

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

Statement

9/8/2010
 Account No: 55555555

Balance Due: \$75.00

Amount Enclosed:

JOHN DOE
 1234 OAK
 SOMEWHERE, NY 12345

(Cut here and return with payment)

Date	Description	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
\$-25.00	\$185.00	\$0.00	\$0.00	\$0.00	\$85.00	\$75.00

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

Statement

9/8/2010
 Account No: ACT22234

Balance Due: \$45.00

Amount Enclosed:

MARY DOE
 1422 ELM STREET
 SOMEWHERE, NY 12345

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

0-30	31-60	61-90	91-120	Over 120	Ins. Due	Please Pay
\$0.00	\$170.00	\$100.00	\$0.00	\$0.00	\$225.00	\$45.00

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

Statement

9/8/2010
Account No: 666666666

Balance Due: \$75.00

Amount Enclosed:

NANCY JONES
11111 LANE STREET
SOMEWHERE, NY 12345

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

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

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

Statement

9/8/2010
Account No: 77777777

Balance Due: \$30.00

Amount Enclosed:

SUE SMITH
1234 MAIN STREET
SOMEWHERE, NY 12345

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(Cut here and return with payment)

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