

**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.

Chart Number	Statement Date	Account Balance	Payment Due
MS1	02/10/20xx	x.00	x.00
<b>Credit Card</b>	Select Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <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 [www.OurWebSiteURL.com](http://www.OurWebSiteURL.com). It's fast, easy, and convenient.

**Messages**

- Optional ? up to 5 messages can be added here.

Statement Detail				Statement Date 02/10/20xx		Chart Number MS1		
Date	Name	Description	Charge	Paid by Insurance	Deductible	Paid by Guarantor	Adjustments	Remainder
1/06/xx	Sally Smith	Office Visit Est. Patient EEL Please call your Insurance Company to insure payment.	x.00					x.00
1/06/xx	Sally Smith	Urinalysis, Routine	x.00					x.00

Account Summary	Previous Balance	New Charges	Payments & Credits	Adjustments
	x.00	x.00	x.00	x.00

Payment Due
x.00