

Statement of Account

Patient Name: John Doe

Patient ID: 00123456

Statement Date: 2024-06-25

Statement No.: SA-2024-0102

Account Details

Date	Description	Charge	Payment	Balance
2024-06-01	Consultation Fee	100.00	-	100.00
2024-06-01	Laboratory Tests	80.00	-	180.00
2024-06-01	Payment Received	-	150.00	30.00
2024-06-05	Medication	75.00	-	105.00
2024-06-10	Payment Received	-	100.00	5.00

Summary

Total Charges	255.00
Total Payments	250.00
Outstanding Balance	5.00

Notes

Please pay the outstanding balance at the reception or via bank transfer. For inquiries, contact our billing department.