

2025 Release Notes

Modified on 04/16/2025 4:13 pm EDT

Release 15.6.0 - March 31, 2025

Enhancements

Enhancements

Provider Adjustments Details screen update

Updated the Help Text for the Provider Adjustment Details screen at the top to include links pointing directly to help pages that will aid customers in understanding what provider-level adjustments are and how to post them. The text will now provide a brief description of what provider adjustments are and include links to help articles on associating and applying provider adjustments on claims, as well as automatically posting interest amounts as payments.

Provider Adjustment Details

Provider adjustments are payments that are not associated with a specific claim or service. To apply provider adjustments to claims, see our help articles:

- [Associate and apply provider adjustments to claims](#)
- [Automatically post interest amounts as payments](#)

Date	Reason	Reference #	Amount	Claims	Remove
Total			\$0.00		

[+ Add Provider Adjustment](#)

[Done](#) [Cancel](#)

Knowledge base articles (when there's a list)

- Associate and apply provider adjustments to claims
- Configure Payment Settings for Users

Referring Provider filter updated in multiple locations

The Referring Provider filter has been modified to function as a search field instead of a dropdown menu when the number of referring providers exceeds 20. This change aligns the behavior of the Referring Provider filter with that of the Rendering Provider and Payer search fields across the Control, Tracking, and Batch sections of the application. This search field offers enhanced searching and improved performance for accounts with more than 20 referring providers while maintaining the simplicity of a dropdown menu for customers with fewer than 20.

All Referring Providers

Search for referring providers

Selected	Name	Reference #	NPI	Address	
<input type="checkbox"/>	ACTIVE, RADIO (#10589394)	CHAS		FL	
<input type="checkbox"/>	AHOY, CHIPS (#11805299)			123 COOKIE WAY, IL	
<input type="checkbox"/>	BELL, EDITH (#10404204)		3773978330	UT	
<input type="checkbox"/>	BELL, EDITH (#11172899)		3773978330	FL	
<input type="checkbox"/>	BELL - MD, EDITH (#11218397)		3773978330	UT	
<input type="checkbox"/>	BILLY, BOB (#11714164)			TX	
<input type="checkbox"/>	BIRD, ITSA (#11291637)	123	1651984613	42039 ITS A PLANE PLACE, ORLANDO, FL 32817	
<input type="checkbox"/>	BLUE, DR (#11813529)			FL	
<input type="checkbox"/>	BOWLER, DONNY (#11324581)			857-10 PIN LANE, LOS ANGELES, CA 12345-5845	
<input type="checkbox"/>	BRAD TEST ORG (#11712702)			FL	
<input type="checkbox"/>	BRADSHAW - REF TEST, KEVIN (#11171554)		0646465406	123 MAIN STREET, ORLANDO, FL 32805	
<input type="checkbox"/>	BRADSHAW - TEST, KEVIN (#11171455)		6546546540	123 MAIN STREET, ORLANDO, FL 32805	
<input type="checkbox"/>	BRAIN, PINKY (#10170578)		1223334444	12 SNARF WAY, ORLANDO, FL 32801	
<input type="checkbox"/>	BROWN, ERIC (#12076905)		1417622671	439 S UNION ST UNIT 2104, LAWRENCE, MA 01843-2800	
<input type="checkbox"/>	BURKE, DARLENE (#11218440)		5231532236	TX	
<input type="checkbox"/>	BURNS, TEST (#11295403)		3546846263	AZ	
<input type="checkbox"/>	BURR, JADE (#11233476)		0060964643	GA	
<input type="checkbox"/>	CAKES, NATTIE (#10039281)	78674	5214693585	654 CATS MEOW LANE SUITE #3, KITTY, PA 71254	
<input type="checkbox"/>	CAT, LUNA (#11846012)		0000000001	REF PROV AVE, TAMPA, FL 00000-1111	
<input type="checkbox"/>	CHANG, JOHN (#11759319)		1073516027	169 N MIDDLETOWN RD, PEARL RIVER, NY 10965-	

Select All

Release 15.5.0 - March 17, 2025

New Features and Updates

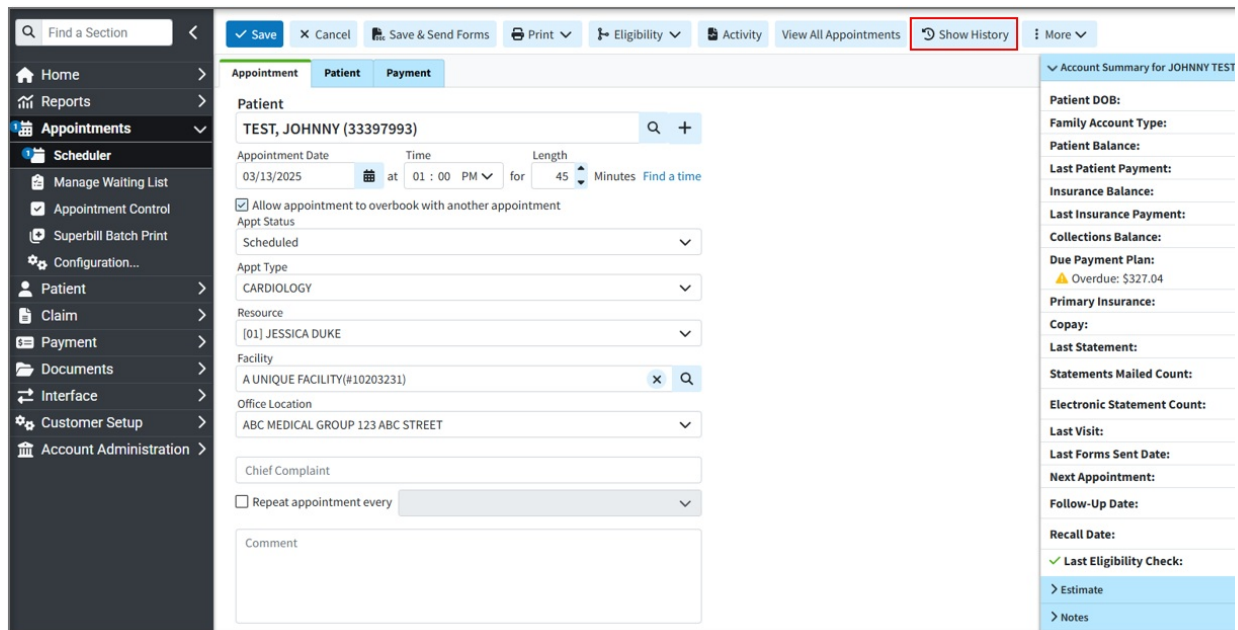
General

Appointments

- **New Enhanced Auditing (Show History) for Appointments** CollaborateMD has been working on a new enhanced auditing project that will provide offices with an easy and transparent way of auditing

changes made in the application. We previously released our new Enhanced User Auditing feature in the Customer Setup, Patient, and Claim sections of the application, allowing users to see a detailed list of changes made to specific records throughout the application.

In this release, we are expanding our Enhanced Auditing functionality to the Appointments section, enabling users to track modifications, changes, and updates made to appointments within CMD for better auditing and accountability. With the new "Show History" feature, you can now determine which user changed/updated specific appointment information in the software and when by providing an auditing table with all updates or changes made to a record, including the user, date and time, and the record changed.



These new auditing records are also included in our existing User Audit Report, making it an even stronger tool for auditing multiple records simultaneously. The Show History capability has currently been deployed in the Customer Setup, Patient, Claim, and Appointments sections, and we will be systematically adding it to other sections of the application.

For more information on using our new Add New Same/Similar Code List feature, please visit our [Enhanced Auditing Help Articles](#).

