

# 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 (\$)
____ / ____ / ____	_____	_____	_____	_____	_____
____ / ____ / ____	_____	_____	_____	_____	_____
<b>Totals:</b>		_____	_____	_____	_____

## Payment Information

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

**Note:** For questions regarding this statement, please contact our billing office at (\_\_\_\_) \_\_\_\_ - \_\_\_\_ or [billing@email.com](mailto:billing@email.com).