

CGM PAY User Guide

February 2025



Integrated Payment Solution



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NOTICE

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INTRODUCTION

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CGM PAY is an online payment solution integrated with eMEDIX and utilizes payment devices to offer keyed, swiped, tapped and chip credit and debit card processing. ACH, Card-not-present and wallet transactions, voids, and credits are processed within CGM webPRACTICE. Transactions are automatically stored in the *Unposted Payments* function and can be manually allocated or posted to a specific charge. Device settlement occurs automatically. In addition, you have access to the *eMEDIX Payment Portal* functionality which enables your patients to easily make credit card payments online when they receive a patient statement or collection letter.

This manual provides instructions for using CGM PAY within CGM webPRACTICE. It is intended for CGM webPRACTICE Users that are already experienced and trained in the basic functionality of CGM webPRACTICE. Only the functions specific to CGM PAY are included in this manual and if you need instructions for other CGM webPRACTICE functionality, refer to *CGM webPRACTICE Help* or contact Customer Service for assistance.

This User Guide is updated through version 2025.1.0.

CGM PAY SETUP

CGM PAY Integration Setup

Prior to using CGM PAY, you will need to access the *CGM PAY Integration* function (*System > Database Maintenance Menu > Integrations > CGM webTOOLS Integrations > CGM PAY > CGM PAY Integration*) to define which Payment Codes you want to use and confirm the Submitter Number(s) for CGM PAY have been entered. If instructed by CGM or Global Pay, you may also need to switch the Payment Vendor to eMEDIX.

- 1. **Default Payment Codes**: Enter the code you want to default for Co-Payments and ROA (Received on Account) payments and any additional codes for each payment type.
- 2. **Payment Methods Security Level**: Enter the lowest security level a User must have to access and edit payment methods saved on a patient's account.
- 3. Save Payment Method on File: If you want the Save Payment Method on File option to default as 'selected' each time the CGM PAY Payment screen is accessed, select this check box.
- 4. Days to Warn for CC on File Expiring: Enter the quantity of days you want to be warned prior to the patient's card expiring. Valid values for this field are 0-99 days and the default setting is 30 days. Currently this field only affects the CC Status yellow dot on the *Review/Send Electronic Statements* function.
- 5. **Payment Vendor**: Switch the Payment Vendor to eMEDIX if instructed to do so by CGM.
- 6. **Submitter Numbers:** Click the **Submitter Numbers** Action Column button and add the **Submitter Number(s)** provided during the CGM eMEDIX registration process.
- 7. Click Save.

	CGM PAY Integration							
Submitter Numbers	Co-Payment Payment Codes							
	Default Payment Code	CCC	VQ	COPAY CREDIT CARD				
	MasterCard Payment Code	CMC	Q	Mastercard Copay				
	VISA Payment Code	CVISA	Q	Visa Copay				
	American Express Payment Code	CAMEX	Q	American Express Copay				
	Discover Card Payment Code	CDISC	Q	Discover Copay				
	ACH Payment Code	ACHC	Q	ACH COPAY				
	Default Payment Code MasterCard Payment Code VISA Payment Code American Express Payment Code	CC MAST VISA AMEX	√ a a a a a	CREDIT CARD PMT Mastercard Payment Visa Payment American Express Payment				
	Discover Payment Code	DISC	Q	Discover Payment				
	ACH Payment Code	ACHR	Q	ACH ROA				
	Payment Methods Security Level Save Payment Method on File Days to Warn for CC on File Expiring Payment Vendor	6 2 30 • eMEDIX	Отб	YS ✓				

Note - If multiple databases have been activated, the *CGM PAY Integration* function must be completed in each database.

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eMEDIX eRESP Integration Setup

Prior to using CGM PAY, you need to access the *eMEDIX eResp Integration* function (*System > Claims Management Menu > CGM eMEDIX Integration*) and confirm the credentials have been entered for your Practice.

	EN	IEDIX eResp In	tegration	CompuGroup Medical US EASTSIDE MEDICAL (1)
Add User	Active	User Name 🔻	Printing Name	EMEDIX User Name
	\checkmark		EASTSIDE MEDICAL	
		HOPE	HOPEFUL SMITH (HOPE)	
	\checkmark	JEN	JEN (JEN)	
		KIM	KIM BAKER (KIM)	

Click on the row for the **Practice Name** and confirm the fields have been fully completed.

EMEDIX eResp Int	tegration	CompuGroup Medical EASTSIDE MEDICAL (us 1)
Database Name	EASTSIDE MEDICAL	×	
EMEDIX User Name	webpractice	✓	
EMEDIX Password	•••••	√	
EMEDIX DSN	web 🗸		

Note - If multiple databases have been activated, the *eMEDIX eResp Integration* function must be checked in each database.



CGM PAY Payment Plans - Patient Collections Integration Setup

Since Payment Plan information can be entered while collecting payments using CGM PAY, you need to access the *Patient Collections Integration* function (*System > Database Maintenance Menu > Integrations > Collections Integration > Patient Collections Integration*) to define the required Payment Plan Statuses if you have not already done so. This must be completed prior to using CGM PAY. For detailed information on setting up patient collections, see *Patient Collections Setup and Processing Steps* in CGM webPRACTICE Help (*Introduction > System Processes > Patient Collections Setup and Processing Steps*).

Patient Collections Integrat	ion
Acct Date or Patient Aging Age to Enter Collections Automatic Roster Population Minimum Balance \$ Suppress Billing Groups by Enter Letters in DMS Notes Enter Letters in Acct Hist Adj Code for Letters	 Acct Date ● Patient Aging ✓ 15 ✓ Time 12:00A 5.00 Account ○ Transaction ✓ ✓ LET Q COLL LETTER SENT
Initial Collection Status Collection Payment Plan Collection Payment Plan Failed Non-Delinquent Payment Plan Non-Delinquent Pmt Plan Failed Status for Part.Pmt Non-Plan Review for Agency Code Approved for Agency Code Transfer All or Delinq Chgs Adj Code for Write-Offs Adj Code for Collection Fee Transfer to Billing Group Collection Internal Comment Overwrite or Append Comment CGM ECOLLECTIONS Display Payment Plan Alert	1 COLL 1 - 30 DAYS (1) 5 PAYMENT PLANS (5) 6 PAYMENT PLAN FAILED (6) 10 NON-DELINQUENT PAYMENT PLAN (10) 11 NON-DELINQUENT PAYMENT PLAN FAILED (11) 8 PARTIAL PAYMENT RECEIVED (8) 3 COLLECTION REVIEW (3) 9 DISCHARGED (9) ✓ All O Delinquent ✓ COL ✓ Q COLLECTION ADJ COL Q COLLECTION PATIENTS **ACCOUNT TURNED TO COLLECTIONS** Overwrite Append

Note - If multiple databases have been activated, the *Patient Collections Integration* function must be completed in each database.



Additional Payment Type Setup

If you requested to have your database set up in "Test" mode (prior to going 'Live'), only the users designated as "Test" users will have access to the new CGM PAY functionality. When you collect payments, the **CGM PAY** option will replace the **Credit Card** option for the "Test" users but, if the "Test" users will still need access to the **Credit Card** option in *Patient Check/Out* during the test phase, you have the option to set up an additional payment type. This is just a temporary setup so that Test users can still have access to the **Credit Card** option.

To set up an additional payment type, access the *Patient Check In/Out Integration* function (*System* > *Database Maintenance Menu* > *Integrations* > *Schedule Integrations* > *Patient Check In/Out Integration*) and add **Credit Card** for the **Payment Type Button Name**. Add the Default payment codes you want to default for Co-Payments and ROA payments and click **Save**.

Additional Payment Type			
Payment Type Button Name	Credit (Card	
Default Co-Pay Payment Code	CCC	Q	COPAY CREDIT CARD
Default ROA Payment Code	CC	Q	CREDIT CARD PMT

When Test Users access the **Collect Payment** function, they will see the both the **CGM PAY** and **Credit Card** options.

Co-Payment Type:	×
Co-Payment Amount:	15.00 Override Co-Pay Pmt Code: Q
ROA Amount:	0.00 Override ROA Pmt Code: Q
Payment Type:	○ Cash ○ Check ○ E-Check ○ CGM PAY ○ Credit Card
Check Number:	
Remarks:	
Co-Payment Doctor:	1 CATHY CASTNER, MD, DO (1)
ROA Doctor:	1 CATHY CASTNER, MD, DO (1)



Additional Payment Type (cont.)

You will need to inform your non-Test Users that when they access the **Collect Payment** function, they will see two **Credit Card** options during the Test period. They can use either option because they will both function the same.

Co-Payment Type:	×
Co-Payment Amount:	40.00 Override Co-Pay Pmt Code:
ROA Amount:	0.00 Override ROA Pmt Code: Q
Payment Type:	○ Cash ○ Check ○ E-Check ○ Credit Card ○ Credit Card
Check Number:	
Remarks:	
Co-Payment Doctor:	HAY DR. TIMOTHY HAYBURN, P.H.D. (HAY) V
ROA Doctor:	1 CATHERINE CASTNER, NP (1)

When you have completed the Test period, remember to delete the **Additional Payment Type** information in the *Patient Check In/Out Integration* function.

OVERVIEW OF COLLECTING PAYMENTS

The following sections describe the processes for collecting payments in CGM webPRACTICE either through *Scheduling* or *Payment Entry* using CGM PAY. To prevent replication within the document, the types of payment methods are only described once, since they are the same whether you are collecting payments through *Scheduling* or *Payment Entry*.

Steps for Collecting Payments

- 1. Access Scheduling or Payment Entry to enter the preliminary payment information.
- 2. Select the Type of CGM PAY Payment Method you want.
- 3. Print the Transaction Receipt.
- 4. Complete the payment process in *Scheduling* or *Payment Entry*.



COLLECTING PAYMENTS IN SCHEDULING

You can collect CGM PAY payments using the **Collect Payment** Action Column button in *Patient Check In/Out* in Scheduling. You have three options to access the function:

- Schedule > Enter Patient Appointments > Select a patient > Check In/Out
- Schedule > Enter Patient Appointments > Check In/Out > Select a Patient
- Schedule > Patient Check In/Out > Select a Patient

The instructions provided below show the payment collection process after you have accessed the patient account you want.

Click Collect Payment in the Action Column.

Print Receipt					266	99 - FO)	. FRED				
E-Superbill											
Print Superbill	Date / Time	01-22-202	5 @ 10:30	0A							
Procedures	Doctor	CATHY CA	CATHY CASTNER, MD, DO (1)								
Payments	Location	MAIN OFFI	MAIN OFFICE (1)								
Adjustments	Visit Reason	ANNUAL EXAM									
o-pay Not Made	Billing Group	INS INSURANCE PATIENTS									
No Show	Case										
Quick-Post	Insurance Balance \$	0.00		Patient	Balance \$	0.00	C	ollection	Balance \$		
Add a Task											
Verify Eligibility	Status/Location	CONFIRME	D								
Elicibility History	Last Changed		В	ly							
and the standard over the balanchick of the		1				~	Check In	Check Out	t		
alculate Payment	New Status/Location										
alculate Payment Recalls	New Status/Location										
alculate Payment Recalls Collect Payment	New Status/Location Primary Insurance	AET	Q AET	NA							
alculate Payment Recalls Collect Payment Print DYMO Labels	New Status/Location Primary Insurance Last Verified On	AET	Q AET	NA) By s	ystem Manag	ger (MGR	:)				
alculate Payment Recalls Collect Payment rint DYMO Labels Print Statement	New Status/Location Primary Insurance Last Verified On Patient Deductible \$	AET	Q AET	NA) By s Co-Pay	ystem Manag 40.00	ger (MGR) Specialist (Co-Pay	0.00		
alculate Payment Recalls Collect Payment rint DYMO Labels Print Statement	New Status/Location Primary Insurance Last Verified On Patient Deductible \$ Pat Co-Ins Liability %	AET 200.00	Q AETI	NA) By S Co-Pay	ystem Manag 40.00	ger (MGR) Specialist (Co-Pay	0.00		
Aculate Payment Recalls Collect Payment rint DYMO Labels Print Statement	New Status/Location Primary Insurance Last Verified On Patient Deductible \$ Pat Co-Ins Liability % Authorization	AET	Q AETI	NA) By S Co-Pay	ystem Manag 40.00	ger (MGR	:) Specialist (Co-Pay	0.00		

When the **Collect Payment** window displays, complete the following fields:

Co-Payment Type:	▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲
Co-Payment Amount:	40.00 Override Co-Pay Pmt Code: Q
ROA Amount:	0.00 Override ROA Pmt Code:
Payment Type:	◯ Cash ◯ Check ◯ E-Check ◯ CGM PAY ◯ Credit Card
Check Number:	
Remarks:	
Co-Payment Doctor:	1 CATHY CASTNER, MD, DO (1)
ROA Doctor:	1 CATHY CASTNER, MD, DO (1)



Collecting Payments in Scheduling (cont.)

- **Co-Payment Type:** If you are collecting a co-payment, select the co-payment type from the list.
- **Co-Payment Amount:** If you are collecting a co-payment, enter the amount.
- **Override Co-Pay Pmt Code:** Enter or select a payment code if you want to override the default payment code defined in the *CGM PAY Integration* function.
- **ROA Amount:** If you are collecting an ROA, enter the amount.
- **Override ROA Pmt Code:** Enter or select a payment code if you want to override the default payment code defined in the *CGM PAY Integration* function.
- Payment Type: Select CGM PAY.
- **Co-Payment Doctor**: Defaults to the appointment doctor if the payment is associated with an appointment, otherwise the patient's **Responsible Doctor** will default. Type or select a code from the list if you want to override the default.
- **ROA Doctor**: Defaults to the patient's **Responsible Doctor**. Type or select a code from the list if you want to override the default.

Click Save.

The *Patient Check In/Out* screen will redisplay with the payment information shown at the bottom of the screen. Click **Save**.

01-22-2025	5 @ 1	0:30A						
CATHY CAS		. MD. DO (1)					
MAIN OFFIC	TE (1)	, 110, 00 (.	- /					
	. M							
			DATIENTS					
INS	111	SURANCE	PALIENTS					
0.00		Detions	Deleses &	0.00		C -1		Balance t
0.00		Patient	Dalatice \$	0.00		Coll	ection	Dalarice \$
CONFIRME)							
		By						
				~1	Check I	n Ch	eck Ou	ıt.
AET	Q,	AETNA	System Mana	aer (MG	R)			
200.00		Co-Pav	40.00	51. (. / 0	Speci	alist Co-	-Pav	0.00
		,					,	
~ ? X								
			2					
Payment		Amount	Туре	Check	c# [Dr R	emark	s
Co-Payment		40.00	CGM PAY		1			
								Canad
	01-22-2025 CATHY CAS MAIN OFFIC ANNUAL EX INS 0.00 CONFIRMED 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00	01-22-2025 © 11 CATHY CASTNER MAIN OFFICE (1) ANNUAL EXAM INS IN 0.00 CONFIRMED	01-22-2025 @ 10:30A CATHY CASTNER, MD, DO () MAIN OFFICE (1) ANNUAL EXAM INS INS INS O.00 Patient O AET Q AET AET Q AET Q AET AET AET Q Payment Amount Co-Payment 40.00	01-22-2025 @ 10:30A CATHY CASTNER, MD, DO (1) MAIN OFFICE (1) ANNUAL EXAM INS INSURANCE PATIENTS 0.00 Patient Balance \$ CONFIRMED By AET Q AET Q AET Q AET Q Y ? Payment Amount 40.00 CGM PAY	01-22-2025 @ 10:30A CATHY CASTNER, MD, DO (1) MAIN OFFICE (1) ANNUAL EXAM INS INS INS O.00 Patient Balance \$ 0.00 CONFIRMED O AET Q AET Payment Amount Type Check Co-Payment 40.00 CGM PAY	01-22-2025 @ 10:30A CATHY CASTNER, MD, DO (1) MAIN OFFICE (1) ANNUAL EXAM INS INSURANCE PATIENTS 0.00 Patient Balance \$ 0.00 CONFIRMED OCONFIRMED By CONFIRMED O.00 Patient Balance \$ 0.00 CONFIRMED O.00 Patient Balance \$ 0.00 Payment Q AETNA ? ? Payment Amount 40.00 CGM PAY 1 Y	01-22-2025 @ 10:30A CATHY CASTNER, MD, DO (1) MAIN OFFICE (1) ANNUAL EXAM INS INS INS INS INS INS O.00 Patient Balance \$ 0.00 CONFIRMED O By CONFIRMED V Check In Ch AET Q AET Q AET Q AET Q Payment Amount Type Check# Dr R Co-Payment 40.00 CGM PAY 1	01-22-2025 @ 10:30A CATHY CASTNER, MD, DO (1) MAIN OFFICE (1) ANNUAL EXAM INS INSURANCE PATIENTS 0.00 Patient Balance \$ 0.00 Collection CONFIRMED By Check In Check Ou AET Q AETNA Ø By System Manager (MGR) 200.00 Co-Pay 40.00 Specialist Co-Pay ♀ ? × ? Payment Amount Type Check# Dr Remark Co-Payment 40.00 CGM PAY 1



Collecting Payments in Scheduling (cont.)

If multiple **Submitter Numbers** have been stored in the *CGM PAY Integration* function, you will be prompted to select the **Submitter Number** you want to use for this transaction. The **Submitter Number** will default to the last one you selected.

Select S	ubmitter	
Submitter	r: Eastside	e Medical 🗸
	Procoad	Cancol
	Toceed	Cancel

The CGM PAY window displays next.