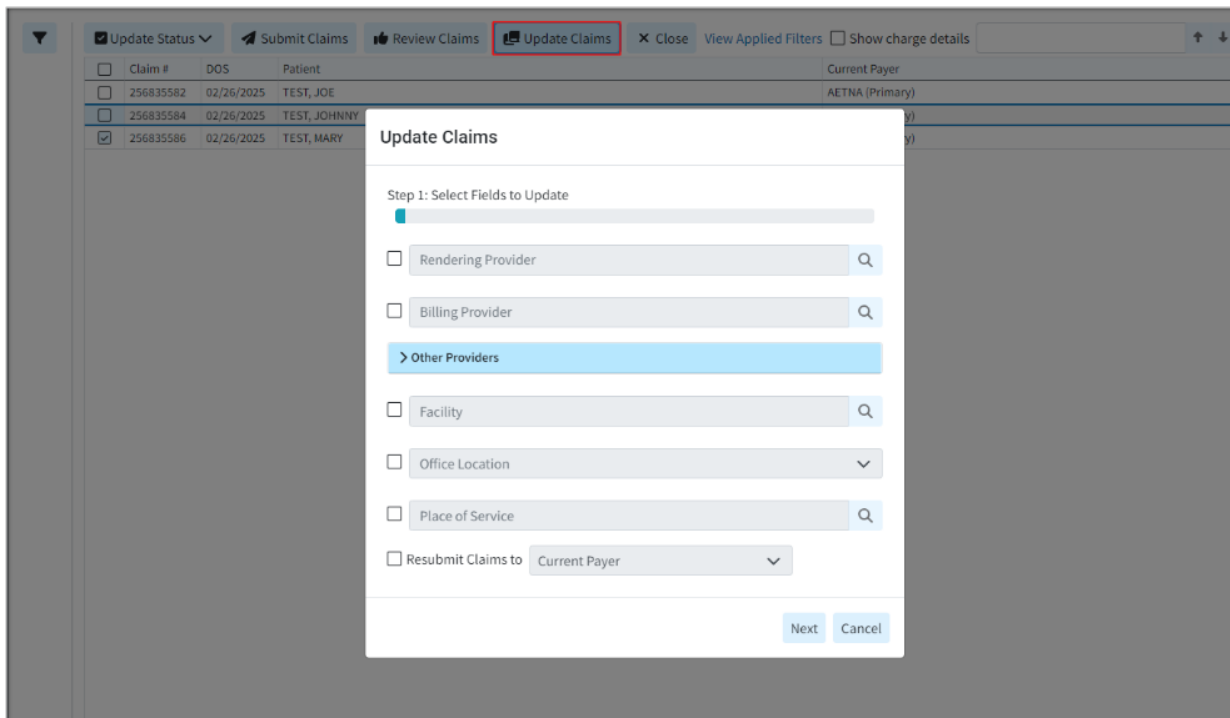
Release 15.4.0 - March 3, 2025

New Features and Updates

General

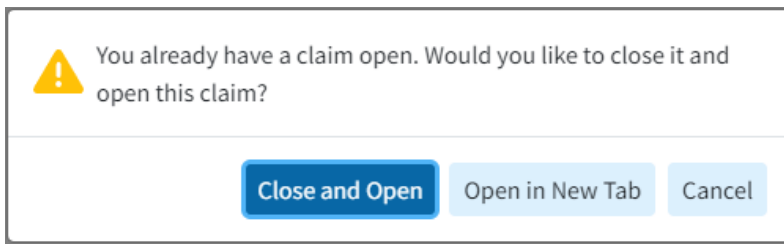
Claims

- **New Mass Claim Updates Feature:** CollaborateMD has always provided powerful tools for working with individual claims, but the platform's ability to make changes to multiple claims at once was limited. With this release, users no longer have to open each claim individually when correcting minor mistakes, such as setting the wrong rendering provider or place of service code on claims. We added a new Mass Claim Updates feature that enhances the existing Status Control screen with capabilities to modify multiple claims. The Status Control screen has been renamed Claim Control, where users can now manage the review of incoming claims from their EHR, submit or resubmit claims, and make updates to multiple claims at once, such as updating the Rendering and Billing Providers, the Facility, the Office Location, or the Place of Service by simply selecting the claim(s) and choosing the Update Claims option.



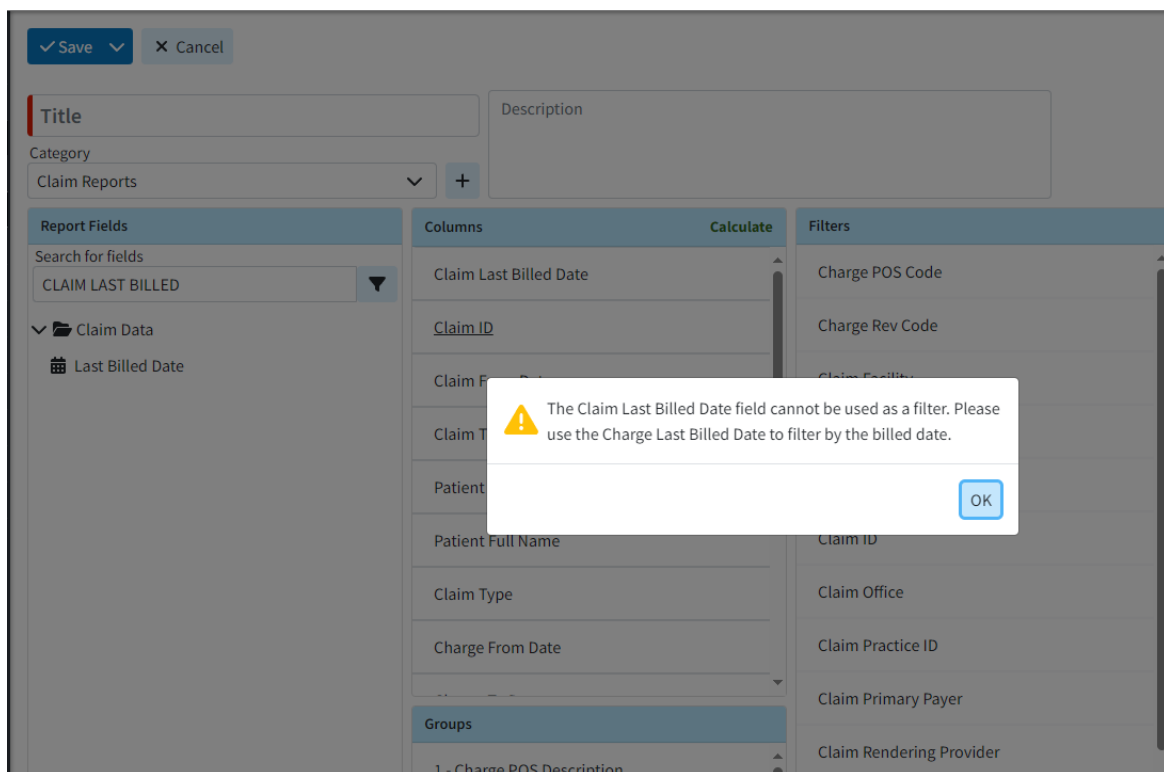
For more information on updating multiple claims at once, please visit our [Update Multiple Claims Help Article](#).

- **Alternate Option To Open A Claim In a Separate Tab When Another Claim Is Already Open:** We have introduced a new dialog box option that appears when a user attempts to open a claim from any section within the CMD while a claim is already open. This feature will now provide the user with the following options:
 - **Close and Open** - Closes the open claim and opens a new one (it will display the usual unsaved changes warning and allow the user to save if there are unsaved changes).
 - **Open in New Tab** - Opens a new window/tab with the correct URL/claim
 - **Cancel** - Closes the dialog and keeps the claim open.



Reports

- **Update to the Report Builder to Prevent the "Claim Last Billed Date" Field from Being Added as a Filter:** Updated the Report Builder to prevent adding the "Claim Last Billed Date" report field as a Report Filter. While some customers may still try using this field as a filter, we've added a warning message directing them to use the "Charge Last Billed Date" instead, which provides the same results, is much faster, and can potentially be improved further via an index.



Patient

- **New Appointment View Option From The Patient Section:** Previously, the "View All Appointments" button directed users to the Appointment section to view a patient's appointment details, requiring them to leave the current section even if they only needed the dates of past appointments. In this release, we added a new "Appointments" option in the patient side panel that displays a list of all appointments (categorized into Past Appointments and Future Appointments) for the patient without

leaving the screen. The section will still provide an option for users to access the "View All Appointments" button, directing them to the Appointment section where they can see patient appointment details.

