

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, accelerate payments, 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.

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.

Text/Email > Paper Statement

Example statements

Text/Email Message



Paper Statement

STATEMENT					
dr chrono by Encompass The Test Practice Group The Test Practice Group, P.A. PO BOX 33835 SAN ANTONIO TX 78565 Billing Office Phone: (210) 914-3255		COMPLETE AND RETURN IF PAYING BY CREDIT CARD CARD NUMBER: <input type="text"/> EXPIRATION: <input type="text"/> SECURITY CODE: <input type="text"/> NAME ON CARD (PLEASE PRINT): <input type="text"/> BILL TO DATE: <input type="text"/> SIGNATURE: <input type="text"/> BALANCE DUE: <input type="text"/> STATEMENT DATE: 05/02/25 ACCOUNT # ANAB000002 PAY TO ORDER: \$88.29		00001	
Statement ID: 83967-104783294-14155762 PAGE 1 OF 2					
00001 Test Transaction 2 4784 CANYON San Antonio TX 78749		MAKE CHECK PAYABLE AND REMIT TO: The Test Practice Group, P.A. 6701 Babcock Road Suite F San Antonio TX 78565			
DETACH TOP PORTION AND RETURN WITH PAYMENT IN ENCLOSED ENVELOPE					
DATE	DESCRIPTION	CHARGES	PYMTS	ADJMTS	BALANCE
Visit Totals for Claim #221985813 Patient: Test					
08/13/2022	Provider: Manocha Location of Service: ENCOMPASS HEALTH REHAB HOSP	\$380.00	\$153.08	\$188.59	\$38.33
09/06/2022	99231-SBQ HOSP IP/OBS 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		
09/06/2022	Deductible: Not Available, Co-Insurance: \$38.33, Co-Pay: Not Available				
Visit Totals for Claim #221985931 Patient: Test					
08/15/2022	Provider: Rana MD Location of Service: ENCOMPASS HEALTH REHAB HOSP	\$85.00	\$29.79	\$47.75	\$7.46
09/06/2022	99231-SBQ HOSP IP/OBS SF/LOW 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		
09/06/2022	Deductible: Not Available, Co-Insurance: \$7.46, Co-Pay: Not Available				
Visit Totals for Claim #221986665 Patient: Test					
08/16/2022	Provider: Manocha Location of Service: ENCOMPASS HEALTH REHAB HOSP	\$140.00	\$55.08	\$71.13	\$13.79
09/06/2022	99232-SBQ HOSP IP/OBS 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		
09/06/2022	Deductible: Not Available, Co-Insurance: \$13.79, Co-Pay: Not Available				
Visit Totals for Claim #222098243 Patient: Test					
08/17/2022	Provider: Manocha Location of Service: ENCOMPASS HEALTH REHAB HOSP	\$225.00	\$84.87	\$118.88	\$21.25
08/17/2022	99231-SBQ HOSP IP/OBS SF/LOW 25	\$85.00	\$29.79	\$47.75	\$7.46
Account Information Statement Date: 05/02/2025 Account: ANAB000002 Patient: Test Transaction 2 Patient Balance: \$88.29		AMOUNT DUE \$88.29		Pay Online At: https://onpatient.com/billing/statements/ Or Call (210) 614-3225	
The Test Practice Group The Test Practice Group, P.A. PO BOX 33835 SAN ANTONIO TX 78565 Billing Office Phone: (210) 914-3255					

Flexible, Outcome-Based Pricing

The pricing for these enhanced statements is based on the method by which the patient ultimately receives and engages with the statement:

- \$0.59 per statement if the patient opens either the text or email

- **\$0.90 per statement** if a paper statement is sent

This tiered pricing structure rewards digital engagement by lowering the delivery cost while still ensuring traditional mail is used as a backup when needed.


Benefits for Providers

- **Cost Savings:** Reduce statement delivery costs by encouraging digital adoption.
- **Faster Payments:** Digital delivery typically results in quicker patient responses and faster collections.
- **Environmental Impact:** Minimize paper usage by leveraging digital communication first.
- **Automated Workflow:** Let the system handle the delivery sequence without staff intervention.

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.

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