Webinar Summaries

Juvonno Webinar summaries.

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May 6 - HCAI Billing & Reporting Errors

This webinar provides a review of recent updates to the practitioner dashboard and invoice search functions, followed by troubleshooting steps for HIA billing.

Practitioner Dashboard: Recent changes aimed to streamline the charting process and introduce an immediate autosave feature. The speaker noted that some providers mistakenly equate this autosave with "complete and close," so an upcoming system-wide update will allow clinics to toggle their default button between "save" and "complete and close".

Feature Update: Practitioner Dashboard Streamlining & UI Condensation

Problem Solved

The dashboard was visually cluttered ("messy"). Additionally, providers on smaller layouts or tablets experienced cramped interfaces ("crunchy" UI), and waiting the default two minutes for chart autosaves caused provider anxiety regarding lost work. Missing data visibility issues (e.g., patient age missing in new charts) also created friction.

Core Functionality

- **Immediate Autosave:** A new immediate **Save** button triggers an instant, manual override of the background autosave timer.
- **Condensed UI Layout:** Massive action buttons have been shrunk down and condensed to limit whitespace consumption, rendering more effectively across various device form factors.
- **Aged-Chart Data & Actions Restoration:** Restored patient age visibility on new charts. Works are ongoing to restore the "Create new chart from previous chart" workflow.
- **Appointment View Contextualization:** Clicking on an appointment no longer automatically refreshes details inline; administrators or practitioners must explicitly click **Appointment Details** to populate fields and use the checkbox option to trigger edits.

Technical Implementation / Config

- **Default Button Toggle (Upcoming):** A forthcoming system-wide (non-user-specific) configuration setting will allow administrators to toggle the layout default primary action button between **Save** (in-progress keeping) and **Complete and Close**. Whichever is chosen as secondary will dynamically fold into an accompanying dropdown list.

> **Best Practices**
> Tablet and Form Factor Usage: While the condensed layout supports scalable viewports, charting should explicitly not be conducted on mobile phone resolutions.

> **Missing Technical Detail**
> The speaker referenced that new medical/chiropractic widgets will be launched shortly to simplify charting workflows but did not explain implementation steps or concrete timelines.

Feature Update: Enhanced Invoice Search & Multi-Select Payments

Problem Solved

Filtering workflows were lost upon screen refreshes, requiring redundant inputs. Furthermore, processing multi-select bulk payments (such as Blue Cross, Green Shield, or WSIB statements) with partial or line-item specific distributions forced an expansive lateral layout shift on the screen, degrading readability.

Core Functionality

- **Isolated Fields:** Separated patient name/chart number fields from invoice/policy number inputs to sharpen search queries.
- **Sticky Search Filters:** Introduced a "Custom Search" module featuring lock icons. Administrators can lock designated parameter sections (e.g., date ranges), keeping them persistent through manual screen refreshes.
- **Inline Multi-Select Itemized Payment:** When initiating bulk payments via multi-select checkboxes, line-item adjustments and partial distributions are handled dynamically inside the core modal/payment screen rather than appending a massive sidebar list to the edge of the viewport.

Technical Implementation / Config

- **Deployment Target:** This update goes live Thursday night; modifications will be visible on client environments Friday morning.

Technical Analysis: HCAI Integration Validation & Error Resolution

Problem Solved

Automating Auto Insurance (MVA) claims submission requires rigid data schema mappings. Improper configurations yield structural validation rejections (e.g., invalid providers, character errors, and missing split balances).

Core Functionality & Troubleshooting Workflows

- **Handling Split Invoices:** If an invoice is split across Extended Health Benefits (EHC/EHB) and HCAI, it locks editing capabilities down. To modify service codes, the split invoice must be voided entirely and rebuilt. Provider reassignments, however, are explicitly allowed on split or fully paid invoices without a complete rollback.
- **MIG $400 Supplementary Goods Tracking:** For OCF-23 approvals containing general tracking codes, users must delete the generic $400 placeholder item off the internal treatment plan post-approval, create the explicit invoices via Quick Invoice, and add the distinct itemized codes mapped as "Supplementary (S)" to auto-calculate the running balance caps properly.
- **System Environment Syncing:** The system provides an automated "Get Facility Info" diagnostic within Accounting to test core API handshakes with HCAI.

Error / Symptom	Root Cause	Resolution
"Occupation invalid for specified provider"	Provider type does not match delegated code restrictions (e.g., PTA mapped to PT service)	Change practitioner on the invoice to a Regulated Health Professional (RHP) matching the specific service.
"MO Debits Required"	Treatment plan is expecting a split balance input to an EHB payor, but the balance field is set to zero.	If EHB caps are fully exhausted, remove EHB configurations from the treatment plan to force 100% MVA billing.
Blank Submission Preview Window / Empty Print Batch	An item or service code in the bulk batch does not map to any active item on the treatment plan	Delete the print batch, audit the line items against the underlying treatment plan parameters, and re-batch.
"Unsupported Character" Parsing Failures	The HTML browser interprets system formatting punctuation as raw code injections.	Scan the document body, patient names, or adjustments profiles for prohibited assets. Cleanse character values.

Technical Implementation / Config

- **Registry Numbers vs. Registry IDs:** Practitioners must populate their profiles with the unique tracking key generated explicitly by HCAI under the HCAI tab, **not** their standard professional association/college license registry numbers.
- **Character Sanitation White-lists:** XML parsing breaks on specific browser-based characters. The following structures are strictly banned in treatment plans, profile notes, or patient names:
  - `&` (Ampersands) — *Must be manually converted to the text string* "*and*".
  - `"` (Double Quotes)
  - `–` (Extended/Long Em-Dashes triggered via space-hyphen formatting)
  - `<` or `>` (Greater than / Less than signs)

> **Best Practices**
> Preferred Names Formatting: Do not utilize quotation marks or brackets directly inside the patient First Name field (e.g., `Scott "Sam"`), as this breaks basic string queries within the global database index. Always assign preferred aliases to the dedicated **Alternate Name** property field.

> **Caveats & Limitations**
> Regulatory Redundancy: A significant legislative shift and platform modernization roadmap from HCAI is arriving on July 1st, 2026. Some current EHB-to-HCAI workflow segmentations outlined in this version will become legacy behavior. Development validation cycles are actively running to coordinate the system's transition seamlessly.

Keywords: juvonno-release-may-2026, practitioner-dashboard-updates, hcai-validation-errors, invoice-search-locks, split-invoice-voids

Source: https://drive.google.com/file/d/1sc_T-2UufFFQbKfrffpPvrTBSjWkXb_x

May 13 - JComm Automated Communications

This webinar provides an overview of recent system updates and offers a guide on utilizing JCOM for automated communications and intake forms.

Charting Improvements: An autosave feature has been introduced to charts, triggering automatically after two minutes to ensure data is preserved if a practitioner steps away.

System Settings: An "all-for-one" setting allows organizations to toggle between a simplified "Save" button (autosave) and the traditional "Complete and Close" button.

