1a Patient Name		1b Account #	Page
Doe, Jane A			1 of 1
2 Statement Date	**3 Due Date**	**4 Amount Due**	**5 Amount Enclosed**
Wednesday, January 02, 2008	01/30/2008	$22.84	

ABC Home Medical, Inc.
PO Box 33842
North Royalton, OH 44133
1-888-555-1212

6 IF PAYING BY CREDIT CARD, FILL OUT THE FORM BELOW

CARD TYPE ☐ VISA ☐ ☐	CVV2
CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE

MONTH END STATEMENT

AUTOSCH 3-DIGIT 280 1 - 1 37
Doe, Jane A
123 Sample Ave
Akron OH 44141-5119

PLEASE REMIT TO
ABC Home Medical, Inc.
123 W. Main Ave., Suite E
Akron, OH 44141

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT. RETAIN THE BOTTOM PORTION FOR YOUR RECORDS.

7 Patient Name	8 Statement Date	Page
Doe, Jane A	Wednesday, January 02, 2008	1 of 1

Date of Serivce	Invoice Number	Qty	Item Description	Charges	Credits	Item Balance	Customer Balance
03/25/2007	31634	1	Lightweight Wheelchair	$91.38	$79.96	$11.42	$11.42
04/25/2007	33381	1	Lightweight Wheelchair	$91.38	$79.96	$11.42	$11.42

9 Total Amount Due Upon Receipt	$22.84

10 0-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Days
$0.00	$0.00	$0.00	$0.00	$22.84

For Questions About Your Statement or Billing, Please Call 1-888-555-1212
ABC Home Medical, Inc. • 123 W. Main Ave., Suite E • Akron, OH 44141