

Account Statement

Bill To:  
**Doe, ALEXIS P 1**  
123 Main Rd  
CANALOU NY 12345

DMEWorks!  
PO Box 8210  
Fleming Island, FL 32006  
(866)363-9679

Bill Date:5/6/2008

Invoice #	Date of Service	Item	Billed	# of Payments	Payments	Writeoffs	Balance Due
1367	3/25/2008	DMEWorks! Maintenance & Service Fees	465.00	0	200.00	0.00	265.00
1367	3/25/2008	DMEWorks! Maintenance & Service Fees	555.00	0	0.00	0.00	555.00

**Total Due: 820.00**

If you are unable to pay the full amount please contact us to set up a payment plan that will work with your budget.

This is a memo

<u>Pending Insurance Claims</u>		
	None	<b>820.00</b>
MO MEDICAID	Ins1	<b>405.00</b>
These amounts have been billed to your insurance companies and are not included in your total due.		

All Major Credit Cards Accepted

Please Remit Payment to:

Amount Paid:

If paying by credit card complete below

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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card number

exp. month \_\_\_\_\_ year \_\_\_\_\_

I authorize payment of the above amount with above credit card information

\_\_\_\_\_  
signature

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