Feature Title: Juvonno Core Updates & JCOM Service-Specific Automation

Problem Solved

- **Charting Navigation Confusion:** The previous layout caused friction for providers who were unaware of interface modifications or accidentally left charts in an incomplete, "in-progress" state.
- **Repetitive Manual Document Distribution:** Administrative teams faced manual overhead and tracking issues when sending critical forms (e.g., liability waivers, outcome measures, or clinical surveys) to patients prior to or after distinct types of service appointments.
- **Dashboard Filter Reset Fatigue:** In the Invoice Search UI, advanced search panels and custom date filters reset between sessions, requiring users to repeatedly re-enter parameters during dense workflow periods.

Core Functionality

- **Configurable Chart Saving Workflows:** System administrators can toggle the top-right button within patient charts between a standard `Complete and Close` function or an `Autosave` trigger. By default, the system runs a 2-minute auto-save loop. Providers can also mass-update or mass-lock charts directly from their progress tabs.
- **Service & Invoice-Triggered Automation (JCOM):** Enables automatic delivery of target intake packets, surveys, or outcome measures via text or email based on specific appointment bookings or finalized line-item invoices.

- **Enhanced Invoice Search View:** Incorporates persistent dashboard visual components, dynamic aggregate calculation rows ("Grand Totals"), multi-select batch controls, and a pinning configuration for advanced search options.

Technical Implementation / Config

1. Chart Menu Save Preference & Individual Views

To adjust the primary interaction button on the charting interface, browse to the Global System Settings:

- **Path:** `System Settings` -> `Patient` section -> `Charts`.
- **Field:** `Chart Menu Save Preference`.
- **Options:** Select either `Autosave` or `Complete and Close`.

For individual layout scaling configurations, adjust individual profiles directly:

- **Path:** `User Profile` -> `Preferences` -> `Default Chart View`.
- **Options:** Set to open natively in a `New Window`, `Expanded Screen` (hides schedule overlay), or default lower-right panel pop-up.

2. Advanced Search Panel Persistence

To enforce an open-by-default status for accounting filters across the organization, update global accounting variables:

- **Path:** `System Settings` -> `Accounting`.
- **Field:** `Invoice Search Custom Search`.
- **Options:** Set to `Always Open` or `Always Closed`.

3. JCOM Campaign Trigger Configuration

Automated campaigns should leverage specific operational parameters rather than filtering out massive user lists via the primary Audience tier.

- **Audience Setup:** Keep baseline Audience parameters set to `All`.
- **Pre-Appointment Configuration:** Set the trigger type to `Scheduled Item` and input the targeted service item string or item ID number (Click **Go** to commit changes).
- **Post-Appointment Configuration:** Set the trigger type to `Invoice Item` or `Category` to prevent automated delivery if an un-cancelled appointment is abandoned on the scheduling calendar.
- **Delivery Frequency Check:** Ensure the `One Send Per Patient` restriction flag is **unchecked** if patients must complete the document prior to every recurring appointment instance.

>

Caveats & Limitations

Token Expiration Windows: Hyperlink security tokens injected via JCOM automation expire exactly 72 hours after transmission. If a recipient accesses an invitation after 72 hours, the interface rejects the request with a Token is Expired error code.

Form Attachment Restrictions: Automated JCOM campaigns support exactly one intake mapping tag per campaign. If an evaluation process demands an identity document, a custom policy agreement, and a health questionnaire, they must be combined into a single, multi-page document structure.

SMS Text Character Compounding & Emojis: The interface retains legacy calculation counters that estimate message counts based on historical 160-character cellular SMS split boundaries. While internal verification proves single payloads up to 500 characters route without physical segmentation, external emoji characters copied from alternative clipboards risk displaying on target end-user equipment as empty glyph blocks (white box renders). SMS text message segments explicitly drop structural formatting syntax (bolding, italics, or carriage returns) and condense automatically into a single un-broken block text paragraph.

No Retrospective Campaign Processing: The Start Date parameters indicate the operational launch date for automated background jobs. Setting a past date will not scan prior historical records to capture past client encounters.

Portal Patient Forms Restriction: Intake forms exposed directly on the public Client Portal operate as a global configuration ("all for one").

Missing Technical Detail:

The speaker referenced upcoming automated logic improvements designed to fix a bug where custom date range boundaries unexpectedly stick to previous selection ranges (e.g., sticking permanently to May 8th), along with an upcoming upgrade to allow users to directly input custom text date characters instead of navigating manually through graphical calendar scroll pickers, but did not explain specific implementation steps.

Best Practices

Invoice Enforcement Workflow: When using post-treatment tracking sequences or survey modules tied to an Invoice Item, clinical operations must require all front-office staff to invoice and clear every appointment line item before local business hours conclude to keep execution windows accurate.

JCOM Execution Timing Windows: Automated pre-appointment messages configure in integer Days, not precise hours. If a daily background evaluation daemon triggers at 8:00 AM, patients with early 8:00 AM appointments will receive their documents too late. Best practice dictates scheduling automated waivers to deploy a minimum of 1–2 days prior to the appointment date.

> Discipline Intake Consolidated Architecture: For healthcare practices utilizing multi-disciplinary professionals (e.g., Chiropractic and Massage Therapy), avoid maintaining separate portals or overloading a client's profile with redundant documents. Best practice dictates constructing a unified primary health questionnaire utilizing conditional logic toggles, while separating out discipline-specific liability content into independent legal consent sub-forms.

Keywords: JCOM, Charting Preferences, Invoice Search, Intake Automation, System Settings

Source: https://drive.google.com/file/d/11mt_c3d1Y2uirgNy79v7zQ_fBG4HSe3X

May 20 - Third-Party Payors & Insurance Billing

This webinar covers recent updates to the dashboard for providers and provides a comprehensive guide on managing third-party insurance billing within the system.

New Widgets: Four customizable widgets have been added to the provider dashboard to allow for quick access to information without needing to open patient profiles.

Functionality: These widgets act as shortcuts for reviewing appointment history, intake forms, documents, and prescription history.

Feature Title: Provider Dashboard Widgets & Third-Party Billing Configuration

Problem Solved

- **Dashboard Widgets:** Providers previously had to exit the dashboard and open a patient profile or an in-progress chart just to look up basic information like appointment history, intake forms, or documents. This led to a high frequency of accidental duplicate charts or incomplete "in-progress" charts being left open in the system.
- **Third-Party Billing Configuration:** Managing complex and varied insurer-specific rules (such as combined discipline caps, different evaluation rates, or province-specific accident protocols) manually at checkout caused front-desk bottlenecks, mathematical errors, and incorrect invoice splits.

Core Functionality

1. Custom Provider Widgets

Providers can now view and customize four quick-access shortcut widgets directly on their main dashboard:

- **Appointment History:** Shows the last visit detail and external appointments with other clinic providers.
- **Intake Forms:** Allows rapid inline review of completed forms without leaving the dashboard or opening a patient record.

- **Documents:** Provides quick view/close access to files attached to the patient profile.
- **Prescription History:** Displays chronological prescription history (if utilized by the clinic).

2. Advanced Third-Party Billing Engine

The system allows automated rule-building for insurance, provincial, and accident claims:

- **Telus e-Claims Integration:** Dynamically pulls and validates insurer codes to prevent submissions using mismatched or out-of-date insurance profiles.
- **Detailed Category Calculations:** Allows clinics to create custom multi-discipline groups (e.g., combining Acupuncture, Chiro, and Massage) that draw from a unified annual fund pool.
- **Block Fees:** Configures fixed lump-sum approvals over a designated timeframe for specific protocol-based billing (e.g., MPI in Manitoba or non-protocol services in Alberta).

