

# Understanding Your Statement

Address of guarantor, or person responsible for payment of the bill. For example, a child may be the patient but the parent's name will appear here.

To pay by credit card, complete this area including which type of card, card number, amount being paid, expiration date, & signature.

Date bill was printed.

Amount owed by patient.

Account number assigned to the date of service.

Patient's name.

First location where patient received service.

Date(s) of service provided to Sara Jane Doe.

Second location where patient received service.

Provider of service.

Amount charged for services provided.

Adjustment / discount made to charge.

Amount paid by your insurance.

Payments you have made.

Amount pending from your insurance.

The amount remaining after all payments have been received.

Insurance on file in the order it should be filed.

Total due in this account.

Total charges pending insurance payment.

Amount owed by patient.

If you have moved or have changed insurance, please check here and complete form on reverse side.

IF PAYING BY CREDIT CARD FILL OUT BELOW:

SELECT CARD TYPE FOR PAYMENT:  VISA  M/C  DISCOVER

CARD NUMBER: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

STATEMENT DATE: 09/24/07 PAY THIS AMOUNT: 182.89 ACCT #: 1186415

PRIMARY INSURANCE NAME: \_\_\_\_\_

SHOW AMOUNT PAID HERE \$ \_\_\_\_\_

Our records show your primary insurance is: ABCBS/BLUE CARD  
G/P: 012345A ABC123456  
If this is incorrect, please call us at (479) 571-5370

Date	Name	Description	Charge Amount	Ins. Payment	Adjust. / Discout	Patient Payment	Ins. Pending	Patient Balance
03/29/07	POPE	IMAGING ASSOCIATES OF NWA BRC MAMMOGRAPHY SCR-DIGITAL B	203.00	79.35	.00	79.35		123.65
03/29/07	POPE	CAD SCREENING MAMMOGRAM	28.00					28.00
05/09/07	SMITH-POLES	ABDOMINAL, COMPLETE	209.00	113.42	67.23	.00		28.35
06/13/07	CLAY	FAYETTEVILLE DIAGNOSTIC CLINIC PDC HEPATIC FUNCTION PANEL	66.00	13.70	49.41	.00		2.89

Account Balance	182.89
Pending Insurance	0.00
<b>DUE BY PATIENT</b>	<b>182.89</b>

	Current	30-60 days	60-90 days	90-120 days	over 120 days
	0.00	0.00	2.89	0.00	180.00

For billing questions, please call (479) 571-5370