Friendly Billing Statement

The bill contains appropriate language, a large typeface and an easy-to-read layout.

|  |  |  |  |
| --- | --- | --- | --- |
| Friendly Medical Group |  |  |  |
| 123 Patient Friendly Way |  | **Bill For Services** |
| Anytown, ST 12345 |  |
|  |  |  |  |
|  |  |  |  |
| Mr. John Doe |  | Account Number: | 123-234 |
|  |
|  | Invoice Date: | 11/1/2001 |
| 2005 Hill Street |  |
|  | Primary Insurance: | Medicare |
| Anytown, ST 12345 |  |
|  | Secondary Insurance: None |
|  |  |
|  |  |  |  |
|  |  |  |  |

**Bill For Medical Group Services for your 10/15/2001 Visit**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Date** | **Service Description** | **Amount** |  |
|  |  |  |  |
|  |  |  |  |
| 10/15/2001 | X-rays | $ 200.00 |  |
| 10/15/2001 | Lab Services | $ 254.00 |  |
|  |  | $ 454.00 |  | Total |
|  |  | $ 354.00 |  | Insurance Pending |
|  |  | **$ 100.00 Due From Patient** |

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