Pay	ment
1	2 3
Initiate Payment Enter Paym	nent Details Confirmation
Payment Identifier	
2634	
Submitter	Total Patient Balance
PBTX92161 (Submitter 2)	718.39
Select Number of Months	Future Monthly Payment Date
	v
	Payment Amount
	30.00
Save Payment Method On File	
Select Payment Method	
O Key In Values Manually (Check)	O Key In Values Manually (Credit Card)
 ○ Front Office ♥ VISA Ends: 0011 Exp: 12/24 ○ MASTERCARD Ends: 9130 Exp: 12/25 	 Billing Office Bank Account XXXXX7890

See the *Types of Payment Methods* section for detailed instructions on collecting the payment and the *Transaction Receipt* section for printing the receipt.

After you have completed collecting the payment and printed the receipt, the transaction status now shows a **C** in the **Sta** column to indicate that the payment has been collected in the *Patient Check In/Out* screen. Click **Save**.

Sta	Payment Date	Payment	Amount	Туре	Check#	Dr	Remarks
с 🍓	01-22-2025	Co-Payment	40.00	CGM PAY		1	

Note: Immediately after the payment is successfully processed, it is stored in *Unposted Payments*.



COLLECTING PAYMENTS IN PAYMENT ENTRY

You can collect CGM PAY payments in Payment Entry using the **CGM PAY** button. Whether you are collecting the payment using a payment device or the card not present method, the first few steps are the same. The instructions provided below show the payment collection process after you have:

- Accessed the Payment Entry Function (Transactions > Payment Entry Function).
- Selected a **Batch #** if applicable.
- Selected the patient account you want.
- Entered the Payment Amount.
- Clicked CGM PAY.

Payment Entry Fu	nction		System Manager EASTSIDE MEDICAL (1)
		26718 - FO	X, JAMIE
Social Security Number		Primary Carrier	AET-AETNA N
Date of Birth	03-20-2002	500.00 100 30.00	
Billing Group	INS	Secondary Carrier	
Date of Last Visit	01-22-2025	Tertiary Carrier	
Internal Comment			
Patient	Balance Last P 325.00	mt Amount	0.00
Insurance	0.00		0.00
Total Due	325.00		
Case Record	A - All Cases	~	
Accounting Date	01-22-2025		
Payment Date	01-22-2025		
Payment Amount \$	30.00 🗸	CGM PAY	
Insurance Carrier	Q		? ×

If multiple **Submitter Numbers** have been stored in the *CGM PAY Integration* function, you will be prompted to select the **Submitter Number** you want to use for this transaction. The **Submitter Number** will default to the last one you selected.

Select Submitter
Submitter: Eastside Medical 🗸
Proceed Cancel



Collecting Payments in Payment Entry (cont.)

The CGM PA	Y window	displays next.
------------	----------	----------------

Pa	yment
1	23
Initiate Payment Enter Pay	vment Details Confirmation
Payment Identifier	
1740	
Submitter	Total Patient Balance
PBTX92162 (Submitter 1)	325.00
Select Number of Months	Future Monthly Payment Date
	~
	Payment Amount
	30.00
Save Payment Method On File	
Select Payment Method	
O Key In Values Manually (Check)	O Key In Values Manually (Credit Card)
Billing Office Device 1 Front Office Device 2	 Front Office Device 1 Billing Office Device 2
Cancel	Next

See the *Types of Payment Methods* section for detailed instructions on collecting the payment and the *Transaction Receipt* section for printing the receipt. After you have completed collecting the payment and printed the receipt, you have the option to allocate and post the payment, leave the payment unallocated and save it to the patient's account or click **Cancel** to leave the payment stored in *Unposted Payments*.

Patient Number: 26718 Balance Due: 295.00 Patient Name: FOX, JAMIE Payment Amount: 30.00 Accounting Date: 01-22-2025 Denial Amount: 0.00 Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: Allow Payment Adjust Deny Integration Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 11-22-25 99214 1 325.00 30.00 0.00 295.00 0.00	Patient Number: 26718 Balance Due: 295.00 Patient Name: FOX, JAMIE Payment Amount: 30.00 Accounting Date: 01-22-2025 Denial Amount: 0.00 Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Amount: 0.00 Tertiary Carrier: AET-AETNA N Adjustment Amount: 0.00 Adjustment Amount: 0.00 0.00 0.00 ate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 1-22-25 99214 1 325.00 30.00 0.00 295.00 Image: Control of the contr	Patient Number:26718Balance Due:295.00Patient Name:FOX, JAMIEPayment Amount:30.00Accounting Date:01-22-2025Denial Amount:0.00Primary Carrier:AET-AETNA NAdjustment Amount:0.00Secondary Carrier:Payment Amount:0.00Tertiary Carrier:Amount Allocated:30.00ateCodeDrOrg AmtAllowPaymentAdjustDenyIns/BalPat/BalSta1-22-25992141325.0030.000.00295.00[Patient Number: 26718 Balance Due: 295.00 Patient Name: FOX, JAMIE Payment Amount: 30.00 Accounting Date: 01-22-2025 Denial Amount: 0.00 Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: Allow Payment Adjust Deny Nate Code Dr Org Amt Allow Payment Adjust Nate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 11-22-25 99214 1 325.00 30.00 0.00 295.00 C					2	6718 - FOX, J	AMIE					
Patient Name: FOX, JAMIE Payment Amount: 30.00 Accounting Date: 01-22-2025 Denial Amount: 0.00 Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: Allow Payment Adjust Deny Integration Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act Int-22-25 99214 1 325.00 30.00 0.00 295.00 0.00	Patient Name: FOX, JAMIE Payment Accounting Date: 01-22-2025 Denial Amount: 30.00 Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Amount: 0.00 Tertiary Carrier: AET-AETNA N Adjustment Amount: 0.00 Adjustment Amount: 0.00 0.00 30.00 ate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 1-22-25 99214 1 325.00 30.00 0.00 295.00 C	Patient Name: FOX, JAMIE Payment Amount: 30.00 Accounting Date: 01-22-2025 Denial Amount: 0.00 Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Amount Adjustment Amount: 0.00 Tertiary Carrier: AET-AETNA N Adjustment Amount: 0.00 Adjustment Amount Allocated: 30.00 30.00 30.00 ate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 1-22-25 99214 1 325.00 30.00 0.00 295.00 C	Patient Name: FOX, JAMIE Payment Amount: 30.00 Accounting Date: 01-22-2025 Denial Amount: 0.00 Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: AET-AETNA N Adjustment Amount: 0.00 Payment Remaining: 0.00 Amount Allocated: 30.00 Pate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 11-22-25 99214 1 325.00 30.00 0.00 295.00 C	Patient I	umber:		26718		Balan	nce Due:				295.0	00
Accounting Date: 01-22-2025 Denial Amount: 0.00 Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: Amount Allocated: 30.00	Accounting Date: 01-22-2025 Denial Amount: 0.00 Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: Amount Allocated: 30.00 ate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 1-22-25 99214 1 325.00 30.00 0.00 295.00 C	Accounting Date: 01-22-2025 Denial Amount: 0.00 Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: AET-AETNA N Adjustment Amount: 0.00 Adjustment Allow Payment Remaining: 0.00 0.00 ate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 1-22-25 99214 1 325.00 30.00 0.00 295.00 C	Accounting Date: 01-22-2025 Denial Amount: 0.00 Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: Amount Allocated: 30.00 Vate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 11-22-25 99214 1 325.00 30.00 0.00 295.00 C	Patient I	lame:		FOX, JAMIE		Paym	ent Amou	nt:			30.0	00
Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: Amount Allocated: 30.00	Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: Amount Allocated: 30.00 ate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 1-22-25 99214 1 325.00 30.00 0.00 295.00 C	Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: Amount Allocated: 30.00 ate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 1-22-25 99214 1 325.00 30.00 0.00 295.00 C	Primary Carrier: AET-AETNA N Adjustment Amount: 0.00 Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: Amount Allocated: 30.00 Vate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 11-22-25 99214 1 325.00 30.00 0.00 295.00 C	Account	ng Date:		01-22-2025		Denia	al Amount:				0.0	0
Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: Amount Allocated: 30.00 Pate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 11-22-25 99214 1 325.00 30.00 0.00 295.00 0	Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: Amount Allocated: 30.00 ate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 1-22-25 99214 1 325.00 30.00 0.00 295.00 C	Secondary Carrier: Payment Remaining: 0.00 Tertiary Carrier: Amount Allocated: 30.00 ate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 1-22-25 99214 1 325.00 30.00 0.00 295.00 C	Secondary Carrier: Payment Remaining: 0.00 Amount Allocated: 30.00 Vate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 11-22-25 99214 1 325.00 30.00 0.00 295.00 C	Primary	Carrier:		AET-AETNA N		Adjus	stment Am	ount:			0.0	0
Tertiary Carrier: Amount Allocated: 30.00 Date Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 11-22-25 99214 1 325.00 30.00 0.00 295.00 0	Tertiary Carrier: Amount Allocated: 30.00 ate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 1-22-25 99214 1 325.00 30.00 0.00 295.00 0	Tertiary Carrier: Amount Allocated: 30.00 ate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 1-22-25 99214 1 325.00 30.00 0.00 295.00 C	Tertiary Carrier: Amount Allocated: 30.00 Pate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 11-22-25 99214 1 325.00 30.00 0.00 295.00 C	Seconda	ry Carrier:				Paym	ent Remai	ning:			0.0	00
Pate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 11-22-25 99214 1 325.00 325.00 30.00 0.00 295.00 (ate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 1-22-25 99214 1 325.00 325.00 30.00 0.00 295.00 C	ate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act 1-22-25 99214 1 325.00 325.00 30.00 0.00 295.00 0	Pate Code Dr Org Amt Allow Payment Adjust Deny Ins/Bal Pat/Bal Sta Act D1-22-25 99214 1 325.00 325.00 30.00 0.00 295.00 0	Tertiary	Carrier:				Amou	unt Allocate	ed:			30.0	0
				Date 01-22-25	99214	1	325.00	325.00	30.00]		0.	00 295	.00	ſ
				Date 01-22-25	99214	1	325.00	325.00	30.00			0.	00 295	.00	C
				0ate	99214	1	325.00	325.00	30.00)		0.	00 295	.00	C
				Date	99214	1	325.00	325.00	30.00]		0.	00 295	.00	



Collecting Payments in Payment Entry (cont.)

If you click Cancel, you will receive the following message:

Confirm	
This payment has been collecte and has been stored as an Unpu you sure you want to cancel?	ed with CGM PAY osted Payment. Are
	Yes No

Click **Yes** to confirm. You can view and process the payment in the *Unposted Payments* function later.



TYPES OF PAYMENT METHODS

- **Device Collected Payment:** If you are collecting a credit or debit payment using a payment device.
- Payment Method Saved on File: If you are collecting a payment for a payment method on file.
 - Credit Card Can be saved on file.
 - **Debit Card** Cannot be saved on file.
 - Bank Account Can only be saved on file when a payment is collected in the *Payment* Entry or Patient Check In/Out functions – not within the Payment Methods Action Column button in the Change Patient Data function.
- Credit Card Payment Manually Entered: If you are collecting a credit card payment via manual entry.
- Bank Account (ACH) Payment: If you are collecting a Bank Account payment.

Device Collected Payment

When the CGM PAY window displays, select the payment device you want and click Next.

	Payment	
1	2	3
Initiate Payment	Enter Payment Details	Confirmation
Payment Identifier		
1741		
Submitter	Total Patie	nt Balance
PBTX92162 (Submitter 1)	~	0.00
Select Number of Months	Future Mo	nthly Payment Date
		~
	Payment A	mount
		40.00
Save Payment Method Or Select Payment Method Key In Values Manually (Check) Billing Office Device 1 Front Office Device 2	n File Key In Va Front Off Billing Of	lues Manually (Credit Card) ice Device 1 fice Device 2

The **Payment Method** will default to the default card/account saved on file for the patient (if there is one). The **Payment Amount** will also default. If the **Save Payment Method on File** check box is selected in the *CGM PAY Integration* function, this check box will already be selected and this payment method will be saved to the patient's account for future payments, but you can change it if needed.



Device Collected Payment (cont.)

Swipe, tap or insert the card on the payment device.



Note: If you need to cancel out of the payment, press the red **X** on the payment device. Tap **Yes** to confirm you want to end the transaction. The Payment Confirmation window will display with the **Status** listed as 'User cancelled payment'. Click **Close**.



When the Payment Confirmation window displays, the payment is immediately stored in *Unposted Payments*. You can click **Print** to print the receipt or **Close**.

Payment Co 1 Initiate Payment Enter Payment	onfirmation 2 3 ent Details Confirmation
Status: Invoice Number: Card Type: Transaction ID: Date: Payment Amount:	Approved 1744 VISA 000000003545 2025-01-23T16:58:51.000Z \$40.00
Close	Print



Device Collected Payment (cont.)

Click the **X** in the upper-right corner of the window.



Proceed to the *Transaction Receipt* section for details on printing the receipt.

Note: Debit card payments cannot be saved to the patient's account.

Payment Co	onfirmation
Initiate Payment Enter Paym	ent Details Confirmation
Status:	Approved
Invoice Number:	1745
Card Type:	DEBIT
Transaction ID:	00000003547
Date:	2025-01-23T18:06:48.000Z
Payment Amount:	\$40.00
This card can	not be saved.
Close	Print



Payment Method Saved on File

When the *CGM PAY* window displays, any previously saved payment methods will be listed in the Select Payment Method section. Select the payment method and click **Next**.

	Payment
1	2 3
Initiate Payment	nter Payment Details Confirmation
Payment Identifier	
1749	
Submitter	Total Patient Balance
PBTX92162 (Submitter 1)	✓ 245.0
Select Number of Months	Future Monthly Payment Date
	Payment Amount
	40.0
Save Payment Method On File	
Key In Values Manually (Check)	○ Key In Values Manually (Credit Card)
Key In Values Manually (Check) Billing Office Device 1 Front Office Device 2	 Key In Values Manually (Credit Card) Front Office Device 1 Rilling Office Device 2
Key In Values Manually (Check) Billing Office Device 1 Front Office Device 2 VISA Ends: 0011 Exp: 12/24	 Key In Values Manually (Credit Card) Front Office Device 1 Billing Office Device 2 Bank Account XXXXX1221
Select Payment Method Select Payment Method Billing Office Device 1 Front Office Device 2 VISA Ends: 0011 Exp: 12/24	 Key In Values Manually (Credit Card) Front Office Device 1 Billing Office Device 2 Bank Account XXXXXX1221

The message, processing payment using selected payment method will display.

				×
		Enter Payment Details		
	1	2	3	
Initiate	Payment	Enter Payment Details	Confirmation	
	Processing pa	yment using selected payment method.		



Payment Method Saved on File (cont.)

When the Payment Confirmation window displays, the payment is immediately stored in *Unposted Payments*. You can click **Print** to print the receipt or **Close**.



Note: If the payment was originally collected using a device prior to the method being saved on the patient's account, all future payments collected will display the **Pmt Method** in *Unposted Payments* as **WP-Device**.

Click the **X** in the upper-right corner of the window.



Proceed to the Transaction Receipt section for details on printing the receipt.



Credit Card Payment Manually Entered

When the CGM PAY window displays, select Key in Values Manually (Credit Card). Click Next.

	Payment		
1	2		3
Initiate Payment	Enter Payment De	etails	Confirmation
Payment Identifier			
1750			
Submitter	Tota	al Patient Bala	ance
PBTX92162 (Submitter 1)	~		325.00
Select Number of Months	Futi	ure Monthly F	Payment Date
			~
	Pay	ment Amount	t
			40.00
✓ Save Payment Method On File	2		
Select Payment Method	● K ○ Fr ○ Bi	ey In Values Ma ront Office Devi illing Office Dev	nually (Credit Card) ice 1 vice 2

If you click **Cancel**, the following message will display. Click the **X** in the upper right corner to close the window.



Enter the card information and click **Submit**.

1	Enter Payn	ent Details	3
Initiate Payment	Enter Paym	nent Details	Confirmation
Card Number HHHH HHHH Expiration Date MM / YYYY	инии инии сvv (Zip Code	
Cancel			Submit

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Credit Card Manually Entered (cont.)

When the Payment Confirmation window displays, the payment is immediately stored in *Unposted Payments*. You can click **Print** to print the receipt or **Close**.

P 1 Initiate Payment	Enter Paym	ent Details	3 Confirmation
Invoice C Transa Payment	Status: Number: ard Type: action ID: Date: Amount:	Approved 1750 VISA 000000006976 2025-01-23 13:08:00 \$40.00	
Close		Р	rint

Click the **X** in the upper-right corner of the window.



Proceed to the *Transaction Receipt* section for details on printing the receipt.

Note: If you enter a Debit card using the 'Key in values manually (Credit Card)', it processes the debit as a credit.



Bank Account (ACH) Payment

When the CGM PAY window displays, select Key in Values Manually (Check). Click Next.

	Paymer	nt	
1	2		3
Initiate Payment	Enter Payment	Details	Confirmation
Payment Identifier			
1748			
Submitter	Т	otal Patient Balan	ce
PBTX92162 (Submitter 1)	*		285.00
Select Number of Months	F	uture Monthly Pa	yment Date
			~
	P	ayment Amount	
			40.00
Save Payment Method On Fil	e		
Select Payment Method Key In Values Manually (Check) Billing Office Device 1 Front Office Device 2 VISA Ends: 0011 Exp: 12/24) Key In Values Manı) Front Office Device) Billing Office Device	ually (Credit Card) 2 1 ce 2



Bank Account (ACH) Payment (cont.)

1	2	3
Initiate Payment	Enter Payment Details	Confirmation
	121000497: (1234567890)* Rouling Number Account Number C	Deck Number
● Checking ○ Savings		
Checking Osavings First Name	Last Nan	ne
Checking O Savings First Name Routing Number	Last Nan Account Number	ne Check Number
Checking O Savings First Name Routing Number	Last Nan Account Number	ne Check Number Optional

Enter the Bank Accoount information and click Submit.

