Customized multicolored forms are created for each client utilizing the hospital's logo.

Based on each account’s original financial class, unique text is used to explain why the balance is the patient’s responsibility and the client’s expectations of payment.

For example:

- **Balance after insurance account** will state the patient’s insurance has paid and is the patient’s responsibility to pay.

- **An insurance denial** will state that the patient’s insurance has not paid and the balance is now the patient’s responsibility.

- **Uninsured** will state that no insurance information was provided and the balance is the patient’s responsibility.

One of the cornerstones of EMA’s Patient Billing services is the hospital’s ability to tailor statements for each patient’s specific needs. Typically, financial assistance, billing, and payment information is shown at the bottom of the statement.

Prompt Payment Discounts can be calculated based on each client’s credit policies to be clearly illustrated to the patient.

Charges are summarized by either revenue code or UB code, and Patient Billing descriptions are determined by each client using unique tables which can be revised at any time.

Payments and Adjustments, at the client’s request, can be combined and summarized into one description for each payer, or Payments and Adjustments can be broken out individually and summarized for each payer.

On the reverse side of each statement, open space is provided, which many clients utilize to gather credit card information, new insurance information, and financial assistance qualification information.