Medical Billing Professionals Support Suite

Update to Patient Payments Form

2017-07-30 - Medical Billing Professionals - Comments (0) - General

Update to Patient Payments Form

We have updated our Patient Payments Form so you will receive an auto responder to your submissions.

We have added an email address field that you must enter every time you submit a Patient Payments Form.

After you submit the form, you will receive email confirmation with the subject: Patient Payments Form Confirmation. The body of the email will look like the below, which will display the date and time (Pacific Coast Time) you submitted the form, your office name, and the names of the patients with a breakdown of the payments. It is suggested you create a separate folder in your email program to save these emails for easy reference.

Record ID:	5081
Date Submitted:	7/30/17 5:15 AM
lFUUID:	284dbcb7-8497-4cb7-ba7e-e526d8bff24e
Office Name:	Jones Chiropractic
Email Address:	mbpros@gmail.com
Patient 1 Name:	John Smith
Patient 1 Payment Date:	1/1/2017
Patient 1 Payment Method:	Credit Card
Patient 1 Check Number:	
Patient 1 Payment Amount:	$50.00
Patient 2 Name:	
Patient 2 Payment Date:	
Patient 2 Payment Method:	
Patient 2 Check Number:	
Patient 2 Payment Amount:	
Patient 3 Name:	
Patient 3 Payment Date:	
Patient 3 Payment Method:	
Patient 3 Check Number:	
Patient 3 Payment Amount:	
Patient 4 Name:	
Patient 4 Payment Date:	
Patient 4 Payment Method:	
Patient 4 Check Number:	
Patient 4 Payment Amount:	
PDF Value (Patient Payment Form):	patientpaymentform_20170730_051503590.pdf