

Release 16.19.0 - October 09, 2026

Modified on 10/12/2026 11:58 am EDT

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Highlights

New Features

Statement Emails and Links Now Show a Summary (No Login Required to Pay)

Enhancements

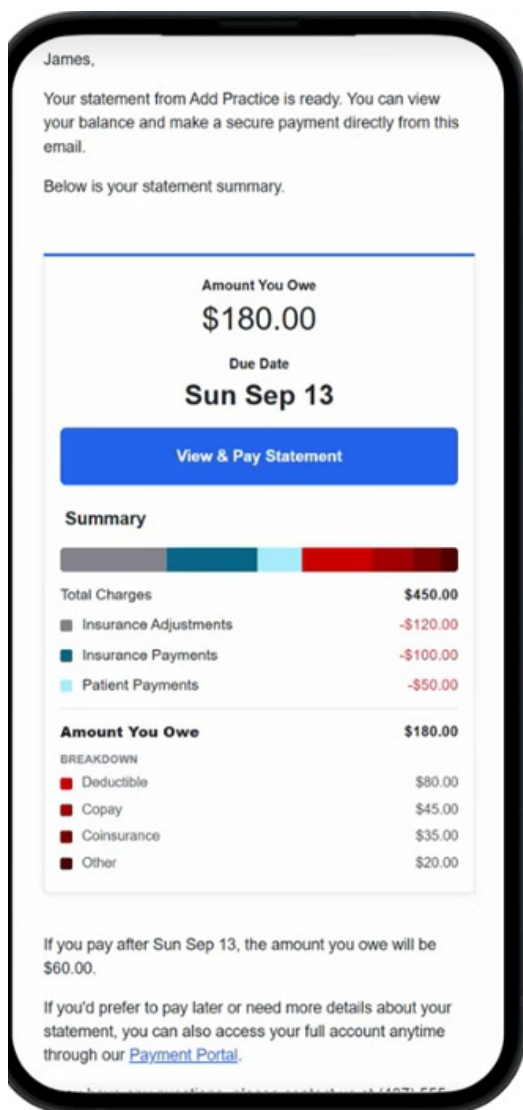
New Option: "Show Facility/Office Address" Added to Automated Statement Templates
Claim Statement Data Now Links to Claim, Charge, and Credit Data in Reports
New Additional Eligibility Automation Frequency Choices
New Payer Billing Option: Print Attending Taxonomy Code in Box 81CC b

New features

Statement Emails and Links Now Show a Summary (No Login Required to Pay)

Previously, patients had to enter their name and date of birth (or log in) just to view any statement information or make a payment, creating unnecessary friction. This update removes that barrier for payment specifically, while still protecting access to full statement details. It also gives the email and payment experience a more polished, consistent look, helping patients feel confident they've landed in the right place when they click through to pay.

With this release, statement emails, links, and QR codes have been updated to take patients directly to a **statement summary view** complete with a redesigned, professional breakdown card that matches the look of the Payment Portal itself. From this summary, patients can see their total amount due and make a payment immediately, without needing to log in or enter any personal information first.



Enhancements

New Option: "Show Facility/Office Address" Added to Automated Statement Templates

Some states require that the location where a service was performed be included on a patient's statement. This option was already available for Enhanced and Electronic statements, and this update brings the same capability to Automated Statements, helping ensure compliance with these state-specific requirements.

With this release, the **"Show Facility/Office Address"** option (previously available on Enhanced and Electronic statements) is now also available in the Paper Statement Options when editing Automated statement templates. When this option is enabled for an Automated Statement template:

- The template will display a sample Facility/Office address (based on the practice's main office address)

on a single line above the charge, so you can preview how it will appear.

- When the statement is generated, this information is included as an Info Line directly before the applicable charge(s), using the same method already used for Enhanced and Electronic statements.

Edit Automated Statement Templates

Practice: ADD PRACTICE

Paper Statement ☐ Highlight editable fields



ADD PRACTICE
1497 EAST HWY
ORLANDO CC 33423-4444

COMPLETE AND RETURN IF PAYING BY CREDIT CARD



CARD NUMBER EXPIRATION DATE

NAME ON CARD (PLEASE PRINT) EXP DATE

STATEMENT DATE ACCOUNT # AMOUNT DUE

STATEMENT DATE
10/02/2026

ACCOUNT #
10000001

AMOUNT DUE
\$110.00

Invoice Number: 123456789

ADD PRACTICE
1497 EAST HWY
ORLANDO CC 33423-4444

ADD PRACTICE
1497 EAST HWY
ORLANDO CC 33423-4444

Date	Description	Charges	Payments	Adjustments	Balance
Patient: JOHN PATIENT \ Account: 10000001					
09/02/2026	FACILITY NAME: 1497 EAST HWY, ORLANDO, CC 33423-4444				
09/02/2026	OFFICE VISIT	\$400.00	\$300.00	\$100.00	\$0.00
09/25/2026	PAYMENT BY AETNA		-\$50.00		
09/25/2026	ADJUSTMENT BY AETNA			\$0.00	
09/25/2026	PAYMENT BY AETNA		-\$150.00		
09/25/2026	ADJUSTMENT BY AETNA			-\$100.00	
09/25/2026	DENIED BY AETNA		\$0.00		

