|  | | | Description | | | Bill ID # |
| --- | --- | --- | --- | --- | --- | --- |
| Wellness Clinic  4812 N. Sheridan Rd.  Westchester, NY, 10038 | | |  | | | |
|  | | | Statement Date | Due Date | Amt Due | Amt Paid |
|  | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_/ | Due Now | XXX.00 |  |
| XXXX  687 W Old Road Ln,  Westchester, NY, 10038 | | | Payment Address - Make Checks Payable to: | | | |
|  | | | Wellness Clinic  4812 N. Sheridan Rd.  Westchester, NY, 10038 | | | |
|  | | | If paying by credit card, please complete the fields below: | | | |
|  | | | Visa, MasterCard, Discover, Amex, Other: | | | |
|  | | | Card Number: | | Amount | |
|  | | | Signature: | | Expiration Date:\_\_\_/\_\_\_\_/ | |
|  | | | CSV Code: | | | |

| Date: | Provider: | Case: | Description/Note | Charges | Credit |
| --- | --- | --- | --- | --- | --- |
| XXXX | XXXX | XXXX | XXXX` | XXX.00 | XXX.00 |
| XXXX | XXXX | XXXX | XXXX | XXX.00 | XXX.00 |

| Total Outstanding | Estimated Insurance Responsibility (Pending) | Patient Responsibility (as of Statement Date) |
| --- | --- | --- |
| XX,XXX.00 | X,XXX.00 | XXX.00 |

In this visual, we find that Wellness Clinic breaks down in detail the services provided to the customer along with the amount charged per service, amount paid by the customer, amount covered by the insured, and total outstanding. The reason why the Clinic issues a statement every month is that often customers are on a payment plan with their insurance provider and will not pay their total amount on the date the service was provided. Thus, the clinic still offers healthcare services to all regardless of their ability to pay and serves most customers on credit as some of the bill will be paid later either by the insured or insured’s dependents. Those who do not have insurance or cannot pay for the service and qualify for state coverage will have their bill paid by the state.