

**Health USA**

125 MAIN STREET  
 STE 118  
 SERVICE CITY MA 99999  
 RETURN SERVICE REQUESTED

Office Telephone Number:  
 (999) 999-9999  
 Office Fax Number: (999) 999-9998

Please complete payment information.

Chart Number	Statement Date	Account Balance	Payment Due
LY2CoPay	03/17/2005	48.00	48.00
<b>CREDIT CARD</b>	Select Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Card No.			Exp. Date
Signature			Amount Paid
<b>CHECK</b>	Check No.	Amount Paid	



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Make checks payable to:

**HEALTH USA**  
 125 MAIN ST STE 118  
 SERVICE CITY MA 99999

Check if your billing information has changed  
 Provide update(s) above or on the reverse side.

Please detach and return top portion with your payment

Schedule your next appointment at [www.OurWebSiteURL.com](http://www.OurWebSiteURL.com). It's fast, easy, and convenient.

**Messages**

- Please Pay Within 30 Days of Bill Date

Statement Detail			Statement Date 03/17/2005	Chart Number LY2CoPay	
Date	Patient	Description	Ref	Ins Portion	Pat Portion
12/08/04	SALLY SMITH	Limited Office Visit	10		20.00
12/08/04	SALLY SMITH	Patient Payment - Credit Card	10		-20.00
01/21/05	SALLY SMITH	Office Visit Level 3	10		40.00
01/21/05	SALLY SMITH	Patient Payment - Credit Card	10		-10.00
01/21/05	SALLY SMITH	TD Immunization	10		18.00

Account Summary	Last Pay Date	Last Payment Amount	Total Charges	Total Payments	Total Acct Balance
	01/21/2005	10.00	78.00	-30.00	48.00
Aging	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Days
	0.00	48.00	0.00	0.00	0.00

Insurance Total	Payment Due
0.00	48.00