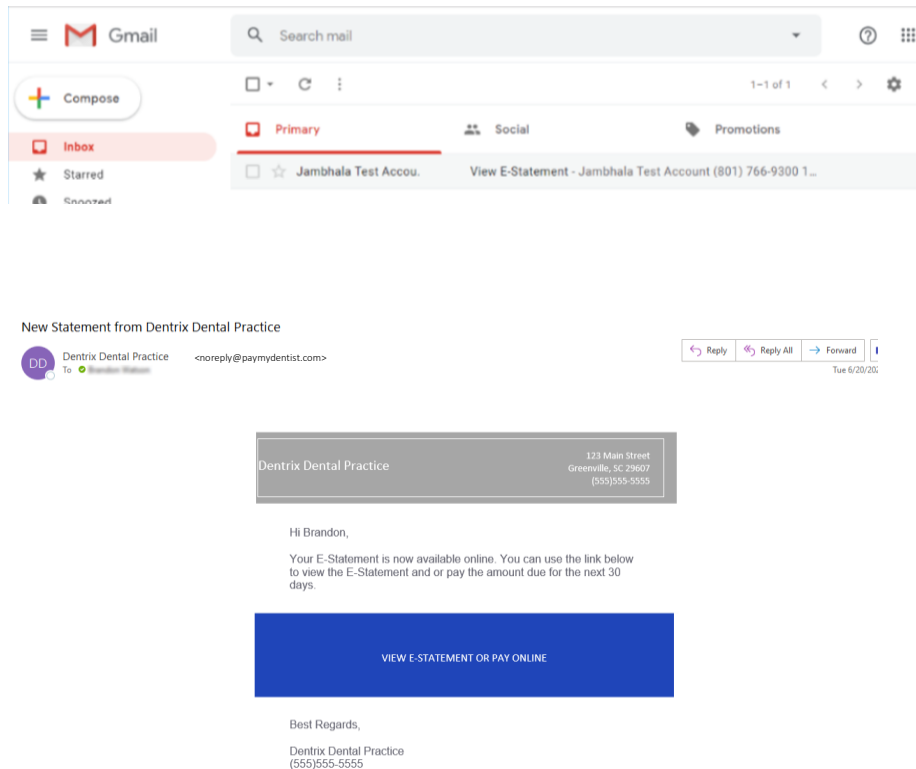


# Electronic Statements – Instruction Guide

Our office sends statements electronically unless you’ve contacted us to switch to your preferred statement delivery method to paper. If you would like to update your preferred statement deliver method, you can do so at any time by contacting our office. Please call with any questions!

## **TO RECEIVE YOUR STATEMENT AND PAY YOUR BILL:**



You will receive an email with a link to pay your bill online. The email will come from 'noreply@paymydentist.com'.

Once you click the link it will take you to another page asking to pay the “the full amount” or “choose other amount”. You will also have the option to view their E-Statement.

Please note that if you’re having issues getting your statement to pull up, it may be because the statement is for an ortho account. Please call our office for more details, while we work on a solve for this.

# Welcome to Jambhala Test Account



Your amount due

**\$204.00**

Pay Full Amount →

or

Choose Other Amount

[View E-Statement](#)

Jambhala Test Account 2  
(603) 294-1154 | 12345 St., Anaheim, CA 92801

\*Card Number: 0101 0101 0101 0101

\*Expiration: December / 2025

CVV: 010

Amount: \$204.00

Name: Brent Crosby

Address: 650 N 150 E  
P.O Box 110

City: Eastside

State: Nevada

Zip: 11111

Email: 1BrenCro@dentrix.com

Phone: (555)555-0150

PAY NOW

You are then be prompted to fill in your credit card information. After you pay, you will have the option to print a receipt.

Payment Completed

**PAYMENT RECEIPT**

Jambhala Corporation  
Jambhala Way, American Fork, UT, 84003  
(801) 763-9300

**TRANSACTION DETAILS**

Date/Time:	Wednesday 6/26/2019 at 3:07:22 PM
Type:	Payment
Result:	Approved
Reference #:	3776
Amount:	\$204.00 (USD)
Description:	Dental Services Online Account Payment for Brent

**PAYMENT DETAILS**


Authorization #:	160902
Card Type:	Mastercard
Card Account:	XXXX-XXXX-XXXX-0101
Exp:	XX/XX
Cardholder Name:	Payment for Brent

Print

**TO VIEW YOUR STATEMENT:**

# Welcome to Jambhala Test Account

Jambhala Test Account  
801-555-1212 | 1220 S 630 E #100, UT 84003



Your amount due

**\$204.00**

**Pay Full Amount →**

or

**Choose Other Amount**

[View E-Statement](#) ←

Please complete the fields below

Name \*

First Name

Last Name

Date of Birth\*

mm/dd/yyyy

**NEXT >**

When selecting to view the statement you will be prompted to log into their patient portal. At that time, you will be able to view a copy of your statement.

**STATEMENT OF ACCOUNT**

Chart # CR0020

Jambhala Test Account  
1220 S 630 East  
American Fork UT 84003

**GUARANTOR / RESPONSIBLE PARTY**  
Brent L Crosby  
1313 S Harbor Blvd  
Anaheim CA 92802

Credit card #  Exp.

Type of card  Security code

Name   
(as it appears on card)

Signature

PLEASE PAY THIS AMOUNT	AMOUNT ENCLOSED
\$204.00	

BILLING DATE	DUE DATE
06/26/2019	

To ensure proper recording of your payment, please detach and return this portion of the statement with your payment

Please retain this portion of the statement for your own records

DATE	DESCRIPTION	PATIENT NAME	AMOUNT	BALANCE
05/26/2019	Balance Forward			0.00
06/10/2019	*Sealant repair - per tooth	Brent	85.00	
06/10/2019	*Prophylaxis-adult	Brent	60.00	
06/10/2019	*Bitewing Four Image	Brent	40.00	
06/10/2019	*Assessment of Patient	Brent	15.00	
06/10/2019	*Periodic oral evaluation	Brent	32.00	