

Patient Statement of Charges

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|----------------|------------|
| Patient Name | John Doe |
| Date of Birth | 01/15/1980 |
| Statement Date | 06/15/2024 |
| Account Number | 123456789 |

Charge Details

| Date of Service | Description | Charge | Insurance Payment | Patient Responsibility |
|-----------------|--------------|----------|-------------------|------------------------|
| 06/01/2024 | Consultation | \$150.00 | \$100.00 | \$50.00 |
| 06/01/2024 | Lab Tests | \$200.00 | \$150.00 | \$50.00 |

Total Amount Due: \$100.00

Enter Payment Amount:

Comments: