

Print Patient Statements



Learn how to generate patient statements and customize your practice messaging to ensure accurate billing communications. This guide walks you through the setup process and statement preview functionality to help you manage your accounts receivable efficiently.

Statement Generation

1 Click Print Statement.

New Billing

New Transaction

Use a Multicode

Post From Treatment Plan

Adjust Deductible

Adjust Benefits Used

Enter a Payment

New Pat Payment/Adj

New Insurance Payment

Issue a Patient Refund

Patient Info

View Chart

View Prescriptions

Claim Info

Create Claim

Print Claim

Print Walk-Out

Print Statement

Print Ledger

Family Summary

Ins 1:	MetLife Dental , MetLife Dental , ...	\$0.00
Ins 2:	None	\$0.00
HOH:	Arizona, Summer	\$2,010.83

Adjustments:

Ins Pmts:	-	-\$3
Patient Pmts:	-	-\$2
Total:	-	\$2

Detail View

Sort by Date

Family has a prepayment of: \$10.00

Current
\$0.00

Search transactions

Date	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Ins1 Paid	Ins2 Paid	Update
5/7/26	Summer	1014	STMT	Statement Billed to Patient					Completed	\$0.00					☒	☒	
4/28/26	Summer	1014	CLAIM	Primary insurance eclaim sent					Completed	\$0.00					☒	☒	
4/3/26	Summer	1014	D0274	bitewings - four radiographic images	ARQ00			\$30.00	Completed	-\$30.00				\$0.00	☒	☒	tiffanye
4/28/26	Summer	1014	INSCHECI	Insurance Check Payment	ARQ00			-\$30.00	Completed								tiffanye
4/3/26	Summer	1014	D0220	intraoral - periapical first radiographic im	ARQ00			\$14.00	Completed	\$0.00				\$14.00	☒	☒	tiffanye
4/28/26	Summer	1014	INSCHECI	Insurance Check Payment	ARQ00			\$0.00	Completed								tiffanye
4/3/26	Summer	1014	D0150	comprehensive oral evaluation - new or e	ARQ00			\$35.00	Completed	-\$18.00				\$17.00	☒	☒	tiffanye
4/28/26	Summer	1014	INSCHECI	Insurance Check Payment	ARQ00			-\$18.00	Completed								tiffanye
4/3/26	Summer	1014	D1110	prophylaxis - adult	ARQ00			\$52.00	Completed	-\$52.00				\$0.00	☒	☒	tiffanye
4/28/26	Summer	1014	INSCHECI	Insurance Check Payment	ARQ00			-\$52.00	Completed								tiffanye
4/3/26	Summer	1014	D0330	panoramic radiographic image	ARQ00			\$57.00	Completed	\$0.00				\$57.00	☒	☒	tiffanye
4/28/26	Summer	1014	INSCHECI	Insurance Check Payment	ARQ00			\$0.00	Completed								tiffanye
4/2/26	Summer	1010	D7240	removal of impacted tooth - completely t	ARQ00	32		\$459.00	Completed	-\$200.00				\$259.00	☒	☒	tiffanye
5/7/26	Summer	1010	INSCHECI	Insurance Check Payment	ARQ00			-\$200.00	Completed								tiffanye
4/2/26	Summer	1010	D7240	removal of impacted tooth - completely t	ARQ00	17		\$459.00	Completed	-\$367.20				\$91.80	☒	☒	tiffanye
5/7/26	Summer	1010	INSCHECI	Insurance Check Payment	ARQ00			-\$367.20	Completed								tiffanye

2 Click here

The screenshot displays a dental billing software interface. A 'Select a Report' dialog box is open, showing a 'Report Format' dropdown menu with 'Patient Statement' selected. An orange circle highlights the dropdown menu. The background shows a list of dental procedures and their associated charges and payments.

