

Patient Account

Patient John Doe
Account Number 555925
Statement Date 11/20/2025

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



Scan & pay or visit us online at www.grahammedassociates.com

Online Bill Pay Code	BPC5D3
Patient Responsibility	\$197.88
Payment Due Date	12/05/2025



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	12/05/2025

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 ▼

G

GRAHAM

MEDICAL ASSOCIATES

123 Main Street
Anytown, USA 12345-6789

JOHN DOE
456 PARKER ST
ANYTOWN, USA 12345-0621

Billing Summary		
Patient	John Doe	
Account Number	555925	
Statement Date	11/20/2025	
PATIENT RESPONSIBILITY	ONLINE BILL PAY CODE	PAYMENT DUE DATE
\$197.88	BPC5D3	12/05/2025

To pay by mail, make checks payable to

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: _____ <small>(usually last 3 or 4 digits on back of card in signature line)</small>
	SIGNATURE	EXP. DATE
	<input type="checkbox"/> PAYING BY CHECK <div> SHOW AMOUNT PAID HERE \$ </div>	

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	