

DR. DENTIST D.D.S.
 1234 STATE STREET
 ANYTOWN, USA 12345-4321



0202

ADDRESS SERVICE REQUESTED

BILLING QUESTIONS, CALL: 000-000-0000

ADDRESSEE:

JOHN Q. PATIENT
 1234 STATE STREET
 ANYTOWN, USA 12345-4321

CHECK CARD USING FOR PAYMENT

MASTERCARD
 DISCOVER
 VISA
 AMERICAN EXPRESS

CARD NUMBER

SIGNATURE

EXP. DATE

STATEMENT DATE 08/01/2010	PAY THIS AMOUNT \$69.80	ACCT. # 12345
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PAGE NO. 1

SHOW AMOUNT PAID HERE \$

EAGLESOFT_16

REMIT TO:

DR. DENTIST D.D.S.
 1234 STATE STREET
 ANYTOWN, USA 12345-4321

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT



BALANCE FORWARD:

DATE	PATIENT	CODE	DESCRIPTION	AMOUNT
06/12/2010	JOHN Q. PATIENT	00130	PALLIATIVE EMERGENCY	\$30.00
06/12/2010	JOHN Q. PATIENT	00220	INTRAORAL-PERiapICAL FIRST FILM	\$15.00
06/12/2010	JOHN Q. PATIENT	Acct. Paymnt	Check: Number 1443	-\$45.00
06/13/2010	JOHN Q. PATIENT		Insurance Claim From 06/12/2010 was Submitted to Prim.	
06/17/2010	JOHN Q. PATIENT	02386	RESIN-TWO SURFACES, POSTERIO-PERMANENT	\$155.00
06/18/2010	JOHN Q. PATIENT		Insurance Claim From 06/17/2010 was Submitted to Prim.	
07/13/2010	JOHN Q. PATIENT	Ins. Paymnt	Check: Number 2345 for claim from 06/17/2010	-\$15.20
07/14/2010	JOHN Q. PATIENT	Ins. Paymnt	Check: Number 5432 for claim from 06/12/2010	-\$30.00

Thank you for visiting our office.
 Have a nice day.

TOTAL CHARGES: \$109.80
ESTIMATED INSURANCE PAYMENT: \$ 40.00
BALANCE DUE: \$69.80

CURRENT	30 DAYS	60 DAYS	90 DAYS	EST. INSURANCE	ON CONTRACT	DUE DATE
\$69.80				\$ 40.00		08/15/2010

DR. DENTIST D.D.S.
 (123)456-7890

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