Technical Implementation / Config

Dashboard Customization

- Widgets do not automatically appear on the interface. Providers must navigate to their settings on the **My Day** tab to toggle individual check-boxes to turn the shortcuts on or off.

Third-Party Company Setup

- Path: `Settings` -> `Companies and Contacts`.
- To route Telus e-Claims electronically, you must assign the corresponding **Telus Claims Code** inside the third-party company profile.
- For Health Claims for Auto Insurance (HCAI), it is required to use the native API integration to automatically pull branch numbers and operational details.

Patient Insurance Rule Hierarchy

When configuring an active insurance policy on a patient's profile, the system evaluates the checkout balance using custom logic inputs:

- **Billing Order Fields:** Set as `First`, `Second`, or `Not Assigned`. When set to a numerical order, checkout defaults to the insurer; when set to `Not Assigned`, it automatically flips the balance to the patient.
- **Used Elsewhere Offset:** Provides an input field to subtract a specific dollar amount from the total annual cap if a client has exhausted part of their insurance balance at a different clinic location.

Policy Rule Configuration Path
Patient Profile -> Insurance Details -> Policy Rules -> Per Detailed Category -> Create Combination

Caveats & Limitations
Telus Coordination of Benefits Restriction: Per Telus policy regulations, a Telus-integrated insurer can never be set as the secondary (Second) billing order in Juvonno. It must be processed as primary, or the client must pay out-of-pocket and submit manually. Exception: Coordination of benefits is allowed exclusively through the external Telus Portal if both the primary and secondary accounts are with Canada Life.
Data Permanence Warning: Never delete an insurance profile from a patient's account. Deleting an insurance profile permanently destroys associated historical invoice data and cannot be recovered. Expired or maxed policies must be set to Inactive or Not Assigned instead.
Block Fee Requirements: Block fee configurations strictly require both a defined Start Date and an End Date. Omitting the end date will trigger a system exception and prevent any billing from being applied to the insurer.
Portal Redirection: Plans requiring doctor prescriptions or notes on the very first visit must be filed directly on the insurer portal initially, as that specific documentation metadata cannot transfer through the basic integration api.

Best Practices
Insurer Grouping: It is highly recommended to explicitly categorize third-party companies into defined groups (e.g., EHB vs. Law Firms). This prevents dashboard latency and exhaustive scrolling, particularly in regions like Ontario where HCAI imports over 300 insurance profiles by default.
Automated PDF Form Attachments: Do not use the "auto-generate form on checkout" function unless an insurance company absolutely mandates a physical signature for every treatment. Enabling this "just in case" causes unnecessary administrative friction by forcing staff to manually dismiss a PDF pop-up during every checkout transaction.
Handling Maxed Policies: When an EOB shows a patient has maxed out their annual coverage, do not delete or immediately turn off the policy. Instead, append a custom label like Max 2026 for internal tracking, and change the Billing Order field to Not Assigned. This preserves invoice history, forces checkout balances to default cleanly to the patient, and allows simple re-activation when the calendar year rolls over.
Service Category Exclusion: Proactively edit service categories that are categorically ineligible for third-party coverage (such as internal membership subscriptions or wellness packages) and uncheck "Display in insurance policy rules". This clears them out of all policy engines, defaults them to 0%, and eliminates downstream front-desk calculation mistakes.

Keywords: juvonno-widgets, third-party-billing, telus-eclaims, policy-rules, block-fees

Searchable Summary: Technical guide detailing Juvonno dashboard widget configurations and advanced rule-based architectures for multi-discipline third-party billing setups.

Source: https://drive.google.com/file/d/1RmMB00peer5qXEHqP6ljeMe98cNyRNSq

May 27 - Task Management

This video provides an overview of managing clinic tasks using the "follow-ups" and "to-dos" modules.

Follow-ups: Must be enabled manually via **System Settings > System and Company Settings > General > Modules**. Once enabled, a "follow-ups" tab appears on the main screen.

To-dos: These are enabled by default.

Categories and Templates: Clinics can organize follow-ups by creating categories (e.g., "no shows," "recalls") in system settings.

Feature Title: Follow-ups and To-dos Modules

Problem Solved

Clinics often struggle with managing administrative task visibility, resulting in dropped patient communication, forgotten clinical charts, unaddressed no-shows, and missed billing collections.

Core Functionality

The system divides tasks into two separate paradigms:

- **Follow-ups:** Broad, team-based tasks designed for shared clinic workflows (e.g., recalls, cancellations, accounts receivable). While assignable to individuals, any team member with authorized access can view and complete them to prevent gaps in coverage.
- **To-dos:** Individual, person-specific or role-specific tasks (e.g., reminding a practitioner to finish charting or contact a physician) that are restricted to the assigned user.
- **Meetings Action Type:** A sub-feature within To-dos used to generate a block across the schedules of multiple practitioners for occurrences like staff meetings.

Technical Implementation / Config

Module Activation

Follow-ups must be manually turned on via the UI. To-dos are enabled by default.

- Navigate to: `System Settings` > `System and Company Settings` > `General` > `Modules` > `General` > **Follow-ups** (Toggle to Enable).

Categorization and Colors

- Configure custom operational categories and default timeline delays at: `System Settings` > `Groups and Categories` > `Follow-up Categories`.
- An option to assign visual color codes is available here to help organize the primary Follow-ups UI dashboard view.

Task Templates

To pre-populate memo information and standardized instructions for tasks:

- Navigate to: `System Settings` > `System Entities and Types` > `Task Template`.
- Click **New Task Template**, enter a name, and complete the boilerplate instructions in the text editor.

Dashboard & Preferences Configuration

- **Lookahead Window:** Control how many days in advance a user can see tasks via `User Profile` > `Preferences` > Set lookahead window (e.g., 5 days, 10 days).
- **Default Landing Page:** Change the main login screen to go straight to the agenda via `User Profile` > `Preferences` > Set default dashboard tab to **Agenda**.
- **Agenda View Filtering:** Consolidate duplicate task lines by navigating to the dashboard's `Agenda` tab, clicking the **Cog Icon**, and disabling standalone To-dos and Calls lists while keeping the **Follow-ups** view active (which rolls all three types into a singular view).

> **Caveats & Limitations**
> Reporting Deficit: There is no dedicated reporting module or log available for tracking or auditing completed follow-up and to-do tasks. If a task is completed accidentally, users must manually find the specific patient profile and navigate to `Correspondence` > `Follow-ups and To-dos` to revert or reinstate it.
>
> Meeting Analytics Metric Inflation: Utilizing the "Meeting" action type creates a generic gray block on practitioner schedules, but the system technically processes these blocks as patient appointments. As a result, staff meetings will inflate metrics in reporting/statistics modules, requiring manual subtraction from total metrics.
>
> Template UI Variances: Task templates automatically present a clean drop-down list inside the Follow-up interface, but within the To-do setup interface, users must manually type out the template name to find it.
>
> Access Control Dependencies: Follow-up visibility relies completely on matching `Clinic`

`Access` and `Practitioner Access` configuration permissions within a user's staff profile.

