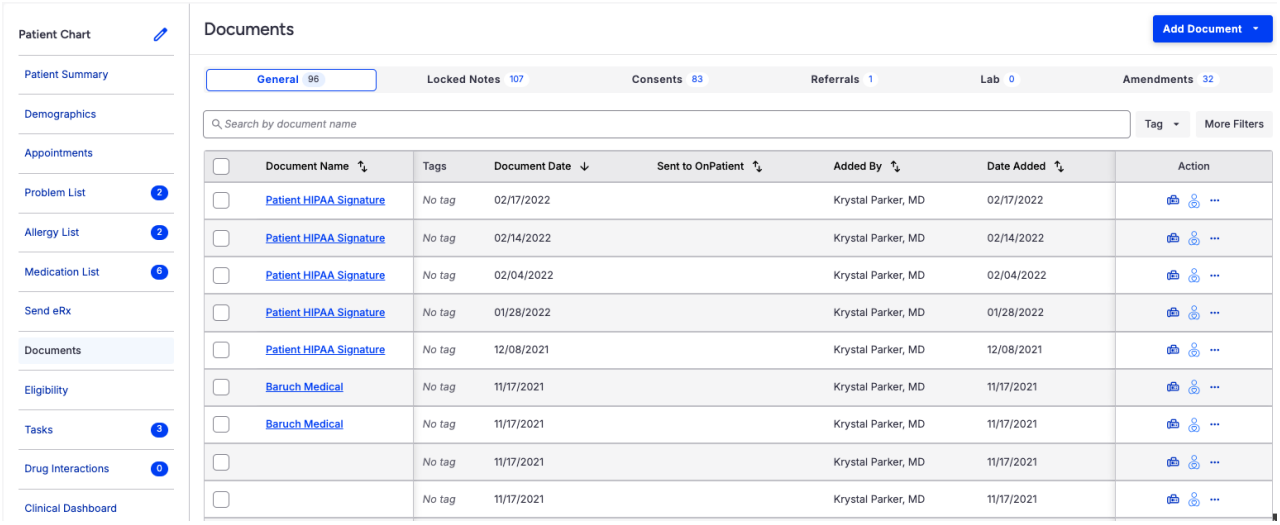
The **Documents** section has been completely redesigned to make it faster and easier to find, organize, and act on patient documents—without disrupting your workflow.

What's new

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

Why it matters — Less time searching for documents means more time focused on patient care. Whether you're pulling a fax, reviewing lab results, or organizing records, everything is faster and easier to find.

Feature rollout began on June 9, with full availability by June 25.



Related resources

- Patient Chart Documents
- Patient Chart Documents (Video)

Streamlined Prior Authorizations (ePA) in prescribing

What's changing

Prior authorizations can now be started directly while prescribing medications, reducing the need to use separate websites or portals. If a prior authorization was missed, it can also be submitted afterward without leaving the system.

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

Related resources

- Auto-Start ePA using the CoverMyMeds Integration (Web)
- Auto-Start ePA using the CoverMyMeds Integration Web (Video)

Enhancements

Prescription Renewal Request Updates

On June 15, 2026, updates were made to prescription renewal requests (RxRenewals) to meet Surescripts compliance requirements.

DrChrono now compares key patient demographics included in pharmacy renewal requests with the information stored in the patient's chart before allowing certain response actions.

Information that is validated includes:

- Date of birth
- Name (first, middle, and last)
- Address
- Sex

What to expect

When a mismatch is detected, DrChrono displays a warning message identifying the demographic fields that do not match. Available response options are automatically adjusted based on the validation results:

- If the date of birth does not match, the renewal request can only be denied.
- If the patient's name, address, or sex does not match, the request can only be replaced or denied.
- If all demographics match, the standard renewal response options remain available (subject to other existing prescribing rules).

ZIP code matching
ZIP codes are compared as exact values. As a result, a 5-digit ZIP code and a 9-digit ZIP+4 version of the same ZIP code are considered different values. For example, **12345** and **12345-6789** will be treated as a mismatch.

 eRx Refill Requests

No more unexpected logouts

 Who it's for — Everyone

If your providers or staff were getting logged out mid-session while actively working, that's now fixed. This is one of the most common things we've heard from practices. We're glad to put it to rest.

Why it matters

- Sessions stay open while you're actively working.
- No more lost work mid-encounter or mid-billing session.

 Action required — No action required. Already live as of June 16. Normal idle timeouts still apply when a session is genuinely inactive.

Clinical Notes

Chief Complaint field update

We've improved how the **Chief Complaint** field in the clinical note header saves your updates to make the experience more consistent and reliable.

What's changed?

- The Chief Complaint field now saves when you **click or tap outside the field (onBlur)** instead of saving with every keystroke.
- You can continue moving between other parts of the clinical note without interruptions while typing.
- Autosave will no longer trigger continuously as you type in this field.

What you'll notice

- If you try to close the tab or window before your changes are saved, a **browser warning message** will appear to alert you about potential data loss.

- The saving indicator now clearly shows **how many items are still pending save**, so you can track progress more easily.

Exporting C-CDA files

Exporting individual patient C-CDA files

We've updated the workflow for exporting individual patient CCDA files to make the process more streamlined and user-friendly.

What was

Previously, exporting a CCDA required selecting from multiple menu options, such as downloading a PDF, downloading XML files or displaying XML . Depending on the selected option, files will download immediately.

The export process also required users to wait while files were generated, with limited visibility.

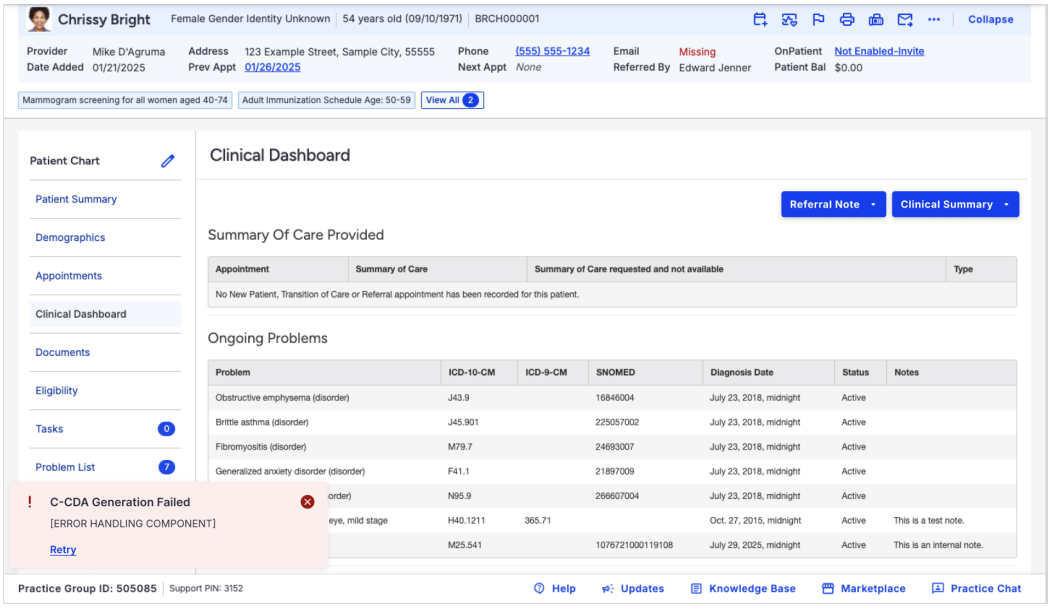
What's changed

The workflow for exporting individual patient CCDA files has been updated to provide a more streamlined experience. Users can now export CCDA files using a single **Export CCDA** action available from both the **Clinical Summary** and **Referral Note** menus.

CCDA files now generate in the background, allowing users to continue working while the export is processed. Once complete, in-app notifications provide direct access to view or download the generated file, along with improved messaging if an export needs to be retried.

