



STATEMENT REGISTRATION FORM - DB ADD ON

Complete the following and return to your project manager. This information is required a minimum of one week prior to the estimated *go-live* date to ensure a smooth installation. If you have multiple databases that will be sending Electronic Patient Statements, complete a separate packet for each database. In addition, you will need to assign an individual to be responsible for all Electronic Patient Statement activity.

Client #	_____	Database #	_____
Practice Name	_____	Contact Person	_____
Address	_____	Contact Phone #	_____
City, ST, Zip	_____	Contact Email	_____
Phone #	_____	Fax #	_____

Setup Information

The name and address of the practice and/or physician that prints on the patient statement is taken directly from the statement file that you send to CGM US. This information can be found in the *Change Database Parameters* function located on the *System, Database Maintenance Menu* for each database in your system. If you **need a different practice and/or additional physician names** to be printed on the patient statement, fill out the following:

Practice Name: _____

Physician Names: _____

Statement Type selected? 5 6

****Note**** - For databases that are setup for Linking Billing, only Statement Type 6 can be used.

of Days for Statement Cycle: _____ Billing Office Phone #: _____

Our office accepts: MasterCard Visa Amex Discover None

Statement Customization Options:

You can customize the statement program to meet your practice's needs with the following options. ****Note**** - These options are only available for Statement Types 6.

Aging: Patient Balance Accounting Date

Balance used to create statements: Patient Balance Whole Balance

_____	_____
Client Name	Date
_____	_____
Signature	Title