

2025 Release Notes

Modified on 08/01/2025 5:50 pm EDT

Release 15.14.0 - July 21, 2025

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

Highlights

New Features

- Diagnosis Code Default Procedures
- New Task Automation For Appointment Cancellation
- New Basic Appeal & Timely Filing Letters

Enhancements

- Copay Max Increased
- New Eligibility Report Fields

New features

Diagnosis Code Default Procedures

We added the ability to automate procedure codes based on diagnosis codes, particularly for diagnoses that consistently require a specific procedure. When set, if a claim is created or a diagnosis code is manually entered, the corresponding procedure code will automatically populate as a charge line item. This new feature allows users to assign up to six default procedure codes per diagnosis code. For more information, visit our [Add a Diagnosis Code](#) Help Article

Diagnosis Codes

Save

Close

Show History

Code

M25.562

Code Type

ICD-10

☐ Make this code inactive

Description

PAIN IN LEFT KNEE

Effective Date

Termination Date

Default Procedure Codes

CPT #1

CPT #2

CPT #3

CPT #4

CPT #5

CPT #6

Superbill Options

☐ Print code on Superbill

Superbill description

Alerts

+ Add Alert

New Task Automation for Appointment Cancellation

We recently added a new Task Automation tab allowing customers to configure their practice to automatically create a new task for any payment failures during the daily AutoPay process. In this release, we are expanding this tab to include a new task automation option to *Create a task when a patient cancels their appointment via appointment reminder*. When a patient cancels an appointment via an appointment reminder, a user or group can receive an automated task notification, enabling them to immediately fill the slot with another patient. Visit our [Task Automations](#) Help Article for more info on setting up this automation.

> Notes

> Other Offices

> Options

▼ Task Automations

☒ Create a task when a patient cancels their appointment via appointment reminder

Assign appointment task to

DANIEL GOLDSMITH (danielgoldsmith) X

Select User

☐ Create a task when a patient's AutoPay payment fails

New Basic Appeal & Timely Filing Letters

Previously, users needed to create their own appeal and timely filing letters when they needed to provide those letters to payers. In this release, we added the ability for users to print timely filing and appeal letter directly from the Claim, Claim Tracker, and Claim Follow Up sections of the application. This allows customers to print basic appeal and timely filing letters for payers who don't have their own required format.

Save

Close

Delete

Print

Review

Activity

Show History

More

Claim

Charges

Additional Information

Claim #

228132888

Reference #

Patient

TEST, JOHNNY (33397993)

Rendering Provider

DAVID, BOYER (10063327)

Billing Provider

CLARK, TODD A (10066781)

Supervising Provider

Ordering Provider

Referring/PCP Provider

Ref

Sales Rep

DUCK, DONALD (11714163)

Facility

Office Location

DR. SEUSS 1234 MAIN ST

Primary Insurance

AETNA (12848326)

Save and Print Claim

Show Preview

Copy

Save and Print with Form

Claim Transaction History

EOB

Letters

Frequency

1 - Original Claim

Open Negotiations Form

Proof of Timely Filing

Appeal

Save

Close

Claim Status

Print

Activity

More

Editing follow up information for Claim #265981033

Follow Up Date

Set all charges to

NO CHANGE

Proof of Timely Filing

Appeal

Follow Up Notes

+ Add Note

Reference Information

DOS

06/02/2025

Last Billed

Status

Claim At Insurance

Amount Billed

Balance

\$3,800.00

TCN

Type

Institutional

Patient Info

Patient #

65295621

Patient

REDACTED, REDACTED

Name

REDACTED

Patient

01/01/2000

DOB

Payer Info

Name

ANTHEM BLUE CROSS OF COLORADO

Priority

PRIMARY

Phone

Website

Payment Info

Ins Payments

\$0.00

Pat Payments

\$0.00

Other Info

Printing Letter From the Claim Tracker Section

Group By

Mark as Fixed

(No Selection)

Task Options

Close

View Applied Filters

Claim # / TCN	DOS / Status Date	Patient / Status	Current Claim Status	Claim Amount / Billed Amount	Payer
239709883	10/17/2024	REDACTED, REDACTED (#60866578)	REJECTED AT CLEARINGHOUSE	\$24.00	
239709911	11/17/2024	REDACTED, REDACTED (#60866578)	REJECTED AT CLEARINGHOUSE	\$24.00	
239709982	12/17/2024	REDACTED, REDACTED (#60866578)	REJECTED AT CLEARINGHOUSE	\$24.00	
240651263	07/01/2025	REDACTED, REDACTED (#60993345)	CLAIM AT HUMANA MEDICARE	\$24.00	
240673201	07/02/2025	REDACTED, REDACTED (#60995967)	CLAIM AT TEXAS MEDICARE D...	\$24.00	
240700728	07/02/2025	REDACTED, REDACTED (#60999248)	CLAIM AT MEDICARE DMERC R...	\$24.00	
240712109	07/02/2025	REDACTED, REDACTED (#29558550)	CLAIM AT TRICARE - EAST REG...	\$24.00	
240806484	07/02/2025	REDACTED, REDACTED (#61026356)	CLAIM AT UNITED HEALTHCARE	\$24.00	
240828854	07/02/2025	REDACTED, REDACTED (#61002552)	CLAIM AT UNITED HEALTHCAR...	\$24.00	
241117534	07/02/2025	REDACTED, REDACTED (#61072615)	CLAIM AT TRICARE - EAST REG...	\$24.00	
242446777	07/02/2025	REDACTED, REDACTED (#61397274)	CLAIM AT UNITED HEALTHCAR...	\$24.00	
1359		Copy	mitted electronically	\$24.00	UNITED HEALTHCARE
		Open Patient	SENT TO CLEARINGHOUSE (BATCH)		
		Open Claim	acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been ...		
		Create Task	acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been ...		
		Find Payer Batch Reports	acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been ...		
		View Claim	aim/encounter has been forwarded to Payer.		
		Print Proof of Timely Filing Letter	ayer - Accepted for processing.		
		Print Appeal Letter	ity acknowledges receipt of claim/encounter.		
			ayer acknowledges receipt of claim/encounter.		
242560887	07/02/2025	REDACTED, REDACTED (#61412129)	CLAIM AT ULTIMATE HEALTH P...	\$24.00	
242599610	02/23/2025	REDACTED, REDACTED (#61417204)	CLAIM AT WELLMED	\$24.00	
242599652	03/23/2025	REDACTED, REDACTED (#61417204)	CLAIM AT WELLMED	\$24.00	

Knowledge base articles

- Print Proof of Timely Filing Letter from Claim Help Article
- Print Appeal Letter From Claim Help Article
- Print Proof of Timely Filing Letter From Follow Up Help Article

- [Print Appeal Letter From Follow Up Help Article](#)
- [Track a Claim Help Article](#)
- [Proof of Timely Filing Letter Sample](#)
- [Appeal Letter Sample](#)

Enhancements

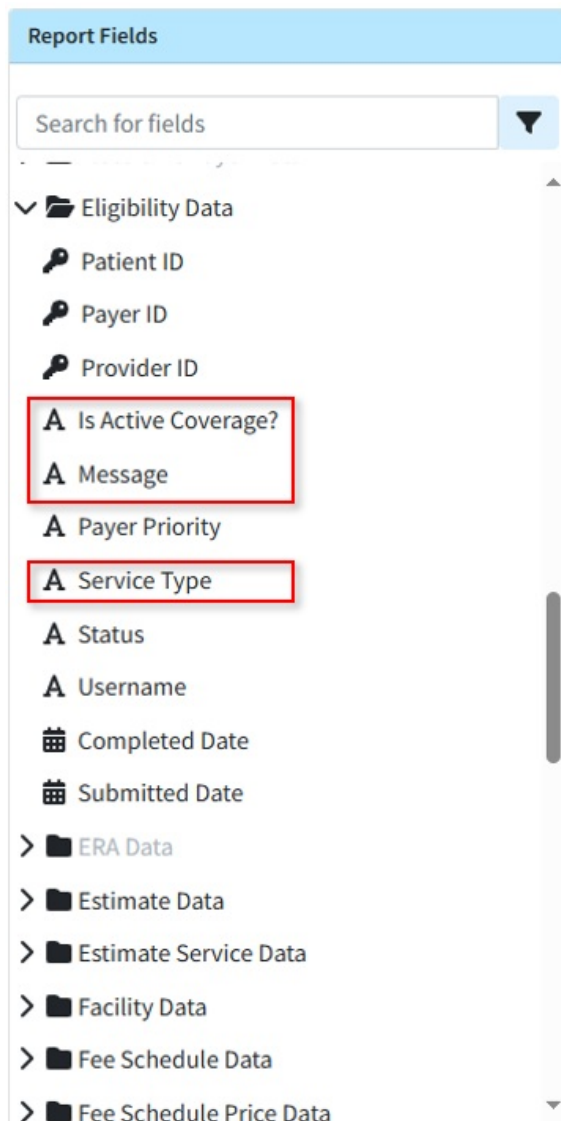
Copay Max Increased

As healthcare costs increase, more costs are being shifted to the patient. Previously, the Copay field allowed for up to \$999.99, which is generally sufficient for professional services but not for inpatient hospital or maternity copays. (Typically, plans use a coinsurance model for hospital claims, but not all plans do this.) Since the insurance policies table already has a limit of \$9,999.99 (based on being a numeric(6,4) column), we expanded the width of the in-app copay fields in the patient section to allow entering values up to \$9,999.99.

New Eligibility Report Fields

In this release, we added the following Eligibility Data report fields for better reporting on Eligibility requests:

1. **Is Active Coverage?** - This field displays if there is active coverage based on the Eligibility.Active field uses Yes or No filter values.
2. **Message** - (text field) This field displays any eligibility messages (error messages).
3. **Service Type** - (filter values are full name) This field displays the service type with values as the full name (i.e., "Medical Care" rather than the code "01") based on the Eligibility.Servicetype field.



Visit our [Eligibility Data Help Article](#) for more information on the new report fields.

Estimates Automation (Charge Detail)

We updated patient estimates for appointments to no longer require re-entering charge details when creating a new estimate for an appointment that already has one. The charge details that were previously entered are now shown by default, eliminating the need for users to re-enter them.

Report Performance Enhancement

We added performance improvements of several reports including the Rev. Claims Billed Charges Report and the Claim Details Report (particularly the Charge Last Billed Date filter) to minimize slowness when running these reports.

Show HL7 Location for Users

A new checkbox was added to the bottom left of the **View Message** Interface Tracker dialog to display the HL7 location. This checkbox will only be shown for HL7 messages and when checked, the HL7 segment location will be displayed to the user (previously only available with Engineering permissions).

Release 15.13.0 - July 7, 2025

New features | Enhancements

Highlights

New Features

EOB Info Available in Claim & Follow Up Sections

Enhancements

WebAPI Enhancements

New features

EOB Information Now Available in Claim & Follow Up Sections

When working claim appeals and denials, users were previously having to juggle multiple windows to see the claim EOB details. In this release, we added a new tab that allows customers to quickly access this information directly within the Claim and Follow Up Management sections so that users can access this information without the need to leave the current screen. The new EOB Info tab is available from the side-panel dropdown (in the Claim and Follow Up sections) and will allow users to view the EOB details including remittance code information.