When the Payment Confirmation window displays, the payment is immediately stored in *Unposted Payments*. You can click **Print** to print the receipt or **Close**.

Pay 1 Initiate Payment En	ment Confirmation 2 3 iter Payment Details Confirmation
S Invoice Nu Card Transact Payment Ar	Status: Approved umber: 1748 IType: CHECK tion ID: 00000006975 Date: 2025-01-23 14:00:28 mount: \$40.00
Close	Print

Click the **X** in the upper-right corner of the window.



Proceed to the *Transaction Receipt* section for details on printing the receipt.



Declined Payments

Declined Card Payments

If a payment is declined the Payment Confirmation window will indicate it was declined in the **Status** field. The Payment Method will not be saved to patient's account, if you had the **Save Payment Method on File** check box selected.



Click the **X** in the upper-right corner of the window.



If you wish to resubmit the payment, you will need to repeat the payment collection steps.



Declined/Returned Bank Account (ACH) Payments

If a bank account (ACH) payment is declined/returned, a negative payment transaction will display in *Unposted Payments*, since it usually takes a few days to receive the notification. A message in red text will display below the negative payment information stating the reason for the return.

Unpo	osted Payments						sys Eastside	Medical (1)
			*** Filter (Payment Date 06-1	Applied *** 3-2024 - 06-13-	2024)			
Status	Source	Account	Patient Name	Amount	Payment Date 📥	Payment Type	Payment Code	Pmt Method
	Check In/Out	32293	JONES, SAM	-9.00 🧼	06-13-2024	ROA	CP-ACH CK COPAY (CPCKC)	CP
	CGM PAY: Check Returned							
	CGM eMEDIX Payment Portal	25511	HANSEN, TIFFANY	31.00 <u>Credit</u> 🧼	06-13-2024	ROA	Payment Portal - Visa (OLV)	PP

When you click on the patient to post the returned payment, the **Payment Code** will default to the code used when the payment was originally posted and the reason for the return will display in the lower portion of the window. The **Remarks** field will automatically default with the reason for the return.

				32293 - 100	ES. SAM	
Social Security Number			Primary Carrier* 0.00 100/80 0.00 Secondary Carrier Tertiary Carrier		AET-AETNA Y	
Date of Birth	11-30-1971	l.				
Billing Group	BS					
Date of Last Visit	10-01-2024	4				
nternal Comment						
	Balance	La	st Pmt Amo	unt		
Patient		87.61	10-03-2024		5.00	
nsurance	13	98.29	12-23-2024	1	0.00	
Total Due	14	85.90				
Case Record	A - All Case	s	*			
Accounting Date	01-23-2025	5	10			
Payment Date	06-13-2024	4	10			
Payment Amount \$		-9.00	CGM PAY			
nsurance Carrier	AET	Q,	AETNA			? ×
	Primary	Paym	ent O Secondary	Payment C	Tertiary Payment	
Payment Code	CPCKC] v Q	CP-ACH CK C	DPAY (CPCKC)	
Adjustment Code		Q				
Check Number						
CN Number						
Remarks	Check Retu	rned				
Date of Service			Te Starting Fr	om O Isola	e	

Click Save to proceed with allocating and posting the returned payment.



Transaction Receipt

After collecting any type of CGM PAY payment, you can click **Print** when the Payment Confirmation window displays to print the receipt.

When the Printer Selection window appears, select the printer you want and click **Print**.



The receipt window will continue to display until you click the 'X' to close it.

PAYMEN	T ID: 1744
Provider	WebPM QA
Trans ID	00000003545
Order ID	MER-b8f951d3-cb20-4d
	ec-aaaa-9f0fbfc228f9
Receipt #	12705
Trans Type	Purchase
Clerk ID	123493
Date/Time	2025-01-23 11:58:52
Card Type	Visa
Card Number	XXXXXXXXXXXXX0011
Entry Legend	CHIP READ
Entry Method	CONTACTLESS
Approval Code	096879
AC	BE104CB676D74812
ATC	0046
AID	A000000031010
AID NAME	VISA CREDIT
IVR	000000000
151	0000
Resp CD	2050226112200022
IRN REF #	305023611320083
VAL CODE	NPIKE
Total Amount	USD\$40.00
Description:	
Approv	ed - Thank You
No Sign	ature Required
****Cus	tomer Copy****
Retain this	copy for statement
Ve	rification



Transaction Receipt (cont.)

If you did not print the receipt immediately after collecting the payment and are collecting the payment through *Scheduling*, you can click the printer icon next to the payment information when the *Patient Check In/Out* screen displays to print the receipt.

Sta	Payment Date	Payment	Amount	Туре	Check#	Dr	Remarks
с 🚔	01-22-2025	Co-Payment	40.00	CGM PAY		1	

PAYMENT	ID: 1744
Provider	WebPM QA
Trans ID	00000003545
Order ID	MER-b8f951d3-cb20-4d
	ec-aaaa-9f0fbfc228f9
Receipt #	12705
Trans Type	Purchase
Clerk ID	123493
Date/Time	2025-01-23 11:58:52
Card Type	Visa
Card Number	XXXXXXXXXXXXX0011
Entry Legend	CHIP READ
Entry Method	CONTACTLESS
Approval Code	096879
AC	BE104CB676D74812
ATC	0046
AID	A000000031010
AID NAME	VISA CREDIT
TVR	0000000000
TSI	0000
Resp CD	00
TRN REF #	305023611320083
VAL CODE	NMKF
Total Amount	USD\$40.00
Description:	
Approve	d - Thank You
No Signa	ture Required
****Cuct	omer Conv****
Retain this	conv for statement
ver	ification
vei	

If you did not print the receipt immediately after collecting the payment and are collecting the payment through *Payment Entry*, you can print the receipt after you:

- Close the Payment Confirmation window
- Return to the payment entry screen
- Post the payment
- Access the patient's transaction history, locate the payment and click the printer icon.

Patient: 26712 - FOX, WILEY 6587 N HILL DR					A - All Cases Insurance w/Doctor				v
Phoenix, AZ 85026									
(H)					Date of Service From Thru		Actio	ons:	~
Acc/Date A Ser/Date Cas	e Code	Description	Org/Amt Lc	Dr	Ins/Bal Pat/	Bal I	Img	Act	
01-23-25 01-23-25 0	# 99214	OV EST LEV 4	325.00 1	1	285	00 Y			
<u>01-23-25</u> <u>01-23-25</u> <u>0</u>	CVISA	Visa Copay	-40.00				-		



UNPOSTED CGM PAY PAYMENTS

Unposted Payments Summary Screen

With the Unposted Payments function you can review, print, post and void/credit CGM PAY payments.

Payments can be stored on a patient's account through the following functions:

- *Patient Check In/Out* function.
- Payment Entry (CGM PAY payments that are not applied).
- *Pre-Treatment* function.
- CGM PAY payments collected for *Collection* or *Non-Delinquent Payment Plans*.
- CGM eMEDIX Payment Portal (for electronic patient statement or collection payments).

	Unpos	sted Paymen	ts						E	System Mar ASTSIDE MEDICAL	nager . (1)
1	Status	Source	Account	Patient Name	Amount	Payment Date 📥	Payment Type	Payment Code	Pmt Method	CP-Pmt Device	
		Payment Entry	26718	FOX, JAMIE	30.00 <u>Credit</u> 🧼	01-22-2025	ROA	Visa Payment (VISA)	CP-Device	Front Office Device 1	
	•	Check In/Out	26699	FOX, FRED	40.00 <u>Credit</u> 🧼	01-22-2025	Co-Payment	ACH COPAY (ACHC)	CP		
		This Co-Pay mu	ist be pos	ted manually. No Charge posted for A	Appointment and D)r.					

Upon accessing the function, after you select a batch number if applicable, the *Unposted Payments Summary* screen will display.

- Status Indicates the status of the payment and if it can be auto-posted.
- **Source** Indicates which function the payments were stored from.
- Payment Type Possible values: ROA, Co-Payment.
- **Payment Code** -Displays the payment code.
- **Pmt Method** Possible values:
 - CA (Cash)
 - o **CK** (Check)
 - o CC (Credit Card)
 - o EC (E-Check)
 - **OP** (Other Payment Type)
 - **CP** (CGM PAY- non device payment)
 - CP Device (CGM PAY Device collected payment)
 - **PP** (Payment Portal)
- **CP-Pmt Device** Lists the payment device name for any payment collected on a device.
- **Pmt Dr** Displays the doctor assigned to the payment.



Unposted Payments Summary Screen (cont.)

Action Column Buttons

Change Batch - Displays the batch selection screen so you can choose another batch.

Print - Prints the contents of the Summary screen in an Active Report.

Print to Excel - Prints the unposted payments listed on the screen to Excel with the same sort and filter applied as the screen. For detailed information, see the *Unposted Payments - Print to Excel* section. There are a few differences between the screen and what data is exported to Excel:

- The check box column is not included.
- The icons in the status column are converted to Red, Yellow, Green.
- The error messages that display under the Patient name are not included.
- The CGM PAY credit links and receipt icons in the Amount column are not included.

Add/Edit Filter - You can filter which payments are displayed on the *Unposted Payments Summary* screen.

Remove Filter - Removes the existing filter and refreshes the screen with all of the unposted payments. **Journal** - You can print the *Unposted Payment Journal*. For detailed information, see the *Unposted Payments Journal* section.

Refresh - Refreshes the screen with the most current unposted payments.



Void/Credit Unposted Payments

There are two options to void/credit an unposted CGM PAY payment. The first is directly within the *Unposted Payments* function and the second is within the *Patient Check In/Out* function.

Note: Only credit card payments can be voided or credited, not debit card or bank account payments. You would need to process a refund on the patient's account to cancel out a debit card or bank account payment.

In the *Unposted Payments* function, locate the patient payment you want and click the **Credit** link to the right of the amount.

Statu	s Source	Account	Patient Name	Amount 🖌	Payment Date 📥	Payment Type	Payment Code	Pmt Method	CP-Pmt Device	CGM PAY Pmt
	Payment Entry	26718	FOX, JAMIE	30.00 Credit	01-22-2025	ROA	Visa Payment (VISA)	CP-Device	Front Office Device 1	1740
•	Check In/Out	26699	FOX, FRED	40.00 <u>Credit</u> 🧼	01-22-2025	Co-Payment	ACH COPAY (ACHC)	CP		1737
	This Co-Pay m	ist be pos	sted manually. No Cha	arge posted for Appointment and I	Dr.					
	Check In/Out	26135	ARIANNO, TARA	2.00 <u>Credit</u> 🧼	01-14-2025	ROA	Visa Payment (VISA)	CP-Device	Front Office Device 2	1715
				2100 01001 0						
_										
										×

Card/Account Type:	VISA
Card/Account Number:	**** **** ****
Amount:	30.00
Credit Amount:	5.00 1
Remarks:	
Reason:	Charged too much 2
	3 Submit Cancel

If you want to issue a credit back for only part of the original payment amount or if you want to void the entire payment amount:

- 1. Enter the Credit Amount
- 2. Enter a Reason
- 3. Click Submit



Void/Credit Unposted Payments (cont.)

Upon completion of the transaction, the void/credit receipt will display.

PAYMENT ID: 1740							
Provider	WebPM QA						
Trans ID	00000003541						
Order ID	MER-e33015a1-c88e-40						
Deceint #	6T-D35D-0T989904079D						
Receipt #	12705 Runchase						
Clerk ID	123493						
Date/Time	2025-01-22 17:53:08						
Card Type	Visa						
Card Number	XXXXXXXXXXXXX0011						
Entry Legend	CHIP READ						
Entry Method	CONTACTLESS						
Approval Code	002761						
AC	EBBD4A1D5E4D3E5B						
ATC	0045						
ATD NAME	VISA CREDIT						
TVR	0000000000						
TSI	0000						
Resp CD	00						
TRN REF #	305022823893118						
VAL CODE	P7QK						
Total Amount	USD\$30.00						
Description:							
beschiption.							
Approve	d - Thank You						
No Signa	ture Required						
*****	C ****						
Potain thic	comer Copy						
ver	ification						
	1110001011						
PAYMENT ID: 1740							
Batch #	000365						
Provider	WebPM QA						
Trans ID	00000003552						
Trans Type	Return						
Date/Time	2025-01-23 17:38:36						
Cand Number	VISa VVVVVVVVVV0011						
Entry Method	MANUAI						
Approval Code	086838						
Total Amount	USD\$5.00						
Approve	ed - Thank You						
x							
^	gnature						
	0						
****Customer Copy****							



Void/Credit Unposted Payments (cont.)

In the *Patient Check In/Out* function, click anywhere on the row for the payment you want to void or credit.

					2	6712 - FOX, V	WILEY	
Date / Time	01-23-2025 @	09:004						
Doctor	CATHY CASTNE	R. MD. DO (1)						
ocation	MAIN OFFICE (1)							
Visit Reason	ANNUAL EXAM							
Billing Group	INS	INSURANCE PATH	ENTS					
Case								
Insurance Balance \$	0.00	Patient Bala	ance \$ 205.00)	Collection	Balance \$		
	By Check In Check Out							
Last Changed New Status/Location		Ву	~	Check In	Check O	ut		
Last Changed New Status/Location Primary Insurance	AET Q	By AETNA	~	Check In	Check O	ut		
Last Changed New Status/Location Primary Insurance Last Verified On	AET Q	By AETNA Ø By	~	Check In	Check O	ut		
Last Changed New Status/Location Primary Insurance Last Verified On Patient Deductible \$	AET Q	AETNA Ø By Co-Pay 4	•	Check In Check In	Check O	ut 0.00		
Last Changed New Status/Location Primary Insurance Last Verified On Patient Deductible \$ Pat Co-Ins Liability %	AET Q	AETNA Ø By Co-Pay 4	•	Check In Specialist	Check O	ut 0.00		
Last Changed New Status/Location Primary Insurance Last Verified On Patient Deductible \$ Pat Co-Ins Liability % Authorization	AET Q 200.00	AETNA ③ By Co-Pay 4	•	Check In	Check O	ut 0.00		
Last Changed New Status/Location Primary Insurance Last Verified On Patient Deductible \$ Pat Co-Ins Liability % Authorization Service Script	AET Q	AETNA © By Co-Pay 4	•	Check In Check In	Check O	ut 0.00		
Last Changed New Status/Location Primary Insurance Last Verified On Patient Deductible \$ Pat Co-Ins Liability % Authorization Service Script	AET Q 200.00 • ? X	AETNA O By Co-Pay 4	• 0.00 ?	Check In Check	Check O	ut 0.00	Irks	

If you want to issue a credit back for only part of the original payment amount or if you want to void the entire payment amount:

	×	ļ
Payment Date:	01-23-2025	
Card/Account Type:	VISA	
Card/Account Number:	**** ****	
Amount:	40.00	
Credit Amount:	5.00 (1)	
Remarks:		
Reason:	Collected too much 2	
	3 Submit Cancel	

- 1. Enter the Credit Amount
- 2. Enter a Reason
- 3. Click Submit



Void/Credit Unposted Payments (cont.)

If you receive the following message, you will need to wait until the next day after the transactions have auto settled to void or credit.



Upon completion of the transaction, the void/credit receipt will display.


VOID/CREDIT POSTED PAYMENTS

There are two methods to void or credit a posted payment.

- **Negative Payment** If you need to void or credit a partial amount of the payment, correct a posting error or to deallocate a payment.
- **Reverse a Transaction** If you need to void or credit the full amount of the payment.

Note: Only credit card payments can be voided or credited, not debit card or bank account payments. You would need to process a refund on the patient's account to void or credit a debit card or bank account payment.

Negative Payment

The instructions provided below show the void or credit process after you have:

- Accessed the Payment Entry Function (Transactions > Payment Entry function).
- Selected a **Batch #** if applicable.
- Selected the patient account you want.
- Entered the negative **Payment Amount** (either the full payment amount or a partial amount).
- Clicked CGM PAY.

Payment Entry Fu	inction			
		267	18 - FOX, JAMIE	
Social Security Number		Primary Carrie	AET-AETNA N	
Billing Group	03-20-2002	Secondary Car	rier	
Date of Loot Visit	INS	Tertiany Carrie		
Date of Last Visit	01-22-2025	Tertiary Carrie		
Internal Comment				
	Balance Last	Pmt Amount		
Patient	271.99	01-23-2025	13.01	
Insurance	0.00		0.00	
Total Due	271.99			
Case Record	A - All Cases	~		
Accounting Date	01-27-2025			
Payment Date	01-27-2025			
Payment Amount \$	-5.00 🗸	CGM PAY		
Insurance Carrier	Q			? ×

Next, select the payment you want to void or credit by clicking on it in the list. If you need to search for the payment you want, enter a date in the **From Payment Date** field or click the calendar icon to select a date and click **Search**.

From Payment	Date: 07-3	31-2024	Search	
Payment Date	Code	Amount	Pavment Card	Remarks
01-23-2025	VISA	\$13.01 🦫	VISA ending in 0011	
01-23-2025	VISA	\$40.00 🌦	VISA ending in 1111	
01 20 2020	VIUN	\$40.00 🥪		
				Cancel



Negative Payment (cont.)

Enter Remarks regarding the void or credit if applicable. Click Submit.

Card/Account Type:	VISA	
Card/Account Number:	XXXXXXXXXXXXXXX0011	
Credit Amount:	-5.00	
Remarks:	Collected too much	

Upon completion of the transaction, the void/credit receipt will display and indicate that the money was credited back to the patient's card.

