Electronic Patient Statement

Registration Packet

August 2023

CGMwebPRACTICE™

Fully Web-Based Practice Management Suite

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NOTICE

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ELECTRONIC STATEMENT SETUP

How does it work?

You create your patient statements and print them to a file. Within CGM webPRACTICE™ you can review and edit your statements. You also have options to; enter additional notes; discard statements from the file and to print individual statements to the printer. After you approve the statement file, you send the file to CGM US.

Setup Process

The setup process usually takes one week to complete and then you will be ready to send your patient statements to CGM US.

Step 1:   This is an information gathering process that enables CGM US to customize the setup to meet your practice's needs, based on the available standard options. To begin this step, you will need to complete the Statement Registration Form, which is included on page five of this document.

Step 2:   CGM US will install the statement programs, perform the setup and create a test batch of statements.

Step 3:   The next step is to send the test batch of patient statements to CGM US. The statement mapping will be performed for your statements and a sample will be emailed to you for approval.

What happens to the statements at CompuGroup Medical?

When CGM US receives your patient statements, they are processed and mailed out no later than the next business day.

Prior to printing the statements, they are processed through special U.S. Postal Mailing software to add the zip + 4 and barcoding to ensure the accuracy of addresses so your statements can be delivered quickly and efficiently with fewer mail returns. These statements cost current postage rate plus .20 cents apiece w/ .10 cents for any additional pages.

Any patient statements that do not pass successfully through the mailing software are placed on the *Confirmation/Exception* report. You will be able to review this report via EMEDIX Online (which also includes the total number of statements mailed) every time you send statements to CGM US. The *Confirmation/Exception* report allows you to make the necessary corrections to your patient accounts.

STATEMENT REGISTRATION FORM

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. See page 6 for detailed information. ****Note**** - *These options are only available for Statement Type 6.*

Aging: ☐ Patient Balance   ☐ Accounting Date

Balance used to create statements: ☐ Patient Balance   ☐ Whole Balance

_____   _____
Client Name   Date

_____   _____
Signature   Title

Description of 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.

Statement Aging
The first option is to decide how you want the statement aging calculated. The standard format is to calculate the aging based on when the balance of the transaction was placed in the **Patient Balance** column. You can choose to have the aging calculated instead, by the **Accounting Date** of the transaction.

Balance Used To Create Statements
The next option is to decide which balance you want to use when you create statements. You can select either the **Whole Account Balance** or just the **Balance in the Patient Balance column**.

STATEMENT TYPE DESCRIPTIONS

Type 5 - Open Item Statement

This statement prints only the open items on a patient's account. Open items are charges still owing, and payments or adjustments that are not allocated. It will show the individual transactions with the charge amount, payments and adjustments applied against the charges and the balance owing on the charges.

- It prints any denial reasons for each charge right below the charge description.
- The aging displayed represents the entire account balance.
- The *whole account balance* is printed for the prompt "Pay this Amount".
- This statement can only be printed through *Billing, Print Patient Statements*.

Type 6 - Patient Balance Statement

This statement prints only the open items on a patient's account. Open items are charges still owing, and payments or adjustments not allocated. The individual charges will be printed, any payments and adjustments applied to the charges (in one column) and the breakdown of the balance owed in the insurance and patient balance columns.

- It prints any denial reasons for each charge right below the charge description.
- There is a section that displays any payments received in last 30 days.
- The aging displayed is broken down between insurance and patient balances.
- The *patient balance* is printed for the prompt "Pay this Amount".
- This statement can only be printed through *Billing, Print Patient Statements.*

DATE	DESCRIPTION	AMOUNT	PAID	ADJ	BALANCE
01-04-02	OV NP LEV 4	198.00	147.15	47.10	3.75(2)
	PATIENT COPAY / CO-INSURANCE				
	BLOOD DRAW	10.00	7.50	2.00	0.50(2)
	PATIENT COPAY / CO-INSURANCE				
	URINALYSIS, NONAUTO	15.00	8.00	5.50	1.50(2)
	PATIENT COPAY / CO-INSURANCE				
02-12-02	OV EST LEV 3	75.00	53.00	15.00	7.00(2)
	PATIENT COPAY / CO-INSURANCE				
02-15-02	OV EST LEV 2	54.00	34.56	10.80	8.64(3)
	OSTEOPATHIC MANIPULA	75.00	48.00	15.00	12.00(3)
02-28-02	OV EST LEV 3	75.00			75.00(1)
	BLOOD DRAW	10.00			10.00(1)

```
(1) - This item has been filed for insurance
(2) - This item is the patient's responsibility
(3) - This item has been filed to secondary
```

AGING	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL	
	112.64		5.75			118.39	

YOUR PRACTICE NAME
BILLING QUESTIONS: (602) 277-6277
PATIENT: ANDY
ACCOUNT #: 22

PLEASE PAY
THIS AMOUNT»»$ 118.39

STATEMENT

Type 5

MasterCard   VISA   **CREDIT CARDS**   AMERICAN EXPRESS   DISCOVER

CHECK CARD USING FOR PAYMENT

[] Mastercard   [] Visa   [] American Express   [] Discover

CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
March 07, 2002	$ 12.75	22

SHOW AMOUNT PAID HERE   **$**

PATIENT: ANDY ANDERSON
BILLING QUESTIONS: (602) 277-6277

IlluIlIlIllIllIllllllIllIlIlIlIlIlllIlIIlIllIlII
ANDY A ANDERSON
123 MAIN ST
ANYTOWN AZ   85001-1234

REMIT TO:

IlluIlIlIllIllIllllllIllIlIlIlIlIlllIlIIlIllIlII
YOUR PRACTICE NAME
2005 N CENTRAL AVE STE 100
PHOENIX AZ 85004-4533

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	CODE #	DESCRIPTION	CHARGES	PAYMENTS CREDITS	INSURANCE BALANCE	PATIENT BALANCE
01-04-02	99204	OV NP LEV 4	198.00	194.25		3.75(2)
		PATIENT COPAY / CO-INSURANCE				
	36415	BLOOD DRAW	10.00	9.50		0.50(2)
		PATIENT COPAY / CO-INSURANCE				
	81000	URINALYSIS, NONAUTO	15.00	13.50		1.50(2)
		PATIENT COPAY / CO-INSURANCE				
02-12-02	99213	OV EST LEV 3	75.00	68.00		7.00(2)
		PATIENT COPAY / CO-INSURANCE				
02-15-02	99212	OV EST LEV 2	54.00	45.36	8.64	(3)
	98925	OSTEOPATHIC MANIPUL	75.00	63.00	12.00	(3)
02-28-02	99213	OV EST LEV 3	75.00		75.00	(1)
	36415	BLOOD DRAW	10.00		10.00	(1)
		Payments received in last 30 days:				
02-12-02	CCK	CK#590 DOS 02-12-02		5.00		
02-25-02	MED	MC PMT DOS 2-12-02		48.00		
02-27-02	MED	MC PMT DOS 2-15-02		82.56		
TOTALS					105.64	12.75

(1) - This item has been filed for insurance
(2) - This item is the patients responsibility
(3) - This item has been filed to your secondary

AGING	CURRENT	PAST 30 DAYS	PAST 60 DAYS	PAST 90 DAYS	PAST 120 DAYS	TOTAL	
INSURANCE	105.64					105.64	
PATIENT	7.00	5.75				12.75	

YOUR PRACTICE NAME
BILLING QUESTIONS: (602) 277-6277
PATIENT: ANDY ANDERSON
ACCOUNT: 22

STATEMENT

PLEASE PAY THIS AMOUNT»»$	12.75

Type 6