

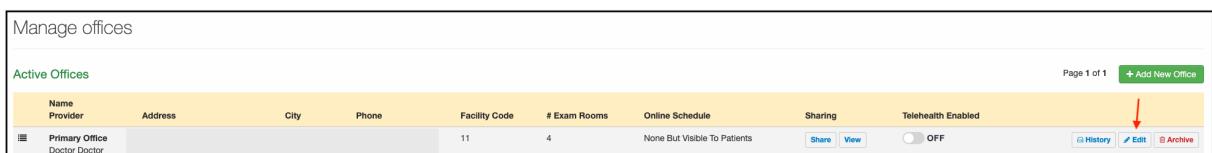
# How Do I Use an Alternative Pay to Address on Patient Statements?

Last modified on 01/20/2026 10:53 am EST

Please follow the below instructions to use an alternative pay-to/remit-to address on the patient statement. You would use this option if you do not want patient payments coming directly to your office. They could be directed to an alternate, perhaps the billing office instead.

1. Hover your cursor on Account and select **Offices**.

2. Press **Edit** corresponding to the office.



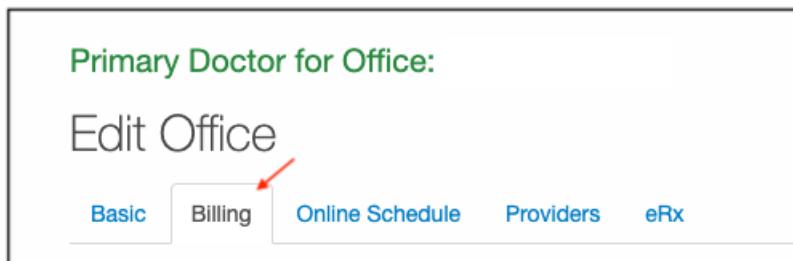
Manage offices

Active Offices

| Name           | Provider      | Address | City | Phone | Facility Code | # Exam Rooms | Online Schedule              | Sharing  | Telehealth Enabled        |
|----------------|---------------|---------|------|-------|---------------|--------------|------------------------------|--|---------------------------|
| Primary Office | Doctor Doctor |         |      |       | 11            | 4            | None But Visible To Patients | <input type="button" value="Share"/> <input type="button" value="View"/> | <input type="radio"/> OFF |

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3. Select the **Billing** tab.

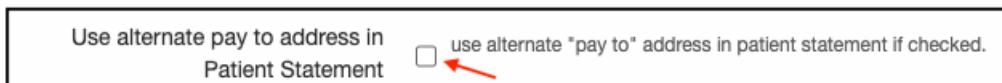


Primary Doctor for Office:

Edit Office

Basic  Online Schedule Providers eRx

4. Scroll down and check the box **Use alternate pay to address in Patient Statement**. Address fields will open to allow you to enter the alternative address.



Use alternate pay to address in Patient Statement  use alternate "pay to" address in patient statement if checked.

5. Hover over the **Account** on the top toolbar and select **Provider Settings**.

6. Under the **Medical Billing** tab, scroll down to **Patient Statement** settings and choose the office from the **Pay to Address** dropdown > Press **Save**. If the address is not an existing office location, you can add a **Patient Statement Remit Address** office as a placeholder to use for this purpose.

## Account Settings

Profile   View   General   Email   **Medical Billing**

### Patient Statement

|                      |  |  |
|----------------------|--|--|
| Business Logo        | <input type="button" value="Top Left"/>  | Include Business Logo in patient statements.               |
| Pay to Address       | <input type="button" value=""/>  | patient pay to address   District of Columbia   DC   20009 |
| Use Office Name      | <input checked="" type="checkbox"/> Use the Practice Official Name (if available) for patient statement and payment receipt. |  |
| Pay CC by Call       | <input checked="" type="checkbox"/> Show "To pay by credit card, call [office number]" in patient statement.                 |  |
| Credit Card Accepted | <input checked="" type="checkbox"/> Visa   |  |
|                      | <input checked="" type="checkbox"/> Mastercard   |  |
|                      | <input checked="" type="checkbox"/> Discover   |  |
|                      | <input checked="" type="checkbox"/> American Express   |  |

The office that you select from the Pay to Address field will populate in the patient statement.

| <b>Red sun</b><br>1001 N Rengstorff Ave # 200<br>Mountain View, CA 94043                                      | <b>Statement ID: 69235-56933679-PREVIEW</b><br><table><thead><tr><th>Statement Date</th><th>Pay This Amount</th><th>Chart ID</th></tr></thead><tbody><tr><td></td><td>\$54.00</td><td>DJPE000001</td></tr><tr><td><b>SHOW AMOUNT PAID HERE:</b></td><td><b>\$</b></td><td></td></tr></tbody></table> | Statement Date | Pay This Amount | Chart ID |  | \$54.00 | DJPE000001 | <b>SHOW AMOUNT PAID HERE:</b> | <b>\$</b> |  |
|---|--|----------------|-----------------|----------|--|---------|------------|-------------------------------|-----------|--|
| Statement Date  | Pay This Amount  | Chart ID       |                 |          |  |         |            |                               |           |  |
|   | \$54.00  | DJPE000001     |                 |          |  |         |            |                               |           |  |
| <b>SHOW AMOUNT PAID HERE:</b>   | <b>\$</b>  |                |                 |          |  |         |            |                               |           |  |
| <b>MAKE CHECKS PAYABLE / REMIT TO:</b><br><b>Red sun</b><br>12 Rouge road suite103<br>Mountain View, CA 94040 |  |                |                 |          |  |         |            |                               |           |  |
| For questions about billing, call   | To pay by credit card, call .  |                |                 |          |  |         |            |                               |           |  |
| Please detach and return top portion with your payment.   |  |                |                 |          |  |         |            |                               |           |  |

This will allow your patient to see the address of the office they visited on the top left, as well as a separate address to mail payments on the right.