Provider	
Trans ID	00000003550
Order ID	MER-1dc96334-3eac-4k
oraci ib	f8-8a24-2f911d2eaa5e
Receint #	10-0824-219110208850
Trans Type	Purchase
Clerk ID	123493
Date/Time	2025-01-23 14:11:38
Card Type	Visa
Card Number	XXXXXXXXXXXXXXXXXX0011
Entry Legend	CHIP READ
Entry Method	CONTACTLESS
Approval Code	000143
AC	79074593882F49DA
ATC	0047
AID	A000000031010
AID NAME	VISA CREDIT
TVR	0000000000
TSI	0000
Resp CD	00
TRN REF #	305023690980897
VAL CODE	BDMF
Total Amount	USD\$13.01
Description:	
Approve	ed - Thank You
No Signa	ature Required
****Cust	comer Copy****
The could be that a	copy for searcement
ve	rification
Ver PAYMENT ID: 1751	rification
Ver PAYMENT ID: 1751 Batch #	000367
ver PAYMENT ID: 1751 Batch # Provider	000367 WebPM OA
ver PAYMENT ID: 1751 Batch # Provider Trans ID	000367 WebPM QA 00000003564
Ver PAYMENT ID: 1751 Batch # Provider Trans ID Trans Type	000367 WebPM QA 00000003564 Return
ver PAYMENT ID: 1751 Batch # Provider Trans ID Trans Type Date/Time	000367 WebPM QA 00000003564 Return 2025-01-27 08:39:47
Ver PAYMENT ID: 1751 Batch # Provider Trans ID Trans Type Date/Time Card Type	000367 WebPM QA 00000003564 Return 2025-01-27 08:39:47 Visa
PAYMENT ID: 1751 Batch # Provider Trans ID Trans Type Date/Time Card Type Card Type	000367 WebPM QA 000000003564 Return 2025-01-27 08:39:47 Visa XXXXXXXXXXX0011
PAYMENT ID: 1751 Batch # Provider Trans ID Trans Type Card Type Card Type Card Number Entry Method	000367 WebPM QA 00000003564 Return 2025-01-27 08:39:47 Visa XXXXXXXXXX0011 MANUAL
PAYMENT ID: 1751 Batch # Provider Trans ID Trans Type Date/Time Card Type Card Number Entry Method Approval Code	000367 WebPM QA 000000003564 Return 2025-01-27 08:39:47 Visa XXXXXXXXXX0011 MANUAL 025273
PAYMENT ID: 1751 Batch # Provider Trans ID Trans Type Date/Time Card Type Card Number Entry Method Approval Code Total Amount	000367 WebPM QA 00000003564 Return 2025-01-27 08:39:47 Visa XXXXXXXXXXX0011 MANUAL 026273 USD\$5.00
PAYMENT ID: 1751 Batch # Provider Trans ID Trans Type Date/Time Card Type Card Type Card Type Entry Method Approval Code Total Amount Approve	000367 WebPM QA 00000003564 Return 2025-01-27 08:39:47 Visa XXXXXXXXXX0011 MANUAL 026273 USD\$5.00 :d - Thank You
PAYMENT ID: 1751 Batch # Provider Trans ID Trans Type Date/Time Card Type Card Type Card Number Entry Method Approval Code Total Amount Approve X	000367 WebPM QA 00000003564 Return 2025-01-27 08:39:47 Visa XXXXXXXXXX0011 MANUAL 026273 USD\$5.00 :d - Thank You
PAYMENT ID: 1751 Batch # Provider Trans ID Date/Time Card Type Card Type Card Type Card Number Entry Method Approval Code Total Amount Approv XS:	000367 WebPM QA 00000003564 Return 2025-01-27 08:39:47 Visa XXXXXXXXX0011 MANUAL 026273 USD\$5.00 :d - Thank You



Negative Payment (cont.)

Next, the Payment Allocation screen displays, so you can apply the CGM PAY credit and negate that payment amount for the selected date of service. If you do not want to apply the CGM PAY credit at this time, click **Cancel**, then click **Yes** to confirm that you want to store the credit as an unposted payment.

Confirm	
This payment has been coll and has been stored as an you sure you want to cance	lected with CGM PAY Unposted Payment. Are I?
	Yes No

You can then access the credit (negative payment amount) later in *Unposted Payments* when you are ready to apply it.

If you do want to apply the credit now, enter the negative payment amount you want to apply to the date of service and click **Save.**

Payn	nent Ent	ry Fu	inction					EA	sy STSIDE M	stem Manage EDICAL (1
				2	6718 - FOX,	JAMIE				
Patient	Number:		26718		Bala	nce Due	:			276.99
Patient	Patient Name:		FOX, JAMIE		Pay	Payment Amount:			-5.00	
Account	ting Date:		01-27-2025		Den	ial Amou	int:			0.00
Primary	Carrier:		AET-AETNA N	1	Adju	ustment	Amount:			0.00
Second	ary Carrier	:			Pay	ment Rer	maining:			0.00
Tertiary	Carrier:				Amo	ount Allo	cated:			-5.00
								- /- 1		
Date	Code	Dr	Org Amt	Allow	Payment 📕	Adjust	Deny	Ins/Bal	Pat/Bal	Sta Act
01-22-25	99214	1	325.00	325.00	-5.00			0.0	0 276.9	9



Reverse a Transaction

The instructions provided below show the void or credit process after you have:

- Accessed the *Reverse a Transaction* function (*Transactions > Reverse a Transaction*).
- Selected the patient account you want.
- Selected the transaction you want to reverse.
- Entered a **Reversal Reason** and clicked **Save**.

When the transaction screen displays, click the **Credit** link next to the payment amount.

Reverse a Ti	ansaction			System Manager EASTSIDE MEDICAL (1)
			26712 - FOX, WILEY	
Click Cr	edit to return the p	ayment(s) tł	hrough CGM PAY, then click	Proceed to reverse the transaction(s).
Transaction Type 🔻	Accounting Date	Code	Patient Name	Amount 🖌
Payment	01-23-2025	CVISA		-40.00 <u>Credit</u>

The **Reason** regarding the void or credit will default with the **Reversal Reason** you entered but can be changed if needed. Click **Submit.**

Payment Date:	01-23-2025	
Card/Account Type:	VISA	
Card/Account Number:	**** **** ****	
Credit Amount:	40.00	
Reason:	Collected in error	×

If you receive the following message, you will need to wait until the next day after the transactions have auto settled to void or credit.





Reverse a Transaction (cont.)

Upon completion of the transaction, the void/credit receipt will display.

PAYMENT ID: 1744	
Provider	WebPM QA
Trans ID	000000003545
Order ID	MER-b8f951d3-cb20-4d
	ec-aaaa-9f0fbfc228f9
Receipt #	12705
Trans Type	Purchase
Clerk ID	123493
Date/Time	2025-01-23 11:58:52
Card Type	Visa
Card Number	XXXXXXXXXXXXX0011
Entry Legend	CHIP READ
Entry Method	CONTACTLESS 006870
Approval Code	PE104CP676D74910
AC	0046
ATD	4000000031010
ATD NAME	VISA CREDIT
TVR	0000000000
TSI	0000
Resp CD	00
TRN REF #	305023611320083
VAL CODE	NMKF
Total Amount	
TOTAL AMOUNT	030340.00
Description:	
Approved	a - Thank You
No Signat	ture Required
****Custo	men Conv****
Retain this o	onv for statement
veri	lfication
PAYMENT ID: 1744	
Batch #	000367
Provider	WebPM QA
Trans ID	00000003565
Trans Type	Return
Date/Time	2025-01-27 08:52:41
Card Type	Visa
Card Number	XXXXXXXXXXXXX0011
Entry Method	MANUAL
Approval Code	6/8050
Total Amount	USD\$40.00
Approved	d - Thank You
X	
Sig	gnature
****Custo	omer Copy****

After you close the receipt, the transaction will redisplay with a green checkmark next to the amount, indicating the amount has been credited back to the patient's card.

System Reverse a Transaction EASTSIDE MEDIC							
			26712 - FOX, WILEY				
Transaction Type	Accounting Date	Code	Patient Name	Amount 🔶			
Payment	01-23-2025	CVISA		-40.00			

Click **Proceed** to complete the reversal process.



Reverse a Transaction (cont.)

Note: If the CGM PAY payment consists of both a Co-Payment and ROA and you select the **Reverse All Transactions for this Accounting Date** check box:

		ACCOR FOX FRED
		26699 - FOX, FRED
Procedure Code	VISA	
Date of Service	01-27-2025	
Diagnosis		
Original Amount	-50.00	
Unpaid Amount	-50.00	
Check Number		
Reversal Reason	Collected in error	

You will need to credit both the Co-Payment and ROA transactions individually. After both transactions redisplay with a green checkmark next to the amount, you can proceed with reversing the transactions.

System M Reverse a Transaction EASTSIDE MEDICA							
			26699 - FOX, FRED		-		
Transaction Type 🔻	Accounting Date	Code	Patient Name	Amount	+		
Payment	01-27-2025	VISA		-50.00	0		
Payment	01-27-2025	CVISA		-20.00	0		



REPORTS FOR CGM PAY PAYMENTS

The reports available to balance CGM PAY payments include:

- Check In/Out Payment Journal
- Unposted Payments Journal
- Unposted Payments Print to Excel
- Daily Register Print to Excel
- Transaction Journals to Excel (Payment)

Depending on your practice's workflow and whether you balance before or after you post the payments, the following reports provide detailed CGM PAY payment data to balance the payments. The examples provided show just a few of the printing and sorting options available.

Check In/Out Payment Journal

With the *Check In/Out Payment Journal (Scheduling > Scheduling Printing Menu > Check In/Out Payment Journal*) you can print a report of the payments entered through the *Patient Check In/Out* function. It will provide an audit trail of every payment entered, including any voided or credited payments. The **Payment ID** printed on each receipt will also print on the report for each patient, to help with reconciliation.

If you select **Pmt Method** for the **Print Totals by** option, the report provides totals for each payment method.

Check In/Out Payment	Journal
Print in Date Order Print in Patient Order Print in Payment Code Order Print in User Code Order Print in Location Code Order Print in Resp Doctor Order Print in Dr Assigned to Pmt Order	
Print Totals by	Pmt Method Pmt Type/Pmt Method
Summary Only	
Print From Date Print Through Date	01-22-2025 III 01-22-2025 III



Check In/Out Payment Journal (cont.)

All CGM PAY payments are identified by '**CP**' or '**CP-Device'** in the **Payment Method** column in addition to listing the Payment Codes entered in the *CGM PAY Integration* function for CGM PAY payments.

Jan 27,	Jan 27, 2025 EASTSIDE MEDICAL Pa Check In/Out Payment Journal Sorted by Date and Totaled by Payment Method From 01-22-2025 Through 01-22-2025												
Acct	Patient Name	Date	Pmt Type	Pmt Method	Pmt Code	User Code	Loc Code	Date Posted	Check#	Amount	Different Amt Posted		
26699	FOX, FRED	01-22-2025 CGM PAY Pmt	COP ID: 17	СР '37	ACHC	MGR	1			40.00			
26718	FOX, JAMIE	01-22-2025 CGM PAY Pmt 1 REMARKS: Col	ROA ID: 17 lected	CP-Device 40 1 in error	VISA			Voided		-30.00			
				Totals f	or Date	(01-22-	2025):						
					CP CP-Dev	ice Fron	t Office	e Device 1		40.00* -30.00*			
				Grand To	tals Fo	r Date (01-22-20	025)		10.00**			
				Total #	Patient	s:		2					
Grand Total for all Dates: (CP) (CP-Device Front Office Device 1) 40.00* 10.02*													
				Grand To	tal # P	atients:		2					
End of Report. Schedule/Reports/Check In Out Payment Journal Requested by MGR and completed at 8:01AM on Jan 27 2025													

You can also print this report to Excel and sort, or filter as needed.

1	A	В	С	D	E	F	G	Н	1	J	K	L	М	N	0	Р	Q	R	S
1	27-Jan-25																		
2	EASTSIDE	MEDICAL																	
3	Check In/O	Out Payment Jo	urnal																
4	Sorted by	Date and Totale	ed by Payn	nent Metho	d														
5	From 01-2	2-2025 Through	01-22-202	25															
															Different				
															Amount		Dr Assigned		
6	Acct	Patient Name		Date	Pmt Type	Pmt Method	Pmt	User	Loc	Posted	Check#	Remarks	Amount	Batch #	Posted	Resp Doct	to Pmt	Note	CGM PAY Pmt ID
7	26699	FOX	FRED	1/22/2025	COP	CP	ACHC	MGR	1				40			1	1		1737
8	8 26718 FOX JAMIE 1/22/2025 ROA CP-Device Front Office Device 1									**Voided	**	Collected in error	-30			1			1740
9	End of Report. Schedule/Reports/Check In Out Payment Journal																		
10	Requested by MGR and completed at 8:29AM on Jan 27 2025																		
11																			



Unposted Payments Journal

With the Unposted Payments Journal (Transactions > Transaction Journals > Unposted Payments Journal), you can print a report that lists payments that have been stored but have not been posted to the patient account. Payments can be stored on an account through the Patient Check In/Out function, Payment Entry (CGM PAY payments that are not applied), CGM PAY payments collected for Collection Payment Plans or Non-Delinquent Payment Plans or the CGM eMEDIX Payment Portal (for electronic patient statement payments or collection payments).

The following method works well when your practice has a single payment device. If you have multiple payment devices, see the next section, *Unposted Payments - Print to Excel*. Select the **Print in Payment Method Order** check box so the report will provide totals for each payment method.

Unposted Payments Jou	urnal
Print in Patient Order	
Print in Payment Code Order	
Print in User Code Order	
Print in Date Order	
Print in Location Order	
Print in Resp Doctor Order	
Print in Dr Assigned to Pmt Order	
Print in Payment Method Order	
Summary Only	
Print From Date	01-22-2025
Print Through Date	01-22-2025

All CGM PAY payments are identified by '**CP**' or '**CP-Device'** in the **Payment Method** column in addition to listing the Payment Codes entered in the *CGM PAY Integration* function for CGM PAY payments. The **Payment ID** printed on each receipt will also print on the report for each patient, to help with reconciliation.

Jan 27,	2025	Fro	EAST Unposted F Sorted by om 01-22-20	SIDE MEDICAL Payments Journa y Payment Metho 25 Through 01-2	1 od 22-2025				Page 1
Acct	Patient Name	Pmt Date	Pmt Type	Pmt Method	Pmt Code	Amount	Loc	Pmt Dr	Resp Dr
26699	FOX, FRED	01-22-2025 CGM PAY Pmt 1	COP [D: 1737	СР	ACHC	40.00	1	1	1
		Total Payment	ts for Payme	ent Method CP		40.00*			
26718	FOX, JAMIE	01-22-2025 CGM PAY Pmt] REMARKS: Char	ROA ID: 1740 rged too mu	CP-Device	VISA	25.00			1
		Total Payment	ts for Payme	ent Method CP-	Device	25.00*			
		Grand Total o	of Payments			65.00**			
End of I Request	Report. Transactions/Journals ed by MGR and completed at 10:	/Unposted Payme 45AM on Jan 27	ents Journal 2025	1					



Unposted Payments - Print to Excel

If your practice uses two or more payment devices, you will need to access the *Unposted Payments* function. There are multiple options to extract and filter the data, but a couple of the simplest ones follow.

1. Click the **Pmt Method** column heading to re-sort the screen and then use the **Print to Excel** Action Column button.

	Unpo	sted Paymer	nts							EASTS	System Manager IDE MEDICAL (1)
Change Batch Print					(Payment Date	ilter Applied ** 01-22-2025 - 0	*				
Print to Excel	Status	Source	Account 🔻	Patient Name	Amount	Payment Date	Payment Type	Payment Code	Pmt Method	CP-Pmt Device	CGM PAY Pmt ID
Add/Edit Filter	•	Check In/Out	26699	FOX, FRED	40.00 <u>Credit</u> 🧼	01-22-2025	Co-Payment	ACH COPAY (ACHC)	СР		1737
Remove Filter		This Co-Pay m	ust be poste	d manually. No Charge p	posted for Appointment and Dr						
Journal		Payment Entry	26718	FOX, JAMIE	25.00 <u>Credit</u> 🧼	01-22-2025	ROA	Visa Payment (VISA)	CP-Device	Front Office Device 1	1740
Refresh											

OR

2. Use the **Add/Edit Filter** Action Column button, select **Payment Method** of **CP-Device**, click **Save**. When the filtered screen re-displays, click the **Print to Excel** Action Column button.

D. d.				
Doctor			~	
Location				~
Begin with Payment Date	01-01-2025	1		
End with Payment Date	01-27-2025	Æ		
Source			~	
Payment Type		Payment 💿 All		
Payment Method	CGM PAY - Dev	ice (CP-Device) 🗸		
CP-Pmt Device		~		
Payment Code	<u> </u>	~		
Status				



Unposted Payments - Print to Excel (cont.)

When the Excel workbook opens, separate the payments for each device (insert a couple of rows in between) and total the payment amounts for each device.

	Α	В	С	D	E	F	G	Н	I.	J	К
1	Status	Source	Account	Patient Name	Amount	Payment Date	Payment 1	Payment Code	Pmt Method	CP-Pmt Device	CGM PAY Pmt ID
2		Payment Entry	26718	FOX, JAMIE	-5	1/27/2025	ROA	Visa Payment (VISA)	CP-Device	Front Office Device 1	1758
3	Red	Check In/Out	26712	FOX, WILEY	40	1/23/2025	Co-Payme	Visa Copay (CVISA)	CP-Device	Front Office Device 1	1755
4		Payment Entry	26718	FOX, JAMIE	25	1/22/2025	ROA	Visa Payment (VISA)	CP-Device	Front Office Device 1	1740
5				Total:	60						
6											
7											
8		Check In/Out	26597	JOHNSON, NOAH	4	1/26/2025	ROA	Visa Payment (VISA)	CP-Device	Billing Office Device 2	1757
9				Total:	4						
10											
11		Check In/Out	26135	ARIANNO, TARA	2	1/14/2025	ROA	Visa Payment (VISA)	CP-Device	Front Office Device 2	1715
12				Total:	2						
13											
14	Filter App	lied: Payment M	ethod = 'C(GM PAY Device', Pay	ment Date	01-01-2025 - 01	-27-2025				
15	End of Re	port. Transactio	ns/Unpost	ed Payments							
16	Requeste	d by MGR and co	mpleted a	t 1:26PM on Jan 27	2025						
17											



Daily Register - Print to Excel

With the *Daily Register* (*Transactions > Transaction Journals > Daily Register – Print to Excel*), you can print a report which lists all the transactions posted during a specified range of dates.