Benefits

- Reduces the number of steps needed to export files
- Allows users to continue working while files generate
- Provides quicker access to completed documents
- Makes it easier to retry exports if an issue occurs



Export Individual Patient C-CDA Files

Async task completion notifications

What's new?

- You will now receive a **notification** when an asynchronous task (such as C-CDA generation) completes or fails.
- Notifications appear automatically within the application once the task status is available.

How it works

- When you trigger a background task, the system tracks its progress in the background.
- Once the task finishes, a **real-time notification message** is displayed showing:
  - Success confirmation, or
  - Failure details

What you'll notice

- Notifications appear as **persistent toasts** and remain visible until you dismiss them.

Async C-CDA generation with notifications

What's new?

- C-CDA generation for **Display** and **Download** now runs asynchronously in the background.

What's improved?

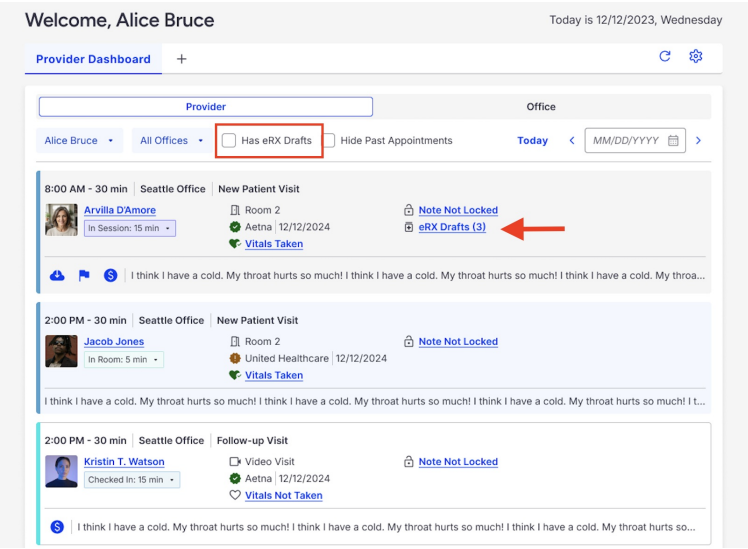
- Improves performance for large patient datasets.
- Adds clear success and error notifications.

What you'll notice

- A toast notification appears when the C-CDA is ready, including the **patient name**.
- Success toast includes:
  - **View Document** (Display)
  - **Download File** (Download)
- If generation fails, an error toast appears with a **Retry** option.
- Notifications persist even if you navigate away.

View open prescription drafts from the Dashboard

Providers can now see open prescription drafts directly from the Multi-Patient Dashboard. A new **Rx Drafts** indicator shows patients with pending prescriptions, and the **Has eRX Drafts** filter makes it easy to find only those patients. Select the draft count to open the patient's prescription drafts and take action.



Appointment Profiles: Owner visibility and assignment

Who it's for — Practice administrators and office managers managing appointment profiles across multiple providers

When creating a new appointment profile, you can select the owner from a dropdown rather than having it auto-assigned.

What's new

- A new **Owner** column in the **Appointment Profiles** list view
- When creating a new appointment profile, you can select an owner from the **Owned by** dropdown rather than automatically defaulting to the creator or primary provider. Once saved, you cannot modify this dropdown during subsequent edits.

Why it matters — Provides clear visibility into profile ownership and gives admins control at creation time—eliminating ambiguity and preventing unintended ownership assignments.

Calendar view: Save Changes button always visible

The **Save Changes** button on the calendar view was hidden when the provider/office list was too long. It has been repositioned to remain visible at all times.

Patient name auto-populated when creating tasks from a Clinical Note

Who it's for — Clinical staff and medical assistants

Tasks created from within a clinical note now automatically include the associated patient's name, matching behavior elsewhere in the patient chart. This applies to both legacy and new clinical notes.

Why it matters — Removes the need to add the patient manually to a task and lowers the risk of tasks lacking proper patient context.

