



Kareo Patient Statement Guide

Effective June 16, 2007, Kareo has changed its patient statement mailing services in several important ways:

1. **Enrollment No Longer Required** - In order to streamline the implementation process for new customers and practices, Kareo has worked closely with its patient statement mailing house partner, PSC Info Group, to eliminate the enrollment process. That's right; you are no longer required to enroll in patient statement services. You can now simply configure patient statement options through the menu Settings > Options > Patient Statement Options, and send patient statements immediately using the menu item Encounters > Send Patient Statements for any existing or new practice.
2. **Mandatory Re-Configuration of Patient Statement Options** - All customers must update the patient statement options for every practice before sending any new patient statement batches. Any patient statement configuration options you may have provided during your original enrollment may be lost and must now be re-configured directly in the Settings > Options > Patient Statement Options screen.
3. **Proofs No Longer Provided** – Kareo no longer provides proofs for patient statements. If you wish to receive a sample patient statement, similar to what patients will receive, then we recommend you use Kareo's patient statement mailing services to send a sample patient statement to your own office. Simply set up a test patient with your real mailing address and enter at least one non-zero charge. Then select the menu Encounters > Send Patient Statements, select ONLY the test patient for submission, and submit the test batch. Within 24 hours, Kareo's patient statement mailing house partner will send out your test statement and you should receive it by mail within a few days.

Patient Statement Field Mapping Table (See sample statement diagram on page 2)

Box #	Name	Kareo Data Field
1	Practice Address	Settings>Options>Patient Statement Options> (Note-this field pulls from one of the (3) contacts available within Settings>Practice).
2	Credit Card Info	Settings>Options>Patient Statement Options.
3	Billing Contact Info	Settings>practice>billing contact field & phone ext.
4	Office Hours	Settings>Options>Patient Statement Options.
5	Tax ID#	Settings>Practice > Tax ID.
6	Account #	Patient Record > ID#.
7	Send To Address	If patient is the insured, this pulls from the patient record; however, if there is a Guarantor, then this pulls from the Guarantor's information. The system defaults with the patient's address if there is no Guarantor address.
8	Remit Address	Settings > Options > Patient Statement Options (Note-this field pulls from one of the (3) contacts available within Settings>Practice).
9	Transactions	Existing Patient Transactions.
9-a		This is the total balance due amount which is calculated by adding all outstanding balances; however, if the Ins. Pending column includes an asterisk, then that service line isn't included in the calculation.
10	Total Balance Due	System subtracts 'first billed date' from 'Statement Date' and positions accordingly
11	Dunning Message #1	If there is a dunning message noted in the collections category the patient is attached to, then this message populates Box 11; otherwise, Global Message 1 populates this box (Settings > Options > Patient Statement Options). Note - the -# of characters depends upon characters used. Average 250-300 characters allowed for printing.
12	Dunning Message #2	This comes from patient account note; otherwise, Global Message 2 populates this box (Settings > Options > Patient Statement Options). If both are empty, PSC will generate a the default message noted in Box 12