The screenshot shows a patient record for 'JOE TEST'. The top navigation bar includes 'Search/Add', 'JOE TEST', and 'x'. Below this are action buttons: 'Save', 'Close', 'Print', 'Merge', 'Eligibility', 'Activity', 'Show History', and 'More'. The patient's name is 'TEST' (Last Name) and 'JOE' (First Name). The gender is 'Male' and the date of birth is '01/16/1982' (43 years old). The SSN is '987-65-4321'. The 'Patient is complete' checkbox is checked. The 'Contact Information' section shows the address '1100 E WASHINGTON ST', city 'ORLANDO', state 'FL', and ZIP code '32801-2128'. The 'Appointments' section is expanded to show a list of past appointments:

Date and Time	Duration	Provider
10/10/2024 at 3:00 PM	45 minutes	[01] JESSICA DUKE
06/06/2024 at 11:00 AM	45 minutes	[01] JESSICA DUKE
06/03/2024 at 11:00 AM	45 minutes	[01] JESSICA DUKE
09/07/2023 at 12:45 PM	45 minutes	[01] JESSICA DUKE
06/15/2023 at 12:00 PM	45 minutes	[001] STEPHEN KOZLOWSKI
06/12/2023 at 10:00 AM	45 minutes	[1212] DR DISNEY
06/09/2023 at 10:45 AM	30 minutes	[001] STEPHEN KOZLOWSKI

For more information on our new Appointments dropdown, please visit our [View Appointments From Patient Section Help Articles](#).

Customer Setup

- **New Option to Open Contracts and Fee Schedules From Procedure & Revenue Codes Section:** We added the ability for users to open contracts and fee schedules directly from the Procedure and Revenue Codes sections. This new functionality enables users to click on the Fee Schedule/Contract Name (which is now a clickable link) within the Contracts and Fee Schedules side panel, allowing them to access and view the associated contracts and fee schedules.

Procedure Codes

Save Close

Code Type Make this code inactive
 0005F CPT®/HCPCS Dept.

Description
OSTEOARTHRITIS ASSESSED

Claim Defaults

Exclude this code from duplicate service checks
 This is an all inclusive code
 This code is a percentage of the claim total

Default Price: 100.00 Default Units: 1.00 Default Charge Status:

Rev Code: 0020 Place of Service: 11

CLIA Number Type of Service

Narrative Notes

Modifiers (Global & Situational)

Global 1 Global 2 Global 3 Global 4

Modifiers	Applies To	Notes
25	Provider - ABDUL, SAMANTHA	
1P	Payer - AARP	

[+ Add Situational Rule](#)

Fee Schedules

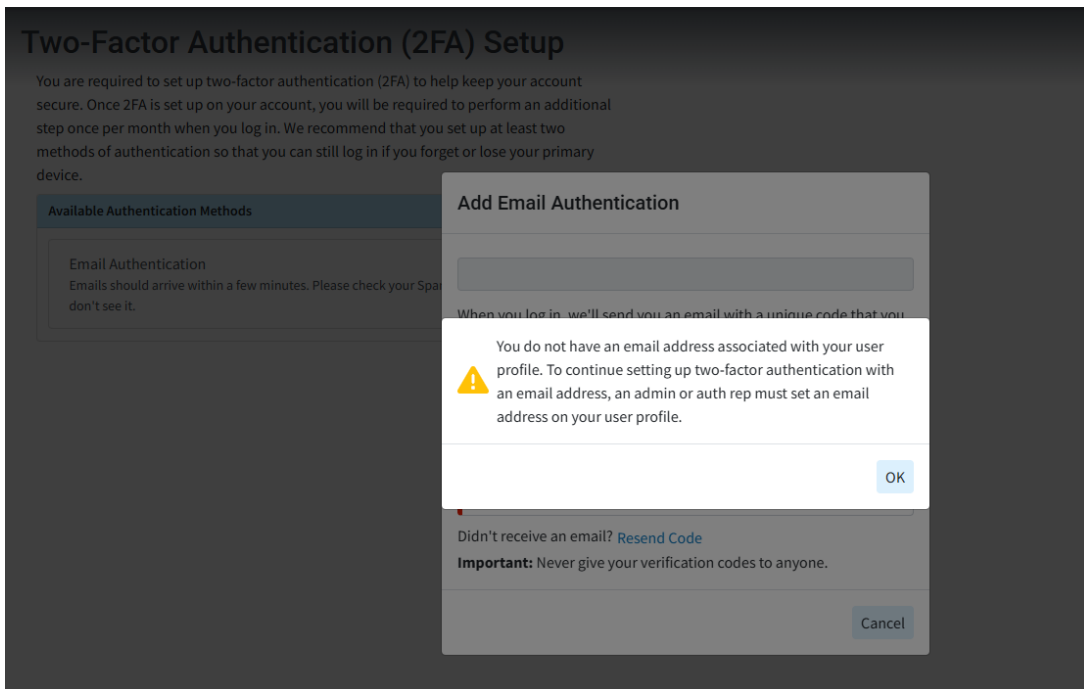
Fee Schedule	Price
REV101	0.00
AETNA03020	100.00
BCBS	100.00
COURT APPEARANCE FEES	100.00
COURTESY	100.00
MEDICARE	100.00
ERROL TEST	0.00
HORIZON	100.00
MEDICARE TEST MARY 123	100.00
PB CASH FEE 2022	23.00
PB CLINIC 2022 - INSURANCE	50.00
SDFGHJK	0.00
SELF PAY	100.00
T1016	0.00
TANYAS FEE SCHEDULE	0.00
TEST	600.00
TEST	100.00
TEST FEE	0.00
TEST FEE SCHED	100.00
TEST FS	0.00

View Medicare Physician Fee Schedule (MPFS) Information

For more information on accessing fee schedules/Contracts from procedure codes, please visit our [Procedure Codes Fee Schedules](#) or [Procedure Codes Contract Help Articles](#). For information on accessing fee schedules/Contracts from revenue codes, please visit our [Revenue Codes Fee Schedule](#) or [Revenue Codes Contract Help Articles](#).

User Profile

- New Email Option For Two-Factor Authentication:** We updated our Two-Factor Authentication to now support email authentication. This option will send an email message with a 6-digit login code, similar to the SMS verification, and can only be set up with the email attached to the user's CMD profile. Please note that if an email address is used that does not match the one set in your user profile you will receive a warning.



Release 15.3.0 - February 18, 2025

New Features and Updates

General

Patient

- **New Balance Due Insurance Optional Column:** Some healthcare providers rarely bill patients directly, instead focusing primarily on the balance owed by insurance companies rather than the patient's balance. The patient search screen (results dialog) already displayed the balance owed by insurance, but this information was not shown in the recently opened table. In this release, We added the Balance Due Insurance as an optional column (hidden by default) within the Patient Search screen's Recently Opened list.

Select Columns

Available Columns	Visible Columns
Reference # +	Account #
Facility +	Name
Rendering Provider +	Date of Birth
Balance due Ins. +	Insured
	Balance due Pat.
	Account Type

Done

- New A/R Control Filters Related To Payment Portal Invites:** We recently added an option to Send Payment Portal Invites as a batch action from Patient A/R Control. In this release, we added new filters within A/R Control to determine whether or not a patient has enrolled with the payment portal. Customers can now search by a new Date Search Option "**Days Since Last Payment Portal Invite Sent**" or by the Claim Search Option "**Payment Portal Status**" (Invitation Not Sent, Invitation Sent but Not Registered, Registered).

Date Search Options

Filter search by: By # of days By date range

Days Since Last Seen
Any ▼

Days Since Last Payment
Any ▼

Days Since Last Statement
Any ▼

Days Since Last FDN
Any ▼

Days Since Last Collection
Any ▼

Days Since Date of Service
Any ▼

Days Since First Billed
Any ▼

Days Since Set To Due Patient
Any ▼

Days Since Last Statement Sent for Claim
Any ▼

Days Since Last Payment Portal Invite Sent
Any ▼

Claim Search Options

Payer 🔍

Charge Balance
Any ▼

Charge Status
Balance Due Patient, Pending Patient, Collection, Claim At Insu... ▼

Rendering Provider 🔍 ⓘ

Referring Provider ▼ ⓘ

Paper Statements Sent
Any ▼

Electronic Statements Sent
Any ▼

Total Statements Sent
Any ▼

Patient 🔍

Account Type ▼

Set to Send Statement
Any ▼

Set to Send FDN
Any ▼

Payment Portal Status ▼

For more information on determining if patients have enrolled in the payment portal, please visit our [Search For Patient Balances Help Article](#).