Appointment Report: New Appointment ID and Consistent Instance Key columns

 Who it's for — Practice administrators and billing staff

The **Appointment Report** has two new columns:

- **Appointment ID** — The unique identifier for each appointment
- **Consistent Instance Key** — A stable virtual key for each appointment in a recurring series

 Why it matters — Enables precise, stable referencing of appointments and recurring series instances, simplifying reconciliation with external systems and billing workflows.

New API endpoint: List appointment instances in a recurring series

 Who it's for — Integration partners

A new API endpoint returns all instances within a given recurring appointment series. It accepts a Base Appointment ID (required) plus optional Start Date and End Date parameters. The response matches the existing appointment list API format and returns all results in a single call (no pagination).

 Why it matters — Provides a direct, purpose-built way to retrieve recurring series instances without filtering the full appointment list, reducing integration complexity for existing API users.

Carisk Partners payer ID

Payer ID E4797 for payer Lodestar Claims & Risk Services and Payer ID FCS08 for Uninsured Employers Fund c/o FCS have been added to the DrChrono system.

Condition Codes for Workers' Compensation Claims

Workers' Compensation claims require a Condition Code to be populated in HCFA box 10D and transmitted in loop 2300 segment HI on EDI files. The condition codes can be entered on the patient's appointment detail screen and will populate and transmit correctly.

 Workers' Comp Condition Codes for HCFA box 10D

Membership Appointments

Enhanced membership billing controls to prevent manual modification of system-generated membership charges and appointments. The internal **MEMCHARGE** code is no longer available for manual selection, system-generated membership appointments cannot be deleted or edited, and future membership charge appointments are automatically removed when a membership plan is canceled.

 Subscription Membership Appointments

New search categories in the Fee Schedule

A new search feature has been added to the Fee Schedule Group Details screen, making it easier to locate fee schedule groups that contain specific CPT, HCPCS, Custom, ICD-10 codes, Modifiers, or Pick List Categories. Search results are matched across all fee schedule group details and display only the relevant groups, with options to clear the search and return to the full list.

 Fee Schedule Overview

Patient Statement Layout

Enhanced patient statements now support improved PDF rendering, including full color and gradient styling for a more polished patient experience. Practices with enhanced statements enabled can generate correctly formatted PDFs using the latest rendering engine, ensuring consistent template styling and visual accuracy.

 Patient Statement Layout

Patient Payment Refund Workflow

We've improved how refunds are handled for both allocated and unallocated patient payments to ensure balances, payment allocations, and reporting remain accurate after a refund is issued. Refunds properly reverse the applicable payment amounts without affecting unrelated allocations, and patient statements, dashboards, and financial reports will continue to display accurate payment and balance information.

 Patient Payment Refund Workflow

Tracking for refunded credit card payments

Refund transactions created through PaySimple, Square, and Stripe are now more closely linked to their original payments, improving payment tracking and reporting. This enhancement makes it easier to view related refunds and maintain a clearer audit trail, while preserving compatibility with existing payment and refund records.

 Tracking for refunded payments

Tracking for refunded cash and check payments

Added support for refunding cash, checks, and other patient payments directly within the application. The enhancement includes refund amount validation, support for partial refunds, automatic allocation reversal, and safeguards to prevent refunds that exceed the available refundable balance or payments that have already been fully refunded.

 Tracking refunded cash and check payments

HCPCS codes effective 7/01/2026

HCPCS codes effective July 1, 2026, have been loaded into the DrChrono system and are available for use on patient claims beginning 7/01/2026.

