

**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
APX1	12/13/20xx	x.00	x.00
<b>Credit Card</b>	Select Card <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX		
	Card No.	Exp. Date	
Signature		3-4 Digit Security Code	
<b>Check</b>	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**

- Up to 5 messages can be printed here.

Service Detail		Statement Date: 12/13/20xx	Account APX1
Date	Patient	Description	Amount
08/07/20xx	SALLY	EMG - ONE EXTREMITY	x.00
08/07/20xx	SALLY	NERVE CONDUCTION STUDY - MOTOR	x.00
08/07/20xx	SALLY	NERVE CONDUCTION STUDY - SENSORY	x.00
08/07/20xx	SALLY	OFFICE PAYMENT	x.00
08/07/20xx	SALLY	PRIMARY INSURANCE PAYMENT	x.00
08/07/20xx	SALLY	INFORMATION REQUESTED FROM PATIENT. YOUR INSURANCE COMPANY HAS DENIED THIS CLAIM STATING THAT THEY NEED INFORMATION FROM YOU TO PROCESS THIS CLAIM.	x.00
08/07/20xx	SALLY	NOTE UPDATED ADDRESS WITH INFO FROM POST OFFICE AND REMAILED STATEMENT MWF	x.00
		TOTAL FOR SALLY	x.00

Aging	Current
	x.00

Payment Due
x.00