

Medical Billing Statement Form Sample

The **medical billing statement form** sample provides a clear layout for documenting patient details, services rendered, and payment responsibilities. This form ensures accurate communication between healthcare providers and patients regarding billing information. Its structured design promotes efficient processing and record-keeping in medical offices.

Patient Details

Patient Name	_____	Date of Birth	____ / ____ / ____
Patient ID	_____	Phone Number	_____
Address	_____		
Insurance Provider	_____	Policy Number	_____

Services Rendered

Date of Service	Description of Service	CPT/Procedure Code	Charge Amount (\$)	Insurance Payment (\$)	Patient Responsibility (\$)
____ / ____ / ____	_____	_____	_____	_____	_____
____ / ____ / ____	_____	_____	_____	_____	_____
Totals:			_____	_____	_____

Payment Information

Statement Date	____ / ____ / ____
Payment Due Date	____ / ____ / ____
Total Amount Due (\$)	_____
Payment Methods Accepted	â~ Cash â~ Check â~ Credit Card â~ Online Payment Portal

Note: For questions regarding this statement, please contact our billing office at (____) ____-____ or billing@email.com.