

How Families Can View & Pay Their Invoices

Insurance companies process claims for services rendered by Butterfly Effects, LLC, in accordance with each client's individual healthcare benefits. Any outstanding deductible, copayment, or coinsurance is the patient's financial responsibility.

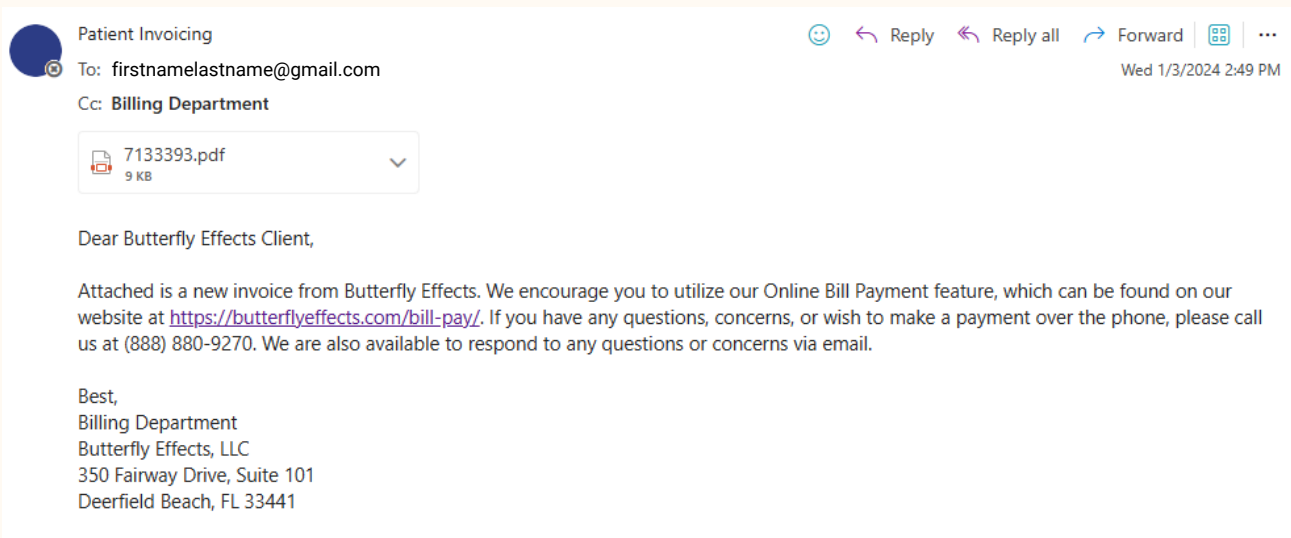
Once a patient's responsibility is identified, Butterfly Effects' electronic medical record system, CentralReach (CR), automatically generates an invoice. This invoice is emailed to the address listed in the patient's CR account. The email is sent from Patient Invoicing (patientinvoicing@butterflyeffects.com) and includes a link for convenient online payment.

There are 2 ways to view & pay invoices:

- 1. Payment via invoice/Butterfly Effects Bill-Pay:** An automated email will be sent to you containing a link to our online payment portal. For your convenience, you will also receive an automatic email reminder every 21 days for any open invoices.

To make a payment using the online payment portal, you will need the **invoice number and client ID**, both of which can be found on the invoice attached to the email. Below is an example of an invoice for reference.

Additionally, you can visit our payment portal at any time to check the status of your invoices by using the following link: <https://butterflyeffects.com/bill-pay/>.



P

Patient.Invoicing@ButterflyEffects.com

😊 ↩ Reply ↩ Reply all → Forward 📄 ⋮

To: firstnamelastname@gmail.com

Thu 1/4/2024 4:18 PM

Cc: Billing Department

2 attachments (19 KB) ☁ Save all to OneDrive - Butterfly Effects ↓ Download all

Hi,

Just wanted to follow up on your outstanding invoice(s).


- Invoice 7065733 - \$315.00
- Invoice 7133254 - \$75.00

Please feel free to make a payment directly online <https://butterflyeffects.com/bill-pay/>. We are also happy to answer any questions you may have.

Thanks,
Butterfly Effects Billing Department
888.880.9270

Make a payment online.

Upon completion of the below form, you will be transferred to a secure site to submit your payment information.

Client ID *	Invoice number *	Payment amount *
<input type="text" value="EX12345678"/>	<input type="text" value="12345678"/> 	<input type="text" value="\$"/>
First name *	Last name *	
<input type="text" value="First name"/>	<input type="text" value="Last name"/>	
Email *		
<input type="text" value="yourname@email.com"/>		
Address *		
<input type="text" value="123 Main Street"/>		
City *	State *	ZIP code *
<input type="text" value="West Palm Beach"/>	<input type="text" value="-- Choose a state --"/>	<input type="text" value="12345"/>
Continue		

Patient Responsibility Invoice

Butterfly Effects Therapy Services
350 Fairway Drive, STE 101
Deerfield Beach, FL 33441
Phone: (954) 603 - 7885
Email: billing@butterflyeffects.com



Patient Responsibility Invoice - Last Name, First Name

Billed To:
Last Name, First Name
555 Address
City, State 55555

Invoice Number:	XXXXXXX
Invoice Date:	XX/XX/XXXX
Client Number:	XXXXXXX
Client DOB:	XX/XX/XXXX
Amount Due:	\$XXX.XX
Due Date:	XX/XX/XXXX

- 2. Phone Payment:** In addition to the online portal, payments can also be made over the phone by calling our team at **888-880-9270, Option 4.**

You can also visit our payment portal at any time to check the status of your invoices by using the following link:
<https://butterflyeffects.com/bill-pay/>.