YOUR PRACTICE NAME AND
LOGO HERE

321 WEST PHARMACY BLVD
ANYTOWN, USA 54321-9999

005386 0101

ADDRESS SERVICE REQUESTED

ANY QUESTIONS PLEASE CALL 999-555-1212
TAX ID: 123456789
PATIENT: PATIENT, JOHN Q.

IF PAYING BY CREDIT CARD, PLEASE CHECK BOX FOR SELECTION AND FILL OUT BELOW.

☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AM EXPRESS

CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	

STATEMENT DATE	ACCOUNT NUMBER	PAY THIS AMOUNT	AMOUNT PAID
04/30/14	1234567-ABC	$75.00	

000000 (PC2)

JOHN Q. PATIENT
654 N. MAIN STREET
ANYTOWN, USA 12345-6789

YOUR PRACTICE NAME HERE
321 WEST PHARMACY BLVD
ANYTOWN, USA 54321-9999

00098000567890001234500000 0001

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

DETACH AND RETURN TOP PORTION IN THE ENCLOSED ENVELOPE.

DATE	CODE	DESCRIPTION	ID	CHARGE	ADJUST	PAYMENT	BALANCE	P
02/15/14	12345	Comprehensive Examination - NP	FAC	150.00	0.00	0.00	150.00	A
04/23/14		Ins. Pmt. - Beech Street CK# 1234				75.00	75.00	

THANK YOU FOR CHOOSING YOUR PRACTICE NAME HERE FOR YOUR HEALTH NEEDS

PAYMENT IS DUE UPON RECEIPT

A Global Practice Message can go here

CURRENT	30 - 60 DAYS	61 - 20 DAYS	91 - 120 DAYS	More than 120
$75.00				

PLEASE PAY THIS AMOUNT: $ **$75.00**

If you need to speak with Customer Service, please call 800-555-5556,8:00 AM to 6:00 PM, Monday- Friday, or email us at yourpracticename@email.com

To pay online, yourpracticeinfo.org

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . . .

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY STATE ZIP

TELEPHONE
( )

MARITAL STATUS
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

EMPLOYER'S NAME TELEPHONE
( )

EMPLOYER'S ADDRESS CITY STATE ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME EFFECTIVE DATE

PRIMARY INSURANCE COMPANY'S ADDRESS TELEPHONE
( )

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER

YOUR SECONDARY INSURANCE COMPANY'S NAME EFFECTIVE DATE

SECONDARY INSURANCE COMPANY'S ADDRESS TELEPHONE
( )

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER