

Customized Billing Statement

Date: [Statement Date]
Statement Number: [123456]

Patient Information

Patient Name	[Patient Name]
Date of Birth	[MM/DD/YYYY]
Patient ID	[Patient ID]
Address	[Street Address, City, State ZIP]

Services Rendered

Date	Service Description	CPT Code	Amount
[MM/DD/YYYY]	[Description of Service]	[Code]	[\$[Amount]]
[MM/DD/YYYY]	[Description of Service]	[Code]	[\$[Amount]]

Payment Details

Previous Balance	[\$[Previous Balance]]
Total Charges	[\$[Total Charges]]
Payments/Credits	-\$[Payments]
Amount Due	[\$[Amount Due]]

Notes

Please remit payment by the due date shown. If you have questions regarding this statement, contact our office at [Phone Number] or [Email Address].