



PO Box 1769
Middleburg, VA 20118

PATIENT STATEMENT

Amount Due: **\$183.58**

STATEMENT DATE 11/11/2008 Current Charges: \$0.00
 PATIENT Jane Doe Past Due: **\$183.58**
 ACCOUNT
 FACILITY Shirlington

This balance is now your responsibility. Please remit promptly or contact our office to make arrangements. For your convenience we also accept VISA or Mastercard.

Past Due: Any amount over 30 days is considered past due.

TO: Jane Doe
5555 West St.
Middleburg, VA 20118

Phone (888) 889-6363
Fax
Email
www

Visit Summary: Basic summary of a your visit.

Charges: The charge amount is the amount billable to your insurance.

Adjustments: The adjustment is the amount written off or adjusted due to a contractual obligation with your insurance carrier.

Patient Responsibility: This is the amount you are responsible for after charges are billed and adjustments are taken by your insurance carrier.

Visit Summary

Date	Status	Charges	Insurance Charges	Other Charges	Insurance Payments	Adjustments	Patient Responsibility
07/01/08	Due Patient	\$308.00	\$308.00	\$0.00	\$63.06	\$181.89	63.05
07/08/08	Due Patient	\$284.00	\$284.00	\$0.00	\$56.12	\$171.77	56.11
07/11/08	Due Patient	\$317.00	\$317.00	\$0.00	\$61.23	\$194.55	61.22
07/14/08	Due Patient	\$260.00	\$260.00	\$0.00	\$51.20	\$157.60	51.20
Totals:		\$1,169.00	\$1,169.00	\$0.00	\$231.61	\$705.81	231.58

Patient Payments: \$48.00
Patient Due: \$183.58

15 min. increments

Charge Detail

Date	Status	Code	Description	Units	Insurance Charge	Other Charge	Insurance Payments	Adjustments
07/01/08	Due Patient	97001	PT Eval	1	\$140.00	\$0.00	\$28.91	\$82.18
07/01/08	Due Patient	97110	Therapeutic exercise	3	\$168.00	\$0.00	\$34.15	\$99.71
07/08/08	Due Patient	97140	Manual Therapy	1	\$60.00	\$0.00	\$10.59	\$38.82
07/08/08	Due Patient	97110	Therapeutic exercise	4	\$224.00	\$0.00	\$45.53	\$132.95
07/11/08	Due Patient	97140-59	Manual Therapy	2	\$120.00	\$0.00	\$21.18	\$77.64
07/11/08	Due Patient	97110	Therapeutic exercise	3	\$168.00	\$0.00	\$34.15	\$99.71
07/11/08	Due Patient	97012	Mechanical Traction	1	\$29.00	\$0.00	\$5.90	\$17.20
07/14/08	Due Patient	97140-59	Manual Therapy	1	\$60.00	\$0.00	\$10.59	\$38.82
07/14/08	Due Patient	97110	Therapeutic exercise	2	\$112.00	\$0.00	\$22.77	\$66.47
07/14/08	Due Patient	97012	Mechanical Traction	1	\$29.00	\$0.00	\$5.90	\$17.20
07/14/08	Due Patient	97112	Neuromuscular Re-ed	1	\$59.00	\$0.00	\$11.94	\$35.11
Totals:					\$1,169.00	\$0.00	\$231.61	\$705.81

Charge Detail: An in depth breakdown of the visit summary. This area breaks down each procedure, charge, and unit.

Payment Detail

Date	Type	Identifier	Amount
07/01/08	Credit Card	COPAY	\$12.00
07/11/08	Credit Card	2 COPAYS	\$24.00
08/14/08	Check	mail	\$12.00
Total:			\$48.00

Payment Detail: History of all your payments. This area does not include insurance payments.