

HEALTHCARE

RETURN ADDRESS		PHYSICIAN'S IRS I.D. NO.	TELEPHONE NUMBER
ACCOUNT NUMBER	RESPONSIBLE PARTY		STATEMENT DATE
DATE	DOCTOR	CODE	PATIENT / DESCRIPTION
			AMOUNT
MESSAGE AREA			TOTAL
OVER 30	OVER 60	OVER 90	PREVIOUS BALANCE
			CREDITS
			CURRENT

POSTAL INDICIA	
RESPONSIBLE PARTY	
STATEMENT DATE	ACCOUNT NUMBER
PLEASE PAY THIS AMOUNT	AMOUNT PAID
\$	

REPLY ADDRESS

TO:

OUTGOING ADDRESS

DETACH AND RETURN THIS STUB

MAKE CHECKS PAYABLE TO

DM-036 • 6-Part • 12" x 5 1/2" • Healthcare Reply Statement with Aging • Ply-Saver Construction with Side Opening Return Envelope • Red/Blue Inks • Reference HC2-651

DM-029 • 6-Part • 10 5/8" x 5 1/2" • Compatible with Blue Cross/Blue Shield and Medical Manager Software • Forwarding and Address Correction Requested • Remittance Stub • Account Number Transfer to Return Envelope • Reference PMM-206 • Red Ink

KEEP THIS STATEMENT PORTION FOR TAX OR INSURANCE PURPOSES

<div style="border: 1px solid black; width: 90%; margin: 5px auto; height: 80px;"></div>	<table border="1" style="margin-bottom: 5px;"> <tr> <td style="font-size: x-small;">ACCOUNT NUMBER</td> <td style="font-size: x-small;">DATE OF LAST PAYMENT</td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> </table> <table border="1" style="margin-bottom: 5px;"> <tr> <td style="font-size: x-small;">BILLING DATE</td> <td style="font-size: x-small;">AMOUNT DUE NOW</td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> </table>	ACCOUNT NUMBER	DATE OF LAST PAYMENT			BILLING DATE	AMOUNT DUE NOW				
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BILLING DATE	AMOUNT DUE NOW										
<p>ACCOUNT NUMBER</p> <p>DUE FROM PATIENT</p> <p>TOTAL ACCOUNT BALANCE</p> <p>AMOUNT DUE NOW</p>	<p>PLEASE PAY THIS AMOUNT</p>										
<table border="1" style="width: 100%; font-size: x-small;"> <tr> <td>CURRENT</td> <td>31-60 DAYS</td> <td>61-90 DAYS</td> <td>91-120 DAYS</td> <td>OVER 120 DAYS</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS						<p>DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT</p>
CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS							

STATEMENT

DATE: _____

TRANSACTIONS AFTER THE CLOSING DATE WILL APPEAR ON YOUR NEXT STATEMENT.

CLOSING DATE	ACCOUNT NO.	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	DATE OF LAST PAYMENT	AMOUNT DUE

PAYABLE TO: →

PHONE NUMBER

DM-013 • 6 Part • 12" x 5 1/2" Mailer • Compatible with Companion/Paid for Plus and Blue Cross-Blue Shield Software • Two-Way, Zip-Style Construction Mailer with Return Envelope • Open Format with Aging Feature and Account Number Transfer to Return Envelope • Blue/Green Inks