




VERY IMPORTANT STEP...
THIS IS WHAT MAKES IT WORK!!!

 Default Delivery Method ×

Select the default Electronic Statement delivery method to use for this family:

☐ Use Practice Default

☒ Custom

☒ Email

☒ Mail

☐ Text

Electronic Billing Text Message Consent _____

☒ Guarantor consents to receive billing and payment text messages

Billing Statements



Statement Date: 04/20/2021

Balance Forward Date: 03/20/2021

Select Guarantor

Options

Billing Statements



Statement Date: 04/20/2021

Balance Forward Date: 03/20/2021

Select Guarantor

From: <ALL> >...
To: <ALL> >...

Select Primary Provider

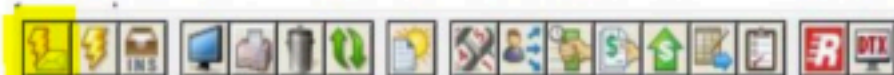
Options

☒ Skip Accounts With Claim Pending

...If Patient Portion Less Than .01

☒ Include Procs With Claim Pending

☒ Print Dental Insurance Estimate

			
Batch Processor			
Date	Description	Status	
05/19/2020	Billing Statements	Not Printed	▲

Previewing a batch of Billing Statements (Practice Perspective):

Note: To preview billing statements prior to sending, the "Verify Billing Statements to Send" option must be enabled in Office Manager|Maintenance|Practice Setup|Preferences|Print Options

1. If billing statements were set to send to the Batch processor, select them and click the Electronic Billing Submission toolbar button (the lightning bolt with the envelope). If statements are not sent to the Batch Processor, skip to step 2.
2. When prompted, click the "Deliver by Email" option.
3. The Verify Statements to Send window will open
 - On the left will be a list of all guarantors who met the criteria used to generate the statement batch, their balance, amount due, and aging
 - Patients/Statements with red text will NOT be sent an eStatement because they are missing required info (email address and/or birthdate)
 - Select an individual statement to preview that statement
 - Use the Search Box to look for a patient/statement by name or amount
 - Uncheck any patients to whom you DO NOT wish to send an eStatement (only applies to those eligible to receive an eStatement)

Screenshots for Previewing Statements:

When prompted, the user will select "Deliver by Email"

<https://www.logmein.com/>

Transworld Systems, Inc also known





29

Locations Globally



Approximately

4,400

Employees



Founded in

1970



Licensed to do business in all

50

states (as required)



21.7M

Accounts Placed in 2020



\$20.2B+

Service Portfolio

Ford Calaway Dentistry and
Orthodontics
2111 E Highland Ave #B105
Phoenix AZ 85016

February 26, 2021
ACCOUNT INFORMATION
Acct No.: 84A38-0000000009
Ref.: 2035556299
Amount Due: \$587.88
Due Date: March 08, 2021

CHERYL LAWRENCE
3840 W CLAREMONT ST
PHOENIX AZ 85019-1523



Dear Cheryl Lawrence:

Thank you.

We sincerely appreciate your business and trust you are satisfied.

Unfortunately, the above-referenced amount is now past due and requires your attention. Please remit your payment with the lower portion of this letter in the envelope provided.

If you feel there is an error, please contact us as soon as possible. We really want to help resolve your past due account balance. Our staff is ready to assist you at the number indicated below.

Thank you for your desire to cooperate in resolving this matter.

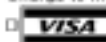
Ford Calaway Dentistry and
Orthodontics
2111 E Highland Ave #B105
Phoenix AZ 85016
602-955-7788

↑↑ PLEASE RETURN LOWER PORTION WITH PAYMENT ↑↑

CHERYL LAWRENCE
3840 W CLAREMONT ST
PHOENIX AZ 85019-1523

February 26, 2021
ACCOUNT INFORMATION
Acct No.: 84A38-0000000009
Ref.: 2035556299
Amount Due: \$587.88
Due Date: March 08, 2021
Amount Enclosed _____

Charge to my:



Credit Card Expiration Date: _____

Credit Card #: _____

Cardholder Name: _____

Billing Address: _____

Signature: _____

Ford Calaway Dentistry and
Orthodontics
2111 E Highland Ave #B105
Phoenix AZ 85016



Ford Calaway Dentistry and
Orthodontics
2111 E Highland Ave #B105
Phoenix AZ 85016

March 04, 2021
ACCOUNT INFORMATION
Acct No.: 64A38-0000000009
Client Ref.: 2035556299
Amount Due: \$587.88
Due Date: March 14, 2021

CHERYL LAWRENCE
3640 W CLAREMONT ST
PHOENIX AZ 85019-1523

|||||

Dear Cheryl Lawrence

Thank you.

