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

07/24/2024 3:25 pm EDT

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.

Account	Marketplace
ACCOUNT S	ETTINGS
User Settin	gs
Provider Se	ettings
onpatient S	Settings
Account Se	etup
Custom Fie	elds
Copy Dash	board (Beta)
API	
App Direct	ory
PRACTICE S	ETTINGS
Offices	

Facilities

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 Stell	Archive

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

Schedule Clinical Patients	Reports Billing	Account	Help \$ 👗		Searc	⊴9 ≡
Primary Doctor for Office:						
Frimary Doctor for Office.						
Edit Office						
Basic Billing Online Sched	tule					
A Warning: Changing the addre	ess of an office affects a	all previous ap	ppointments in that office.			
Office name (scheduling)						
Office name (scheduling) Facility name		i	Used in HCFA box#32 and UB04 box#2 Leave	e it blank if same to Office i	name (Scheduling)	
		(Used in HCFAbox#32 and UB04 box#2 Leave	e it blank if same to Office I	name (Scheduling)	
Facility name		(Used in HCFAbox#32 and UB04 box#2 Leave	e it blank if same to Office i	name (Scheduling)	
Facility name Primary Provider		v	Used in HCFA box#32 and UB04 box#2 Leave	e it blank if same to Office i	name (Scheduling)	
Facility name Primary Provider Country		v	Used in HCFAbox#32 and UB04 box#2 Leave	e it blank if same to Office i	name (Scheduling)	
Facility name Primary Provider Country Address		v	Used in HCFAbox#32 and UB04 box#2 Leave	e it blank if same to Office i	name (Scheduling)	
Facility name Primary Provider Country Address Zip Code		v	Used in HCFA.box#32 and UB04 box#2 Leave	e it blank if same to Office i	name (Scheduling)	

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.

Pay to Address Pay to Zip Code Pay to State Pay to City Pay to City Pay to Country	Use alternate pay to address in Patient Statement	•	use alternate "pay to" address in patient statement if checked.
Pay to Zip Code Pay to State \$ Pay to City		Γ	
Pay to State Pay to City			
Pay to State Pay to City			
Pay to City	Pay to Zip Code		
	Pay to State	C	\$
Pay to Country	Pay to City		
	Pay to Country		\$
	Save		
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.

Profile General	Email	Medical Billing	eRx Info	Services	Usage	My Billing	Sample Data	Security	Patient Payments
Medical Billing									
	Billin	g NPI			Required for	eRx & billing. Gr	oup NPI can be sam	e as rendering	NPI #
Rendering	g Provide	er NPI			Individual Pro	ovider NPI #. Lea	we blank if the same	as billing NPI	
Practice	Official I	Name							
P	ractice T	ax ID							
	CLIA Nu	mber			Optional: For	CLIA certified la	lbs		
CLI	A # Expir	ration	Opti	onal: Expiratio	n date of CLIA	. #			
Billing Ta	xonomy	Code			Optional: Lea	ave blank to let ti	ne system choose		
Rendering Ta	xonomy	Code			Optional: Lea	ave blank to let ti	ne system choose		
Individual M	ledicare	PTAN							
Group M	ledicare	PTAN							
Individual E	BCBS Nu	mber							
Group E	BCBS Nu	mber							

er 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	Top Left	Include Business Logo in patient statements.
Pay to Address	✓	123 Jones RD Mountain View CA 94040
Use Office Name	Surgery Room Jones Rd	vailable) for patient statement and payment receipt.
Pay CC by Call	Gospel Room	ffice number]" in patient statement.
Credit Card Accepted	🕑 Visa	
	 Mastercard 	
	 Discover 	
	American Express	

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

	Red sun		Statement ID: 69235-56933679-PREVIEW					
	1001 N Rengstorff Ave # 200 Mountain View, CA 94043	Stateme	ent Date	Pay This Amount	Chart ID			
	Wountain view, CA 94043	07/15	/2016	\$54.00	DJPE000001			
			MOUNT HERE:	\$				
			Re	HECKS PAYABLE / RE				
				Rouge road suite10 ountain View, CA 940				
	For questions about billing, call (718) 878	8-5383. To pay b	by credit ca	ard, call (718) 878-5383.				

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).