



# Patterson EagleSoft eStatements Enrollment Form

Please COMPLETELY fill out the information and return this sheet to Patterson EagleSoft.

Patterson Technology Instructor: \_\_\_\_\_

## CLIENT INFORMATION

CLIENT ID#: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## STATEMENT INFORMATION:

BILLING CYCLE WEEKLY:  MONTHLY:  OTHER:  \_\_\_\_\_

NO. STATEMENTS PER CYCLE: \_\_\_\_\_

CREDIT CARDS ACCEPTED: MASTERCARD:  VISA:  DISCOVER:  AMEX:  NONE:

STATEMENT BANKPRINTING: STANDARD:

POSTAL ENDORSEMENT: RETURN SERVICE REQUESTED  
 If undeliverable as addressed, return mail piece to the sender with new address information or reason for non delivery. Separate change of address notification is not provided.

ADDRESS SERVICE REQUESTED  
 If forwarded, a separate change of address notification is provided. If returned, new address or reason for non delivery is provided.

NCOA Service  Automatically attempts to correct patient addresses each time you transmit statement files. Periodically, via a batch process, updates your entire active address database. This process requires a minimum of 100 address records to process.

DATE YOU WILL SEND LIVE DATA: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A MINIMUM OF 7,000 STATEMENTS PER MONTH IS REQUIRED FOR CUSTOM PAPER

PLEASE COMPLETELY FILL OUT THE ABOVE INFORMATION AND FAX OR MAIL TO:

PATTERSON EAGLESOFT  
FAX: 217.347.5965  
MAIL: P.O. BOX 1267  
EFFINGHAM, IL 62401

THIS AREA FOR EXPRESSBILL USE ONLY.

ACCOUNT NUMBER: \_\_\_\_\_

BBS USER NAME: \_\_\_\_\_

BBS PASSWORD: \_\_\_\_\_