Practice Manager — New User Guide

Last modified on 08/17/2026 1:24 pm EDT

Everything a Practice Manager needs to monitor business performance, track key metrics, and run a healthy practice.

Chapter 1: Scheduling Performance & Patient Access

BEFORE YOU BEGIN: If you haven't already done so, check out the New User Orientation before diving in — this covers how DrChrono works at a high-level, which will make the role-specific content in this guide much easier to follow.

PRACTICE MANAGER | SCHEDULING PERFORMANCE & PATIENT ACCESS | ⏰ 10-MINUTE READ

This chapter will cover how to monitor appointment volume and scheduling trends, reduce no-show rates using reminder profiles and online scheduling, and use DrChrono's scheduling tools to keep your practice running at capacity.

NOTE: Day-to-day scheduling tasks—booking, canceling, and rescheduling appointments—are covered in the **Front Desk & Reception** guide. This chapter focuses on the monitoring and optimization side of scheduling related to practice management.

Monitoring Appointment Volume

The **Appointment Analysis Report** is your primary tool for understanding scheduling performance over time. It tracks appointment volume by provider, office, appointment type, and status — giving you a clear picture of how full your schedule is, where there's unused capacity, and how no-show and cancellation rates are trending.

Use this report to:

- Compare appointment volume across providers or locations
- Track no-show and cancellation rates by provider or appointment type
- Identify scheduling patterns and peak demand periods
- Measure the impact of process changes on schedule utilization

SUCCESS TIP: Run the Appointment Analysis Report monthly and compare against the prior period. A rising no-show rate or declining volume usually points to a specific provider, day, or appointment type — the report has enough granularity to find it.

Reducing No-Shows with No Show Predictor and Appointment Reminders

No-shows are one of the most direct sources of lost revenue — a missed appointment is a billable visit that never

happened. As covered in the previous section, the Appointment Analysis Report shows you where your no-show rate stands; this section covers the two tools that DrChrono equips you with to bring it down: **Reminder Profiles** for streamlining your reminders across every appointment, and the **No Show Predictor** for flagging which ones need extra attention. Your role as a practice manager is to set the strategy for both and monitor the results — not to work individual appointments.

KEY ROLES IN NO-SHOW MANAGEMENT:

- **Practice Manager:** Accountable for the strategy — what reminders are sent and when, how the No Show Predictor is used, the documentation standard, and monitoring results.
- **Front Desk & Reception:** Responsible for the daily work — acting on risk scores, documenting personal outreach, and updating appointment statuses to reflect confirmations, no-shows, cancellations, and reschedules. This work is outlined in the Front Desk & Reception guide.

Reminder Profiles

Automated appointment reminders via SMS, email, or voice are a core feature of DrChrono. Reminder Profiles let you build different reminder series for different circumstances or appointment types — or simply create one standard profile and apply it as the default for all appointments. Reminders are one of the highest-impact levers you have for reducing no-shows.

SUCCESS TIP: If your practice charges a no-show fee, make sure the policy is visible on your website and included in appointment reminders so patients are aware before their visit. You can add the fee directly from the appointment when needed.

The No Show Predictor

Reminders reduce no-shows, but not every appointment carries the same risk. The No Show Predictor scores each upcoming appointment low, medium, or high based on factors like the patient's attendance history, their pattern of cancellations and reschedules, and whether they've responded to outreach — and updates the score as new information comes in. That lets your team focus extra confirmation effort where it will prevent the most disruption, layering on top of your reminders rather than replacing them.

We recommend adopting the No Show Predictor in phases, so your team builds confidence in the scores before changing any workflows. You can find our phased rollout guide and other tool tips in our **No Show Predictor Best Practices guide**.

SUCCESS TIP: Pair the No Show Predictor with the Appointment Analysis Report to confirm your no-show rate is trending down. If it isn't, check that your front desk team is working high-risk appointments and documenting appointment statuses accurately.

Patient Access & Online Scheduling

DrChrono includes built-in online scheduling features that allow patients to request or book appointments directly— without calling your office. If your practice isn't currently using this, it's worth exploring as a low-effort

way to increase appointment volume and reduce front desk call load.

> **Want to learn more about Online Scheduling?:**
> Check out this **Practice Administrator guide** for setup instructions, nuances/limitations, and available online scheduling partners.