Billing	Code	Description	Provider	Ins1 Paid	Ins2 Paid	Updated By	Claim Number	Note
1014	STMT	Statement Billed to Patient						8fce23a0-550b-4535-a4a7-b5d
1014	CLAIM	Primary insurance claim sent						3c53ae99-ca63-4d63-a8a6-6c7
1014	D0274	bite wings - four radiographic images	ARQ00			tiffanye	522	
1014	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	522	
1014	D0220	intraoral - periapical first radiographic im	ARQ00			tiffanye	522	
1014	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	522	
1014	D0150	comprehensive oral evaluation - new or e	ARQ00			tiffanye	522	
1014	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	522	
1014	D1110	prophylaxis - adult	ARQ00			tiffanye	522	
1014	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	522	
1014	D0330	panoramic radiographic image	ARQ00			tiffanye	522	
1014	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	522	
1010	D7240	removal of impacted tooth - completely t	ARQ00 32			tiffanye	517	
1010	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	517	
1010	D7240	removal of impacted tooth - completely t	ARQ00 17			tiffanye	517	
1010	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	517	

3 Select 'Patient Statement' from the Report Format dropdown.

The screenshot displays the same dental billing software interface, but the 'Select a Report' dialog box is open, and the 'Patient Statement' option is highlighted in the dropdown menu. An orange circle highlights the 'Patient Statement' option.

Billing	Code	Description	Provider	Ins1 Paid	Ins2 Paid	Updated By	Claim Number	Note
1014	STMT	Statement Billed to Patient						8fce23a0-550b-4535-a4a7-
1014	CLAIM	Primary insurance claim sent						3c53ae99-ca63-4d63-a8a6-
1014	D0274	bite wings - four radiographic images	ARQ00			tiffanye	522	
1014	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	522	
1014	D0220	intraoral - periapical first radiographic im	ARQ00			tiffanye	522	
1014	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	522	
1014	D0150	comprehensive oral evaluation - new or e	ARQ00			tiffanye	522	
1014	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	522	
1014	D1110	prophylaxis - adult	ARQ00			tiffanye	522	
1014	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	522	
1014	D0330	panoramic radiographic image	ARQ00			tiffanye	522	
1014	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	522	
1010	D7240	removal of impacted tooth - completely t	ARQ00 32			tiffanye	517	
1010	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	517	
1010	D7240	removal of impacted tooth - completely t	ARQ00 17			tiffanye	517	
1010	INSCHECI	Insurance Check Payment	ARQ00			tiffanye	517	

4 Click "OK"

The screenshot displays a dental insurance claim management interface. A modal dialog titled "Select a Report" is open, showing a dropdown menu with "Patient Statement" selected. The "OK" button is highlighted with an orange circle. The background interface shows a list of dental procedures and their associated costs, with a "Family has a prepayment of: \$10.00" message.

Description	Provider	Ins1 Paid	Ins2 Paid	Updated By	Claim Number	Note
Statement Billed to Patient						8fce23a0-550b-4535-a4a7-b5dc17284123
Primary Insurance edclaim sent						3c53ae99-ca63-4d63-a8a6-6c7c526a1ca9
bitewings - four radiographic images	ARQ00	10.00		tiffanye	522	
Insurance Check Payment	ARQ00			tiffanye		
intraoral - periapical first radiographic im	ARQ00	14.00		tiffanye	522	
Insurance Check Payment	ARQ00			tiffanye		
comprehensive oral evaluation - new or e	ARQ00	17.00		tiffanye	522	
Insurance Check Payment	ARQ00			tiffanye		
prophylaxis - adult	ARQ00	0.00		tiffanye	522	
Insurance Check Payment	ARQ00			tiffanye		
panoramic radiographic image	ARQ00	57.00		tiffanye	522	
Insurance Check Payment	ARQ00			tiffanye		
removal of impacted tooth - completely t	ARQ00 32	259.00		tiffanye	517	
Insurance Check Payment	ARQ00			tiffanye		
removal of impacted tooth - completely t	ARQ00 17	91.80		tiffanye	517	
Insurance Check Payment	ARQ00			tiffanye		

5 Confirm the report parameters by clicking OK.

The screenshot displays the same dental insurance claim management interface. A modal dialog titled "Report" is open, showing the "Show data where:" section with "Patient" set to "Arizona, Summer - ARISU001" and "Assigned Provider" set to "Type to search". The "OK" button is highlighted with an orange circle. The background interface shows the same list of dental procedures and their associated costs.

