

STATEMENTS

CGM MEDISOFT

Practice Management and EHR



CGM also understands that for patients, medical bills can be stressful. Our professional statements are clear and

concise, making it easier for patients to understand what and why they owe. When patients understand their bills, the number of calls and staff time spent dealing with them goes down, too.

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- Double-sided printing reduces paper costs
- Four clean, easy-to-understand layout choices based on focus group recommendations
- Four color options to adhere to your branding
- Easy to understand charges, payments, and credits
- Customizable payment choices and the option to include a convenient web link to facilitate faster payment
- Cost-saving options to send e-statements with notifications by text or email

Featuring a clean layout and a modern

key information exactly where patients expect to find it.

123 Any AVE N STE A Anytown, WA 98110-1701		123 Any AVE Anytown, WA 98110-1701	Amount Paid CC # _____ Signature _____	06/24 0000 / /
ELEVEN EMEDIX PO BOX 9876 ANYCITY, WA 98061- 0664		DR. JANE DOE D.C. PLLC 123 ANY AVE N STE A ANYTOWN, WA 98110-1701		
 				
Please Pay: \$29.30		Account Number: ABCD1000		
DATE	DESCRIPTION	CHARGES	PAYMENTS/ADJUSTMENTS	BALANCE
06/14/24	Eleven Emedix CMT 3-4 Regions Insurance Payment	60.00	-28.16 -28.66	3.18
06/14/24	Eleven Emedix Extremity Manipulation Insurance Payment	36.00	-14.59 -19.27	2.14
07/18/24	Eleven Emedix CMT 3-4 Regions Insurance Payment	60.00	-28.16 -28.66	3.18
07/18/24	Eleven Emedix Extremity Manipulation Insurance Payment	36.00	-14.59 -19.27	2.14
08/26/24	Eleven Emedix CMT 3-4 Regions Insurance Payment	60.00	-28.16 -28.66	
31 - 60 \$10.64	61 - 90 \$0.00	Over 90 \$5.32	AMOUNT DUE: \$29.30	
Important Message:				
PAST DUE 90 DAYS - PLEASE PAY UPON RECEIPT				

Advanced Micro Clinical S

email: sales@admcsi.com

Web: admcsi.

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streamline the payment process for patients. When more patients use



CompuGroup Medical