

# Patient Statement of Charges

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: