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. #
03/15/12	$434.00	000100000008823

SHOW AMOUNT PAID HERE $

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

ADDRESSEE:

ELDER TEST
1100 Parkway
CITY, TX 12345

00007

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	DESCRIPTION OF SERVICE	AMOUNT	INSURANCE BALANCE	PATIENT BALANCE	BALANCE
	PATIENT : ELDER				
02/03/12	Q8553 - 1 Rx Via Qualified Rx System	0.00			0.00
02/03/12	G0438 - PPPS, initial visit	175.00			175.00
	PATIENT : PED				
02/01/12	99213 - OFFICE/OUTPATIENT VISIT, EST	103.00			103.00
03/15/12	99214 - Established office, outpatient visit, detailed or	156.00			156.00

ACCOUNT #	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
000100000008823	$434.00	$0.00	$0.00	$0.00	$0.00	$434.00

This is a test message

PLEASE PAY THIS AMOUNT ⇨ $434.00

For Billing Questions, Please Call:
(###) ###-####

AE