Electronic Patient Statement
DB Add-on Form

August 28, 2024

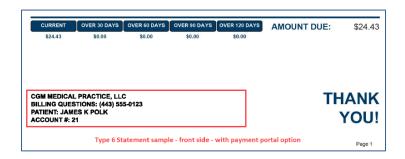**CGMwebPRACTICE™**

Fully Web-Based Practice Management Suite

STATEMENT REGISTRATION FORM – DB ADD-ON FORM

Complete the following and return to your Implementation Consultant. 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 form 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 (*System > Database Maintenance Menu*) for each database in your system. If you **need a different practice name** to be printed on the patient statement, fill out the following:

Practice Name: _____

Statement Type selected? ☐ 5 ☐ 6 ☐ 10 **# of Days for Statement Cycle**: _____
   Note - *For databases that are setup for Linking Billing, only Statement Type 6 can be used.*

Credit Cards our office accepts: ☐ MasterCard ☐ Visa ☐ Amex ☐ Discover ☐ None

Billing Office Phone #: _____

Practice and Patient Information to print on each patient statement
You have four lines of data available that can print in the lower-left portion of the statement. Typically, this includes your Practice Name, Billing Questions Phone #, Patient Name and Patient Account # as shown in the sample below:

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	AMOUNT DUE:	$24.43
$24.43	$0.00	$0.00	$0.00	$0.00		

CGM MEDICAL PRACTICE, LLC
BILLING QUESTIONS: (443) 555-0123
PATIENT: JAMES K POLK
ACCOUNT #: 21

THANK YOU!

Type 6 Statement sample - front side - with payment portal option

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This area can be customized to meet your needs though. For example, if you want to include Doctor Names, the data can be shifted around to do so, as shown below:

Indicate below if you want the standard data to print, otherwise complete the fields with the data you want to print on the four lines at the bottom of the statement:

Print Standard Data: ☐

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

Statement Customization Options:

If you are using Statement Type 6, you can customize the statement program to meet your practice's needs with the following options. ****Note** -** *These options are only available for Statement Type 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**.

Indicate below which options you want:

Aging: ☐ Pt Bal ☐ Acct Date   **Balance Used to Create Statements**: ☐ Pt Bal ☐ Whole Bal

_____   _____
Client Name   Date

_____   _____
Signature   Title