

[Practice Name]
[Address Line 1]
[City, State, Zip]
Phone: [Phone Number]

STATEMENT

Statement #: [Statement Number]
Statement Date: [MM/DD/YYYY]
Payment Due Date: [MM/DD/YYYY]

Patient Name	[Patient Name]	Account Number	[Account Number]
Guarantor Name	[Guarantor Name]	Patient/Guar. Address	[Address Line 1] [City, State, Zip]

Date of Service	Description	Charges	Ins Paid	Adjs	Pt Paid	Balance
[MM/DD/YYYY]	[Service Description]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Previous Balance:	\$0.00
New Charges:	\$0.00
Total Payments & Adj:	-\$0.00
Insurance Pending Amount:	\$0.00
Current Balance Due:	\$0.00

Payment Options

Pay Online: Visit [Practice Payment URL]

Pay by Phone: Call our billing office at [Phone Number]

Pay by Mail: Return this bottom portion with a check made payable to [Practice Name].

Billing Office Note: If you have questions about your bill, please contact us Monday-Friday, 8am-5pm.

Note: If your insurance has recently paid, your balance may have changed.

DISCLAIMER: These templates are educational examples only and should be adapted to each practice, payer, specialty, contract, and local/state requirements. They are not legal, coding, billing, or reimbursement advice.