

123 Sample Dr.
Anywhere, GA 99999-9999**Your Account Status**

Your health insurance has been billed correctly and the remaining copay is your responsibility.

Insurance Information**Primary** Insurance Name
Secondary Insurance NameAETNA USHC-HMO POS
BC/BS of GEORGIA**Account Number****01234567-1234****Payment Due****\$ 1,123.00**
Due on 4/22/2017**Choose a Payment Method****PAY ONLINE** at:
<https://dxhealthcare.org/billpay>

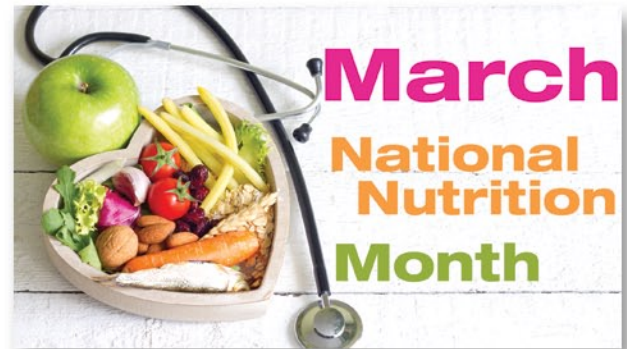
A simple and easy way to access your updated account information and pay your accounts online. Scan the QR Code.

**PAY BY PHONE:** 123-123-1234

Questions? Have a question about your balance, or need to update your insurance information with us? Call 123-123-1234

Account Summary

Statement Date	03/22/17
Date of Service	03/19/17
Total Charges	\$ 1,123.00
Type of Service	Single Outpatient
Primary Insurance Payments Received	\$ 0.00
Secondary Insurance Payments Received	\$ 0.00
Patient Payment Received	\$ 0.00
Adjustments	\$ 0.00
Balance Due	\$ 1,123.00

*Did you know that soluble fiber, found in foods like oatmeal and beans, can help keep you full and can also help lower your blood sugar and cholesterol?***Thank you for choosing DATAMATX Healthcare.**

Please note this statement is for services at DATAMATX Hospital. Charges for physician services are billed on separate statements by The DATAMATX Clinic or other physicians. If you have questions regarding your clinic account, please call 404-123-1234 or 800-123-1234 or the number on the statement.

Please see important information located on the reverse side of this statement.

Date Due: 04/22/2017
Statement Date: 03/22/2017
Account Number: 01234567-1234
Amount Due: \$ 1,123.00JOHN Q. SAMPLE
123 N ANYSTREET # 123
ANYTOWN, GA 30300

<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER NETWORK	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
Card Number		Security Code	
Signature		Exp. Date	
Amount Paid \$			

DATAMATX Healthcare
123 Sample Dr.
ANYWHERE, GA 99999-9999

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