Daily Register	
Sort by Print Patient Detail Sort Order Print Transaction Detail Print Applied to Transactions Description or Superbill #	Date ✓ ✓ ✓ ✓ Alphabetic ● Numeric ✓ ✓ ● Procedure Description ○ Superbill #
Print By Print from Date Print through Date	● Accounting Date ○ Service Date ✓ 01-23-2025 01-27-2025 20
Include A/R Total Include MTD and YTD	
Print from List Batch Number Default Last Batch Summary Only	⊂Q ⊂Q

When the Excel workbook opens, a **CGM PAY** column provides detailed information for CGM PAY payments. The CGM PAY Payment Method (**CP** or **CP-Device**) and the payment device name will display. You can sort, filter and total the payments as needed. The **Payment ID** printed on each receipt will also print on the report for each patient, to help with reconciliation.

A	В	С	D	E	F	G	н	1	J	K	L	M	N	0	Р	Q	R	S	T
1 EASTSID	MEDICAL																		
2 Daily Reg	ister																		
3 From 01-	23-2025 Throu	gh 01-27-2025																	
4 Sorted by	Accounting D	ate																	
													- ·						
5 A D	0	Actual Date/Time		Destant	0	0	Description	COM DAY	Ob eres		Dura	Delever	Encounter	CGM PAY	D D	In De	D-(D-	1	D:11.0
5 Acct Date	service Date	Posted	ACCT#	Patient	Guarantor	Code	Description	CGM PAY	Charge	e Adj	Pmt	balance	ProciD	PMt ID	Per Dr	Ins Dr	Ref Dr	LOC	Bill Grp
0 1/23/202	1/23/2023	1/23/2025 11:08	26619	Fox, Sammy	Fox, Sammy	00	CREDIT CARD PMT	CP-Device (Front Office Device 1)			-39	1625.41		1745	1	60	ALT	1	BC
0 1/22/202	5 11/23/2023	1/23/2025 11:00	20019	FOX, Sammy	FOX, Sammy	ACHO	ACH CORAY	CP-Device (Front Office Device 1)			-1	1023.41		1/43	1			1	INC
0 1/22/202	5 11/22/202-	1/22/2025 12:14	20035	FOX FRED	FOX, FRED	ACHO	ACH CORAY	CP			40	210		1670	LIN			LIN	LIN
10 1/23/202	5 1/23/2024	1/23/2025 10:07	20035	FOX, TRED	FOX, TRED	0021/	OFFICE O/P EST	Cr.	32	5	-40	213	128101130286	10/0	1	1	ALT	1	INS
11 1/23/202	5 1/23/2025	1/23/2025 10:08	26712	FOX WILEY	FOX WILEY	CVISA	Visa Conav	CP-Device (Front Office Device 1)	02.		-40	205	120101100200	1744	1	1		1	INS
12 1/23/202	5 1/23/2025	1/23/2025 12:02	26712	FOX, WILEY	FOX, WILEY	ACHR	ACH BOA	CP			-40	205		1748	1	1	ALT	1	INS
13 1/23/202	5 1/23/2025	1/23/2025 12:05	26712	FOX, WILEY	FOX, WILEY	VISA	Visa Payment	CP-Device (Front Office Device 1)			-40	205		1749	1	1	ALT	1	INS
14 1/23/202	5 1/23/2025	1/23/2025 12:10	26718	FOX, JAMIE	FOX, JAMIE	VISA	Visa Payment	CP			-40	271.99		1750	1	1	0	2	INS
15 1/23/202	5 1/23/2025	1/23/2025 12:12	26718	FOX, JAMIE	FOX, JAMIE	VISA	Visa Payment	CP-Device (Front Office Device 1)			-13.01	271.99		1751	1	1	0	2	INS
16 1/27/202	5 1/27/2025	1/27/2025 10:04	26615	RABBIT, SALLY	RABBIT, SALLY	99214	OFFICE O/P EST		32	5		557.49	12838 30314		1	1	FIS	1	BC
17 1/27/202	5 1/27/2025	1/27/2025 10:05	26615	RABBIT, SALLY	RABBIT, SALLY	VISA	Visa Payment	CP-Device (Front Office Device 1)			-50	557.49		1761	1	1	FIS	1	BC
18 1/27/202	5 1/27/2025	1/27/2025 10:05	26615	RABBIT, SALLY	RABBIT, SALLY	VISA	Visa Payment	CP-Device (Front Office Device 1)			0	557.49		1761	1	1	FIS	1	BC
19 1/27/202	5 1/27/2025	1/27/2025 10:05	26615	RABBIT, SALLY	RABBIT, SALLY	CVISA	Visa Copay	CP-Device (Front Office Device 1)			-20	557.49		1761	1	1	FIS	1	BC
20 1/27/202	5 1/27/2025	1/27/2025 10:16	26623	Dash, Khloe	Dash, Khloe	99214	OFFICE O/P EST		32	5		13971.09	12840 30316		1	1	ALT	1	1
21 1/27/202	5 1/27/2025	1/27/2025 10:16	26623	Dash, Khloe	Dash, Khloe	CCA	COPAY CASH				-15	13971.09			1	1	ALT	1	1
22 1/27/202	5 1/27/2025	1/27/2025 10:39	26699	FOX, FRED	FOX, FRED	VISA	Visa Payment	CP-Device (Front Office Device 1)			0	215		1763					INS
23 1/27/202	5 1/27/2025	1/27/2025 10:39	26699	FOX, FRED	FOX, FRED	VISA	Visa Payment	CP-Device (Front Office Device 1)			-50	215		1763	UN			UN	UN
24 1/27/202	5 1/27/2025	1/27/2025 10:40	26699	FOX, FRED	FOX, FRED	CVISA	Visa Copay	CP-Device (Front Office Device 1)			0	215		1763					INS
25 1/27/202	5 1/27/2025	1/27/2025 10:40	26699	FOX, FRED	FOX, FRED	CVISA	Visa Copay	CP-Device (Front Office Device 1)			0	215		1763					INS
26 1/27/202	5 1/27/2025	1/27/2025 10:40	26699	FOX, FRED	FOX, FRED	CVISA	Visa Copay	CP-Device (Front Office Device 1)			-20	215		1763	UN			UN	UN
27 1/27/202	5 1/27/2025	1/27/2025 12:38	26841	DASH, KYLIE	DASH, KYLIE	99214	OFFICE O/P EST		32	5		650	12841 30317		ALS	ALS	AND	1	1
28 End of Re	port. Transac	tions/Journals/Dail	y Registe	r															
29 Requeste	d by MGR and	completed at 3:34PI	M on Jan	27 2025															



Transaction Journals to Excel (Payment)

With the *Transaction Journals to Excel* (*Transactions > Transaction Journals > Transaction Journals to Excel*), you can print a report which lists all the payments posted during a specified range of dates.

	Transaction Journals To Excel	
	Journal to Print O Procedure Payment O Adjustment	
Transac	tion Journals To Excel	
Print from da Print Through Print By	01-27-2025 Image: Constraint of the second sec	
Batch Numbe Default Last	er Q. Batch 🗹	
Print from Lis	st	~

When the Excel workbook opens, a **CGM PAY** column provides detailed information for CGM PAY payments. The CGM PAY Payment Method (**CP** or **CP-Device**) and the payment device name will display. You can sort, filter and total the payments as needed. The **Payment ID** printed on each receipt will also print on the report for each patient, to help with reconciliation.

	А	В	С	D	E	F	G	Н	I.	J	К	L
1	27-Jan-25											
2	EASTSIDE	MEDICAL										
З	Transacti	on Journal	s to Excel -	Payments								
4	From Acc	ounting Da	te 01-27-20	025 Through 01-27-	2025							
					Pmt Acct	Payment	Actual Date	Actual Time		Pmt		CGM PAY
5	Batch #	User	Acct #	Guarantor Name	Date	Date	Posted	Posted	Code	Amount	CGM PAY	Pmt ID
6		MGR	26615	RABBIT, SALLY	1/27/2025	1/27/2025	1/27/2025	10:05AM	VISA	-50	CP-Device (Front Office Device 1)	1761
7		MGR	26615	RABBIT, SALLY	1/27/2025	1/27/2025	1/27/2025	10:05AM	VISA		CP-Device (Front Office Device 1)	1761
8		MGR	26615	RABBIT, SALLY	1/27/2025	1/27/2025	1/27/2025	10:05AM	CVISA	-20	CP-Device (Front Office Device 1)	1761
9		ANBARIN	26623	Dash, Khloe	1/27/2025	1/27/2025	1/27/2025	10:16AM	CCA	-15		
10		MGR	26699	FOX, FRED	1/27/2025	1/27/2025	1/27/2025	10:39AM	VISA	-50	CP-Device (Front Office Device 1)	1763
11		MGR	26699	FOX, FRED	1/27/2025	1/27/2025	1/27/2025	10:40AM	CVISA	-20		
12	End of Re	port. Trans	actions/Jo	ournals/Transactio	on Journals	to Excel						
13	Requeste	d by MGR a	nd comple	eted at 3:54PM on J	an 27 2025							

The **CGM PAY** column also prints when using the **Corporate Transaction Journals to Excel (Payment)** (*Corporate > Corporate Transactions > Transaction Journals > Transaction Journals to Excel*)



USING CGM PAY FOR PAYMENT PLANS

You can set up *Delinquent (Collection) Payment Plans* and *Non-Delinquent Payment Plans* to collect payments automatically using CGM PAY. After CGM PAY has been installed and activated in the current database, the CGM PAY options display below the Payment Plan fields. The instructions provided below show how to setup CGM PAY in a payment plan after you have accessed the applicable function listed below:

Delinquent (Collection) Payment Plans

Accessed the Payment Plan Action Column function (Collections > Patient Collections > Work Accounts > Enter Filter Settings-if applicable > Select Patient > Payment Plan)

Non-Delinquent Payment Plans

Accessed the Non-Delinquent Payment Plan function (Collections > Patient Collections > Non-Delinquent Payment Plan > Select Patient)

Regardless of which function you accessed, the CGM PAY fields display below the standard Payment Plan fields.

Start Date of Plan	02-10-2025	
Payment Amount \$		
Payment Days	✓	,
Next Payment Date		
Last Payment Date	04-20-2023	
Last Pmt Amount \$	25.00	
Status for Default	11 NON-0	DELINQUENT PAYMENT PLAN FAILED (11) 🗸
Statement Comment		
CGM PAY		
Submitter #		×
Payment Method	~	
Card/Account Holder Name		
Card/Account Holder Zip Code		



How to Set up CGM PAY in a Payment Plans

Perform the following steps to set up CGM PAY in a payment plan:

Start Date of Plan	02-06-2025	
Payment Amount \$	20.00 🗸	
Payment Days	30 🗸	
Next Payment Date	03-08-2025	1
Last Payment Date	01-27-2025	
Last Pmt Amount \$	50.00	
Status for Default	11 NON-DELINQUENT PAYMENT PLAN FAILED (11) V	
Statement Comment		
CGM PAY		
Submitter #	EASTSIDE MEDICAL (PBTX92162) V	
Payment Method	VISA ending in 476173XXXXX0011, Exp. Date: 12/2024 V	
Card/Account Holder Name		
Card/Account Holder Zip Code		

- 1. Complete the standard Payment Plan fields first
- 2. Select the CGM PAY check box
- 3. Select the Submitter #
- 4. Select a Payment Method:
 - a. Select a previously saved payment method. The Card/Account Holder Name and Card/Account Holder Zip Code fields will be populated if that information was originally stored for the payment method. Click Save and then click OK when the Payment Plan has been saved message displays. Note: If you want to select a Bank Account for the Payment Method, you will need to store the payment method on the patient's account first, which requires you to collect a payment using the Bank Account information and ensure the Save Payment Method on File check box is selected.
 - b. Select New Card Manual Entry. You can only use credit cards when selecting this option. When the CGM PAY window displays, the Key in Values Manually (Credit Card) option will be selected. You can change it and select a payment device if needed or proceed with manually entering the credit card information. Click Next.

	Payment	
1	2	3
Initiate Payment	Enter Payment Details	Confirmation
Payment Identifier		
2773		
Submitter		
PBTX92161 (Submitter 2)	~	
	on File	
Save Payment Method C		
Select Payment Method C Select Payment Method	() () Key In Value	s Manually (Credit Card)
Sale rayment Method C Select Payment Method Key In Values Manually (Check Front Office Device 1 Billing Office Device 1	() () () () () () () () () () () () () (s Manually (Credit Card) Device 2 Device 2



How to Set up CGM PAY in a Payment Plan (cont.)

If you click **Cancel**, the following message will display. Click the **X** in the upper right corner to close the window.



Enter the card information and click **Submit**.

		Enter Payme	nt Details	3
Initiate F	Payment	Enter Paymer	nt Details	Confirmation
	Card Number Hillin Hillin Hillin Expiration Date MM / YYYY	# ##### CVV ####	Zig Code	
	Cancel			Submit

When the Payment Confirmation window displays, click **Print** to print the receipt or **Close**.

1		2	3
Initiate Payment	Enter Paym	nent Details	Confirmation
	Status:	Authorization si saved for paym	uccessful. Card has been ents.
	Invoice Number:	2773	
	Transaction ID:	00000005294	
	Auth Code:	708851	
	Date:	2024-05-28 17:2	28:28
Close			Print

Click the **X** in the upper-right corner of the window.





How to Set up CGM PAY in a Payment Plan (cont.)

The New card information displays in the **Payment Method** field and the Guarantor's Name and Zip Code will be populated for the **Card/Account Holder Name** and **Card/Account Holder Zip Code** fields. **Note**: When you add a new card, it is automatically set to be the **Default Card** on the patient's account. Click **Save**.

Start Date of Plan	02-06-2025	
Payment Amount \$	20.00	✓
Payment Days	30 🗸	
Next Payment Date	03-08-2025	III III III III III III III III III II
Last Payment Date	01-27-2025	
Last Pmt Amount \$	50.00	
Status for Default	11 N	ON-DELINQUENT PAYMENT PLAN FAILED (11) 🗸
Statement Comment		
CGM PAY	<	
Submitter #	EASTSIDE M	EDICAL (PBTX92162) V
Payment Method	VISA ending	in 476173XXXXXX0011, Exp. Date: 12/2024 ✔
Card/Account Holder Name	FRED FOX	
Card/Account Holder Zip Code	85021	

Click **OK** when the *Payment Plan has been saved* message displays.

For a delinquent account - after you save a CGM PAY Payment Plan and access *Work Accounts,* the **Payment Plan** column will display **Yes - CGM PAY**.

v	Work Accounts											E4	System Man STSIDE MEDICAL	age . (1)
							*** Filter Ap (Patient Balance	pplie ces >	d *** > \$0.00)					
- /	Acct	Name	Status	Dr	Loc	Grp	Patient Balance W	/rk L	ast Statement	Last Personal Payment	Last Visit	Payment Plan 📥	Next Payment Date	*
	26693	Dash, Robert	5	1	1	AET	520.00 Y	0	01-30-2025	01-09-2025 Paid \$20.00	02-02-2025	Yes - CGM PAY	02-09-2025	
	26651	Walsh, Brenda	6	1	1	1	1795.41 N	1 0	02-05-2024	11-13-2024 Paid \$20.00	05-02-2024	Yes - CGM PAY	02-14-2025	
	26602	Applegate, Christina	5	1	1	AET	354.00 Y	0	01-30-2025	01-28-2025 Paid \$2.00	05-03-2024	Yes - CGM PAY	02-28-2025	
	26597	Johnson, Noah	5	1	1	AET	10702.34 Y	0	01-30-2025	01-26-2025 Paid \$4.00	01-21-2025	Yes - CGM PAY	02-27-2025	
	26588	Dash, Kimberly	5	BAC1	1	1	4225.91 Y	1	12-13-2024	01-06-2025 Paid \$1.00	01-22-2025	Yes - CGM PAY	02-21-2025	
	26563	AGGER, BLAKE	6	1	1	MC	1966.77 N	1 0	02-05-2024	12-11-2024 Paid \$10.00	10-02-2022	Yes - CGM PAY	02-11-2025	
	26135	Arianno, Tara	5	1	1	AET	321.00 Y	0	01-30-2025	01-14-2025 Paid \$2.00	07-10-2024	Yes - CGM PAY	02-15-2025	
	26772	Hansen, Steven	4	1	1	1	575.00 N	1			10-29-2024	Yes	02-07-2025	
	26751	Posh, Victoria	6	1	1	1	295.00 N	1		08-28-2024 Paid \$10.00	08-28-2024	Yes	02-27-2025	

When you click on a row to access the *Work Accounts Detailed* screen for a patient, the **Payment Plan** field will display **Yes - CGM PAY**.

