

Demo Doctor
 123 Any Street
 Suite ABC
 Sample City, ST 12345
 Return Service Requested

For Billing Inquiries Call:
 (877) MD-BILLING
 (877) 632-4554

Ms. Sally Sample
 456 Any Street
 Sample City, ST 12345

Please complete payment information.

Chart Number	Statement Date	Account Balance	Payment Due
24685	01/15/2009	x.00	x.00
Credit Card	Select Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX		
	Card No.	Exp. Date	
Signature		3-4 Digit Sec. Code	
Check	Check No.	Amount Paid	

Make checks payable to:

Demo Doctor
 123 Any Street
 Suite ABC
 Sample City, ST 12345

Check if your billing information has changed. Provide update(s) above or on reverse side

Please detach and return top portion with payment.

Messages

- Payments made in the past 5 business days may not be reflected on this statement.

Statement Detail		Statement Date 01/15/2009		Chart Number 24685	
Date	Patient	Description	Bill No	Charges	Credits
12/26/2008	Sally Smith	Established Patient Office Visit, Level 3	35	110.00	
12/26/2008	Sally Smith	Patient Co-Payment - Credit Card Thank you for your payment.	35		25.00
01/05/2009	Sally Smith	Insurance payment	35		75.00
01/05/2009	Sally Smith	Insurance company adjustment	35		5.00

Account Summary	Last Payment Date	Last Payment Amount	Total Charges	Total Payments
		01/05/2009	75.00	110.00

Payment Due
5.00

Aging	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Days
		5.00	0.00	0.00	0.00