DOCTOR OFFICE
324 N Main St
CITY, TX 12345

RETURN SERVICE REQUESTED

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

☐ MASTERCARD ☐ VISA

CARD HOLDER NAME (PLEASE PRINT NAME)	ZIP CODE	SECURITY CODE
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
02/29/12	$320.00	1-521.0

SHOW AMOUNT PAID HERE $

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

ADDRESSEE:

LULA PATIENT
123 KING ST
CITY, TX 12345

00006

MAKE CHECKS PAYABLE TO:

DOCTOR OFFICE
324 N 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	PATIENT	DESCRIPTION	FEE	BALANCE
		Balance Forward		**0.00**
03/10/11	LULA	OV NEW INTERMEDIATE (99203)	175.00	
03/10/11	LULA	GLYCATED HEMOGLOBIN (83036)	65.00	
03/10/11	LULA	PANEL, COMPREHENSIVE METABOLIC (80053)	75.00	
03/10/11	LULA	VENIPUNCTURE (36415)	15.00	
03/10/11	LULA	THYROXINE TOTAL FREE (84439)	75.00	
03/10/11		DISCOUNT SLIDING FEE C (72)	-202.50	
03/10/11		ADJ TO WRITEOFF (104)	202.50	
03/10/11		DISCOUNT SLIDING FEE C (72)	-87.50	
03/10/11		DISCOUNT SLIDING FEE D (73)	-57.50	
		PATIENT RESPONSIBILITY--->		**260.00**
11/29/11	LULA	OV ESTABLISHED PATIENT, INTERMEDIATE (99213)	120.00	
11/29/11		DISCOUNT SLIDING FEE C (72)	-60.00	
		PATIENT RESPONSIBILITY--->		**60.00**

Statement Date	Account #	Patient	Pay This Amount
02/29/12	1-521.0	LULA PATIENT	$320.00

YOUR ACCOUNT IS NOW SERIOUSLY PAST DUE. PLEASE MAKE PAYMENT IMMEDIATELY TO AVOID YOUR ACCOUNT GOING TO COLLECTIONS.
A 2010 TAX RETURN WILL BE REQUIRED FOR SLIDE FEE INCOME VERIFICATION.

AE

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