Claim

- Updated the Claim Search Capability:** When users receive communication from the payer about a claim, it often includes the payer's claim number: the ICN (Internal Control Number), Claim Control Number, or Original Reference #. These numbers are automatically populated on the claim after the ERA is applied, so the ability to find claims by the ICN is a great tool to have when working on appeals. In this release, we updated the Claim Search capability to include searching by all three claim control numbers, making it easier to locate specific claims during the appeals process.

Search by name, DOB, account#, member ID, claim ID, or TCN Number

+ Add Professional Claim ▼

+ Add Institutional Claim ▼

Show exact matches only Show unpaid claims only

Recently Opened

Claim ID	DOS	Patient	Total Charges	Balance

✓ Save ✕ Close 🗑️ Delete 🖨️ Print 📄 Review 📅 Activity ⚡ Claim Status 🏠 Open Patient

Claim Charges Additional Info Ambulance Info

Rendering Provider
 DUKE, JESSICA (10128215)

Billing Provider
 DUKE, JESSICA (10128215)

Supervising Provider

Ordering Provider

Referring/PCP Provider

Sales Rep

Facility

Office Location
 ABC MEDICAL GROUP 123 ABC STREET

Primary Insurance
 AMERICHoice OF NEW YORK INC. (MEDICAID NY) (10069010)

Hide Primary Policy Details

Member ID: 36515 Policy Type: Other Copay Due: 0.00

Group Number: 553 Claim Control / Original Ref. #: 123456789

Authorization # Referral Type: Prior Auth Number

Secondary Insurance
 HUMANA (10102666)

Hide Secondary Policy Details

- New Optional Column For Document Count:** We added a new optional column (hidden by default) to the Claim, Patient, and Payment sections that display a count of the documents associated with each item. This column helps indicate if a patient, claim, or payment has a document association before opening it.

Please note that this column option will only appear on the search screen after a search is performed, not on the Recently Opened List.

Search Results

Filter your results

Searched By	Claim #	Type	Account #	Patient Name	Documents	Rendering	From	To	Lines	Charges	Payments	Adjustme
First: JOSEPH	256238298	Professional	37190993	MUNIZ, JOSEPH	1	DUKE	02/18/2025	02/18/2025	1	\$100.00	\$0.00	
First: JOSEPH	252696024	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	01/03/2025	01/03/2025	2	\$294.00	\$0.00	
First: JOSEPH	246038322	Professional	37190993	MUNIZ, JOSEPH	2	DUKE	10/11/2024	10/11/2024	3	\$300.00	\$0.00	
First: JOSEPH	244816660	Professional	37190993	MUNIZ, JOSEPH	1	DUKE	09/26/2024	09/26/2024	2	\$100.00	\$0.00	
First: JOSEPH	242777502	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	08/30/2024	08/30/2024	1	\$0.00	\$0.00	
First: JOSEPH	239111944	Professional	37190993	MUNIZ, JOSEPH	3	DUKE	07/16/2024	07/16/2024	1	\$100.00	\$0.00	
First: JOSEPH	237758587	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	06/27/2024	06/27/2024	6	\$679.00	\$0.00	
First: JOSEPH	235925615	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	06/03/2024	06/03/2024	1	\$100.00	\$0.00	
First: JOSEPH	203068504	Professional	37190993	MUNIZ, JOSEPH	1	DUKE	03/16/2023	03/16/2023	1	\$650.00	\$0.00	
First: JOSEPH	195211259	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	11/21/2022	11/21/2022	3	\$300.00	\$50.00	\$2
First: JOSEPH	192053855	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	10/04/2022	10/04/2022	2	\$850.00	\$0.00	
First: JOSEPH	185965232	Professional	37190993	MUNIZ, JOSEPH	0	DUKE	07/05/2022	07/05/2022	2	\$194.00	\$0.00	
First: JOSEPH	182987148	Professional	37190993	MUNIZ, JOSEPH	0	ABDUL	05/19/2022	05/19/2022	2	\$444.00	\$0.00	

Close

Payment

- Updated The Refund Receipts:** Previously, when refund receipts were generated, they appeared identical to a standard receipt, except that the refund amount was displayed within parentheses. To make these receipts more easily identifiable and comprehensible, we modified the refund receipt by adding the word "Refund" to the text and displaying negative numbers with a negative symbol instead of using parentheses, making it clearer.



Receipt
Receipt # 10002247

CMD FAMILY PRACTICE - WEST

PO BOX 555, ORLANDO, FL 32488-1111
<https://www.bestdoctorever.com> • (321) 251-7915

Payment Refund
-\$12.50

Patient: MCCLOUD, FOX
Account: 25017512

Check received on 02/12/2025

Thank you for your payment.

Release 15.2.0 - February 4, 2025

New Features and Updates

General

Appointments

- **New Appointment Setting to Hide The Status of Received/Applied Intake Forms:** Some users who have tightly packed schedules (double/triple booked) may struggle to see the specifics of their appointments due to the two types of icons we show (the eligibility icon and the forms icon) taking up a lot of the appointment space. To help with this, we introduced a setting that allows users to hide the checkmark that indicates forms that have been submitted.

Appointment Settings for User: josephmuniz

Show a warning when opening a past appointment:
 Yes No

Prompt me to schedule requests from the waiting list when:
 Moving an appointment
 Deleting, canceling, or rescheduling an appointment

Enable drag-and-drop in the scheduler:
 Yes No

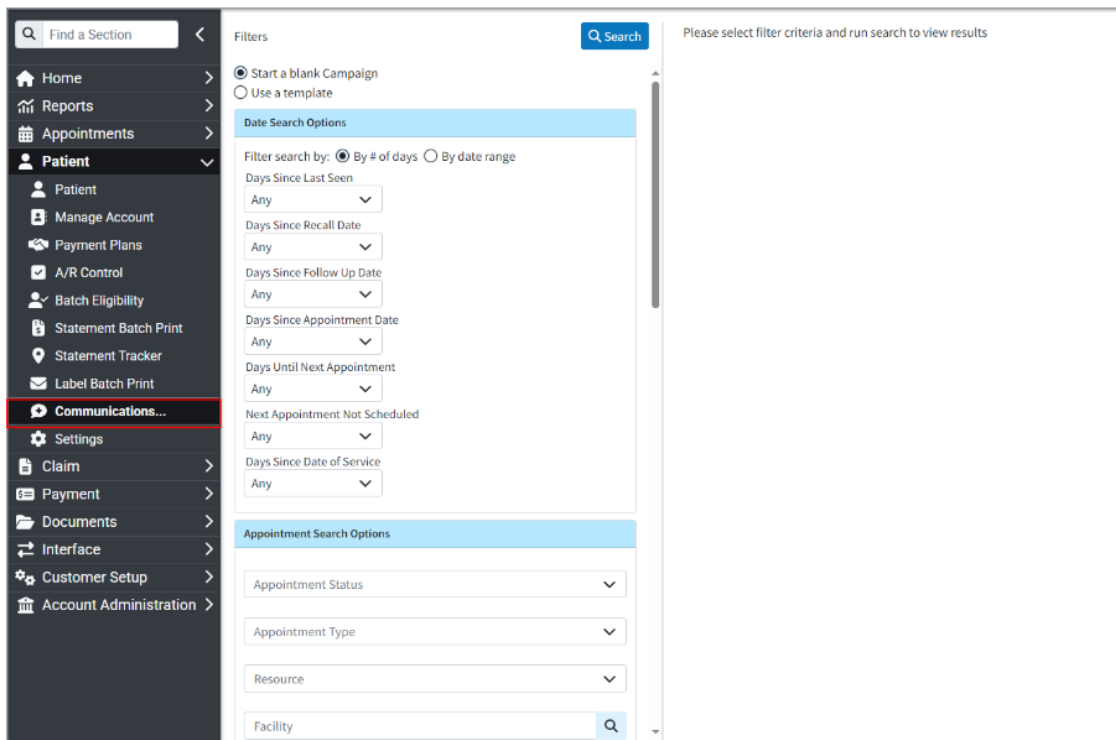
Hide the status of Intake Forms on the scheduler when intake forms have been received and applied?
 Yes No

Visit our [Configure User Appointment Settings Help Articles](#) for more information on how to turn on this setting.

