BILLING STATEMENT

Addressee

Jane Smith 123 Main St. Philadelphia, PA 12345

Please make checks payable and remit to:

ABC Health 5678 Hospital St., STE 1 Philadelphia, PA, 12345

Acccount Number	Account Name	Statement Date	Due Date
000001	Jane Smith	12/01/2018	Upon Receipt

Date of Service	of Service Description	
11/05/18 11/05/18	LABORATORY SERVICES DIAGNOSTIC/THERAPEUTIC IMAGING	\$8,000.00 \$10,000.00
11/05/18	EKG SERVICES	\$1,000.00
11/05/18 11/05/18 - 11/07/18	EMERGENCY ROOM ROOM & NURSING CARE	\$11,000.00 \$15,000.00

AMOUNT DUE: \$45,000.00

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INSURANCE INFORMATION

Primary:.....ABC Health Insurance Co. Secondary:.....Not on file

You are responsible for payment of any balance remaining after your insurance has paid.

You may be eligible to establish a monthly payment plan in order to pay your total amount due over a series of monthly installments.

Account balances greater than 120 days are due to be placed with our external collection agency. Payments made by mail and online will be applied to the oldest balance first.

Nonprofit credit counseling services or financial assistance may be available for patients who meet eligibility criteria. Please call 1-215-333-4567.