

# Hospital Statement of Account

## Patient Information

Patient Name:	Jane Doe	Patient ID:	12345678
Admission Date:	2024-05-12	Discharge Date:	2024-05-17
Statement Date:	2024-06-10	Room No.:	402-B

## Account Summary

Service/Description	Date	Charge (USD)	Payment/Adjustment (USD)
Room Charge (5 nights)	2024-05-12 – 2024-05-17	1,250.00	-
Laboratory Tests	2024-05-13	350.00	-
X-Ray Imaging	2024-05-14	200.00	-
Physician Fees	2024-05-12 – 2024-05-17	600.00	-
Medication	2024-05-12 – 2024-05-17	180.00	-
Insurance Payment	2024-05-17	-	1,500.00
Patient Payment	2024-05-18	-	500.00
Total		2,580.00	2,000.00
Outstanding Balance			\$580.00

**Remarks:** Please settle the outstanding balance on or before 2024-06-20 to avoid penalties.

## Authorized By

Prepared By:	Anna Smith	Date:	2024-06-10
Signature:	_____		