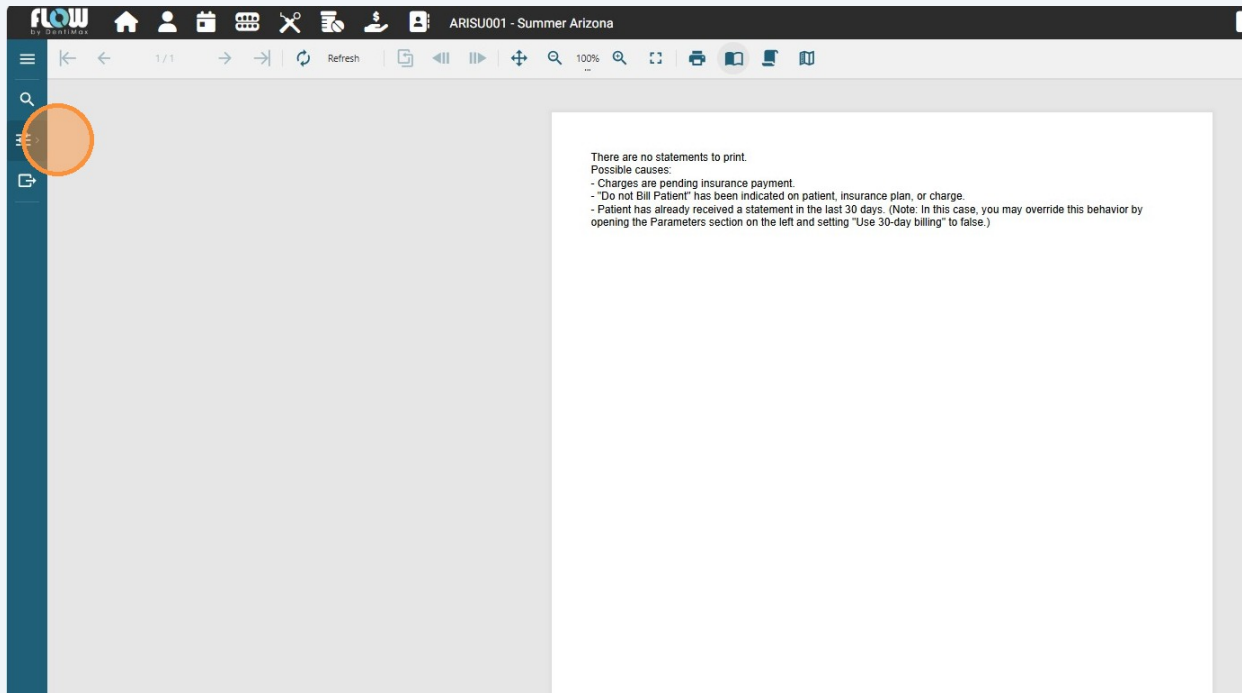
Description	Provider	Ins1 Paid	Ins2 Paid	Updated By	Claim Number	Note
Statement Billed to Patient						8fce23a0-550b-4535-a4a7-b5dc17284123
Primary Insurance edclaim sent						3c53ae99-ca63-4d63-a8a6-6c7c526a1ca9
bitewings - four radiographic images	ARQ00	10.00		tiffanye	522	
Insurance Check Payment	ARQ00			tiffanye		
intraoral - periapical first radiographic im	ARQ00	14.00		tiffanye	522	
Insurance Check Payment	ARQ00			tiffanye		
comprehensive oral evaluation - new or e	ARQ00	17.00		tiffanye	522	
Insurance Check Payment	ARQ00			tiffanye		
prophylaxis - adult	ARQ00	0.00		tiffanye	522	
Insurance Check Payment	ARQ00			tiffanye		
panoramic radiographic image	ARQ00	57.00		tiffanye	522	
Insurance Check Payment	ARQ00			tiffanye		
removal of impacted tooth - completely t	ARQ00 32	259.00		tiffanye	517	
Insurance Check Payment	ARQ00			tiffanye		
removal of impacted tooth - completely t	ARQ00 17	91.80		tiffanye	517	
Insurance Check Payment	ARQ00			tiffanye		

