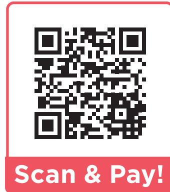
GRAHAM MEDICAL ASSOCIATES
123 Main Street
Anytown, USA 12345-6789

Patient Account

Patient	John Doe
Account Number	555924
Statement Date	05/15/2022



Scan & Pay!

Pay Online
www.grahammedassociates.com

Online Bill Pay Code	BPC5D3
Patient Responsibility	$197.88
Payment Due Date	05/25/2022

MESSAGE: If you are unable to make your payment in full, please register online or call our office to set up a payment plan.

Billing Questions: (123) 456-7890 x123

See reverse side for important billing information.

FINAL NOTICE

PATIENT NAME	TOTAL PATIENT RESPONSIBILITY	PAYMENT DUE DATE
John Doe	**$197.88**	**05/25/2022**

Final Notice

We regret that you have not paid the balance due on your account, nor have you responded to our notices. If payment in full is not made within **(10) ten days** we may turn your account over to legal collections and proceed with your dismissal from this practice. Turning your account over to collections could affect your credit rating. Collection fees will also be added.

Please contact our billing department at (123) 456-7890 to make a payment, set up payment arrangements or with any questions you have regarding this notice.

Collections Department
Graham Medical Associates

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

Keep top portion for your records

Mail bottom portion with mailed payments

123 Main Street
Anytown, USA 12345-6789

Billing Summary

Patient	John Doe
Account Number	555924
Statement Date	05/15/2022

PATIENT RESPONSIBILITY	ONLINE BILL PAY CODE	PAYMENT DUE DATE
$197.88	**BPC5D3**	**05/25/2022**

To pay by mail, make checks payable to

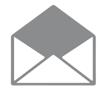
JOHN DOE
456 PARKER ST
ANYTOWN, USA 12345-0621

GRAHAM MEDICAL ASSOCIATES
123 MAIN ST
ANYTOWN USA 12345-6789

Pay Online
www.grahammedassociates.com
Guest Pay or Register
Sign up for eStatements,
or set up a payment plan!

Text to Pay
The easy way to pay your bill.
Sign up for Text to Pay at
www.grahammedassociates.com

Pay by Phone
& Billing Questions
(123) 456-7890 x123
Mon-Thurs: 8:00am - 4:30pm
Fri: 8:00am - 12:00pm



Pay by Mail
Checks payable to:
Graham Medical Associates
123 Main Street
Anytown, USA 12345-6789

FINANCIAL POLICY

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees or your responsibility as a patient.

How much do I really owe?

You are responsible for the amount listed in the box PATIENT RESPONSIBILITY. As every insurance plan is different, if you disagree with how your insurance paid on your account, please contact them prior to contacting our office.

What if I cannot pay in full?

Please call our patient account representatives or go online to set up a payment plan.

Co-Pay:

A dollar amount contracted between you and your insurance carrier, due at time of service.

Co-Insurance:

A percentage of the insurance benefits that you are responsible for.

Deductible:

Annual dollar amount that you are responsible for based on the type of coverage you have selected with your insurance company.

Adjustment:

A contractual agreement that has been made between our doctors and your insurance company.

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT

IF PAYING BY CREDIT CARD, FILL OUT BELOW

SEE FRONT FOR ACCEPTED CREDIT CARDS	CARD TYPE
CARD NUMBER	AUTHORIZATION CODE: ____ ____ ____ ____ (usually last 3 or 4 digits on back of card in signature line)
SIGNATURE	EXP. DATE

☐ PAYING BY CHECK | **SHOW AMOUNT PAID HERE** $

ADDRESS CORRECTION
COMPLETE THIS SECTION IF YOUR ADDRESS ON REVERSE SIDE IS INCORRECT

NAME

ADDRESS

CITY

STATE, ZIP

PRIMARY INSURANCE COMPANY NAME

INSURANCE COMPANY'S ADDRESS

CITY | STATE | ZIP

POLICY HOLDER NAME | HOLDER'S DOB | RELATIONSHIP TO INSURED

INSURED'S ID NUMBER | GROUP PLAN NUMBER

SECONDARY INSURANCE COMPANY NAME

INSURANCE COMPANY'S ADDRESS

CITY | STATE | ZIP

INSURED'S ID NUMBER | GROUP PLAN NUMBER