Find a Section

Home

Reports

Appointments

Patient

Claim

Claim Tracker

Claim Control

Follow Up Management

Claim Batch Print

Settings

Payment

Documents

Interface

Customer Setup

Account Administration

SaveCloseDeletePrintReviewActivityShow HistoryMore

ClaimChargesAdditional InfoAmbulance Info

Claim #228132888Reference #Claim is completeFrequency1 - Original Claim

PatientTEST, JOHNNY (33397993)

Rendering ProviderDAVID, BOYER (10063327)

Billing ProviderCLARK, TODD A (10066781)

Supervising Provider

Ordering Provider

Referring/PCP ProviderCAT, LUNA (11846012)

Sales Rep

Facility

Office LocationDR. SEUSS 1234 MAIN ST

Primary InsuranceMEDICARE (12170165)

Member ID123456789Policy TypeOtherCopy Due30.00

Group NumberClaim Control / Original Ref. #Referral Type

Claim Summary

Estimate

Patient Notes

Follow Up Activity

Alerts

Tasks

Documents

Payment

Claim PaymentEOB Info

Check #:

From: MEDICARE

Received On: 03/21/2024

Payment Type: Check

Processing Type: Processed as primary payer

Allowed (this claim): \$71.04

Paid (this claim): \$55.69

Adjusted (this claim): \$230.10

Check #:

From: AARP

Received On: 04/19/2024

Payment Type: Check

Processing Type: Processed as tertiary payer

Allowed (this claim): \$0.00

Paid (this claim): \$14.21

Adjusted (this claim): \$0.00

To view the EOB details, click the desired check information to open the EOB details window.

EOB Details

Procedure Code	Amount	Allowed	Paid	Remarks	Adjustments	Unpaid
99308	\$300.00	\$71.04	\$55.69		CO-253: \$1.14 CO-45: \$228.96	PR-2: \$14.21

Close

This new tab applies to manually posted insurance payments and applied ERAs. For more info on viewing the EOB Info from a claim or Follow Up, visit our [View EOB Info On Claimor](#) [View EOB From Follow Up](#) Help Articles.

Enhancements

Web API Enhancements

We added some updates and improvements to the WebAPI so that the following data that was previously only supported either on HL7 or XML is now supported on both.

- **Last Menstrual Period:** Added Support for receiving the Last Menstrual Period field on inbound claim messages (HL7 claims). This was previously supported only on XML.
- **Accident/Illness Date:** Added Support for receiving the Accident/Illness Date field on inbound claim messages (XML claims). This vital information for PT and Worker's Comp providers was previously supported only on HL7.
- **Race, Ethnicity, Language:** Added Support for receiving the Meaningful Use fields for Race, Ethnicity and Language on inbound claim messages (XML claims). This Meaningful Use information was previously supported on HL7 but undocumented on XML.

Please note that customers need to update the data they send to CMD to take advantage of these new available fields.

We also added a **Provider Matching Warning**. This means that if a provider name is sent in the interface message and the system selects a provider where the first and last name (or just organization name) is not an exact match, the system will create the claim as usual. However, it will post a Warning message to Interface Tracker stating that the provider was selected based on ID even though the name does not match.

Increased Maximum Length of TCN Prefix

Currently users can enter a TCN Prefix in the Practice section. This is typically done by Support and used by the clearinghouse, but some users may set their own if they do not share an NPI across multiple CMD customers.

Previously, this field was limited to 4 characters. Based on customer requests and considering that our TCNs are 11 characters long and the maximum TCN length in ANSI is 20 characters, we increased the

length of the TCN Prefix and Statement TCN Prefix fields to 6 characters.

✓ SaveSave TCN Prefix Only✕ Close↺ Show History

Name

MEDICAL PRACTICE

⋮

☐ Make this practice inactive

NPI

1234567890

🔍

Organization Type

Solo Practice

▼

Taxonomy Specialty

332BP3500X

✕

🔍

Suppliers : Durable Medical Equipment & Medical Supplie...

Sequence #

Reference #

TCN Prefix

Statement TCN Prefix

Code

10007631

123456

TE

Primary Office

Address

201 PINE ST SUITE 1

City

State

ZIP Code

APOPKA

FL

32703-1000

⋮

Time Zone

Eastern

▼

Phone

Fax

(407) 407-4007

(407) 404-4008

Email

jorgecuevas123@hotmail.com

☒ Pay-To address is the same as the primary office address

Release 15.12.0 - June 23, 2025

New features | Enhancements

Highlights

New Features

Tasks Available in Multiple New Sections
New Enhanced Auditing (Show History) for Contracts

Enhancements

Net Amount now Available in Activity Report
Incremental Data Snapshot Option

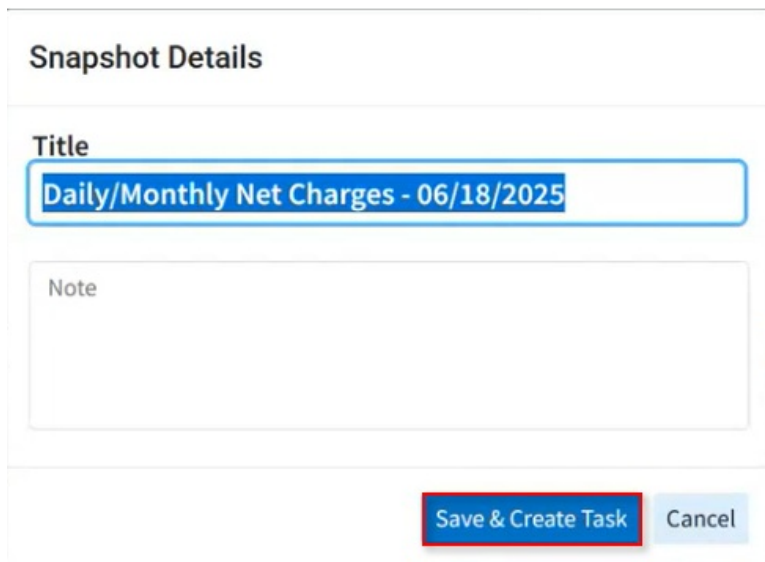
New features

Tasks Added to Multiple Sections

We added the ability to add tasks reminders associated with specific records within more sections of the application in order to keep track of items that need to be completed. Tasks can have due dates, links, descriptions, statuses, and priorities. Please be aware that some of these task management options are available in plan 3 and above. You can now assign the following tasks to yourself or to specific users/group within your business:

Report Snapshot Tasks

A new option was added to create tasks from a Report Snapshot, allowing you to assign a user or group to review specific report results. Creating a task from a report will have the report snapshot linked to it and will be available for 90 days. For more information on saving and creating a task on a report, visit our [Create a Task for a Report Help Article](#)



The screenshot shows a web form titled "Snapshot Details". It contains a "Title" field with the text "Daily/Monthly Net Charges - 06/18/2025" and a "Note" field which is currently empty. At the bottom right of the form, there are two buttons: "Save & Create Task" (highlighted with a red border) and "Cancel".

Appointment Tasks

We also added the ability to create and link tasks to specific appointments. Users can access this feature via the right-click menu within the scheduler or the new tasks side panel option. Visit our [Appointment Tasks Help Articles](#) for more information on adding and managing appointment tasks.

Save

Close

Print

Eligibility

Activity

View All Appointments

Show History

More

Appointment

Patient

Payment

Patient

TEST, JOHNNY (33397993)

Appointment Date

06/20/2025

at

Time

03 : 00 PM

for

Length

30

Minutes

Find a time

Appointment Reminder

☐ Allow appointment to overbook with another appointment

Appt Status

Rescheduled

Appt Type

CAT CHECK

Resource

[PC] CHEN, PAUL MD

Facility

NORTH COUNTY LASER EYE ASSOC. (#10012415) 1905 CALLE BARCELONA, # 208

Office Location

NORTH COUNTY LASER EYE ASSOCIATES, APC 1905 CALLE BARCELONA, #208

Chief Complaint

☐ Repeat appointment every

Comment

6mon cat iop JL 12/20/24

Account Summary

Estimate

Notes 4

Appointments

Alerts

Tasks

+ Create Task

Show Completed Tasks

Documents / Forms

Tasks From Claim Control

We added new Task Options within the Claim Control screen, allowing users to create and manage tasks associated with specific claims. This new option allows users to create and link tasks to multiple claims at once, as well as reassign and delete them simply by checking them off. For more info on creating tasks from Claim Control, visit our [Claim Control Task Options Help Article](#).

	<input checked="" type="checkbox"/> Update Status	Review Claims	Update Claims	Combine Claims	Task Options	More	Close	<input type="checkbox"/> Show charge details	
<input type="checkbox"/>	Claim #	DOS	Current Payer	Patient	Create Task	Review Status	First Billed Date	Last Billed Date	Charge Amount
<input type="checkbox"/>		05/21/2025	PRIORITY HEALTH MEDICARE (Primary)	REDACTED		No Issues Found	06/09/2025	06/09/2025	\$195.00
<input type="checkbox"/>		05/28/2025	PRIORITY HEALTH MEDICARE (Primary)	REDACTED	Reassign Task	No Issues Found	06/09/2025	06/09/2025	\$195.00
<input type="checkbox"/>		06/02/2025	MCLAREN HEALTH PLAN MEDICAID (Primary)	REDACTED	Delete Task	No Issues Found	06/10/2025	06/10/2025	\$98.00
<input type="checkbox"/>		06/03/2025	UHC MEDICARE DUAL COMPLETE SPECIAL NEEDS (Pr...	REDACTED, REDACTED REDACTED		No Issues Found	06/09/2025	06/09/2025	\$195.00
<input type="checkbox"/>		06/04/2025	PRIORITY HEALTH OF MICHIGAN - PRIMARY (Primary)	REDACTED, REDACTED REDACTED		No Issues Found	06/10/2025	06/10/2025	\$140.00
<input type="checkbox"/>		06/04/2025	MICHIGAN MEDICARE (Primary)	REDACTED, REDACTED REDACTED		No Issues Found	06/10/2025	06/10/2025	\$140.00
<input type="checkbox"/>		06/04/2025	UNITED HEALTHCARE (Primary)	REDACTED, REDACTED REDACTED		No Issues Found	06/10/2025	06/10/2025	\$195.00

Tasks From Claim Tracker

We also added new Task Options within the Claim Tracker screen, allowing users to create, manage, reassign, and delete tasks associated with specific claims simply by checking them off. Tasks can also be linked to multiple claims simultaneously. Visit our [Claim Tracker Task Options Help Article](#) for more information.

Group By		Task Options		Close		View Applied Filters		Expand	
Mark as Fixed		(No Selection)							
Claim # / TCN		DOS / Status Date		Current Claim Status		Claim Amount / Billed Amount		Payer	
06/10/2025		06/10/2025		Acknowledgement/Receipt-The claim/encounter has been received.This does not mean that the claim h...					
06/10/2025		06/10/2025							
06/12/2025		06/12/2025		CLAIM AT MICHIGAN BLUE SHI...		\$195.00			
06/10/2025		Submitted electronically				\$121.36		MICHIGAN BLUE SHIELD (#125...	
06/10/2025		SENT TO CLEARINGHOUSE (BATCH)						MIBS	
06/11/2025		Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been ...							
06/11/2025		Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been ...							
06/11/2025		Claim/encounter has been forwarded to Payer.							
06/11/2025		Accepted for processing.							
06/12/2025		Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been ...							
06/12/2025		Payer - Accepted for processing.							
06/12/2025		Category Acknowledgement/Receipt-The claim/encounter has been received.This does not mean that the claim h...							
06/12/2025									

New Enhanced Auditing (Show History) for Contracts

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, Claim, Appointment, Payment Profiles, Interface Settings, Fee Schedules, and all Customer-level Payment, Claim, and Patient settings 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 **Contracts**, enabling users to track modifications, changes, and updates made to contracts for better auditing and accountability. With the new **"Show History"** feature, you can now determine which user changed/updated a specific contract in the software and when by providing an auditing table with all updates or changes made to a record, including the user, date, time, and the record changed.

