ıutomated Paper Statement Sample

ıt Modified on 10/16/2025 5:35 pm EDT

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STATEMENT

Your Logo Here

ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

COMPLETE AND RETURN IF PAYING BY CREDIT CARD

CARD NUMBER | SECURITY CODE

NAME ON CARD (PLEASE PRINT) | EXP. DATE

SIGNATURE | AMOUNT

STATEMENT DATE	ACCOUNT #	AMOUNT DUE
10/16/2025	10000001	$110.00

If you need to contact our Billing Department, please call 800-555-2525 M-F 8AM-6PM or email us at yourofficeemail@sample.com

JOHN PATIENT
123 MAIN ST
ANYTOWN US 12345-6789

MAKE CHECK PAYABLE AND REMIT TO:

ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

DETACH TOP PORTION AND RETURN WITH PAYMENT IN ENCLOSED ENVELOPE

Date	Description	Charges	Payments	Adjustments	Balance
	Patient: JOHN PATIENT \ Account: 10000001				
09/16/2025	OFFICE VISIT	$400.00	$200.00	$100.00	$100.00
10/09/2025	PAYMENT BY AETNA		-$50.00		
10/09/2025	ADJUSTMENT BY AETNA			$0.00	
10/09/2025	PAYMENT BY AETNA		-$150.00		
10/09/2025	ADJUSTMENT BY AETNA			-$100.00	
10/09/2025	DENIED BY AETNA		$0.00		

Account Information		AMOUNT DUE
Total Charges:	$430.00	**$110.00**
Credits/Adjust:	$100.00	
Ins Payments:	$320.00	
Patient Payments:	$0.00	
Patient Balance:	**$110.00**	

Pay Online
www.paystatementonline.com
Account Number: 10000001
Or can the QR code to the right.

SCAN FOR MOBILE PAYMENT

Payment is due upon receipt. Prompt payment is appreciated.
Thank you!

Please see payment options below or call our Billing Department to make payment arrangements.

ADD PRACTICE
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CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

If you have new health insurance or a new address, please enter the information below. 10000001

NEW ADDRESS	CITY	STATE	ZIP CODE	NEW PHONE

POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT	POLICY ID #	GROUP #

EFFECTIVE DATE	BIRTH DATE OF INSURED	HMO/PPO/OTHER	INSURANCE PHONE #

IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)

INSURANCE COMPANY NAME	INSURANCE ADDRESS

EMPLOYER	EMPLOYER ADDRESS

Insurance Information

If your insurance has changed, please call our Billing Department immediately at 800-555-2525 or complete and mail the insurance information form on the back of this statement.