How to: Upload a Contact List
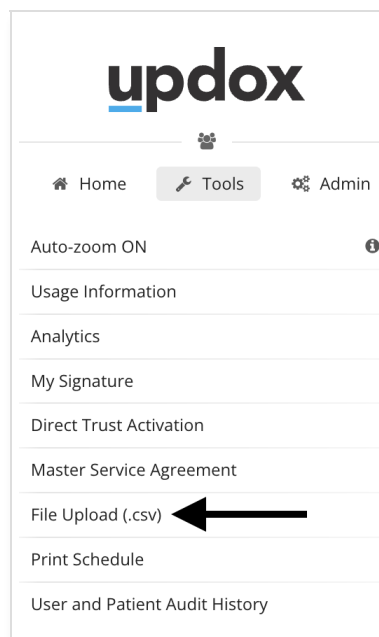
Uploading contacts into your Updox account can give you easy access to contacts in your existing Address Book!
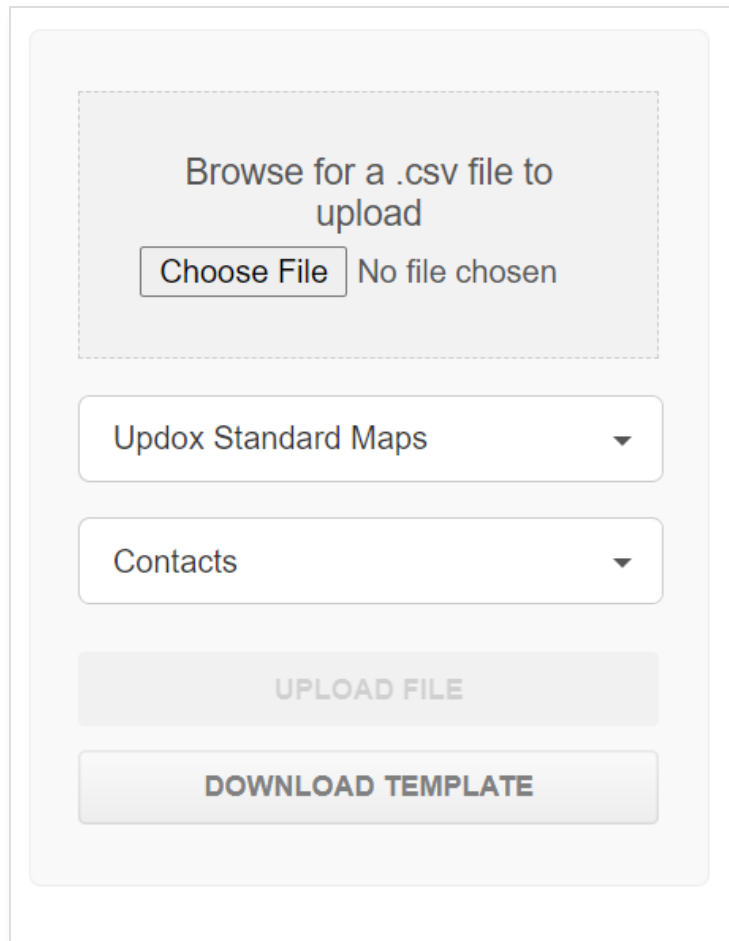
Step 1:

Access the File Upload area in Updox by clicking on Menu, then Tools, then File Upload (.csv)

Step 2:

In the first dropdown, choose '**Updox Standard Maps**', then '**Contacts**' in the second dropdown.

Step 3:

Click **'Download Template'**. A template .csv will open in a separate tab for you to use.

> **Tip:** When you are creating your contact list, you must follow the standard format exactly as displayed, ensuring that all the columns are in the correct order. See the example at the end of this article for detailed information on fields.

Step 4:

After finishing your list, click **'Choose File'** to upload your .csv.

> **NOTE:** *Make sure that 'Updox Standard Maps' and 'Contacts' are still selected in the two previous dropdown fields.*

Step 5:

Your .csv will display under 'Unprocessed Files'. Once your file is finished processing, it will automatically move to 'Processed Files'.

Processed Files

Filename	Uploaded
USER_MAP-updox-standard-user-sample-map2.csv	10/27/2020 3:07 PM

Tips for Importing a Contact List via File Upload:

- The first column is labeled 'Patient ID', but don't worry! Use this field to enter a unique contact ID of your choosing in case you need to re-upload a new list with the same contacts.
- If your file fails, check the column order to ensure it matches the template exactly and the format of zip codes match the sample.
- Columns EHR Account ID, EHR Contact Location ID and DOB generally aren't used when uploading your Contact List. You may leave these fields blank for each contact on your list.
- The fax line must be a 10 digit number so please make sure to remove the 1 from the beginning of your contacts' fax lines.

Contact Mapping Examples:

Updox Standard Maps: Contacts

Updox field name	Sample	Description	Formatting Details
Patient ID	sample123	Unique identifier for the contact	This can be any alphanumeric value of your choosing
First Name	Jane	Contact first name	
Last Name	Doe	Contact last name	
Business Name	Sample Practice	Business name	
Address 1	123 Main St.	Contact address	
Address 2	Suite 1	Contact address line two used for Apt #, STE #, Unit #	
City	Anytown	City of address	
State	OH	State of address	State abbreviation or full name
Zip Code	55555	Zip Code of address	5-digit code
Email	sample@mail.com	Contact email address	
Mobile Phone	555-555-5555	Contact mobile phone number	10-digit number
Active*	TRUE	Indicates if the Contact is active	If FALSE or blank the records will not update
Work Phone	555-555-5555	Contact work phone number	10-digit number
Work Extension	555	Contact work phone number extension	
Fax Number	555-555-5555	Contact fax number	10-digit number
EHR Account ID	sampleEHR1	EHR Account ID	
EHR Contact Location ID	sampleContactAnytown1	EHR Contact Location ID	
DOB	1/30/1970	Contact date of birth	Accepted formats: M/D/YYYY, MM/DD/YYYY, YYYY-M-D, YYYY-MM-DD

*required field