Work Accounts	5					EA	System Manager STSIDE MEDICAL (1)
			26597 -	Johnson, Noah			
Patient Name:	Joh	nson, Noah (26597)		Home Ph. / Work Ph.:			69 / 925-852-7415
Guarantor Name:	Joh	nson, Noah		Billing Group:			IENTS (AET)
Internal Comment:	Test			Primary	Primary Carrier:		N
Last Statement:	01-	30-2025		Seconda	ry Carrier:		
Statement Comment:	AZ			Tertiary	Carrier:		/
Last Ins Pmt:	\$1.3	26 on 01-21-2025		Send Sta	atement:	Y	
Last Per Pmt:	\$4.0	00 on 01-26-2025		Last Visi	t:	01-21-2025	; /
Collection Status:	PA	MENT PLANS (5)		✓ Payment	: Plan:	Yes - CGM I	PAY
Next Letter:		~	•				
Next Contact:				Work St	atus:	Worked	
	Balance	Current	30	60	90	120	150
Patient:	10702.34	2.74	5.48	10.00	6.74	2.74	10674.64
Insurance:	3649.47	325.00	600.50	0.00	300.00	670.00	1753.97
Total:	14351.81	327.74	605.98	10.00	306.74	672.74	12428.61



How to Set up CGM PAY in a Payment Plan (cont.)

If a processing error occurs during the automatic collection of a CGM PAY Payment Plan payment, a detailed error message will display at the bottom of the Payment Plan screen the next time the patient's Payment Plan is accessed.

Start Date of Plan	01-12-2024
Payment Amount \$	10.00 🗸
Payment Days	30 🗸
Next Payment Date	02-11-2025
Last Payment Date	12-11-2024
Last Pmt Amount \$	10.00
Status for Default	6 PAYMENT PLAN FAILED (6)
Statement Comment	PATIENT ON PAYMENT PLAN FOR \$50 PER MONTH
CGM PAY	
Submitter #	EASTSIDE MEDICAL (PBTX92162) V
Payment Method	VISA ending in 476173XXXXX0011, Exp. Date: 12/2024 ¥
Card/Account Holder Name	BLAKE AGGER
Card/Account Holder Zip Code	95993
	Payment Attempt on 01/11/2025 failed: Insufficient-Funds

If you set up Payment Plans to use CGM PAY; automatic payment collection is dependent on the *Collection Roster* being populated daily. In the *Patient Collections Integration* function, you should select the **Automatic Roster Population** check box. When the Collection Roster is populated, payments will be collected automatically one day prior to the **Next Payment Date** stored on the patient's account and they will be stored in *Unposted Payments* with a **Source** of *Payment Plan*.

When the Collection Roster is populated, any CGM PAY Payment Plan payments that are currently stored in *Unposted Payments* will be taken into account, when determining if an account is delinquent and if a Payment Plan is on track or not.

Note: The following criteria are used to determine when to automatically collect CGM PAY Payment Plan payments:

- If no personal payments were posted within the payment plan time period (example: last 30 days), then collect the full payment plan payment amount.
- If there have been personal payments posted that are greater than or equal to the payment plan payment amount within the payment plan time period, then do not collect the payment plan payment amount.
- If there have been personal payments posted that are less than the payment plan payment amount within the payment plan time period, collect the difference between the amounts. For example: If payment plan payment amount is \$50 and there have been only \$30 of personal payments posted within the last 30 days, then CGM PAY will collect the difference of \$20.
- Co-payments posted on patient accounts are not included in the calculation of personal payments.



Manage Payment Plans

With the *Manage Payment Plans* function (*Collections > Patient Collections > Manage Payment Plans*), you can view every patient that has a payment plan and their status in a sortable list. You can click anywhere in payment plan row to edit or delete it. If a processing error occurs during the collection of a CGM PAY Payment Plan payment, a detailed error message will display below the patient's name.

Ma	nage Payment P	lans						E/	Syst ASTSIDE MEI	em Manager DICAL (1)
Acct# 🔻	Patient	Plan Started	Next Pmt Date	Next Pmt Amount	Last Pmt Date	Last Pmt Amount	# Days to Pay	Collection Status		CGM PAY
26135	Arianno, Tara	07-16-2024	02-15-2025	2.00	01-14-2025	2.00	30	PAYMENT PLANS (5)		Yes
26563	AGGER, BLAKE	01-12-2024	02-11-2025	10.00	12-11-2024	10.00	30	PAYMENT PLAN FAILED (6	5)	Yes
	Payment Attempt	on 01/11/20)25 failed: Ins	ufficient-F	unds					
26588	Dash, Kimberly	06-28-2024	02-21-2025	1.00	01-06-2025	1.00	15	PAYMENT PLANS (5)		Yes
26597	Johnson, Noah	08-28-2024	02-27-2025	4.00	01-26-2025	4.00	30	PAYMENT PLANS (5)		Yes

If a payment plan is requested and the patient does not currently have a payment plan stored on their account, their account will display in the *Manage Payment Plans* function, but there will not be any information listed in the payment plan fields and the CGM PAY column will display 'No' until you add the payment plan to the patient's account.

	Ma	nage Payment P	lans						Sys EASTSIDE ME	tem Manager DICAL (1)
Add/Edit Filter	Acct# 🔻	Patient	Plan Started	Next Pmt Date	Next Pmt Last Pmt Amount Date	Last Pmt Amount	# Days to Pay	Collection Status		CGM PAY
Drint	26135	Arianno, Tara	07-16-2024	02-15-2025	2.00 01-14-2025	2.00	30	PAYMENT PLANS (5)		Yes
Dest Diss Pers History	26240	SHELTON, BLAKE			100.00 08-30-2024	109.95				No
Refresh		Payment Plan req Payments of \$100	uested via CO .00 to be coll	GM PAY Payn lected on the	nent window on 02-04- 15th day of the month	2025 10:19 using VIS	5:36 by A endin	System Manager. g in 0011, Exp. Date	: 12/2025.	

You can filter the payment plan listing by clicking the **Add/Edit Filter** Action Column button and remove any previously applied filter by clicking the **Remove Filter** Action Column button. If you only want to see the current payment plans that were requested through CGM PAY or the eMEDIX Payment Portal, you can select the **Payment Plans Requested** check box.

Start Payment Date	Through	10
Next Payment Date	Through	10
Patient Acct		
Plan Type	O CGM PAY O Non-CGM PAY O All	
Collection Chatter		01

You can use the **Print** Action Column button to print a report of the payment plans in the same order as the listing displayed on the screen. The report can also be printed to *Excel via MyReports*.



Manage Payment Plans (cont.)

If you want to view all payment plan requests (both current and in the past) made through CGM PAY or the eMEDIX Payment Portal, you can use the **Pmt Plan Req History** Action Column button.

Upon accessing the Payment Plan Request History screen, the filter is automatically set to show the last 90 days of requests.

	System Managu Payment Plan Request History EASTSIDE MEDICAL (1									
Add/Edit Filter					<pre>Start Request Date is >= 11-08-203</pre>	24)				
Drint	Acct#	Patient	Request Date 📥	Source	Request	Requested By	Status	Reviewed By	Reviewed Date/Time	
FILL	26300	BAKER, TIM	12-04-2024	CGM PAY	\$164.50 every 1st day of the month using VISA ending in 0011, Exp. Date: 12/2024	ANBARIN	Automatically dismissed by system after 60 days.	MARS	02-03-2025 01:00:02	
	26615	RABBIT, SALLY	11-18-2024	CGM PAY	\$100.83 every 15th day of the month using	MGR	Automatically dismissed by system after 60 days.	MARS	01-18-2025 01:00:02	

The following fields are displayed for each payment plan request:

Acct# - Patient account number

Patient – Patient name

Request Date – Date the payment plan was requested

Source – CGM PAY or eMEDIX Payment Portal

Request – Details of the payment plan request

Requested By – Who requested the payment plan. "User Code" if requested through CGM PAY or

"Patient" if requested through eMEDIX Payment Portal

Status - Shows the status of the payment plan request

Reviewed By – User Code of the staff member that reviewed/dismissed the payment plan request **Reviewed Date/Time** – Date and time the payment plan request was reviewed/dismissed

The Payment Plan Request History screen can also be filtered by using the **Add/Edit Filter** Action Column button:

Payment Plan Request History Filter								
From Request Date Patient Acct Source	11-08-2024 Through							
Requested By Reviewed By	×							

After you filter the data, you can use the **Print** Action Column button to print the history screen to Excel. The resulting excel document will contain the data sorted exactly as it shows on the screen.





Payment Plan Alerts

You have the option to display an Alert whenever you access a patient account that has a delinquent or non-delinquent payment plan payment plan set up. Access the *Patient Collections Integration* function (*System > Database Maintenance Menu, Integrations, Collections Integration*) and select the **Display Payment Plan Alert** check box.

Patient Collections Integr	ation						
Acct Date or Patient Aging	• Acct	● Acct Date ○ Patient Aging ✓					
Automatic Restor Repulstion	15	15 V					
Minimum Balance t	~	✓ Time 07:30A					
Minimum Balance ş	5.00	5.00					
Suppress Billing Groups by		ount 🖲 Transaction 🗸					
Enter Letters in DMS Notes	\checkmark						
Enter Letters in Acct Hist	~						
Adj Code for Letters	LET	Q COLL LETTER SENT					
Initial Collection Status	1	PAST DUE REMINDER (1)	V /				
Collection Payment Plan	5	PAYMENT PLANS (5)	v <i>v</i>				
Collection Payment Plan Failed	6	PAYMENT PLAN FAILED (6)					
Non-Delinquent Payment Plan	10	NON-DELINQUENT PAYMENT PLAN (10)	\sim				
Non-Delinquent Pmt Plan Failed	11	NON-DELINQUENT PAYMENT PLAN FAILED (11)	\sim				
Status for Part.Pmt Non-Plan	8	PARTIAL PAYMENT RECEIVED (8)	× <				
Review for Agency Code	3	COLLECTION TURN OVER REVIEW (3)	~				
Approved for Agency Code	9	COLLECTION TURN OVER APPROVED (9)	× <				
Transfer All or Deling Chgs	O All (● Delinguent ✓					
Adj Code for Write-Offs		VQ					
Adj Code for Collection Fee	COLF	Q COLLECTION FEE					
Transfer to Billing Group	COL	Q COLLECTION PATIENTS					
Collection Internal Comment	**ACCO	**ACCOUNT TUBNED TO COLLECTIONS**					
Overwrite or Append Comment	Over						
DMS or Word Document	DMS						
CGM ECOLLECTIONS	V						
Display Payment Plan Alert	V						
Default # of Days for Next Contact	10	1					
below of bays for next contact	10]					

Whenever you access a patient account that has a payment plan set up, an Alert will display containing the payment plan information.

Account#:	26135
Name:	Arianno, Tara
SSN:	
DOB:	01-01-19/8
nternal Comme	ent:
CGM PAY Paym	ent Plan
Next Payment:	\$2.00 on 02-15-2025
react aymenter	52100 011 02 15 2025

If a processing error occurs during the automatic collection of a CGM PAY Payment Plan payment, a detailed error message will display in the payment plan Alert in red text. To ensure you receive notification of any errors, an Alert will display whenever there is a processing error, even if you do not select the **Display Payment Plan Alert** check box.



PAYMENT METHODS STORED ON THE PATIENT ACCOUNT

Add, Edit or Delete Payment Methods

You can add, edit or view payment method information stored on a patient's account using the **Payment Methods** Action Column button on the *Patient Summary Screen (Patient > Change Patient Data > Select a Patient > Payment Methods)*. **Note**: The **Payment Methods** Action Column button will only be visible if the Security Level for your User Code is the same or higher than the **Payment Methods Security Level** selected in the in the *CGM PAY Integration* function.

	Change Patient Data				syst Eastside N	EM MANAGER 1edical (1)
Insurance	Patient		٥	Guarantor		٥
Images History Recalls Referrals Authorizations Service Scripts Employers DMS Transactions Summary Print DYMO Labels	FOX, SAM (25977.1) 12345 S CENTRAL AVE PHOENIX, AZ 85021 Phone: (H) E-Mail: SS: BD: 06-20-2001 (22) DR: CATHERINE CASTNER, NP (1) Ref DR: , PCP: Stat:	1st Vis: 05-08-24		FOX , SAM 12345 S CENTRAL AVE PHOENIX, AZ 85021 Phone: (H) E-Mail: SS: BD: 06-20-2001 (22) Last Pat Pmt: 05-09-2024 Last Pat Pmt Amt: 0.000 Last Ins Pmt Amt: 0.000 Last Visit:	Last Statement: Patient Balance: Patient Collection Balance: Insurance Balance: Account Balance:	-30.00 0.00 0.00 -30.00
Print Statement	Billing Information		٥	Case Management		٢
Print Patient Pmts Letters Payment Methods	BG: BC Alert: Y Emp: Work Phone: Stat:	Send Stmt: Y Prim Add: Y Aging Msg: Y Finance: Y				
🛃 tasks (13)	Primary Insurance		٢	Secondary Insurance		٢
inbox (1) calculator calendar rollodex cue cards help	Ø 3108 - BLUE CROSS OF ARIZONA Policy: 6548791 Group: Eff/Dt: 05-08-2024 Ter Assign: Y De Liabil: Co Policy Holder: FOX, SAM Employer:	rm/Dt: duct: 500.00 pay: 30.00/50.00		Policy: Group: Eff/Dt: Assign: Liabil: Policy Holder: , Employer:	Term/Dt: Deduct: 0.00 Copay: 0.00	
O support	Q				Cancel	

Upon accessing the **Payment Methods** function, any previously saved payment methods will be listed for the patient including the **Card/Account Type, Card/Account Number, Expiration Date, Card/Account Holder Name, Zip Code** and whether the card is set as the **Default Card/Account** or not. To edit or delete a payment method, select the payment method you want by clicking anywhere in the payment method row.

CGM PAY Payment Methods									
Add Payment Method					26135 - A	rianno, Tara			
	Card/Account Type 🔻	Card/Account Number	Expiration Date	Card/Account Holder Name	Zip Code	Default Card/Account			
	VISA	476173XXXXXX0011	12/2024	Tara Arianno	85012	Yes			



Add, Edit or Delete Payment Methods (cont.)

You can edit the **Card/Account Holder Name**, **Card/Account Holder Zip Code** and select or clear the **Default Card/Account** check box to indicate if you want to default this payment method when entering payments. Click **Save** to save any edits. If you need to edit any of the other information, you need to **Delete** the payment method and then **Add** a new payment method with the correct information.

If you want to delete the payment method from the patient's account, click **Delete**. You will be asked to confirm that you want to delete it. If the payment method is currently stored on a payment plan, you will receive the following message, *"A payment plan for this patient is using this payment method. You will need to either delete the payment plan or change the payment method stored on the payment plan before you can delete this payment method."*

CGM PAY Payment Me	thods
Card/Account Type	VISA
Card/Account Number	476173XXXXX0011
Expiration Date	12/2024
Card/Account Holder Name Card/Account Holder Zip Code	Tara Arianno 85012
Default Card/Account	

To add a new payment method, click **Add Payment Method** in the Action Column.

¥	CGM PAY Pay	ment Methods				
Add Payment Method					26135 - A	rianno, Tara
	Card/Account Type 🔻	Card/Account Number	Expiration Date	Card/Account Holder Name	Zip Code	Default Card/Account
	VISA	476173XXXXXX0011	12/2024	Tara Arianno	85012	Yes

If multiple **Submitter Numbers** have been stored in the *CGM PAY Integration* function, you will be prompted to select the **Submitter Number** you want to use for this transaction. The **Submitter Number** will default to the last one you selected.

Select Submitter
Submitter: Eastside Medical 🗸
Proceed Cancel



Add, Edit or Delete Payment Methods (cont.)

When the CGM PAY window displays, select the payment method and click Next. Note: You can only use credit cards when saving a payment method using this function. When the CGM PAY window displays, the Key in Values Manually (Credit Card) option will be selected. You can change it and select a payment device if needed or proceed with manually entering the credit card information. If you want to store a Bank Account Payment Method, you can only do this when you collect a payment using the Bank Account information and ensure the Save Payment Method on File check box is selected.

	Payment
1	2 3
Initiate Payment	Enter Payment Details Confirmation
Payment Identifier	
2729	
Submitter	
PBTX92161 (Submitter 2)	~
PBTX92161 (Submitter 2) Save Payment Method On Select Payment Method	∽ File
PBTX92161 (Submitter 2) Save Payment Method On Select Payment Method Key In Values Manually (Check)	• File • Key In Values Manually (Credit Card)
PBTX92161 (Submitter 2) Save Payment Method On Select Payment Method Key In Values Manually (Check) Front Office Device 1 Billing Office Device 1	▼ ■ File ● Key In Values Manually (Credit Card) ○ Front Office Device 2 ○ Billing Office Device 2

Complete the process to enter the payment information for the type of payment method you selected. When the Payment Confirmation window displays, you can click **Print** to print the receipt or **Close**.

1	Payment C	onfirmation	3	×
Initiate Payment	Enter Paym Status: Invoice Number: Transaction ID: Date:	Authorization s saved for paym 2730 000000002080 2024-05-20T20	Confirmation successful. Card has been nents. 0 0:01:06.000Z	
Close			Print	



Add, Edit or Delete Payment Methods (cont.)

Click the **X** in the upper-right corner of the window.



After the new payment method has been successfully added, you can edit the information if needed.

CGM PAY Payment Methods							
Card/Account Type	VISA						
Card/Account Number	476173XXXXX0011						
Expiration Date	12/2024						
Card/Account Holder Name Card/Account Holder Zip Code	Tara Arianno 85012						
Default Card/Account							

Note: When you add a new payment method, it is automatically set to be the **Default Payment Method** on the patient's account and the Guarantor's Name and Zip Code will be populated for the **Card/Account Holder Name** and **Card/Account Holder Zip Code** fields.

Click Save.



