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 ☐ AMER. EXP.

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

CARD NUMBER | AMOUNT

SIGNATURE | EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
03/13/12	$1650.00	76673

SHOW AMOUNT PAID HERE $

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

ADDRESSEE:

Raymond Patient
3 Main Dr.
CITY, TX 12345

00005

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	DESCRIPTION	CHARGES	INS PAYMENTS	PATIENT PAYMENTS	ADJUSTMENTS	BALANCE	INS
12/09/11	Smith, D.O.	New Pt Extended DV	338.00	99.23	.00	198.77	40.00	*
01/05/12	Smith, D.O.	Transfora epi lumb, w/flouro single	825.00	0.00	.00	.00	825.00	*
01/05/12	Smith, D.O.	Transfora epi lum w/flouro (addtl)	667.00	0.00	.00	.00	667.00	*
01/20/12	Smith, D.O.	Est Pt Intermediate OV	118.00	0.00	.00	.00	118.00	*
03/02/12	Smith, D.O.	Rescheduled	.00	0.00	.00	.00	.00	*

Statement Date	Account #	Current	30 days	60 days	90 days	Billing Questions
03/13/12	76673	.00	40.00	.00	.00	(###) ###-####

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (###) ###-####
*** Second Request: Payment Due Upon Receipt * Tha
*** Second Request: Payment Due Upon Receipt * Thank You ***

Total Balance	$40.00
*Insurance Pending	$1610.00
AMOUNT NOW DUE	$1650.00

AE

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