Best Practices

End-of-Day Schedule Audits: Front desk or administrative staff should review the daily schedule at the end of each shift. Use the scheduling screen's built-in **Filters** to identify cancellations or no-shows that lack a blue clock icon (which signifies an existing future appointment) and proactively generate follow-up entries for them.

Reviewing Exit Reasons: Run the `Reports` (Graph Icon) > `Scheduling` > `Cancellations by Practitioner` report to review the state reasons for cancellations before assigning follow-ups, preventing unnecessary outreach to patients who have moved or permanently left the clinic.

Keywords: Juvonno, Follow-ups Module, To-dos Configuration, Task Templates, Clinic Task Management

Searchable Summary: juvonno-followups-todos-module-configuration-guide.md

Source: https://drive.google.com/file/d/1386Bh4cVmxRUdIetksPhlpTbC4z3jHPU

June 3 - Improving the Client Booking Journey

This video outlines recent updates to the system and provides guidance on utilizing shortcuts, URLs, and QR codes to streamline client processes.

Practitioner Dashboard Widgets: New widgets have been added to help providers access information more efficiently, including quick previews of completed intake forms, document updates, appointment history, and uncharted appointments.

Feature Title: Practitioner Dashboard Widgets & Layout Preferences

- **Problem Solved:** Reduces "click fatigue" for healthcare providers by centralizing critical patient information onto a single screen and tailoring default views to individual provider preferences.
- **Core Functionality:** Adds four modular widgets to the practitioner dashboard: Intake Forms (displays forms in 'completed' or 'started' status), Patient Documents, Prescriptions, and Appointment History/Uncharted Appointments. Providers can now click straight into appointment details, forms, or document updates. Additionally, an update lets users define how chart windows open by default.
- **Technical Implementation / Config:**
  - **Dashboard Widgets:** Toggled directly on the practitioner dashboard interface.
  - **Chart View Defaults:** Configured per individual user. Navigate to the practitioner profile, click **Preferences**, and select the default layout for the chart view (e.g., bottom-right overlay, full screen, or open in a new window).

Feature Title: Letter Format Deactivation

- **Problem Solved:** Curates and reduces clutter within the practitioner/admin drop-down selection menus as organizations migrate from old letter templates to the newer PDF Form Builder.
- **Core Functionality:** Allows administrators to archive obsolete letter templates without deleting historical data. Inactive formats are hidden from the standard workflows but

remain accessible for audits and reactivation.

> **Missing Technical Detail**
> The speaker referenced deactivating letter formats from a drop-down list but did not explain specific navigation paths or button clicks in the administration menus.

Feature Title: Patient Portal Booking Shortlinks

- **Problem Solved:** Bypasses the traditional, click-heavy public booking sequence (location > service category > service > practitioner) to optimize the onboarding funnel for new or symptomatic patients.
- **Core Functionality:** Generates specific URL paths that auto-populate target parameters (such as the clinic location, a unique provider, or a precise service duration), taking the user directly to the final scheduling calendar.
- **Technical Implementation / Config:**
  - **Prerequisite:** Public booking must be explicitly enabled in system settings.
  - **Location-Specific URLs:** Retrieved via Admin account login under **Clinic Profiles**.
  - **Provider-Specific URLs:** Retrieved via individual **Practitioner Profiles** under the **QR Code** tab using the quick button. If a provider spans multiple clinics, a location prompt will generate separate unique URLs per site.
  - **Service-Specific URLs:** Must be manually grabbed from the live user-facing patient portal. The admin proceeds through the desired workflow combination (e.g., 60-minute massage), stops at the calendar screen, and extracts the full generated URL parameter string to use as a hyperlink on external clinic websites or the portal's internal text fields (**System Settings > General > Portal > Messages**).

Feature Title: QR Code Link Hubs & Contact Scrubbing

- **Problem Solved:** Facilitates low-friction offline-to-online transitions inside physical clinic spaces, allowing patients to self-triage or discover digital content via mobile devices.
- **Core Functionality:** Generates physical posters containing either a "Single Link" or a comprehensive mobile "Link Hub" page (such as a checklist for booking, arrivals, or viewing practitioner exercise libraries).
- **Technical Implementation / Config:**
  - Accessed via the **QR Code** tab present on all staff, admin, and clinic profiles.
  - Supports custom Hex/RGB brand color configuration.
  - Provides options to download the raw graphic or copy the destination link.

Best Practices
Data Privacy Check: Practitioner profiles automatically bundle phone numbers and email strings into generated QR codes to make contact-saving seamless. Administrators **must** ensure personal cell numbers or personal email addresses are removed from the practitioner profile fields and replaced with professional clinic details prior to printing out QR codes.

Feature Title: Contactless Patient Self-Check-In

- **Problem Solved:** Offloads reception workflows during peak operational hours, lunchtime gaps, or front-desk staff absences.
- **Core Functionality:** Allows patients to scan an on-site QR code, search their name against the current daily roster, and update their appointment status to "Arrived" instantly. This triggers an automatic live-refresh on the provider's schedule screen.
- **Technical Implementation / Config:**
  1. Navigate to **General System Settings > Modules > Advanced**.
  2. Toggle **Patient Arrivals** to enabled.
  3. Navigate to **Portal > Patient Arrivals** to customize messages and authentication types (e.g., "Reception Check-In" type-ahead search, resource room matching, or magnetic swipe card readers).
  4. Copy the refined arrival workflow URL and attach it to a single-link clinic QR code poster.

Caveats & Limitations
Privacy Limitations: To prevent unauthorized exposure of PHI (Protected Health Information), the text search function strictly outputs names and contains zero identifying sub-data (like phone or DOB). Consequently, this feature is highly discouraged for high-volume clinics displaying multiple duplicate names (e.g., several "John Smiths" scheduled on the same calendar day).

The type-ahead registry is hard-restricted to the current date's schedule data.

Keywords: juvonno-software, patient-portal, qr-codes, dashboard-widgets, appointment-scheduling

Source: https://drive.google.com/file/d/1mnYZGmShCfjBMlXvX4xGykZiEx2FHGn6

June 10 - Invoice and Payment Corrections

The video covers recent system updates followed by a comprehensive guide on managing accounting tasks within the platform, specifically when accounting periods are locked.

The speaker introduced several new functional enhancements to help clean up the system interface:

- **PDF Builder:** Users can now delete unwanted forms, which hides them from the system.
- **Letters:** Users can now deactivate letters, with the option to reactivate them using a status filter.

Technical Update: Deletion and Cleanup Capabilities

Problem Solved

Previously, removing obsolete items like test files or outdated configurations from the database was tedious, requiring manual workarounds such as renaming, shifting items to the bottom of lists, or repurposing old layouts.

Core Functionality

Administrators can now remove forms, template letters, letterheads, and telehealth transcriptions directly within the system to clean up lists and enhance client privacy.

Technical Implementation / Config

- **PDF Builder Forms:** Hidden inside the database upon deletion. There is currently no front-end filter to retrieve them.
- **Letters:** Deactivated via a status filter toggle, allowing future reactivation if necessary.
- **Letterheads:** Permanent deletion via the user interface. This completely purges the record from the backend with no reactivation option.
- **Telehealth Transcriptions:** Deleted permanently directly within the patient's chart edit screen. This triggers a new chart version but completely wipes the text transcription without preserving it in historical note versions.