Appointment Profiles

Appointment Profiles define the default settings for each visit type your practice offers— including duration, attached consent forms, appointment color on the calendar, and even billing codes to automatically apply to this type of appointment when scheduled. Well-configured Appointment Profiles speed up practice operations by making scheduling faster and more consistent, reducing errors at check-in, and ensuring the right documentation and billing attributes are applied to every visit from the start.

From a practice management perspective, Appointment Profiles are also where you control what patients see when self-scheduling from your website— including which visit types are available online, how long they're scheduled, and what consent forms are needed for each visit type.

> **New Customers:** If the Appointment Profiles from the **Quick-Start Configurations** have already been applied, a set of Appointment Profiles is already in your account. Review and adjust them, as needed, before going live to best support your workflows.

Daily Schedule Visibility

The **Daily Agenda Email** sends a summary of the day's scheduled appointments to any staff member subscribed to it — useful for providers who want an overview before they start their day and for practice managers who want a heads-up on a high no-show risk day or a lighter-than-expected schedule.

Next: Chapter 2 — Financial Performance & Revenue Cycle

With your scheduling tools configured and performance monitoring in place, Chapter 2 shifts to the financial side — tracking revenue, collections, and overall financial performance at the practice level.

Helpful Resources

DrChrono Knowledge Base
Appointment Analysis Report
Appointment Report
Daily Agenda Email
How Do I Bill for a No-Show Appointment?
Appointment Reminder Profiles
Practice Configuration Guide

External Reference
MGMA No-Show Rate Benchmarks
AAFP Patient Access and Scheduling Resources

Still Need Help?
Chat with Amelia by clicking Help at the bottom of your screen in your DrChrono account — available 24/7.

Chapter 2: Financial Performance & Revenue Cycle

PRACTICE MANAGER | FINANCIAL PERFORMANCE & REVENUE CYCLE | ⏰ 15-MINUTE READ

This guide will walk you through how to monitor your practice's financial performance in DrChrono. This includes tracking revenue, collections, and AR health using dashboards and key reports.

PERMISSIONS REQUIRED:
You will need the **Access Reports**, **Access Patient Analytics, Billing Administrator, Billing Intelligence** and **Practice Intelligence** permissions enabled in order to access these reports.

Overview

A practice manager may not need to work claims but they do need to know how the revenue cycle is performing. This chapter covers the dashboards and reports that give you a high-level view of your practice's financial health: what you're collecting, how old your outstanding balances are, and whether your billing operation is keeping pace.

Need more detailed guidance on billing?:
If you need the claim-level detail behind these numbers, check out the **Billing & Coding Staff** guide.

Viewing Practice Financials on the Dashboard

Before diving into reports, DrChrono's billing widgets available on the Dashboard give you a real-time snapshot of financial activity without running a report every time you want a quick read on where things stand.

Billing Widgets surface key metrics directly on your billing screen:

- **Claim by Claim Status Widget** — shows how many claims are sitting in each billing status at a glance
- **Patient Balance Widget** — surfaces outstanding patient balances
- **Post Widget** — quick access to payment posting activity

Practice Dashboards let you build multiple customized views of the metrics that matter most to your practice — combining multiple data points into a single screen you can check daily or share with stakeholders.

Monitoring Revenue & Cash Flow

The Financial Transactions Report, often referred to as a "Day Sheet," is your primary tool for monitoring financial activity over time. It tracks all charges, payments, adjustments, and credits across a date range. As a practice manager, the Summary tab gives you the high-level view you need — total charges billed, payments

received, and adjustments applied — without requiring you to work through the line-item detail your billing team manages daily.

SUCCESS TIP:
Pull the Financial Transactions Report at the same time each month and compare it against the prior period. Significant drops in payments received—without a corresponding drop in charges—usually signal a billing issue worth investigating.

Tracking Collections Performance

The **Collections Analysis Report** shows what your practice has collected against what was billed over a given period. This is your collection rate — one of the most important indicators of revenue cycle health. A declining collection rate over several months warrants a conversation with your billing manager about what's driving it.

Understanding Your AR

Accounts Receivable (AR) represents money your practice has earned but not yet collected. As a practice manager, you don't need to work the individual claims in your AR— but you do need to know how old it is. AR that ages beyond 90 days becomes progressively harder to collect, and a growing 90+ day bucket is an early warning sign that your billing team needs support or that a payer relationship needs attention.

The **Aging AR Report** buckets outstanding balances by age across 0-30, 31-60, 61-90, and 90+ day ranges. Review this monthly at a high level and flag anything trending in the wrong direction to your billing manager.

Need more information on managing AR?:
For a deeper dive into AR management and denial follow-up, see Chapter 5 of the Billing & Coding staff guide **here**.

