

# Greenfield Medical Center

123 Wellness Ave, Springfield, ST 12345  
Phone: (555) 123-4567

## Emergency Room Billing Statement

Patient Name:	<input type="text"/>	Date of Service:	<input type="text"/>
Account Number:	<input type="text"/>	Statement Date:	<input type="text"/>

### Summary of Charges

Description	Date	Charges (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Charges:</b>		<input type="text"/>
Payments/Insurance:		<input type="text"/>
<b>Amount Due:</b>		<input type="text"/>

Prepared by:

Signature:

Date: