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. #
03/14/12	$274.86	1-49.0

SHOW AMOUNT PAID HERE $

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

ADDRESSEE:

CARL PATIENT
3534 E Santa Ln
CITY, TX 12345

00003

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		0.00
10/14/11	SAMS O'KEY	CARL	OFFICE OUTPT EST15 MIN (99213)	150.00	
11/04/11	SAMS O'KEY		PAYMENT MEDICARE CK#884266926 (11)	-56.83	
11/04/11	SAMS O'KEY		WRITE-OFF MEDICARE (51)	-78.96	
11/04/11	SAMS O'KEY		CO-INSURANCE $14.21 (COINS)	0.00	
			PATIENT RESPONSIBILITY--->		14.21

RESPONSIBLE	Current	31-60	61-90	Over 90	Balance
Patient	0.00	0.00	0.00	14.21	274.86
Insurance	260.65	0.00	0.00	0.00	260.65
Total	0.00	0.00	0.00	14.21	14.21

Statement Date	Account #	Patient	Billing Questions
03/14/12	1-49.0	CARL PATIENT	(###) ###-####

We are suspending our services as you have made no attempt to pay us. If you wish to make an appointment payment will be required.

Total Balance	$14.21
*Insurance Pending	$260.65
AMOUNT NOW DUE	$274.86

AE

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