General

Paper Statement Options

Customize important message:

- ☒ Always send the same important message
- ☐ Use charge age to set the important message
- ☐ Use number of statements sent to set the important message
- ☒ Use patient comment (if exists) in place of the important message
- ☐ Show Prompt Payment Discount information (if applicable)
 - The discounted amount will be shown as the AMOUNT YOU OWE and the Due Date will reflect the last date that the discount is applicable.
- ☒ Show Facility/Office address
 - The facility address will be shown above the charges it applies to. If a charge's claim has no facility, the office location address is used instead.

Charge Breakdown

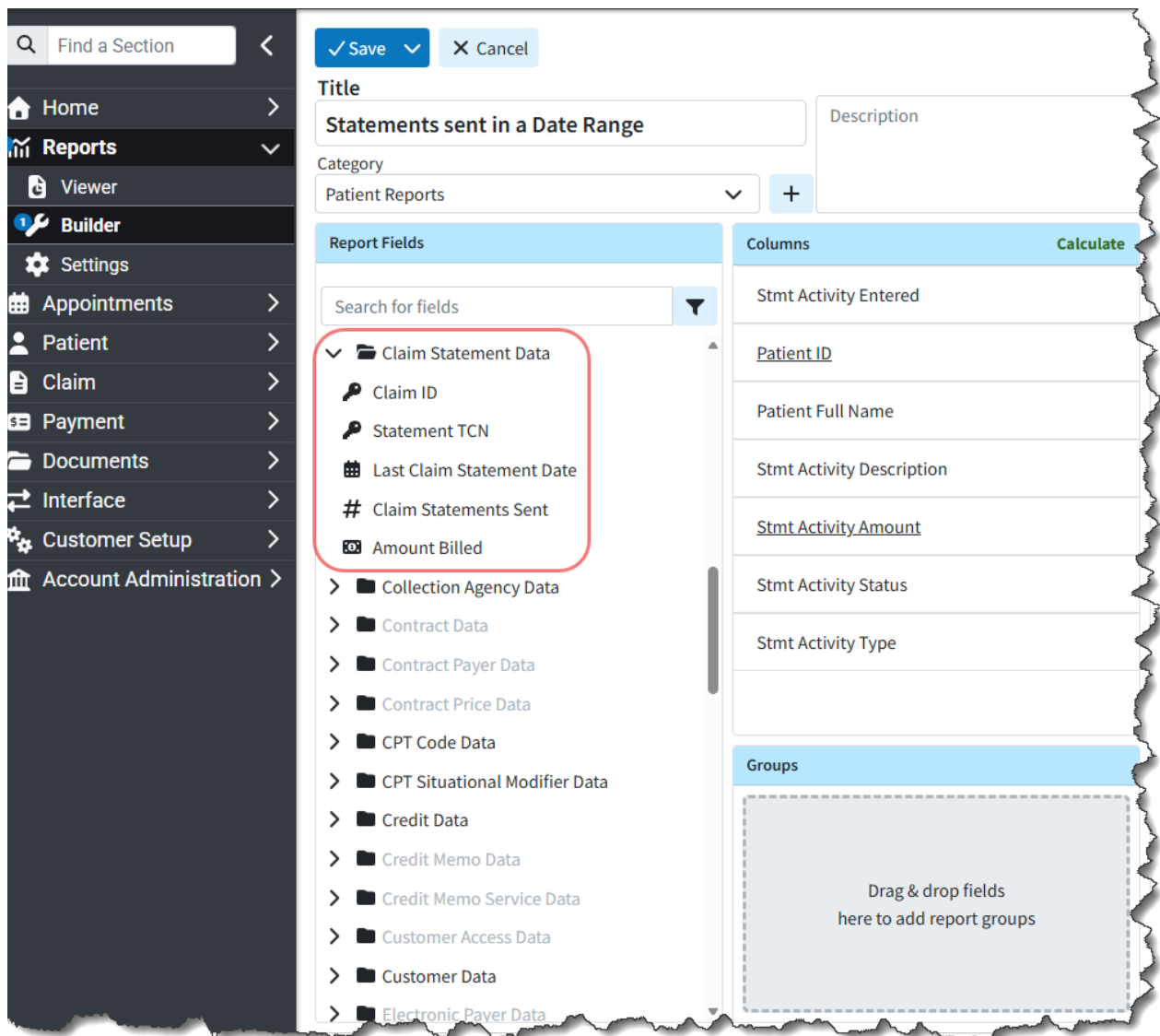
- ☐ Summarized
- ☒ Detailed Activity

Electronic Statement Options

or more information, please visit our[Configure Automated Paper Statement Template Help Article](#).

Improvement: Claim Statement Data Now Links to Claim, Charge, and Credit Data in Reports

Previously, Claim Statement Activity fields existed in reporting but couldn't be connected to other relevant data, such as Claim or Charge information, limiting their usefulness. Since Claim Statement data is tied to a specific Claim ID, this update allows it to be properly linked with related Claim, Charge, and Credit data for more complete reporting. With this release, Claim Statement Activity report fields can now be linked with Claim Data, Charge Data, and Credit Data when building reports (including within the standard "Statement Activity in a Date Range" report).



Visit our [Claim Statement Data](#) report fields Help Article for the available fields.

New Additional Eligibility Automation Frequency Choices

Previously, the maximum interval available for automated eligibility checks was 30 days. However, insurance plan changes typically happen far less frequently (often just once a year). For patients seen often this meant eligibility checks were being run more frequently than necessary, leading some customers to avoid using the feature altogether.

With this release, the Eligibility Automation setting (within **Services > Real-Time Eligibility**) now supports three additional frequency options for how often eligibility checks run for a patient. These new options give you more flexibility to match eligibility check frequency to your actual needs:

- Every 90 Days
- Once per Year
- Once per Patient

Report Builder, Claim Follow Up module, and Integrated Payment Processing service.

Included Services

Manage the following services included:

- ✓ Claim Scrubbing
- ✓ Real-Time Eligibility
- ✓ Patient Estimates
- ✓ Address Verification