6

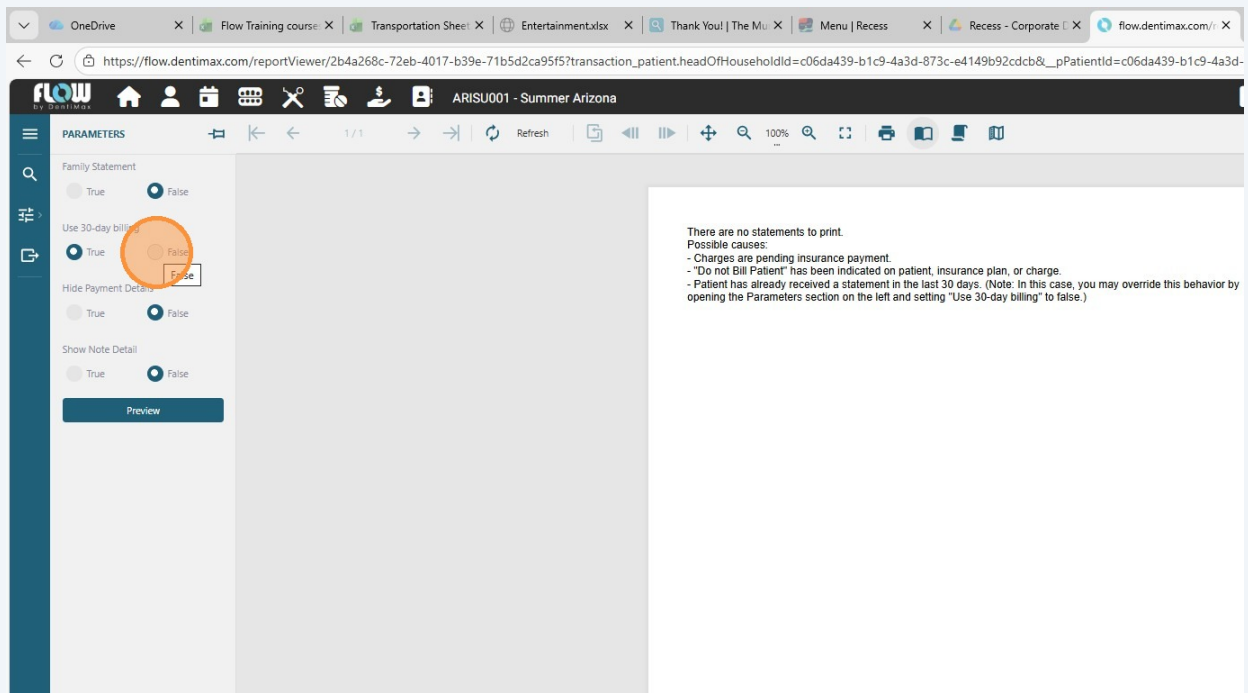
Printed Patient Statements have an automatic 30 day timer set. This means that when printing statements; any patients that have been printed will not print again within 30 days. This is set to avoid the repeat statements being sent multiple times to a patient. Or having to sift through printed statements and removing duplicates.

VIEWING a patient statement does not set the 30-day timer; it starts from when it is printed.