Contracts

✓ Save
✕ Close
📄 Export
🕒 Show History

Name

BLUE CROSS AND BLUE SHIELD OF FLORIDA
☐ Make this contract inactive

Type

FFS
☒ Allow users posting payments to update prices

Sequence #

10031099

↑
↓

Code	Price	Description	Type	Exclude
0044T	100.00	WHBDY INTEG PHTGRPHY DYSPLSTC NEVUS FAMIL MLNMA	Procedure	<input type="checkbox"/>
00450	150.00	ANES CLAV/SCAPLA NOS	Procedure	<input type="checkbox"/>
00452	50.00	ANES CLAV/SCAPLA RAD SURG	Procedure	<input type="checkbox"/>
00454	80.00	ANES CLAV/SCAPLA BX CLAV	Procedure	<input type="checkbox"/>
0046T	45.00	CATH LVG MAM DUX COLLJ CYTOL SPEC EA BRST 1 DUX	Procedure	<input type="checkbox"/>
00470	65.00	ANES PRTL RIB RESCJ NOS	Procedure	<input type="checkbox"/>
00472	225.00	ANES PRTL RIB RESCJ THORACOPLASTY	Procedure	<input type="checkbox"/>
00474	300.00	ANES PRTL RIB RESCJ RAD	Procedure	<input type="checkbox"/>
0047T	25.00	CATH LVG MAM DUX COLLJ CYTOL SPEC EA BRST EA DUX	Procedure	<input type="checkbox"/>
0048T	42.00	IMPLTJ VENTR ASSIST DEV XTRCORP PRQ T-SEPTAL	Procedure	<input type="checkbox"/>
0049T	122.00	PROLNG XTRCORP PRQ T-SEPTAL VENTR DEV 24HR	Procedure	<input type="checkbox"/>
00500	145.00	ANES ALL PX ESOPH	Procedure	<input type="checkbox"/>
0050T	200.00	RMVL VENTR DEV XTRCORP PRQ T- SEPTAL 1/DUAL	Procedure	<input type="checkbox"/>
0051T	100.00	IMPLTJ TOT RPLCMT HRT SYS W/RCP CARDIECTOMY	Procedure	<input type="checkbox"/>
00520	85.00	ANES CLSD CH PX NOS	Procedure	<input type="checkbox"/>

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 will be systematically added to other sections of the application. For more information visit our [Enhanced Auditing \(Show History\) Help Article](#).

Enhancements

Net Amount now Available in Activity Report

We added a new user-level setting to the Patient Settings to display the Net Amount (based on the allowed or contracted amount) in the Patient Activity section. When set to "Yes" (the default is "No"), the Net Amount and Net Balance will be shown in the Claim listing in the Patient Activity.

✓ Save
✕ Cancel
↺ Show History

set) whenever creating a new Payment Plan?

☒ Yes ☐ No

Show an alert when opening patient records for patients older than 65?

☐ Yes ☒ No

Display an option in the Patient screen to copy the patient's default Facility as their primary address? (This can be useful for practices that work directly with nursing homes and other residential treatment facilities.)

☐ Yes ☒ No

Show whether a claim is professional or institutional in the Patient Activity?

☐ Yes ☒ No

Show the Net Amount and balance (based on the allowed or contracted amount) in Patient Activity?

☒ Yes ☐ No

Set margins to use when printing the addresses on the Enhanced Statement payment slip.

i Changes to these margins will only adjust that that address.
Each unit represents 1/72 of an inch.

Return Address label:

Left Margin Top Margin

Patient Address label:

Left Margin Top Margin

This option was added to allow users to view claims on a net basis. When this option is selected, the Balance column will no longer be displayed. Instead, users can utilize the Net Amount and Net Balance columns to see the expected revenue, regardless of whether a contractual adjustment has been entered yet.

Procedure	DOS/Received	Entered	Description	Units	Charge	Net Amount	Payment	Adjustment	Net Balance
99212	02/01/2024	02/01/2024	OFFICEOP VISIT EST PT KEY COMPONENTS ...	1	\$250.00				
SEND TO BLUE CROSS AND BLUE SHIELD OF FLORIDA VIA CLEARINGHOUSE as of 11/12/2024						\$138.99	\$0.00	\$0.00	\$138.99
11055	02/01/2024	02/01/2024	TRIM SKIN LESION	1	\$208.00				
SEND TO BLUE CROSS AND BLUE SHIELD OF FLORIDA VIA CLEARINGHOUSE as of 11/12/2024						\$0.00	\$0.00	\$0.00	\$0.00
Claim Totals					\$458.00	\$138.99	\$0.00	\$0.00	\$138.99

For more info on enabling this setting, visit our [Configure Patient Settings Help Article](#).

New Incremental Data Snapshots

In this release, we added a new option for Recurring Data Snapshots to minimize processing time. This option captures only changed items in larger tables, rather than a complete daily database snapshot. When configuring this new "Incremental Snapshot" option, the initial snapshot (or the first snapshot after adding a new customer to a combined snapshot) will be a full snapshot. Subsequent snapshots will export smaller files containing only changed data for **Patient, Claim, Charge, Credit, and Activity tables**; all other datasets will receive full data. This ensures your snapshot is prioritized and available sooner than full snapshots. Visit our [Recurring Data Snapshot Help Article](#) for more info on setting up an Incremental recurring snapshot.

✓ Patient Payment Portal

✓ Enhanced User Print Statement

✓ Claim Attachments

✓ Intake Forms

Add-On Services

Manage the per transaction

✓

✓

✓

✓

✗

✗

✓

Recurring Data Snapshot for Account #462134 - CollaborateMD

Usage of this feature will result in additional charges to your invoice. [Click here](#) for complete pricing information.

☒ Enable recurring (daily) data snapshots

Format

MySQL

Download Sample

Incremental Snapshot

Click Here

for important information about incremental snapshots.

Incremental snapshots include data that is new or changed since the last recurring snapshot. Customers who do not have a recent recurring snapshot will receive a full snapshot first, and then subsequent days will be incremental.

If you select One Combined File below and add any customer who hasn't recently received a recurring data snapshot, the first recurring snapshot after your change will be a full snapshot. Subsequent snapshots will be incremental.

Not all tables are delivered as an incremental snapshot. The following tables only include incremental data. All other tables contain complete data.

- Patient
- Claim
- IClaim
- Claim ICD Code
- Charge
- Credit
- Activity

IMGEAR TRAINING 1

UNT

UNT

CCOUNT

ST ACCOUNT

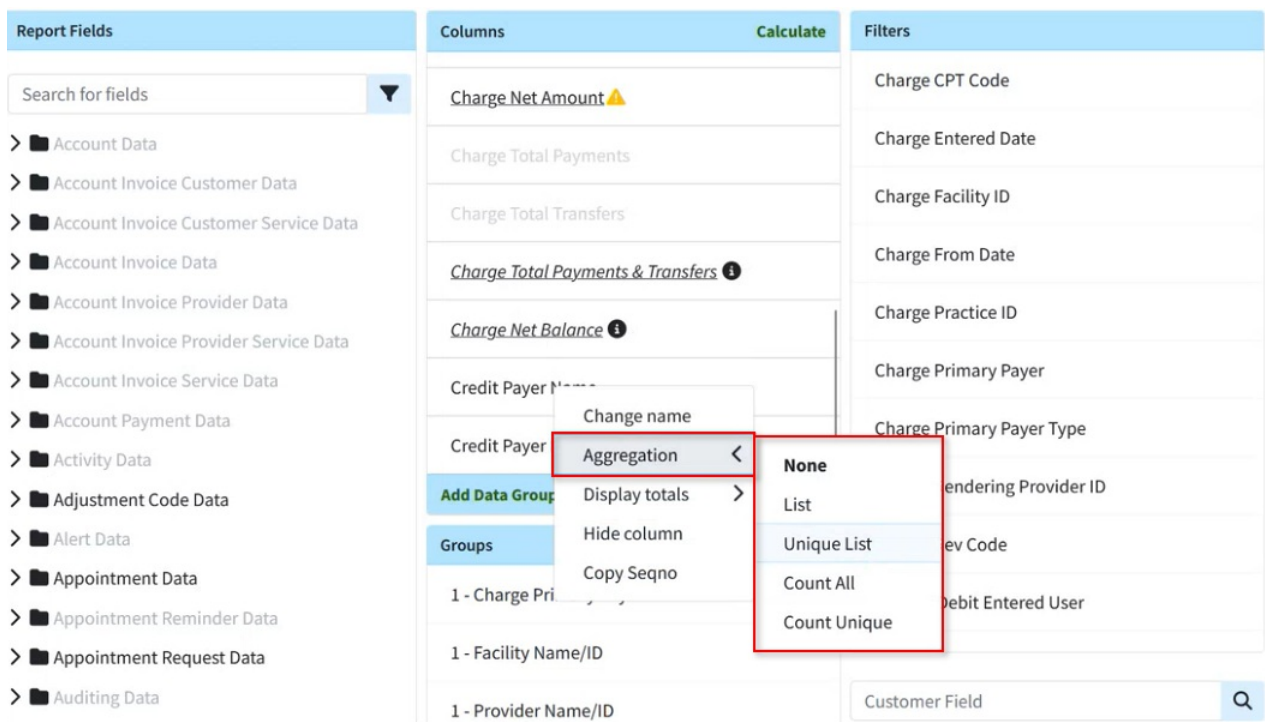
COUNT

Save

Cancel

New Aggregation of Text Columns on Reports

We updated the Report Builder to allow aggregations of text columns (in addition to numeric and date) into List, Unique List, Count, and Count Unique. This allows users to create reports detailing payment information, such as a list of payers for a specific claim, a report of all remittance codes, or a summary of distinct check numbers, in order to prevent duplicate lines.



Release 15.11.0 - June 10, 2025

New features | Enhancements

Highlights

New Features

Claim Workflow Enhancements: New Combining Claims Feature

Claim Workflow Enhancements: New Institutional Defaults

New Task Automation for AutoPay

Custom Claim Scrubbing Edits

Enhancements

Claim Workflow Enhancements: New Situational Modifier Options

New features

New Claim Workflow Enhancements: Combining Claims

We added a new feature within Claim Control section that allows users to find and combine claims (as long as the claims are for the same patient/payer/provider). CollaborateMD's new **Combine Claims** feature allows users to merge two or more separate claims into one, consolidating all charges and removing the

duplicate claims automatically. This is useful for customers who need to combine encounters into a single claim due to the EHR separating the encounter into multiple claims, payer bundling requirements, or any other reason. Simply select your claims and click the *Combine Claims* button to start the process.

<input checked="" type="checkbox"/> Update Status ▾	Submit Claims	Review Claims	Update Claims	➤ Combine Claims	Close
<input type="checkbox"/> Claim #	DOS	Current Payer	Patient		
<input type="checkbox"/> 253287625	01/10/2025	SEDGWICK (Primary)	TEST, COURTNEY		
<input checked="" type="checkbox"/> 264008360	05/05/2025	AETNA (Primary)	DASS, SYLVESTER		
<input checked="" type="checkbox"/> 264008583	05/06/2025	AETNA (Primary)	DASS, SYLVESTER		
<input type="checkbox"/> 254274882	01/22/2025	AARP (Primary)	PIERRE, AARON		
<input type="checkbox"/> 254274900	01/22/2025	AARP (Primary)	PIERRE, AARON		

You will be presented with a list of charges that will be combined into the new claim where you can reorder the charges before combining them into a new claim.

Below is the list of charges that will be combined into a new claim.
After the combine claim process is completed, all the original claims will be deleted.

	From	To	Procedure	POS	TOS	Mod 1	Mod 2	Mod 3	Mod 4	Unit Price	Units	Amount	Status	Inventory							
=	05/05/2025	05/05/2025	99213	Q	11	Q	1	Q	52	Q		Q	200.00	1.00	200.00	SEND TO AETNA VIA CLEARINGHOUSE	Q				
=	05/05/2025	05/05/2025	99214	Q	12	Q	3	Q	1	Q	2	Q	3	Q	4	Q	50.00	1.00	50.00	SEND TO AETNA VIA CLEARINGHOUSE	Q
=	05/06/2025	05/06/2025	99213	Q	11	Q	1	Q	52	Q		Q	200.00	1.00	200.00	SEND TO AETNA VIA CLEARINGHOUSE	Q				
=	05/06/2025	05/06/2025	99214	Q	12	Q	3	Q	1	Q	2	Q	3	Q	4	Q	50.00	1.00	50.00	SEND TO AETNA VIA CLEARINGHOUSE	Q

Combine Claims

Cancel

Once combined, you can save the new claim, and only the new combined claim will exist, while the individual ones will be deleted. For more information on combining claims, visit our [Combine Claims Help Article](#).

