

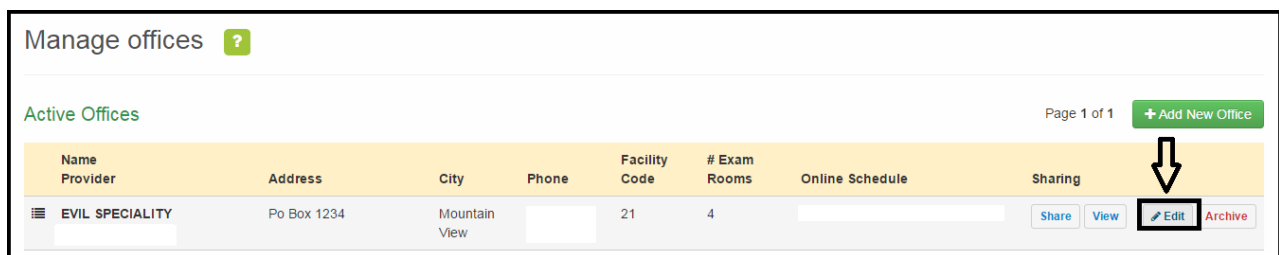
How Do I Use an Alternative Pay to Address on Patient Statements?

08/26/2024 3:55 pm EDT

Alternative Pay-To Address

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. Click on the **Edit** corresponding to the office.

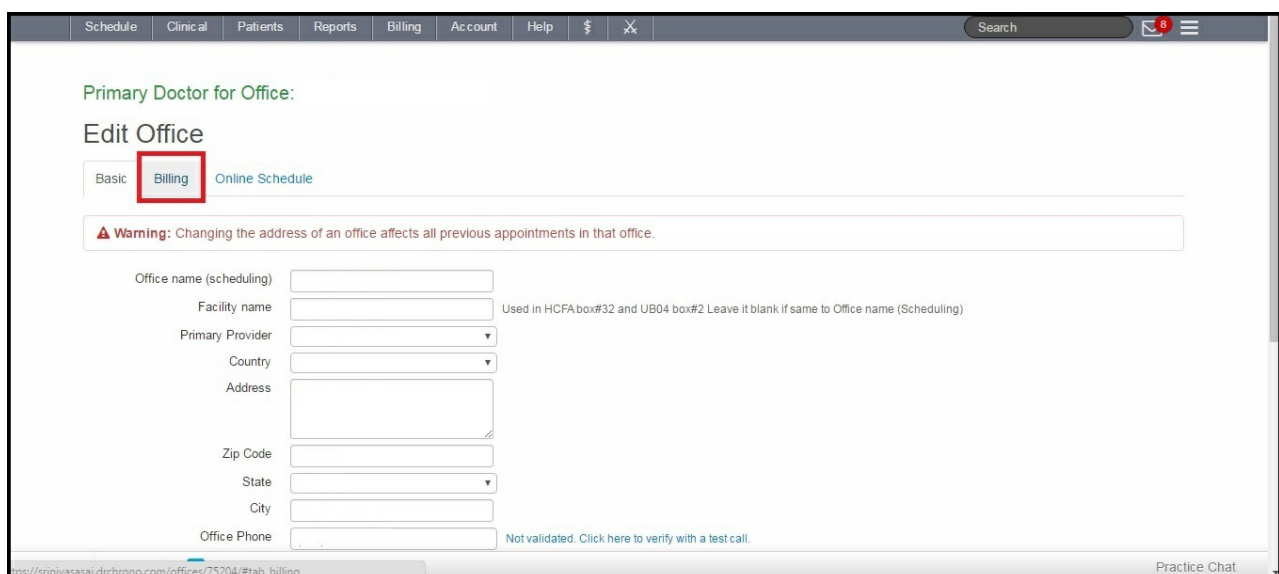


Manage offices ?

Active Offices Page 1 of 1 [+ Add New Office](#)

Name Provider	Address	City	Phone	Facility Code	# Exam Rooms	Online Schedule	Sharing
EVIL SPECIALITY	Po Box 1234	Mountain View		21	4		Share View Edit Archive

3. Click on the **Billing** tab.



Schedule Clinical Patients Reports Billing Account Help \$ X Search 8

Primary Doctor for Office:

Edit Office

Basic **Billing** Online Schedule

Warning: Changing the address of an office affects all previous appointments in that office.

Office name (scheduling)

Facility name Used in HCFA box#32 and UB04 box#2 Leave it blank if same to Office name (Scheduling)

Primary Provider

Country

Address

Zip Code

State

City

Office Phone Not validated. [Click here to verify with a test call.](#)

https://srinivasasai.drchrono.com/offices/75204/#tab_billing Practice Chat

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.

Pay to Address

Pay to Zip Code

Pay to State

Pay to City

Pay to Country

Save

5. Hover over the **Account** and choose **Provider Settings**.

6. Under the **Medical Billing** tab, scroll down to **Patient Statement** settings and choose the office from the **Pay to Address** dropdown > Click on **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
- General
- Email
- Medical Billing**
- eRx Info
- Services
- Usage
- My Billing
- Sample Data
- Security
- Patient Payments

Medical Billing

Billing NPI	<input type="text"/>	Required for eRx & billing. Group NPI can be same as rendering NPI #
Rendering Provider NPI	<input type="text"/>	Individual Provider NPI #. Leave blank if the same as billing NPI
Practice Official Name	<input type="text"/>	
Practice Tax ID	<input type="text"/>	
CLIA Number	<input type="text"/>	Optional: For CLIA certified labs
CLIA # Expiration	<input type="text"/>	Optional: Expiration date of CLIA #
Billing Taxonomy Code	<input type="text"/>	Optional: Leave blank to let the system choose
Rendering Taxonomy Code	<input type="text"/>	Optional: Leave blank to let the system choose
Individual Medicare PTAN	<input type="text"/>	
Group Medicare PTAN	<input type="text"/>	
Individual BCBS Number	<input type="text"/>	
Group BCBS Number	<input type="text"/>	

HCFA/CMS-1500

- Payer Address Print payer address if possible in top right corner.
- Box 17 Suppress referring physician information in box 17.
- Box 17 Display the claim's supervising provider in box 17.
- Box 25 Mark the SSN checkbox instead of the EIN checkbox in Box 25.
- Box 31 Use the doctor's full name instead of first initial, last name in Box 31.
- Box 33 Use the doctor's name as the billing provider in Box 33.

Show Custom HCFA Address Options

Patient Statement

Business Logo	<input type="text" value="Top Left"/>	Include Business Logo in patient statements.
Pay to Address	<input type="text" value="-----"/> Surgery Room Jones Rd Gospel Room	123 Jones RD Mountain View CA 94040
Use Office Name		(available) for patient statement and payment receipt.
Pay CC by 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.

Statement ID: 69235-56933679-PREVIEW		
Statement Date	Pay This Amount	Chart ID
07/15/2016	\$54.00	DJPE000001
SHOW AMOUNT PAID HERE:		\$

Red sun
1001 N Rengstorff Ave # 200
Mountain View, CA 94043

MAKE CHECKS PAYABLE / REMIT TO:
Red sun
12 Rouge road suite103
Mountain View, CA 94040

For questions about billing, call (718) 878-5383. To pay by credit card, call (718) 878-5383.

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 (in the blue box).