Caveats & Limitations
Telehealth Transcriptions: Deletion is destructive and permanent. If SOAP notes need to be generated using the transcript, data must be copied over *before* executing the deletion.

Missing Technical Detail
The speaker referenced user permissions limiting the "Refund Payment" button but did not explain the step-by-step implementation to change these permissions in user type settings.

Technical Update: Team Mail Forwarding

Problem Solved

Users were forced to manually copy and paste communication data into brand-new message interfaces when sharing details internally.

Core Functionality

Adds native message forwarding functionality within internal messaging systems.

Technical Implementation / Config

- **Routing Action:** A "Forward" button is exposed inside the Team Mail module interface.
- **Recipient Logic:** The interface exposes a user lookup box to route the message to staff profiles.

Caveats & Limitations
Recipient Restrictions: The forwarding action is currently single-recipient only; bulk/multi-user forwarding (e.g., routing to 5 users simultaneously) is not supported.

Technical Update: Invoice Search Date Inputs

Problem Solved

Navigating back through multiple financial years required exhausting, manual button clicking on user interface arrow calendars.

Core Functionality

Enhances the invoice query interface by allowing arbitrary date parameters to be directly typed into input bounds.

Technical Implementation / Config

- **UI Controls:** Text input bounds are appended to the existing date range calendar popup at the bottom of the filtering module.

Accounting Workarounds for Locked Periods

> **Best Practices**
> Daily Reconciliation: Pull the **Open Appointments Report** alongside the day-end report daily. This checks for missed bookings or unbilled files before the accounting period is locked by administrative teams.
>
> Financial Auditing: For high-fidelity bookkeeping and month/year-end processing, export financial tables specifically into **Excel Detailed** formats. The following multi-report configuration matrix should be utilized:

Summary Reports (Total Metrics Only)	Detailed Reports (Granular Auditing)
Accounting Report (Aggregated sales/payments mapped by category)	**Comprehensive Sales Report** (All raw service/invoice records)
HJR Report (Receivable summaries broken down per bucket/third party)	**Accounts Receivable (AR) Report** (Invoice-by-invoice outstanding balances)
	Payments Received Report (All processed transactions tied to exact target invoices)

> Handling No-Shows Seamlessly: To track metrics cleanly without missing billing configurations, complete and invoice the appointment directly with the designated no-show fee line item. Close out the checkout window *without* submitting a $0 payment, and then cancel the appointment event to capture both the financial ledger entry and the operational metric.
>
> Manual Adjustments in Locked Periods: When adjusting an invoice where the accounting calendar period is locked, backdating transactions is restricted. Keep the **Invoice Date** as the current calendar day to ensure it processes in the active payroll/commission script, but alter the **Service Date** line item to past coordinates to ensure proper tracking and

insurance verification.

Gateway Refund Overrides (Stripe/TD/Moneris): If an application constraint blocks an automated payment refund because it attempts to communicate through an active gateway API, flip the local metadata payment method mapping to `Check`. Post the internal refund document, and then retroactively alter the localized record back to `Mastercard` / `Visa` to maintain database matching without throwing API faults.

Keywords: data-deletion, billing-adjustments, reporting-analytics, invoice-management, data-privacy

Source: https://drive.google.com/file/d/1n3DEQpxdJ7lFAel7wFcHeMc4nmrxkqXj

June 17 - System Analytics and Monitoring Trends

This video covers recent software updates for Juvonno and demonstrates how to track clinic statistics using Excel to identify trends.

The speaker detailed several recent improvements to the platform:

- **Recurring Invoices**: A quarterly option (every 3 months) is now available, along with the ability to set an end date for temporary invoices.
- **Practitioner Reports**: Accounts receivable (AR) reports are now specific to the logged-in user, allowing practitioners to pull data only for themselves to improve accountability.

Feature Title: Recurring Invoices Expansion

Problem Solved

Previously, users lacking the subscription module could not automatically generate temporary or quarterly-interval recurring invoices, requiring manual tracking and processing.

Core Functionality

A new **Quarterly** billing interval option has been added to the core recurring invoices engine. Invoices are generated every three months based relative to the specific start date of the invoice (e.g., if initialized on June 29, the next invoice triggers in September), rather than defaulting to traditional calendar quarters. Additionally, an **End Date** constraint can now be configured to handle fixed-duration payment plans automatically.

Technical Implementation / Config

- **Prerequisites:** This feature is natively constrained to the standard recurring invoice module and does not currently sync with the Subscription module.
- **UI Path:** `Create New Recurring Invoice` -> Set Interval to `Quarterly (Every 3 Months)` -> Define `End Date`.

Feature Title: Role-Based Access Control (RBAC) & Provider-Scoped Reporting

Problem Solved

Clinics needed a method to allow practitioners to access critical performance metrics and Accounts Receivable (AR) details without exposing private clinic-wide or peer data.

Core Functionality

The platform enforces role-scoped data isolation across key reporting modules. When a practitioner logs in, the system automatically applies a `logged_in_user` restriction query. While UI dropdowns may display lists of other providers, executing queries for any user identity other than the active session will throw an authorization exception/rejection.

Technical Implementation / Config

The data restriction scope now explicitly includes:

- Payments by Practitioner
- Sales for Specific Practitioner
- Sales by Practitioner
- Practitioner-specific Accounts Receivable (AR) reports

Feature Title: Schedule UI Filters for Charting Status & Inactive Practitioners

Problem Solved

Schedulers and administrators required a rapid visual method to audit chart completion and seamlessly handle off-schedule/override booking requests for unmapped or former practitioners.

Core Functionality

Two new toggle states have been injected into the main calendar dashboard filter array:

- **Charting Status Audit:** Maps color-coded indicators directly to appointments:
  - *White:* No chart initiated.
  - *Green:* Chart initiated/in progress.
  - *Orange + Lock Icon:* Chart finalized and locked.

- **Inactive Practitioners Toggle:** Exposes unmapped or off-schedule provider lanes. This lets staff bypass calendar overrides to quickly book custom requests or manage slots for departed providers.

Feature Title: Invoice Metadata Origin Update for Programs

Problem Solved

Multi-location clinics running specialized programs faced cross-billing issues because program invoices pulled geographic metadata from global corporate details rather than site-specific locations.

Core Functionality

The system's invoice rendering pipeline has been rewritten for the program module. Document variables now query and inherit metadata contextually from **Clinic Location Details** instead of **Company Details**.

Feature Title: Schema Mapping Persistence for Chart Templates

Problem Solved

Historically, making minor structural or typographical edits to an active chart template broke the database mapping relationship, causing the "Copy from Last Chart" feature to fail and rendering data non-transferable.

Core Functionality

The application now supports dynamic schema reconciliation when executing the `Copy from Last Chart` function. Minor edits (such as text modifications, typo fixes, or element reordering) no longer invalidate historical data-carrying arrays.

> **Caveats & Limitations**
> This dynamic mapping persistence applies **only** to chart instances built using the platform's **New Chart Builder**. Legacy engine charts or system-base templates do not inherit this compatibility and will still fail if modified.