New Claim Workflow Enhancements: New Institutional Defaults

In this release, we have added updates to the patient and payer claim defaults for institutional claims. First we separated the Patient Claim defaults into Professional and Institutional categories. The availability of Professional or Institutional claim default options depends on whether the default provider for the patient sends professional claims, institutional claims, or both. The claim default options for Professional Claims include **ICD** and **CPT Codes**. For Institutional Claims, the options are **Principal Diagnosis**, **POA**, **Other Diagnosis**, **CPT Codes**, and **Value Codes** to provide more flexibility when setting your defaults. For more information on setting up institutional patient claim defaults, visit our [Patient Claim Defaults Help Article](#).

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

Default Codes

Institutional

Principal Diagnosis: M25.561 POA: N-No

Other Diagnosis

Code	Description	POA
M25.562	PAIN IN LEFT KNEE	<input type="button" value="v"/>
<input type="button" value="Q"/>		
<input type="button" value="Q"/>		
<input type="button" value="Q"/>		1-Unreported
<input type="button" value="Q"/>		Y-Yes
<input type="button" value="Q"/>		N-No
<input type="button" value="Q"/>		U-Unknown
<input type="button" value="Q"/>		W-
<input type="button" value="Q"/>		Undetermined

CPT #1: 99212 CPT #2: J3475 CPT #3: CPT #4:

We also added 2 payer billing options for claims. Within the General Billing Options tab, we introduced a new option to select a **Default Value Code** to be included on institutional claims for this payer. Additionally under the Provider Billing Options, we added an option to select a Default Referring Provider for every claim under this provider. Visit our [General Billing Options](#) and [Provider Billing Options](#) Help Articles for more information.

Billing Options

General **Provider** **Patient** **ERA**

☐ Send patient address in Box 32 for Place of Service 12
☐ Remove the insured's ID# from Box 1A
 Print the following supplemental info in Box 24
 Narrative Notes
☐ Print ICD code for first diagnosis pointer in Box 24E
☒ Send minutes instead of units on anesthesia claims
☒ Send anesthesia start/stop times in a line note.

Institutional

Print the following in Box 38
 Print payer's address
 Print the following in Box 80
 Print remarks
☐ Print referring physician in Box 76
☐ Print Taxonomy Code in Box 76
☐ Print Taxonomy Code in Box 81CC a

Default Value Codes

Code	Amount	Description
<input type="button" value="Q"/>	0.00	

Billing Options

General **Provider** **Patient** **ERA**

Search for providers

The provider billing options allow you to customize certain configuration settings for one or more providers specific to this payer. Providers not listed below will bill claims based on their general settings/configuration in the provider screen.

Customize for Additional Providers

☐ Show separate configurations for each office location

▼ ABDUL, SAMANTHA BEST, TEST [RAD] (#10009890)

Status: Active Individual ID:

Bill Mode: Individual Group ID: 9999999

☒ Accept this Insurance
☐ **Default Referring Provider**
☐ Override Billing Provider

▼ BARNES, KYLE MD [KB] (#10002227)

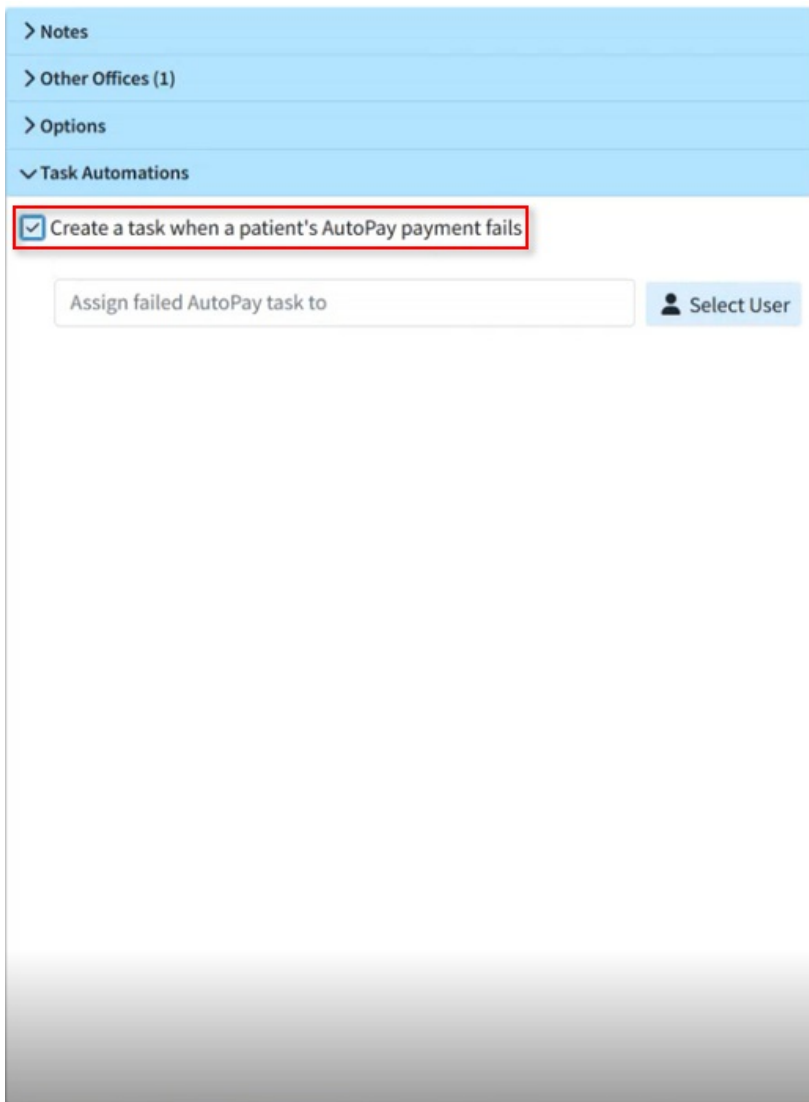
Status: Active Individual ID:

Bill Mode: Group ID: 123456

☒ Accept this Insurance

New Task Automation for AutoPay

We added a new Task Automation feature allowing customers to configure their practice to automatically create a new task for any payment failures during the daily AutoPay process. This task will be linked to the patient and assigned to a pre-selected user or group. Customers that use the AutoPay feature can now set up the "Create a task when a patient's AutoPay payment fails" task automation from the practices right-hand side panel. Visit our [Task Automations](#) Help Article for more info on setting up this automation.



The screenshot shows a sidebar menu on the left with the following items: > Notes, > Other Offices (1), > Options, and ✓ Task Automations. The 'Task Automations' section is expanded, showing a checkbox labeled 'Create a task when a patient's AutoPay payment fails', which is checked and highlighted with a red border. Below this checkbox is a text input field labeled 'Assign failed AutoPay task to' and a blue button labeled 'Select User' with a user icon.

Custom Claim Scrubbing Edits & Claim Scrubbing Specialty

In this release, we added two significant enhancements to our Claim Scrubbing. First, we introduced an option within the Claim Scrubbing configuration screen that allows customers to set up (or change) their specialty to receive more tailored edits for their specific claims. Visit our [Manage Claim Scrubbing](#) Help Article for more information on setting your Specialty.

Claim Scrubbing for Customer

i Usage of this feature will result in additional charges to your invoice. [Click here](#) for complete pricing information.

☒ Enable Claim Scrubbing

Claim Scrubbing Settings

Specialty

Multi-Specialty

▼

Change Select your specialty to tailor Claim Scrubbing to your Practice

Automatically scrub new claims as they are entered?

☒ Yes ☐ No

Automatically scrub existing claims when coding changes are made?

☒ Yes ☐ No

Only perform automatic claim scrubbing for claims that contain more than one charge?

☐ Yes ☒ No

Exclude procedure codes marked as Retail or Other Medical from the code scrubbing process?

☐ Yes ☒ No

Save

Copy Configuration

Cancel

Secondly, we introduced a new **Claim Scrubbing Custom Edits & Analytics** service that provides customer access to the ClaimStaker® application, allowing them to review existing claim scrubbing edits, create new ones, and review detailed analytics. This is a paid service that can be requested from **Services > Other Services** and includes one initial training session on how to use ClaimStaker® to create custom edits and review analytics.

Other Services

Submit a request for one of the following services which can be purchased for a one-time fee ([pricing information](#)):

Interfaces	<div>Request</div>
One-on-One Training	<div>Request</div>
Claim Scrubbing Custom Edits & Analytics	<div>Request</div>
Custom Report	<div>Request</div>
Data Copy	<div>Request</div>
Data Move	<div>Request</div>
Data Conversion (Import)	<div>Request</div>
One-Time Data Snapshot	<div>Request</div>

For more information on requesting this service, visit our [Request Claim Scrubbing Custom Edits &](#)

Enhancements

New Claim Workflow Enhancements: New Situational Modifier Options

In this release, we have added a couple of updates to the situational modifiers for procedure codes. First, we introduced two new options within the Procedure Codes to set Situational Modifiers.

1. A new option to create a situational modifier based on "**A specific type of service**" to set a specific TOS code that the modifier should apply to.
2. A new option to create a situational modifier based on "**A specific other procedure code on the claim**" to select a procedure code that will trigger the modifier only when this other procedure is present on claim.

Situational Modifier

Mod 1 33 x Q Mod 2 Q Mod 3 Q Mod 4 Q

Use the above modifiers on claims with all of the following:

- ☐ Dates of service in a range
- ☐ A certain primary payer
- ☐ A specific facility
- ☐ A specific rendering provider
- ☐ Specific rendering provider credentials
- ☒ A specific type of service
- ☐ A specific other procedure code on the claim

Notes

Done Cancel

We also updated the **Dates of Service**, **Primary Payer**, **Facility**, **Rendering Provider**, **Rendering Provider Credentials**, and **TOS** situational modifier options to be multi-select, making it easier for practices with a large number of records to manage these modifiers. For more information on adding these modifiers, visit our [Add Situational Modifiers](#) Help Article.

New Claim Workflow Enhancements: Claim Status Updates

We updated our Real-Time Claim Status results window to allow users to update the claim charge status directly from the results screen. Users can now also enter any follow-up notes pertaining to the claim, as well as any expected payment information from the status result (paid amount, check date, and check number). This update will automatically override any existing data in Expected Payment Info with information from the Claim Status if the payer made a payment. For more information visit our [Claim Status](#) Help Article.

Claim Status Results

Claim Status

Follow Up Notes

Expected Payment Info

Claim Status Response from UNITED COMMUNITY HEALTH PLAN

Status Category:

Finalized/Payment-The claim/line has been paid.

Status:

Claim/line has been paid.

Detailed Status

Date of Denial/Approval: 03/15/2025

Check Issued/Funds Available: 03/22/2025

Check/EFT #:

Claim Payment Amount: \$183.01

> Charge-Level Info

Payload ID:

Set all charges to

NO CHANGE

This information will be available from the Claim Tracking section for future reference.

Done

Cancel

Release 15.10.0 - May 27, 2025

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

Highlights

New Features

[New Task Assignment to Contact Groups](#)
[New Prior Auth Requirement & Billing Alerts](#)
[Update](#)
[New Appointment Types Default Codes](#)

Enhancements

[New Taxonomy Specialty Report Fields](#)

New features

New Task Assignment to Contact Groups

Capitalizing on our recently released Shared Contact Groups feature, users can now assign tasks to individuals within a Contact Group. You can create Contact Groups for teams (denials, billing, specific offices, payments, etc.) and assign tasks to those groups to ensure work is completed. All users in the group will see the tasks assigned to the group, and once completed, the system will track which user completed

the task via the User Productivity by Tasks Completed Report, allowing you to monitor user productivity. For more information creating Shared contact groups, visit our [Create a Shared Contact Group](#) Help Article. For info on assigning tasks to a contact group, visit our [Assign a Task to a Contact Group](#) Help Article.