Patient

- **New Patient Broadcast Communications Feature** Patient engagement is the collaborative process between healthcare providers and patients aimed at improving patient health. Over the past few years, the significance and prevalence of patient engagement have grown considerably. Research indicates that when patients feel involved and take an active role in their medical care, they achieve improved health results. Simultaneously, providers observe increased patient satisfaction and retention.

In order to meet the growing needs of both providers and patients, CollaborateMD has developed an introduced a new Patient Broadcast Communications feature. This feature allows providers to send targeted one-way communications to multiple patients using various methods (text, email, or phone). Customers can set campaigns with customized parameters to target specific patients, helping them with their healthcare needs and encouraging retention or usage of optional/elective medical services through intelligent marketing.



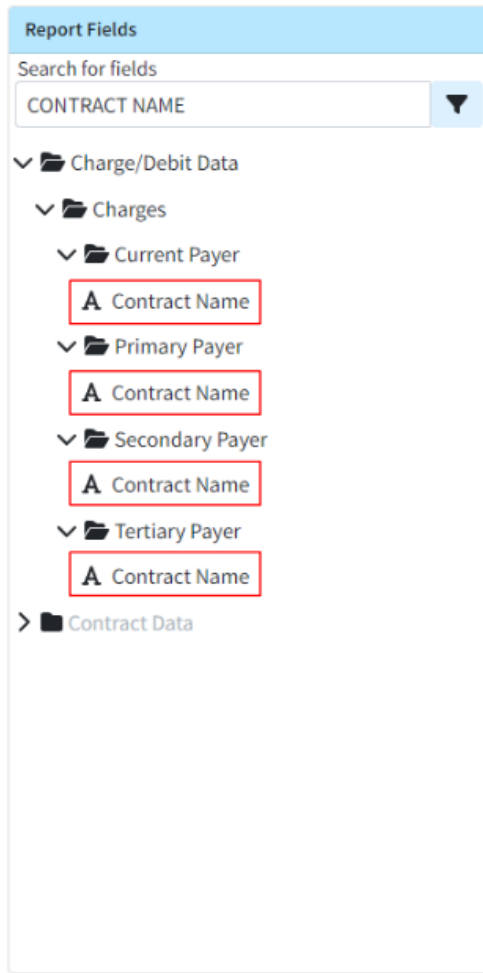
For more information on using our new Patient Broadcast Communications feature, please visit our [Broadcast Communications Help Articles](#). For instructions on how to enable and configure the feature, visit our [Manage Broadcast Communications Help Article](#).

- **New A/R Control Filters:** Some of our customers have very particular workflows and have requested to be able to search in A/R Control by Referring and Rendering providers. This would enable them to send out statements only for claims from a particular provider. To address this need, we added the ability to filter by Rendering or Referring Provider within A/R Control, allowing customers to send statements only for claims from a specific provider or referrer. These new filter options were added under a new header within the A/R Control Filters called "Claim Search Options." Additionally, the existing Payer, Charge Balance, and Charge Status filters have been moved under the Claim Search Options.

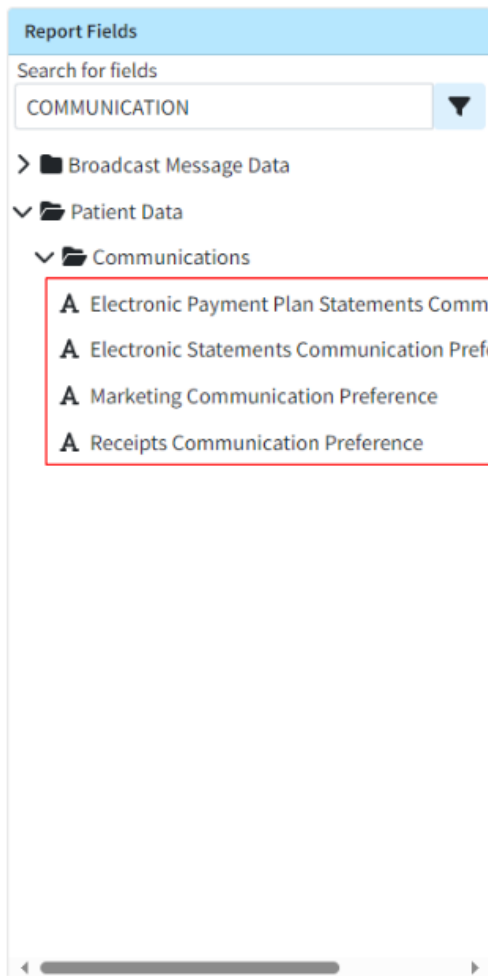
For more information on these new filters, please visit our [Search For Patient Balances Help Article](#).

Reports

- **New Report Fields For Contract Name:** We previously had a number of fields that could be used to show the contract price that applies to a charge. In this release, we added "**Contract Name**" as a report field under those same data sections. This new field is available under Charge/Debit Data > Charges > Current Payer (as well as Primary/Secondary/Tertiary Payers).



- **New Report Fields For Patient Communication Preferences** We added the ability to include information about communication opt-ins in reports, enabling customers to conduct targeted outreach to patients to encourage them to opt-in. The following new communication preferences report fields have been added under **Patient Data > Communications**:
 - Electronic Payment Plan Statements Communication Preference
 - Electronic Statements Communication Preference
 - Marketing Communications Preference
 - Receipts Communication Preference



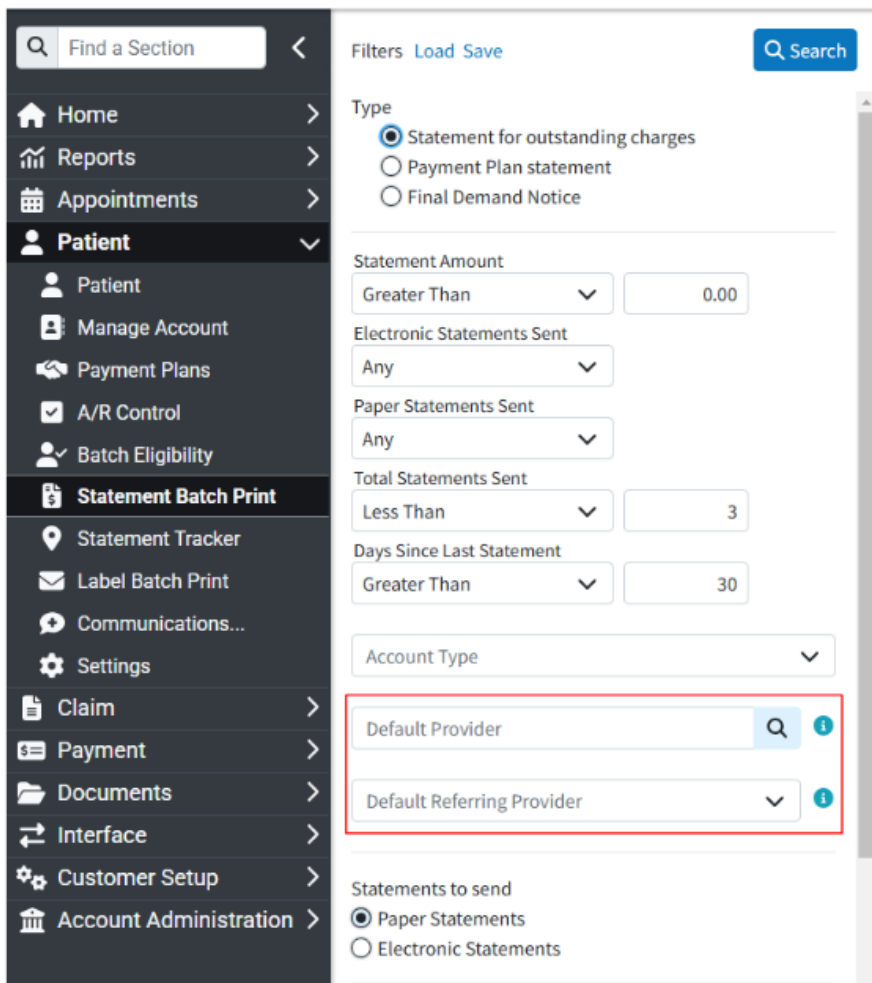
Release 15.1.0 - January 21, 2025

New Features and Updates

General

Patient

- **New Statement Batch Print Search Options:** We added the Default Provider and the Default Referring Provider as search (filter) options within Statement Batch Print, so only patients with the selected default referring or rendering providers are returned. This option will not affect the generated statement, which will continue to include all charges regardless of the rendering or referring provider on the claim.