> **Missing Technical Detail**
> The speaker referenced a future update regarding Ontario HCAI (Health Claims for Auto Insurance) integration reporting workflow changes scheduled for release on June 29, but did not explain specific technical implementation steps or interface changes.

Keywords: `recurring-billing` `rbac-reporting` `charting-builder` `invoice-metadata` `schedule-filters`

Source: https://drive.google.com/file/d/1J6_Egf8s8bOULOSLs43VpIBRdRi0Uij6

June 24 - HCAI and Ontario MVA Changes effective July 1

The video provides guidance for clinic billing procedures related to motor vehicle accident (MVA) claims, specifically addressing upcoming changes effective July 1st.

- **Extended Health Benefits:** For new accidents occurring on or after July 1st, clinics no longer need to require patients to use their extended health benefits for Minor Injury Guidelines (MIGs) or 18s.

Feature Title: Motor Vehicle Accident (MVA) Billing Update (No Extended Health Benefits required for new claims)

Problem Solved

Previously, clinics processing Motor Vehicle Accident (MVA) claims (such as MIGs or 18s) had to coordinate and attach patients' extended health benefits (EHB) to their treatment plans before billing the auto insurer. Tracking block fees, managing individual EHB limits, and reconciling payments inside the system was tedious and prone to billing errors.

Core Functionality

Effective July 1st, new MVA accident claims no longer require the use of extended health benefits. All billing is routed directly to the MVA insurer.

- **Dynamic Popup Reminder:** When creating a treatment plan with an accident date after July 1st, a temporary popup reminds users not to attach extended health benefits. This validation is strictly tied to plans containing an OCF report.
- **Automated Form Swapping:** All new OCF reports will automatically generate under the newly updated legislative version.
- **Plan Exhaustion Lifecycle:** Active treatment plans can be marked as "exhausted" to remove them from both the HAI dashboard and the appointment booking "hot links" selection.

Technical Implementation / Config

- **System-Wide Form Migration:** The development team is automatically swapping system instances to the new OCF form versions.
- **Legacy Submissions:** If a plan was started under the old version and not yet submitted, it remains on the version it was created in. Hold submission until the release date if you prefer the new version, or copy/paste text manually.
- **Overriding Billing Locks:** For 18-type plans restricted by a 30-day billing frequency rule, the system provides a manual override via a confirmation modal (`"Are you sure?"`) to clear out the final billing lines of a plan.

Supplementary Goods Workflow ($400 Allocation)

The `MIG SG` code is a **request code only**, not an allowable billing code. Attempting to bill it directly throws a validation error. Users must follow this specific configuration sequence to ensure correct pricing rates populate:

1. **Perform Billing First:** Issue a quick invoice for specific goods or services (e.g., TENS machine, Acuball, or Massage therapy) attached to the relevant treatment plan *before* updating the plan. This pulls correct product rates from the inventory system instead of rendering them as $0.
2. **Reset Plan Status:** Revert the treatment plan status back to **Pending** (this step is internal-only and does not transmit to HAI).
3. **Itemize Products/Services:** Add the specific itemized codes (e.g., `GX991`, `GXX34`, or miscellaneous code `GXX99` with a comment).
4. **Deduct Request Code:** Delete the original $400 request line to accurately track remaining funds in the limits window.
5. **Restore Approval Status:** Mark the plan status back to **Approved**.

> **Best Practices**
> Intake Form Archiving: Instead of deleting old intake configurations, **clone** your current MVA intake/consent forms. Remove the extended health benefit sections from the cloned copy, then set it as the active default while unchecking/hiding the legacy form. This ensures quick rollback capability if regulatory rules flip back in the future.
>
> Dashboard Maintenance: Always mark completely billed plans as **Exhausted** instead of simply hiding them. Hiding an item only clears it from the HAI dashboard, whereas marking it exhausted removes clutter from both the dashboard and scheduling screens.
>
> Block Fee Tracking: Break down long-term treatments into individual block tracking structures (e.g., Weeks 1–4, 5–8, 9–12) to ensure minimum appointment frequencies are strictly maintained over holiday gaps.

> **Caveats & Limitations**
> Legacy Rule Exception: The rule change is **not** retroactive. Any accident claim dating June 30th or prior must continue to exhaust extended health benefits first, even if billing occurs

months or a year later.

Price Drop Nullification: If you modify itemized supplementary goods in a treatment plan *before* creating a quick invoice, the unit prices will default to $0 on the checkout panel because they lack an initial HAI system approval signature.

Keywords: `MVA-Billing`, `OCF-Reports`, `Supplementary-Goods`, `Juvonno-Invoicing`, `Clinic-Compliance`

Source: https://drive.google.com/file/d/1k3vCnnr4jPIHcRU2gGICnDjEhINTamS_

July 8 - Referral Tracking for Clinic Growth and Marketing Management

This video provides a guide on how to effectively track client referrals and analyze related revenue metrics within the Juvonno system.

System Updates

- Recent changes to HR, specifically for Ontario clinics, involve updates to the OCF 18 and 23 forms, which impact the management of MIGs and MVAs

Technical Update: Ontario OCF Clone Optimization

Problem Solved

When cloning old Ontario Claim Forms (OCF-18 and OCF-23) created prior to the June 29th legislative changes (governing MIGs and MVAs), users currently have to manually contact the support team to force an update to the new regulated versions.

Core Functionality

An upcoming automation patch from the development team will automatically upgrade and migrate historical OCF formats into the latest legally compliant versions during the duplication/cloning workflow.

Technical Implementation / Config

- **Status:** In active development.
- **User Impact:** Fully automated backend logic; eliminates manual support tickets for template version updates.

Feature Title: Custom Cases and Referral Revenue Tracking

Problem Solved

Clinics lacked a streamlined, native way to attribute recurring revenue to dynamic internal and external referral sources over time. Traditional profiles only capture initial intake acquisition data, failing to track source shifts when a returning patient presents with a brand-new clinical case or area of injury.

Core Functionality

By repurposing and enabling the core system configuration module historically designated for "Complaints," clinics can transform the module into "Client Cases". This builds a historical timeline of individual injuries per patient, mapping custom data filters (such as Referral Category, Referral Type, and Referral Start Date) to explicit billing and appointment datasets.

Technical Implementation / Config

To deploy this tracking methodology, administrators must apply the following baseline configurations:

1. **Enable the Module:** Navigate to **General System Settings > Patients > Medical Profile** and activate **Complaints**.
2. **Relabel System Objects:** To align UX with operational tracking, update the alternate naming convention properties:
   - *Alternate Complaint Name:* `Client Case`
   - *Plural:* `Cases`
   - *Note:* Modifying this property globally updates system strings, including renaming the default "Patient Complaints" system report to **Patient Cases**.
3. **Configure Custom Fields:** Under the case module properties, add the following discrete custom tracking schema fields:
   - `Client Type` (Drop-down: New, Returning [<18 months], Reactivated [>18 months], Internal Referral)
   - `Referral Name` (Text box fallback for missing directory entities)
   - `Referral Start Date` (Date picker to differentiate initial active revenue windows from continuing treatment revenue)
4. **Establish Referral Hierarchy:** Populate backend directories with a two-tiered organization framework under system settings:
   - **Categories (Buckets):** (e.g., Physicians, Advertising Channels, Internal Providers, Promotions).
   - **Types (Sources):** Child nodes mapping to the parent categories (e.g., Specific doctor names, specific social networks, or specific internal staff IDs).

