Page 1 of 2

Generic Diagnostic & Treatment Park Plaza, Anytown, PA 00000

Statement

Adult Partial Generic Diagnostic & Treatment Park Plaza	Balance Due:		\$200.00
Anytown, PA 00000	Please Pay By:	Sund	day, Jul 17, 2016
Statement for: Brian Test testing, PA		Account Number: 2506: Statement Date: Tuesday, Dec 01, 201	
Summary of All Costs & Credits			
Balance Due From Last Statement:			\$0.00
Payment(s) Received Since Last Statem	ent:		\$0.00
Current Charges:			\$200.00
Balance Due:			\$200.00
Notes /Messages:			
≫ < Co	ut or fold and tear along this line and include payment	de with your — — —	
Payment Method & Amount		,	Account Number: 25062
By Check: Make chec	k payable to Adult Partial		
By Credit Card:	4 MasterCard Other		
Credit Card #: Expire Date (mm/yy): Signa	iture:	Paym Amou \$	

Generic Diagnostic & Treatment Park Plaza, Anytown, PA 00000

Statement

Statement for:								
Brian Test Testing, PA			Account Number: Statement Date: Tue			25062 esday, Dec 01, 2015		
Details of Balance	Owed							
Overdue Amounts							Balance Owing	
30 Days Overdue							\$0.00	
60 Days Overdue							\$0.00	
90+ Days Overdue							\$0.00	
Balance Owed							\$200.00	
Details of Received	d Payments							
Payment Date	Payment ID		Payment	Method		Payment	Amount	
Payment Received Sinc	e Last Statement							
Details of Costs Fo	or This Statement							
On	Your service type / ID	Service Cost	Discounts	Insurance Due	Insurance Pay	Copay	Total Due	
Jun 13, 2016	14215 - Psych Intake/Eval	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00	
Current Charges		Service Cost \$200.00	Discounts \$0.00		Insurance Pay \$0.00	Copay \$0.00	Total Due \$200.0	
Summary of All Cos	sts & Credits							
Balance Due From Last							\$0.0	
Payment(s) Received Si	nce Last Statement:						\$0.0	
Comment Channe							\$200.0	
Current Charges:								
Balance Due:							\$200.0	