

Health USA

125 MAIN STREET
 STE 118
 SERVICE CITY MA 99999
 RETURN SERVICE REQUESTED

For Billing Inquiries Call:
 (999)999-9999

Please complete payment information.

Chart Number	Statement Date	Account Balance	Payment Due
MS1	02/10/2005	171.00	171.00
CREDIT CARD	Select Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Card No.			Exp. Date
Signature			Amount Paid
CHECK	Check No.	Amount Paid	



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Make checks payable to:

HEALTH USA
 125 MAIN ST STE 118
 SERVICE CITY MA 99999

Check if your billing information has changed
 Provide update(s) above or on the reverse side.

Please detach and return top portion with your payment

Schedule your next appointment at www.OurWebSiteURL.com. It's fast, easy, and convenient.

Messages

- Please Pay Within 30 Days of Bill Date

Statement Detail		Statement Date 02/10/2005				Chart Number MS1		
Date	Name	Description	Charge	Paid by Insurance	Deductible	Paid by Guarantor	Adjustments	Remainder
1/06/05	Sally Smith	Office Visit Est. Patient EEL Please call your Insurance Company	60.00					60.00
1/06/05	Sally Smith	Urinalysis, Routine	11.00					11.00

Account Summary	Previous Balance	New Charges	Payments & Credits	Adjustments
	100.00	71.00	0.00	0.00

Insurance Pending	Payment Due
0.00	171.00

Aging	Past Due 30	Past Due 60	Past Due 90
	0.00	0.00	100.00