Payment

- Updated The Default ACCOUNT CREDIT & APPLY ACCOUNT CREDIT Memos:** We updated the default account credit memo, created when an account credit is generated based on a payment or adjustment, to include more information about the credit. In this release, we also updated the APPLY ACCOUNT CREDIT memo line to include additional details (such as the source and check number) that will be visible in the Manage Account and Activity screens once the credit is applied.

DOS / Received Date	Procedure	Status / Memo	Amount	Applied	Balance
01/21/2025		APPLY ACCOUNT CREDIT - PATIENT PAYMENT - CHECK - 123456789	\$100.00	\$100.00	
08/16/2022			\$600.00	\$200.00	\$400
08/16/2022	00100	SEND TO HUMANA VIA CLEARINGHOUSE	\$600.00	\$200.00	\$400
10/05/2022		PAYMENT FROM AETNA	\$200.00	\$200.00	
10/05/2022		ADJUSTMENT BY AETNA	\$0.00	\$0.00	
08/16/2022	00600	CLAIM AT AETNA	\$0.00	\$0.00	\$0
10/05/2022		PAYMENT FROM AETNA	\$0.00	\$0.00	
10/05/2022		ADJUSTMENT BY AETNA	\$0.00	\$0.00	
08/11/2022			\$457.00	\$457.00	\$0
08/11/2022	85004	PAID	\$300.00	\$300.00	\$0

- **New ERA Auto Post:** Added a new ERA Auto-Post billing option that can be configured by Payer and pay priority (primary, secondary, etc.). Once enabled and configured, the Electronic Remittance Advice will automatically check for errors or warnings on most ERAs and, if the ERA is free of issues ("clean"), will automatically apply the payments with no interaction or review required.

The screenshot shows a configuration interface for Billing Options. The 'ERA' tab is selected. It contains two radio button questions: 'Process PR-45 (patient responsibility amount in excess of fee schedule/maximum allowable) as an Adjustment when an ERA is posted, rather than as Unpaid?' and 'Process PR-242 (services not provided by network/primary care providers) as an Adjustment when an ERA is posted, rather than as Unpaid?'. Below these is the 'Electronic Remittance Advice Automation' section, which is highlighted with a red box. This section includes a checked checkbox for 'Allow this payer's ERAs that fully apply with no errors to auto-post without review' and several unchecked checkboxes for other automation rules.

For more information on configuring this new ERA Automation billing option, please visit our [ERA Billing Options Tab Help Article](#).

Release 15.0.0 - January 6, 2025

New Features and Updates

General

Appointments

- **Added UI Improvements To The Scheduler's Eligibility & Forms Icons:** We reduced the size of the

Eligibility and Forms icons and allowed them to take up vertical space when available, enabling more appointment information to be visible on the scheduler. We also changed the color of the "intake forms sent but not filled out" icon from yellow to gray, distinguishing it from the "intake forms not sent" icon.

Patient

- Updated The Statement Tracker "Status" Column:** Updated the Statement Trackers Status column to include the "user printed name." This allows users to see the print status, as well as the individual who printed the document, which improves the auditing process.

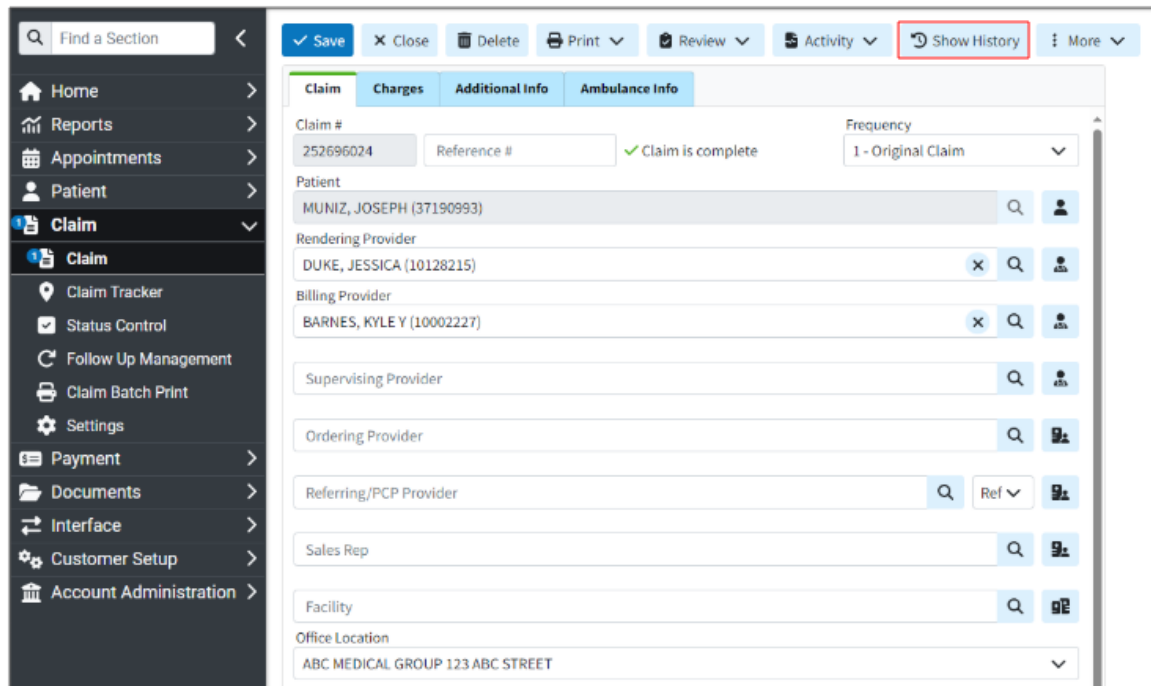
<input checked="" type="checkbox"/>	Patient	Invoice #	Date	Amount	Type	Status
	ALEXANDER, JONES	1262243014	10/20/2024	\$142.00	Statement	User Printed by alexramirez - Enhanced
	BEAR, TORI	1262243019	10/20/2024	\$13.00	Statement	User Printed by alexramirez - Enhanced
	TEST, ANGIE	1262243020	10/20/2024	\$837.00	Statement	User Printed by alexramirez - Enhanced
	GROOT, IAM	1262243023	10/20/2024	\$13.10	Statement	User Printed by alexramirez - Enhanced
	MCCLLOUD, FOX	1270798112	11/12/2024	\$20.00	Estimate Statement	User Printed by danielgoldsmith - Enhanced
	TEST, JOHNNY	1289758024	01/06/2025	\$998.04	Statement	User Printed by josephmuniz - Plain Text

Claim

- New Enhanced Auditing (Show History) for Claims** CollaborateMD has been working on a new enhanced auditing project that provides offices with an easy and transparent way of auditing changes made in the application. We previously released our new Enhanced User Auditing feature in the Customer Setup and Patient sections of the application, allowing users to see a detailed list of changes made to specific records throughout the application.

