

### Important Content Update Message

We are currently updating the OP Help Center content for the release of OP 20. OP 20 (official version 20.0.x) is the certified, 2015 Edition, version of the Office Practicum software. This is displayed in your software (**Help tab > About**) and in the Help Center tab labeled Version 20.0. We appreciate your patience as we continue to update all of our content.

# ePrescribing: Required Fields

Last Modified on 12/12/2019 1:10 pm EST

Version 14.19

## Required Fields

### Required Fields

To enter the information that is required for ePrescribing, access the Staff Directory window. To do so:

1. Click on **Utilities**.
2. Select **Manage Practice**.
3. Select **Staff/Provider Directory**.
4. Select **Provider Info**.

OP 14 displays the Staff Directory window.



**Note:** The following fields in the Staff Directory are required for all Prescribers and Supervising Providers.

### Provider NPID

The 'Provider NPID' field must be populated with a valid NPI number.

**Staff Directory**

Location: Primary Location  All

Staff Name	Initials	ID
Demo Doctor, MD	DD9	107
Roger Provider	TP	55
Jeff Agent	JA	310
Bruce Banner	BB	316
Administrator	\$AD	102

Basic Info | Data Visibility | **Provider Info** | Practice Info | IIS | Lab Links | e-Prescribing

Signature name: Roger Provider  
First 21 characters of signature name appear on line 31 of the claim form. A comma MUST occur after last name.

License info: Physician License Number

License #: 123456789

Federal DEA#: 987654321 State DEA#:

Federal Tax ID: 00-123456 or SSN:

**Provider NPI: 199999992 (line 24J)**

Provider UPIN:

Taxonomy code: Pediatrics (HPTC - line 31)\*

Merchant ID:

NADEAN #:

## Phone Number

The first 'Work Phone(s)' field in the Address Book must have a valid phone number for all prescribers and staff members that send prescriptions.

**Edit Address**

Name/Phone | Address | Staff/Provider | Hospital Affiliation | Specialties

Unique ID: 55 Active

First/middle name: Roger

Last name/suffix: Provider

Company:

Work phone(s): **232-555-4123**

Fax: 232-555-9630

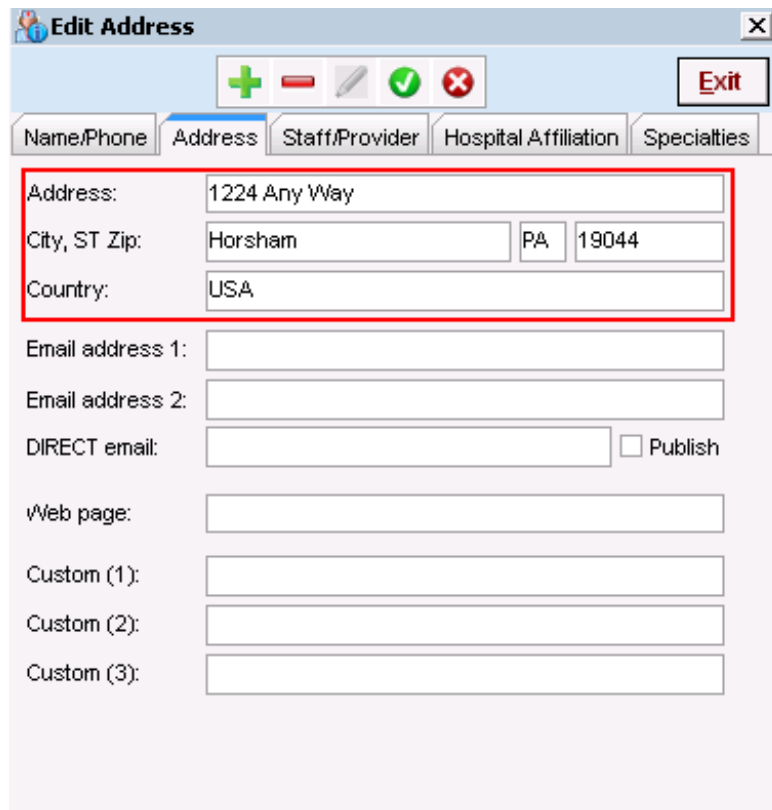
Cell phone:

Home phone:

Note: - 1000 characters maximum

## Address

A complete and valid office address must be entered on the Address tab of the Address Book.



