

# Release 15.7.0 - April 14, 2025

† Modified on 04/30/2025 3:27 pm EDT

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## 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 IPI Enrollment Form API, similar to the electronic signature process.

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

✓ 

✓ Finish  Save and Finish Later ✕ Cancel

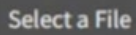
### TEXAS MEDICARE

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 

#### 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).				
<b>Payer Agreement Denial</b> Sent when CollaborateMD has received your Payer Agreement Denial(s).	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Maintenance Notification</b> CMD initiated communication related to upcoming planned maintenance windows (application downtime).	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
<b>System Issue</b> 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"/>	
<b>Pricing Changes</b> CMD initiated communication related to upcoming changes to pricing.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
<b>Other Announcement</b> CMD initiated communication related to other general announcements (new application release, office closure, etc).	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
<b>User Permissions Changed</b> Sent when a user's permissions are changed.	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Clearinghouse Notifications</b> 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 no "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**

**Dept.**

☐ Make this code inactive

**Description**

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**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**

**CLIA Number** 
**Type of Service**

**Narrative Notes**

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**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) received on 03/21/2024 for MUNIZ, JOSEPH (#37190993)

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 Memo

PAYMENT FROM AMERICHoice of New York Inc. (MEDICAID NY)

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

Last Name

TEST

First Name

JOHNNY

MI

Suffix

☐ Make this patient inactive  
☒ Patient is complete

Gender

Male

Date of Birth

01/16/1982

(43 y)

SSN

Date of Death

581-55-8885

Patient Info

Insurance Info

Billing Info

Claim Defaults

Type

Payment Plan

Account #

33397993

Reference #

Search

Self Pay

Courtesy

Collection

Pre-Collection

Type I

Type II

Payment Plan

Copy Insured Address

State

FL

ZIP Code

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.



**Old Prompt**

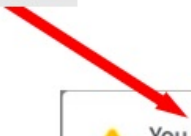





You already have a claim open.  
Please close it before opening another.

OK

**New Prompt**





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

Close and Open

Open in New Tab

Cancel

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