

SAVE A STAMP AND GO GREEN!

View Your Statement & Pay Online at: www.mypatientstatement.net

DR. TEST
 555 MAIN ST
 DALLAS TX 75214
 FORWARDING SERVICE REQUESTED

TO PAY BY CREDIT CARD, PLEASE FILL OUT INFORMATION BELOW.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CARD NUMBER			AMOUNT
SIGNATURE			EXP. DATE

Charges & credits made after your statement date will appear on your next statement.

STATEMENT DATE 11/2/2010	ACCOUNT NUMBER 1	PAY THIS AMOUNT \$50.00
PAYMENT DUE UPON RECEIPT		SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE TO:

TOM WYLIE
 9330 CAMPBELL RD
 RICHARDSON TX 75080

DR. TEST
 555 MAIN ST
 DALLAS TX 75214

Billing Questions: 214-555-5555
 Hours Of Operation: M-F 9-5

PLEASE PAY ONLINE @ MYPATIENTSTATEMENT.NET OR DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Patient Name: TOM WYLIE
 Statement ID: 62517755788

Account #: 1

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Date	Claim #	Description	Charge	Payment	Adjustment	Balance
06/24/2009	15	99214 - OFFICE OUTPT EST 25 MIN	\$200.00	\$0.00	\$0.00	\$200.00
06/24/2009	15	36415 - COLLJ VEN BLD VNPXNR	\$40.00	\$0.00	\$0.00	\$240.00
06/24/2009	15	CREDIT CARD	\$0.00	\$20.00	\$0.00	\$220.00
06/24/2009	15	INS CHECK	\$0.00	\$50.00	\$0.00	\$170.00
06/24/2009	15	ADJUSTMENT - MANAGED CARE	\$0.00	\$0.00	\$100.00	\$70.00
06/24/2009	15	INS CHECK	\$0.00	\$20.00	\$0.00	\$50.00
06/24/2009	15	ADJUSTMENT - MANAGED CARE	\$0.00	\$0.00	\$20.00	\$30.00
07/15/2009	15	INS CHECK	\$0.00	\$0.00	\$0.00	\$30.00
03/05/2010	15	CREDIT CARD	\$0.00	(\$20.00)	\$0.00	\$50.00

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT				TOTAL AMOUNT DUE \$50.00		
Please Pay.				www.mypatientstatement.net		

Be sure to sign up for electronic statements! Save a stamp and a tree at the same time by GOING GREEN!