

**HEALTH USA**125 MAIN STREET  
STE 118  
SERVICE CITY MA 02109

RETURN SERVICE REQUESTED

For Billing Inquiries:  
CALL (800)xxx-CARE or  
eMAIL Billing@OurWebSiteURL.com

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**SALLY SMITH**  
16 ELM STREET  
HOPKINTON MA 01748**Make checks  
payable to:****HEALTH USA**  
125 MAIN STREET  
STE 118  
SERVICE CITY MA 02109

Account No.	Statement Date	Account Balance	Payment Due
123-456-789	02/28/20xx	x.00	x.00
<b>CREDIT CARD</b>	<b>Select Card</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Card No.			Exp. Date
Signature		Amount Paid	
<b>CHECK</b>	Check No.	Amount Paid	

 **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](http://www.OurWebSiteURL.com). It's fast, easy, and convenient.**Messages**

- The "Messages" heading bar above only prints when messages are included by the biller in the uploaded statement data file.
- Up to 5 messages can be printed here.
- Each message begins on a new row and wraps at the end of the row.
- The Detail section below will shift down to accommodate various message lengths.
- The Detail section below will shift up when no messages are sent in the statement data file.

Statement Detail				Statement Date 02/28/20xx	Account No. 123-456-789	
Date	Optional1	Patient	Description	Optional2	Optional3	Amount
01/15/20xx		Sally Smith	Ankle x-rays			x.00
01/15/20xx		Sally Smith	Diagnostic blood test			x.00
01/15/20xx		Sally Smith	Removable brace			x.00
01/15/20xx		Sally Smith	Co-Payment – Thank You			x.00
02/15/20xx		Sally Smith	Payment – Thank You			x.00
<b>Healthcare Sample</b>						

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		