

ABC BILLING
1010 Q STREET
SOMEWHERE, NY 12345
(800) 555-1111

Statement

9/8/2010
Account No: 55555555

Balance Due: \$160.00

Amount Enclosed:

BCBS
1010 MAIN
OUTSIDE, NY 14444

For Services Rendered To:
JOHN DOE
1234 OAK
SOMEWHERE, NY 12345

(Cut here and return with payment)

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

| | | | | | |
|----------|----------|--------|--------|----------|------------|
| 0-30 | 31-60 | 61-90 | 91-120 | Over 120 | Please Pay |
| \$-25.00 | \$185.00 | \$0.00 | \$0.00 | \$0.00 | \$160.00 |

ABC BILLING
 1010 Q STREET
 SOMEWHERE, NY 12345
 (800) 555-1111

Statement

9/8/2010
 Account No: ACT22234

Balance Due: \$270.00

Amount Enclosed:

MEDICAID
 23456 OAK STREET
 WELLSVILLE, MA 56453

For Services Rendered To:
 MARY DOE
 1422 ELM STREET
 SOMEWHERE, NY 12345

(Cut here and return with payment)

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

| 0-30 | 31-60 | 61-90 | 91-120 | Over 120 | Please Pay |
|--------|----------|----------|--------|----------|------------|
| \$0.00 | \$170.00 | \$100.00 | \$0.00 | \$0.00 | \$270.00 |

ABC BILLING
1010 Q STREET
SOMEWHERE, NY 12345
(800) 555-1111

Statement

9/8/2010
Account No: 1811

Balance Due: \$95.00

Amount Enclosed:

MEDICARE

For Services Rendered To:
WILLIAM JONES
11111 LANE STREET
SOMEWHERE, NY 14743

.....
(Cut here and return with payment)

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

| | | | | |
|--------|---------|---------|--------|----------|
| 0-30 | 31-60 | 61-90 | 91-120 | Over 120 |
| \$0.00 | \$20.00 | \$75.00 | \$0.00 | \$0.00 |

Please Pay
\$95.00

ABC BILLING
 1010 Q STREET
 SOMEWHERE, NY 12345
 (800) 555-1111

Statement

9/8/2010
 Account No: 1875

Balance Due: \$225.00

Amount Enclosed:

UNITED HEALTH CARE

For Services Rendered To:
 ROBERT SMITH
 1234 MAIN STREET
 SOMEWHERE, NY 12345

(Cut here and return with payment)

| Date | Description | Proc | Transaction Amount | Balance |
|----------|-------------------------------|-------|--------------------|----------|
| 07/08/10 | 30 MINUTE SESSION | 90801 | \$75.00 | \$75.00 |
| 07/08/10 | 45 MINUTE SESSION | 90803 | \$100.00 | \$100.00 |
| 07/08/10 | 15 MINUTE SESSION | 90802 | \$50.00 | \$50.00 |
| 07/12/10 | THIS IS A TEST | 90804 | \$125.00 | \$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 | Please Pay |
|--------|--------|----------|--------|----------|------------|
| \$0.00 | \$0.00 | \$225.00 | \$0.00 | \$0.00 | \$225.00 |

ABC BILLING
1010 Q STREET
SOMEWHERE, NY 12345
(800) 555-1111

Statement

9/8/2010
Account No: 77777777

Balance Due: \$30.00

Amount Enclosed:

MEDICARE

For Services Rendered To:
SUE SMITH
1234 MAIN STREET
SOMEWHERE, NY 12345

.....
(Cut here and return with payment)

| Date | Description | Proc | Transaction Amount | Balance |
|----------|-------------------|-------|--------------------|---------|
| 07/09/10 | 45 MINUTE SESSION | 90803 | \$100.00 | \$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 | Please Pay |
| \$0.00 | \$30.00 | \$0.00 | \$0.00 | \$0.00 | \$30.00 |