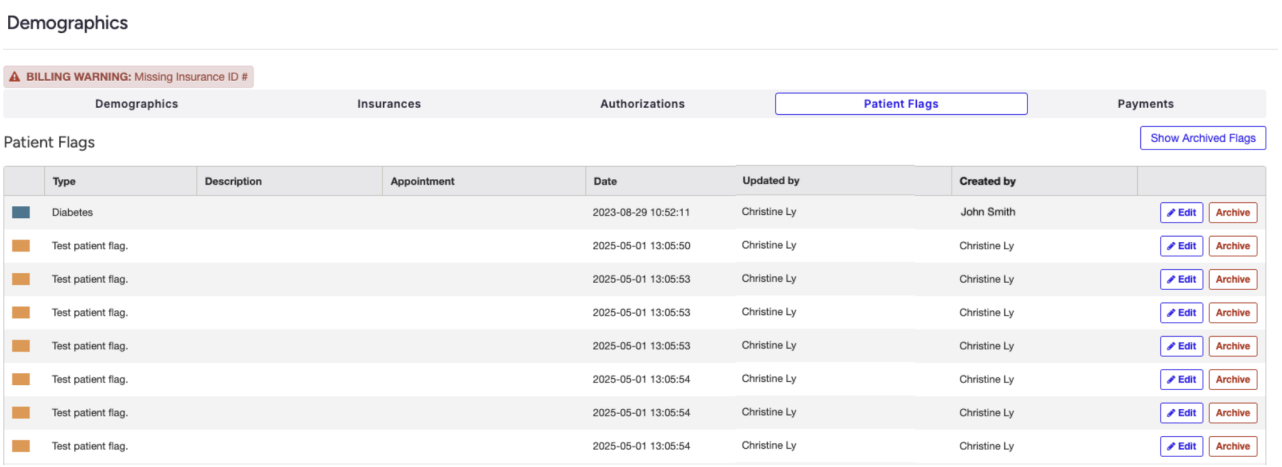
Resolutions

Patient flags

We fixed an issue where incorrect or unrelated patient flags could appear in the patient chart header.

Now, only active flags associated with the specific patient will be displayed in the chart header. Archived flags and unrelated flags will no longer appear, ensuring more accurate and relevant information at a glance.

We also added a new **Created by** column in the **Patient Flags** table (within the **Demographics** section), so you can easily see who created each flag.



Patient Chart Header and insurance payers

We fixed a bug where insurance information was not consistently displayed in the patient header after being saved. Insurance details now persist correctly, and Real-Time Eligibility (RTE) checks can be initiated successfully without requiring re-entering insurance information.

Message Center

Archiving a message returns to the section list

Who it's for — Front desk staff, medical assistants, and clinical staff

After archiving a message in the **Message Center**, the page remained on the archived message instead of returning to the section's message list. This affected all **Message Center** sections.

What to expect — Archiving a message automatically navigates you back to the message list for the section you were in, with the archived message removed from view.

Message count reflects correct permissions

Who it's for — Practice administrators

Following the May release, users were seeing an inflated number of messages in the **Message Center**—including messages from other providers they should not have had access to. This occurred when the **Share Communications** practice group setting and the **Access All Messages for Practice Group** user permission were operating independently instead of together.

What to expect — Message counts and inbox visibility correctly reflect both settings working in tandem. Users see only the messages they are authorized to access based on their practice group configuration and individual permissions.

Action required — If your practice adjusted **Share Communications** or **Access All Messages for Practice Group** settings as a workaround, review your configuration to ensure it reflects your intended setup.

Document tag creation respects staff permissions and enforces lowercase

 Who it's for — Practice administrators

When saving a fax attachment to a patient chart from the **Message Center**, users could create new document tags even without the **Manage Document Tag** staff permission. Tags created this way also retained mixed-case formatting, causing inconsistent naming.

 What to expect

- Users without the **Manage Document Tag** permission can no longer create new tags from the **Message Center**. Existing tags (such as "fax") can still be applied normally.
- Users with the permission can create tags, which are now automatically normalized to lowercase—consistent with tag creation in **Account** > **Tag Management**.

 Action required — Practice admins may want to review and clean up any mixed-case tags created before this fix.

Phone call appointment reminders show the verified office phone number

Phone call appointment reminders didn't show the practice's verified office number as the caller ID because of a phone number format mismatch in the system.

 What to expect — Phone call reminders now display the practice's verified office number as the caller ID, so patients see a familiar number when receiving reminder calls.

Task Center: Document search no longer shows an error when attaching documents

On the **Task Details** page, searching for a document to attach returned an error if any result lacked a file URL—for example, documents missing from storage.

 What to expect – Document search on the **Task Details** page now handles missing file URLs gracefully, returning results without errors.

