

† Modified on 11/05/2025 3:37 pm EST

Your Logo
Here



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

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 10/16/2025	ACCOUNT # 10000001	AMOUNT DUE \$100.00
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MAKE CHECK PAYABLE AND MAIL TO:



ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

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 statements 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.



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.