

Understanding your Statement

- A. Provider of service rendered
- B. Name and address of the person responsible for this bill. If you are not responsible for this bill, please contact our office immediately.
- C. Please fill out this portion of your bill if you are paying by MasterCard, Visa, American Express or Discover.
- D. If you would like to pay your bill online the website is listed here.
- E. Paying online through our website requires this group specific code in order to make payment. If a group code is not present your provider does not allow payment through our website.
- F. The name and address of the group that provided service
- G. Date of service
- H. Patient that received service
- I. Code that identifies the medical procedure
- J. Description of services provided
- K. Amount originally charged for procedure by physician
- L. Amount paid to the physician
- M. Adjustments made to account, contractual arrangements, etc.
- N. Amount outstanding for outlined procedure
- O. This is your unique account number please reference this number when speaking to a CompuData patient services representative
- P. The box where your account balance falls represents the days outstanding since your first statement
- Q. If a payment on this account has been made, the date of payment will show here
- R. Place where the procedure was performed
- S. Total account balance due
- T. Amount that you are personally responsible for paying at this time

MAKE CHECKS PAYABLE TO:		IF PAYING BY MASTERCARD, VISA, AMERICAN EXPRESS OR DISCOVER, FILL OUT BELOW.					
PROFESSIONAL SERVICES 771 N FREEDOM ST RAVENNA, OH 44266		CHECK CARD USING FOR PAYMENT <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> Debit <input type="checkbox"/> Credit					
FOR BILLING INQUIRIES PHONE: 00-000-0000 FED# 111111199 JOHN PROFESSIONAL, MD 000224985		CARD NUMBER: _____ AMOUNT: _____		SIGNATURE: _____ EXP. DATE: _____		STATEMENT DATE: 9-17-08 PAY THIS AMOUNT: 200.00 ACCT. #: 111666	
JOHN DOE 771 N FREEDOM ST RAVENNA OH 44266 2470		PROFESSIONAL SERVICES 771 N FREEDOM ST RAVENNA, OH 44266		SHOW AMOUNT \$ _____ PAY HERE		Pay Your Bill Online at: www.computadainc.net Use Code: PROFS	
<input type="checkbox"/> Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side. PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT							
DATE	PATIENT	CPT	DESCRIPTION OF SERVICE	CHARGE	RECEIPT	ADJUSTMENT	AMOUNT
3-01-08	JOHN DOE	99999	MEDICAL SERVICE	200.00			
G	H	I	J	K	L	M	N
ACCOUNT NO.		CURRENT	30 DAYS	60 DAYS	90 DAYS	LAST PAY DATE	TOTAL ACCOUNT BALANCE
111666					200.00		200.00
O	THE ABOVE CHARGE					Q	S
STATEMENT							T
PLEASE PAY THIS AMOUNT ***							200.00