Negative Balance and Line Item Drop-down

We fixed a bug that prevented line items with zero or negative balances from displaying and behaving correctly during payment allocation. Line items with positive, zero, and negative balances are now shown accurately. They can be selected consistently from both the Patient Payment dropdown and the Appointment screen, supporting payment and refund workflows as expected.

Extra spaces in the patient name field

Improved Real-Time Eligibility (RTE) processing by automatically removing unintended leading and trailing spaces from patient name fields before generating eligibility requests. This ensures EDI files are formatted correctly, reduces formatting-related eligibility errors, and preserves valid spaces within patient names.

Status update to Paid in Full after patient payment

We fixed a bug that was impacting appointment status updates when patient payments are applied. Appointments will now automatically update to **Paid in Full** whenever the remaining balance reaches $0, ensuring consistent status updates across automatic, manual, and bulk payment workflows, including appointments with balances

remaining after ERA posting.

ERA Exports to the Message Center

We've improved ERA export performance and reliability to better support files with large transaction volumes. Users can now export both small and large ERAs without experiencing timeouts or processing failures, with completed export files delivered through the Message Center once processing is complete.

Supervising Billing Provider Information

Fixed an issue where updating the Supervising Billing Provider on an appointment could unintentionally change the Appointment Provider when the appointment was saved in a Missing Information status. The Appointment Provider will now remain unchanged, ensuring provider assignments are preserved correctly during appointment updates.

Billing Totals on Live Claims Feed and Billing Detail 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.

UB Claim Submissions with REV codes only

We have updated institutional claim validation to support the submission of revenue-only service lines for select UB04 revenue codes. Claims can now be submitted without a CPT/HCPCS code for revenue codes 0100–0219 (Room & Board), 0250 (General Pharmacy), 0270 (Medical/Surgical Supplies), and 0710 (Recovery Room), while existing validation requirements remain in place for other revenue codes that require a CPT/HCPCS code.

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

Coming soon

Message Center – Threaded messaging

Who it's for — Providers, clinical staff, and patients using OnPatient

Message Center now groups all conversations by patient in a single, chronological thread—so providers and staff can respond faster with full context, without hunting through disconnected messages.

What you'll notice

- **Threaded conversation view** — Complete message history per patient, in chronological order, without leaving the inbox. No more piecing together context from scattered messages.
- **Faster replies** — The full prior exchange is visible at a glance, reducing the risk of missing critical context before responding.
- **Fewer steps, less friction** — Streamlined navigation cuts the clicks needed to find prior messages, so staff spend less time searching and more time on care.

- **Consistent patient experience** — OnPatient users see the same connected, threaded view, reducing confusion and follow-up messages.

What's not changing — All existing workflows for sending, receiving, and managing messages remain intact. No retraining required.

This update also lays the technical foundation for richer communication features planned in future releases.