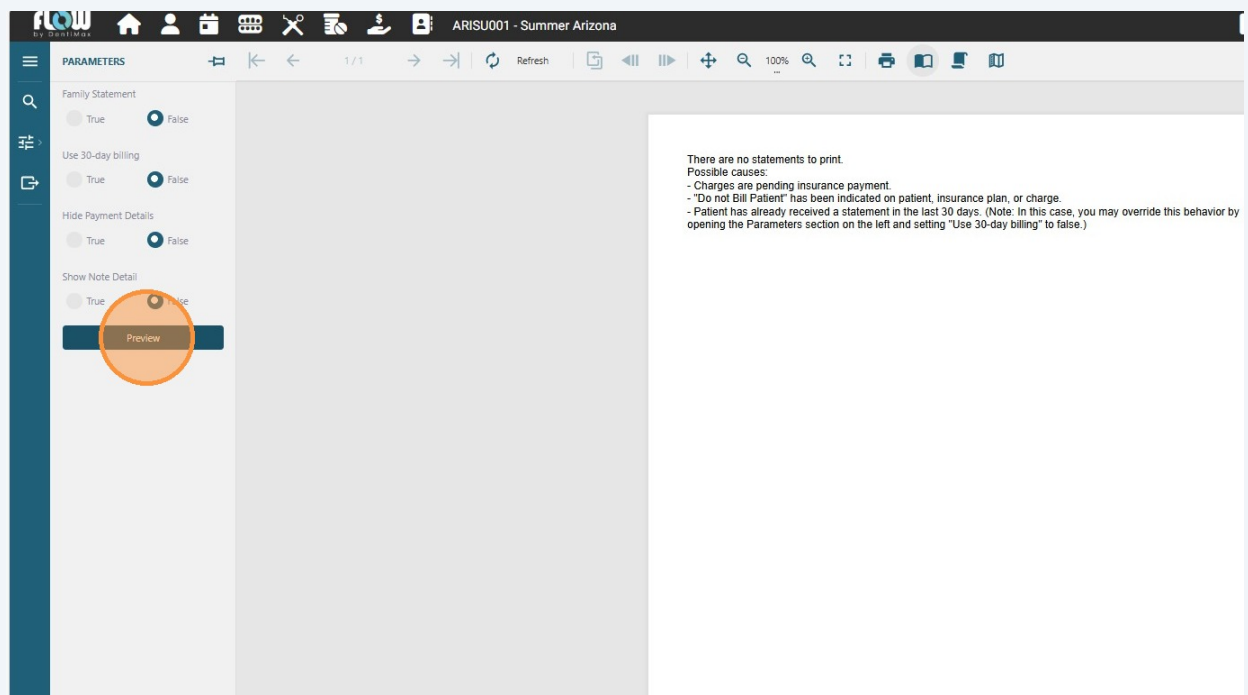
If you would like to remove the 30-day timer to manually Reprint a statement Click "Parameters" on the left menu