- ✓ Appointment Reminders
- ✓ In-app Credit Card Processing
- ✓ Patient Payment Portal
- ✓ Enhanced User Print Statement
- ✓ Claim Attachments
- ✓ Intake Forms

Add-On Services

Eligibility for Customer #10001911 - COLLABORATEMD

This service is included in your account's price plan

☒ Enable eligibility checking

Eligibility Settings

Automatically check eligibility when saving appointment?
☐ Yes ☒ No

Automatically check eligibility when an appointment or claim is created over an Interface?
☐ Yes ☒ No

Automatically check eligibility when a patient is created or updated over an Interface?
☐ Yes ☒ No

Limit automatic eligibility checking to:
Once Every 30 Days

- Once a Visit
- Once a Month
- Once Every 30 Days
- Once Every 90 Days
- Once per Year
- Once per Patient

⚠ Please note that the "Once per Year" option is based on the **calendar year**. This means a patient with an appointment or claim on December 31st and another on January 1st will trigger an eligibility check for both dates, since they fall in different calendar years.

or more information, please visit our [Manage Real-Time Eligibility Help Article](#).

New Payer Billing Option: Print Attending Taxonomy Code in Box 81CC b

While many payers require the Billing Taxonomy Code in Box 81CC a of the UB-04 paper claim, some payers have requested the Attending Provider's Taxonomy Code in Box 81CC b as well. With this release, a new **institutional general billing option** has been added for payers. When enabled, the new **"Print Attending Taxonomy Code in Box 81CC b"** option sends the Attending Provider's Taxonomy Code in Box 81CC b (with the B3 qualifier) on printed institutional claims for that payer.

How It Works

- If **"Print Attending Taxonomy Code in Box 81CC b"** is enabled for a payer, the Attending Provider's Taxonomy Code will be sent in Box 81CC b using the standard mechanism (the claim's Billing Provider is used as the Attending Provider, and the Practice is used as the Billing Provider).
- If this option is left unchecked, any existing payer edits affecting Box 81CC b will continue to apply as

before.

- If this option is checked, it will override any existing payer edits for Box 81CC b.

As part of this update, the existing Box 81CC a option has also been renamed to "**Print Billing Taxonomy Code in Box 81CC a**" for clarity (no functional change to that existing option).

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 Billing Taxonomy Code in Box 81CC a**

☐ Print Attending Taxonomy Code in Box 81CC b

Default Value Codes

Code	Amount	Description
Q	0.00	

Visit our [Payer General Billing Options TabHelp Article](#) for more information.