Month End Close

Month End Close is DrChrono's period-end workflow that freezes billing activity at a point in time for accurate

financial reconciliation. As a practice manager, you don't need to run this process — but you should know it exists, understand when it happens, and be aware that charges are locked during a frozen period.

Most practices run Month End Close on a monthly cadence. Work with your billing manager to establish when this happens so you're not surprised by locked charges or restricted reporting windows.

> **SUCCESS TIP:**
> Before running Month End Close, confirm with your billing team that all ERAs are posted and no claims are sitting unresolved — unposted items are significantly harder to reconcile after the period is closed.

When to Escalate to Your Billing Team

As a practice manager, these are the signals that warrant a direct conversation with your billing manager:

- Collection rate declining month over month
- AR aging shifting toward the 90+ day bucket
- Significant drop in payments received without a corresponding drop in charges
- Claim by Claim Status Widget showing a large volume stuck in Rejected or Denied status
- Month End Close hasn't been run in more than 30 days

You don't need to diagnose the problem — your billing team owns that. Your role is to spot the pattern early and ask the question.

Next: Chapter 3 — Provider Productivity & Operations

With financial performance covered, Chapter 3 shifts to the provider side— how to monitor productivity, utilization, and whether your providers are billing for the work they're doing.

Helpful Resources

DrChrono Knowledge Base
Billing and Practice Intelligence Reports
Financial Transactions Report: Overview
Collections Analysis Report
Aging AR Analysis Report: Overview
How Do I See My Accounts Receivable?
Create Practice Dashboards
Claim by Claim Status Widget
Month End Close: An Overview
Fee Schedule — Overview

External Reference
MGMA Financial Performance Benchmarks
HFMA Revenue Cycle Metrics

Still Need Help?
Chat with Amelia by clicking Help at the bottom of your screen in your DrChrono account — available 24/7.

Chapter 3: Provider Productivity & Operations

PRACTICE MANAGER | PROVIDER PRODUCTIVITY & OPERATIONS | ⏰ 20-MINUTE READ

After reading this guide, you'll know how to monitor provider productivity in DrChrono, including tracking charge volume, utilization, documentation timeliness, and coding patterns. You will also understand how these metrics connect directly to your practice's revenue.

Overview

Provider productivity isn't just a clinical metric: it's a revenue metric. Every visit a provider sees generates a charge. Every charge that doesn't get entered, every note that doesn't get signed, every claim that sits unbilled represents revenue your practice has already earned but hasn't collected. This chapter covers the tools DrChrono gives you to monitor provider output, catch documentation gaps before they become billing gaps, and build the operational visibility you need as your practice grows.

Measuring Provider Productivity

Charge Analysis Report

The **Charge Analysis Report** breaks down charge volume and dollar amounts by provider, payer, or procedure over a given period. Use this to compare output across providers, identify drop-offs in billing activity, and benchmark individual provider performance against your practice's expectations.

Utilization Analysis Report

The **Utilization Analysis Report** measures how frequently specific services are being rendered — by provider, procedure, or date range. Use this to evaluate whether providers are utilizing your full service offering, identify underperforming service lines, and compare utilization patterns across your provider group.

For growing practices, this report becomes especially valuable when onboarding new providers — it lets you quickly see whether a new provider is hitting expected productivity levels or needs additional support.

Product/Procedure Report

The **Product/Procedure Report** tracks revenue and volume by procedure code across your provider group. Useful for evaluating the financial performance of specific service lines and identifying which procedures are driving the most revenue.

Want to learn how to dive a layer deeper?:
More information about the Details tab of the Product/Procedure Report can be found **here**.

Charge Lag & Timely Billing

The **Charge Lag Report** measures the time between a patient's date of service and when the charge was entered into DrChrono. High charge lag means revenue is sitting unbilled — and the longer it sits, the greater the risk of timely filing issues downstream.

For a practice manager, this report is a productivity and accountability tool. If a specific provider or location consistently shows high charge lag, that's a workflow problem worth addressing directly — whether it's a documentation bottleneck, a staffing issue, or a process that needs to change.

SUCCESS TIP:
As your practice grows, charge lag tends to increase if workflows aren't standardized. Use this report proactively when onboarding new providers or opening new locations. Catching lag early is far easier than reconciling months of unbilled visits later.

