Anderson Endoscopy Center
PO Box 639163
Cincinnati, OH 45263-9163
ADDRESS SERVICE REQUESTED

For Billing Questions Please Call:
(513) 451-9698

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW, CHECK CARD USING FOR PAYMENT

☐ MASTERCARD ☐ VISA ☐ DISCOVER

CARD HOLDER NAME (PLEASE PRINT NAME)	ZIP CODE	SECURITY CODE
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO
XX/XX/XXXX	$XXX.XX	654321

SHOW AMOUNT PAID HERE $

ADDRESSEE:

JOHN DOE
1234 MAIN STREET
CINCINNATI OH 45200-0000

MAKE CHECKS PAYABLE / REMIT TO:

Anderson Endoscopy Center
PO Box 639163
Cincinnati OH 45263-9163

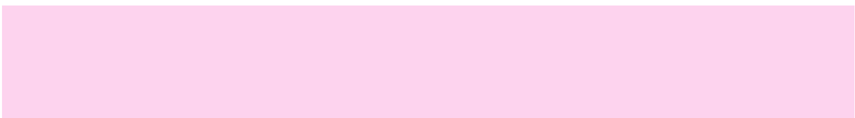
☐ Please check box if above address is incorrect or insurance Information has changed and indicate change(s) on reverse side

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

DATE	PROVIDER	PATIENT	DESCRIPTION	FEE	BALANCE
XX/XX/XX	Doctor's Name	John Doe	12345 Procedure	XXXXX. XX	
XX/XX/XX		John Doe	Insurance	XXXX. XX	
XX/XX/XX		John Doe			XXXX. XX

Statement Date	Account #	Current	30 days	60 days	90 days	Billing Questions
XX/XX/XXXX	654321	XXXX.XX	0.00	0.00	0.00	(513) 451-9698



Total Balance	$XXXX.XX
*Insurance Pending	$0.00
AMOUNT NOW DUE	$XXXX.XX