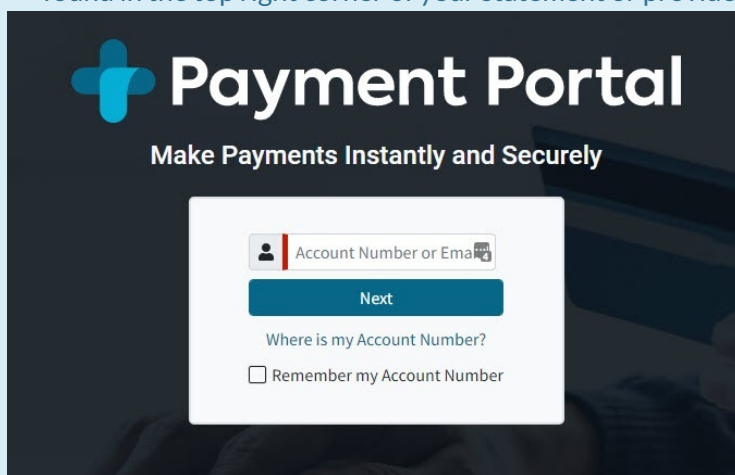


Electronic Statement Overview

† Modified on 08/03/2026 1:00 pm EDT

1. Visit <https://www.paystatementonline.com>
2. Log in with your CollaborateMD Patient Account Number or email.

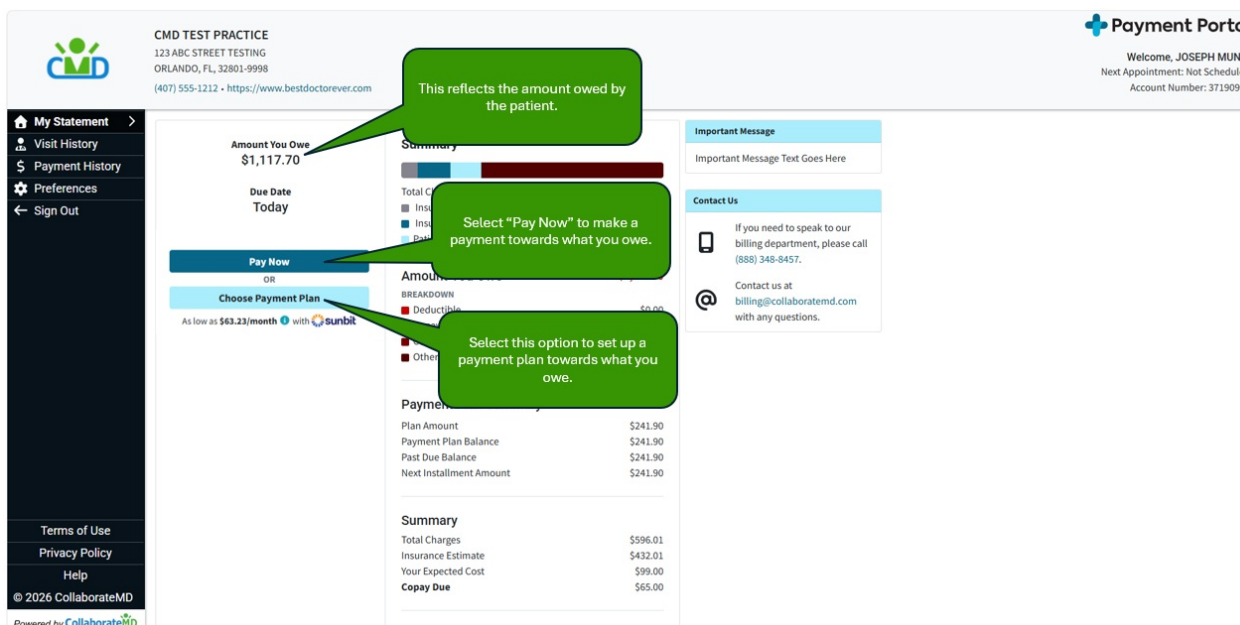
✎ If you have not registered, begin the registration process using the **Patient Account Number** found in the top right corner of your statement or provided in the Payment portal invite email.



3. Click **Next**.
4. Enter your password and click **Sign In**.

My Statement

1. The first column shows your **Amount Owed**, your **Pay Now**, and **Payment Plan** options.



Callout 1: This reflects the amount owed by the patient.

Callout 2: Select "Pay Now" to make a payment towards what you owe.

Callout 3: Select this option to set up a payment plan towards what you owe.

Page Content:

CMD TEST PRACTICE
123 ABC STREET TESTING
ORLANDO, FL, 32801-9998
(407) 555-1212 • <https://www.bestdoctorever.com>

Payment Portal
Welcome, JOSEPH MUN
Next Appointment: Not Scheduled
Account Number: 371909

My Statement
Visit History
Payment History
Preferences
Sign Out

Amount Owed
\$1,117.70
Due Date Today

Pay Now
OR
Choose Payment Plan
As low as \$63.23/month with Sunbit

Summary
Total Charges \$596.01
Insurance Estimate \$432.01
Your Expected Cost \$99.00
Copay Due \$65.00

Important Message
Important Message Text Goes Here

Contact Us
If you need to speak to our billing department, please call (888) 348-8457.
Contact us at billing@collaboratemd.com with any questions.

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2. The second column shows your **Main Summary**, the **Amount You Owe**, and **Payment Plan Summary** (if available).