**Edit Address**

Address: 1224 Any Way

City, ST Zip: Horsham PA 19044

Country: USA

Email address 1:

Email address 2:

DIRECT email:   Publish

Web page:

Custom (1):

Custom (2):

Custom (3):

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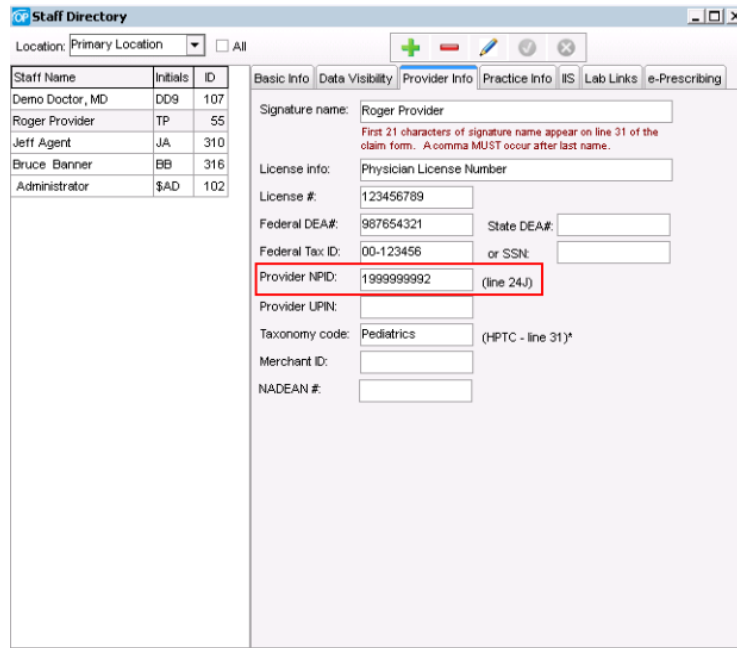
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Basic Info Data Visibility Provider Info Practice Info IS Lab Links e-Prescribing

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License info: Physician License Number

License #: 123456789

Federal DEA#: 987654321 State DEA#:

Federal Tax ID: 00-123456 or SSN:

Provider NPID: 1999999992 (line 24.J)

Provider UPIN:

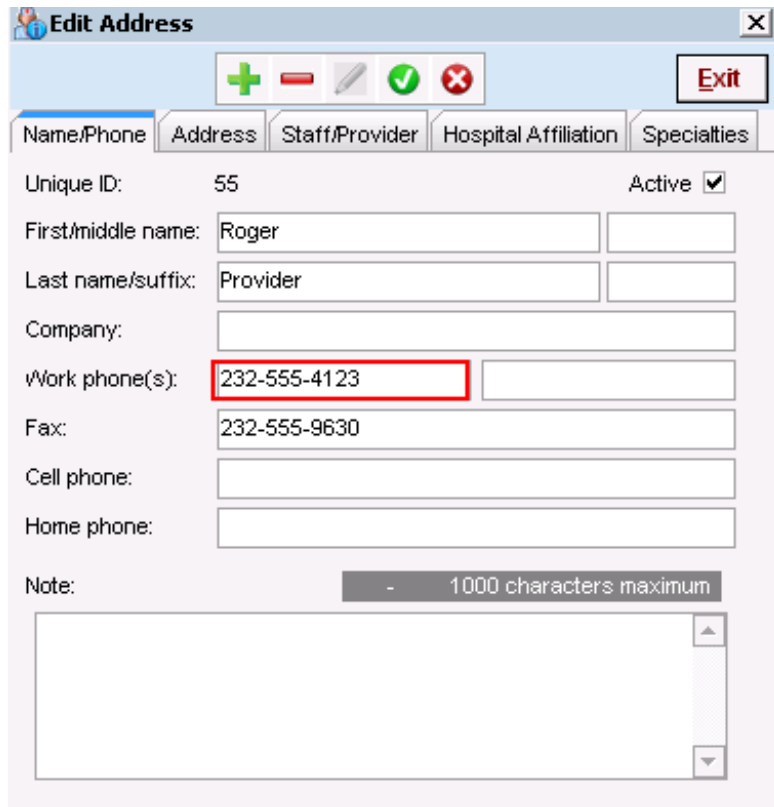
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+ - ✎ ✓ ✕ Exit

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**Edit Address** [X]

+ - ✎ ✓ ✖ **Exit**

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