STATEMENTS

Patient statements are an important part of your practice's revenue cycle. **CGM LYTEC** statement fulfillment services—powered by CompuGroup Medical's **eMEDIX Reimbursement Solutions**—offers a complete range of patient billing options. We take away the burden and cost of printing in-house.

CGM also understands that for patients, medical bills can be stressful. Our professional statements are clear and concise, making it easier for patients to understand what and why they owe. When patients understand their bills, the number of calls and staff time spent dealing with them goes down, too.

Key Features

- Your logo at the top for easy identification

- Double-sided printing reduces paper costs

- Four clean, easy-to-understand layout choices based on focus group recommendations

- Four color options to adhere to your branding

- Easy to understand charges, payments, and credits

- Customizable payment choices and the option to include a convenient web link to facilitate faster payment

- Cost-saving options to send e-statements with notifications by text or email

"The statement formats are best-in-class, based on research of where on the page people naturally look to find information. Our test groups were given sets of statements to choose from, and these were the clear winners."

REBECCA SHEALY

VP RESEARCH & DEVELOPMENT
eMEDIX

Synchronizing Healthcare

CGM CompuGroup Medical

A clean, modern medical bill

Featuring a clean layout and a modern design based on focus-group tested input, your patient statements display key information exactly where patients expect to find it.

Medical Practice
123 Professional Avenue
Suite 123
Anytown, UT 84124

	Statement Date	Account Number	Pay This Amount
	08/09/24	EMEDIX0010	$58.50

Show Amount Paid Here _____ ☐ Mastercard ☐ Discover ☐ Visa ☐ American Express

CC # _____ CVV _____ Expiration ____/____

Signature _____

TEN B EMEDIX
123 MAIN ST
BOX 5678
ANYCITY, CA 92672-3211

PAY TO REGINA
123 MAIN ST
SUITE 2
ANYTOWN, GA 30062

Top Line Statement message froM Admin Preferences

Please Pay: $58.50   **Account Number: EMEDIX0010**

To pay online, scan the QR code or go to: https://paymentportal.emedixus.com
and enter the statement ID: A2Q-EKZRD2-ABCDE

Statement Message Line 1
Statement Message Line 2
Statement Message Line 3
Statement Message Line 4
Statement Message Line 5

DATE	DESCRIPTION	INSURANCE	PATIENT
	Patient: Ten B Emedix	Billing Number: 123	
12/18/22	Office Visit Level 3	100.00	
01/11/23	Primary Insurance Payment	-20.00	
	payitem payment note		
01/11/23	Write Off	-15.00	
	Insurance Write off		
09/05/23	Patient Payment - Credit Card		-65.00
	eMEDIX:519473		
12/18/22	Radiologic exam, foot; complete, 3 views	120.00	
01/11/23	Primary Insurance Payment	-30.00	
	payitem payment note		
01/11/23	Write Off	-5.00	
	Insurance Write off		

Current	31 - 60	61 - 90	91 - 120	Over 120	**AMOUNT DUE:**	**$58.50**
$0.00	$0.00	$0.00	$0.00	$58.50		

Important Message:

Ove 120 Account will be sent to collections within 60 days if not paid

Standard Statement Message from SM menu

Service Message line 1 from AdminPreferences
Service Message line 2 from AdminPreferences
Service Message line 3 from AdminPreferences

THANK YOU!

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PLEASE COMPLETE IF THERE ARE ERRORS OR CHANGES IN ADDRESS OR INSURANCE INFORMATION:

Responsible Person's Name	Home Phone Number ( )	Work Phone Number ( )	e-Mail Address		
Address	City		State	Zip	MARITAL STATUS ☐ SEPARATED ☐ SINGLE ☐ DIVORCED ☐ MARRIED ☐ WIDOWED

Primary Insurance Coverage

Policy Holder (Subscriber) Name	Subscriber Birth Date	Effective Date	Subscriber Identification Number	Group/Plan Number
Insurance Company Name	Insurance Company Address	City	State	Zip
Employer Name	Insurance Phone Number ( )	Plan Name	Relationship of Patient to Subscriber ☐ SELF ☐ CHILD ☐ SPOUSE ☐ OTHER	

Secondary Insurance Coverage

Policy Holder (Subscriber) Name	Subscriber Birth Date	Effective Date	Subscriber Identification Number	Group/Plan Number
Insurance Company Name	Insurance Company Address	City	State	Zip
Employer Name	Insurance Phone Number ( )	Plan Name	Relationship of Patient to Subscriber ☐ SELF ☐ CHILD ☐ SPOUSE ☐ OTHER	

DATE	DESCRIPTION	INSURANCE	PATIENT
05/23	Patient Payment - Credit Card		-34.50
	payment note in ddetail		
8/22	Injection, therapeutic, carpal tunnel	80.00	
1/23	Primary Insurance Payment	-70.00	
	payitem payment note		
1/23	Write Off	-2.00	
	Insurance Write off		
1/23	Not Covered by Ins Statment message	-158.00	158.00

Contact your representative to learn more

Better statements, faster payments

Streamline the payment process with easy-to-read documents that won't confuse patients. When more patients understand their medical bills, they call back less frequently and pay faster.

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