✓ Save

✕ Cancel

Task Title

Review Follow ups for BCBS today

Due Date

05/27/2025

Status

Not Started

Priority

Normal

Description

Please Review all BCBS follow ups before EOD today.

Task Links

+ Add Link

No links have been added yet.

Assign this task to

Billing ✕

Select User

New Prior Authorization Requirements & Billing Alerts Update

In this release, we have added a couple of updates to the billing alerts for procedure codes. First, we introduced a new option within the Procedure Codes setup window to set a Prior Authorization Requirement as a default on the code. You can set the Prior Authorization Requirement on a code for all payers or a list of specific payers. When there is a pre-authorization requirement and no authorization number is set on a claim, you will now receive a warning during the claim review. For more information on setting up a prior authorization requirement, visit our [Add CPT/HCPCS Codes](#) Help Article.

Find a Section

Home >

Reports >

Appointments >

Patient >

Claim >

Payment >

Documents >

Interface >

Customer Setup >

Practices

Providers

Facilities

Referring Providers

Payers

Payer Agreements

Collection Agencies

Codes...

Alert Control

Procedure Codes

SaveCloseShow History

Narrative Notes

Modifiers (Global & Situational)

Global 1Global 2Global 3Global 4

Create situational modifiers

Billing Alerts

Global Surgery Period

Default (0 days)

Same or Similar Codes

Codes	Period	Delete
Add New Same/Similar Code List		
Prior Authorization Requirements		
<div><div>None</div><div>All Payers</div><div>Certain Payers Only</div></div>		

Drug Information

We also updated the placement of billing alert warnings within the application. Billing alerts will now be displayed not only in the claim section, but also in the claim control area when running the claim review process. This change is intended to help our interface customers more easily access these billing alerts, as they are now integrated into the claim review workflow.

Claim Review Result

Claim ID **228334650** Run Date 05/21/2025 12:11 PM

Results

✗ Claim reviewed for Billing Alerts. An issue was found.

The following procedures require prior authorization:

- 11055 - TRIM SKIN LESION.

⚠ Claim not analyzed by CollaborateMD Edits.

✗ Claim processed by the code scrubbing engine. Issues were found.

❗ *Reject Claim*

999999999 (PROV) The billing provider NPI is either missing, contains invalid characters or is malformed. The billing provider NPI is required.

❗ *Line Item Rejected*

00001 (CPT/HCPCS) The CPT/HCPCS code is not valid for the date of service.

ℹ *Actionable*

11055 (MN-PROP) This CPT/HCPCS and diagnosis code combination may be clinically questionable for medical necessity and might benefit from clinical review.

Run date: May 21, 2025, 12:11:35 PM JOB ID: 1637578969

✗ Claim analyzed by Clearinghouse Edits. An issue was found.

Errors were found that will prevent this claim from being successfully processed at the

New Appointment Type Default Codes

We previously added claim defaults for POS and TOS within the Appointment Types configuration. In this release, we introduced Appointment Type Default Codes, allowing users to set default procedure codes or appointment types. When creating claims from the appointment scheduler, these default codes will be used. New estimates created from the appointment scheduler will also use default procedures from the Appointment Type, making estimates faster and easier than ever.

Please note that these default codes apply only to claims created from an appointment. Patient Default Procedure Codes won't be used if the Appointment Type has a default procedure, though patient default diagnosis codes will still be used. Claims created from the claim section will not use these Appointment Type default codes, only Patient Defaults if available. Visit our [Add New Appointment Type](#) Help Article for more info on adding default codes to an Appointment Type.

Appointment Types

✓ Save
✕ Close
🕒 Show History

Code


NEW PT

☐ Make this type inactive


Description

NEW PATIENT

Icon



Color



Length (minutes)

45

Make Appointment Type Available in:

☒ All Departments (Global)
 ☐ Specific Department(s)

☐ Disable automatic appointment reminders for this appointment type

☐ Specify the hours of operation for this appointment type

▼ Claim Defaults

Place of Service

Type of Service

Default Codes

CPT #1	CPT #2	CPT #3
01420	A4770	G0483
CPT #4	CPT #5	CPT #6

> Intake Forms

Enhancements

New Report Fields

Previously, users could add fields related to the taxonomy specialty and the taxonomy specialty description for Providers and Practice, but not for Referring Providers. In this release, we added fields to report on taxonomy codes (specialties) and its description for Referring Providers.

- Referring Data → Taxonomy Specialty
- Referring Data → Taxonomy Specialty Description

Report Fields

Search for fields

TAXONOMY

> Facility Data

> Practice Data

> Provider Data

✓ Referring Data

Taxonomy Specialty

Taxonomy Specialty Description

View Prior Claim Status Checks

We have long supported viewing prior claim status checks from the Claim section, but this ability was not available for claim follow-ups. In this release, we added this capability to the Claim Follow-Up Manager section.

DOS	Last Note	Claim Follow Up Date	Current Payer	Last Note C	Task Assignr	Last Billed Date	Task Status	Status	Task Due Date	+
12/04/2024		02/25/2025	AARP			02/10/2025		CLAIM AT AARP		
12/06/2019		05/06/2025	AETNA	04/09/2020		05/01/2025		CLAIM AT AETNA		
02/11/2024		03/05/2025	BCBS			02/03/2025		CLAIM AT BCBS		

Web API Updates

In this release, we made a few enhancements to our WebAPI. On professional claims, we support the "Charge To Date" to represent charges over a period of time. This "to date of service" can be sent in the PT15 segment. However, on institutional claims, there is no location on the claim form for the "To Date of Service" for any particular charge, so we do not support it. Since some payers require sending one charge with multiple units to cover multiple days, and individual charges are the only way to send dates, and institutional claims don't support the "To Date of Service," it becomes difficult to set a "Statement Covers To" date that extends beyond the last charge's date of service. In this release, we updated our WebAPI to internally store a "To Date" of service and use it to determine the claim's statement covers "To" and "From" dates when a single charge covers multiple days.

We also added the ability to add payments via the WebAPI. Previously, when we received payments from the WebAPI, they were applied as a credit, and users had to access the application to apply the payment. In this release, we updated the WebAPI to allow users to apply a patient payment directly to specific claims instead of as a credit. Users can now use the Activity or Charge History APIs to get charge details and use that information to choose where to apply new payments (only new payments, not existing credits).

Resolutions

ERA Secondary OA-23 Adjustments Update

The process of applying a secondary adjustment on an ERA has been updated to no longer allow the OA-23 adjustment. This adjustment, related to prior payers' payments and adjustments, should never be applied as it can incorrectly affect the balance and cause an incorrect account credit.

Update from Release 15.9 (Net Amount available in the Activity Report)

We recently added a new user-level setting to the Patient Settings to display the Net Amount (based on the allowed or contracted amount) in the Patient Activity section. When set to "Yes," the Net Amount and Net Balance would be shown in the Claim listing in the Patient Activity. In this release, we removed this setting due to an issue found with the feature. We will correct this and re-release it in the June-July timeframe.

✓ Save

✕ Cancel

↺ Show History

set) whenever creating a new Payment Plan?

☒ Yes ☐ No

Show an alert when opening patient records for patients older than 65?

☐ Yes ☒ No

Display an option in the Patient screen to copy the patient's default Facility as their primary address? (This can be useful for practices that work directly with nursing homes and other residential treatment facilities.)

☐ Yes ☒ No

Show whether a claim is professional or institutional in the Patient Activity?

☐ Yes ☒ No

Show the Net Amount and balance (based on the allowed or contracted amount) in Patient Activity?

✕

☒ Yes ☐ No

Set margins to use when printing the addresses on the Enhanced Statement payment slip.

i Changes to these margins will only adjust that that address.
Each unit represents 1/72 of an inch.

Return Address label:

Left Margin	Top Margin
<input type="text" value="0"/>	<input type="text" value="0"/>

Patient Address label:

Left Margin	Top Margin
<input type="text" value="0"/>	<input type="text" value="0"/>

Release 15.9.0 - May 12, 2025

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

Highlights

New Features

New Split Claim Feature
Enhanced Auditing for Fee Schedules &
Customer-level Settings

Enhancements

A/R Control Payer Filter Renamed

New features

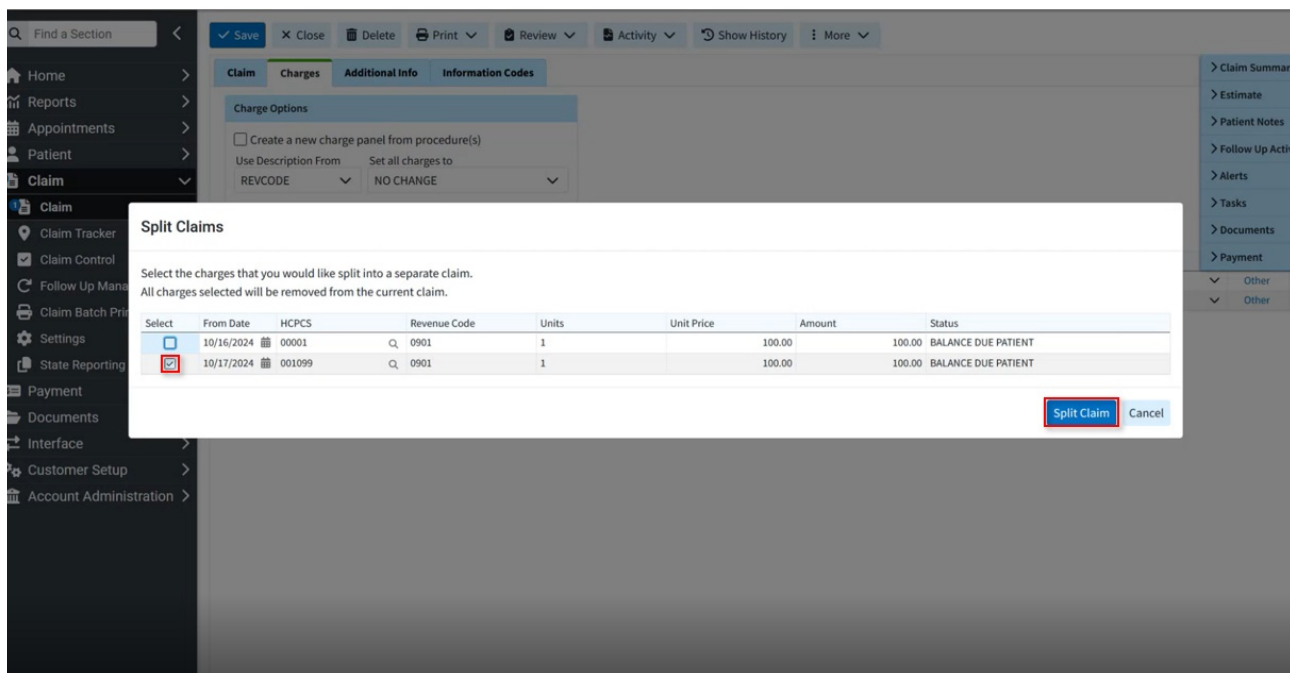
New Split Claim Feature

There are certain scenarios where claims need to be split. This could occur when an interface sends a single visit that should have been billed as multiple claims, or when a secondary payer has different bundling requirements than the primary payer. In these cases, users previously had to delete and re-enter payment or completely recreate the claim and duplicate the payments. To streamline this process, we released a new **Split Claim feature** that allows users to take a single claim and quickly split it into multiple claims. This option within the **More** menu in a claim enables users to move selected charges, including any existing payments, to a new claim, saving a significant amount of time.

