



Important Content Update Message

We are currently updating the OP Help Center content for the release of OP 20. We appreciate your patience as we continue to update all of our content. To locate the version of your software, navigate to: **Help tab > About**

Patient Statement Setup

Last Modified on 05/28/2020 1:30 pm EDT

Version 20.3

Path: Admin tab > Global Preferences button > Billing tab > Statements tab

Overview

Patient Statement setup is done at the global level, meaning the settings will apply whenever batch statements are run. As with all Global Preferences, changes may only be made by an administrator. These preferences can be changed at any time. When the changes occur, they are immediately applied to the next statement batch created.



Set Statement Preferences

- Patient aging reference date: Select how you would like your patient balances to be aged: Service date or Patient responsibility.
- Account / Claim options
 - Include accounts on hold? Patients whose Statement Method is set to Hold (don't send) in the patient insurance record.
 - Exclude uncollectable claims? If a claim is set to a FU-Finalized Uncollectable status in the Claims(AR) window or
 patient chart, those claims will be excluded from generating a statement.
 - Exclude older than: Exclude claims older than a specified date.
 - Exclude if all sent > = times Exclude claims that have been included on a statement more than a specified number
 of time.
- **Dunning Messages**: Create messages by aging bucket that is displayed on patient statements. You can append these messages or replace them at the time of statement batching.
- Number of guarantor's last name groups Determine how many groups of statements are necessary for your practice and
 what letters of the alphabet should be included in those groups. This setting allows you to select which group to use at the
 time of statement batching. If you select One group only, an alphabetical option will not be displayed at the time of
 statement batching.

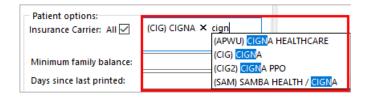




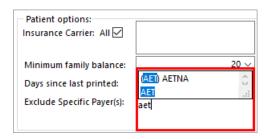


Tip: Statements can be separated into alphabetical groups (based on guarantor last name, not patient last name). This is usually done by practices that run their statements bi-weekly, splitting the alphabet in half. In this case, select two groups and assign the appropriate alphabetic split between Group One and Group Two. For example: A-M and N-Z.

- Balances to include: The system default toPatient responsibility only. To include insurance balances, select the Insurance and Patient balance radio button.
- Patient options:
 - Insurance Carrier: The system defaults to ALL, allowing you to print statements for patient balances regardless of
 the insurance payer listed in the chart. To generate statements for a specific payer or payers, click into the field and
 begin typing using the short code or name to generates statements for the specified payer ONLY. This field is
 dynamic to the text entered and allows for the selection of multiple payers. To remove a selected payer, click the
 respective X.



- Minimum family balance: Select the minimum family balance dollar amount. This is the lowest value of a family statement that will print. For example, if you do not want to print statements for families who have balances due of less than 10 dollars, set this field to 10.
- Days since last printed: This determines which families will receive a statement. For example, if you do not want to send a statement to a family who has gotten one in the past 30 days, enter 30.
- Exclude Specific Payer(s): Print statements for patient balances excluding individual payer(s). To exclude payer(s) click into the field and begin typing using the short code or name. This field is dynamic to the text entered and allows for the selection of multiple payers. To remove a selected payer, click the respective X.



Version 20.2

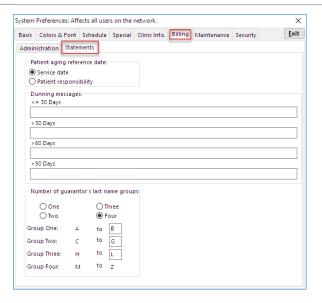
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