Caveats & Limitations

Appointment Mapping Dependency: Data from newly generated cases will populate as completely blank nodes ($0.00 value metrics) on financial and statistics reports unless the specific Case object is explicitly linked to individual booked appointments.

State Maintenance: Case statuses must be manually updated to "Discharged" upon treatment completion. Failing to close cases leaves them active in the UI list, skewing analytics data accuracy.

Portal Restrictions: Custom Cases cannot be modified or generated by patients via the online portal interface; management is strictly confined to admin and provider roles during booking or assessment.

Export Overhead: Synthesizing these data sets into visual dashboards currently requires a manual workaround via the *Patient Cases* report filtered by a specific date range, requiring manual row cleaning and formatting inside external tools like Excel. Native dashboarding inside the system's Analytics module is currently in product design.

Best Practices

Internal Incentive Schemes: Use the Provider-to-Provider mapping data within Internal Referral tracking to design and calculate accurate operational data for internal staff referral bonus programs.

Marketing Budget Audits: Run cross-reference reports monthly against external marketing spend. For instance, if a referral source channel like Google Advertising costs $5,000 but the mapped case revenue totals only $2,000, use the dashboard metrics to scale back parameters.

Keywords: Juvonno, Referral-Tracking, Custom-Fields, Patient-Cases, OCF-Cloning

July 15 - Stop Rewriting: Automate Your Clinical Documentation

This webinar covers updates to clinic administration tools and demonstrates how practitioners can streamline their documentation through chart note macros and letter templates.Recent System Updates

- **Patient Chat Enhancements**: Updates to appointment confirmation responses have been streamlined. When a client replies "C" to confirm an appointment, the confirmation message and the subsequent autoresponder are now hidden within the patient chat to reduce clutter. Reminders remain visible, and the appointment status is updated on the schedule.

Feature Title: Patient Chat Confirmation Filtering

Problem Solved: Clinics using the Patient Chat feature experienced chat inbox clutter due to high volumes of incoming "C" response messages and outgoing confirmation auto-responders.

Core Functionality: System updates automatically hide "C" confirmation reply messages and their subsequent auto-responder acknowledgments from the main Patient Chat view while maintaining appointment status updates on the schedule and logging responses in the patient's individual profile.

Technical Implementation / Config:

- No manual configuration required; feature behavior is managed by the system backend.
- **System Actions:**
  - Appointment Status automatically updates to "Confirmed" on the schedule upon receiving "C".
  - Hides response and auto-responder threads in the global Patient Chat dashboard.
  - Preserves full message history under individual Patient Profile chat logs.

> **Best Practices**
> Encouraged for high-volume clinics to streamline daily morning administrative workflows without manual message management.

`Keywords:` Patient Chat, Appointment Confirmation, Automated Messaging, Inbox Filtering, Workflow Efficiency

Feature Title: Practitioner Charting Defaults & Visibility Controls

Problem Solved: Practitioners with multiple clinical charts assigned to their profile had all charts render in the observation section simultaneously. This triggered mandatory field validations for charts irrelevant to the specific patient encounter.

Core Functionality: Practitioners and admins can set default and enabled chart views under practitioner profiles. Only defaulted templates render upon creating a new chart note, while other enabled charts remain manually selectable.

Technical Implementation / Config:

1. Navigate to **User Profile** > **Charts**.
2. Designate primary templates using the **Default** toggle.
3. Check off supplementary charts using the **Enabled** toggle.

```
User Profile ──> Charts ──> [Toggle: Default] / [Check: Enabled]
```

> **Caveats & Limitations:**
> Once an enabled supplementary chart is selected/added during a live charting session, it cannot currently be deselected/removed without refreshing or clearing the un-saved session.

> **Missing Technical Detail:** The speaker referenced upcoming deselect functionality for selected charts but did not explain implementation steps.

> **Best Practices**
> Set universally required templates (e.g., standard SOAP Notes) as the Default, keeping specialized assessments set to Enabled to prevent missing mandatory fields during chart audits.

`Keywords:` Chart Defaults, Form Builder, Mandatory Fields, User Profile Settings, Clinical Documentation

Feature Title: Dynamic Letter Generation via Chart Note Integration

Problem Solved: Standard static Letter Templates provided limited customization capabilities and did not allow saving mid-draft progress or extracting rich text dynamic details directly from clinical charts.

Core Functionality: Users can populate Letter Templates dynamically using a specialized `chart_note` Go-Code tag that extracts content exclusively from the **Notes** tab of an active clinical chart. This allows practitioners to draft, save, edit, and layer rich text macro content prior to generating non-editable PDF letters.

Technical Implementation / Config:

1. **Letter Template Setup:**
   - Navigate to **System Settings** > **Letters**.
   - Insert dynamic tags alongside text (e.g., patient/practitioner tags and the chart extraction tag): `[chart_note]`

2. **Chart Note Macro Creation:**
   - Navigate to **User Profile** > **Chart Notes**.
   - Click **New Note Template**.
   - Configure macro details:
     - **Data Type:** Select `Rich Text` (Recommended).
     - **Code Key:** Assign a short code (up to 7–8 characters max).
     - **Category:** Assign to a specific category for optimal drop-down filtering.
3. **Execution Workflow:**
   - Create or open a patient chart and navigate specifically to the **Notes** tab.
   - Input macros manually or type `[Code]` + `Ctrl` + `Space` (Note: Code triggers are case-sensitive).
   - Go to Dashboard or Patient Record > Generate Letter > Select letter template and relate the target chart.

> **Caveats & Limitations:**
> The `chart_note` Go-Code tag strictly extracts data from the **Notes** tab of a chart; data entered into the *Observations* or other tabs will not pull into the letter.
>
> Macro shortcodes are case-sensitive during expansion.
>
> Single-line text macro fields are hard-capped at 250 characters.

Once a letter is finalized/generated, it cannot be edited inline; the letter document must be deleted and re-generated if corrections are needed.

Best Practices
Always utilize `Rich Text` format for macros to retain bulleting, bolding, and structural formatting capabilities.

Assign categories when creating macros to prevent UI list clutter.

Always preview generated letters before saving, sending, or e-Faxing to ensure the correct chart reference was selected.

`Keywords:` Letter Templates, Go-Codes, Chart Macros, Document Generation, e-Fax Integration

July 22 - JComm: Custom Reminders, Instant Sends, and Newsletter Design using CanvaNew Page

The video provides an overview of recent system updates and demonstrates advanced techniques for automating patient communication using JCOM.System Updates

- **Charting Enhancements**: Practitioners can now set a default chart template and enable multiple templates to choose from during a patient encounter. Note that currently, once a template is enabled, it cannot be deselected.
- **Bulk Faxing**: Users can now select and fax multiple documents simultaneously from a patient’s profile. The system currently supports sending these to a single recipient.

Feature Title: Practitioner-Selectable Chart Templates

Problem Solved: Practitioners were previously subjected to all available chart templates every time they charted, creating unnecessary clutter for those who only use specific templates.
Core Functionality: Practitioners can set a default chart template that loads automatically when opening a patient chart. Additional allowed chart templates can be toggled via an "enabled" state and manually added to an active session via a plus (`+`) menu on the charting dashboard.