The screenshot displays a software interface for managing claims. At the top, there is a toolbar with buttons: Save, Close, Delete, Print, Review, Activity, Show History, and a 'More' dropdown menu. The 'More' menu is open, showing options: Convert Claim to Professional, Copy Claim, Split Claim (highlighted with a red box), Check Claim Status, Track Claim Submission History, View Charge History, Preview Electronic Claim, Update Other Claims w/ Insurance Info, and Update Patient w/ Insurance Info. Below the toolbar, there are tabs: Claim, Charges, Additional Info, and Information Codes. The 'Charges' tab is active, showing a 'Charge Options' section with a checkbox 'Create a new charge panel from procedure(s)', a dropdown 'Use Description From' set to 'REVCODE', and a dropdown 'Set all charges to' set to 'NO CHANGE'. Below this is a table with columns: Service Date, HCPCS, Mod 1, Mod 2, Mod 3, Mod 4, Rev Code, and Description. The table contains two rows of charges. At the bottom left, there is a button '+ Add Charges' and a status '2 Charges'. On the right side, there is a vertical sidebar with links: Claim Summary, Estimate, Patient Notes, Follow Up Activi, Alerts, Tasks, Documents, and Payment.

Service Date	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	Rev Code	Description
10/16/2024	00001	Q	Q	Q	Q	0901	BEHAVIORAL HEALTH TRE
10/17/2024	001099	Q	Q	Q	Q	0901	BEHAVIORAL HEALTH TRE

This new option allows users to select which charges will transfer to the new claim simply by checking them. Once moved, any associated payment history is automatically transferred, even if the claim has already been submitted. Please note that you are only able to split one claim into two. If you wish to split it further, you can reopen the claim after splitting it once.



Knowledge base articles

- [Split a Claim \(Prof\)](#)
- [Split Claim \(Inst\)](#)

New Enhanced Auditing (Show History) for Fee Schedules & Customer-level Settings

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, Claim, Appointment, Payment Profiles, and Interface Settings 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 **Fee Schedules** and all **Customer-level Payment, Claim, and Patient settings**, enabling users to track modifications, changes, and updates made to fee schedules and settings for better auditing and accountability. With the new "**Show History**" feature, you can now determine which user changed/updated a specific setting or fee schedule in the software and when by providing an auditing table with all updates or changes made to a record, including the user, date, time, and the record changed.

Find a Section <

Edit Show History

Claims Settings for Customer: COLLABORATEMD (#10001911)

Claims that are not sent via the automatic claim submission service will be processed at 11:00PM Eastern with results available the next day.

Apply Fee Schedule pricing for Institutional claims based on the:

HCPCS Code

Allow users to override the charge total amount?

☐ Yes ☒ No

When multiple fee schedules apply to a claim based on their associations, the fee schedule used will be determined by the following order of precedence:

Claims Settings for User: danielgoldsmith

Set margins to use when printing claims on the CMS-1500 claim form:

Left Margin	Top Margin
23	35

Set margins to use when printing claims on the CMS-1450 (UB-04) claim form:

Left Margin	Top Margin
23	35

Print units are 1/72 of an inch.

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, Appointments, Payment Profiles, Interface Settings, Fee Schedules, and Customer-level Setting sections, and we will be systematically adding it to other sections of the application.

Knowledge base articles

- [Enhanced Auditing \(Show History\)](#)

Enhancements

A/R Control Payer Filter Renamed

Previously, the existing A/R Control "Payer" filter could potentially confuse users who might expect it to "show any claims with this payer on it" instead of "showing claims currently at this payer," which is what it actually checks. In this release, we updated the filter name from "Payer" to "**Current Payer**" to better reflect its actual use. Please note that only the name has changed; the filter itself remains the same.

Claim Search Options

Old Filter Name

Payer

Charge Balance

Any

Charge Status

Balance Due Patient, Pending Patient, Collection, Claim At Insu...

Rendering Provider

Referring Provider

Claim Search Options

New Filter Name

Current Payer

Charge Balance

Any

Charge Status

Balance Due Patient, Pending Patient, Collection, Claim At Insu...

Rendering Provider

Referring Provider

Knowledge base articles

- Search for Patient Balances

Resolutions

ERA Contract Updates

When a contract warning appears in the ERA section, we will no longer allow users to update the contract from the ERA warning if the allowed amount is \$0.00. Previously, this could allow users to incorrectly update their contracts based on a \$0.00 allowed amount, when it was actually a claim denial or rejection and not a reflection of a contract needing to be updated. The warning itself, if your contract amount doesn't match the allowed amount, will still show (alongside informational items stating that the payer did not pay). However, the system will not allow you to update the contract directly from the warning.

Release 15.8.0 - April 28, 2025

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

Highlights

New Features

New Re-Order charges on claims option
Enhanced Auditing for Payment Profiles & Interface Settings

Enhancements

New Shared Contact Groups

New features

New claim option to Re-Order charges

We added a new option that allows customers to quickly reorder charges on claims without completely re-entering them. This new column enables customers to change the order of charges on a claim in seconds for payers with specific requirements, even between primary and secondary payers. With this new drag-and-drop option, it's never been easier to change the order of charges on claims.

The screenshot displays the 'Claim Charges' section of a software interface. At the top, there are tabs for 'Claim', 'Charges', 'Additional Info', and 'Ambulance Info'. Below these are search filters for ICD A, ICD B, ICD C, ICD D, ICD E, ICD F, ICD G, ICD H, ICD I, and ICD J. A 'Charge Options' panel on the right includes a checkbox for 'Create a new charge panel from procedure(s)' and a dropdown for 'Set all charges to' with 'NO CHANGE' selected. A red box highlights a row in the charges table, with a callout box stating 'Drag and drop to the Desired location/order'. The charges table has columns: From, To, Procedure, POS, TOS, Mod 1, Mod 2, Mod 3, Mod 4, DX Pointers, Unit Price, Units, Amount, Status, Other, and Delete. The table contains three rows of charges, all with a status of 'PAID'. A '+ Add Charges' button and '3 Charges' count are at the bottom left.

From	To	Procedure	POS	TOS	Mod 1	Mod 2	Mod 3	Mod 4	DX Pointers	Unit Price	Units	Amount	Status	Other	Delete		
07/21/2021	07/22/2021	J3475	Q	11	Q	1	Q	Q	Q	Q	AB	0.00	1.00	0.00	PAID	Other	<input type="checkbox"/>
07/22/2021	07/22/2021	J0610	Q	11	Q	1	Q	Q	Q	Q	AB	0.00	1.00	0.00	PAID	Other	<input type="checkbox"/>
07/22/2021	07/22/2021	99212	Q	11	Q	1	Q	Q	Q	Q	AB	250.00	1.00	250.00	PAID	Other	<input type="checkbox"/>

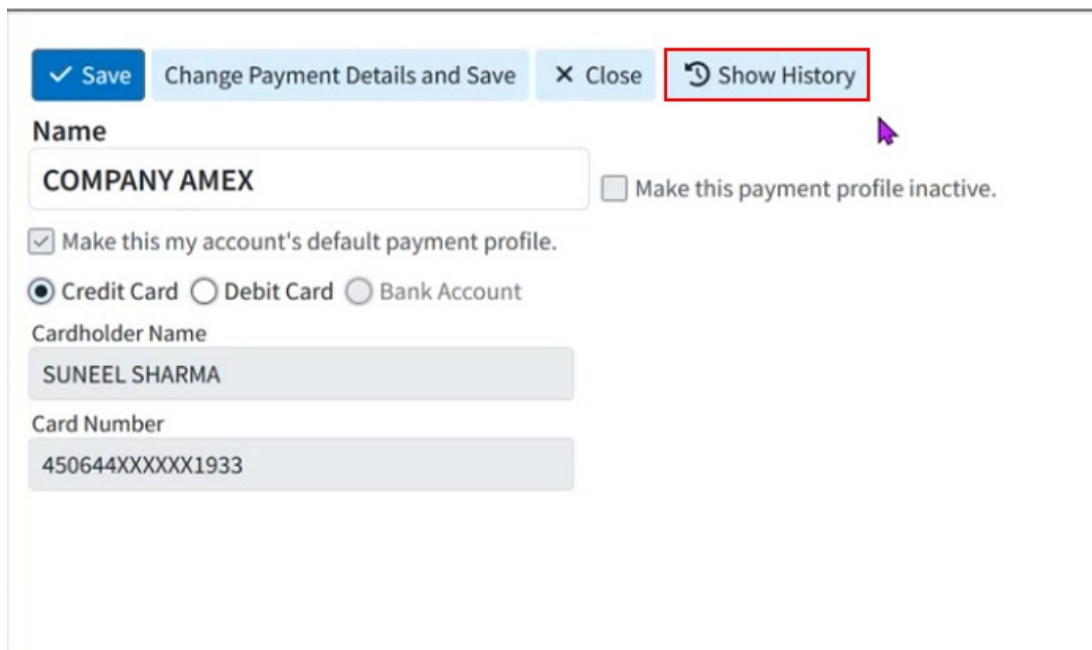
Knowledge base articles

- [Re-Order Charges On a Claim](#)
- [Add Diagnosis and Procedure Codes to Professional Claims](#)

New Enhanced Auditing (Show History) for Payment Profiles & Interface Settings

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, Claim, and Appointment 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 **Payment Profiles** and **Interface Settings**, enabling users to track modifications, changes, and updates made to these 2 sections within CMD for better auditing and accountability. With the new "Show History" feature, you can now determine which user changed/updated a specific payment profile or interface setting in the software and when by providing an auditing table with all updates or changes made to a record, including the user, date, time, and the record changed.



The screenshot shows a web form for managing a payment profile. At the top, there are four buttons: 'Save' (blue with a checkmark), 'Change Payment Details and Save' (light blue), 'Close' (light blue with an 'X'), and 'Show History' (light blue with a circular arrow icon, highlighted with a red rectangle). Below the buttons, the 'Name' field contains 'COMPANY AMEX'. To the right of the name field is a checkbox labeled 'Make this payment profile inactive.' Below the name field is a checked checkbox labeled 'Make this my account's default payment profile.' Underneath are three radio buttons: 'Credit Card' (selected), 'Debit Card', and 'Bank Account'. The 'Cardholder Name' field contains 'SUNEEL SHARMA'. The 'Card Number' field contains '450644XXXXXX1933'.

Please note that when auditing changes to a payment profile's credit card #, only the first and the last digit of the card will be visible. 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, Appointments, Payment Profiles, and Interface Settings sections, and we will be systematically adding it to other sections of the application.

[Knowledge base articles](#)

- [Enhanced Auditing \(Show History\)](#)

Enhancements

New Shared Contact Groups

We added a Shared Contact Groups option within CMD Messaging, enabling users to send messages to groups and share those groups across their organization. This new option is controlled by an additional permission level within the existing Contacts permission. It allows users to create and share contact group for those employees working on specific tasks (e.g., denials or collections) to ensure timely notifications are sent to the appropriate individuals.

New Group

Group Name

+ Add Contacts

☒ Share this group

☐ All Users
 ☒ Admins Only
 ☐ Auth Reps Only

i Shared groups are accessible to users who can contact all members.

Username	First Name	Last Name	Type	Remove
You have no members added to this contact group. Try adding a new member.				

Save

Cancel

Knowledge base articles

- [Create a Shared Contact Group](#)

Resolutions

Text not highlighted within tables when a field was selected

Corrected a minor visual issue that prevented text from being highlighted in tables for some Chrome users when an input field was selected. This affected all sections but did not impact keyboard functionality when typing to replace content in the field.



Release 15.7.0 - April 14, 2025

[View 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

- [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)

✓ Finish Save and Finish Later Cancel

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.

Print

File to Import Select a File

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.

