

CINCINNATI GI
 PO BOX 632958
 CINCINNATI, OH 45263-2958
PERSONAL & CONFIDENTIAL

ADDRESS SERVICE REQUESTED



001234
0101

123456.co1 1234 56789
 Stmt Date: XX/YY/20ZZ

John Doe
 1234 Main Street
 Cincinnati, OH 45200-0000



IF PAYING BY CREDIT CARD, PLEASE CHECK BOX FOR SELECTION AND FILL OUT BELOW.			
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX
CARD NUMBER		VERIFICATION #	
CARDHOLDER NAME		EXP. DATE	
SIGNATURE			
ACCOUNT NUMBER	DUE DATE	Amount Due	AMOUNT PAID
1234567	XX/YY/20ZZ	\$XXX.XX	

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Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.
TO ENSURE PROPER CREDIT, DETACH AND RETURN TOP PORTION IN THE ENCLOSED ENVELOPE.

Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance	
1 of 1	XX/YY/20ZZ	XX/YY/20ZZ	(513) 451-9698	1234567	\$XXX.XX	
Date	Visit Detail	Explanation of Activity	Charges & Debits	Insurance Pending	Payment & Credits	Patient Balance
Patient: Jane Doe						
Provider:						
Voucher: 12345678						
						\$XXX.XX

MESSAGE

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Account Number	1234567
Billing Inquiries	(513) 451-9698

Amount Due	\$XXX.XX
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