In this release, we are expanding our Enhanced Auditing functionality to the Claim section enabling users to track modifications, changes, and updates made to claims within CMD for better auditing and

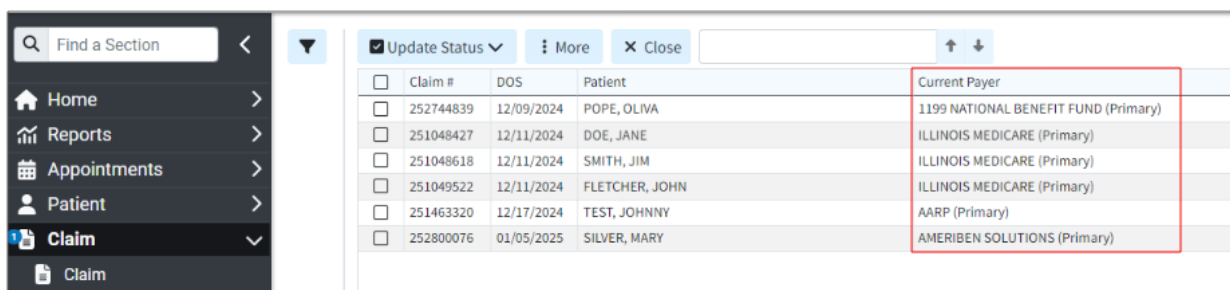
accountability. With the new "Show History" feature, you can now determine which user changed specific Claim information in the software and when, by providing an auditing table with all updates and changes made to a record, including the user, date and time, and the item changed.



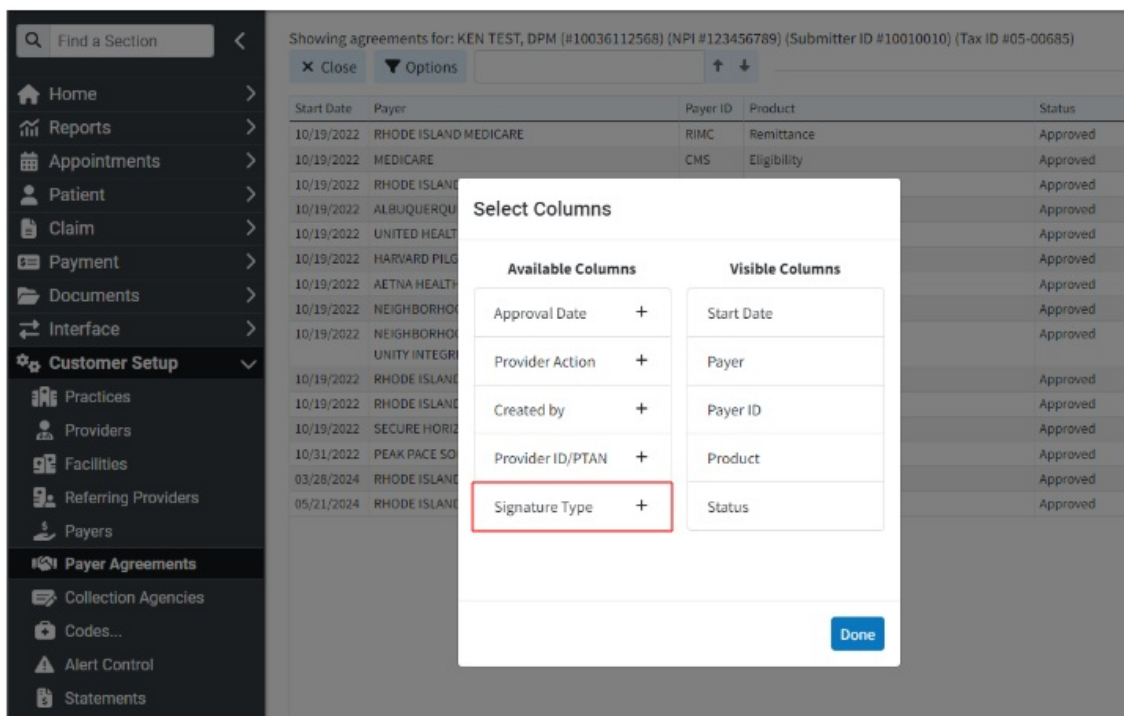
These new auditing records are also included in our existing User Audit Report, making it an even stronger tool for auditing multiple records simultaneously. The Show History capability has currently been deployed in the Customer Setup, Patient, and Claim sections, and we will be adding it to other sections of the application systematically.

For more information on using our new Add New Same/Similar Code List feature, please visit our [Enhanced Auditing Help Articles](#).

- **Status Control's "Current Payer" Column Update:** Updated the Status Control results screen to show more details about which payer is displayed. The "Current / Primary Payer" column will now be "Current Payer," and will include the payer priority (primary, secondary, tertiary) in parentheses if the filtered charge status is a payer status.

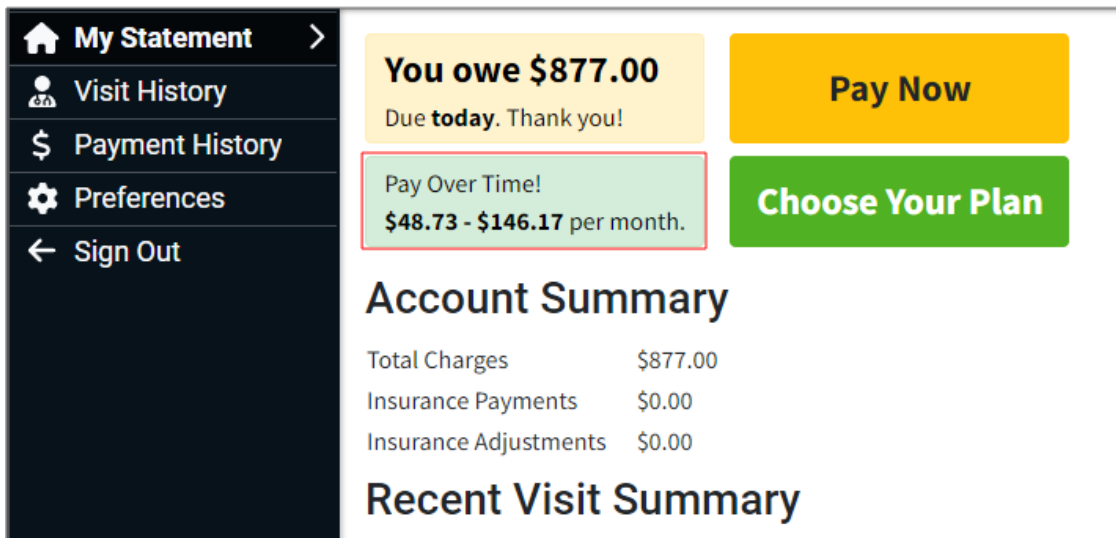


- **New Signature Type Column Within Agreement Lookup:** Added a new column, hidden by default, to the agreement lookup screen. This column will store and display the "Signature Type" (based on the Provider Action field received from ePS) and includes a new report field under Agreement Data. The possible actions for the "Signature Type" are:
 - * Electronic Signature
 - * Online Enrollment
 - * Wet Signature
 - * Other



Payment Portal

- **New UI Updates to The Payment Portal:** Added some UI enhancements to the Payment Portal relate to new colors and margins for better consistency and a better customer experience. We also updated the Payment Portals password requirements to now require at least 12 characters and disallow the reuse of any previous passwords.



Release 15.7.0 - April 14, 2025

[New features](#) | [Enhancements](#) | [Resolutions](#)

New features


New Pay Over Time with Sunbit feature integration

CollaborateMD now has an integrated partnership with Sunbit's buy now, pay later (BNPL) technology. Trusted healthcare practices and medical billing platforms can now choose Sunbit as a patient-friendly solution for post-care payment plans. Sunbit helps eliminate the stress of managing in-house payment plans by offering a pay-over-time option for patient invoices.

Providers can now offer their patients financing without assuming any financial risk themselves, as they receive the full amount within a few days. Sunbit manages all patient billing, enabling providers to reduce time in accounts receivable and minimize effort on collections. Patients can easily request financing directly from the payment portal, benefiting from a 90% approval rate and a 0% financing option for 3 months. Additionally, there are 6, 12, and 18-month plans with competitive interest rates.

Important Note: You must have the **In-App Credit Card Processing** and the **Patient Payment Portal** features enabled and configured so your patients can use Pay Over Time with Sunbit from the portal.

Pay Over Time with sunbit

 This service is included in your account's price plan

The average American can't afford a \$400 unexpected expense, resulting in patients partially paying or delaying payment and an overall hardship on your patients. CollaborateMD and Sunbit have partnered to help you increase your collection rate, create office efficiency and build better patient relationships, with buy now, pay-over-time flexible payment options embedded into your CollaborateMD patient experience.


Why Sunbit

Sunbit is the preferred buy now, pay-over-time consumer financing technology for everyday needs, offering access to fast, fair, and transparent payment options to 90% of patients.