Search

Payment from AMERICHoice of New York Inc. (Medicaid NY) X

Done

Cancel

Activity

Actions

Options

Payment - Check from AMERICHoice of New York Inc. (Medicaid NY) received on 03/21/2024 for MUNIZ, JOSEPH (#37190993)

Claim # 177121295 | Rendering STRANGE, DOCTOR

Action

Processed

TCN

Status

SEND TO AMERICHoice of New York Inc. (Medicaid NY)

Claim C

DOS	Proc	Amount	Start Balance	Allowed	Paid
03/04/2022	001F	\$400.00	\$400.00	300.00	200.00
03/04/2022	44388	\$370.00	\$352.00	0.00	0.00
03/04/2022	00174	\$250.00	\$250.00	0.00	0.00
Total:		\$1,020.00	\$1,002.00	\$300.00	\$200.00

Transaction ID

Unapplied Copay is Available

Current Status

DOS

Proc

Amount

Start Balance

Allowed

Paid

Done

Apply Discount

Apply Credit Adjustment

Apply Debit Adjustment

Payment Memo

ADJUSTMENT BY AMERICHoice of New York Inc. Medicaid NY

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

TEST

JOHNNY

MI

Suffix

☐ Make this patient inactive
☒ Patient is complete

Gender

Male

Date of Birth

01/16/1982

(43 y)

SSN

581-55-8885

Patient Info

Insurance Info

Billing Info

Claim Defaults

Type

Account #

Reference #

Payment Plan

33397993

Q Search

Self Pay

Courtesy

Collection

Pre-Collection

Type I

Type II

Payment Plan

Copy Insured Address

State

ZIP Code

FL

32703

Phone

(1) 277-0617

Work Phone

Ext

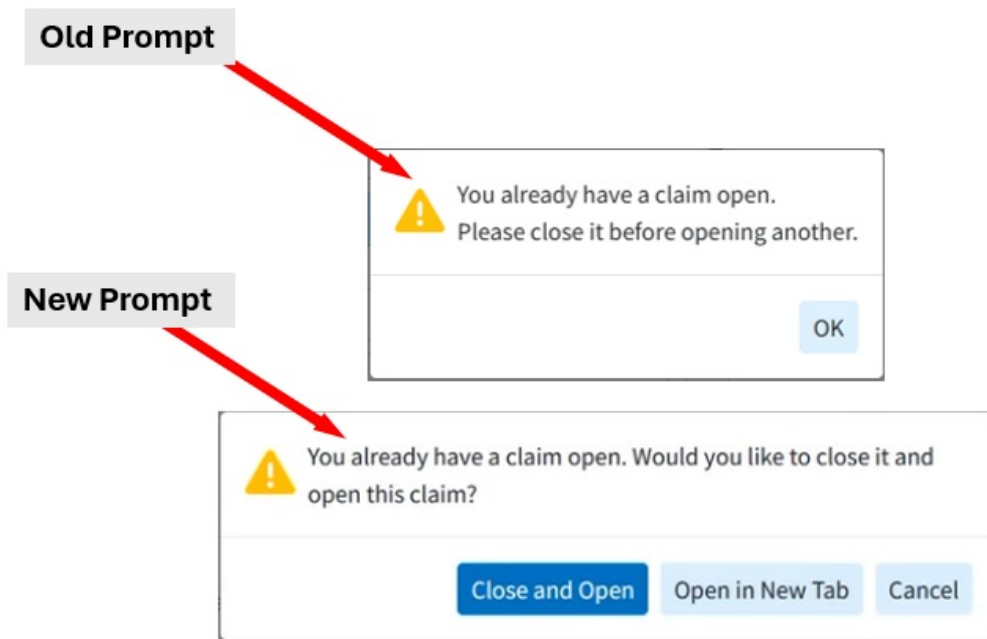
Email

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.



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

- 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"/>	AHOV, CHIIPS (#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

Select

Close

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.

The screenshot displays the 'Appointment' form in the CollaborateMD application. The left sidebar contains navigation options like Home, Reports, Appointments, Scheduler, and Patient. The main form area is titled 'Appointment' and includes tabs for 'Appointment', 'Patient', and 'Payment'. The 'Appointment' tab is active, showing patient information and appointment details. The 'Show History' button in the top right is highlighted with a red box. The right sidebar shows an 'Account Summary for JOHNNY TEST' with various financial and administrative details.

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

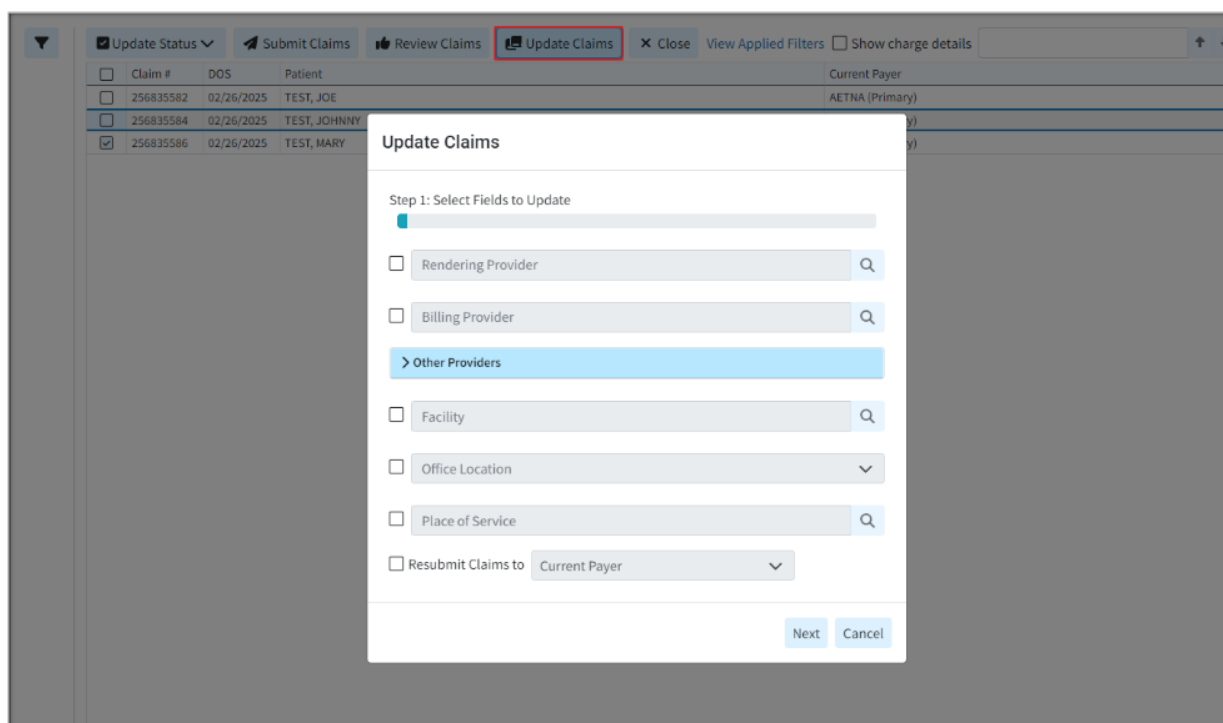
New Features and Updates

General

Claims

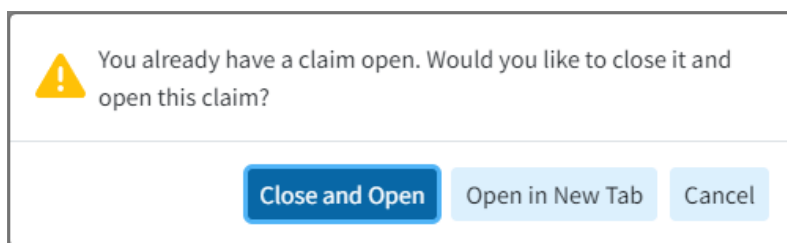
- New Mass Claim Updates Feature:** CollaborateMD has always provided powerful tools for working with individual claims, but the platform's ability to make changes to multiple claims at once was limited. With this release, users no longer have to open each claim individually when correcting minor mistakes, 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](#).

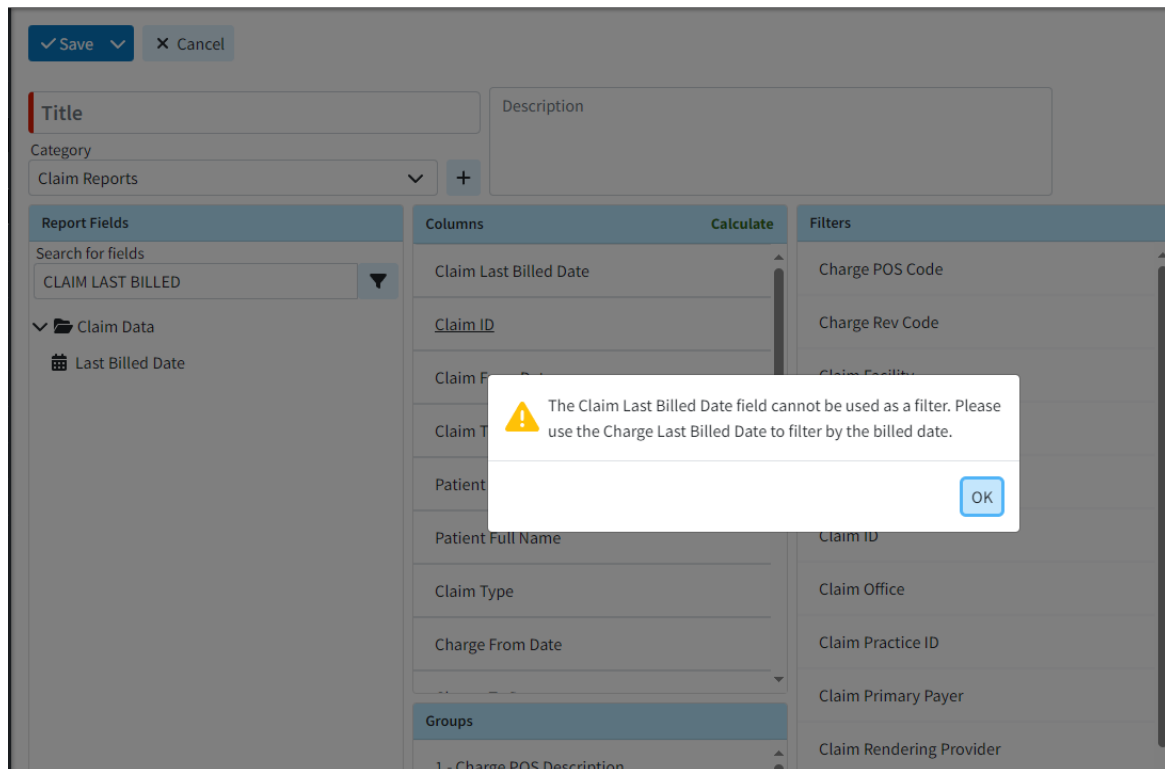
- **Alternate Option To Open A Claim In a Separate Tab When Another Claim Is Already Open:** We have introduced a new dialog box option that appears when a user attempts to open a claim from any section within the CMD while a claim is already open. This feature will now provide the user with the following 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 result: 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.

Search/Add

JOE TEST

Save

Close

Print

Merge

Eligibility

Activity

Show History

More

Last Name

TEST

First Name

JOE

MI

Suffix

Make this patient inactive

Patient is complete

Gender

Male

Date of Birth

01/16/1982

(43 y)

SSN

987-65-4321

Date of Death

Patient Info

Insurance Info

Billing Info

Claim Defaults

Type

Payment Plan

Account #

37190993

Reference #

Contact Information

Address

1100 E WASHINGTON ST

Copy Insured Address

City

ORLANDO

State

FL

ZIP Code

32801-2128

International Address

This address was successfully verified.

Home Phone

(407) 555-2121

Cell Phone

(321) 277-5555

Work Phone

Ext

Email

fake.email@gmail.com

Communications

Account Summary

Notes

Appointments

View All Appointments

Past Appointments

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

Alerts

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

Show History

Code

0005F

Type

CPT®/HCPCS

Dept.