We sincerely appreciate your business and trust you are satisfied. This is our second attempt to contact you.

Unfortunately, the above referenced amount is now past due and requires your attention. Please remit your payment with the lower portion of this letter in the envelope provided.

If you feel there is an error, please contact us as soon as possible. We really want to help resolve your past due account balance. Our staff is ready to assist you at the number indicated below.

Thank you for your desire to cooperate in resolving this matter.

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602-955-7788

↑↑ PLEASE RETURN LOWER PORTION WITH PAYMENT ↑↑

CHERYL LAWRENCE
3640 W CLAREMONT ST
PHOENIX AZ 85019-1523

March 04, 2021
ACCOUNT INFORMATION
Acct No.: 64A38-0000000009
Client Ref.: 2035556299
Amount Due: \$587.88
Due Date: March 14, 2021
Amount Enclosed _____

Charge to my:

☐



☐



☐



☐



Credit Card Expiration Date: _____

Credit Card #: _____

Cardholder Name: _____

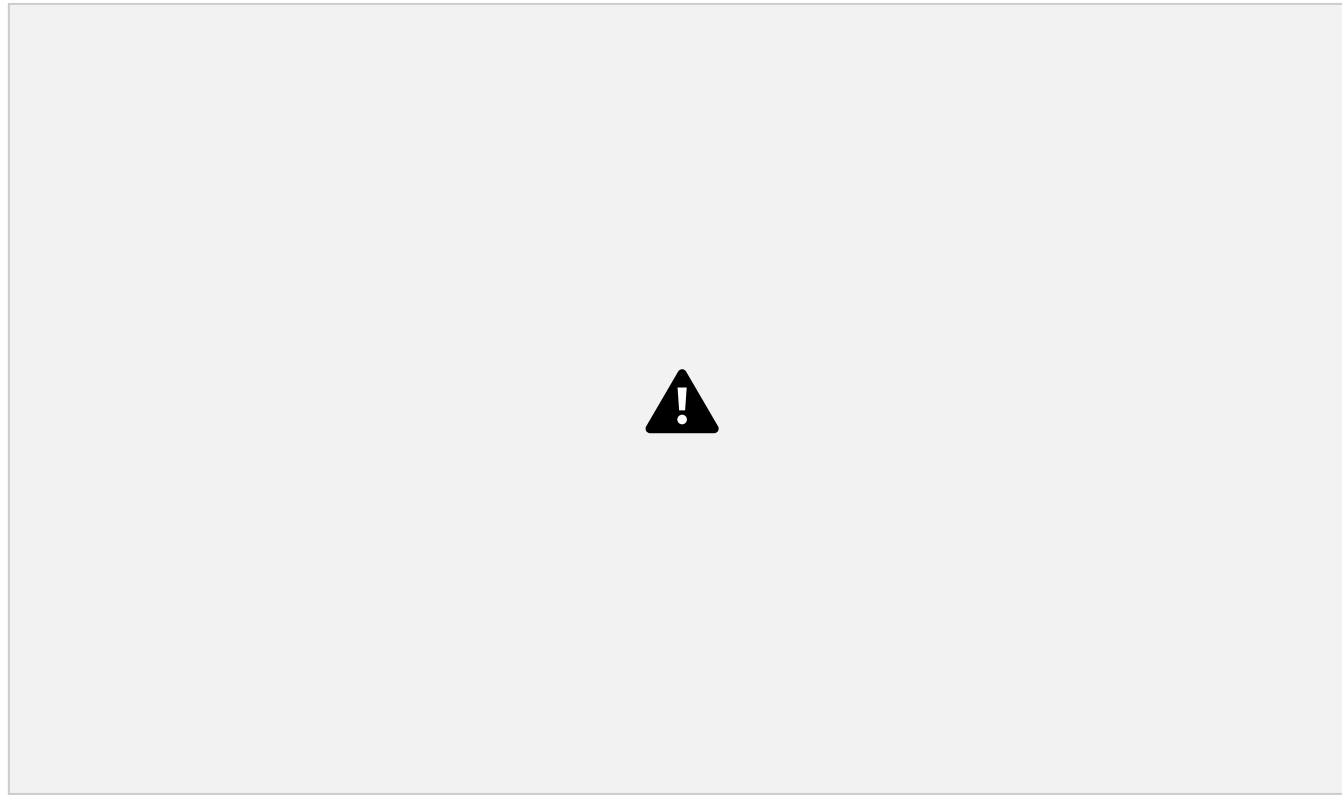
Billing Address: _____

Signature: _____

☐ My check/money order is enclosed







TSI uses Automation for landlines and a real person

for cell numbers which will get routed to the office.





























<https://smartcollect.sikkasoft.com>

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Valerie.martinet@transworldsystems.com

