

Medical Billing Statement

ABC Medical Center
123 Health St, Wellness City, 56789

Patient Information:

Name: John Doe
Date of Birth: 01/23/1980
Statement Date: 06/13/2024
Account #: 00012345

Service Details:

Date	Description	Charge	Payment	Balance
06/01/2024	Office Visit	\$150.00	\$0.00	\$150.00
06/03/2024	Lab Tests	\$80.00	\$30.00	\$50.00
06/05/2024	X-Ray	\$120.00	\$0.00	\$120.00
Total Amount Due				\$320.00

Payment Information:

Cardholder Name

Credit Card Number

Expiration Date (MM/YY)

CVV

Please remit payment by 07/01/2024 to avoid late fees.

If you have questions about this statement, contact us at (555) 123-4567.