DrChrono integration brief

Define the permitted workflow before connecting systems.

For practice administrators, EHR owners and revenue-cycle teams evaluating a QuickIntell workflow alongside DrChrono. Use this brief to agree on access, mapping, review and evidence for a limited evaluation.

This is planning guidance, not an installed-connector attestation, marketplace listing, certification, price quote or go-live commitment. Confirm the exact QuickIntell module, DrChrono account, endpoint and permitted action with both accountable teams. Do not include patient information or credentials in public forms or ordinary inquiry emails.

What the vendor documentation establishes

DrChrono documents an OAuth-based REST API. Access depends on both the application's authorized scopes and the user's permissions. Request only the required scopes rather than relying on the default request for all scopes. DrChrono API documentation and scope reference.

DrChrono describes a separate ConnectEHR relationship for FHIR access to patient health information. That documentation does not, by itself, prove QuickIntell billing write-back, event coverage or a FHIR-native internal architecture. Confirm the interface needed for your use case. DrChrono FHIR API FAQ.

Choose one evaluation boundary

Define	Record with the accountable owner
Workflow	Start event, required input, reviewed action and receiving record
Environment	Practice/account, authorized test environment and synthetic or approved test data
Authority	Who grants access, reviews proposals and approves any permitted writes
Exclusions	Unsupported actions, unavailable endpoints and later modules

Read access is not write permission. A product name in an integration list is not evidence that every resource and action is enabled in your account.

1. Map reads, writes and ownership

Treat the rows below as questions to resolve, not claims that each action is supported. Agree on identifiers and conflict handling before sending data between systems.

Object / action	Questions for the evaluation
Patient and appointment	Which stable identifiers, practice/provider scope, time zone and cancellation/correction states must match?
Clinical document	Which note state and author are allowed? Who reviews a draft and verifies its intended encounter before signing?
Coverage / authorization	Which source, service date and status are used? How are missing or stale details held for review?
Coding / charge	Which codes or charges may be proposed, and who authorizes the final action? How is an ambiguous match held?
Claim / payment	Which system submits each production claim? How is the resulting claim or ledger state independently reconciled?
Every outbound action	Which endpoint and permission allow it? What response and receiving record establish actual completion?

Use one authorized submission route for each production claim. A shadow evaluation must not create duplicate claims or replay uncertain payments. Confirm actual receiving-system state before an authorized retry.

Access and event checklist

Record the selected interface, scopes, user permissions, app mode, supported events or polling approach, rate-limit handling and credential owner. Verify event authenticity and permitted callback behavior against current vendor documentation; do not assume a specific remittance event or an app-directory listing exists.

Chosen read / permitted write / exception owner / unresolved dependency

2. Test ordinary work and exceptions

Use synthetic or approved records in the authorized evaluation environment. Set expected outcomes and pass criteria before reviewing the system's proposals. An access-blocked case is not a passed test.

Case	Expected evidence to agree and observe
Routine case	Correct identifiers, reviewed action, permitted destination response and reconciled result
Missing / conflicting data	Visible hold, no guessed match or unsupported action, and an assigned reviewer
Expired / denied access	Clear failure, no false success, and a handoff to the credential or permission owner
Rate limit / outage	Bounded recovery behavior; no repeated manual requests that amplify the problem
Duplicate / corrected event	Agreed duplicate/correction behavior, preserved history and verified destination state
Interrupted write	Receiving-system state checked before any approved recovery action

Keep an evidence trail

For each case, record a non-sensitive test ID, source reference, expected result, authorized reviewer, actual response, receiving-record verification, defect owner and retest outcome. Keep clinical quality, technical execution and financial outcomes separate.

No universal accuracy, time-saving or revenue target is supplied here. Your team sets the evaluation population and decision threshold. API documentation is not evidence of your connector's measured performance.

Must-fix findings / evidence location / reviewer / retest date

3. Record the release decision

Release only the scope supported by observed evidence and the required approvals. Keep blocked, excluded and future work visible. Agree who can pause the workflow and who owns the manual fallback.

Decision area	Record before release
Tested scope	Account, module, interface, read/write actions, test period and evidence references
Review gates	Operations, EHR/IT, clinical/coding and privacy/security reviewers as applicable
Commercial scope	Implementation, support, third-party/interface and usage terms confirmed in the proposal
Decision	Limited acceptance, correction and retest, or no release for this scope

Decision / remaining limitations / approvers / next review

Sources and next steps

Official sources checked September 7, 2026: DrChrono API documentation; OAuth scope reference; FHIR API FAQ. These describe vendor interfaces, not a QuickIntell deployment, certification or guarantee.

QuickIntell companion guidance: data-readiness checklist, pilot acceptance and workflow manual. Operational questions also adapt the existing QuickRCM EHR Integration training manual. Performance benchmarks and deployment guarantees are outside this brief's scope.

Bring your workflow scope and unresolved questions to the QuickIntell team. Do not send patient details, access tokens, passwords or production payloads in a public inquiry.

Named reviewers and worksheet blanks are for your own evaluation. This brief does not create an approval, promise a delivery timeline, or substitute for vendor-specific technical, clinical or contractual review.