

Patient Services
123 Evergreen Terrace
Simcity, TX 77379

For billing inquiries please call: (866) 933-4013 IVR



PATIENT STATEMENT

STATEMENT REFERENCE ID : ERFAC 34005-1

This is your statement. This is the amount your Insurance Company reports you owe for your portion of charges (Deductible and Co-Insurance). Please call our Patient's Advocacy Line (PAL) at ((866) 999-9999 to discuss your options.

PATIENT STATEMENT FOR YOU

THIS IS NOT A BALANCE BILL

STATEMENT DETAILS

Patient Name: : Test Patients
Account Number: : ERFAC 34005-1
Statement Date: : 11/23/2020

Pay Online Via
<https://payhere.bills.com>

STATEMENT SUMMARY

Total Amount Due: **\$300**

SERVICE DATE	DESCRIPTION	CHARGE	INSURANCE PAYMENTS	DISCOUNT	COINS / DEDUCTIBLE	PATIENT PAYMENTS	BALANCE
11/20/2020 3:27:52 PM	Visit with Gopalasamy Durairaj	\$780	\$0	\$480	\$300	\$0	\$300



ALL OTHER DESCRIPTIONS OF CHARGES WITH BE CONTINUED ON SUBSEQUENT PAGES.

PLEASE PAY **\$300**

THIS CHARGE IS FOR THE SERVICES RENDERED BY
Patient Services

Pay Online
(Recommended)

<https://payhere.bills.com>

Pay By Phone

Call customer service:
(866) 999-9999

Δ Please fold and tear along perforation and send coupon with your payment in the envelope provided. Δ

Patient Services
123 Evergreen Terrace
Simcity, TX 77379

Test Patients
1234 Test Street
Springfield, IL 62703

Guarantor: Test Patients		Invoice #: ERFAC 34005-1	
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
Card Number	Expires	CVV	Zip
Name on Card		Signature	
Amount Due	Statement Date	Due Date	Amount Enclosed
300	11/23/2020		

MAKE CHECK PAYABLE AND REMIT TO:

Demo Service Location
My House
Simcity, TX 75395