



PATIENT STATEMENTS

Spend less time billing and increase patient collections

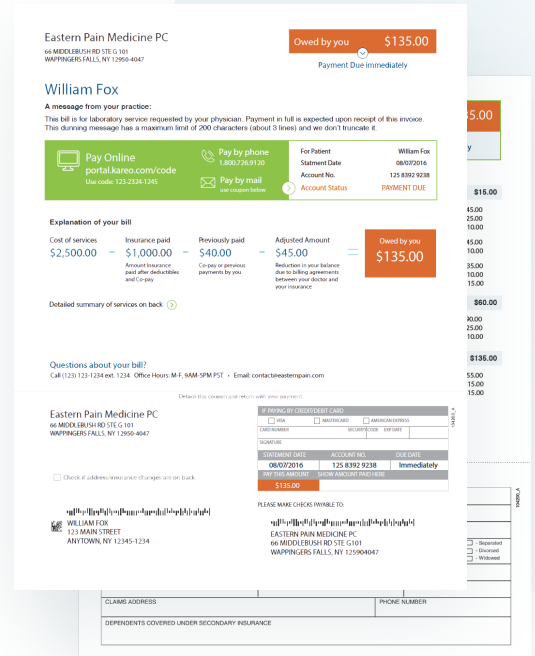
As the patient payments portion of your practice's collections continues to grow, it is crucial to collect what you're owed by patients. Accelerate your patient collections, save staff time and cut processing costs by using Kareo's patient statement mailing service.

Improve Productivity

Reduce time spent managing patient statements by automating their delivery. With a few mouse clicks you can easily send a batch of patient statements at any time.

Get Paid More, Faster

Increase patient collections with statements designed to reduce patient confusion, clearly present payment options, and show amounts paid and outstanding.



Patient Statement Options at a Glance



Print

Manually printing and sending statements wastes precious time that could be spent elsewhere on your practice.

- \$5-\$7 per statement
- Use a manually-intensive print and mail process
- Send generic black and white statements
- Increase calls from patients about statements ¹
- Reduce patient collections to as low as 20% ²



Mail

Kareo can print, process and mail your statements, saving time and getting you paid faster.

- ✓ \$0.77 per statement (\$0.12 for each additional page) plus postage
- ✓ Save time – just press send!
- ✓ Send intuitive, patient-friendly color statements
- ✓ Reduce billing-related questions by 50% ³
- ✓ Increase collections by 6% - that's \$7K per provider per year! ⁴

1. Medical Group Management Association (MGMA), "Perspective on Patient Payments" April 2010

2. ACA International's Top Collection Markets Survey, Jan. 1 - Dec. 31, 2013.

3. Professional Office Services, Inc., "Fighting Increasing Patient A/R Levels Caused by High Deductible Health Plans."

4. Medical Group Management Association (MGMA), "Perspective on Patient Payments" April 2010

The Anatomy of an Intuitive Patient Statement

Move to a more effective patient statement designed to reduce confusion and improve your collections.

1. Clear amount owed

Patient total is derived from the sum of all encounters included in the current statement.

2. Friendly instructional message

Configure your custom message in Kareo Billing.

3. Convenient payment options

Set up online payments to have the Pay Online option prominently featured in your statements.

4. Intuitive explanation of bill at-a-glance

Patients can see cost of services, insurance paid, previously paid (by patient) and adjusted amount.

5. Quickly get questions answered

Set up custom practice contact methods.

6. Clear credit card options

Set credit cards accepted for pay by mail.

1 Eastern Pain Medicine PC
66 MIDDLEBUSH RD STE G 101
WAPPINGERS FALLS, NY 12950-4047

Owed by you **\$135.00**
Payment Due Immediately

2 William Fox
A message from your practice:
This bill is for laboratory service requested by your physician. Payment in full is expected upon receipt of this invoice. This dunning message has a maximum limit of 200 characters (about 3 lines) and we don't truncate it.

3 Pay Online
portal.kareo.com/code
Use code: 123-2324-1245

Pay by phone
1.800.726.9120

Pay by mail
use coupon below

For Patient: William Fox
Statement Date: 08/07/2016
Account No.: 125 8392 9238
Account Status: PAYMENT DUE

4 Explanation of your bill

Cost of services	Insurance paid	Previously paid	Adjusted Amount	Owed by you \$135.00
\$2,500.00	-\$1,000.00	-\$400.00	-\$45.00	

Amount insurance paid after deductibles and Co-pay
Co-pay or previous payments by you
Reduction in your balance due to billing agreements between your doctor and your insurance

Detailed summary of services on back

5 Questions about your bill?
Call (123) 123-1234 ext. 1234 Office Hours: M-F, 9AM-5PM PST • Email: contact@easternpain.com

Detach this coupon and return with your payment.

6 Eastern Pain Medicine PC
66 MIDDLEBUSH RD STE G 101
WAPPINGERS FALLS, NY 12950-4047

Check if address/insurance changes are on back.

IF PAYING BY CREDIT/DEBIT CARD
 VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER _____ SECURITY CODE _____ EXP DATE _____

SIGNATURE _____

STATEMENT DATE	ACCOUNT NO.	DUE DATE
08/07/2016	125 8392 9238	Immediately

PAY THIS AMOUNT **\$135.00** SHOW AMOUNT PAID HERE

PLEASE MAKE CHECKS PAYABLE TO:
WILLIAM FOX
123 MAIN STREET
ANYTOWN, NY 12345-1234

EASTERN PAIN MEDICINE PC
66 MIDDLEBUSH RD STE G101
WAPPINGERS FALLS, NY 125904047

Kyra Gabelman
DeWitt Physical Therapy

“Introducing Kareo into the practice was a seamless transition. We never had a delay in claims and our patients are much happier with the statements.”

It only takes **3 minutes** to set up.

Get started today at: www.kareo.com/Statements or call **866-231-2871** to get started