

# Hospital Billing Statement

Sample Hospital Name  
1234 Health Ave, City, State ZIP  
Phone: (123) 456-7890

## Patient Information

Name: John Doe  
Patient ID: 00012345  
Date of Birth: 01/01/1980  
Address: 5678 Main St, City, State ZIP

## Statement Information

Statement Date: 06/15/2024  
Account #: 87654321  
Admission Date: 06/10/2024  
Discharge Date: 06/12/2024

## Summary of Charges

Date	Description	Service Code	Charges
06/10/2024	Room Charges	RM100	\$800.00
06/10/2024	Laboratory	LB200	\$250.00
06/11/2024	Medications	MD300	\$150.00
06/12/2024	Surgical Procedures	SR400	\$1,200.00

## Account Summary

<b>Total Charges</b>	\$2,400.00
<b>Insurance Payments</b>	(\$1,800.00)
<b>Patient Payments</b>	(\$300.00)
<b>Adjustments</b>	(\$100.00)
<b>Balance Due</b>	\$200.00

Please remit payment within 30 days of the statement date. For questions, contact our billing office at (123) 456-7890.