



Patterson EagleSoft Electronic Statement 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 addresses, 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 data base. 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: _____