

Enhanced Patient Statement Delivery

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Launching Soon!

Providers now have access to an enhanced patient statement delivery system designed to improve engagement and reduce costs. This new multi-channel solution automatically delivers statements through a strategic sequence of communication methods—text message/email and physical mail—ensuring patients receive their statements as effectively and efficiently as possible.

How It Works

The process begins by checking the patient's chart for a valid mobile number.

- If one is found, a digital patient statement is sent via **text message**. If the patient does not open the text, the system will follow up in 2-3 days with a reminder text. If another 2-3 days pass without the patient opening the text, a paper statement will be mailed.

If a valid mobile number is not found, the system will check for an email address.

- If one is found, an electronic patient statement is sent via email. If the patient does not open the email, the system will follow up in 2-3 days with a reminder email. If another 2-3 days pass without the patient opening the email, a paper statement will be mailed.

If neither a valid mobile number nor an email is found in the patient's chart, a paper statement will be mailed.

If the patient opens either the text or the email, the process stops, indicating that the statement has been successfully received. No paper statement will be sent.

This layered approach ensures reliable delivery while prioritizing speed and cost-effectiveness. The process depends on the patient's chart, including a valid mobile phone number and email address. If the mobile phone number is missing, the process will move to an emailed statement. If the email address is missing, the process will move to a printed statement.

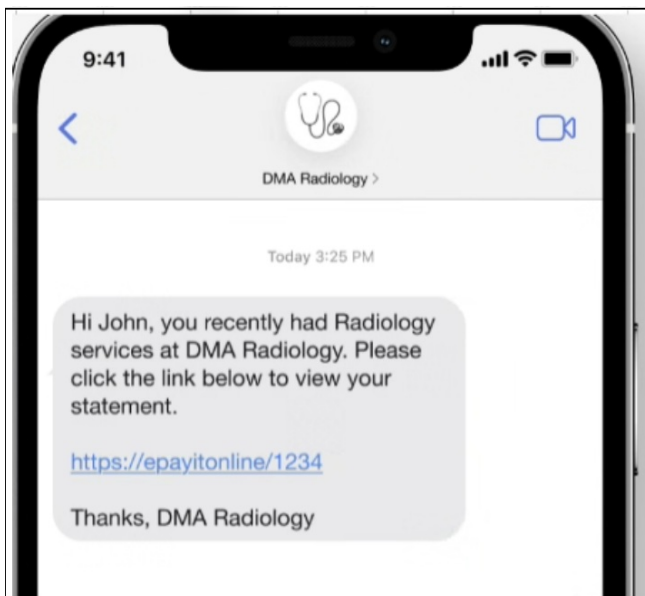
OnPatient

If you have OnPatient enabled for your DrChrono account, patients who open the text or email statement will be taken to the OnPatient portal to submit an electronic payment.


If you do not have OnPatient enabled for your DrChrono account, the patient will receive a copy of their statement via text or email.

Example statements

Text/Email Message



Paper Statement

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The Test Practice Group
The Test Practice Group, P.A.
PO BOX 33835
SAN ANTONIO TX 78655


Billing Office Phone: (210) 914-3255

STATEMENT

COMPLETE AND RETURN IF PAYING CREDIT CARD

CARD NUMBER	EXPIRATION DATE	SECURITY CODE
NAME ON CARD (PLEASE PRINT)	BILL DATE	
SIGNATURE	TIMESTAMP	

STATEMENT DATE
05/02/25
ACCOUNT #
ANAB000002
STATEMENT DUE
\$88.29



Statement ID: 83967-104783294-14155762

MAKE CHECK PAYABLE AND REMIT TO:

The Test Practice Group, P.A.
6701 Babcock Road
Suite F
San Antonio TX 78655

DETACH TOP PORTION AND RETURN WITH PAYMENT (IF ENCLOSED ENVELOPE)