First Pass Claim Count Gadget Now Refreshing Daily

Our "First Pass Resolution Rate" dashboard gadget had not been refreshing on a daily basis due to performance issues. With the recent move of Data Snapshots and reporting queries to a Read Replica database, additional capacity became available in our nightly database processing, allowing gadget refreshes to be moved earlier.

With this release, the First Pass Resolution Rate (Claim Count) gadget will now update daily, giving you more current data each time you view it.

Payer Claim Control Number Now Captured from Claim Status Reports

Our clearinghouse partner, ePS, recently updated their system to include the payer's Claim Control Number within the 277CA file (in the REF*1K segment), when the payer provides this information. Capturing this automatically helps ensure claims have accurate payer reference information without requiring manual entry. With this release, we now capture the payer's internal Claim Control Number (ICN) when available, directly from the 277CA Claim Acknowledgement file received from the clearinghouse, and set it on the corresponding claim.

Self Added as a Guarantor Relationship Option

Some integration partners, support a "Self" Guarantor relationship option. Previously, CMD did not have an equivalent option, so this value was incorrectly mapped to "Other" when received from an interface and that incorrect "Other" value could then be sent back out to the partner system, overwriting their original "Self" designation. With this release, we now support "Self" as a Guarantor Relationship option on the patient record.

The screenshot displays a patient record for "JOHNNY TEST". The interface includes a sidebar with navigation options like Home, Reports, Appointments, Patient, Manage Account, Payment Plans, A/R Control, Batch Eligibility, Statement Batch Print, Statement Tracker, Label Batch Print, Communications..., Settings, Claim, Payment, Documents, and Interface. The main content area shows patient details (Last Name: TEST, First Name: JOHNNY, Gender: Male, Date of Birth: 01/16/1982, SSN: 581-55-8885) and tabs for Patient Info, Insurance Info, Billing Info, and Claim Defaults. The "Guarantor" section is highlighted, showing a "Relationship to Patient" dropdown menu with "Self" selected. Other fields in the Guarantor section include Last Name (TEST), First Name (JOHNNY), Date of Birth (01/16/1982), and SSN (581-55-8885). A "Copy from Insured" button is also visible.

Resolutions

Resolved Issue: Unable to Pay Full Balance When Below Minimum Payment Amount

The Payment Portal's configured minimum payment amount is intended to apply only to partial payments. If a patient's total balance is less than the configured minimum, they should still be able to pay off their full balance. However, patients with a balance lower than the minimum payment amount were being incorrectly prompted to pay the minimum amount instead of their actual (lower) balance, preventing them from paying off their account in full.

With this release Patients whose balance is less than your configured minimum payment amount will now be able to pay their full balance through the Payment Portal, rather than being incorrectly required to pay the minimum amount.

Patient Payment Portal for Customer #10001911 - COLLABORATEMD

This service is included in your account's price plan

☒ Enable Patient Payment Portal

Payment OptionsPatient Communications

The minimum payment only applies to payments of less than the balance due. If the balance due is less than the minimum payment amount, the payment will still be allowed.

Minimum Payment

11.00

☒ Do not include account credits in the amount due

Patient Directed Payment PlansReset to Defaults

☐ Allow patient to select payment plan length

Pay Over Time w/InterestReset to Defaults

Plan Types

Balance

Minimum

500.00

Maximum

10,000.00

Eligible patients will be able to choose their plan length and payment amount within the above limitations.

SaveSave and DemoCancel

Resolved Issue: Duplicate Claims Could Be Created When Saving

Corrected an issue where, in rare cases, saving a new claim could result in two identical, duplicate claims being created, particularly in situations involving an unstable internet connection. This issue has been fixed so saving a claim will no longer result in duplicate claims being created as the system will ignore the repeated request.

Improvement: Tax ID Change Request Now Prevents Submitter ID Conflicts

Previously, it was possible to submit a Tax ID Change for one provider while another provider still shared the same Submitter ID under the old Tax ID. This could result in a single Submitter ID being tied to two different Tax IDs, causing issues with existing agreements and enrollments when the Tax ID was updated with our clearinghouse partner. With this release, CMD now checks whether another provider shares the same Submitter ID and the current (old) Tax ID. If another one exists, it will prevent the request from processing. If this happens, the customer must either update all providers associated with that submitter ID to reflect the new tax ID or create a new provider entry with the updated tax ID. This helps prevent a submitter ID from ending up associated with two different Tax IDs, which could disrupt existing payer

greements and enrollments.

