

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.

Account	Statement Date	Acct. Balance	Payment Due
HC1-BK	2/11/20xx	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 OurWebSiteURL.com. It's fast, easy, and convenient.

Messages

- The "Messages" bar and section only prints when messages are provided by biller.
- Up to 5 messages can be printed here.
- Individual statement messages can be modified during online eApproval.
- Dunning messages can be added for past due accounts.
- Example Message - Payments received after the 25th of the month may not be reflected on this bill.

Statement Detail				Statement Date 2/11/20xx	Account HC1-BK	
Date	Name	Description	Optional	Charges	Receipts	Balance
1/04/20xx	Sally Smith	Office Estb:Detailed Hx-Exam/Modera		x.00	x.00	x.00
1/04/20xx	Sally Smith	Urinalysis		x.00	x.00	x.00
1/04/20xx	Sally Smith	Hematocrit		x.00	x.00	x.00
1/04/20xx	Sally Smith	Office Estb:Min/None Hx-Exam/St-Fwd		x.00	x.00	x.00
1/04/20xx	Sally Smith	Office Estb:Min/None Hx-Exam/St-Fwd		x.00	x.00	x.00
1/04/20xx	Sally Smith	Office Estb:Focused Hx-Exam/Str-Fwd		x.00	x.00	x.00
1/04/20xx	Sally Smith	Office Estb:Comprhn Hx-Exam / High		x.00	x.00	x.00
1/04/20xx	Sally Smith	Urinalysis		x.00	x.00	x.00
1/04/20xx	Sally Smith	Hematocrit		x.00	x.00	x.00
1/04/20xx	Sally Smith	Counseling - 25 Minutes		x.00	x.00	x.00
1/04/20xx	Sally Smith	Hospital Discharge		x.00	x.00	x.00

Account Summary	Previous Balance	New Charges	Payments & Credits	Adjustments	Estimated Insurance	Account Balance	Payment Due
	x.00	x.00	x.00	x.00	x.00	x.00	x.00

Aging	Current	31-60 Days	61-90 Days	91-120 Days	120+ Days
	x.00	x.00	x.00	x.00	x.00