Report for the Default Payment Method Stored on Patient Accounts

You can print a report to see which patients have a payment method on file using the *Patient Detail to Excel (Patients > Patient Listings >Patient Detail to Excel)* function. The following Payment Method data elements for the default payment method stored on a patient's account are available:

- C1.0 Card/Account Status
- C1.3 Card Expire Date
- C1.4 Card/Account Number
- C1.5 Card/Account Type
- C1.8 Card/Account Holder Name
- C1.9 Card/Account Zip Code

Pa	atient Detail to Excel				
From	Patient				
Thru I	Patient				
Print	from Service Date	11-01-2024			
Print f	Print through Service Date 02-06-2025				
Includ	e Patients with No Activity				
Print	Print from List			~	
Custo	m Header Line 1				
Custo	m Header Line 2				
	Excel Columns '	A' thru 'Z'		Excel Columns 'AA' thru 'ZZ'	
A	Excel Columns '	A' thru 'Z' 0)	AA	Excel Columns 'AA' thru 'ZZ'	~]
A B	Excel Columns ', Patient Account Number (P1. Patient Firstname, Lastname	A' thru 'Z' 0) ~ (P1.1b) ~	AA BB	Excel Columns 'AA' thru 'ZZ'	~
A B C	Excel Columns ' Patient Account Number (P1. Patient Firstname, Lastname Card/Account Status (C1.0)	A' thru 'Z' 0)] AA] BB] CC	Excel Columns 'AA' thru 'ZZ'	> >
A B C D	Excel Columns ' Patient Account Number (P1. Patient Firstname, Lastname Card/Account Status (C1.0) Card Expire Date (C1.3)	A' thru 'Z' D) \vee \vee \vee \vee \vee \vee \vee \ve	AA BB CC DD	Excel Columns 'AA' thru 'ZZ'	× × ×
A B C D E	Excel Columns ' Patient Account Number (P1. Patient Firstname, Lastname Card/Account Status (C1.0) Card Expire Date (C1.3) Card/Account Number (C1.4)	A' thru 'Z' D) \vee (P1.1b) \vee \vee (P1.1b) \vee \vee (P1.1b) \vee \vee (P1.1b)) AA BB) CC) DD EE	Excel Columns 'AA' thru 'ZZ'	> > > > > > > > > > > > > > > > > > >
A B C D F	Excel Columns ' Patient Account Number (P1. Patient Firstname, Lastname Card/Account Status (C1.0) Card Expire Date (C1.3) Card/Account Number (C1.4) Card/Account Type (C1.5)	A' thru 'Z' D) \vee (P1.1b) \vee \vee (P1.1b) \vee \vee (P1.1b) \vee	AA BB CC DD EE FF	Excel Columns 'AA' thru 'ZZ'	> > > > > > > > > > > > > > > > > > >
A C D E F G	Excel Columns 7 Patient Account Number (P1. Patient Firstname, Lastname Card/Account Status (C1.0) Card Expire Date (C1.3) Card/Account Number (C1.4) Card/Account Type (C1.5) Card/Account Holder Name (r	A' thru 'Z' D)	AA BB CC DD EE FF GG	Excel Columns 'AA' thru 'ZZ'	> > > > > > > > > > > > > > > > > > >
A B C D F G H	Excel Columns ' Patient Account Number (P1. Patient Firstname, Lastname Card/Account Status (C1.0) Card Expire Date (C1.3) Card/Account Number (C1.4) Card/Account Type (C1.5) Card/Account Holder Name (Card/Account Zip Code (C1.9	A' thru 'Z' D)) AA) BB) CC) DD] EE] FF] GG] HH	Excel Columns 'AA' thru 'ZZ'	> > > > > > > > > > > > > > > > > > >

1	A	В	С	D	E	F	G	Н
1	EASTSIDE MEDICAL							
2	Patient Detail to Excel							
3	From Patient	(Start from the First Patient)						
4	Thru Patient	(End with the Last Patient)						
5	From 11-01-2024 Through 02-06-	2025						
6	Include Patients with No Activity	N						
7	Account	Patient Name	Card/Account Status	Card Exp Date	Card/Account #	Card/Account Type	Card/Account Holder Name	Card/Account Zip Code
8	25399	SAMANTHA SIMPSON	Card/account on file has expired	12/2024	411173XXXXXX0016	VISA	SAMANTHA SIMPSON	85004
9	25460	HAROLD MILLER	Valid card/account on file	12/2025	541333XXXXXX9130	MASTERCARD	HAROLD MILLER	85004
10	26615	SALLY RABBIT	Card/account on file has expired	12/2024	458173XXXXXX0031	VISA	SALLY RABBIT	85021
11	26635	SAMMY BEAR	No card/account on file					
12	26712	WILEY FOX	Card/account on file has expired	12/2024	476173XXXXXX0011	VISA	WILEY FOX	85026
13	26718	JAMIE FOX	Card/account on file has expired	12/2024	483273XXXXXX0022	VISA	JAMIE FOX	85026
14	End of Report. Patient/Lists/Patie	ent Detail to Excel						
15	Requested by MGR and complete	ed at 1:15PM on Feb 06 2025						
16								

Note: If multiple payment methods are stored for the patient, the report will only print the information for the Default payment method.



PAYMENT FIELDS IN THE PAYMENT COLLECTION WINDOW

If information in the payment fields is entered or edited while collecting payments when using CGM PAY, adjustments will be automatically made to the collected payment when necessary and an alert will display stating the amount was changed.

Examples of Payment Modifications:

Single Payment Involved – Payment collected in *Payment Entry* or a Co-pay or ROA is collected in *Scheduling* – the payment amount is changed.

Multiple Payments Involved – Co-pay and ROA are collected in *Scheduling* in a combined payment:

- If the payment amount collected is greater than the payment amount requested:
 - The excess payment amount is added to the first ROA if there is one. If there isn't an ROA, then the excess is added to the first Co-pay.
- If the payment amount collected is less than the payment amount requested:
 - The payment amount is reduced from the ROA's with largest amounts first, then Copay's with largest amounts first.

Extreme Examples of Multi-payments - A total of four Co-pays and ROA's are entered in *Scheduling* in this order for a total of \$95:

- 1. \$50 ROA
- 2. \$10 ROA
- 3. \$15 Co-pay
- 4. \$20 Co-pay
- **Example 1:** When the payment is collected using CGM PAY and the Payment Amount is changed to \$100. In this case the amount collected was \$5 more than requested, so the \$50 ROA is changed to \$55 since it was the first ROA entered.
- **Example 2:** When the payment is collected using CGM PAY and the Payment Amount is changed to \$75. In this case the amount collected was \$20 less than requested, so the \$50 ROA is changed to \$30 since it is the largest ROA entered.
- **Example 3:** When the payment is collected using CGM PAY and the Payment Amount is changed to \$15. In this case the amount collected was \$80 less than requested, so the \$50 ROA, \$10 ROA and \$20 Co-pay are voided.
- **Example 4:** When the payment is collected using CGM PAY and the Payment Amount is changed to \$25. In this case the amount collected was \$70 less than requested, so the \$50 ROA and \$10 ROA are voided, and the \$20 Co-pay is changed to \$5, since it was the largest Co-pay.



Payment Fields in the Payment Collection Window (cont.)

If any Payment Plan information is entered in the Payment Collection window and the requested payment amount is changed, adjustments will be made as listed previously in this section. In addition, a notice will display in the Payment Collection window stating the future payment amount and the terms for the plan.

	Pay	ment	
1		2	3
Initiate Payment	Enter Payn	nent Details	Confirmation
Payment Identifier			
2806			
Submitter		Total Patient Ba	alance
PBTX92161 (Submitter 2)	*		188.00
Select Number of Months		Future Monthly	/ Payment Date
	4	1	~
		Payment Amou	int
			47
Future payments will be \$47. This plan will include any other	already exist	ing outstanding re	47
Future payments will be \$47. This plan will include any other and be in effect until the respon	already exist sible party b	ing outstanding re alance is \$0.	47 esponsible party balances
Future payments will be \$47. This plan will include any other and be in effect until the respon Save Payment Method On F	already exist sible party b ile	ing outstanding re alance is \$0.	47
Future payments will be \$47. This plan will include any other and be in effect until the respon Save Payment Method On F Select Payment Method	already exist sible party b ile	ing outstanding re alance is \$0.	47
Future payments will be \$47. This plan will include any other and be in effect until the respon Save Payment Method On F Select Payment Method Key In Values Manually (Check)	already exist sible party b ile	ing outstanding re alance is \$0. ○ Key In Values N	47 esponsible party balances Manually (Credit Card)
Future payments will be \$47. This plan will include any other and be in effect until the respon Save Payment Method On F Select Payment Method Key In Values Manually (Check) Front Office Device 1	already exist isible party b ile	ing outstanding re alance is \$0. O Key In Values N O Front Office Do	47 esponsible party balances Manually (Credit Card) evice 2
Future payments will be \$47. This plan will include any other and be in effect until the respon Save Payment Method On F Select Payment Method Key In Values Manually (Check) Front Office Device 1 Billing Office Device 1 Billing Office Device 1	already exist isible party b ile	ing outstanding re alance is \$0. O Key In Values N O Front Office D O Billing Office D O Billing Office D	47 esponsible party balances Manually (Credit Card) evice 2 Device 2
Future payments will be \$47. This plan will include any other and be in effect until the respon Save Payment Method On F Select Payment Method Key In Values Manually (Check) Front Office Device 1 Billing Office Device 1 Bank Account XXXXXX1221	<mark>already existi</mark> sible party b ile	ing outstanding re alance is \$0. Key In Values N Front Office D Billing Office D MASTERCARD	47 esponsible party balances Manually (Credit Card) evice 2 Device 2 Ends: 5100 Exp: 12/24



Payment Fields in the Payment Collection Window (cont.)

A notification that a Payment Plan was requested will display in the *Unposted Payments* function, the *Manage Payment Plans* function and in the *Payment Plan* page when you add or edit a Payment Plan for the patient.

Unposted Payments

ļ	Unpos	sted Paymen	its							EAST	System Manage SIDE MEDICAL (1
	Status	Source	Account	Patient Name	Amount	Payment Date 📥	Payment Type	Payment Code	Pmt Method	CP-Pmt Device	CGM PAY Pmt ID 🔺
		Payment Entry	26718	FOX, JAMIE	40.83 <u>Credit</u> 🍃	02-06-2025	ROA	Visa Payment (VISA)	CP-Device	Front Office Device 1	1779
	*	Payment Plan Payments of 9 See Manage P	40.79 to ayment	ed via CGM PAY Payment wind o be collected on the 15th day of Plans (Collections > Patient Co	ow on 02-06-2025 of the month using llections > Manage	15:36:33 by Sys VISA ending in Payment Plans	tem Manager. 0011, Exp. Da).	te: 12/2024.			
	•	Check In/Out	26693	DASH, ROBERT	10.00 <u>Credit</u> 🍛	02-03-2025	Co-Payment	Visa Copay (CVISA)	CP-Device	Billing Office Device 2	1769
		This Co-Pay mu	ist be pos	sted manually. No Charge posted fo	or Appointment and I	Dr.					
		Check In/Out	26602	APPLEGATE, CHRISTINA	2.00 Credit 🧼	01-28-2025	ROA	CREDIT CARD PMT (CC)	CP		1765

Manage Payment Plans

Man	nage Payment F	Plans							
Acct# 💌	Patient	Plan Started	Next Pmt Date	Next Pmt Amount	Last Pmt Date	Last Pmt Amount	# Days to Pay	Collection Status	CGM PAY
26135	Arianno, Tara	07-16-2024	02-15-2025	2.00	01-14-2025	2.00	30	PAYMENT PLANS (5)	Yes
26699	FOX, FRED	02-06-2025	03-08-2025	20.00	01-27-2025	50.00	30	NON-DELINQUENT PAYMENT PLAN (10)	Yes
26718	FOX, JAMIE			0.00	02-06-2025	40.83			No
-	Payment Plan re Payments of \$40	quested via CG .79 to be colled	M PAY Payment cted on the 15th	window on a day of the	02-06-2025 15 month using VI	:36:33 by Sys SA ending in	stem Ma 0011, Ex	nager. (p. Date: 12/2024.	
26751	Posh, Victoria	08-28-2024	02-27-2025	10.00	08-28-2024	10.00	30	PAYMENT PLAN FAILED (6)	No
26772	Hansen, Steven	10-29-2024	02-07-2025	13.01		0.00	0	FINAL NOTICE (4)	No

Payment Plan page

Start Date of Plan	02.06.20	25							
Payment Amount ¢	02-06-20	25							
Payment Amount \$] •						
Payment Days	✓								
Next Payment Date									
Last Payment Date	02-06-20	25							
Last Pmt Amount \$	40.83								
Status for Default	11	NON-E	DELINQUENT PAYMENT PLAN FAILED (11) 🗸						
Statement Comment									
CGM PAY	<								
Submitter #	EASTSID	E MEDIC	AL (PBTX92162) 🗸						
Payment Method	VISA end	ing in 47	76173XXXXXX0011, Exp. Date: 12/2024 V						
Card/Account Holder Name	JAMIE FO	х	to delete.						
Card/Account Holder Zip Code	85026								
	Payment	Payment Plan requested via CGM PAY Payment window on 02-06-2025 15:36:33 by System Manager.							
	Payment	s of \$4	0.79 to be collected on the 15th day of the month using vISA ending in 0011, Exp. Date: 12/2024. $ imes$						

After you process the message and add or edit the Payment Plan, you can click the 'x' at the end of the message to delete it in the *Payment Plan* page or it will automatically delete when you click **Save**. Any messages that are left unprocessed after 60 days will be automatically deleted from all three functions.



Payment Fields in the Payment Collection Window (cont.)

If a payment plan is requested and the patient does not currently have a payment plan stored on their account, their account will display in the *Manage Payment Plans* function, but there will not be any information listed in the payment plan fields and the CGM PAY column will display 'No' until you add the payment plan to the patient's account.

Acct# 🔻	Patient	Plan Started	Next Pmt Date	Next Pmt Amount	Last Pmt Date	Last Pmt Amount	# Days to Pay	Collection Status	CGM PAY
26135	Arianno, Tara	07-16-2024	02-15-2025	2.00	01-14-2025	2.00	30	PAYMENT PLANS (5)	Yes
26699	FOX, FRED	02-06-2025	03-08-2025	20.00	01-27-2025	50.00	30	NON-DELINQUENT PAYMENT PLAN (10)	Yes
26718	FOX, JAMIE			0.00	02-06-2025	40.83			No

After you process the message and add the Payment Plan, you can click the 'x' at the end of the message to delete it in the *Payment Plan* page or it will automatically delete when you click **Save**. Any messages that are left unprocessed after 60 days will be automatically deleted.



CGM EMEDIX PAYMENT PORTAL PAYMENTS

CGM eMEDIX Payment Portal Integration Setup

During the Activation process, you indicated which payment codes to use when a payment portal payment is received and the Implementation Team stored those codes in the CGM eMEDIX Payment Portal Integration function, located on the System > Database Maintenance Menu > Integrations > CGM webTOOLS Integrations > CGM PAY menu.

If you need to edit the codes, access the function and edit the Payment Codes as needed. You should NOT edit any of the CGM eMEDIX fields in the top portion of the screen as this could prevent payments from processing. Patients will not be able to make payments via the *CGM eMEDIX Payment Portal* unless all of the required fields have been completed.



Notes

- If multiple databases have been activated, the *CGM eMEDIX Payment Portal Integration* function must be completed in each database.
- If you want to track Payment Portal payments separately from other payments in CGM webPRACTICE, you should create new Payment Codes specifically for Payment Portal.



Processing & Viewing CGM eMEDIX PAYMENT PORTAL Payments

Unposted Payments - Processing Payment Portal Payments

After you have been activated for the *CGM eMEDIX Payment Portal*, any payments received from the CGM eMEDIX Payment Portal will be stored in the *Unposted Payments* function.

- CGM eMEDIX Payment Portal will display in the Source-column
- **PP** for Payment Portal will display in the **Pmt Method** column
- The Payment Codes entered in the *CGM eMEDIX Payment Portal Integration* function will display in the **Payment Code** column

	Unpo	osted Payments									EAST	System Manage SIDE MEDICAL (1
Change Batch Print					(Payment M	*** Filter Ap ethod = 'CGM e	plied *** MEDIX Paymen	t Portal")				
Print to Excel	Status	Source	Account 🔻	Patient Name	Amount	Payment Date	Payment Type	Payment Code	Pmt Method Pr	nt Dr Loc Remarks F	Patient Balance	Last Service Date
Add/Edit Filter		CGM eMEDIX Payment Portal	26021	ANDERSON, STEPHEN	1145.00	03-08-2020	ROA	Online Visa (OLV)	PP		-3.04	09-12-2019
Damasus Filter		CGM eMEDIX Payment Portal	26131	GLOVER, DONALD	255.42	03-08-2020	ROA	Online Amex (OLAX)	PP		0.00	07-22-2019
Remove Filter		CGM eMEDIX Payment Portal	26153	ROSS, BIRDIE	60.00	02-17-2020	ROA	Online Visa (OLV)	PP		0.00	01-01-2019
Journal		CGM eMEDIX Payment Portal	26172	PAISLEY, BRAD	6.60	02-17-2020	ROA	Online Mastercard (OLMC)	PP		0.00	11-25-2019
Refresh		CGM eMEDIX Payment Portal	26201	WASHINGTON, GEORGE	11.12	04-23-2019	ROA	CREDIT CARD PMT (CC)	PP		-18.14	02-04-2020
		CGM eMEDIX Payment Portal	26202	LINEER, MARK	203.46	02-17-2020	ROA	Online Visa (OLV)	PP		0.00	12-13-2019
		CGM eMEDIX Payment Portal	26240	SHELTON, BLAKE	13.50	04-23-2019	ROA	CREDIT CARD PMT (CC)	PP	3	12181.36	04-22-2020
		CGM eMEDIX Payment Portal	26272	RAISIN, MIA	32.49	04-23-2019	ROA	CREDIT CARD PMT (CC)	PP		1.00	06-11-2018
		CGM eMEDIX Payment Portal	26303	KESTERSON, LYNN	4.00	04-23-2019	ROA	CREDIT CARD PMT (CC)	PP		-14.00	02-19-2018
		CGM eMEDIX Payment Portal	26305	FREILE, JENNIFER	12.00	04-23-2019	ROA	CREDIT CARD PMT (CC)	PP		1.00	01-01-2017

You can use the **Add/Edit Filter** Action Column button in *Unposted Payments* to view only Payment Portal payments by selecting the **CGM eMEDIX Payment Portal** option for the **Source** field.