- 90% of patients approved (no late fees)
- 0% APR option presented to all approved patients
- Providers are paid upfront and in full no later than 5 business days after patient selection (non-recourse)

[Learn More](#)

[Activate Now](#)

 Subject to approval based on creditworthiness. Payment is due at checkout. 0-35.99% APR. Maximum loan amounts may vary based on merchant. Account openings and payment activity are reported to a major credit bureau. See [Rates and Terms](#) for loan requirements and state restrictions. Sunbit is licensed under the CT Laws Relating to Small Loans (lic. # SLC-1760582 & SLC-BCH-1844702).

Loans made by TAB bank. All figures are provided by Sunbit

[Close](#)

[Knowledge base articles \(when there's a list\)](#)

- [Pay Over Time with Sunbit](#)
- [Manage Pay Over Time with Sunbit](#)
- [Create a Payment Plan with Sunbit](#)
- [Refund a Sunbit \(Pay Over Time\) Patient Payment](#)
- [Merchant Payments Report](#)
- [Manage your Patient Payment Portal](#)

New Clinical Laboratory Fee Schedule

We added the Centers for Medicare and Medicaid Services (CMS) '**Clinical Laboratory Fee Schedule**' for customers who are not physicians or who perform services not covered by the Medicare Physician Fee Schedule but can still be paid by Medicare. Lab customers or any customer who orders lab tests can now take advantage of fee schedules and contracts based on the Medicare Clinical Laboratory Fee Schedule (CLFS). When creating a fee schedule or contract using the Medicare Fee Schedule in CMD, it will include the Medicare Physician Fee Schedule and the Medicare Clinical Laboratory Fee Schedule. The Clinical Laboratory Fee Schedule will price procedure codes associated with a lab or test, while the Medicare Physician Fee Schedule will price other procedures.

The Medicare Clinical Laboratory Fee Schedule will be updated quarterly and consists of a single price, either local or national, in contrast to the Medicare Physician Fee Schedule, which is determined based on the specific ZIP code location.

Medicare Clinical Laboratory Fee Schedule

Code: 81400

Year

2025

Medicare Allowables

Pricing Indicator: National

CLIA Waived: No

Price: \$63.96


Knowledge base articles

- [Add a Fee Schedule](#)
- [Procedure Code Fee Schedule](#)
- [Add a Contract](#)

New Payer Agreement Signature option

We added a new feature for completing payer agreements that require a physical signature but allow for electronic submission of the agreement with the wet signature. This option enables the provider to print, sign, and scan the form, then upload the scanned PDF within the application as part of the Submit Facility NPI Enrollment Form API, similar to the electronic signature process.

New Agreement for: ABDALLA, YOOSIF MD (#10134970)

✓ 

TEXAS MEDICARE

Product: Institutional Claims ID: TXMC

This payer requires a physical signature for this agreement, but allows for electronic submission. Please print, sign, scan, and upload the form.

Note: Please ensure that the uploaded form has been correctly signed to prevent agreement processing delays.

File to Import

[Knowledge base articles](#)

- [New ePS Payer Agreement](#)

Enhancements

New Option to allow sending Clearinghouse Notifications via email

Previously, clearinghouse notifications could only be subscribed to using the CMD Messaging option. In this release, we added the ability to receive Clearinghouse notifications via email, in addition to CMD Messaging. The default will remain CMD Messaging, but users can now configure Clearinghouse notifications to be sent via email within their User Profile > Communication Preferences.

Communication Preferences

✓ Save

✕ Cancel

Communication Type	Email	Text	Messaging	None
Approval(s).				
Payer Agreement Denial Sent when CollaborateMD has received your Payer Agreement Denial(s).	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maintenance Notification CMD initiated communication related to upcoming planned maintenance windows (application downtime).	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
System Issue CMD initiated communication related to ongoing or resolved system issues impacting critical services (claims, statements, etc) or application availability.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Pricing Changes CMD initiated communication related to upcoming changes to pricing.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Other Announcement CMD initiated communication related to other general announcements (new application release, office closure, etc).	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
User Permissions Changed Sent when a user's permissions are changed.	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clearinghouse Notifications CMD initiated communication related to clearinghouse notifies.	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Knowledge base articles

- [Communication Preferences](#)

New Option to set non-all-inclusive charges as Paid after billing

We recently added a new feature to the Codes section that allows users to bill other charges when there is an "all-inclusive" charge on the claim, while still sending other charges as \$0.00 or \$0.01. These charges are then sent as information to the payer but will not be paid. Users would then need to manually adjust, delete or mark these charges as paid, which created extra work. In this release, we introduced a new option on the Procedure Codes screen to automatically set non-all-inclusive charges as paid after billing. After selecting one of the options to send all other charges on the claim as \$0.00 or \$0.01, you can choose to automatically mark the other charges as paid after billing, which will set all other charges to PAID rather than AT INSURANCE when claims are submitted.

Procedure Codes

Code

Type

 Make this code inactive

Description

Claim Defaults

Exclude this code from duplicate service checks
 This is an all inclusive code

Automatically mark other charges as PAID after billing
 This code is a percentage of the claim total

Default Price
Default Units
Default Charge Status

Rev Code
Place of Service

Modifiers (Global & Situational)

Knowledge base articles

- [Add CPT/HCPCS Codes](#)

New "Current Status" column on EOB/ERA

When posting an insurance payment (manual or ERA) and viewing an individual EOB, the current claim status (not the status that will be set when the payment is posted) is available when hovering over the status column. In this release, we added a new optional column, hidden by default, to the individual EOB screen. The new "Current Status" column will show the current claim status for better visibility in some workflows.

The screenshot shows a software interface with a 'Select Columns' dialog box. The background is a table with columns: DOS, Proc, Amount, Start Balance, Allowed, Paid, Deductible, and Status. The dialog box has two sections: 'Available Columns' and 'Visible Columns'. In the 'Available Columns' section, 'Current Status' is highlighted with a red box. The 'Visible Columns' section lists: DOS, Proc, Amount, Start Balance, Allowed, and Paid. A 'Done' button is at the bottom right of the dialog.

DOS	Proc	Amount	Start Balance	Allowed	Paid	Deductible	Status
03/04/2022	001F	\$400.00	\$400.00	300.00	200.00	0.00	SEND TO AMERICOICE OF NEW YORK INC. (MEDICAL...
03/04/2022	44388	\$370.00	\$352.00	0.00	0.00	\$0.00	PAID
03/04/2022	00174	\$250.00	\$250.00	0.00	0.00	\$0.00	PAID
Total:		\$1,020.00	\$1,002.00	\$300.00	\$200.00	\$0.00	

New Search option when searching in specific dropdown select fields

We added the ability to search and filter dropdowns with a visual confirmation when typing or searching in the Charge Status, Account Type, and Eligibility Service Type dropdown fields so users can see when they search for dropdown items.

Search/Add JOHNNY TEST X

Save
 Close
 Print
 Merge
 Eligibility
 Activity
 View All Appointments
 Show History

Last Name: TEST First Name: JOHNNY MI: Suffix: Make this patient inactive
 Patient is complete

Gender: Male Date of Birth: 01/16/1982 (43 y) Date of Death: SSN: 581-55-8885

Patient Info | **Insurance Info** | **Billing Info** | **Claim Defaults**

Type: Payment Plan Account #: 33397993 Reference #:
 Search [Copy Insured Address](#)
 Self Pay
 Courtesy
 Collection
 Pre-Collection
 Type I
 Type II
 Payment Plan
 Work Phone: Ext:
 Email: joseph.muniz@collaboratemd.com

Resolutions

The "Close and Open Claim" option is missing from Patient > View All Claims

Corrected an issue preventing users from opening a claim from Patient > More > View All Claims when a claim is already open. We previously added this prompt to other sections where claims could be opened, allowing the user to open the claim in a new tab or close the existing claim and open a new one from the prompt. In this release, we updated this screen to prompt the user to close the current claim before opening a new one, as it does on other screens.

Old Prompt



You already have a claim open.
Please close it before opening another.

OK

New Prompt



You already have a claim open. Would you like to close it and open this claim?

Close and Open

Open in New Tab

Cancel