Make this code inactive

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

Billing Alerts

Notes

Alerts

Fee Schedules

Fee Schedule

Price

REV101

0.00

AETNA093020

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

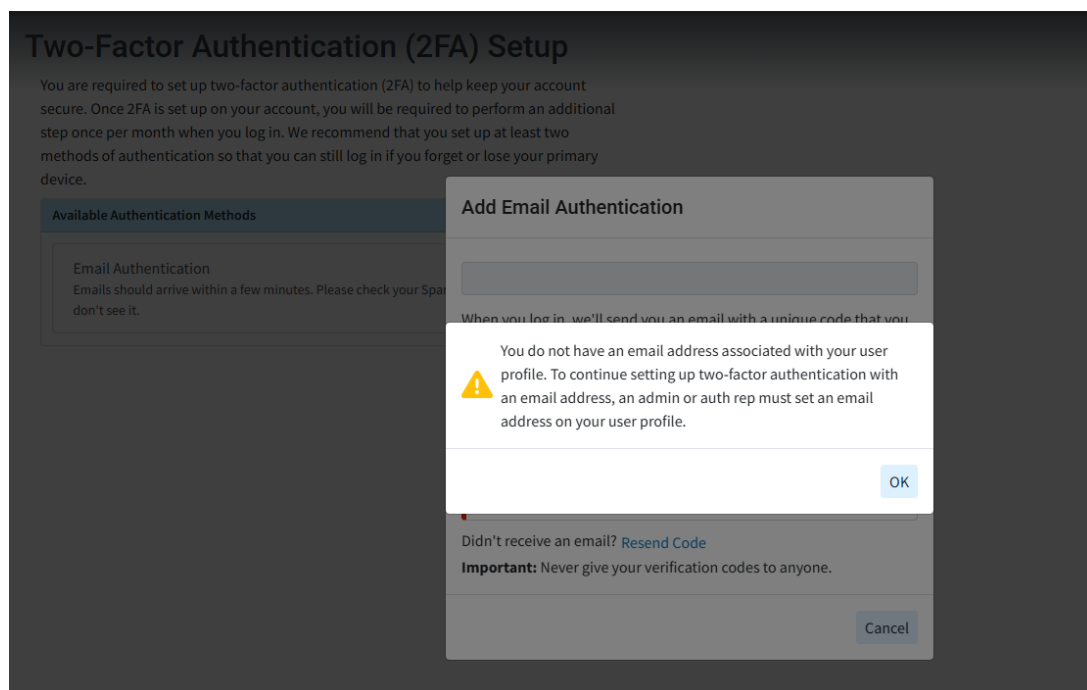
View Medicare Physician Fee Schedule (MPFS) Information

Contracts

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

123456789

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
Copoly 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 and 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).

Report Fields

Search for fields

CONTRACT NAME

✓ Charge/Debit Data

✓ Charges

✓ Current Payer

Contract Name

✓ Primary Payer

Contract Name

✓ Secondary Payer

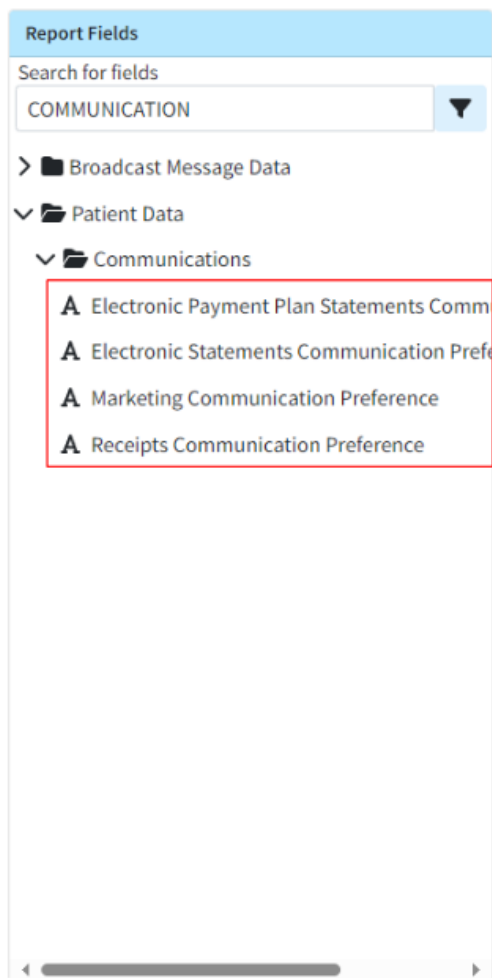
Contract Name

✓ Tertiary Payer

Contract Name

> Contract Data

- **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.

Home

Reports

Appointments

Patient

Patient

Manage Account

Payment Plans

A/R Control

Batch Eligibility

Statement Batch Print

Statement Tracker

Label Batch Print

Communications...

Settings

Claim

Payment

Documents

Interface

Customer Setup

Account Administration

Filters Load Save

Search

Type

☒ Statement for outstanding charges
 ☐ Payment Plan statement
 ☐ Final Demand Notice

Statement Amount

Greater Than

0.00

Electronic Statements Sent

Any

Paper Statements Sent

Any

Total Statements Sent

Less Than

3

Days Since Last Statement

Greater Than

30

Account Type

Default Provider

Default Referring Provider

Statements to send

☒ Paper Statements
 ☐ Electronic Statements

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.

Save

Close

Save & Re-Open

Activity

Create Task

Options

JOHNNY TEST (#33397993)

Patient Balance: \$898.04

Patient Credit: \$105.00

Insurance Balance: \$4,998.00

Insurance Credit: \$50.00

Debit Account

Credit Account

Refund Credits

Transaction Listing

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.

> Clearinghouse Connection

> Notes

> Alerts

> Tasks

▼ Billing Options

General Provider Patient **ERA**

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?
☐ Yes ☒ No

Process PR-242 (services not provided by network/primary care providers) as an Adjustment when an ERA is posted, rather than as Unpaid?
☐ Yes ☒ No

Electronic Remittance Advice Automation

☒ Allow this payer's ERAs that fully apply with no errors to auto-post without review

☐ Show a dialog with the payment details before auto-posting

☐ Commit the payment after it has been applied

☐ Allow secondary payments to auto-post

☐ Allow payments that do not match the contract amounts to auto-post

☐ Allow payments with denials or \$0.00 allowed amounts to auto-post

☐ Allow duplicate payments (remit code 18) to auto-post

☐ Allow payments with refunds/reversals to auto-post

☐ Allow payments to patients/claims with Payment Alerts to auto-post

☐ Allow payments with Provider Adjustments that were not applied to claims to auto-post

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.

12 pm	
15	
30	
45	
1 pm	✓ SILVERTONGUE, LYRA
15	- CONSULT 30
30	⌚ TEST, JOHNNY -
45	CARDIOLOGY
2 pm	
15	

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.

✓ Mark As Fixed

□ Update Addresses

✕ Close

View Applied Filters

↑ ↓

<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 c changes made to a record, including the user, date and time, and the item changed.

The screenshot shows the 'Show History' feature in the Claim section. The left sidebar contains a search bar and a list of sections: Home, Reports, Appointments, Patient, Claim (selected), Claim Tracker, Status Control, Follow Up Management, Claim Batch Print, Settings, Payment, Documents, Interface, Customer Setup, and Account Administration. The main content area has a top bar with buttons: Save, Close, Delete, Print, Review, Activity, Show History (highlighted with a red box), and More. Below this is a tabbed interface with 'Claim', 'Charges', 'Additional Info', and 'Ambulance Info'. The 'Claim' tab is active, showing fields for Claim # (252696024), Reference #, Frequency (1 - Original Claim), Patient (MUNIZ, JOSEPH (37190993)), Rendering Provider (DUKE, JESSICA (10128215)), Billing Provider (BARNES, KYLE Y (10002227)), Supervising Provider, Ordering Provider, Referring/PCP Provider, Sales Rep, Facility, and Office Location (ABC MEDICAL GROUP 123 ABC STREET).

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.

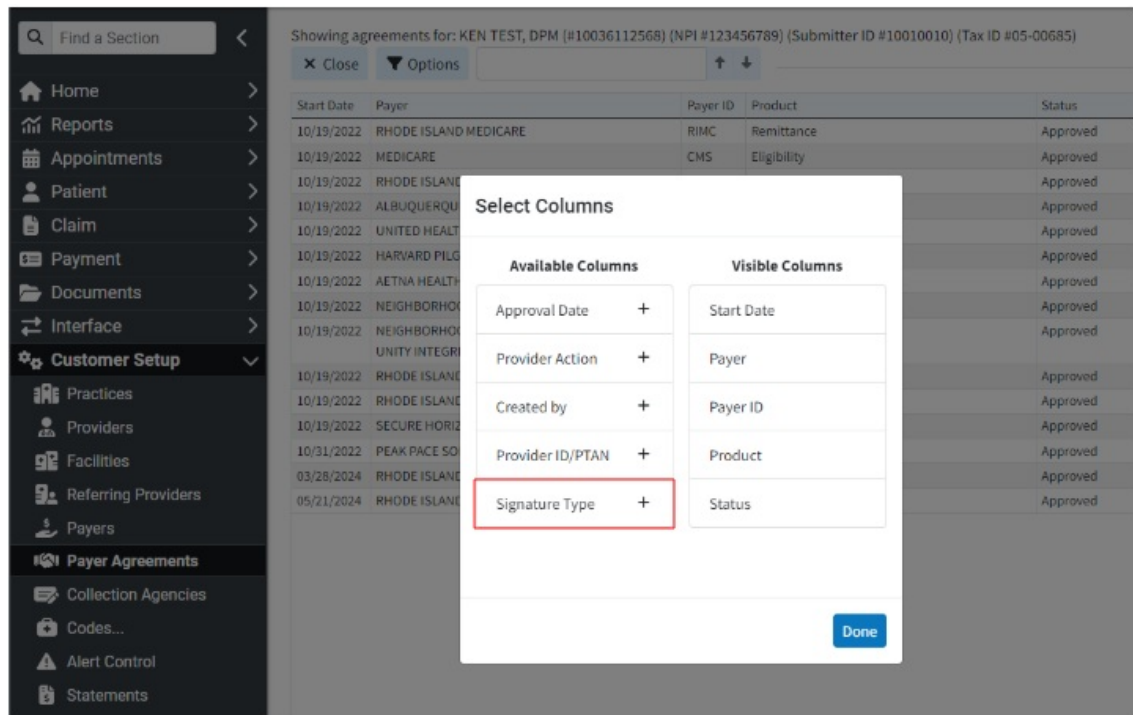
For more information on using our new Add New Same/Similar Code List feature, please visit our [Enhanced Auditing Help Articles](#).

- **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.

The screenshot shows the Status Control results screen. The left sidebar is the same as the previous screenshot. The main content area has a top bar with buttons: Update Status (checked), More, Close, and a search bar. Below this is a table with columns: Claim #, DOS, Patient, and Current Payer. The 'Current Payer' column is highlighted with a red box. The table contains the following data:


Claim #	DOS	Patient	Current Payer
252744839	12/09/2024	POPE, OLIVA	1199 NATIONAL BENEFIT FUND (Primary)
251048427	12/11/2024	DOE, JANE	ILLINOIS MEDICARE (Primary)
251048618	12/11/2024	SMITH, JIM	ILLINOIS MEDICARE (Primary)
251049522	12/11/2024	FLETCHER, JOHN	ILLINOIS MEDICARE (Primary)
251463320	12/17/2024	TEST, JOHNNY	AARP (Primary)
252800076	01/05/2025	SILVER, MARY	AMERIBEN SOLUTIONS (Primary)


- **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.

 My Statement >

 Visit History

 Payment History

 Preferences

 Sign Out

You owe **\$877.00**
Due **today**. Thank you!

Pay Over Time!
\$48.73 - \$146.17 per month.

Pay Now

Choose Your Plan

Account Summary

Total Charges	\$877.00
Insurance Payments	\$0.00
Insurance Adjustments	\$0.00

Recent Visit Summary

