

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

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

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