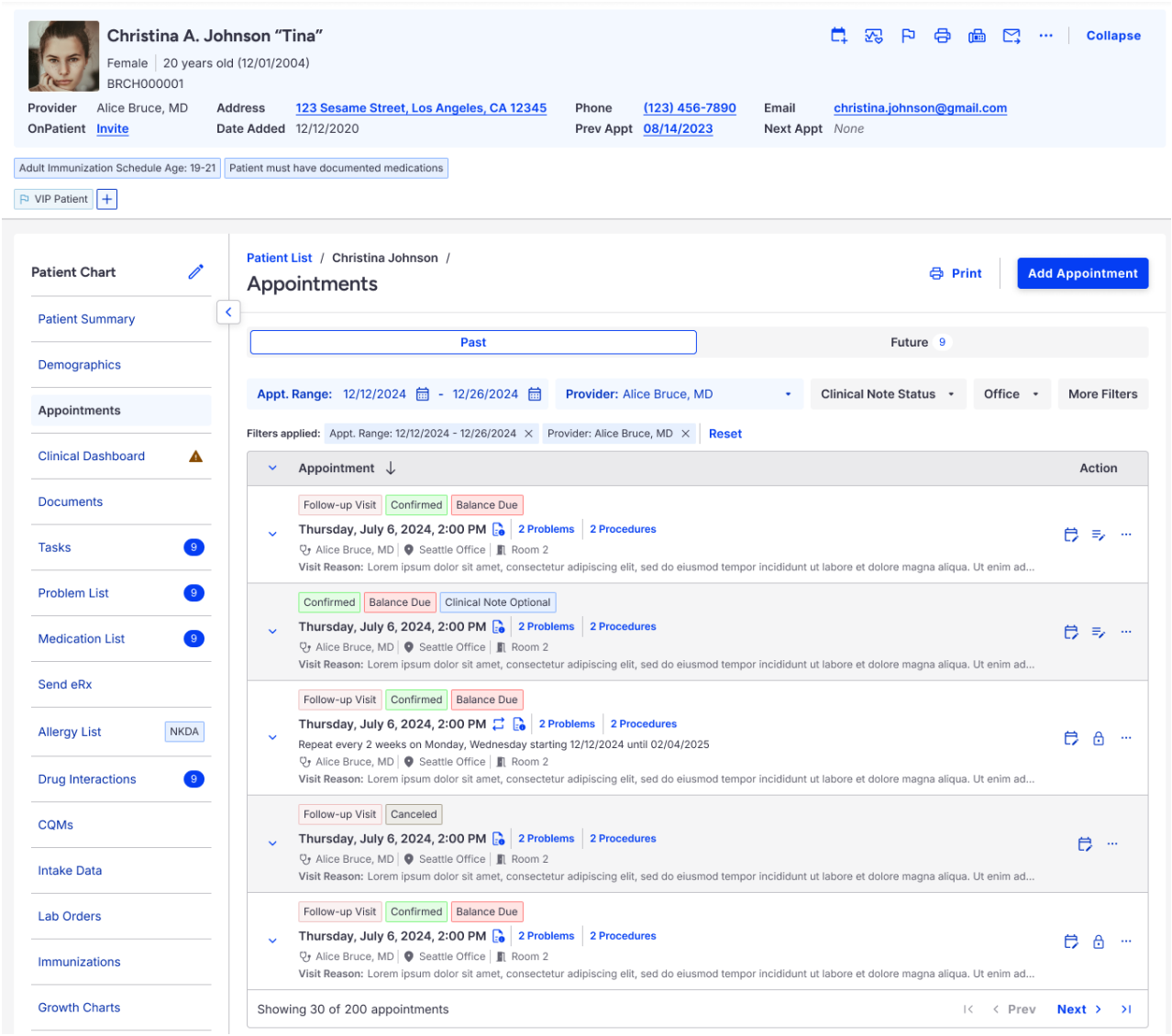
Patient chart – Appointments redesign

Who's it for — Clinical staff, providers, scheduling coordinators, and front desk

The **Appointments** section of the patient chart has been redesigned to make it faster to find, manage, and act on scheduling information—reducing time spent searching and cutting steps from common workflows.

What you'll notice

- **Advanced filtering and search** — Filter by date range, provider, location, or clinical note status to pinpoint any appointment instantly. No more manual scrolling through long lists.
- **Recurring appointment grouping** — A new toggle on the **Future Appointments** tab collapses recurring series into a single row, keeping the view clean for patients with long-term treatment schedules.
- **Batch actions** — Select multiple future appointments at once to act on them simultaneously, eliminating repetitive one-at-a-time steps.
- **Card-based layout** — Each appointment surfaces visit type, provider, location, exam room, visit reason, and linked problems and procedures at a glance—so nothing gets missed.
- **Past and Future tabs** — Appointments are split into two focused tabs, reducing scroll fatigue while keeping full detail accessible.

