Memorial Physicians PLLC
PO BOX 2947
Yakima Wa 98907

When paying by VISA or Mastercard please fill out this portion

IF PAYING BY VISA OR MASTERCARD, FILL OUT BELOW

☐ VISA ☐ MASTERCARD

CARD NUMBER

SIGNATURE

SECURITY CODE ON BACK OF CARD

The amount that is due will be listed here

This is the date the statement was printed

Patient Account #

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
09/01/09	$10.00	12345

For all billing questions, please call: 509-248-7849
Patient Name: Paul Patient

The addressess will always be the Guarantor/Patient of the account.

Fill in the dollar amount you will be paying

S MADE AFTER STATEMENT
ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE $

ADDRESSEE:

00000-0

PAUL PATIENT
123 MAIN STREET
ANYTOWN, US 55555

MAKE CHECKS PAYABLE / REMIT TO:

Memorial Physicians PLLC
PO BOX 2947
Yakima Wa 98907

The balance indicated here is patient responsibility

This is the total charge amount

This will indicate the amount of Payment(s)/ Adjustment(s)

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Date	Description	Charge	Pmt/Adj	Balance
01-06-2009	Claim: 00000, Provider: Any Doctor, MD			
01-06-2009	99204 E/M Svc New Pt Level 4	228.00		
01-08-2009	Patient Payment		20.00	
07-09-2009	BCBS KC Payment		135.34	
07-09-2009	BCBS KC Adjustment		62.66	
07-09-2009	Your balance due on these services...			10.00

Account Aging

Total amount of patient responsibility.

Current	30 Days	60 Days	90 Days	120 Days	Now Due
$10.00	$0.00	$0.00	$0.00	$0.00	$10.00

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

For all billing questions, please call 509-248-7849
Patient Name: Paul Patient

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

99880