Data Import Wizard – Patient Header Details

NOTE: Insurance companies are not linked to the patients automatically when imported and must be manually selected for each patient after the patient data has been imported.

Header	Format	Description	Destination
Chart Number		Patient account number, Box 26 on HCFA (Text Field)	Edit Patient > Pat. Acct. No
First Name		Required field (Text Field)	Edit Patient > Patient Data > First Name
Last Name		Required field (Text Field)	Edit Patient > Patient Data > Last Name
Middle Initial		(Text Field)	Edit Patient > Patient Data > Middle Name / MI
Street 1		(Text Field)	Edit Patient > Patient Data > Address Line 1
Street 2		(Text Field)	Edit Patient > Patient Data > Address Line 2
City		(Text Field)	Edit Patient > Patient Data > City
State	Two-character state abbreviation, ex.: TX, CA, NY	50 states plus AA, AE, AP, AS, DC, FM, GU, MH, MP, PR, PW, and VI (Picklist)	Edit Patient > Patient Data > State
Zip Code		(Text Field)	Edit Patient > Patient Data > Zip
Email		(Text Field)	Edit Patient > Patient Data > Email
Phone 1		Home Phone (Text Field)	Edit Patient > Patient Data > Home Phone
Phone 2		Cell Phone (Text Field)	Edit Patient > Patient Data > Cell Phone

Phone 3		Work Phone (Text Field)	Edit Patient > Patient Data > Work Phone
Work Extension		(Text Field)	Edit Patient > Patient Data> Ex
Date of Birth	M/D/YYYY	(Text Field)	Edit Patient > Patient Data > DOB
Sex	Male, Female, or Unknown	Required field (Picklist)	Edit Patient > Patient Data > Sex
Marital Status	Married, Single, Other, Unknown	(Picklist)	Edit Patient > Patient Data > Marital Status
Soc Sec Num		(Text Fields)	Edit Patient > Patient Data > SSN
Contact Name		(Text Field)	Edit Patient > Patient Data > Emergency Contact > Contact Name
Contact Phone 1		Home Phone (Text Field)	Edit Patient > Patient Data > Emergency Contact > Home Phone
Contact Phone 2		Cell Phone (Text Field)	Edit Patient > Patient Data > Emergency Contact > Cell Phone
Employment Status	Full time, Part time, Unemployed, Self-employed, Retired, or Other	(Picklist)	Edit Patient > Patient Data > Employment Status
Employer		(Text Field)	Edit Patient > Patient Data > Employer Name
Employer Phone		(Text Field)	Edit Patient > Patient Data > Employer Phone
Employer Street 1		(Text Field)	Edit Patient > Patient Data > Employment Information > Address Line 1

Employer Street 2		(Text Field)	Edit Patient > Patient Data > Employment Information > Address Line 2
Employer City		(Text Field)	Edit Patient > Patient Data > Employer City
Employer State	Two-character state abbreviation, ex.: TX, CA, NY	50 states plus AA, AE, AP, AS, DC, FM, GU, MH, MP, PR, PW, and VI (Picklist)	Edit Patient > Patient Data > Employment Information > State
Employer Zip		(Text Field)	Edit Patient > Patient Data > Employment Information > Zip
Subscriber ID		Box 1A on HCFA (Text Field)	Edit Patient > Insurance > Subscriber ID
Group No		Box 11 on HCFA (Text Field)	Edit Patient > Insurance > Group No
Plan Name		Box 11C on HCFA (Text Field)	Edit Patient > Insurance > Plan Name
Insured Authorization	Yes or No	(Picklist)	Edit Patient > Insurance > Insured Authorization
Deductible		(Text Field)	Edit Patient > Insurance > Deductible
Copay		(Text Field)	Edit Patient > Insurance > Visit Co-payment
Signature on File	Yes or No	(Picklist)	Edit Patient > Insurance > Signature on File
SOF Date	M/D/YYYY	Signature on File Date (Text Field)	Edit Patient > Insurance > Signature Date