



Patient statements are an important part of your practice's revenue cycle. **CGM MEDISOFT** 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



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.

Dr. Jane Doe D.C. PLLC
123 Any AVE N STE A
Anytown, WA 98110-1701

Statement Date	Account Number	Pay This Amount
12/02/24	ABCD1000	\$29.30
Amount Paid		<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
CC #	CVV	Expiration / /
Signature _____		

ELEVEN EMEDIX
PO BOX 9876
ANYCITY, WA 98061-0664

DR. JANE DOE D.C. PLLC
123 ANY AVE N STE A
ANYTOWN, WA 98110-1701

Please Pay: \$29.30
Account Number: ABCD1000

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	BALANCE
06/14/24	Eleven Emedix CMT 3-4 Regions Insurance Payment	60.00	-28.16 -28.66	3.18
06/14/24	Eleven Emedix Extremity Manipulation Insurance Payment	36.00	-14.59 -19.27	2.14
07/18/24	Eleven Emedix CMT 3-4 Regions Insurance Payment	60.00	-28.16 -28.66	3.18
07/18/24	Eleven Emedix Extremity Manipulation Insurance Payment	36.00	-14.59 -19.27	2.14
08/26/24	Eleven Emedix CMT 3-4 Regions Insurance Payment	60.00	-28.16 -28.66	3.18

31 - 60	61 - 90	Over 90
\$10.64	\$0.00	\$5.32

AMOUNT DUE: \$29.30

Important Message:
PAST DUE 90 DAYS - PLEASE PAY UPON RECEIPT

We are testing a new statement clearinghouse. Please be patient.
To pay by credit card, please call the billing department at (888) 555-5555 or the office at (888) 444-4444.

THANK YOU!

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

Insurable Person's Name	Home Phone Number ()	Work Phone Number ()	e-Mail Address
City		State	Zip
			MARITAL STATUS <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED
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 <input type="checkbox"/> SELF <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER
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 <input type="checkbox"/> SELF <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	BALANCE
				3.18
8/24	Eleven Emedix Extremity Manipulation Insurance Payment	36.00	-14.59 -19.27	2.14
7/24	Eleven Emedix CMT 3-4 Regions Insurance Payment	60.00	-28.16 -28.66	3.18
7/24	Eleven Emedix Extremity Manipulation Insurance Payment	36.00	-14.59 -19.27	2.14
7/24	Eleven Emedix Roller Table Insurance Payment	20.00	-6.45 -12.20	1.35
3/24	Eleven Emedix CMT 3-4 Regions Insurance Payment	60.00	-28.16 -28.66	3.18
3/24	Eleven Emedix Extremity Manipulation Insurance Payment	36.00	-14.59 -19.27	2.14
3/24	Eleven Emedix Roller Table Insurance Payment	20.00	-6.45 -12.20	1.35

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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.

