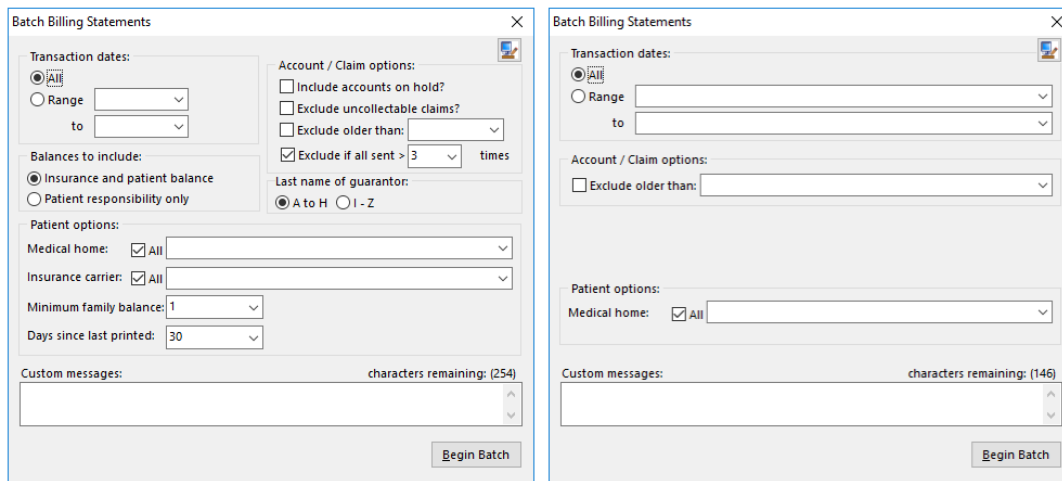# Statement Preferences Checklist

Last Modified on 05/28/2020 1:04 pm EDT

Version 20.3

Overview

Many of the Statement Preferences that users were accustomed to selecting during **Batch Billing Statement** generation (pictured below) have been relocated to Global/System Preferences (as of OP Build 20.3.0). This relocation streamlines the process of creating Batch Billing Statements from user to user and among practices as a whole.

OP versions prior to 20.3.0   **OP versions 20.3.0 and higher**

ACTION ITEM: Set Statement Preferences

The following checklist includes Statement Preferences that **must** be set at the global level by a Practice Administrator as soon as a practice adopts version 20.3.0, or at least before statements for the practice are processed following the update. If more information is needed on these fields as you are setting your preferences, please review the **Statements tab section** of **System Preferences: Billing**.

📌 **Note**: Checkmarks made on this page are **not** retained when this page is navigated away from or when this article is printed.

> **Path: Admin tab > Global Preferences > Billing tab > Statements sub-tab**

Statement Preference	If no preference is set, the following defaults will prevail for the corresponding preference
☐ Patient Aging Reference Date	**Patient Responsibility**: The date used to determine patient responsibility aging is that for which the patient became responsible for the balance.
☐ Include accounts on hold?	**Checkbox deselected**: Patients with 'Hold (don't send)' selected for their Statement Method will not be included in the generation of statement files.

☐ Exclude uncollectable claims	**Checkbox selected**: Patients with claims in an uncollectable category will not receive statements for those claims.
☐ Exclude older than ___	**Checkbox deselected with 0 populated**: No claims with patient balances are excluded from the generation of statement files. The setting made here (in days) produces a date in the Batch Billing Statement window, where it is disabled if the value set is 0 and is enabled for edit when a value higher than zero is selected. ***The recommended entry here is 365*** If you enter a number less than 365, you will be presented with a warning but be permitted to proceed and set the number of days as you see fit.
☐ Exclude if all sent >= ___ times	**Checkbox selected with 3 populated**: Statements that have been sent 3 or more times will not be included in the statement file.
☐ Balances to include	**Patient responsibility only**: Statements will only include patient responsibility balances, not a combination of patient and insurance balances.
☐ Insurance Carriers to include	**ALL checkbox selected**: Statements will be generated for patients of all insurance carriers.
☐ Minimum family balance	**20**: Famillies with a minimum balance of $20 will be included in the generation of statement file.
☐ Days since last printed	**30**: Statements will be generated for patients who have not received a statement for the past 30 days.
☐ Exclude Specific Payer(s)	**BLANK**: No insurance payers will be excluded from the statement file.