7 Change "Use 30-day Billing" to False



8 Click Preview to view the statement.



9 This will allow a duplicate statement to be printed

***John's Dental Practice**
1313 Mockingbird Ln
Chatham, IL 62629
(480) 555-5555

Credit Card Payment

☐ Visa ☐ Mastercard ☐ Discover ☐ AMEX ☐ Other

Card Number CVV

Exp Date Amount

Signature

Summer Arizona
1234 Street test
Mesa, AZ 85206

Date	Procedure	Charge	Ins Adj	Ins Pay	Pat Adj	Pat Pay	Balance
04/03/2026	D0220 intraoral - periapical first radiographic	\$14.00					\$14.00
04/28/2026	INSCHECK Insurance Check Payment			\$0.00			\$14.00
		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00
04/03/2026	D0150 comprehensive oral evaluation - new	\$35.00					\$35.00
04/28/2026	INSCHECK Insurance Check Payment			(\$18.00)			\$17.00
		\$35.00	\$0.00	(\$18.00)	\$0.00	\$0.00	\$17.00
04/03/2026	D0330 panoramic radiographic image	\$57.00					\$57.00
04/28/2026	INSCHECK Insurance Check Payment			\$0.00			\$57.00
		\$57.00	\$0.00	\$0.00	\$0.00	\$0.00	\$57.00
04/02/2026	D7240 removal of impacted tooth - complete	\$459.00					\$459.00
05/07/2026	INSCHECK Insurance Check Payment			(\$100.80)			\$358.20
		\$459.00	\$0.00	(\$100.80)	\$0.00	\$0.00	\$358.20
04/02/2026	D7240 removal of impacted tooth - complete	\$459.00					\$459.00
05/07/2026	INSCHECK Insurance Check Payment			(\$367.20)			\$91.80
		\$459.00	\$0.00	(\$367.20)	\$0.00	\$0.00	\$91.80
03/12/2026	D2791 crown - full cast predominantly base i	\$999.00					\$999.00
03/12/2026	INSCHECK Insurance Check Payment			(\$200.00)			\$799.00
04/28/2026	PATCHECK Patient Check Pymt					(\$25.00)	\$774.00
		\$999.00	\$0.00	(\$200.00)	\$0.00	(\$25.00)	\$774.00
03/12/2026	D2791 crown - full cast predominantly base i	\$999.00					\$999.00
03/26/2026	INSCHECK Insurance Check Payment			(\$50.00)			\$949.00
04/28/2026	PATCHECK Patient Check Pymt					(\$25.00)	\$924.00
05/07/2026	INSCHECK Insurance Check Payment			(\$500.00)			\$424.00
05/07/2026	INSCHECK Insurance Check Payment			(\$70.17)			\$353.83
		\$999.00	\$0.00	(\$620.17)	\$0.00	(\$25.00)	\$353.83

10 You do have options to include messages on your statements based on the aging of the balance. To add or make changes to these messages:

From Practice Setup / Practice Information
Select Statement Messages.

flow

Home User Calendar Appointment Tools Reports ARISU001 - Summer Arizona

< Close Setup

Practice Setup

- Practice Information
- User Access
- Security
- Providers
- Schedule Resources
- Required Fields
- Approve User Requests

Additional Setup

- Multicodes
- Alert Codes
- RX Templates
- Appt Templates
- Appt Types
- Claim Pre-edits
- Pt. Acknowledgments
- Online Forms
- Card Readers
- Custom Colors

Patient Communication

- Automated Messages
- Custom Templates
- Additional Settings
- SMS Opt-out
- Document Center

Patient Portal

- Settings
- Registration Fields
- Custom Page

Accounting Setup

- Fee Schedule
- Insurance Plans

Practice Information | Schedule Settings | Data Settings | Reports | **Statement Messages** | Email Settings | Ledger Colors

