

Dr. Jane Doe
1234 Any Street
Anywhere, OH 12345

Office: (555) 555-5555
Fax: (555) 555-5555

STATEMENT DATE

03/25/2005

ACCOUNT NO.

12345

DUE DATE

04/11/2005

PAY THIS AMOUNT

\$ 12.06

AMOUNT PAID

\$

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW



MASTERCARD



VISA

CHECK THE CARD BEING USED FOR PAYMENT

CARD NUMBER

V-CODE

AMOUNT

SIGNATURE

EXPIRATION DATE

ADDRESSEE:

MAKE CHECKS PAYABLE AND REMIT TO:

John Doe
12345 Any Street
Anywhere OH 12345-1234



Dr. Jane Doe
1234 Any Street
Anywhere, OH 12345



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	ICPT	Explanation of Activity	Charges & Debits	Payments & Credits	Patient Amount
Patient: JOHN DOE					
Voucher: 41140					
03/08/2005	99213	Diagnosis: 718.87 Office/outpt visit, est	75.00		
03/21/2005	1224095	BCBS Payment		48.26	
03/21/2005	1224095	BCBS Adjustment		14.68	
03/21/2005	1224095	BCBS Transfer			12.06
Your copay is due at time of service. Please remit payment.					
Your prompt payment is greatly appreciated.					

Patient balance is due in full upon presentation of this statement. As a courtesy, we have billed your insurance company. Any payments denied or not paid by your insurance company will be charged to your account. Any payments or charges after the above statement date will appear on your next statement. For questions regarding your account please call our business office (555) 555-5555. Our e-mail address is: email@youremailaddress.com. Thank you!

1 **THANK YOU, FROM THE STAFF AT:**

Dr. Jane Doe
Tax ID: 20-0302410
1234 Any Street
Anywhere, OH 12345

FOR QUESTIONS CALL

555-555-5555

PAY THIS AMOUNT

\$ 12.06

ACCOUNT NO:

12345

PAYMENT DUE BY

04/11/2005