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ORLANDO, FL, 32801-9998
(407) 555-1212 • <https://www.bestdoctorever.com>

Payment Portal
Welcome, JOSEPH MUN
Next Appointment: Not Scheduled
Account Number: 371909

My Statement
Visit History
Payment History
Preferences
Sign Out

Amount You Owe
\$1,117.70
Due Date Today
[Pay Now](#)
OR
[Choose Payment Plan](#)
As low as \$63.23/month with [Sunbit](#)

Summary
Total Charges: \$1,412.00
Insurance Adjustments: -\$100.00
Insurance Payments: -\$200.00
Patient Payments: -\$190.00

Amount You Owe Breakdown
Deductible: \$0.00
Copay: \$65.00
Coinsurance: \$0.00
Other: \$1,052.70

Payment Plan Summary
Plan Amount: \$241.90
Payment Plan Balance: \$241.90
Past Due Balance: \$241.90
Next Installment Amount: \$241.90

Summary
Total Charges: \$1,412.00
Insurance Estimate: \$425.00
Your Expected Cost: \$99.00
Copay Due: \$65.00

Callouts:
- This reflects total charges, insurance payments, insurance adjustments, and patient payments.
- This breaks down the amount owed by Deductible, Copay, Coinsurance, and Other.
- This breaks down any existing payment plan by the amount, balance, past due balance, and installment amount.
- This Breaks down your Total charges, Insurance estimate, your expected cost, and any copay due.

The **Amount You Owe** breaks down all the amounts owed by the patient.

Amount You Owe \$1,117.70
BREAKDOWN
Deductible: \$0.00
Copay: \$0.00
Coinsurance: \$0.00
Other: \$1,117.70

Payment Plan Summary
Plan Amount: \$241.90
Payment Plan Balance: \$241.90
Past Due Balance: \$241.90
Next Installment Amount: \$241.90

Amount You Owe Breakdown (Callout):
Deductible: \$0.00
Copay: \$0.00
Coinsurance: \$0.00
Other: \$1,117.70

4. This breakdown includes:

- **Deductible:** The amount owed by the patient before the insurance pays.
- **Copay:** The fixed amount owed for each visit per the patient's insurance plan.
- **Coinsurance:** percentage of a bill you pay for a medical service after you meet your deductible.
- **Other:** This includes items unrelated to insurance coverage, such as additional fees, charges, and late penalties.

⚠ Depending on how payments were posted, it's possible for a balance to show entirely under "**Other**." This does not indicate a bug or issue with the statement itself; it reflects an issue with how the payment was manually posted rather than an error in this feature. For manually posted payments, the correct remittance/unpaid reason code must be entered in the "**Unpaid Reasons**" column for the balance to display correctly under the appropriate category rather than falling into "Other." Unpaid reasons include:

- PR1 → Deductible
- PR2 → Coinsurance
- PR3 → Coinsurance

5. The third column shows your **Important Message** and the **Contact Us** info configured within the Electronic Statement Template.

CMD TEST PRACTICE
123 ABC STREET TESTING
ORLANDO, FL, 32801-9998
(407) 555-1212 • <https://www.bestdoctorever.com>

Welcome, **JOSEPH MUN**
Next Appointment: Not Scheduled
Account Number: 371909

My Statement
Visit History
Payment History
Preferences
Sign Out

Amount You Owe
\$1,117.70
Due Date Today

Pay Now
OR
Choose Payment Plan
As low as \$63.23/month with Sunbit

Summary
Total Charges: \$1,412.00
Insurance Adjustments: -\$100.00
Insurance Payments: -\$200.00
Patient Payments: -\$190.00
Amount You Owe: \$1,117.70

Important Message
Important Message Text Goes Here

Contact Us
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Contact us at billing@collaboratemd.com with any questions.

Payment Plan Summary
Plan Amount: \$241.90
Payment Plan Balance: \$241.90
Past Due Balance: \$241.90
Next Installment Amount: \$241.90

Summary
Total Charges: \$596.01
Insurance Estimate: \$432.01
Your Expected Cost: \$99.00
Copay Due: \$65.00

Visit History

1. Patients can view their visit history electronically and print online statements for each visit.

Family Medical Clinic
222 Orange Ave.
Orlando, FL, 32801
(386) 777-7777

Welcome, **LUND, ALEXANDRA**
Next Appointment: Not Scheduled
Account Number: 14895517

Payment Portal
My Statement
Visit History
Payment History
Preferences
Sign Out

Show visits between: Last 90 Days | 07/21/2021 | 10/18/2021 | Search

Showing Visit History between 07/21/2021 and 10/18/2021

07/27/2021
EINSTEIN, CATHY MSN, NP
Total Charges: \$0.00
Insurance is processing this visit
Amount You Owe: \$0.00

08/31/2021
EINSTEIN, CATHY MSN, NP
Total Charges: \$135.00
Payments & Adjustments: \$135.00
Amount You Owe: \$0.00

Payment History

1. Patients can view their payment history and print a receipt of their payments for their records.

Family Medical Clinic

222 Orange Ave
Orlando, FL, 32801
(386) 777-7777

Payment Portal

Welcome, WILLIAMS, JASMINE
Next Appointment: Not Scheduled
Account Number: 14895425

Payment Portal

My Statement

Visit History

Payment History

Preferences

Sign Out

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Help

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Show visits between

Last 90 Days

07/21/2021

10/18/2021

Search

Showing Payment History between 07/21/2021 and 10/18/2021

10/12/2021 for \$25.00	Print Receipt
Cash	
10/12/2021 for \$31.00	Print Receipt
Cash	

Filter payments based on the date of service

Prints a receipt for the selected payment.