Technical Implementation / Config:

- Navigate to **Practitioner Profile** > **Chart Templates**.
- Toggle the **Default** setting for the primary template.
- Toggle the **Enabled** setting for secondary allowed templates.

>

> **Caveats & Limitations:**
> Once an enabled template is added to an active charting session, it cannot currently be deselected or removed from that session.

> **Missing Technical Detail:** The speaker referenced a future update to enable deselecting templates but did not explain implementation steps.

`keywords: chart templates, default charting, practitioner profile, EHR, workflow`

Feature Title: Bulk Document Faxing

Problem Solved: Transmitting multiple patient records or forms via fax required individual, repetitive single-document fax actions. **Core Functionality:** Users can now select multiple documents simultaneously from a patient's profile and execute a single batch fax action.

Technical Implementation / Config:

- Go to **Patient Profile** > **Documents**.
- Use individual checkboxes next to target files or select the top **Select All for Fax** option.
- Click **Fax** in the bottom action menu to launch the outbound fax window.

> **Caveats & Limitations:**
> The batch outbound fax can only be sent to a single recipient (e.g., one specific pharmacy or clinic) per action; it does not support multi-recipient broadcasting.

`keywords: bulk fax, document management, patient records, electronic fax, batch action`

Feature Title: Remote Visit Appointment Type & Dynamic Location Field

Problem Solved: Booking telehealth or off-site visits lacked designated appointment classification and automated location details in patient notifications.
Core Functionality: Adds a dedicated `Remote` visit type to appointment scheduling. Selecting this type renders a manual location field that dynamically populates into automated patient appointment reminders.

Technical Implementation / Config:

- Open appointment details in the **Home Schedule**.
- Set the visit type drop-down to **Remote**.

- Enter specific meeting details or URLs into the dependent **Location** input field.

`keywords: remote visits, scheduling, appointment reminders, telehealth, location tags`

Feature Title: Multi-Stage & Secondary Patient Reminders (JCOM)

Problem Solved: Native system settings only allow a single default appointment reminder, limiting a clinic's ability to send cadence-based follow-ups or preparation instructions.
Core Functionality: Uses JCOM to schedule secondary email or SMS reminders triggered by upcoming scheduled appointments.

Technical Implementation / Config:

- Navigate to **JCOM (Megaphone icon)** > **New Campaign** > Select **Email** or **Text**.
- Set **Trigger** to `Every Appointment`.
- Configure **Scheduling / Send On** settings (e.g., `2 days prior`, `1 day prior`).
- Ensure the **One sent per patient** checkbox is **UNCHECKED** to ensure recurring notifications for ongoing patients.
- Add dynamic message variables using system **Go Tags** located beneath the body text area.
- Set **Start Date** to today or a future date and check **Ongoing**.

> **Caveats & Limitations:**
> Campaign start dates cannot be backdated.
>
> Day-of execution (e.g., sending at 7:00 AM on the appointment day) risks delayed delivery due to automated batching queues; 1–3 days prior is required for reliable delivery.

> **Best Practices**
> Uncheck **One sent per patient** so returning patients receive reminders for subsequent bookings.
>
> Schedule reminders 1–3 days prior to the appointment date to avoid batch processing delays on the morning of the visit.
>
> Use secondary reminders to deliver specific pre-visit details such as parking, clinic intake protocols, or required items.

`keywords: JCOM, appointment reminders, automated campaigns, go tags, scheduling triggers`

Feature Title: Service-Specific & Product-Specific Automated Campaigns (JCOM)

Problem Solved: Generic communication fails to provide targeted intake documentation or post-purchase care instructions tailored to specific services or retail items.
Core Functionality: Triggers automated campaigns targeted either by specific scheduled services/categories or by invoiced products.

Technical Implementation / Config:

- **For Scheduled Items (e.g., Initial Assessments):**
  - Set Trigger to `Scheduled Item` or `Scheduled Item Category`.
  - Input the specific **Item Number / Code** and click **Go** to confirm.
  - Set **Send On** timing (e.g., `2 days prior`) to allow time for intake form completion.
- **For Invoiced Items (e.g., Product/Equipment Purchases):**
  - Set Trigger to `Invoiced Item` or `Invoiced Item Category`.
  - Input the target **Product Item / Code**.
  - Set **Send On** timing to post-purchase metrics (e.g., `1 day after` or `2 weeks after`).

```
# Example Configuration Logic:
Trigger Type: Scheduled Item
Item Code: [PHYSIO-EVAL-01] -> Click [Go]
Send On: 2 Days Prior
One Sent Per Patient: Unchecked
Status: Ongoing
```

> **Caveats & Limitations:**
> Campaigns only support **one** item/product code per campaign rule. Multi-service coverage (e.g., distinct Physio, Chiro, and Massage initial visits) requires creating individual, separate campaigns for each item code.

`keywords: item triggers, invoice triggers, targeted campaigns, intake forms, post-care instructions`

Feature Title: Custom Field-Based Audience Targeting (JCOM)

Problem Solved: Lack of instant campaign triggering for static patient attributes can be bypassed by segmenting audiences based on profile custom fields.
Core Functionality: Filters patient audiences using mandatory custom profile fields (e.g., drop-down selections) to route targeted automated communications.

Technical Implementation / Config:

1. **Field Creation:**
   - Navigate to **System Settings** > **System Entities & Types** > **Custom Fields**.
   - Click **Add Field**, set type to **Drop-down**, define options, and enable **Include in Portal** as **Mandatory**.
2. **List Generation:**
   - In JCOM, create a new **Patient List**.
   - Scroll to **Custom**, select the created custom field, and select the target drop-down value.
3. **Campaign Setup:**
   - Set Audience to the newly created Patient List.
   - Set Trigger to `Custom Date Range`.
   - Set Scheduling to `Day of`.
   - **CHECK** the **One sent per patient** option.

> **Best Practices**
> Always use **Drop-down** control types rather than single-line text boxes for custom fields to eliminate casing/spelling mismatches during list filter evaluations.
>
> Check **One sent per patient** for custom field attribute campaigns to prevent sending the same informational campaign repeatedly.

`keywords: custom fields, patient segmentation, audience lists, custom date range, patient portal`

Feature Title: Image-Based HTML Newsletter Embedding (Canva Integration)

Problem Solved: Native JCOM text editors lack advanced layout, branding, and graphical capabilities for newsletters, and raw HTML/source code imports from third-party tools are no longer supported.
Core Functionality: External graphic design assets (e.g., Canva templates) can be embedded into JCOM campaigns via formatted image files.

Technical Implementation / Config:

1. Design assets in external software (e.g., Canva) using free or standard templates.
2. Export/Download the completed asset as a `.JPG` or `.PNG` file.
3. In JCOM, open the campaign text body editor.
4. Go to **Insert** > **Image** > **Upload** the local `.JPG`/`.PNG` file.
5. Format image alignment (e.g., Center) and add supplementary hyperlinked plain text below the image if necessary.

`keywords: Canva, image upload, newsletters, HTML campaigns, marketing templates`