Clinical Documentation Timeliness

Unsigned clinical notes are one of the most common—and most preventable—sources of delayed billing. It is best practice for a clinical note to be signed and locked by the provider before the claim moves through the billing workflow. When using DrChrono's RCM services, this step is a requirement, which means that a note that sits unsigned is a claim that doesn't go out.

For our RCM customers, the **RCM Tasks** page is DrChrono's built-in system for surfacing charts that need provider action — including notes that need to be signed and locked. For practice managers, this is a useful visibility tool to ensure unsigned notes are cleared from the queue so that RCM services can be rendered.

For practices billing through other means (internally or third party), using the **Clinical Notes Report** is a great way to see clinical notes—sorted by provider, office, and even supervising providers—and which ones are pending a rendering or supervising signature on the note.

SUCCESS TIP:
For growing practices with multiple providers, establishing a clear expectation around note completion time and monitoring compliance through RCM Tasks and Charge Lag is one of the

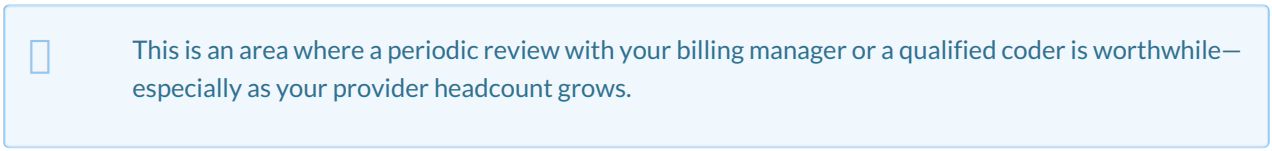
highest-impact operational standards you can set.

Coding Patterns & Compliance Awareness

The **Code Analysis Report** shows which CPT and diagnosis codes are being billed most frequently across your practice — broken down by provider. As a practice manager, you're not expected to audit individual claims, but you should have a general awareness of your coding patterns for two reasons:

Revenue integrity — if a high-volume provider is consistently billing lower-level E/M codes than their peers, they may be undercoding, which directly impacts collections.

Compliance risk — unusual coding patterns (outliers compared to specialty benchmarks) can attract payer scrutiny. Catching these early through internal review is always preferable to a payer audit.



This is an area where a periodic review with your billing manager or a qualified coder is worthwhile—especially as your provider headcount grows.

When to Escalate

These are the signals in this chapter that warrant a direct conversation with your billing manager or the relevant provider:

- A provider's charge volume drops significantly month over month without a clinical explanation
- Charge lag for a specific provider or location is consistently above your practice's standard
- RCM Tasks queue or Clinical Notes Report is building up with unsigned notes across multiple providers
- Code Analysis shows a provider billing significantly below peer benchmarks for similar visit types

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Next: Chapter 4 — Payer Mix & Contract Performance

With provider productivity covered, Chapter 4 examines your payer relationships — who is paying you, how much, and whether your contracts are holding up.

Helpful Resources

DrChrono Knowledge Base

Charge Analysis Report
Productivity Report
Utilization Analysis Report: Overview
Product/Procedure Report: Summary Tab
Product/Procedure Report: Details Tab
Charge Lag Report
What Is the RCM Tasks Page?
Using RCM Tasks to View and Sign Charts
Code Analysis Report

External Reference
MGMA Provider Productivity Benchmarks
AMA CPT Coding Guidelines
CMS E/M Documentation Guidelines

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Chapter 4: Payer Mix & Contract Performance

PRACTICE MANAGER | PAYER MIX & CONTRACT PERFORMANCE | ⏰ 15-MINUTE READ

This guide will cover how to evaluate your practice's payer mix, monitor whether payers are holding up their contracted rates, identify patterns of underpayment, and recognize when a payer relationship warrants closer attention or renegotiation.

Overview

Not all revenue is created equal. The payers in your network each have different contracted rates, reimbursement timelines, and denial patterns — and the mix of those payers directly shapes your practice's financial performance. A practice manager who understands their payer mix is better equipped to make decisions about contracting, credentialing, and where to focus growth efforts. This chapter covers the tools DrChrono gives you to monitor payer performance and protect your contracted revenue.

Understanding Your Payer Mix

The **Insurance Payer Mix Report** shows the distribution of your claims across payers — breaking down what percentage of your total charges and payments are coming from each insurance company. This gives you a clear picture of where your revenue is concentrated and flags any over-reliance on a single payer.

For a growing practice, payer mix is a strategic consideration — if 60% of your revenue is tied to one commercial payer and that contract comes up for renewal, your negotiating position and your exposure are both significant. Monitoring this annually at minimum is good practice.

