

ABC BILLING
 1010 Q STREET
 SOMEWHERE, NY 12345
 (800) 555-1111
 Tax ID: 1111111111

Statement

9/8/2010
 Account No: 55555555

JOHN DOE
 1234 OAK
 SOMEWHERE, NY 12345

Date	Description	Diag	Proc	Transaction Amount	Insurance Balance	Patient Balance
08/01/10	30 MINUTE SESSION		90801	\$75.00	\$75.00	\$0.00
08/01/10	PROCEDURE		Credit	\$0.00	\$-100.00	\$0.00
	08/26/10 PATIENT PMT			\$-100.00		
08/01/10	PROCEDURE		12345	\$10.00	\$10.00	\$0.00
08/03/10	45 MINUTE SESSION		90803	\$100.00	\$0.00	\$75.00
	09/03/10 PATIENT PMT			\$-25.00		
08/04/10	45 MINUTE SESSION		90803	\$100.00	\$100.00	\$0.00

0-30	31-60	61-90	91-120	Over 120	Ins. Due	Please Pay
\$160.00	\$0.00	\$0.00	\$0.00	\$0.00	\$85.00	\$75.00

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9/8/2010
 Account No: ACT22234

MARY DOE
 1422 ELM STREET
 SOMEWHERE, NY 12345

Date	Description	Diag	Proc	Transaction Amount	Insurance Balance	Patient Balance
07/01/10	THIS IS A TEST	311	90804	\$125.00	\$0.00	\$25.00
07/13/10	INSURANCE PMT			\$-100.00		
07/08/10	45 MINUTE SESSION	1234	90803	\$100.00	\$100.00	\$0.00
07/12/10	45 MINUTE SESSION	311	90803	\$100.00	\$0.00	\$20.00
07/26/10	INSURANCE PMT			\$-80.00		
07/12/10	THIS IS A TEST	311	90804	\$125.00	\$125.00	\$0.00

0-30	31-60	61-90	91-120	Over 120	Ins. Due	Please Pay
\$225.00	\$45.00	\$0.00	\$0.00	\$0.00	\$225.00	\$45.00

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Statement

9/8/2010
 Account No: 666666666E

NANCY JONES
 11111 LANE STREET
 SOMEWHERE, NY 12345

Date	Description	Diag	Proc	Transaction Amount	Insurance Balance	Patient Balance
07/13/10	30 MINUTE SESSION	311	90801	\$75.00	\$0.00	\$75.00

0-30	31-60	61-90	91-120	Over 120	Ins. Due	Please Pay
\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75.00

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9/8/2010
 Account No: 1811

WILLIAM JONES
 11111 LANE STREET
 SOMEWHERE, NY 14743

Date	Description	Diag	Proc	Transaction Amount	Insurance Balance	Patient Balance
07/06/10	PROCEDURE	311	99600	\$75.00	\$45.00	\$0.00
	07/26/10 PATIENT PMT			\$-25.00		
	07/26/10 MAJOR MEDICAL ADJUSTMENT.			\$-5.00		
07/13/10	15 MINUTE SESSION	311	90802	\$50.00	\$50.00	\$0.00

0-30	31-60	61-90	91-120	Over 120	Ins. Due	Please Pay
\$95.00	\$0.00	\$0.00	\$0.00	\$0.00	\$95.00	\$0.00

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9/8/2010
 Account No: 1875

ROBERT SMITH
 1234 MAIN STREET
 SOMEWHERE, NY 12345

Date	Description	Diag	Proc	Transaction Amount	Insurance Balance	Patient Balance
07/08/10	30 MINUTE SESSION	311	90801	\$75.00	\$75.00	\$0.00
07/08/10	45 MINUTE SESSION	311	90803	\$100.00	\$100.00	\$0.00
07/08/10	15 MINUTE SESSION	311	90802	\$50.00	\$50.00	\$0.00
07/12/10	THIS IS A TEST	311	90804	\$125.00	\$0.00	\$0.00
	07/26/10 INSURANCE PMT			\$-100.00		
	07/26/10 PATIENT PMT			\$-15.00		
	07/26/10 PROMPT-PAY DISCOUNT.			\$-10.00		

0-30	31-60	61-90	91-120	Over 120	Ins. Due	Please Pay
\$225.00	\$0.00	\$0.00	\$0.00	\$0.00	\$225.00	\$0.00

ABC BILLING
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 (800) 555-1111
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Statement

9/8/2010
 Account No: 77777777

SUE SMITH
 1234 MAIN STREET
 SOMEWHERE, NY 12345

Date	Description	Diag	Proc	Transaction Amount	Insurance Balance	Patient Balance
07/09/10	45 MINUTE SESSION	311	90803	\$100.00	\$0.00	\$30.00
07/13/10	INSURANCE PMT			\$-50.00		
07/13/10	CONTRACT ADJ			\$-20.00		

0-30	31-60	61-90	91-120	Over 120	Ins. Due	Please Pay
\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.00