ıutomated Payment Plan Statement Sample

ıt Modified on 11/05/2025 3:37 pm EST

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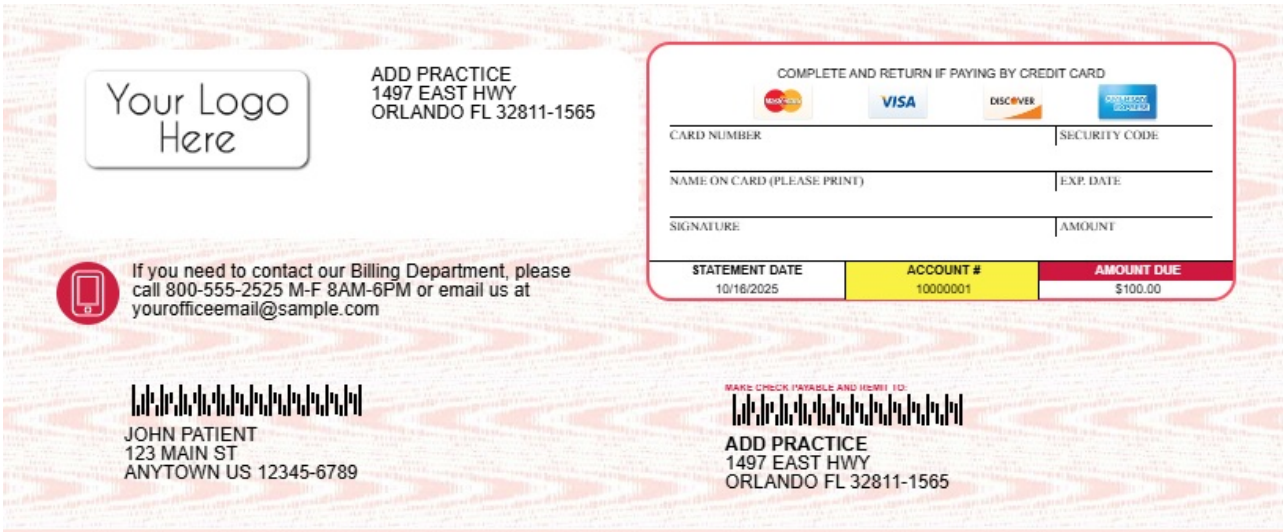

FINAL NOTICE

Your account is seriously PAST DUE and it disappoints us to see that your enclosed bill is still unpaid. We have previously provided you with other billing statments and are waiting for your response. This matter must be resolved as soon as possible to continue your care. Your account is now being considered for collections. To avoid this action, please pay the balance in full within ten (10) business days.

If payment has been made since the date on this notice please disregard this notice. If not, please send the payment in full. Thank you for your immediate attention to this matter.

If you believe this statement is in error, or if you can provide us with additional insurance coverage and it is not too late to file a claim for you, please call our Billing Department immediately.

Account Information		AMOUNT DUE
Total Charges:	$400.00	**$100.00**
Credits/Adjust:	$100.00	
Ins Payments:	$300.00	
Patient Payments:	$0.00	
Patient Balance:	**$100.00**	

Pay Online

www.paystatementonline.com

Account Number: 10000001

Or can the QR code to the right.

SCAN FOR MOBILE PAYMENT

Thank you for choosing us for all your health care needs.

Please pay by mail, online, or over the phone.

ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

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 or complete and mail the Change Of Health Insurance Information Form on the back of this statement.