SUCCESS TIP:
A healthy payer mix is balanced across commercial, Medicare, Medicaid, and self-pay in proportion to your patient population and specialty. If a single payer represents a disproportionate share of your revenue, that's worth factoring into your contracting strategy.

Evaluating Payer Contract Performance

Knowing what a payer is supposed to pay is only half the picture — you also need to know what they're actually paying. The **Reimbursement Analysis Report** compares actual payer payments against your billed charges and contracted rates, giving you a clear view of which payers are reimbursing at expected levels and which are consistently falling short.

Use this report to:

- Identify payers reimbursing below contracted rates
- Compare reimbursement performance across payers for the same procedures
- Build a data-backed case for contract renegotiation
- Evaluate whether a new payer contract is worth pursuing

Identifying Underpaid Claims

The **Underpaid Items Report** goes one level deeper than the Reimbursement Analysis — it surfaces individual claims that were paid below your contracted rate, so your billing team can follow up with the payer for the difference.

As a practice manager, you don't need to work these items directly — that's your billing team's job. But reviewing the Underpaid Items Report periodically tells you whether underpayment is a one-off issue or a pattern with a specific payer, which informs your contracting decisions.

> **NOTE:** This report requires your fee schedules to be configured with Allowed Reimbursement (contracted) rates before it can surface results. See the setup guide to get started. If you have a CSV of your fee schedule, you can also submit a support case to have our team upload it to avoid manual entry. Just note that if replacing an existing fee schedule, that fee schedule will be removed first.

Medicare ERA Adjustments & the PLB Report

If your practice bills Medicare, you may encounter **Provider Level Balance (PLB) adjustments**. These are offsets applied by Medicare to your ERA payments for reasons such as prior period recoupments, interest, or coordination of benefits adjustments. These can cause ERA payments to not match expected amounts, which can be confusing without context.

The **PLB Report** tracks these adjustments so your billing team can reconcile them accurately. As a practice manager, it's worth knowing this exists as unexplained payment discrepancies on Medicare ERAs are often PLB adjustments rather than errors.

When a Payer Relationship Needs Attention

These are the signals worth escalating to your billing manager or flagging for a contract review:

- Reimbursement Analysis shows a payer consistently paying below contracted rates across multiple procedure types
- Underpaid Items are accumulating for a specific payer without resolution
- Denial rates for a specific payer are significantly higher than your practice average
- A high-volume payer's contract is approaching renewal without a rate review
- Insurance Payer Mix shows growing concentration in a lower-reimbursing payer

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Next: Chapter 5 — Patient Experience & Retention

Chapter 5 closes the guide by shifting focus to the patient side — engagement, retention, and making sure your practice's relationship with patients extends beyond the clinical visit.

Helpful Resources

DrChrono Knowledge Base
Insurance Payer Mix Report
Reimbursement Analysis Report: Overview
Underpaid Items Report: Overview
Underpaid Items Report: Set Up
Provider Level Balance (PLB) Report

External Reference
CMS Medicare Physician Fee Schedule
MGMA Payer Performance Benchmarks
AMA Payer Contract Resources

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Chapter 5: Patient Experience & Retention

PRACTICE MANAGER | PATIENT EXPERIENCE & RETENTION | ⏰ 10-MINUTE READ

Overview

The patient experience doesn't end when the visit does. How easy it is for patients to communicate with your practice, complete intake before they arrive, pay their balance, and book their next appointment all shape whether they come back. This chapter covers the tools DrChrono provides to support patient engagement and retention—and where the platform's built-in capabilities leave off, points to marketplace partners that can extend them.

The OnPatient Portal

We've covered the **OnPatient portal** in a few other chapters already. This section is designed to provide you with a comprehensive overview of OnPatient and how it can keep patients connected with your practice.

OnPatient is the primary digital touchpoint between your practice and your patients outside of the clinical visit—supporting self-scheduling, payments, secure messaging and more. It is available to your patients via the web (browser) and as an iOS app.

For a practice manager, OnPatient is both an operational efficiency tool and a patient experience tool. A well-configured OnPatient portal reduces front desk workload, speeds up check-in, and gives patients the kind of digital access they increasingly expect from their healthcare providers.

Patient Experience Overview

Patients can use OnPatient to:

- Schedule appointments
- Check in for an upcoming appointment (fill out intake forms, sign consent forms, provide personal and insurance information, etc.)
- Review statements and pay outstanding balances
- View lab results
- Add preferred pharmacies
- Send and receive secure messages

For providers and staff —OnPatient is an effective tool to:

- **Send statements**
- **Communicate with patients**
- **Share lab results**

> **NOTE:**
> OnPatient requires configuration in order to use. Please see the **OnPatient guide** for more information on how to set up.

Patient Intake & Check-In

DrChrono supports two check-in methods that can be used independently or together depending on your practice's workflow:
Pre-visit via OnPatient — patients complete demographic information, insurance, and health history before arriving through the OnPatient portal. When done well, this means a faster check-in experience, cleaner data, and a more prepared clinical team before the visit even starts.
In-office via the DrChrono Check-In App — for patients who haven't completed pre-visit intake, the Check-In app on an iPad allows them to complete the same process at the front desk when they arrive.

Getting intake configured and linked to the right appointment types (and ensuring patients are enrolled in OnPatient before their visit) is the operational foundation of a smooth check-in experience.

> **Need more information on Patient Check-in?:**

Learn more about the end-to-end Patient Check-in Experience **here**.

Patient Communication

OnPatient's secure messaging allows your care team to communicate directly with patients through the portal — sending follow-up instructions, answering questions, and sharing information and files without relying on phone calls or unencrypted email. For patients who prefer digital communication, this is a meaningful differentiator.

Patient Recall & Retention

Keeping your active patient base healthy requires knowing which patients are due for a return visit and which haven't been back in a while. DrChrono gives you two tools to support this:

Follow-Up Date Report surfaces patients due for a return visit based on follow-up dates set by your clinical team at the time of the appointment. For practices that use the Follow-Up Date feature consistently, it's an effective built-in recall tool that doesn't require any additional software.

Inactive Patient Report lets you pull a list of patients who haven't had an appointment within a defined timeframe, giving you a starting point for outreach to patients who may have lapsed.

Patient Analysis Report offers a broader view of patient activity across your practice, useful for monitoring new patient acquisition, active patient volume, and overall patient base trends over time.

Going Further: Marketplace Partners

DrChrono's built-in patient engagement tools cover the essentials, but practices looking to build a more proactive patient engagement strategy may benefit from one of DrChrono by EverHealth's available partner integrations. Here are some preferred partners from the DrChrono Marketplace:

Patient Engagement Platforms
Tools for automated outreach, recall campaigns, and patient activation.
Browse Patient Engagement Platforms

Patient Communication Platforms
Two-way messaging, automated reminders, and multi-channel patient communication.
Browse Patient Communication Platforms

Patient Surveys
Post-visit satisfaction surveys, NPS tracking, and patient feedback tools.
Browse Patient Survey Tools

Patient Relationship Management
CRM-style tools for managing patient relationships, tracking engagement, and driving retention at scale.
Browse Patient Relationship Management Tools

These are third-party integrations. Review each partner's offering, pricing, and available features before committing. If you need additional guidance or have questions, please reach out to your Account Manager or start a chat with Support.

🛤 You're Ready to Lead Your Practice!

Congratulations! You've completed the Practice Manager learning path.

You now have the foundational knowledge to oversee your practice's daily operations, support your staff, and help ensure patients receive a smooth, efficient experience in DrChrono.

As your team becomes more comfortable with the platform, you'll continue discovering new ways to improve workflows, answer questions, and keep your practice running at its best. Remember: you don't need to know every feature. Knowing where to find the answers is just as valuable.

What's next?

- Encourage each team member to complete the learning path for their role.
- Reinforce key workflows as your team begins using DrChrono.
- **Take advantage of our AI-powered Chat Assistant**, available 24/7, whenever you have a question. Whether you're looking for everyday best practices, step-by-step guidance, or help finding a feature, it's a fast and easy way to get answers on the spot.
- Bookmark the Knowledge Base as your go-to resource for questions, best practices, and new features.

Your leadership plays a key role in your practice's success. We're excited to support you every step of the way!

Helpful Resources

DrChrono Services to Streamline Your Practice
➡️ RCM Services
➡️ MIPS Assist

DrChrono Knowledge Base
OnPatient for Patients
OnPatient for Providers
OnPatient Check-In: A Visual Walkthrough
How to Obtain a List of Patients Who Have Not Had an Appointment Recently
Running a Report by Patient Follow-Up Date
Patient Analysis Report
DrChrono Payments: Setting Up on OnPatient

DrChrono Marketplace
Patient Engagement Platforms
Patient Communication Platforms
Patient Surveys
Patient Relationship Management

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