DR. SMILE
123 MAIN STREET
ANYTOWN, KS 12345

14733-UG16

RETURN SERVICE REQUESTED

Patient	Number	Current Due
JOHN Q.	999999	300.42

FOR BILLING INQUIRIES, PHONE: 555-123-4567

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER	SIGNATURE CODE
SIGNATURE	EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
08/03/2004	$300.42	999999

ACCOUNT DUE DAY: 15th

PAGE: 1 of 1

SHOW AMOUNT PAID HERE $

500005A

ADDRESSEE:

JOHN Q. PATIENT
1234 MAIN STREET
ANYTOWN, CA 00000

REMIT TO:

DR. SMILE
123 MAIN STREET
ANYTOWN, KS 12345

14733-UG16*1AS0L9LBN000003

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Account Balance	Estimated Insurance	Patient Portion	Current Due	Next Payment(s)
300.42	0.00	300.42	300.42	0.00

AMOUNT DUE ON
8/3/04
▸▸▸▸▸▸▸ **$300.42**

ACCOUNT DUE DAY: 15th
STATEMENT DATE: 08/03/2004

Date	Patient	Description	Amount	Patient	Insurance
07/26/04	JOHN Q. PATIENT	Pers Ck: 2795	-143.00	-143.00	0.00

Messages:
Please call if you have any questions regarding your account. We appreciate the opportunity to care for your families orthodontic needs!
We arranged a payment plan that you agreed to. Please honor it and pay the balance due now.
Accounts are due and payable monthly as work progresses regardless of insurance coverage.

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