DATE	DESCRIPTION	CHARGES	PYMTS	ADJMTS	BALANCE
Visit Totals for Claim #211898913 Patient: Test					
	Provider: Manocha Location of Service: ENCOMPASS HEALTH REHAB HOSP	\$350.00	\$153.08	\$188.59	\$38.33
08/13/2022	9923-1ST HOSP I/POBS HIGH 75	\$380.00	\$153.08	\$188.59	\$38.33
09/06/2022	Insurance Adjustment (Primary)			\$188.34	
09/06/2022	Insurance Adjustment (Primary)			\$3.12	
09/06/2022	Insurance Adjustment (Primary)			\$2.87	
09/06/2022	Insurance Payment (Primary)		\$153.08		
Deductible: Not Available, Co-Insurance: \$38.33, Co-Pay: Not Available					
Visit Totals for Claim #211898931 Patient: Test					
	Provider: Rana MD Location of Service: ENCOMPASS HEALTH REHAB HOSP	\$85.00	\$29.79	\$47.75	\$7.46
08/15/2022	99231-SBSO HOSP I/POBS SFLOW 25	\$85.00	\$29.79	\$47.75	\$7.46
09/06/2022	Insurance Adjustment (Primary)			\$47.70	
09/06/2022	Insurance Adjustment (Primary)			\$0.61	
09/06/2022	Insurance Adjustment (Primary)			\$0.56	
09/06/2022	Insurance Payment (Primary)		\$29.79		
Deductible: Not Available, Co-Insurance: \$7.46, Co-Pay: Not Available					
Visit Totals for Claim #211898665 Patient: Test					
	Provider: Manocha Location of Service: ENCOMPASS HEALTH REHAB HOSP	\$140.00	\$55.08	\$71.13	\$13.79
08/16/2022	99232-SBSO HOSP I/POBS MODERATE 35	\$140.00	\$55.08	\$71.13	\$13.79
09/06/2022	Insurance Adjustment (Primary)			\$71.04	
09/06/2022	Insurance Adjustment (Primary)			\$1.12	
09/06/2022	Insurance Adjustment (Primary)			\$1.03	
09/06/2022	Insurance Payment (Primary)		\$55.08		
Deductible: Not Available, Co-Insurance: \$13.79, Co-Pay: Not Available					
Visit Totals for Claim #2122098243 Patient: Test					
	Provider: Manocha Location of Service: ENCOMPASS HEALTH REHAB HOSP	\$225.00	\$84.87	\$118.88	\$21.25
08/17/2022	99231-SBSO HOSP I/POBS SFLOW 25	\$85.00	\$29.79	\$47.75	\$7.46

Account Information




Statement Date: 05/02/2025
Account #: ANAB000002
Patient: Test Statement
Patient Balance: \$88.29

AMOUNT DUE

\$88.29

Pay Online At:

<https://onlinepayment.com/billing/statements/>
Or Call (210) 914-3225






The Test Practice Group
The Test Practice Group, P.A.
PO BOX 33835
SAN ANTONIO TX 78655
Billing Office Phone: (210) 914-3255

Turn on/off enhanced patient statements

If you would like to turn off enhanced patient statements, it can be done by navigating to **Account > Account Settings > Medical Billing Tab > Patient Statement section**. Unchecking the box will turn off enhanced patient statements. Please note, this option will only appear on the Primary Provider's view. Turning it off will turn off enhanced patient statements for all providers in the office.

Patient Statement

Business Logo	<div>Top Left</div>	Include Business Logo in patient statements.
Pay to Address	<div>-----</div>	
 Enhanced Statements	<input checked="" type="checkbox"/>	Enable enhanced statements (Text/Email) for the entire practice.
Use Office Name	<input type="checkbox"/>	Use the Practice Official Name (if available) for patient statement and payment receipt.
Pay CC by Call	<input type="checkbox"/>	Show "To pay by credit card, call [office number]" in patient statement.
Credit Card Accepted	<input type="checkbox"/>	Visa
	<input type="checkbox"/>	Mastercard
	<input type="checkbox"/>	Discover
	<input type="checkbox"/>	American Express