DOCTOR OFFICE
123 MAIN ST
CITY, TX 12345

RETURN SERVICE REQUESTED

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW. CHECK CARD USING FOR PAYMENT.

☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐ AMER. EXP.

CARD HOLDER NAME (PLEASE PRINT NAME) | ZIP CODE | SECURITY CODE

CARD NUMBER | AMOUNT

SIGNATURE | EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
03/05/12	$100.68	1-442.0

SHOW AMOUNT PAID HERE $

To make payments online, please visit:
https://www.healthepayment.com

ADDRESSEE:

STEPHEN PATIENT
PO BOX 123
CITY, TX 12345
00002

MAKE CHECKS PAYABLE TO:

DOCTOR OFFICE
123 MAIN ST
CITY, TX 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	PROVIDER	PATIENT	DESCRIPTION	FEE	BALANCE
			Balance Forward		**192.00**
05/07/11	VAN EATON, LEON	STEPHEN	ASSAY OF CREATINE OTHER SOURCE (82570QW)	18.00	
05/07/11	VAN EATON, LEON	STEPHEN	GLYCOSYLATED(A1C) (83036QW)	50.00	
08/11/11	VAN EATON, LEON		PAYMENT-AETNA#81115930000655 (17)	0.00	
08/11/11	VAN EATON, LEON		APPLIED TO DEDUCTIBLE $260.00 (DEDUC)	0.00	
09/13/11	VAN EATON, LEON		PAYMENT-CHECK#1119107754 (2)	-259.90	
			PATIENT RESPONSIBILITY--->		**0.10**
05/26/11	SURBER, AMBER	STEPHEN	OFFICE VISIT-EST PT DETAILED MOD COMPLEX (992214)	99.00	
06/09/11	SURBER, AMBER		PAYMENT-AETNA#811159530000655 (17)	0.00	
06/09/11	SURBER, AMBER		WRITEOFF-AETNA (57)	-6.47	
06/09/11	SURBER, AMBER		APPLIED TO DEDUCTIBLE $92.53 (DEDUC)	0.00	
07/19/11	SURBER, AMBER		PAYMENT-CHECK #37458629 (2)	-92.63	
			PATIENT RESPONSIBILITY--->		**-0.10**
01/25/12	SURBER, AMBER	STEPHEN	OFFICE VISIT-EST PT DETAILED MOD COMPLEX (992214)	206.00	
01/25/12	SURBER, AMBER	STEPHEN	BLOOD COUNT COMPLETE (CBC), AUTOMATED (85025)	26.00	
01/25/12	SURBER, AMBER	STEPHEN	URINALYSIS, DIP STICK/TABLET REAGENT AU (81001)	28.00	
01/25/12	SURBER, AMBER	STEPHEN	ALBUMIN URINE, MICROALBUMIN, SEMIQUANTI (82044QW)	16.00	
01/25/12	SURBER, AMBER	STEPHEN	ASSAY OF CREATINE OTHER SOURCE (82570QW)	18.00	
01/25/12	SURBER, AMBER	STEPHEN	GLYCOSYLATED(A1C) (83036QW)	50.00	
02/13/12	SURBER, AMBER		PAYMENT-MEDICARE#888752478	-43.06	
02/13/12	SURBER, AMBER		WRITEOFF-MEDICARE (55)	-197.53	
02/13/12	VAN EATON, LEON		APPLIED TO DEDUCTIBLE $103.41 (DEDUC)	0.00	
03/01/12	VAN EATON, LEON		PAYMENT-AETNA#812060560000247 (17)	-2.73	
			PATIENT RESPONSIBILITY--->		**100.68**

Statement Date	Account #	Current	30 days	60 days	90 days	Billing Questions
03/05/12	1-442.0	100.68	0.00	0.00	0.00	(###) ###-####

Please remit payment today. If you have questions or concerns please call our Billing Office at ###-###-#### ext 1109 or ext 1106

Total Balance	$100.68
*Insurance Pending	$0.00
AMOUNT NOW DUE	$100.68

AE

2 01/01 R242-951 F01 L0000044 A8931AC9 T2 STOCK = F-AA