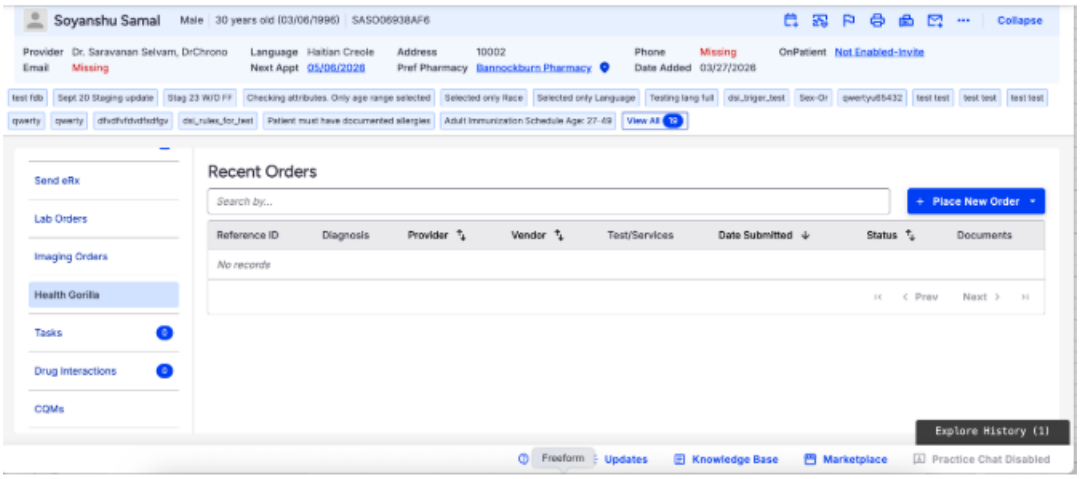


Patient Chart Appointments

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



Using Health Gorilla (improved workflow)

EverHealth Scribe

Rich text editor

What's changing

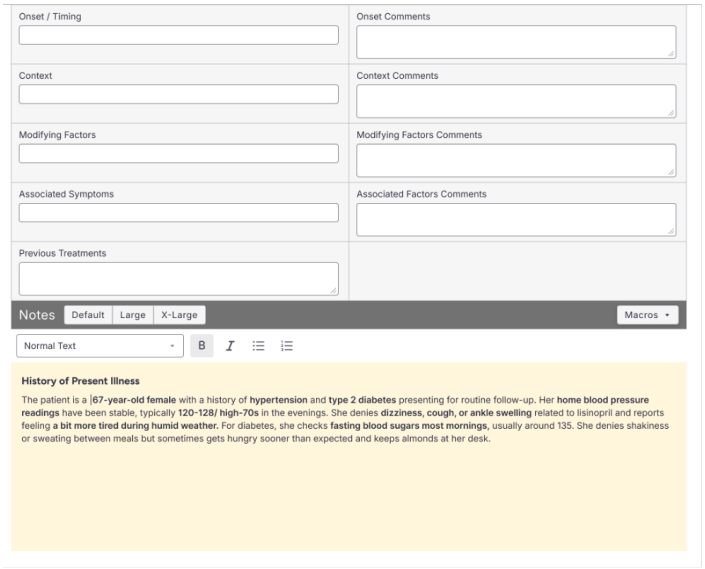
You can now format text in the Yellow Notes section to make important information easier to read. Use options like **bold**, *italics*, and bullet points, and any formatting added through EverHealth Scribe will be preserved.

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



Using EverHealth Scribe During Patient Visits

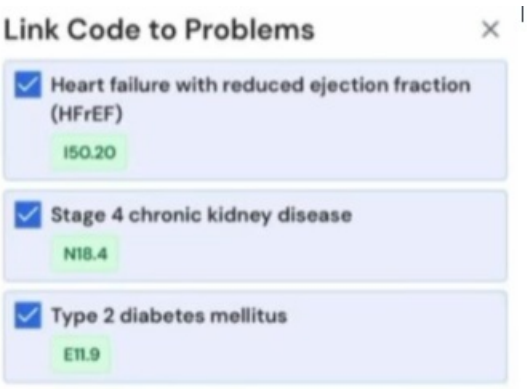
Billing assist: CPT code recommendations

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



Related resources

- EverHealth Scribe Billing Assist: Coding Recommendations
- EverHealth Scribe Billing Assist (Video)