Doctor			
Location			~
Begin with Payment Date			
End with Payment Date			
Source	EPP	CGM eMEDIX Payment Portal (EPP) 🗸	
Payment Type	O ROA	Co-Payment All	
Payment Method		~	
WP-Pmt Device		~	
Payment Code		~	
Status		-	

The Filter settings will display at the top of the Unposted Payments Summary screen.

	Unposte	ed Payments								EASTSI	System Manager DE MEDICAL (1)
Change Batch Print					*** Filte (Source = 'CGM e	er <mark>Applie</mark> MEDIX P	<mark>d ***</mark> Payment Portal")				
Print to Excel	Status Sou	irce	Account 🔻	Patient Name	ł	Amount	Payment Date	Payment Type	Payment Code	Pmt Method	Patient Balance
Add/Edit Filter	CG	M eMEDIX Payment Portal	26021	ANDERSON, STEP	HEN :	1145.00	03-08-2020	ROA	Online Visa (OLV)	PP	-3.04
Remove Filter	CG	M eMEDIX Payment Portal	26131	GLOVER, DONALD) :	255.42	03-08-2020	ROA	Online Amex (OLAX)	PP	0.00
Remove Finter	CG	M eMEDIX Payment Portal	26153	ROSS, BIRDIE	(50.00	02-17-2020	ROA	Online Visa (OLV)	PP	0.00
Journai	CG	M eMEDIX Payment Portal	26172	PAISLEY, BRAD	(5.60	02-17-2020	ROA	Online Mastercard (OLMC)	PP	0.00
Kefresh	CG	M eMEDIX Payment Portal	26201	WASHINGTON, G	EORGE :	11.12	04-23-2019	ROA	CREDIT CARD PMT (CC)	PP	-19.14
	CG	M eMEDIX Payment Portal	26202	LINEER, MARK	2	203.46	02-17-2020	ROA	Online Visa (OLV)	PP	0.00
	CG	M eMEDIX Payment Portal	26240	SHELTON, BLAKE		13.50	04-23-2019	ROA	CREDIT CARD PMT (CC)	PP	10986.15
	CG	M eMEDIX Payment Portal	26272	RAISIN, MIA	2	32.49	04-23-2019	ROA	CREDIT CARD PMT (CC)	PP	0.00

You can credit/return payments if needed. See the *Void/Credit Unposted Payments* section in this User Guide for more information.



Patient Transaction History - Viewing Payment Portal Payments

The **Payment Portal Statement ID** prints on *Electronic Patient Statements* or *Electronic ECOLLECTIONS Letters* and is required for patients to make an online payment. If the patient happens to misplace their statement or letter and calls the office to ask for the Statement ID, you can look it up from within their Transaction History (*Patient > Change Patient Data > Transaction History*).

Transa	ction Histo	ry						EAS	STSIDE	ystem MEDIC	Manager AL (1)
Patient:							A - All Cases				~
25831 - Maye	r Jr, Kayo Tyle	r**					Insurance w/Doct	or			~
3300 N Centra	al Ave										
Phoenix, AZ	35012-2501										
(H)							Date of Service From Thru		Actions	8	~
Acc/Date 📥	Ser/Date	Case	Code	Description	Org/Amt Lc	Dr	Ins/Bal	Pat/Bal I	Img	Act	
04-15-20	04-15-20	0	AWO	**ACCOUNT TURNED TO	-80.00						\sim
04-15-20	04-15-20	0	AWO	**ACCOUNT TURNED TO	-79.00						
02-26-20	02-26-20	0	LET	Sent E-Letter ECL PA	0.00				0		
02-24-20	02-24-20	0	E 99214	OV EST LEV 4	79.00 1	1		CY			
01-31-20	01-31-20	0	∓ 99213	OV EST LEV 3	160.00 1	1		160.00 CY			
01-30-20	01-30-20	0	# 99213	OV EST LEV 3	160.00 1	1		CY			
01-30-20	01-30-20	0	SLIDE	SLIDE	-80.00						
01-20-20	01-20-20	0	⊞ 99213	OV EST LEV 3	160.00 1	1		Y			
01-20-20	01-20-20	0	SLIDE	SLIDE	-160.00						
12-17-19	12-17-19	0	STM	STATEMENT SENT-File	0.00						
01-28-19	01-28-19	0	STM	STATEMENT SENT-File	0.00				(ST)		

You can view the patient's statement or letter that was sent to CGM eMEDIX by clicking on the **ST** icon for a statement or the **C** icon for a collection letter.

Dear Kayo,
Just a reminder that your account is past due in the amount of \$319.00. Please remit your payment today.
If you have any questions regarding these charges, please contact our billing office at 602-555-0111.
Sincerely,
Collection Manager
Statement ID: AQ1-J7X7-0T3G-54QB



CGM webPRACTICE Reports for Payment Portal Payments

The reports available to identify Payment Portal payments include:

- Unposted Payments Journal
- Unposted Payments Print to Excel
- Daily Register Print to Excel
- Transaction Journals to Excel (Payment)

Unposted Payments Journal

With the Unposted Payments Journal (Transactions > Transaction Journals > Unposted Payments Journal), you can print a report that lists the Payment Portal payments for electronic patient statement payments or collection payments, that have been *stored* but have not been *posted* to the patient account.

After accessing the function, select the **Print in Payment Method Order** check box so the report will provide totals for each payment method.



All Payment Portal payments are identified by '**PP**' in the **Payment Method** column in addition to listing the Payment Codes entered in the *CGM eMEDIX Payment Portal Integration* function.

Sep 23,	2020	EASTSIDE MEDICAL Unposted Payments Journal Sorted by Patient From 02-17-2020 Through 03-08-	- 2020		Page 1								
Acct	Patient Name	Pmt Date Pmt Type Pmt Method	Pmt Code Amount	Loc Pmt D	n Resp Dr								
26021	Anderson, Stephen	03-08-2020 ROA PP Total Payments for 26021 - Anderson, Ste	OLV 1145.00 ephen 1145.00*		1								
26131	Glover, Donald	03-08-2020 ROA PP Total Payments for 26131 - Glover, Donai	OLAX 255.42 1d 255.42*		1								
26153	Ross, Birdie	02-17-2020 ROA <mark>PP</mark> Total Payments for 26153 - Ross, Birdie	OLV 60.00 60.00*		1								
26172	Paisley, Brad	02-17-2020 ROA <mark>PP</mark> Total Payments for 26172 - Paisley, Brad	OLMC 6.60 d 6.60*		1								
26202	LINEER, MARK	02-17-2020 ROA <mark>PP</mark> Total Payments for 26202 - LINEER, MARK	OLV 203.46 203.46*		1								
		Grand Total of Payments	1670.48**										
End of Request	End of Report. Transactions/Journals/Unposted Payments Journal Requested by MGR and completed at 12:13PM on Sep 23 2020												



Unposted Payments - Print to Excel

Upon accessing the *Unposted Payments* function, you can filter and print the Payment Portal payments to Excel using the **Print to Excel** Action Column button. There are multiple options to extract and filter the data, but the simplest method is shown below.

Use the **Add/Edit Filter** Action Column button in *Unposted Payments* to view only Payment Portal payments by selecting the **CGM eMEDIX Payment Portal** option for the **Source** field.

Doctor			
Location			~
Begin with Payment Date			
End with Payment Date			
Source	EPP	CGM eMEDIX Payment Portal (EPP) 🗸	
Payment Type	OROA	○ Co-Payment	
Payment Method		~	
WP-Pmt Device		~	
Payment Code		~	
Status			

When the filtered payments display, click the **Print to Excel** Action Column button.

		Unpo	sted Payments							EASTSI	System Manager		
Change Batch Print	nge Batch Dript (Source = 'CGM eMEDIX Payment Portal')												
Print to Excel		Status	Source	Account 🔻	Patient Name	Amount	Payment Date	Payment Type	Payment Code	Pmt Method	Patient Balance		
Add/Edit Filter			CGM eMEDIX Payment Portal	26021	ANDERSON, STEPHEN	1145.00	03-08-2020	ROA	Online Visa (OLV)	PP	-3.04		
Pamous Filter			CGM eMEDIX Payment Portal	26131	GLOVER, DONALD	255.42	03-08-2020	ROA	Online Amex (OLAX)	PP	0.00		
Remove Filter			CGM eMEDIX Payment Portal	26153	ROSS, BIRDIE	60.00	02-17-2020	ROA	Online Visa (OLV)	PP	0.00		
Journal			CGM eMEDIX Payment Portal	26172	PAISLEY, BRAD	6.60	02-17-2020	ROA	Online Mastercard (OLMC)	PP	0.00		
Refresh			CGM eMEDIX Payment Portal	26201	WASHINGTON, GEORGE	11.12	04-23-2019	ROA	CREDIT CARD PMT (CC)	PP	-19.14		
			CGM eMEDIX Payment Portal	26202	LINEER, MARK	203.46	02-17-2020	ROA	Online Visa (OLV)	PP	0.00		
			CGM eMEDIX Payment Portal	26240	SHELTON, BLAKE	13.50	04-23-2019	ROA	CREDIT CARD PMT (CC)	PP	10986.15		
			CGM eMEDIX Payment Portal	26272	RAISIN, MIA	32.49	04-23-2019	ROA	CREDIT CARD PMT (CC)	PP	0.00		

When you have the Excel workbook open, you can total the payment amounts or perform additional sorting or filtering.

	A	В	С	D		E	F	G	Н		J	К
1	Status	Source	Account	Patient Name		Amount	Payment Date	Payment Type	Payment Code	Pmt Method	Patient Balance	Last Service Date
2		CGM eME	26305	FREEMONT, JE	N	12	4/23/2019	ROA	CREDIT CARD PMT (CC)	PP	0	1/1/2017
3		CGM eME	26303	SMITH, LYNN		4	4/23/2019	ROA	CREDIT CARD PMT (CC)	PP	-14	2/19/2018
4		CGM eME	26272	RAISIN, MIA		32.49	4/23/2019	ROA	CREDIT CARD PMT (CC)	PP	0	6/11/2018
5		CGM eME	26240	SHELTON, BLAN	KE	13.5	4/23/2019	ROA	CREDIT CARD PMT (CC)	PP	11286.15	9/23/2020
6		CGM eME	26202	LINEER, MARK		203.46	2/17/2020	ROA	Online Visa (OLV)	PP	0	12/13/2019
7		CGM eME	26201	WASHINGTON	, GEORGE	11.12	4/23/2019	ROA	CREDIT CARD PMT (CC)	PP	-19.14	2/4/2020
8		CGM eME	26172	PAISLEY, BRAD		6.6	2/17/2020	ROA	Online Mastercard (OLMC)	PP	0	11/25/2019
9		CGM eME	26153	ROSS, BIRDIE	ROSS, BIRDIE		2/17/2020	ROA	Online Visa (OLV)	PP	0	8/28/2020
10		CGM eME	26131	GLOVER, DONA	ALD	255.42	3/8/2020	ROA	Online Amex (OLAX)	PP	0	7/22/2019
11		CGM eME	26021	ANDERSON, ST	EPHEN	1145	3/8/2020	ROA	Online Visa (OLV)	PP	-3.04	9/12/2019
12					TOTALS	: 1743.59						
13												
14												
15	Filter App	olied: Sourc	e = 'CGM e	MEDIX Paymen	nt Portal'							
16	End of Re	port. Trans	actions/Ur	nposted Payme	nts							
17	Requeste	d by MGR a	nd comple	eted at 2:30PM	on Sep 23	2020						



Daily Register – Print to Excel

Daily Register	
Sort by Print Patient Detail Sort Order Print Transaction Detail Print Applied to Transactions Description or Superbill #	Date ✓ ✓ ✓ ✓ Alphabetic ● ✓ ✓ ✓ ✓ ✓ ✓ ● Procedure Description ○ Superbill #
Print By Print from Date Print through Date	 ● Accounting Date ○ Service Date ✓ 09-23-2020 109-23-2020 109-23-2020
Include A/R Total Include MTD and YTD	
Print from List Batch Number Default Last Batch Summary Only	<pre></pre>

Excel which lists all the transactions posted during a specified range of dates.

With the Daily Register (Transactions > Transaction Journals > Daily Register), you can print a report to

When you open the Excel workbook, you can sort by the payment codes (entered in the *CGM eMEDIX Payment Portal Integration* function) and total the payment portal payments.

	٨	P	C	D	c	E C	6	u	1		V		M	N	0	D	0	P	c	т		V	W	v
1.00	~	0	~	0			0				K		IVI	14	~		4	IX.	3		0			^
1	EASTSIDE ME	EDICAL																						
2	Daily Register	r																						
3	From 09-23-3	2020 Through	09-23-2020																					
4	Sorted by Acc	counting Date																						
																				Encounter Proc	CGMPAY	Applied To	Applied	
5	Acct Date	Service Date	Actual Date/Time Posted	Accté	Patient	Guarantor	Code	Description	CGM PAY	Per Dr	Ins Dr	Ref Dr	Loc	Billing Grp	Ins Carrier	Charge	Adj	Pmt	Balance	ID	Pmt ID	DOS	To Code	Applied To Description
6	9/23/2020	3/8/2020	9/23/2020 15:50	26021	Anderson, Stephen	Anderson, Stephen	OLV	Online Visa		UN			UN	UN				-1145	-1148.04					
7	9/23/2020	3/8/2020	9/23/2020 15:50	26131	Glover, Donald	Glover, Donald	OLAX	Online Amex						BC				-255.42	395.58			10/11/2024	CC	CREDIT CARD PMT
8	9/23/2020	2/17/2020	9/23/2020 15:49	26153	Ross, Birdie	Ross, Birdie	OLV	Online Visa		1	1	0	1	BC				-60	640			8/28/2020	99214	OFFICE O/P EST MOD 30 MIN
9	9/23/2020	2/17/2020	9/23/2020 15:49	26172	Paisley, Brad	Paisley, Brad	OLMC	Online Mastercard		UN			UN	UN				-6.6	-6.6					
10																		-1467.02						
11																								
12	9/23/2020	9/23/2020	9/23/2020 13:23	26240	SHELTON, BLAKE	SHELTON, BLAKE	99214	OVEST MOD 30 MIN		1	1	0	1	UHC	UHC	300	0		32539.9	10428 26306				
13	End of Repor	t. Transaction	is/Journals/Daily Register																					
14	Requested by	y MGR and cor	npleted at 2:50PM on Feb 06	2025																				


Transaction Journals to Excel (Payment)

With the *Transaction Journals to Excel* (*Transactions > Transaction Journals > Transaction Journals to Excel*), you can print a report which lists all the payments posted during a specified range of dates.

Transaction Journals To Excel								
Journal to Pri	nt 🔿 Procedure 🖲 Payment 🔿 Adjustment							

Transaction Jou	urnals To Excel	
Print from date Print Through Date	09-23-2020	
Batch Number		
Default Last Batch		
Print from List		~

When you open the Excel workbook, you can sort by the payment codes (entered in the *CGM eMEDIX Payment Portal Integration* function) and total the payment portal payments.

	A	В	С	D	E	F	G	Н	1	J	K	L	М	N	0	Р
1	23-Sep-20	0														
2	EASTSIDE N	IEDICAL														
3	Posted Payments Journal															
4	From 09-23-2020 Through 09-23-2020															
													Acct Date of	Service Date	Actual Date	
													Paid	of Paid	Transaction	
5	Batch #	User	Acct #	Guarantor	Patient lo	d Pmt Acct Date	Payment Date	Actual Date Posted	Actual Tir	Code	Pmt Amount	Unapplied	Transaction	Transaction	Posted	Pt Name
6		MGR	26172	Paisley, B	rad	9/23/2020	2/17/2020	9/23/2020	03:49PM	OLMC	-6.6	-6.6				
7		MGR	26153	Ross, Birdie		9/23/2020	2/17/2020	9/23/2020	03:49PM	OLV	-60	0	8/28/2020	8/28/2020	8/28/2020	Birdie
8		MGR	26131	Glover, Donald		9/23/2020	3/8/2020	9/23/2020	03:50PM	OLAX	-255.42	-255.42				
9		MGR	26021	Anderson	, Stephen	9/23/2020	3/8/2020	9/23/2020	03:50PM	OLV	-1145	-1145				
10											-1467.02					
11																
12	12 End of Report. Transactions/Journals/Transaction Journals to Excel															
13	13 Requested by MGR and completed at 4:16PM on Sep 23 2020															



CGM eMEDIX Report for Payment Portal Payments

After payment portal payments have been activated for your practice, you will be able to log on to eMEDIX's website and access the *Statements > Payment Transactions* function to view a listing of all payments received via the payment portal. You will then have options to Copy, Export the payment listing to an Excel, CSV, or PDF file or Print the listing.

For detailed information on the Payment Transactions function, you can access eMEDIX's Online Help: <u>http://online.emedixus.com/static/index.htm#t=Statements%2FPayment_Transactions.htm</u>