

STATEMENT OF ACCOUNT

Activity

Date	Patient	Dr	Claim	Th#	Description	Amount	

ACCOUNT STATUS

Current	Over 30	Over 60	Over 90	Over 120	Last Payment Date	Year to Date Payments	Balance	

Service	Submitted	Patient	Dr	Claim	Insurance Company	Type	Amount

Please detach and return this portion of statement with payment

AMOUNT ENCLOSED	

Remit by	Invoice Number	Account Number