

Health USA
 125 MAIN STREET
 STE 118
 SERVICE CITY MA 99999
 Return Service Requested

For Billing Inquiries Call:
 (999)999-9999
 Visit OurWebSiteURL.com

SALLY SMITH
 16 ELM STREET
 SERVICE CITY MA 99999

Please complete payment information.

Chart Number	Statement Date	Account Balance	Payment Due
LY1	01/21/20xx	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:

Health USA
 125 MAIN STREET
 STE 118
 SERVICE CITY MA 99999

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

Please detach and return top portion with payment.

Schedule your next appointment at www.OurWebSiteURL.com. It's fast, easy, and convenient.

Messages

- Aging message(s) will print here.
- Optional ? up to 4 additional messages can be added here

Statement Detail		Statement Date 01/21/20xx		Chart Number LY1	
Date	Patient	Description	Bill No	Charges	Credits
1/08/xx	SALLY SMITH	Limited Office Visit	10	x.00	
1/08/xx	SALLY SMITH	Patient Payment - Credit Card Thank You for your Payment	10		x.00
1/08/xx	SALLY SMITH	Office Visit Level 3 Please check with your insurance company to insure payment for this office visit.	10	x.00	
1/08/xx	SALLY SMITH	Patient Payment - Credit Card	10		x.00
1/08/xx	SALLY SMITH	TD Immunization	10	x.00	

Account Summary	Last Payment Date	Last Payment Amount	Total Charges	Total Payments
	01/21/20xx	x.00	x.00	x.00

Payment Due
x.00

Aging	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Days
	x.00	x.00	x.00	x.00	x.00