

**ABC Clinic**  
 123 ANY ST  
 ANY TOWN, US 12345  
 Billing Questions: 555-555-1234  
 Billing Fax: 555-555-9876

IF PAYING BY CREDIT CARD  
 CIRCLE THE CARD BEING USED  
 AND FILL OUT CREDIT CARD INFORMATION ON BACK STUB



<b>Patient:</b> JOHN		<b>Account #</b> PATJO000
<b>Date of Statement:</b> 12/31/2007	<b>Amount Due:</b> \$980.76	<b>Amount Enclosed:</b> \$

**Account Statement For:**

**Make Checks Payable and Remit To:**



\*\*\*\*\*SNGLP 3  
 JOHN Q. PATIENT  
 12345 A. ST.  
 MY TOWN, USA 12345-6789

**ABC Clinic**  
 123 ANY ST  
 ANY TOWN, US 12345



Please check box if address is incorrect or insurance information has changed and indicate change(s) on the reverse side.

To insure proper credit, please detach and return top portion with your payment prior to your due date.

Date	Procedure	Charge	Ins 1 Payment	Ins 2 Payment	Ins 3 Payment	Insurance Adjust Pending	Patient Deductible Payment	Balance
<b>Patient: JOHN Q. PATIENT</b>		<b>Account Number: PATJO000</b>		<b>Procedure/Case: FIRST HEALTH/BCBS-</b>				
<b>1st Ins: FIRST HEALTH LIFE</b>		<b>2nd Ins: BCBS OKLAHOMA</b>						
01/11/07	J3487	\$1,320.00	\$0.00	\$0.00		-\$463.64	-\$606.36 -\$400.00	\$456.36
	ZOMETA (ZOLEDRONIC ACID) 1							
01/11/07	J0881	\$3,000.00	-\$547.59	\$0.00		-\$2,112.41	-\$212.81	\$340.00
	ARANESP (DARBEPOETIN							
01/17/07	J1441	\$470.00	-\$287.86	\$0.00		-\$110.18		\$71.96
	NEUPOGEN (FILGRASTIM) 480							
04/19/07	J3487	\$1,320.00	-\$410.00	-\$563.84		-\$105.24	-\$500.00 -\$128.48	\$112.44
	ZOMETA (ZOLEDRONIC ACID) 1							

**Important Message From Our Billing Department**

Patient, thank you for selecting our clinic for your health care needs. This statement represents charges for medical services provided in our office. Payment for these charges is due upon receipt of this statement.

As a courtesy, we have billed your insurance with the information that you have provided to us. If your insurance information has changed please contact our office immediately so we may bill your plan in a timely manner. Failure to bill your correct insurance plan could result in your charges being denied by the insurance company.

Any charges denied or not paid by your insurance company will be transferred to patient responsibility. If you have questions as to how your insurance paid or elected not to pay, please contact the insurance company directly. As a reminder, all co-pays are due at the time of service.

Should you have any questions regarding this statement, or require additional with your statement, let us know. Our billing office representatives are available and ready to assist you at 555-555-1234, Monday through Friday 8:30 am to 4:30 pm.

**Account Overview:**

Last Payment Made: \$200.00  
 Last Payment Applied: 1/14/2008  
 Next Due Date: Due Now  
 Billing Code: P  
 Insurance on file: FIRST HEALTH LIFE

<b>Statement Date</b> 12/31/2007	<b>Account Number</b> PATJO000
<b>Pending Insurance</b>	<b>Amount Now Due</b> \$980.76

**THANK YOU FROM THE  
 STAFF AT:**

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