

## Practice Locations



ADMINISTRATION > PRACTICE SETUP > PRACTICE LOCATIONS

### STEPS

1. Select "Add Location"
2. Enter the information using the unique NPI # for that location
3. To update an existing location, select "Edit". If you wish to make changes to your primary location, you must submit a ticket to support

## EDIT LOCATION INFORMATION

These are the current locations associated with your practice. Add, edit and delete them at your will.

Location ID	Name Of Location	NPI	Contact Info	Primary Location	Billing Location	Edit
1311672	Goshen		Contact: Test contact person			
1693799	AGAIN TEST					
1312393	Amb Surgery Center NHO					
1694518	ARDEN HILL HOSPITAL					
1691760	billing location					
1694517	CRYSTAL RUN HEALTHCARE LL					
1313424	Emergency Room					
1693203	Good Samaritan Hospital					
1695438	Goshen					
1695404	Neurosurgery One Test					
1313423	Orange County Skilled Nursing Facil					
1312594	ORANGE REGIONAL MEDICAL C					
1312959	SLEEP LAB A					
1695183	test location					
1695502	TEST SCHEDULER					
1695377	Very Looooooooooooong Practice N P.C					

ADD LOCATION ►

NEXT ►►

Secure | [https://ehr.wrshealth.com/practice\\_new/AddPractice2.phtml?practiceid=2...](https://ehr.wrshealth.com/practice_new/AddPractice2.phtml?practiceid=2...)

\* = Required

### Add / Edit Your Location

Location Name*	<input type="text"/>
Contact Name	<input type="text"/>
Street Address 1*	<input type="text"/>
Street Address2	<input type="text"/>
City*	<input type="text"/>
State*	<input type="text"/>
Zip Code*	<input type="text"/> Enter xxxxx-xxxx
Phone*	( <input type="text"/> ) <input type="text"/> - <input type="text"/>
Fax	( <input type="text"/> ) <input type="text"/> - <input type="text"/>
Email	<input type="text"/>
NPI	<input type="text"/>
Primary Location	<input type="checkbox"/>
Billing Location	<input type="checkbox"/>
Hidden from Practice Website	<input type="checkbox"/>
Resource Access	<input type="checkbox"/>



## NOTES

- *You will designate locations as either service or billing facilities*
- *Your Service Facility is the physical location where the service took place; this corresponds to Box 32 on your CMS 1500 form*
- *Your Billing Location is the address that you use for payment; this corresponds to Box 33 on your CMS 1500 form*