Practice Information

Practice Name
*John's Dental Practice

Street
1313 Mockingbird Ln

Street 2
Ste 102

City
Chatham

State
IL

Postal Code
62629

Country
United States - US

Phone 1
(480) 555-5555

Phone 2

Fax

Bank Account

Default Area Code

Tooth System
JP

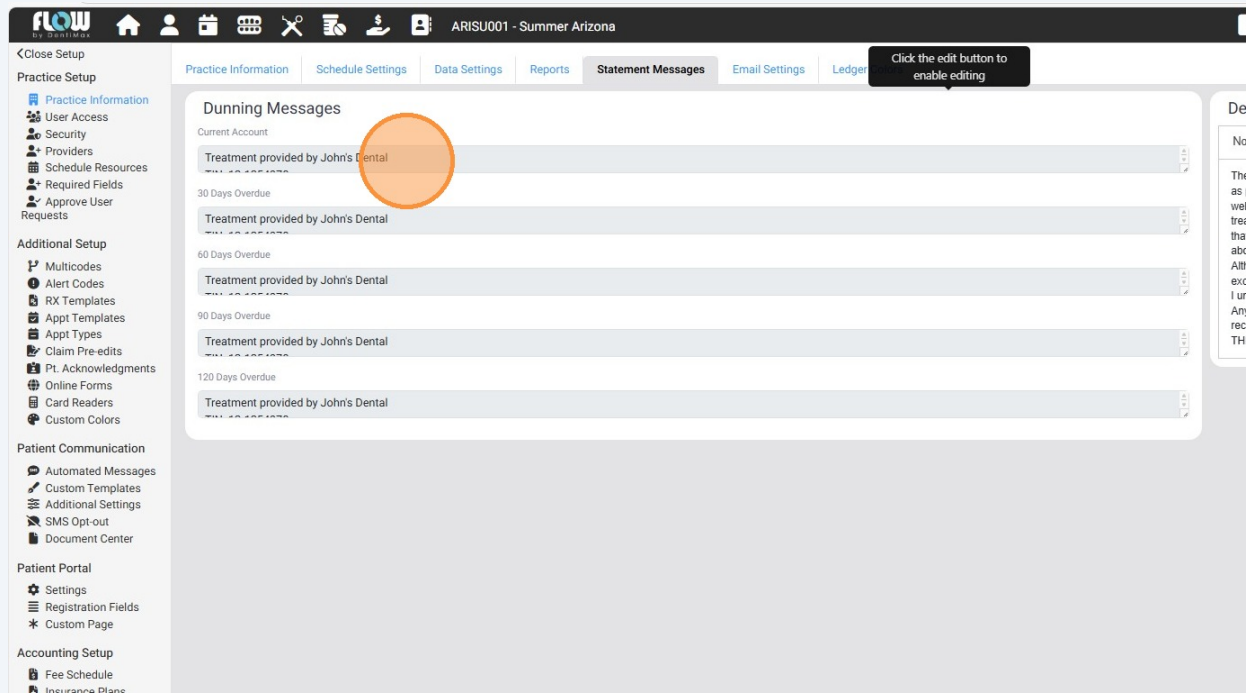
11

You can add any message you would like to populate at the bottom of the statement per aging bucket.

In this example, I did add a note "Treatment provided by... TIN"

This would be one option for you to have that included on your statements. You would need to include this in all aging buckets to be sure that it does print on all statements.

Always remember to save changes



12 This is what it would look like on the statement

ARISU001 - Summer Arizona

100%

\$0.00	\$2,040.83	\$0.00	\$0.00	\$0.00	\$2,040.83
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Aging based on date of first statement

Treatment provided by John's Dental
TIN: 12-1254978

13 The alternative would be to include the TIN with the practice name on Practice Information

flow

ARISU001 - Summer Arizona

Practice Information Schedule Settings Data Settings Messages Email Settings Ledger Colors

Practice Information

Practice Name
*John's Dental Practice

Street
1313 Mockingbird Ln

Street 2
Ste 102

City
Chatham

State
IL

Postal Code
62629

Country
United States - US

Phone 1
(480) 555-5555

Phone 2

Fax

Bank Account

Default Area Code

Tooth System
JP

Click the edit button to enable editing

14 This is what that would look like on the statement

Keep in mind that is you choose this option; this will also print on a claim form as part of the practice name.

***John's Dental Practice: TIN 12-1542145**
1313 Mockingbird Ln
Chatham, IL 62629
(480) 555-5555

Credit Card Payment	
☐ Visa ☐ Mastercard ☐ Discover ☐ AMEX ☐ Other	
Card Number	CVV
Exp Date	Amount
Signature	

Summer Arizona
1234 Street test
Mesa, AZ 85206

Date	Procedure	Charge	Ins Adj	Ins Pay	Pat Adj	Pat Pay	Balance
04/03/2026	D0220 intraoral - periapical first radiographic	\$14.00					\$14.00
04/28/2026	INSCHECK Insurance Check Payment			\$0.00			\$14.00
		\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.00
04/03/2026	D0150 comprehensive oral evaluation - new	\$35.00					\$35.00
04/28/2026	INSCHECK Insurance Check Payment			(\$18.00)			\$17.00
		\$35.00	\$0.00	(\$18.00)	\$0.00	\$0.00	\$17.00
04/03/2026	D0330 panoramic radiographic image	\$57.00					\$57.00
04/28/2026	INSCHECK Insurance Check Payment			\$0.00			\$57.00
		\$57.00	\$0.00	\$0.00	\$0.00	\$0.00	\$57.00

15 As a last option for you would be to have a consult with the custom reports team to see about getting a custom statement report which would include the TIN or NPI after the address and phone number